



# Analytical Report on Abuse of Older Women in Selected European Countries

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**TISOVA**

Training to Identify and Support  
Older Victims of Abuse

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**Women's Support and  
Information Center**

*There is a way out of violence!*



**UNIVERSITY OF TARTU**



**TISOVA**

Training to Identify and Support  
Older Victims of Abuse

TISOVA - Training to Identify and Support Older Victims of Abuse

Project number: 2017-1-EE01-KA204-034902

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## AIM OF THE REPORT

This report was developed in the context of the Erasmus+ Key Action 2: Strategic Partnerships project “TISOVA - Training to Identify and Support Older Victims of Abuse”, project code 2017-1-EE01-KA204-034902. The report presents the findings from the Intellectual Output 1 of the TISOVA project, namely “Analytical Report on abuse of older women in selected European Countries”. Intellectual Output 1 explored existing research results and training material developed and/or used for interventions conducted with older people on the subject of domestic violence. In addition, the eldercare landscape as well as the attitudes and beliefs regarding domestic violence (DV) within the elderly population were investigated and reported in three countries participating in the project (Estonia, Finland and Greece). Please note that the issues explored in this report are not exhaustive.

The process for developing the “Analytical Report on abuse of older women in selected European Countries” included the following steps:

- Desk Research on domestic violence against elder people;
- Questionnaires for partners on the situation and best practices in their countries;
- Interviews with professionals in eldercare and domestic violence in all three countries;
- Focus groups with elder people in all three countries;
- Synthesis of results from all activities
- Update of report, to include latest data and results from project activities.

The outcome of these activities is an overview report that describes the existing situation on elder abuse and eldercare as well as the experiences, needs and barriers that older women and professionals face in cases of abuse. Country profiles are accompanied by policy recommendations, followed by relevant good practices. All information and knowledge produced in Intellectual Output 1 has been used as a basis for developing the other Intellectual Outputs of the TISOVA project, namely the training handbook and online course on the topic of elder abuse.

Union of Women Associations of Heraklion Prefecture (UWAH) coordinated the activities of Intellectual Output 1, with the contribution from the other project partners, namely Women Support and Information Centre (WSIC), University of Tartu, WAVE Network and VoiVa.

## INTRODUCTION

In the last 30 years, a major issue has troubled modern societies: the rising phenomenon of domestic violence. Violence is the aggressive behaviour by one person against another. Domestic violence, therefore, is the aggressive behaviour in a family, or domestic setting, against children, spouses, parents, or the elderly. However, it is only recently that violence in a domestic setting has been acknowledged internationally as a threat to the health and rights of the victims, as well as to the whole community development. It has been widely known that the frequency of domestic violence is statistically rising, appearing in many different forms and aspects. Domestic violence incidents most of the time are difficult to identify, even though they are common and often serious.



It is considered a difficult topic to bring up and discuss and even professionals do not know how to address it due to lack of competence on the issue.

## DEFINITION & FORMS OF DOMESTIC VIOLENCE

According to the World Health Organization (WHO) domestic violence is “...any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours”<sup>1</sup>. It can also be named domestic abuse, family violence or intimate partner violence. Domestic violence can account as intra family violence in a family setting between spouses, or committed by a partner against the other spouse or partner, and can take place in heterosexual or same-sex relationships, or between former spouses or partners. Domestic violence can also involve violence against children, parents, or the elderly.

Therefore, the term ‘domestic violence’ is used when there is a close relationship between the offender and the victim. There is usually a power gap between them, with the victim being dependent on the offender. Data shows that women form the largest group of victims. However, men, children and elderly people can also be victims of domestic violence. Domestic violence occurs at all levels in society and in all population groups, no matter the age, the ethnic background, and/or the economic level of the people involved.

Violence can appear as: i) physical, ii) psychological (which can be subdivided into verbal, emotional, financial, social and neglect), and finally iii) sexual violence.

To further explain the forms, physical violence can appear as injuries or bruises on the victim, which are not due to accidents, but are the result of abuse.

Psychological violence is a more general category, including verbal abuse such as name-calling and insults; emotional abuse includes manipulation and complete control of emotions of the victim; financial abuse refers to the perpetrator taking over the victim’s own finances in a humiliating way; social abuse is the victim’s deliberate isolation from friends and family; and finally, neglect (mainly for children or elderly people) that includes the failure by a caregiver to satisfy the basic and essential needs of a person unable to care for itself due to physical or mental inability, that results in severe health and safety risks.

Lastly, the form of sexual violence refers to any sexual activity without the consent of both parties. Sex trafficking and stalking can also be aspects of domestic violence.

### History of Domestic Violence

Domestic violence has always taken place, throughout time and in communities all over the world. Historically, the abuse of a wife or a partner has been considered as a normal behaviour within marriage or an intimate relationship, and as an experience that women should expect, or tolerate. It is only recently that domestic violence has been considered as violation of the law and human rights.

The first recorded time women tried to condemn domestic violence was at the beginning of the 1800s, when the feminist movement started discussing women’s rights such as the right to vote and the prosecution of men beating their wives. In 1850, Tennessee became the first state in the United States to explicitly outlaw wife beating (Kleinberg, 1999). Later in 1878, the UK Matrimonial Causes Act made it possible for women in the UK to seek legal separation from an abusive husband (Abrams, 1999). Finally, by the early 1900s, women won their right to defend themselves to

<sup>1</sup> <https://apps.who.int/violence-info/intimate-partner-violence/>

their spouse's violence and could call the police to intervene whenever they felt threatened. Being able to persecute the perpetrator, however, had not been achieved until the 1990s, when domestic violence was finally seen as a crime and legal action could be taken against the perpetrator. Following this change, in recent years many countries have chosen to criminalize domestic violence and recognize the need to legally support victims.

Domestic violence can appear in many forms, in both genders, in all age groups and in all kinds of relationships. The present report is attempting to focus on one of the aspects of domestic violence; namely elder abuse, a phenomenon that constantly and worryingly rises in all countries. As societies evolve, people and researchers have realised that the abuse older people experience from their caregivers and family members, is something that needs to be looked after and prevented.

Until the last quarter of the 20th century, elderly violence remained a private matter, hidden from public view. Initially, it has been seen as a social welfare issue and subsequently a problem of ageing. Only later, with the advent of initiatives to address child abuse and other forms of family violence, it has developed into a public health and criminal justice concern. A major change was brought on with the development of various social benefits. Regulations about entitlement to retirement and pension in the last century made it possible for the older people to gain financial independence. However, these benefits were not effective in preventing abuse, neglect and discrimination against the elderly.



# DEFINITION & FORMS OF VIOLENCE AGAINST ELDERLY PEOPLE

During the last years, there has been progress in raising awareness in the phenomenon of gender violence in general, as well as on elder abuse, thanks to research and literature related to this issue. Addressing elder abuse is now regarded as a universal reflection of worldwide concern on human rights, gender equality, domestic violence and population ageing.

The conceptualisation of “elder abuse” only received wider public and governmental attention towards the end of the 20th century.

An older adult can be defined as any person over 60 years of age. The definition for the abuse of elderly people is “**an intentional act, or failure to act, by a caregiver or another person in a relationship that can cause or create a risk of harm to an older adult**” (Center for Disease Control & Prevention, 2016).

According to the World Health Organization (WHO) elder abuse is: “...a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person. This type of violence constitutes a violation of human rights [...]”<sup>2</sup>, and can lead to serious physical injuries and long-term psychological consequences. A 13-year follow-up study found that victims of elder abuse are twice more likely to die prematurely than people who are not victims (STAGE, 2016).

However, it is often argued that a relationship is not always necessary in determining elder abuse. For example, theft and fraud targeting older persons, are some of the most recognised forms of elder abuse where a relationship does not exist, or fraudsters may gain the older person’s trust without any previous relationship. To overcome these challenges, an expanded conceptual framework, that includes three dimensions, has been proposed. In this framework, the first dimension refers to crimes by strangers against older people, the second dimension refers to self-neglect; and elder mistreatment, acted by a trusted caregiver in the home or in a care institution, is viewed as the third dimension (STAGE, 2016). In TISOVA, we focus on this third dimension, putting special attention on elderly women victims of violence.

This target group was chosen as “older women face greater risk of physical and psychological abuse due to discriminatory societal attitudes and the non realization of the human rights of women. Some harmful traditional practices and customs result in abuse and violence directed at older women, often exacerbated by poverty and lack of access to legal protection” (UN, 2002). Violence against older women is a severe human rights violation. It is driven by both ageism and sexism, but also affected by other characteristics such as marital status or having a disability. It is grounded in deep-rooted prejudices, dehumanising stereotypes and social norms that tolerate and even condone awful acts of violence.

The purpose of TISOVA Project is to inform and be informed about elder abuse and to train social care professionals and volunteers on how to identify and manage incidents of such abuse. In this way, we could also raise awareness and increase the attention on the issue, through sharing the knowledge gained so far. Forms of elder abuse include (Center for Disease Control & Prevention, 2016):

**Physical Abuse:** refers to the intentional use of physical force resulting in acute or chronic traumas, injuries, pain, functional impairment, distress, or death. Physical abuse may include one or a combination of: violent acts such as striking (with or without an object or weapon), hitting, beat-

<sup>2</sup> <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>



ing, scratching, biting, choking, suffocation, pushing, shoving, shaking, slapping, kicking, stomping, pinching, and burning.

**Sexual Abuse or Abusive Sexual Contact:** forced or unwanted sexual interaction (touching and non-touching acts) of any kind with an older adult with the purpose of humiliating and controlling the victim. These acts also qualify as sexual abuse if they are committed against a person who is not competent to give their approval/consent.

**Emotional or Psychological Abuse:** verbal or non-verbal behaviour that results in the infliction of anguish, mental pain, fear, or distress. Examples include behaviours intended to humiliate (e.g., calling names or insults), threaten (e.g., expressing an intent to initiate nursing home placement), isolate (e.g., seclusion from family or friends), or control (e.g., prohibiting or limiting access to transportation, telephone, money or other resources).

**Neglect:** failure by a caregiver or other responsible person to protect an elder from harm, or the failure to meet needs for essential medical care, nutrition, hydration, hygiene, clothing, basic activities of daily living or shelter, which results in a serious risk of compromised health and safety. Examples include: not providing adequate nutrition, hygiene, clothing, shelter, or access to necessary health care; or failure to prevent exposure to unsafe activities and environments.

**Financial Abuse or Exploitation:** the illegal, unauthorized, or improper use of an older individual's resources by a caregiver or other person in a trusting relationship, for the benefit of someone other than the older individual. This includes depriving an older person of their rightful access to, information about, or use of, personal benefits, resources, belongings, or assets. Examples include forgery, misuse or theft of money or possessions; use of coercion or deception to surrender finances or property; or improper use of guardianship or power of attorney.

Finally, it is important to note that, even in cases where abuse is deliberate, sometimes it is not intentional; it might be caused by external factors, such as a lack of skills or support needed to care for relatives. In addition, many social factors, such as lack of support services and community resources, biases and stereotypes about older people (ageism), may also lead to elder abuse.

For these reasons, several research approaches have emerged as a result of researching the subject of elder abuse. One of the approaches is the "situational theory" according to which there is a relation with the image of the overburdened caregiver (Philips, 1986; Momtaz, et al., 2013). Quite often caregivers are overburdened, and it has been proven that some of them do abuse or neglect the person for whom they are caring. As well as this, another widespread approach is the "caregiver stress theory", according to which, elder abuse takes place when family members look after an impaired older adult and are unable to adequately handle their care giving responsibilities. The older victim is typically depicted as highly dependent on the caregiver, who becomes overwhelmed, frustrated, and abusive because of the constant care-taking demands posed by the dependent older person. Caregiver stress interventions are unequivocally the most prevalent form of elder abuse intervention (Jackson, 2018).

In addition, the "intergenerational transmission theory" assumes that violence is a learnt behaviour that may be transmitted from generation to generation. When children observe violence as a response to stress, later, they could internalize this behaviour as reasonable. In the case of elder abuse, an abused child may retaliate the violence on his parents in the future. Furthermore, when an abusive spouse becomes ill or disabled, the previously abused partner may abuse him or her. The same happens with children, and the cycle of violence is an ever going behaviour (Momtaz, et al., 2013; Jackson, 2018).

Another theory is the “political economic theory”, which focuses on the challenges faced by elders in a society that leaves people in poverty and takes away their importance in community life. Political economic theory addresses the marginalization of elders in society (Phillips, 1986). More specifically, the above mentioned theory deals with the marginalization of elderly people in their families and society. Consequently, they lose their role, taking away their importance in community life and depending on others. In line with political economic perspective, the changing role of the elderly removes them from the workforce and reduces their independence, which may lead to elder abuse (Momtaz, et al., 2013).

Furthermore, feminist theories are equally important in the view of elder abuse. The “power and control theory” postulates that abusive individuals exercise coercive tactics to gain and hold power and control during the relationship with another individual. The theory is widely used to explain Intimate Partner Violence and it claims that because males have more power in our society, they are more likely to use coercive tactics to maintain control (Jackson,, 2018).

Last but not least, the “ecological model” states that several factors at the individual, relationship, community, and societal levels play an important role on the occurrence of elder abuse (Jackson, 2018).

In this context, it is important to keep in mind that, in some there are not fully developed interventions related to some of these theories; at the same time, where interventions have been developed, research on the effectiveness of these interventions, did not show useful or reliable results until today.

Rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year.



## EUROPEAN REVIEWS ON VIOLENCE AGAINST THE ELDERLY

Violence against elderly people is a violation of Article 25 of the EU Charter of Fundamental Rights, which recognises and respects the rights of older people to lead lives of dignity and independence, and to participate in social and cultural life.

Violence against elderly occurs quite often in every setting they may live, whether they live autonomously, in an institute, or with relatives. It is a major public health problem that leads to serious health consequences for the victims, including increased risk of morbidity, mortality, institutionalisation, and hospital admission, and has a negative effect on families and society at large (Yon, et al., 2017).

In Sweden (Saveman, et al., 1993), when district nurses were questioned about such incidents, they described the patterns of abuse of independently living elderly persons. Eighteen of the 153 nurses reported 30 cases of elder abuse as defined by the elderly persons over a six-month time period. Those elder people reported mostly psychological abuse, as well as isolation, physical abuse, neglect and material abuse from any of the healthcare professionals, caregivers, or family members they encounter.

Elderly people are in danger of being abused when living in institutions and care homes as well. Research shows that elder abuse occurs in every country with nursing and residential facilities and results suggest that abuse may be very prevalent in all settings (Krug, et al., 2002a).

One review was conducted in relation to the problems of institutional settings, aiming to provide estimates on the prevalence of elder abuse during the last twelve months. The above study based “on self-reports by older residents”, indicates that the prevalence of elder abuse in institutional settings is high. In addition, data based on self-reports of staff, indicate that 64.2% of staff admitted to elder abuse. However, caution is needed when interpreting the estimates from staff self-reporting. The rates of elder abuse and neglect perpetrated by staff only provide a partial picture on the extent of the problem and do not indicate the overall prevalence of abuse in institutions. Yet, findings from this study are consistent with the anecdotal evidence and the belief that abuse in seniors’ residential facilities is widespread (Yon, et al., 2018).

To investigate the specific parameters of this subject, a study conducted in the United Kingdom (Biggs, et al., 2009) indicated that elder women are more likely to become victims of abuse with 3.8% of women and only 1.1% of men being the victims. Since the nature of the sexes is different, so is their way of dealing with the crisis. An Irish study (Naughton, et al., 2010) discovered that no matter what the sequence of abuse is on both sexes, women are more likely by 2.4% to report the incident than men, with 1.1% likelihood to report any such incident.

A cross-European study however, conducted in seven European countries in 2016 revealed that violence on older men is often underrated and not as well recognized. Furthermore, this study resulted in revealing that exposure to abuse among older men is associated with various factors such as fragile older age conditions in relation to women, and other gender specific factors, such as attitudes, beliefs and behaviours related to the insecurity/vulnerability of older men as dependent on spouse and/or children for several needs. Moreover, social and cultural norms supporting traditional male stoicism and self-reliance may prevent older men from reporting abuse and seeking help (Melchiorre, et al., 2016).

## INTERNATIONAL REVIEWS & STATISTICS

As a social and political issue, elder abuse was initially addressed by the United States Congress, followed later by researchers and practitioners. During the 1980s scientific research and government actions were reported from Australia, Canada, China (Hong Kong SAR), Norway, Sweden and the United States, and in the following decade from Argentina, Brazil, Chile, India, Israel, Japan, South Africa, the United Kingdom and other European countries.

There were still gaps in the study field of elder abuse, as it appears on the National Research Council's report which states, "no efforts have yet been made to develop, implement, and evaluate interventions based on scientifically grounded hypotheses about the causes of elder mistreatment, and no systematic research has been conducted to measure and evaluate the effects of existing interventions" (National Research Council, 2003).

In the following years, the subject has been further investigated, as well as its different forms. In a survey conducted with more than 1,000 health care organizations in Western Australia, the 340 respondents reported 253 suspected cases of abuse, suggesting an estimated prevalence rate of 0.58% (Boldy, et al., 2005).

In other global studies, results have shown that any form of abuse towards elderly people, including psychological, physical, and sexual abuse, as well as neglect and financial exploitation, appears quite often in community settings and is especially prevalent among a minority of older adults. One of the major key points is that older adults with cognitive and physical impairments or psychosocial distress are also at increased risk of elder abuse (Dong, 2015).

Another research conducted in Shiraz, Iran, pointed out that the 21% of the participants (n = 84) were abused by their own children. Care neglect was the most reported form (42.8%), followed by psychological abuse (41.3%), emotional neglect (38.8%), and financial abuse (34.3%). The most common types of neglect were motion limitations (25%) followed by the dental problems (23.8%). The results also showed a significant relationship between domestic elder abuse and level of income, having a house, type of perpetrator, and insurance status (Hazrati, et al., 2018).

According to WHO, available data about elder abuse are likely to be an underestimation, as only 1 in 24 cases of elder abuse is reported, partially because older people are often afraid to report cases of abuse to family, friends, or to the authorities<sup>3</sup>. Moreover, Help Age International underlines that only 17% of 133 countries presented any survey data on elder abuse in 2014. Only 34% have services in place that can investigate cases of elder abuse and only 59% have laws to prevent elder abuse<sup>4</sup>.

Regarding, more specifically, violence against elderly women, the UN Department of Economic and Social Affairs (2013) highlights the fact domestic violence legislation does not, in general, specifically include older women; while out of 131 government reports on violence against women, only 13 recognised that older women were also at risk of violence (ECOSOC, 2015). At the same time, the majority of the existing research on violence against women focuses on women of reproductive age (15–49), and globally there is sparse evidence concerning patterns of and types of violence against women aged 50 and older (Meyer, et al., 2020).

The elder abuse perspective usually does not put emphasis or has a gender perspective; although worldwide women face many and different difficulties, only due to their gender. Older women face several difficulties (like less chances to have as adequate pensions as men) in both developed and

<sup>3</sup> <https://www.who.int/news-room/fact-sheets/detail/elder-abuse>

<sup>4</sup> <https://www.helpage.org/what-we-do/rights/violence-against-older-women/>

less developed economies, putting them at greater risk to live in poverty or be financially dependent on family members, increasing their vulnerability to violence, and restraining their ability to leave or report an abusive partner or household (Meyer, et al., 2020).

Regarding older women's experience of violence, Intimate Partner Violence (IPV) is reported as the most frequent form. In particular, IPV was described by older women as taking place throughout different stages in the relationship, covering long periods, during their youth and into older age. Some findings highlighted that in some cases, forms of IPV in later life altered from a higher prevalence of physical and sexual abuse during reproductive age, towards a higher prevalence of forms of psychological abuse, indicating that "a shift from physical to non-physical forms of violence dominated late-life scenarios" (Meyer, et al., 2020).

In this context, an important initiative was the adoption of the Madrid International Plan of Action on Ageing in 2002 that specifically identifies elimination of violence, neglect and abuse of older women as a priority, recognising that older women's vulnerabilities are compounded by societal discrimination, poverty and lack of access to legal protections (UN, 2002).



Professionals working in care centres should dedicate more time to elderly, listen to them more carefully, as well as taking them seriously and believing their complaints.

## CURRENT SITUATION

Many changes have occurred in all developed countries over the past years. Social, economic and cultural aspects of life have rapidly altered, becoming more demanding, leaving families less able to cope with their older relatives. Consequently, this has led to an increase on demand for institutional care. The impact of this change has recently begun to be researched. Studies of live-in communities have shown that rates of elder abuse are high in institutions such as nursing homes and long-term care facilities, with 2 in 3 staff reporting that they have committed abuse in the past year. Since the percentage of people living in nursing homes has reached 9% of the general population in developed countries, one can understand how large the actual number of abused older people really is.

One of the major problems in addressing elder abuse is how to identify it, and how to train specialists such as doctors, nurses and carers, to carefully and correctly assess the necessary information. To overtake the above-mentioned obstacle, this report will attempt to identify what the best practices are in certain countries and acknowledge their training materials and teaching methodologies

Public awareness efforts are communication tools for promoting or improving health and well-being in all age groups, especially among the elderly, since age itself can be an obstacle and limit choices and possible solutions. Changes in services, technology, regulations, and policy are often also necessary to completely address a health or social problem. Communication alone can:

- Increase knowledge and awareness of an issue, problem, or solution
- Influence perceptions, beliefs, and attitudes that may change social norms
- Prompt action
- Demonstrate or illustrate healthy skills
- Reinforce knowledge, attitudes, or behaviour
- Show the benefit of behaviour change
- Advocate a position on an issue or policy
- Increase demand or support for services
- Refute myths and misconceptions
- Strengthen organizational relationships.

For this reason, the international community in order to raise awareness about ageing and elder violence in 2011 UN institutionalized the World Elder Abuse Awareness Day (15th June) in order to put attention to the often invisible abuse, violence, and neglect experienced by older people—mostly women—around the world.

In May 2016 the World Health Assembly embraced a Global strategy and action plan on ageing and health that offers guidance for coordinated action in countries on elder abuse that joins with the Sustainable Development Goals. Moreover, on the International Day of Older Persons (1<sup>st</sup> of October) the World Health Organization (WHO) launched a package of tools, including a digital application to help health and social workers furnish better care for older people.

On 22 and 23 August 2019, WHO held a global consultation on assistive technology to quantify global demand and supply, obstacles to access and ways to enhance the availability of quality-assured, available assistive products for everyone who needs them, like hearing aids, wheelchairs, communication aids and other essential items that improve quality of life. People living with disability and ageing populations are the groups in greatest need.

# ANALYSIS OF THE SITUATION IN ESTONIA, FINLAND AND GREECE

## 1. Estonia

### 1.1 Elderly in Estonia

In 2019, there were 1,326,898 permanent inhabitants in Estonia. The population of the three main age groups was the following:

- young people aged up to 19 constituted 21%;
- 20–59-year-olds 53%; and
- people aged 60 and above were 26% of the total population (Statistics Estonia)

The total number of the older (65+) population is increasing rapidly. The share of the elderly population has increased from 15% to 18% since 2000 and the total number of older people has increased by 15%. There were approximately 238,000 elderly people in 2014, about one-fifth of who need care.

69% of the Estonian population in 2019 lived in urban settlements (cities, cities without municipal status, towns). 31% of Estonian inhabitants lived in rural settlements (small towns, villages). The exact place of residence was not known for 0.1% of inhabitants. It should be considered that most Estonian towns are rather small.

In the three most populous counties – Harju, Tartu and Ida-Viru – lived a total of 872,000 people, i.e. 66% of the Estonian population. The share of Estonians in the total population of Estonia was 69%, while the second largest group were Russians (25%). Estonians and Russians were followed in number by Ukrainians, Belarusians and Finns.

The average household size was 2.1 persons. Excluding single-person households, the average household size was nearly three persons (2.9). In 2019, a single person aged 65 years and over composed 8.5% in Estonia.

Social protection statistics are based on administrative data sources. The institutions providing data to Statistics Estonia are the Ministry of Social Affairs, the Estonian National Social Insurance Board, the Estonian Unemployment Insurance Fund, the Estonian Health Insurance Fund and the Labour Inspectorate.

### 1.2 Public Policy & Strategies

The Welfare Development Plan focuses on the strategic objectives of labour market, social protection, gender equality, and equal treatment policies for 2016–2023 (Republic of Estonia Ministry of Social Affairs). By considering the increase in the caretaking burden and the need for personal assistance, which accompany an aging population, the need for support services and high-quality care facilities will increase. Therefore, one of the objectives of the Development Plan is to develop the provision of social services and its arrangement, including improving the availability and quality of these services. In order to ensure the welfare and rights of the elderly, disabled, and people with special mental needs, the focus is on the development of services that support independent coping and life in society, as well as the de-institutionalization of the welfare services system.

Elderly are perceived to be a risk-group in the labour market. Employers associate them with lower productivity or a risk of missing work due to health problems, and therefore, elderly are offered jobs where they are expected to produce less, or they are not hired at all. To keep the elderly employed, it is important to develop measures for preventing unemployment, such as ensuring the sustainability of work ability, promoting supplemental and re-training, and reacting to redundancies.

The need to contribute to shaping the informed behaviour of employers and employees is, among other things, indicated by the studies on the use of hazardous chemicals at the workplace, the situation of the elderly in the labour market, and on the Employment Contracts Act. The risk of relative poverty among the elderly (65 and older) as a whole is significantly higher than that of the whole population, however the proportion of the elderly living in absolute poverty or below the estimated minimum subsistence level, compared to the whole population, is smaller.

The main income for the elderly is their pension and, to a minor extent, reserves from their lifetime working. In accordance with the standard of the European Code of Social Security, the minimum size of the pension must be equal to the pension of a male unskilled worker with a 30-year insurance period. However, in about one third of the cases, people are still left in relative poverty. However, considering demographic trends, maintaining pensions at this level is a great challenge for the state. In 2019, a share of retired population was 24%. In 2018, an average monthly old age pension was EUR 440<sup>5</sup>.

A low unemployment benefit and a low coverage of unemployment insurance benefits have caused the elderly to apply for an early retirement pension in the case of unemployment. The provision and development of welfare services have moved in the direction of de-institutionalization and developing support services that are more closely related to the community.

If at the person's place of residence, there is little or no access to services which support coping in familiar surroundings and living in a community (including situations where the price of the service is too high for the person), a forced choice is often made and the person is placed in institutional care, which is often more expensive. The possibilities for taking care of the elderly in welfare institutions has improved over time but this market has grown due to the local governments' inconsistent practice to offer the elderly services which support their coping at home for longer.

The insufficient availability of social services and welfare options that meet people's needs means that the obligation to assist and take care of an elderly person, a disabled person, or a person with special mental needs, is often carried out by a family member or someone close.

Domestic services are several times cheaper than institutional services. However, not all local governments offer domestic services, which is why several people are left in a disadvantaged position. The rural municipalities that do not offer domestic services have partly provided the service through the payment of the caregiver's allowance. There is also a lack of flexible welfare possibilities which would allow the person in need to periodically or occasionally use welfare services provided outside the home or in the home environment. This would reduce the caretaking burden of family members or close ones. Day-care services, for example, are only at the beginning of their development and are provided only by a few larger local governments.

A long-term caretaking obligation prevents people from participating in the labour market and in social life. In 2015, there were 17,400 people in the age group of 15–74 who are inactive due to taking care of a family member, and most caregivers are women. According to the Estonian Labour Force Survey from 2009, 30,000 women and 17,000 men have a caretaking obligation. Attention

<sup>5</sup> In 2018, a person with a monthly equivalent net income of less than EUR 569 lived in relative poverty, and a person with a monthly equivalent net income of less than EUR 215 lived in absolute poverty.



must be paid to the fact that women often have a double caretaking burden, as they take care of their children, as well as their disabled and elderly family members (University of Tartu, 2009). Statistics about the caretaking burden are not collected annually, but every five years, within the Study on Disabled People and the Caretaking Burden of Their Family Members and Coping of Older People and the Elderly Survey.

Estonia has Strategy on Violence Prevention for 2015-2020 (Kriminaalpoliitka, 2015) and OP Programme for 2015-2018 (Kriminaalpoliitika, 2014). Implementation of this strategy was monitored by the Ministry of Justice with input of the expert group that have meetings 1-3 times per year and with input of other ministries. In this strategy several sub-goals were taken:

**Sub-goal 1. People's skills in avoiding, recognising and intervening in violence have improved, increasing the awareness among sectoral specialists and thereby increasing their role in noticing violence:**

*In order to make sure that sectoral specialists are able to recognise signs of violence and provide adequate help to the victims, the specialists must be informed and trained. The role of healthcare employees in working with violence victims must be clarified, their skills in identifying and helping a violence victim must be improved and their co-operation with other organisations helping violence victims must be facilitated. This is most relevant for family physicians, paediatricians, gynaecologists, ambulance medics, midwives, family nurses and school nurses. The increase of the role of healthcare employees is favoured by the attitude of the women themselves.*

In sub-goal 1.3.5 violence against elderly is taken as one field, where awareness raising and ability to notice among health professionals is targeted.

**Sub-goal 2.** Protection and support of violence victims corresponding to their needs is better ensured

**Sub-goal 3.** Proceedings of violence cases are more victim-friendly

**Sub-goal 4.** Treatment of perpetrators of violence is more effective and their repeat offending has decreased.

On 19 May 2019, the Government adopted the Action Programme for 2019-2023<sup>6</sup>. On 26 July 2019, the Action Plan for Preventing Intimate Partner Violence for 2019-2023 adopted by the Government<sup>7</sup>. Awareness raising and case management based on coordinated networking are planned to promote. The action plan is based on five general objectives: the victim is protected and supported, the person who used the violence must be responsible for their acts, the specialists are aware and competent, the tools support the specialists, and the area is constantly monitored.

There is also the Active Aging Development Plan, but this document remains mainly declarative (Sotsiaalministeerium, 2013). Early recognition of more serious problems is pointed out. There is said that health professionals and social workers have important role in prevention and timely identification of the vulnerability of older people. In 2018, there were policy discussions on poor elderly care, inadequate funding and missing integrated system of health and social services and care.

<sup>6</sup> Vabariigi Valitsuse tegevusprogramm 2019–2023 (Action Programme of the Government of Republic for 2019-2023, 19 May 2019). Available in Estonian at: [https://www.valitsus.ee/sites/default/files/content-editors/valitsus/RataseIivalitsus/vabariigi\\_valitsuse\\_tegevusprogramm\\_2019-2023.pdf](https://www.valitsus.ee/sites/default/files/content-editors/valitsus/RataseIivalitsus/vabariigi_valitsuse_tegevusprogramm_2019-2023.pdf)

<sup>7</sup> Action Plan for Preventing Intimate Partner Violence for 2019-2023 (Lähisuhtevägivalla tegevuskava aastateks 2019-2023)

### Policy Recommendations:

- Develop measures to prevent or reduce unemployment among the elderly (e.g. ensuring the sustainability of work ability, investing in re-training, and reacting to redundancies).
- Increase unemployment benefits and coverage of unemployment insurance benefits to reduce the risk of poverty among the elderly.
- Consistent and affordable initiatives should be provided which offer older people the choice to live and socialize in familiar surroundings within their local communities for as long as possible.
- Sustainable development and improvement of day-care services should be carried out by governments to relieve the care-giving burden experienced by family and loved ones, primarily women. This would in turn allow familial caregivers to participate fully in the labour market and allow trained professionals effectively meet the needs of older people in care.
- Elderly-related problems must be placed higher on the agenda of policymakers and should particularly tackle problems which are connected to an increasingly ageing population. A targeted budget to prevent elder abuse and provide effective elder care must also be developed which would signify the priority of tackling elder abuse and promoting the rights of older people in Estonia.
- Elder abuse must be recognized in national law. Laws which address domestic violence must be adapted to suit the needs of elderly women and include the issue of elder abuse.
- All types of abuse (including neglect and coercion) should be addressed in sections on elderly women's abuse within general on domestic violence or in specialized laws.
- Increase advocacy activities to convince policymakers of the importance of elder abuse and to ensure adequate and consistent data collection.

### 1.3 Legal Framework

Estonia ratified the Istanbul Convention (IC) in September 2017, the IC entered into force on 1 February 2018. Legal development, namely, amendments to the Penal Code and to the Victim Support Act, reflect a main added value of the ratification to the ratification the IC. Estonia has filled requirements of Article 46 of the IC on aggravating circumstances of criminal offence. From 1 January 2015, an aggravating circumstance is the offence committed against a former or current family member of the offender, against a person who lives with the offender or a person who is otherwise in a family relationship with the offender<sup>8</sup>.

The Victim Support Act was amended before the ratification of the IC and is planned to recast in 2020-2021. The Act prescribes the victim support service, women's support centre service, compensation for the cost of psychological care and state compensation payable to victims of crimes of violence, and the conditions of and procedure for application for, determination and payment of the specified compensations, as well as the procedure for the provision of conciliation service<sup>9</sup>. Article 141.1 of the Code of Civil Procedure about temporary restraining order was amended in May 2020<sup>10</sup>. Namely, in urgent cases, the protection order may be established by an order of a prosecutor's office and regardless of the consent of the victim. In this case, the prosecutor's office shall inform a court of the establishment of the protection order within two working days and the court decides, taking into consideration the consent of the victim, on the admissibility of the protection order.

<sup>8</sup> Article 58(4) of the Penal Code, <https://www.riigiteataja.ee/en/eli/515072020011/consolide>

<sup>9</sup> <https://www.riigiteataja.ee/en/eli/513052020004/consolide>

<sup>10</sup> Code of Civil Procedure, RT I, 20.06.2020, 5, <https://www.riigiteataja.ee/en/eli/522062020001/consolide>

Helpline 116006 provides assistance to people who have been victims of an offense, negligence or ill-treatment or who have experienced physical, mental, economic or sexual violence. Online victim counseling is available 24/7 (palunabi.ee).

Article 5(1) of the Social Welfare Act (SWA) stipulates the social welfare coverage<sup>11</sup>. According to law an emergency social assistance should be provided to persons who find themselves in a socially helpless situation due to the loss or lack of means of subsistence which guarantees the persons at least food, clothing and temporary accommodation<sup>12</sup>. People who need assistance depends on case management principles.

The local authority of a person's residence entered in the population register is required to organise the provision of social services, social benefits, emergency social assistance and other assistance to the person. Social welfare institutions, regardless of whether they are financed from the state or local authority budget, shall submit statistical reports to a local authority or the Social Insurance Board. The extent of the need for personal assistance shall be assessed and specified separately for each person.

Under the Social Welfare Act, the operator of a care home must ensure sufficient staff numbers, so that in view of staff preparation and workload it is possible to offer people the necessary care and assistance. However, the law does not determine how many carers should be on duty at any one time round the clock. When determining the necessary staff numbers, the management of a care home must take into account how much assistance and attention the residents of the particular care home require.

A fee may be charged for the provision of social services. A local authority shall establish the conditions and amount of the fee charged for social services provided by the local authority. The charging of a fee shall be decided by the authority which pays for or provides the service. The amount of the fee charged from a person depends on the extent and cost of the social service and the financial situation of the person receiving the service and his or her family.

#### **Policy Recommendations:**

- Improve information exchange and procedures between different sectors and support services to avoid re-traumatization of victims of elder abuse.
- Develop a shared definition on gender-based violence and elder abuse between the sectors for harmonized data collection, improved reporting, and mutual understanding.
- Continue efforts to increase efficiency of multi-agency cooperation with relevant services to improve work, solve issues, harmonize data and broaden knowledge.
- Improve cooperation between government and civil society in addressing elder abuse.
- Increase provision of protection and support services (especially women's shelters) for victims of abuse, to ensure their safety and comfort in moving forward with the investigation.

<sup>11</sup> <https://www.riigiteataja.ee/en/eli/530042020007/consolide>

<sup>12</sup> Article 8(1) of the Social Welfare Act (SWA), <https://www.riigiteataja.ee/en/eli/530042020007/consolide>

## 1.4 Pensions

In 2018, an average old age pension was 445 Euros per month. People with care needs do not have financial capacity to cover payments in the care institution. In Estonia, all pensions are low, only some specific pensions for certain professions (e.g. civil service) are higher. Most retired people have problems to make ends meet on monthly basis.

Needs-based benefits for older people is a new measure (established in 2017), but modest in the monetary sense and paid once a year. Pensioner's living alone allowance (hereinafter pensioner's allowance) is an allowance paid once per calendar year to a person who has attained pensionable age and who is living alone in Estonia in order to improve his or her financial independence and reduce poverty. There is also the possibility to apply for subsistence benefit. The objective of subsistence benefit is to alleviate material deprivation of persons and families in need of assistance as a temporary measure supporting the ability of persons to cope independently by providing minimum funds to satisfy the primary needs<sup>13</sup>.

The Social Services and Benefits Registry is a central database belonging to the state information system. The expenses of payment of subsistence benefits and needs-based family benefits shall be compensated to local authorities from the state budget. Administrative supervision over the legality of the administrative acts issued by local authorities based on this Act and the quality of social services and other assistance as well as the use of financial resources allocated by the state for social welfare is exercised by the Social Insurance Board. A report on administrative supervision is submitted to the Ministry of Social Affairs at least once a year.

In 2019, there were 174 general care service providers outside home to adults and 146 special care service providers in Estonia (Statistics Estonia)<sup>14</sup>. There is one state-owned care service provider – AS Hoolekandeteenused. It is a state-owned enterprise and their main area of activity is providing social welfare services to adults with special mental needs. In addition to providing services for adults, the provider offers substitute home and childcare services to children with special mental needs and care services to elderly people<sup>15</sup>. In 2018, care homes exist in every county. There are 40 units throughout Estonia and there are about 2,100 places (Hoolekandeteenused, 2018). Elderly care with care and nursing 24/7 (long-term care in an institution) costs about 1,000 Euros while residence provision for the elderly costs nearly 700 EUR/month.

### Policy Recommendations:

- The amount of old age pension is not enough to cover the daily needs of many older people (e.g. basic groceries and rent) in addition to paying care institutions. Increasing pensioner's living alone allowance for older people would not only improve the living conditions of older people and alleviate material deprivation, but also improve financial independence and reduce the risk of poverty.
- The average monthly cost for living in long-term institutional care should be affordable to the average pensioner income so that the burden of monetary support for 50% of the living costs is not necessarily transferred to family (i.e. long-term care costs in Estonia can be 1,000 EUR/month although the average pension in 2018 was only 440 EUR/month).

13 The number of households receiving the benefit has increased. The changes are related to the fact that the subsistence level (the minimum sum necessary for everyday subsistence in a period of one month) was raised. In 2019, the subsistence level for a person living alone or to the first family member is 150 euros per month. The subsistence level of each minor family member is 180 euros and for each subsequent adult family member, the level is 120 euros per month.

14 Database of Statistics Estonia. SW06. Welfare for Adults, [www.stat.ee](http://www.stat.ee); General care service provided outside home: Institutions providing welfare service to adults, excepted with special mental needs, denominated until 2003 as general care home. Special care services: Before 2009 welfare service to adults with special mental needs. Institution providing welfare service to adults with special mental needs denominated until 2003 as special care home. One person may get many different social services since 2003.

15 <https://www.hoolekandeteenused.ee/en/services/>

## 1.5 Maintenance provision obligations across generations

Article 96 of the Family Law Act (FLA) stipulates that adult ascendants and descendants related in the first and second degree are required to provide maintenance (hereinafter person required to provide maintenance). The obligation to provide maintenance shall not be affected by changes in the right of custody (Riigi Teataja 2017b). Children and other descendants or ascendants that require assistance and are unable to maintain themselves; are persons entitled to receive maintenance. Considering the financial situation of obligated persons, it is possible to receive maintenance in relation with taking care of parents and grandparents (Article 102(1) of the FLA). The maintenance provision costs to the welfare institution should be covered by local government.

According to the judgment of case law, children and grandchildren do not have maintenance obligation if the court decides that children and grandchildren do not have financial capacity, or they do not have parental care by the maintenance applicant. Also the movable and immovable property used or owned by the person in need is taken into account.

Pall is asking is it fair to oblige children to pay all long-term care costs for their parents (Pall, 2019). Pall is an expert and analyst of the Social Insurance Board. Pall points out that in 2018, private individuals paid EUR 53 million in Estonia for the care home service. This includes the elderly's own pension and the fees paid by their children. At the same time, the state, together with local governments, spent EUR 14 million on the care home service. Pall concludes that obtaining one essential social service in Estonia and its cost is largely a private matter: *"The state and local government only come into play when there is nothing to take from the family."* Pall stresses to negative trend in this matter from year to year. In 2008, the expenditure of state governments on care home services was EUR 11 million, people paid a total of EUR 17.5 million. Over the last ten years, the expenditure of the state and local governments in financing the care home service has increased by EUR 3 million, while the expenditure of people has increased by EUR 36 million.

The State Budget Strategy for 2020-2023 contains a promise in order to reduce the daily burden of care-burdened family members and to provide better services for people in need of care, the government has approved the establishment of a sustainable long-term care system and a maintenance burden reduction plan, which aims to increase the volume of care services and reduce people's co-payment for general care services (2019).

The Ministry of Social Affairs continues its activities in designing the long-term care system (Tarum and Kupper, 2019). In 2020, the most important goal is to develop measures for family caregivers and to analyze the need for labour in the field. Changes to the system depend on policy choices. There is needed a political decision about how to proceed and to what adjustments should be made to the legislation.

Tarum and Kutsar (2015) have studied elderly care in the second town in Estonia with around 100 000 inhabitants). Eldercare provision in Tartu is a threefold system, which is typical to Estonian eldercare system. According to the city government's data register, the largest proportion of care work at the end of 2014 was carried out by informal carers (78% of older people with care needs received care from informal carers), followed by residential care (13%) and home care services (9%). Situation in rural municipalities is worse due to scarcity of home care services. According to sample survey on elderly (people over 65) who have visited family doctors (general practitioners) in 2013-2014 in the Tartu region, most respondents lived in their own homes with their spouses or children, who represented their primary unofficial helpers, informal carers (Int, 2016).

## Policy Recommendations:

- Misunderstandings and conflict between people and generations (including lack of inter-generational solidarity) cause frustration, burn out and family conflicts. More effort must be put into encouraging intergenerational solidarity and understanding.

## 1.6 Organisation of the welfare services

Welfare services should be provided and/or administered by the local government. There are several services, which are needed and used by older people:

- Domestic service is a social service organised by a local authority the objective of which is to ensure independent and safe coping of an adult in his or her home by maintaining and improving his or her quality of life.
- General care service provided outside the home of a person is a social service organised by a local authority. Service providers shall ensure the availability of staff whose qualifications and workload allow the performing of activities and procedures in a manner determined in the care plan of persons receiving the care service.
- Support person service is a social service organised by a local authority the objective of which is to support the ability to cope independently in situations where a person needs significant personal assistance in performing his or her obligations and exercising his or her rights due to social, financial, psychological or health problems. Personal assistance includes guidance, motivation and development of greater independence and responsibility of a person.
- Curatorship is established by a local authority for an adult who due to mental or physical disability needs. A recipient of the service has the right to choose the person providing the service directly.
- Shelter service is a social service organised by a local authority the objective of which is to provide a place of temporary overnight stay to an adult who is unable to find a place of overnight stay. Beds, washing facilities and a safe environment shall be ensured at a place of temporary overnight stay.
- Safe house service is a social service organised by a local authority the objective of which is to ensure temporary housing, a safe environment and basic assistance. The service shall be provided to children and adults in separate premises, unless a child is staying at the safe house together with an adult family member.
- Social transport service is a social service organised by a local authority.
- Provision of dwelling is a social service organised by a local authority the objective of which is to ensure the possibility to use a dwelling to a person who due to socio-economic situation is unable to provide a dwelling which corresponds to the needs of the person and his or her family.
- Debt counselling service is a social service organised by a local authority the objective of which is to assist a person in identifying his or her financial situation, conducting negotiations with creditors and satisfying claims, avoid the creation of new debts.

Some technical aid support and rehabilitation service organisation is managed by the Social Insurance Board.

The Chancellor of Justice acknowledged that people with disabilities, the elderly and children with behavioural problems are too often seen as a unit and not as valuable individuals<sup>16</sup>. Due to poverty,

<sup>16</sup> <https://www.oiguskantsler.ee/annual-report-2019/chancellors-year-in-review>

exclusion and often inconsiderateness, or a combination of all these, the everyday life of many of our fellow beings is less dignified than it should in a developed European country. The Chancellor of Justice has pointed out that a decent life also includes the opportunity to receive competent care and assistance when an individual is no longer able to cope on their own at home, due either to poor health or an unsuitable living environment. Such assistance must be provided to people in general care homes.

According to the law, the main burden of the welfare of the elderly rests on local authorities. Most of this money has been spent on care provided to the elderly in welfare institutions. Many new nursing homes have been opened and the number of elderly people living in them has increased rapidly. Where an elderly person or their family cannot afford to pay for the service, the local authority should assist and to finance the service in part. To get to the common understanding between relatives and local government is not easy. The living conditions of the elderly in nursing homes are monitored by the Chancellor of Justice.

According to the Annual Report of the Chancellor of Justice from 2019, the main problem in general care homes is shortage of staff, in particular shortage of staff with the necessary qualifications. This causes or exacerbates several other problems (people are not washed with sufficient frequency, no meaningful free-time activities are offered, etc.)<sup>17</sup>.

The inability of local authorities to offer other services to the elderly that would allow them to cope at home for longer has partly boosted the market for nursing home services. So-called home services are considerably cheaper.

In 2014, the National Audit Office had the opinion that the legal framework created by the state is inadequate, since there are no requirements for content, service providers, the service provision process, or for people entitled to the service.

In 2014, the National Audit Office advised the Ministry of Social Affairs to update, in the Social Welfare Act, the obligations of local authorities in assessing the need for assistance and determining the fee charges for the service. The National Audit Office also advised instructing local authorities on how to check the financial status of a person and their family when a fee is charged for a social service. The minister should also analyse the options of improving information exchange between nursing homes and healthcare establishments.

The Minister of Social Affairs agreed to consider most of the recommendations in the future. However, the minister did not agree with the recommendation to determine the obligations of local governments in assessing the need for help in greater detail at the level of law and to the extent described by the National Audit Office. Nor did the minister consider it necessary to analyse the options of guaranteeing nursing homes better access to the data in the health information system. However, the opinion that it is necessary to establish more specific requirements for the organisation of welfare by local authorities at the level of law was also supported by many county governments and audited local authorities.

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<sup>17</sup> <https://www.oiguskantsler.ee/annual-report-2019/inspection-visits#i1>

### **Policy Recommendations:**

- Adoption of mandatory standards for nursing homes and professionals working in the field of elderly support, to ensure high quality of long-term care. Disciplinary sanctions against professionals upon violation of these standards should be introduced, with a possibility to suspend and/or start criminal proceedings.
- Improve information exchange between nursing homes and healthcare establishments to ensure smooth referral of patients. Regular cooperation between the two services will also sensitize professionals to the issue of, and normalize the screening of, elder abuse.
- Although local authorities have much responsibility in terms of overseeing social welfare services, in many cases welfare services remain under-developed due to inadequate resources, lack of knowledge and willingness. Minimum standards for welfare services should be devised by local authorities to ensure quality protection and care. Following this, an effective monitoring strategy should be implemented to ensure adherence to quality standards of care and disciplinary sanctions should be introduced for those professionals violating these standards.
- Regular supervision and unannounced visits by responsible authorities to nursing homes, to monitor and assess the quality of facilities and provided services, including anonymous interviews and surveys with residents.

## **1.7 Health and coping problems**

In 2016, injury and poisoning were the cause of death in 6% of cases. The share was highest in Jõgeva county (8%) and lowest in Saare county (3%) (Statistics Estonia). About 50% of injuries occurred at home. 13% of persons 85 years old and older needed treatment due to a fall. 25% of the people who died due to injuries were older than 65. According to sample survey from Tartu region, the most common problems for family doctors (GP) visit among elderly people using general practitioners' services were complaints related to chronic illnesses, such as pain, dyspnoea, dizziness, chest pain, falls and peripheral oedemas. Mental health issues were more common among women and included mood disorders and feelings of sadness, depression and hopelessness (Int 2016). Int (2016) found that people over 65 were most often referred on for treatment of wounds by their general practitioners. According to healthcare workers, elderly people mostly need physiotherapy, laboratory services and medical aids, as well as nursing services. Where social services are concerned, they also require personal support and home care. Administrative data from healthcare service statistics from 2016 shows women's higher need for medical treatment due to external injuries (Table 1).

Injury statistics is based on treatment invoices delivered by health care service providers, who are contract partners of Estonian National Insurance Fund, to National Insurance Fund during the corresponding year. There are also statistics on contact with healthcare professional due to injuries caused by exposure to animate mechanical forces harmonized with international data collection rules and classification. The exposure to animate mechanical forces is divided into several units (W50-W64), including:

- 1) W50: Hit, struck, kicked, twisted, bitten or scratched by another person;
- 2) W51: Striking against or bumped into by another person (excluded the fall due to collision of pedestrian (conveyance) with another pedestrian, conveyance) (WHO, 1994).



Table 1. External causes of injuries caused by exposure to animate mechanical forces and needed treatment by sex and age groups (W50-W64), 2016 (Health Statistics and Health Research Database, 2019).

	55-64	65-74	75-84	85 and older	Total
<b>Male and female</b>	969	681	474	109	2233
<b>Male</b>	397	222	128	30	777
<b>Female</b>	572	459	346	79	1456

Data from the SHARE survey show that 20% of women 75 and older, 37% of women 80 and older, and 40% of women 85 and older, have some or serious difficulties to cope with daily activities<sup>18</sup>.

#### Policy Recommendations:

- Implementation of comprehensive trainings within health and care system to effectively address health and care problems of older people, particularly theoretical knowledge of abuse and how to identify signs of abuse and document injuries.
- Implement specific procedures/protocols/guidelines for recognizing and treating elder victims of abuse, including mandatory and regular screening for potential abuse among patients.
- Home care services for the elderly which assist with carrying out daily activities and funded by local authorities to support older people to live at home for as long as possible. Equal access to care should also be available for those living in isolated or rural areas.
- Regular visits from social workers to visit older people more frequently in whichever care setting they may be will help to establish mutual trust and opportunities for disclosure.

### 1.8 Elder Abuse - Unrecognized and invisible

Sööl (2016) draws attention to the fact that the issues regarding elder abuse have been left without much media coverage and have remained in the background in public debates (Sööl, 2016). Study findings show that policemen do not think about the meaning of violence, but they do recognize it. There is a need of training for specialists regarding the topic and an importance of improving methods of prevention was recognized by police officers. The importance of improving methods of prevention was recognized.

Pensa (2020) has studied work with elderly victims from the specialists' perspective. The research findings show that are still few elderly people who seek help and turn to them. Specialists acknowledged that elderly is still hidden group among victims of abuse. Pensa is stressing to the need for coordinated cooperation and networking between various specialists. In most cases, when dealing with cases of violence against the elderly, it is not possible to solve the problem within one institution. According to the participants, in all cases, the aim of cooperation between different agencies is to help the elderly and support him or her in coping with everyday life.

Kruse (2016) has studied material deprivation of people in age 55 and over (Kruse, 2016). The study is based on SHARE (The Survey of Health, Ageing and Retirement in Europe) 5th wave data which focused for the first time on social and material deprivation. 5,300 respondents were analysed; 2,113 of respondents were men and 3,187 were women<sup>19</sup>. The study findings state that

<sup>18</sup> Data from SHARE (the Survey of Health, Ageing and Retirement in Europe) is a European panel survey about elderly people's health, ageing and retirement. The survey is carried out every second year

<sup>19</sup> SHARE (the Survey of Health, Ageing and Retirement in Europe) is a European panel survey about elderly people's health, ageing and retirement. This subject area is important because the European population is ageing. People aged 50

more activity limitations appeared among people who were 75 years and older, had basic education, at least one long-term illness, could not afford to eat meat or fruits and vegetables more often than twice a week, could not afford to buy regular groceries and could not buy new glasses because they had not enough money for it. People in rural areas were in worse situations.

Victims are often seen as the guilty party in violence. This attitude is prevalent first and foremost about female victims. For example, more than half the population (54%) consider the victim guilty of domestic violence and nearly half the population (47%) believe that women bring rape on themselves because of their clothing. Concerning both domestic violence and sexual violence, there are more people who blame the victim among the older age group and among persons of other nationalities, as well as among men (TNS EMOR, 2014).

In 2019, the Ministry of Social Affairs and the Department of the Victim Support and Prevention Services of the Social Insurance Board drafted a three-year project (2020-2022) regarding tackling VAWG and promoting services administered by the Department and to improve victims' safety<sup>20</sup>. This project plans to carry out following activities:

- develop a volunteers' system to accomplice state victim support,
- develop interventions for perpetrators of violence,
- develop an early detection system for health care workers,
- provide counselling and/or abilities for that to specialists at woman's shelters,
- provide a quality assessment tool for women's shelters.

#### **Policy recommendations:**

- The lack of media coverage and public debate on the issue of elder abuse contributes to the silencing of elder abuse victims and their experiences. Weak or non-existent public-awareness activities also contribute to the reluctance of society and authorities to recognize the existence of the issue. More investment should be made into raising awareness of the issue among the public, focusing not only on combating stereotypes, but also improve the knowledge of elderly people and their rights including available support services for those experiencing elder abuse.
- Specialized training on the issue of elder abuse must be regularly provided for all authorities and organizations working directly with women victims of violence. This training should also challenge harmful ageist stereotypes and eradicating victim-blaming attitudes which hinder older women from disclosing and reporting abuse.
- Institutions, such as care homes and health settings, must implement specific procedures for dealing with potential victims of abuse. These procedures should also include protocol for punishing abusive caregivers and other perpetrators in positions of power over the older person.

## **1.9 Access to Information**

The main source of information regarding elderly situation in Estonia, were media (40%), health care workers (doctors, 26%), Internet (26%), acquaintances (21%) and family members (17%) (TNS EMOR, 2015)<sup>21</sup>. People who were less informed had as their main information sources doc-

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and older are asked about their social and economic experiences to analyse the connections between their health, economic position and social inclusion.

20 The project is supported by the Norway Grants program; Social Insurance Board (SKA) (2019) Lisa 1. Projekti Ohvriabi süsteemi arendamine projektikirjeldus.pdf, <https://adr.rik.ee/som/dokument/7395878>.

21 The survey results of the survey can be generalized to the people aged 50 and above living in regular Estonian households

tors, officials from the local government, close friends and family members. People from the age group 75+ tend to not be active internet users; however, their need for the information and services is bigger.

Even Eurostat has poor data on people 75 and older. The Chancellor of Justice of Estonia has pointed out that this is against the Constitution that information about social and other services is available mainly on the internet, but access and skills of senior citizens to the internet is not studied and the needs of older people is under-studied.

#### **Policy recommendations:**

- Information about violence and available support should be easily accessible for all older people, regardless of technical proficiency. Information should be provided to older people not only online, but also be made available in print format and regularly disseminated in areas which older people congregate in addition to health settings and care homes.
- A specific helpline should be made available for older people in need of support and information. This helpline should be available 24/7 and free of charge, with knowledgeable and trained staff. The helpline phone number should be publicly known and widely disseminated through different channels, e.g. TV, leaflets, in hospitals). The existing national helpline 116006, which provides support for victims of domestic abuse, should ensure that staff and volunteers are trained on the issue of elder abuse.
- Establishment of specialized shelters for elderly victims of abuse (and provision of transport if necessary) where victims can receive professional care according to their needs.
- Improved data collection about older people and their needs and experiences should be regularly carried out by national authorities. Surveys should include information about gender-based violence covering elder abuse to improve policy change based on the voices of older people. Gender-based violence statistics, including by age group of victims, should be published regularly on government websites.
- The knowledge-deficit among policy makers and professionals should be addressed with enhanced regular training on gender-based violence and elder abuse.
- Coordination between primary health care, long-term care and social services professionals dealing with older people should be implemented to ensure easier access to and sharing of information for cases of elderly abuse.
- Focus on improving the knowledge of elderly people and how they can defend their rights, and who they can turn to in case they experience violence. Couple awareness-raising initiatives with challenging myths and stereotypes (e.g. the sacredness of marriage and victim-blaming) to increase self-esteem and eradicate shame among an otherwise more traditional population.

### **1.10 Conclusion**

Violence against elderly (elder abuse) is poorly studied in Estonia. There are studies by gerontologists and social work researchers, however the issue is not recognised or purposefully studied. Paat-Ahi & Merilain (2010) and Morris et al (2018) give an overview about long term elderly care (Paat, & Merilain, 2010) and use a descriptive approach as a result of desk research; however, Morris et al (2018) interviewed people in long term care. Out of 16,017 respondents, there were 103 respondents from three facilities in Estonia. Gerontologist Kai Saks published widely on elderly health, dementia, aging related issues and participated in the international survey on quality of life of elderly (Bremer et al, 2017; Morris et al, 2018).

(N=1,384 residents of Estonia aged 50 and above).

The strategic aim of the welfare system in Estonia is to increase de-centralization, focus on individuals and provide a flexible system of services. On an individual level the objectives of the care system are to achieve the best possible quality of life for persons who require care, basing the assessments on individual needs, and to enable them to cope in their habitual environment (home) for as long as possible.

In Estonia, while most older people live in their private living space (flat or house), the number of extended families is decreasing and the number of older people living with a family member or living alone is increasing. A frequent practice is that children or other relatives visit every week or every second week their parents who are old or with poor health. Renting a place in an elderly care house or long-term care facility is complicated due to high cost, and there is needed to pay approximately the amount of two average monthly pensions a month. This means that savings or monetary support is needed from children or grandchildren. This can be a humiliating issue in older people's lives.

The role of local government is central in social service and elder care provision. The assessment of the need for welfare services is done by a local social worker, who takes any necessary action considering the needs and wishes of the person and their family. Welfare services, according to the Social Welfare Act, entail the long list of assistance to elder people, but it is often put onto the shoulders of children. Several welfare services have not been developed due to inadequate resources, knowledge and willingness by local authorities and professionals.

Data about older people are poor due to social survey policies that respondents of the sample surveys are under 75 years old. Survey about victims and gender-based violence do not address elder abuse and Sööl (2016) discovered that police officers have inadequate knowledge about elder abuse.

Various forms of violence against older people could be identified in Estonia. Statistics could provide some data about injuries if medical treatment was sought, criminal statistics could provide some data on crime if reported to police or solved in the court. But to discover the prevalence of a psychological/emotional and economic abuse, as well as life under control and harassment, is a real challenge.

These constraints and deficiencies form a basis for misunderstandings and conflicts between people and generations. Social and other problems of younger generations contribute frustration, burn-out and family conflicts.

#### **To conclude:**

- There is a knowledge deficit among policy makers and professionals related to social problems from lifespan approach;
- Elderly related problems are low in agenda (low pensions and material deprivation; poor care, social exclusions, poor access to information channels etc);
- There is a lack of shared understanding and definitions on gender-based violence and intersectionality;
- There is a lack of integrated systems to tackle health and care problems of older people, especially inadequate information exchange and procedures between health professionals and social workers and social security officials.
- Lack of intergenerational solidarity.

## 2. Finland

### 2.1 Statistical Data on Elder population

#### Elder Population

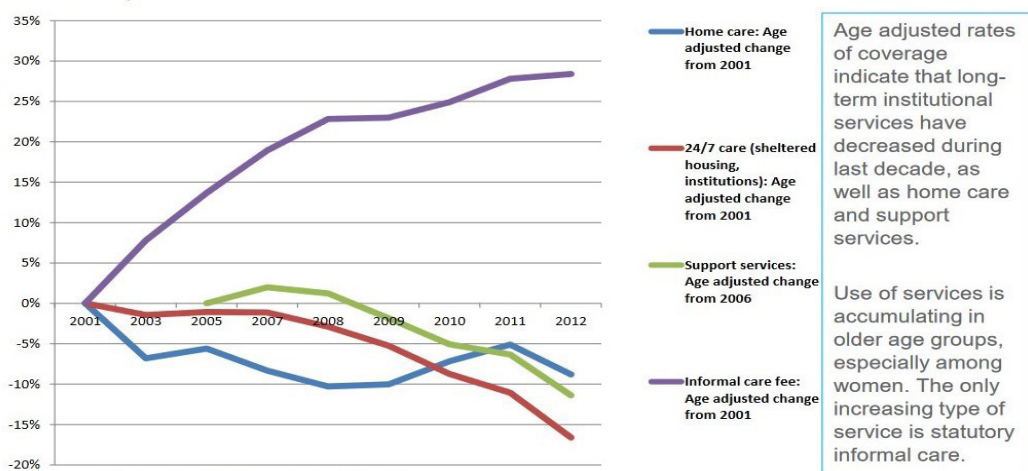
In 2019, the proportion of those 65 or older in the Finnish 5.5 million population was 22,3%. The population structure in Finland is growing progressively older, similarly than in other EU countries. The proportion of the population of 65 years and older is projected to reach 26.3% in 2030 and 28% in 2040 (Statistics Finland, 2019). The proportion of the oldest population will particularly increase, while the proportion of children and working age population will decrease (Ministry of the Interior, 2018). In 2019, average life expectancy at birth was for men 78.9 and for women 84.3 years (Statistics Finland, 2018).

#### Elder Population in Care Framework

Home care and institutional and housing services for the elderly consist of: regular home care, ordinary sheltered housing, serviced housing with 24-hour assistance, residential home care and health-centre long-term care. At the end of 2018 10% of the persons 65 and over received services for the aged, whereas the percentages were 20% for persons 75 and over and 42% for persons 85 and over. At the end of 2018 5,6% of the age group 65 or over received regular home care, 11% of the age group 75 or over and 21,6% of the age group 85 or over. 3,7% of the age group 65 or over was living in service houses with 24-hour assistance, 7,6% % from the age group 75 or over and 16,3% from the age group 85 or over. Percentage of older women in all services for older persons is higher compared to that of older men since the number of older women is higher than older men. 56% of all persons aged 65 or older are women. The older the age group, the higher the percentage of women. (National Institute for Health and Welfare, THL. 2018).

In Finland in services providing with 24-hour assistance from staff a major change has happened in the 2000s: the use of 24-hour service housing has constantly increased and long-term care in nursing homes and health centres decreased. At the end of 2018 those aged 75 and older living in serviced housing were located as follows: 7,6% was living 24-hour service housing (1,7 % in 2000), 0,9% in long-term care in nursing homes (5,3 % in 2000) and 0,2% in long-term care in health centres (3,0 % in 2000). (Ibid.)

**History: Trends in use of long-term care services during 2001 – 2012, (reference year 2001, in support services year 2006).**



Source: Noro et al. THL Report 13/2014, p. 27

## Older victims of domestic violence and elder abuse

In Finland, studies on the prevalence of elder abuse are rare. The first Finnish study by Kivelä et al. in 1992 (Kivelä, Köngäs-Saviaro, Kesi, Pahkala & Ijäs, 1992) stated that 9% of women and 3% of men said that they had been abused after the age of retirement. 90% of the victims of intimate partner violence were women in this study. In a later study by Virjo and Kivelä (Virjo & Kivelä, 1994) that interviewed all persons over 75 years of age in two municipalities in Finland, the prevalence rate for elder abuse was 8.3% for women and 7.7% for men. 80% of the abuse subjected to older women and 33% of abuse subjected to older men took place in home settings. Accordingly, while both women and men experience violence, women are more frequently subjected to intimate partner violence and violence in close relationships (Virjo & Kivelä, 1994).

National surveys conducted under 'Violence against women in Finland' studies contain information about the prevalence, patterns and trends of violence perpetrated by men against women. The surveys, of which respondents were randomly chosen Finnish and Swedish speaking 18–74-year-old women were carried out in 1997 and 2005. The respondents' exposure to violence and threats in the current partnership was, in total, 22.2% in 1997 and 19.6% in 2005. In the age group of 65-74-year-olds, 3% had experienced physical or sexual violence or the threat of violence in their current relationship in 2005; 2% in 2007. Of this violence, 7.2% in 2005 was of long-term in nature (Piispa, Heiskanen, Kääriäinen & Siren, 2005).

In the 2011–2012, the European Union Agency for Fundamental Rights (FRA) initiated a survey on gender-based violence against women aged 18-74 years in the 27 European Union Member States and Croatia. The survey interviewed over 40,000 women (in Finland 1,517 women in total from which 519 women aged 60–74 years). In Finland, 1% of women aged 60–74 years had experienced physical violence, 2% had experienced physical and/or sexual violence and 1% sexual violence by a partner in the 12 months prior to the interview (FRA, 2014).

The AVOW research project found that 25% of Finnish women over the age of 60 living at home had experienced violence or abuse during the past 12 months. Emotional/psychological abuse was the most common form of abuse experienced by 21.2% of older women, followed by financial abuse (6.5%), violation of rights (5.7%) and sexual abuse (4.6%). Women reported fewer cases of physical abuse (2.8%) and neglect (2.6%) (Luoma et al., 2011).

## 2.2 Policy Framework on Eldercare

In Finland, the state's responsibility to promote welfare, health and security is rooted in the Constitution. This enshrines the right of everyone to income and to care, if they are unable to manage adequately. The government's elderly policy aims at replacing the traditional institutional care with arrangements that allow meeting clients' need in their own homes or in a homely environment, such as sheltered housing units with 24-hour assistance. The focus is to enable living at home as long as possible.

The Ministry of Social Affairs and Health in Finland is responsible for general planning, guidance and supervision of services aimed at older people. In Finland, there are 444 municipalities, which are independently responsible for providing social and health care services. According to the Act on Planning and Government Grants for Social Welfare and Health Care (733/1992), municipalities receive financial support from the Government in order to organise these services. The funding stream is general taxation (social insurance). Municipalities are responsible for organising services for their inhabitants independently. The way that services are organised may vary (for

example municipalities can provide services independently themselves, they can organise/provide services together with another municipality, or they can provide a voucher to service users so they can buy services from a private service provider). There is, accordingly, inequality in access to services between different municipalities. The role of service providers from the private sector has therefore become more important and expectations for the future of this sector are high.

Finland has six Regional State Administrative Agencies (AVI) in charge of directing, licensing and supervising health care in their own region. The aim of the Regional State Administrative Agency is to make sure that high-quality health care services are available for the citizens. AVI directs and supervises public and private health care services. By performing its tasks, the AVI Agency contributes to implementing national health care policy. The agency's activities in the field of health care are informed by the legislation, instructions from the Ministry of Social Affairs and Health and cooperation with other actors, including the National Supervisory Authority for Welfare and Health Valvira and the National Institute for Health and Welfare. National Supervisory Authority for Welfare and Health Valvira, is Finland's national supervising authority on health and social welfare. Valvira's statutory purpose is to supervise and provide guidance to healthcare and social service providers both in private and public sector. By the means of supervision and guidance Valvira ensures the adequacy of services different healthcare professionals and medical facilities provide. Valvira's regular supervision is based on legal data collection from the municipalities and social services, such as older people's residential services. Valvira also starts supervision based on complaints or information appearing in public. As per the Social Welfare Act, Valvira has the rights to demand every public and private sector organisation that organise health and social care services to create a self-monitoring plan, as detailed above.

#### **Policy Recommendations:**

- Inequality of resources for shelter services between different municipalities must be adequately addressed so that access to quality service provision is equal regardless of which municipality an older person resides. This would be improved through, e.g. increasing the amount of government funding for women's shelters and allocating funding for improving their accessibility and sustainability, particularly their accessibility for older or disabled people with special needs.

### **2.3 Legal framework on Eldercare support**

The duties of municipal authorities throughout Finland to arrange social and health care are stipulated by laws on social and health care planning and the central government transfers to local governments. The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons is intended to ensure that elderly people will receive care and treatment according to their individual needs and on an equal basis nationwide through high-quality social welfare and health care services. The Act will specify the responsibilities of local authorities and guarantee better availability of necessary services for elderly people. The Social Welfare Act (710/1982) defines social welfare as: social services, social assistance, social allowance and related measures intended to promote and maintain the social security and functional ability of the individual, the family and the community.

In the Act on the Status and Rights of Social Welfare Clients (812/2000), it is stated that clients' wishes and opinions must be taken into account when planning and providing social welfare. If a person cannot participate in planning because of their illness, family carers' opinions should be used in order to determine clients' will.

In Finland there are various national ethical principles and programmes on older people's rights as well as qualitative standards for elderly care. These recommendations don't have the power of legislation but many of them are issued by different Ministries. Publications in this group strive to guarantee high-quality ageing and effective services. For instance, the National Framework for High-Quality Services for Older People (2008) defines the values and ethical principles guiding the provision of services for older people. It also outlines strategies for boosting quality and effectiveness in three dimensions: (1) promoting health and welfare and developing the service structure, (2) staffing levels and staff skills and management, and (3) old-age living and care environments. The ethical principle of Finnish social and health care is to respect the fundamental rights of the clients and patients, value their self-determination and right to make choices, and to treat them equally.

#### **Policy Recommendations:**

- The national ethical principles and programmes on older people's rights, as well as qualitative standards for elderly care is a positive development issued by some ministries – however these recommendations would be more powerful, effective and contribute to equality nation-wide if embedded in legislation.
- Sufficient human and financial resources for internal monitoring of management to assess adequacy and quality of home care services must be ensured by regional state administrative agencies.

## **2.4 Public facilities and services for Eldercare**

Social welfare for older people in Finland consists of social and health services, and income security. Services specific targeted for the elderly population are elderly housing services. Municipalities are obliged to arrange health and long-term care (LTC) services for their residents. They can provide services alone or in cooperation with other municipalities. Municipalities can purchase services from private or public service providers or distribute service vouchers to the users for purchasing the services from a private provider. Long-term care is provided in older people's own homes (home care), in sheltered housing units (supported and serviced housing), in institutions for older people (nursing homes) and in the inpatient wards of health centres. There are municipal and privately-owned care homes; however, both are financially supported by the municipality. The variety of services is even wider if purchased directly from private service providers and/or using service vouchers, which many municipalities grant for social and health services. The cost of long-term care depends on the facilities and the services provided. The cost of assisted living consists of the rent and every additional service the resident uses/needs. Institutional care is more expensive but usually includes every possible service including food, medicine and round-the-clock care.

### **Home Care Services**

Municipalities organize home care services for the elderly, day-to-day assistance and nursing at home. Home nursing provides healthcare and nursing for the customer with support from a public health physician when the patient is no longer able to use nurse or physician services provided by the healthcare unit for the treatment of outpatients. Home services are help with day-to-day activities, such as washing and dressing oneself and eating. Home nursing is nursing and rehabilitation that takes place at home. A doctor writes a referral for home nursing. In addition to this, support services are available, which include meal, cleaning, shopping, security and transport services. The most common aids for moving and daily routines can be availed at the aids lending units of hospitals' physiotherapeutic wards.



## **Day/Service Centres**

At the day centres by municipalities, older people can gather on weekdays to converse, do activities and spend time together. A day centre provides the residents in the area with services supporting independent initiative and coping at home, such as exercise, meals, and bathing. Activities support the physical and operational capacity, and the health of older people, while promoting social interaction. The day centres also provide services with a price tag, such as meals, sauna and bathing services, as well as rehabilitation and hairdresser services by private entrepreneurs. Many service centres provide services for both older people and unemployed people. The service centre cafeterias and cafés are open to everybody.

## **Informal Care Allowance and Support**

Informal care support is targeted towards families in which a family member is caring for an aged spouse or parent, for example. The care must be binding and demanding. Decisions on granting informal care support are made by local authorities. The amount of the allowance and the criteria for getting it may vary from one municipality to another. In order to qualify for the allowance, an informal care agreement must be made with the municipality. In addition to the remuneration, municipalities can organise various services in order to support informal care, for instance, day-time activities for the elderly.

## **Supported and Serviced Housing**

Service housing aims to ensure individual, home-like housing for people over 65 years of age requiring care and attention around the clock that can no longer cope in their own home. Rehabilitation helps to maintain the resident's operational capacity, and recreational activities promote mental well-being. In the service apartments, the staff is always present in the daytime, but during night time, help can be called by alerting the staff or the aged person is visited as agreed. In intensive service housing, the staff is present around the clock.

## **Nursing Homes, Institutional Care**

Nursing homes and inpatient wards are for the aged who are in constant need of 24-hour institutional care. Institutional care covers basic treatment and both social and incentive activities. Social and health care authorities together direct older people to institutional care either for a short-term care period or for long-term housing and care.

In addition, municipalities provide transport services for elderly people with limited means who are not able to use public transport. The elderly can use the transport services when they go shopping, to a pharmacy, or to a doctor, or when they make recreational trips. Other services include examinations and care for memory disorders and rehabilitation of war veterans.

### **Policy recommendations:**

- Improve multi-agency cooperation with relevant organizations and services to improve work, solve issues and broaden knowledge through discussions, information exchange and learning from good practices. In such cooperation, professional roles and responsibilities must be clarified. With this will also be the need to monitor and add resources to home care services.

## **2.5 Private facilities and services for Eldercare**

Numerous private companies, organisations and foundations providing health and social care services operate in Finland. Private service providers can sell services directly to clients as well as to

municipalities and joint municipal authorities. Private companies must apply for a licence for their operations from a Regional State Administrative Agency or the National Supervisory Authority for Welfare and Health (Valvira). The services provided are the same with the services provided by municipalities (see 10.2.5) but the focus lies especially around home care and support, supported and serviced housing and nursing homes. As well as this, many non-governmental organisations provide elderly people with peer support and their members volunteer as friends for the elderly.

## 2.6 Education and training policies for professionals working with elder

Finnish legislation covers the professional standards for social and health care personnel through the Act on Qualification Requirements for Social Welfare Professionals. The Act promotes the right of social welfare clients to quality care and good treatment; it requires social welfare professionals to have the necessary education and training, as well as be familiar with the area of their work.

National Supervisory Authority for Welfare and Health (Valvira) grants the right to practice as a licensed or authorised professional and authorises the use of the occupational title of healthcare professional. A person practicing as a healthcare professional in Finland without a license may be sentenced to a fine or imprisonment. Most employees working in home care and in nursing homes are practical nurses/enrolled nurses, which is a protected occupational title demanding a qualification, as are all other health and social care professions in Finland. Professionals entitled to use a protected occupational title can be found in a central register of health care professionals maintained by the National Supervisory Authority for Welfare and Health.

The Government decides on the general goals of vocational education and training, the structure of qualifications, and the core subjects. The Ministry of Education and Culture decides on the studies and their scope. The qualification requirement system of vocational education and training consists of the national qualification requirement, each education provider's locally approved curricula and the students' personal study plans. The Finnish National Board of Education decides on the national qualification requirement for each vocational qualification, determining the composition of studies and objectives, core contents and assessment criteria for study modules. It also includes provisions on student assessment, student counselling, on-the-job learning, special education and training, educational arrangements for immigrants and apprenticeship training. National qualification requirements are drawn up in cooperation with employers' organisations, trade unions, the Trade Union of Education and student unions. National Education and Training Committees, local tripartite bodies as well as other representatives of working life take part in the curriculum work as advisers and consultants (Finnish National Agency for Education, 2018).

The vocational requirements by Finnish National Board for Education for practical nurses that have completed the study programme or specialisation in Care for the Elderly are as follows:

[Practical nurses should be] *'able to plan, implement and assess the care, services and social interaction which maintain the functional abilities and promote the rehabilitation of elders or patients with dementia, in different settings. They can guide and support elders or people with dementia in daily activities and decision-making procedures concerning their lives and support their participation together with their families and cooperation networks. In their work, they can take the client's life history, resources and individual situation in life into account. They are able to promote the client's good, meaningful and safe life through their actions. Practical nurses who have completed this study programme or specialisation can guide the elderly and their families in promoting physical and mental health, adopting a healthy lifestyle, and exploit methods which promote rehabilitation and functional abilities and pay attention to occupational safety. They can develop their vocational skills and care for the elderly and exploit the multi-disciplinary knowledge in their own field'* (Finnish National Agency for Education, p. 13, 2011).

Similarly, The National Agency for Education defines requirements for other qualifications/professions working in elderly care.

### **Policy Recommendations:**

- Caring professionals must be provided with mandatory comprehensive training on how to handle cases and victims of elder abuse. This training should be made available to all professionals in the caring profession regardless of municipality and such training on elder abuse must be systematically embedded into curricula for health and social care professionals. Training should also focus on developing interpersonal communication and listening skills. Capacity building would then increase the level of competency for professionals as well as build trust between older people and caregivers/professionals working with older women.
- Ensure that health and social service professionals support elderly people in understanding how they can access or request the data they need and provision of regular updates to them by doctors during appointments.
- Service providers should ensure that the most important services, e.g. applying for social benefits, can be handled in-person if the older person needs, to alleviate experiencing technological challenges. Social workers should also be made available, e.g. in main health centres, to assist older people with applications.
- Reach out to informal caregivers to invite them to complete courses which address different issues related to elderly care - particularly violence against older women and elder abuse - including the identification of different types of abuse, risk factors for elder abuse and safety issues, to provide them with necessary training materials and to offer them psychological support if necessary.
- Upon building the competence of professionals on the theoretical knowledge of, and skills for addressing, elder abuse, protocols in settings should include the requirement of regular screening for abuse among patients and to ask patients when abuse is suspected.

## **2.7 Framework of support for Elder victims of Domestic Violence**

There is no specific policy framework in Finland for the prevention of and intervention in elder abuse. However, the processes with which the government responds to the special needs of elderly people are outlined in legislation and the quality recommendation of the Ministry of Social Welfare and Health (2017) concerning elderly care. The Social Welfare Act (1301/2014) concerns also older people in defining the needs for which social services are required to respond. As part of these needs, the Act mentions domestic violence, elder abuse and neglect. The services provided are to be tailored for each client's needs. Every person has the right to receive the necessary social services demanded by one's unique needs. Furthermore, the Act on Supporting the Functionality of Older Persons (980/2012) imposes that the assessment on an older person's needs is to be made in a comprehensive way considering both one's functionality and safety. Services provided should support the well-being, health and functionality of an older client. The recommendations by the Ministry of Social Welfare and Health mentions elder abuse as a risk factor for decreased functionality in older age (Ministry of the Interior, 2018).

According to the Social Welfare Act 1301/2014 social service providers should respond to the support needs caused by family violence and abuse (Finlex, 2014). The purpose of the Act is to advance the rights of clients to good service and treatment in social care. Starting from early 2015, the act has provided public and private sector organisations with an obligation to create a self-monitoring plan. The plan should be written and publicly available. The aim is to secure quality of services

and to clarify the action taken e.g. to guarantee the safety of clients/residents in cases of danger. The written plan helps individual units and health and social care organisations to recognise risk factors and defects in their services and to fix them accordingly. The self-monitoring process is based on the idea of risk management. Services and the processes related to implementation are evaluated based on factors of quality and safety of clients/patients. Prevention of elder abuse is part of the required plan. The publicly available plan improves the safety of both clients/patients and the staff of the organisations.

From the beginning of 2016, based on the Social Welfare Act, it has been compulsory for workers in social services to report elder abuse or concerns of the safety of an older person confidentiality provisions notwithstanding to the municipal authority responsible for the service. If the risk is not corrected promptly the worker must inform the Regional State Administrative Agency (AVI). The Act No. 980 /2012 on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons is also an essential operational guideline in helping individual staff members to report cases of elder abuse and provide required help for older people who are at risk of getting abused or neglected. The Act defines that if a health care professional or a person employed by the social service system of the municipality, rescue services in the area, the Emergency Response Centre or the police has been informed of an older person in need of social or health care services who is obviously unable take care of himself or herself, his or her health or safety in the future, the health care professional or employee must confidentiality provisions notwithstanding notify thereof the authority responsible for municipal social welfare (Finlex, 2012).

Shelter services in Finland have traditionally been targeted for mothers with young children. The number of shelters was 23 in 2017. Organised earlier by NGOs, the shelters became publicly funded and under the responsibility of the government in 2015. The reform has been expected to improve the access of older people into shelter services. The number of those 65 or older in shelters has been around 2% of all clients in 2015 and 2016 (National Institute for Health and Welfare, 2017). The barriers limiting older persons' access to shelter services are related to deficiencies in physical accessibility as well as in skills and knowledge of the staff. To respond to the special age-specific needs of older clients, more employees of shelters should have educational background in nursing. Elderly people themselves often view shelters as inappropriate for older persons due to e.g. the noise caused by children<sup>22</sup>.

### **Policy Recommendations:**

- Investment in a specific policy framework for the primary prevention of elder abuse in all realms of society, including social and health services and establishment of laws which require the training of all professionals who may be in contact with elderly victims of abuse.
- Improvements are needed in the provision of support services for women who experience violence. More funding and resources should especially be allocated to women's shelters.
- Eradicate barriers which limit older women's access to services, e.g. women's shelters, including require that some staff have an educational background in nursing in order to meet the unique health and safety needs of older women. This initiative can be supported with allocation of funding in national and/or municipal budgets for funding separate units for older people in women's shelters with the possibility to require medical assistance during their stay.
- Cooperation and information sharing between different specialist support services and local authorities (e.g. local women's shelters, NGOs, care homes, healthcare professionals, police and social workers) must be established for reducing secondary victimization and ensuring swift reaction in cases of abuse. Organizations and authorities should not operate

<sup>22</sup> Focus Group feedback in Helsinki for TISOVA project, 2017.

in isolation and rather, where possible, conduct trainings and develop guidelines together. Capitalize on cooperation by drawing upon each other's expertise in the field, share good practices and provide consultation on policy and project implementation.

- Improve services of the 24/7 Nollalinja helpline for victims of abuse by ensuring staff and volunteers of the helpline are specially trained on abuse of older people. Ensure that the helpline receives wider public awareness, e.g. in frame of a national awareness-raising campaign combined with efforts to reduce stigma and increase knowledge of elder abuse.
- Enhance the collection of data on elder abuse at the national level by revitalizing regular large-scale prevalence studies which include a focus on gender-based violence and elder abuse. Data should be disaggregated into age, gender and type of violence and include relationship to the perpetrator.
- Since elder abuse cases rarely come to the attention of police and social services and usually only the most serious crimes are reported, each case of abuse should be carefully investigated, regardless of the perceived severity. The needs and safety considerations of elderly women should be placed at the centre of responses to ensure the best response to their specific situation. Some municipalities the option to anonymously report abuse on their websites, and this practice should be implemented in all municipalities.

### 3. Greece

#### 3.1 Statistical Data on Elder population

##### Elder population

According to the 2011 census report by ELSTAT (2014) the population over 60 is estimated to be 2,734,621 out of 10,816,286, corresponding to 25.3%. Of those, women correspond to 55% (1,503,207) and men to 45% (1,231,414). The table below (table 1) shows the distribution of male and female population by age group (grouped in 5-year age groups), according to 2011 general population census. Male population is being signed in blue colour and female in red colour:

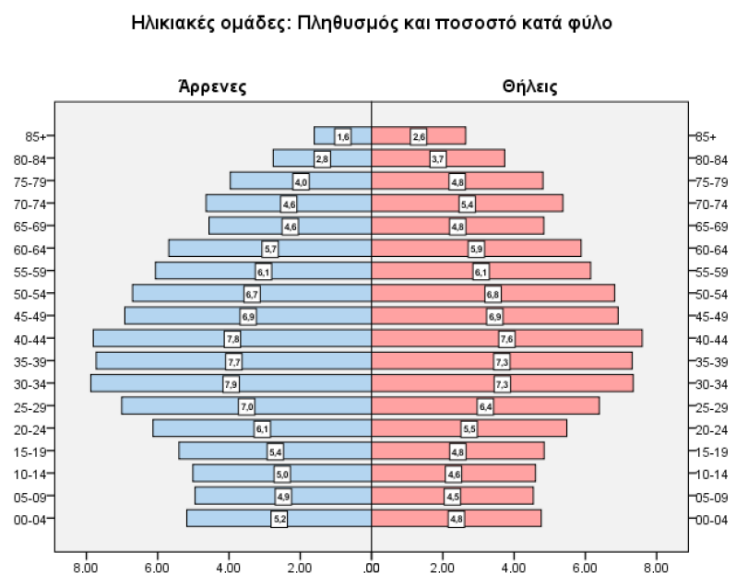


Figure 1: Distribution of Male and Female Population by Age Group, 2011 (ELSTAT, 2017)

According to United Nations Department of Economic and Social Affairs (2017), the estimated distribution of male and female population by age group for 2017 and 2050, are as follows:

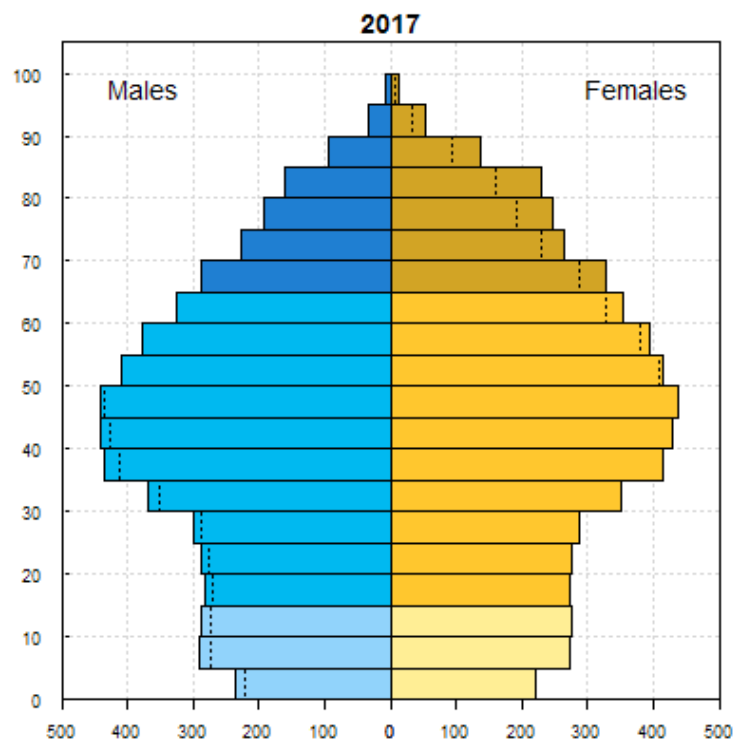


Figure 2: Estimated Distribution of Male and Female Population by Age Group, 2017 (United Nations, 2017)

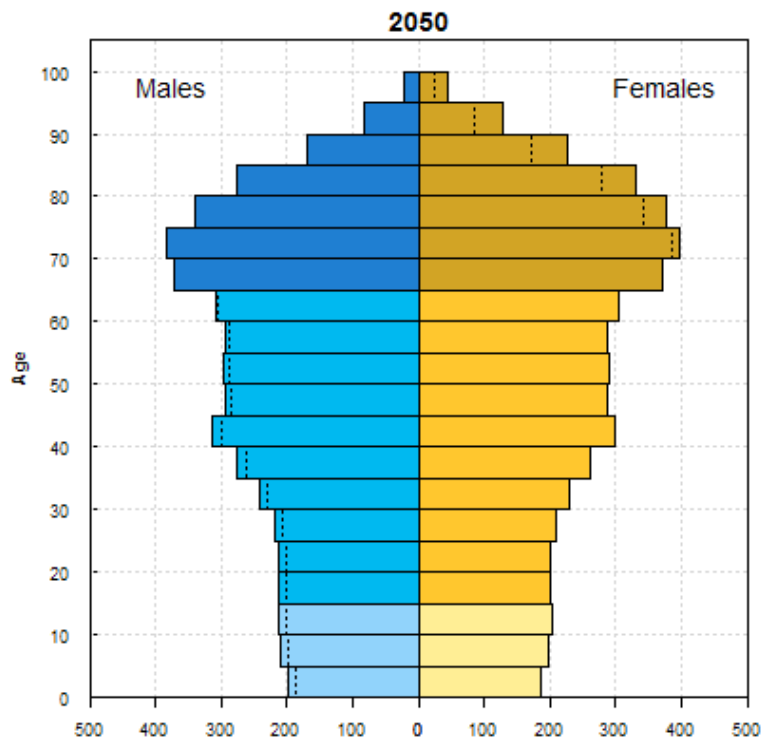


Figure 3: Estimated Distribution of Male and Female Population by Age Group, 2050 (United Nations, 2017)

The dotted line indicates the excess male or female population in certain age groups. The data are in thousands or millions and represent the population in each age group.

### **Elder persons in care framework**

There is no official data available about population in care framework. According to press publications and data provided by the Greek Care Homes Association, there are 243 units for eldercare, with a capacity of 15,000 persons. Most of them are situated in Attica region (110), in Central Macedonia region (29) and in Crete (20). It is estimated that about 6% of the elder population is in need of receiving care.

### **Older victims of DV and elder abuse**

There is no official data regarding older victims of domestic violence and elder abuse in Greece. According to the ABUEL study findings (Soares et al., 2010) prevalence of abuse in Greece (last 12 months), was reported as such: psychological abuse at 13.2%, physical abuse at 3.4%, sexual abuse at 1.5%, financial abuse at 4% and injuries at 1.1%. The same study states that in Greece, women reported higher figures in all types of abuse and injuries than men. In addition, the study shows that elderly in Greece show depressive symptoms at 7.3%. Financial constraints, explosion to psychological abuse and injuries are associated to increased levels of depressive symptoms.

#### **Policy Recommendations:**

- Development of systems that allow elderly victims of abuse to receive adequate and proportional compensation from the perpetrator and, in cases where the obligation to report the case was not fulfilled in time, from the institutions that failed to do so.
- In cases where the police or other relevant authorities fail to protect the victim in a timely manner, reporting of the case to higher-level authorities for proper investigation and compensation should be made possible.
- Establish official procedures for data collection on older victims of domestic violence.

## **3.2 Policy Framework on Eldercare**

The Policy framework on Eldercare in Greece aims at assisting and enabling the elderly to live at home as long as possible and promote their active participation in social life and community and/or family activities in order to prevent their psychological alienation and marginalization from the rest of the population (Stathopoulos, 2005).

Existing policies regarding elderly include:

- Financial support policy in the context of social solidarity schemes and in the form of allowances. The last few years these allowances include: a) “Social Solidarity Allowance for Pensioners” (EKAS), b) “Social Solidarity Allowance” (KEA), c) Allowance for Persons with Disabilities (67% diagnosed disability).
- Health Services Provision – all public hospitals in Greece are free of charge, accessible to every person residing in the country, either they have social insurance or not.
- Personal social care for the elderly in the community. There are several public initiatives in this field including Open Care Community Centres, Day Care Centres for Older People, providing “Help at Home”, creation of Friendship Clubs and open-type public care homes. All these initiatives are described in detail in the following questions.

In this context the role of the Orthodox church is significant as through the years it organizes several initiatives for the support and care of elder people that are living under poor conditions, including food provision, care homes services, and recreational activities.

Regarding information sharing, awareness raising and prevention, since 2015, the Health Ministry is implementing, along with several civil society partners, the Pilot Programme IPIONI “National Pilot Programme for the Prevention and Promotion of Health of Elder People”. The topics covered by the programme change yearly – up to today the programme has covered the following topics: a) 2015 – Diabetes, b) 2016 – Osteoporosis, c) 2017 – Dementia and treatment of consequences, d) 2018 – Cancer of the digestive system.

#### **Policy Recommendations:**

- Investment of resources into advocacy activities and in raising awareness of the issue among the public to combat the stigma and stereotypes attached with elder abuse and domestic violence, including challenging victim-blaming mentalities and harmful notions that domestic violence is a ‘private’ matter. Such campaigns should also provide information about available support services in communities.
- Increased governmental investment and support of NGOs working in the field and already carrying out targeted public awareness campaigns and improve the knowledge of elderly people on how they can defend their rights. This investment should include allocation of funding for improving various elder care services and monitoring the services.
- As there is no specific law on elder abuse, laws which already address domestic violence against women must be adapted to suit the needs of elderly women. A position to address the needs of the elderly and discrimination against them (beyond social inclusion initiatives) must be firmly established, in addition to including elder abuse in all relevant national frameworks and strategies of ministries to ensure that the issue of elder abuse is addressed in a comprehensive manner with effective monitoring mechanisms in place to follow-up on progress.

### **3.3 Public facilities and services for Eldercare**

Aiming at facilitating living at home and achieving active participation of elder population in social life, the public sector offers a series of public initiatives coordinated at the municipality level:

- a) KAPI, Open Care Community Centres. These centres provide older people with medical care, psychological support and social integration. The elderly protection department of the Ministry of Health and Social Solidarity with the assistance of the Volunteer’s association established the first KAPI in 1979 and since then several others were followed (in Athens and cities across Greece). The aim is to prevent the biological, psychological, social problems and help older people to remain active in society. At a regional level, there have been initiatives to improve contact school going children have with older people who are members of local KAPI’s.
- b) KIFI, Day Care Centres for Older People. KIFI is another public initiative to provide nursing care and to avoid social exclusion. These centres in several areas in Athens and cities across Greece are for older people who are not fully independent, and their families are not available to provide care or have economic and social problems.
- c) “Provision of Help at Home” run by municipalities all over Greece. The project started as a pilot in 1998. The programme is targeting vulnerable older people by providing them with nursing assistance, psychological support, medicare, home help, companionship and outside activities (Van Bavel, Janssens, Schakenraad & Thurlings, 2010).



In 2017, the Ministry of Social Solidarity announced the creation of 150 Centres of Comprehensive Elder Care during 2017, in the context of existing Community Centres that will provide info and support to the elderly and will supervise the other services (KAPI, KIFI, “Help at home”).

There are also public care homes for elder persons over 65 years old. The preconditions for accessing public elder care homes include proof of financial constraints and medical proof that the person is mentally and physically competent.

#### **Policy recommendations:**

- Implement regular and obligatory training of eldercare professionals in public services to prevent, recognise and respond to cases of elder abuse.
- Establish networking and multiagency cooperation between the Social Services of the municipalities engaged with eldercare and other public (local Police, local Health services) and private (Domestic Violence NGOs, Civil Society Associations and groups working with the elderly, private eldercare & care homes) entities that play a role in DV situations.

### **3.4 Private facilities and services for Eldercare**

Private facilities and services for eldercare in Greece are covered by Law 2345/1995 “Organised Protection Services by social care bodies and relevant provisions” that instructs the organisation and functioning of non-public social care bodies. The major private services and facilities existing on a national level can be described as follows:

- CARE HOMES

The Greek Care Homes Association has 88 units registered providing services to elder people.

- The NGO Life Line Hellas runs several important programmes of national coverage:
  - National Helpline (SOS line) for Elderly people;
  - “Red Button” programme: is a portable device that with the push of a button connects with the Crisis Management Centre of the organization. It is 24hours a day, 365 days a year service. The elder gets in contact with expert personnel or help is sent to their home immediately. Currently the device is running for 1,276 elders;
  - “Silver Alert” programme;
  - Blood Banking programme Elderly Patients.

#### **Policy Recommendations:**

- Provision of support services in different languages to ensure access by minority groups and cooperation with NGOs that work in the field and have expertise in aiding victims of domestic violence and elder abuse.

### **3.5 Education and training policies for professionals working with elder**

Education and training are provided at an academic level through the Medical, Nursing and Social Work departments of universities that include specified courses on eldercare.

At VET level seminars and trainings on several topics including Gerontology, Geriatrics and Psycho-Geriatrics, are organized periodically by the Hellenic Association for Gerontology & Geriatrics. As well as this, “Alzheimer Hellas” is providing training on Dementia and Alzheimer issues. In addition, Higher education institutions are providing seminars and course on eldercare such the University of Macedonia (public university) that offers seminars on Homecare (physical and e-learning).

#### **Policy Recommendations:**

- While several Greek NGOs have taken the initiative to carry out comprehensive trainings and address elder abuse, public institutions must also systematically integrate the issues of elder abuse into trainings for social and health professionals, and such trainings can be carried out in consultation/together with NGOs and other experts in the field.
- Involvement of NGOs working in the field of elderly people’s rights, elderly abuse and elderly care in the development and implementation of relevant governmental and municipal policies and projects. This would allow drawing upon NGOs expertise in the field and establishing stronger connections with communities where these NGOs are active, leading to more successful policy and project implementation.
- Introduction of mandatory training for all health and social care professionals that focuses on elder abuse and domestic violence, including identification and documentation, but as well as trains professionals on effective communication skills with victims, providing referrals, risk assessment and reducing secondary victimization. Such training should also be regularly carried out with regular follow-up trainings as well as trainings for new professionals in each setting.
- Requirements for obtaining a license to work as an elderly care professional should include completing a course/module on recognizing signs of different forms of elder abuse and providing appropriate assistance in such cases, along with other aspects of care provision to elderly people.

### **3.6 Framework of support for Elder victims of Domestic Violence**

There is no formal recognition or legal definition of elder abuse. “In Greece, elder violence is still considered an issue that belongs to the “private sphere”, due to the inefficiency of police forces, to the lack of provisions and the unwillingness of Greek courts to make further than imposing light sentences on perpetrators. The fear, the shame, the traditional social perceptions for the family, the lack of knowledge for the rights of older people regarding the problem, keeps the problem ‘silent’” (Van Bavel, Janssens, Schakenraad & Thurlings, p. 42, 2010).

In Greece there is no specific law on elder abuse. Since 2006, there is a law (law number 3500/2006) for the prevention of Domestic Violence. The Code of Penal Procedure (C.P.P) protects the victims by providing them with the right to file a complaint against the abuser. However, the Greek legislation in reality does not protect older people, considering that the perpetrator is usually a family member and it is rather difficult for the older person to officially report the abuse. In addition to the above at a procedural level, the processes are slow, expensive and soul-destroying for victims of violence and as a result, they are discouraged from asking for help. On the local level legal reforms have also been adopted. More specifically, according to the New Code for Municipalities and Communities, municipalities and communities in Greece have the competence to provide support and consultation to the victims of domestic violence (Van Bavel, Janssens, Schakenraad & Thurlings, p. 24, 2010).

### **Policy Recommendations:**

- Establish a legal definition of elder abuse which recognizes all forms of violence against older people and raise awareness of the rights of older people through public campaigns which reach older populations. In such initiatives, frame the issue of elder abuse as a public health issue and the right to live free from violence as a fundamental human right,
- Inclusion of elder abuse in relevant national frameworks and strategies developed by different ministries to ensure that elder abuse is taken seriously at a national level and addressed in a comprehensive manner.
- Encourage and support NGOs and researchers who deal with issues of gender-based violence and elder abuse and carry out specific research on elder abuse. Data collection on elder abuse should be based on cooperation between the police, health and social care services to ensure that data is adequately and harmoniously collected, and patterns are effectively tracked.
- Adopt specialized laws to establish support systems and respite care solutions for informal caregivers, along with compensations and support services. Establish channels through which informal caregivers can access information about respite solutions (e.g. provision of information on official websites, during visits to elderly homes, in hospitals and other social services provided by relevant professionals).
- Home visits to assess living conditions and needs of elderly people in cases where care is provided by informal caregivers. Provide informal caregivers with necessary support and training materials.
- An obligation to report cases of suspected elder abuse to the relevant authorities, and in most severe cases to the police, should be introduced in the legislation relevant to all service providers dealing with elderly people. Additionally, provision of protection and support services to victims of abuse, to ensure their safety and comfort in moving forward with the investigation.
- Closely cooperate and provide provisions for NGOs working in the field of elderly people's rights. Cooperation should also include consulting NGOs in developing and implementing relevant governmental and municipal policies and projects. This would ensure that the expertise of NGOs in the field contribute to establishing stronger connections with communities, leading to more successful policy and project implementation.

# EXPERIENCES OF OLDER WOMEN IN ESTONIA, FINLAND AND GREECE

## 1. Focus groups Activities in Estonia, Finland and Greece

In the context of the development of the “Analytical Report on abuse of older women in selected European countries”, TISOVA project partners in Estonia, Greece and Finland organized focus groups with the main target group of the project, namely elderly women. In this process, four focus groups were implemented (2 in Finland, 1 in Estonia, 1 in Greece) with 27 female participants (9 in Finland, 8 in Estonia, 10 in Greece), including 8 identified victims of abuse. The age group participating in these focus groups was between 66 and 84 years old.

The participants of the focus groups under scrutiny were found through various institutions; namely through the University of Tartu within which the Association of Academic Women meets once a month (Estonia), through the Municipality of Heraklion via the Open Day Centre for Elderly People (Greece); and lastly through the Kustaankartano Comprehensive Service Centre in Helsinki which elderly women attend (Finland). Regarding the process for searching for participants, no difficulty was mentioned; instead two facilitators (from Greece and Estonia) noted that the process was facilitated by leaders and social workers who helped with the administrative and practical arrangements.

The outline of the focus groups discussion was common, and it included the following elder abuse related topics:

- Elder abuse & violence against older people: Definition of elder abuse/violence against older people; Most common forms of violence; Conflicts in violent relationships; Differences between women and men;
- Causes & factors behind elder abuse and violence against older people;
- Help seeking: First services for support; Experiences with professionals; Expectations from them;
- Seeking solutions: Solving the violent situation; Types of obstacles;
- Concerns of older victims regarding the services and treatment: Concerns regarding being older and having domestic violence problems; Concerns about being older and seeking help from social and health care services;
- What should be done: Advice to give to another older person; Identifying the top needs of survivors; Services most needed; Societal level.

The main results of the focus groups discussions held in the three partner countries are described below.

### 1.1 Elder abuse & Violence against older people: Definition of elder abuse/violence against older people, most common forms of violence, Conflicts in violent relationships, Differences between women and men

Open and animated discussions have taken place among most groups, which were facilitated by an open and trustful atmosphere (Greece and Finland). However, it is noted that the topic of violence/abuse against elderly was not familiar among every group. This lack of knowledge and experiences on the topic can explain the hesitant exchanges and discussion in one of the groups (Estonia), as

participants simply did not know what to say. The lukewarm exchanges from Estonian participants also originated from the fact that they felt uncomfortable being recorded while discussing this topic and sharing their experiences. Their facilitator noticed a complete change of atmosphere once she stopped recording, as participants started to discuss more openly. She also mentioned that all women participating in the focus group in Estonia had higher education.

It is also important to acknowledge that women who knew each other and were used to interacting with one another were more comfortable speaking and sharing their experiences. Indeed, the group of women from the Heraklion Open Day Centre for Elderly Persons developed mutual trust and respect through their participation in group therapy sessions with the social worker of the centre; and therefore, had a more visible willingness and openness to share their problems and experiences.

Regarding discussions on elder abuse: in Finland they focused on human rights and defined them as first and foremost the right to self-determination, finding that if a person, due to dementia for example, cannot practice her/his self-determination, they need a guardian as well as good and appropriate/relevant care services, especially if they are in a long-term care. Elder abuse was defined by Finish participants as behaviour which causes horror, fear and suffering. The issue of sexual harassment against older women was also discussed within this group and the majority found that it is not common for elder women to experience it. Estonian participants went one step further finding that the elderly suffer mostly from emotional violence and that perpetrators are in most cases children/grandchildren, caregivers and acquaintances. They also reached the conclusion that even though women live longer and suffer from violence more often, there are no major differences between men and women when it comes to elder abuse.

Throughout the discussion, focus groups participants shared their experiences. One woman shared her experience of psychological abuse by a doctor during her hospitalization while others shared their experience of domestic violence. In this context, one woman explained that due to memory illness, her husband became an alcoholic and became violent towards her two years before he passed away.

## 1.2 Causes & factors behind elder abuse & violence against older people

Participants have identified and named various potential causes behind elder abuse, with the most prevailing answers including:

- **Alcohol** – as drunk people are generally more violent. One participant shared her experience of violence inflicted by her alcoholic father when she was younger and described the fear and shame she felt in that situation.
- **Financial Issues** – as children of elder people may desire to acquire their property or money (pension).
- **Age related issues** – as elder women don't always understand what young people are asking and can easily be taken advantage of.
- **Lack of knowledge** – Greek participants stated that older women “are not very well educated” which makes them more vulnerable. In Estonia, participants came to the same conclusion stating that educated elderly women suffer from violence less.
- **The sacredness of marriage** – as they were raised to believe that it was not right to divorce their husbands and that they should stay regardless of the family situation and the potential violence/abuse faced.
- **Weak self-esteem** – as women feel like they deserve what they're going through.

- **Jealousy & Unhealthy relationships** – as people who are not good for each other create constant discord and conflict within the relationship.

### 1.3 Help seeking: First services for support, Experiences about professionals, Expectations from them

While discussing the issue of seeking help, two different perspectives were mentioned. On one hand, Estonian participants explained that abuse is first and foremost a family matter and that they will talk first with their relatives as they will be too ashamed to call the police or social workers. They nevertheless added that in the country side, contacting social workers will be easier as they know the families and their issues. On the other hand, participants from Greece expressed that they will first seek help from the Open Day Centre for Elderly People whose staff always helps them with their psychological and health problems (weekly visits from a doctor, daily visits from a nurse and hospital visits in case of urgent/serious health issues).

### 1.4 Seeking solutions: Solving the violent situation, Kind of obstacles

From the above-mentioned exchange, the following potential obstacles to seeking help and solving the issue of violence/abuse emerged:

- **Absence of complaint by elderly** - as they are afraid of change and do not want to leave their homes.
- **Lack of availability of their non-violent children** and the fact that they do not want to be an additional burden to them.
- **The sacredness of marriage** - as they were taught that it was not right to divorce their husbands and do not think that they can leave them in their old age.
- **Shame** which prevents elderly to call the police or social workers.
- **Fear** that the situation will worsen once the perpetrator finds out that they have sought for help.
- **Feeling of responsibility and loyalty** towards the abuser.
- **Financial commitments and dependency** to the abuser.
- Idea that it is **easier to not do anything**.
- **Cultural privacy boundaries** – Finnish participants explained that in their culture it's very difficult to interfere in other people's lives as privacy boundaries are very strong and it will require a lot of courage for someone to be willing to intervene and bring up concerns about violence in somebody else's life.

In order to solve the issue of elder abuse, Estonian participants found that people should care more about the elderly. In that sense, they concluded that there should be more awareness-raising on the topic in the media as well as within the relevant professional sectors. They found that doctors should talk about it and share relevant information in order for elderly to acknowledge that what they experience is not normal and know where to go to get the help they need. They also added that social workers should visit them more frequently and take them to the doctor. Greek participants found that sharing personal experiences in the framework of group therapy in the presence of a social worker would be helpful for victims, as it would provide them the psychological support they need. To illustrate this point, one participant shared her experience of abuse by

her son and how the help of the centre and its social workers facilitated the solving of the situation which ultimately resulted in the end of the abuse.

### 1.5 Concerns of older victims regarding the services and treatment: Concerns regarding being older and having domestic violence problems, Concerns about being older and seeking help from social and health care services

Participants shared the following concerns with regards to being older and facing situations of elder abuse:

- **Deterioration of their health** – as they cannot go to the doctor by themselves and do not want to leave their homes because, in their opinion, nursing homes are expensive, and the conditions and services provided in them are not good.
- **Vulnerability and loneliness** – as they will not be able to defend themselves and stop the abuser if they are alone and nobody is around to help them, especially if the abuser is under the influence of alcohol.
- **Lack of information** on how to get the help they need, how to protect themselves and get away from the abuser.

### 1.6 What should be done: Advice to give to another older person, Top needs of survivors, Services most needed, Societal level

Regarding advices to give to other elderly victims, Estonian and Finish participants discovered that talking to someone who they can trust and share their issues with, such as another woman, doctors or social workers will be helpful in order to find the best solution to solve their situation and get the help they need. They underlined the importance to speak up as “if no one knows about it, no one can help”.

Estonian, Finish and Greek participants found that at societal level, doctors, social workers and **professionals working in care centres should dedicate more time to elderly, listen to them more carefully, as well as taking them seriously and believing their complaints.** They also found that all services should take care of the needs of the elderly, devote more time for them, while also appointing specific social workers or doctors to whom elderly can go to regarding their health problems.

Participants from Greece stated that concerning the services most needed for elderly, there should be cooperation between social services, doctors and families to help and facilitate to resolve the situation and ultimately stop the perpetrators from abusing their victims. There should also be psychological support for victims and abusers because both are people in need of help. Lastly, they mentioned the need to provide professional assistance to families in order to help them create healthy family relations.

Finnish participants focused on the profile and competences of professionals working with elder people and expressed the need to make interpersonal communication and listening skills part of their training curriculum. They also stressed the importance for professionals to be familiar with the legislation of their working field.

Estonian and Finnish participants also raised the importance of creating “elderly homes” for elderly who can handle everyday life on their own, where they could live together, but still have their

own apartments/rooms (with social workers available to assist them in case of needs). They also expressed the need for coordinated and centralised services for elderly people in order to prevent them to physically go from one organization to another. Last but not least, they mentioned the importance of increasing the number of current pensions, as higher pensions would give them more and better options in case they need to go to nursing homes.

## 2. Training Activities with Elderly in Estonia, Finland and Greece

In addition to focus groups, during the implementation of the TISOVA project, partners in Estonia, Greece and Finland organized training activities with the elderly; aiming to increase the knowledge about violence against elderly women among the primary beneficiaries. In this process, 115 participants were involved in total (35 in Estonia, 35 in Finland, and 45 in Greece). Through the trainings, TISOVA managed to increase the knowledge of participants but also received important insight from them. The age of elderly participants ranged from 55 years old to over 85 years old.

The majority of participants (more than 94%) were very satisfied with the training, and they perceived the knowledge gained during the activities very useful; mainly related to topics as ageing in today's society as well as how to get help and support when in need. Furthermore, participants gained a deep understanding about the fact that older people rights are human rights, but also on support systems

Besides the topics, the TISOVA team observed a significant change regarding different elements related to human rights and elder abuse. Before and after the trainings, similar questions were asked to participants, and significant changes were observed in the following statements:

- *Older women and men are equal.*  
The shift was observed towards disagreeing; after the training, disagreement with the statement increased by 18.8%.
- *It is difficult for older people to talk about abuse and neglect if they have experienced them.*  
The shift was observed towards agreeing; after the training, agreement with the statement increased by 21.8%.
- *Older women are in a weaker position in society compared to older men.*  
The shift was observed towards agreeing; after the training, agreement with the statement increased by 17.3%.
- *Older women experience ageism and sexism more than older men.*  
The most significant opinion change towards agreeing was observed; agreement with the statement increased by 22.5%.



# EXPERIENCES OF PROFESSIONALS IN ESTONIA, FINLAND AND GREECE

## 1. Analysis of interviews from Estonian, Finish and Greek Domestic Violence Professionals

In the context of the development of the “**Analytical Report on abuse of older women in selected European countries**”, TISOVA project partners in Estonia, Greece and Finland needed to investigate the **role and experiences of professionals and volunteers** working in the eldercare and domestic violence fields, on the topic of elder abuse. Therefore, Estonian, Finish and Greek partners implemented face-to-face interviews with selected professionals in the above-mentioned fields (domestic violence and elderly care).

As part of the TISOVA Project, 11 domestic violence professionals from Estonia, Finland and Greece have been interviewed (5 in Estonia, 3 in Finland, 3 in Greece), in order to record their experiences and training needs. The interviews investigated their professional experiences with elder abuse, the status and existence of specific procedures and training on elder abuse, as well as their needs and suggestions for improving support services towards elder victims.

### 1.1 Participants' profile

Participants in the three countries included domestic violence (DV) professionals with the following specializations: psychologists, social workers & social counsellors, chief specialists and domestic violence prevention experts.

Regarding the work experience of participating professionals in the field of domestic violence, it varies greatly depending on each individual: participants in Estonia from 2 to 30 years, in Finland from 3 to 24 years, and in Greece from 2 months to 6 years. All of them have higher education background in various fields: social work and social services, psychology, health and social care with a specialization in substance abuse. In addition, some professionals took part in trainings on psychotherapy and counselling and followed courses on public policy, education and group analysis. It is interesting to note that, although some of them used to exercise their profession in different fields and at different positions, at least one professional by partner country has previously worked in another domestic violence centre before their current position.

The professionals under scrutiny are currently working in various types of organizations: NGOs, shelters, women counselling and support centres and social insurance agency (victim support department). Regarding their work with victims of domestic violence, several professionals mentioned that it was not entirely their professional choice. As a result, some of them (at least one per partner country) do not have previous experience in this field.

### 1.2 Experience of DV professionals on elderly abuse

With regards to elder abuse, all of them have had experience on the issue as part of their work. The number of elder abuse incidents professionals deal with yearly varies: 2 to 30 in Estonia (2 to 3 cases in the NGO, 10 in the counselling centre and 30 in the insurance agency victim support department) and 1 to 2 in Finland. All interviewees agreed that most of the victims of elder abuse

are women: 70% (Estonia), 60% to 70% (Finland) and 85% to 90% (Greece). One participant mentioned that the most common perpetrators in these cases are children and grandchildren who inflict mental, physical and economical abuse in order to acquire property and money. In dealing with such situations, all professionals reported the use of one protocol common for both elderly and younger victims. However, one Finish professional noted that getting out of abusive situations for elderly people is typically more difficult and lengthier. In this context, professionals have also established good and open cooperation with other relevant organizations/services (in other cities or countries), which was found very effective and helpful in order to improve their work, solve potential issues and broaden their knowledge through discussions, exchange of information and practices.

### 1.3 Training needs & suggestions

Although some professionals have received knowledge on elder abuse through universities courses, research centres and guidance by more experienced colleagues; the majority admitted that they have not received any specific trainings on the topic. Nonetheless, they all noted that the organizations they work for provided them with the necessary knowledge and information to carry out potential incidents well/very well. It is worth mentioning that two professionals (Finnish and Greek) underlined the need to deepen their knowledge on their own as the employer is not able to teach everything; as well as the need for scientific supervision and meetings as cases of elder abuse are multi-layered. Regarding the need for training in case of non-specialized employees working with elder people, interviewed professionals had divergent opinions; some underlined the importance of specialization, considering that basic knowledge, instructions and information on managing violent situations should be acquired, while others found that experience of violence is the same regardless of the age and culture of the victim.

Participating professionals have made several suggestions regarding improvements that can be done in the field to effectively process elder abuse victims and fill the existing gaps, including:

- Planning early interventions;
- Awareness raising and media coverage on the issue;
- Obligatory trainings for relevant professionals and staff on various topics (how to help victim of elder abuse, special features/characteristics of elder abuse, relevant services, etc.);
- More efficient and faster coordination of services including the creation of special centres and special units in shelters for elder people, multi-agency cooperation and procedures, and appointing persons (trustworthy and neutral) to visit elderly and ensure their protection as they do not want to leave their homes;
- Providing better medical assistance and psychological support;
- Combining social services and legal guardianship;
- Increasing pensions to allow elder people to rent an apartment or enter nursing homes;
- Prevention of social exclusion and marginalization and provision public funding and grants for elder people leaving in poverty;
- Monitoring of client cases.

## 2. Analysis of interviews from Estonian, Finish and Greek Eldercare Professionals

In the context of the development of the “**Analytical Report on abuse of older women in selected European countries**”, TISOVA project partners in Estonia, Greece and Finland needed to investigate the **role and experiences of professionals and volunteers** working in the eldercare and domestic violence fields, on the topic of elder abuse. Therefore, Estonian, Finish and Greek partners implemented face-to-face interviews with selected professionals in the above-mentioned fields (domestic violence and elderly care).

As part of the TISOVA Project, 12 professionals from Estonia, Finland and Greece have been interviewed (5 in Estonia, 3 in Finland, 4 in Greece), in order to record their experiences and training needs. The interviews researched elements related to the background of the professional regarding eldercare support and facilities, the framework of eldercare support and DV treatment, as well as the attitudes and experiences of professionals with elder victims of domestic violence in their work.

### 2.1 Participants' profile

Participants in the three countries included DV professionals with the following specializations: social workers, lawyers, nurses, family assistants and physiotherapists. For the most part, participants have long working experience in their field: 6 to 10 years (Estonia), 8 to 16 years (Finland), 15 to 28 years (Greece). Although it can be reasonably assumed that most of them have higher education, professionals from Estonia are the only one who specifically mentioned having the following qualifications: BA degree in social work, MA degree in social work and social policy, police training certificate, MA degree in law, MA degree in psychology, diploma in philology and theology.

It is interesting to note that, although some of them always had the same position and worked in the same structure, others used to exercise their profession in different fields and at different positions. In this context, some professionals mentioned having previous experience in NGOs, in the field of domestic violence and community entrepreneurship, while others worked as a police officer, social worker specialist in a local government, child protection worker and priest (minister).

### 2.2 Framework of eldercare support and DV treatment

The professionals under scrutiny currently work as victim support workers, social workers in women shelter, lawyers, palliative care social workers for elderly, family assistants, nurses in home care and in municipal open day centre, physiotherapists in mental health hospital, and service workers in a comprehensive service centre. As such, they provide the following broad range of services: psychological support, medical support, medical consultation and examination, home care (taking care of the medication and other medical support needed), restoring orthopaedic and respiratory problems, physiotherapy, kinesiotherapy, taking care of house work and several chores (buying food etc), organizing activities for the elderly (gym, weaving, needlework, language courses and other courses), helping elderly to communicate with other organizations, legal advice (starting with pre-trial negotiations to representing in court) and support in case of domestic violence. It is important to note that regardless of their position, several professionals (social workers, family assistant and nurses from Estonia and Greece) mentioned discussions, listening, keeping elderly company and spending time with them as the most important services needed by elder

people. With regards to their interaction with elderly, it varies depending on the field they work in; social worker, nurses and family assistant spend a lot of time with elderly, some of them on a daily basis (professionals working in home care) as they visit them in their homes or see them in the structure, they work in. In this context, they reserve as much time as possible for elder people in order to talk and listen to them and their potential problems, as elder people have a real need for discussions and interactions.

Regarding their work with elderly, all the interviewed have admitted that they did not receive specific trainings regarding elder care/support in the course of their studies, as the topics discussed were only focusing on general issues about elderly and elder's policy. Nonetheless, they noted that they received trainings on the topic after they graduated through professional experiences, seminars, lectures and/or organized events by their own employer or by other structures/institutions. As examples to illustrate this point, one Estonian social worker mentioned the social care workers and palliative care social workers training he took part in; a Greek nurse shared the fact that she attended several nursing seminars related to eldercare (mainly for dementia issues); a Greek physiotherapist discussed his training (specific to physiotherapy) on issues faced by elder and lastly a Finnish social worker and a nurse discussed the lectures and short training events organized by their employer. Regarding elder abuse, only one of the professional interviewed (a nurse from Finland) received a short training on it organized by her employer.

It can be noted that the level of knowledge of the interviewed professionals regarding elder abuse is very heterogeneous; some have very limited knowledge while others are more familiar with it. To illustrate this point we can see for example on one hand a professional from Greece who was subjected to abuse in the past and therefore became very familiar with the topic through her experience. On the other hand, we have Greek and Finnish nurses and social workers who are not familiar at all with the issue. In addition to this lack of knowledge, professionals also discussed the absence of procedure/protocol/guidelines on recognizing and treating elder victims of domestic violence in their work (existing Helsinki guidelines were found to be irrelevant for professionals as there are no working place-specific instructions). All professionals expressed their need for theoretical background knowledge and trainings on the following topics: recognizing elder abuse, the different forms and signs of elder abuse, victim support, provision of necessary services, good practices, and professionals' role and responsibilities. It can nonetheless be mentioned that despite the aforementioned noticeable lack of knowledge and guidelines on how to deal with the issue under study, some interviewees have taken the initiative to conduct research on it and educate themselves (through internet, articles, etc.) and have found for example the strong correlation between substance abuse (drug and alcohol) and violence/abuse.

### **2.3 Attitudes and experiences of professionals with elder victims of DV**

All professionals acknowledged the gravity of elder abuse and the importance of recognizing and supporting elderly, firstly, by raising awareness on the phenomenon in order to prevent and eliminate it. Most professionals only have few cases of elderly victims of domestic violence per year (around 10 in Estonia for example) because victims do not report it easily; due to lack of information on where to seek help, but also because of fear (especially fear of getting into nursing homes), guilt and shame. When faced with such cases of elder abuse, the role of interviewed professionals is mainly to:

- Provide services and opportunities;
- Provide a safe environment for the victim;

- Recognize the abuse, support/advise and help the victim escape from the abuser/abusive environment;
- Refer the situation to other competent and relevant services.

In this context, professionals deal with the issue through good and open cooperation with other relevant services (police, social workers, lawyers, health services, etc.). Regarding cooperation with health services in Estonia, it has been found insufficient as hospital staff is found not to treat elderly and their issues seriously and do not provide the necessary support.

All interviewed professionals were found to be very attentive to their patients (by observing their behaviour, asking questions regarding family relations and potential violence, guiding/helping them and cooperating with other services), in order to detect any clue of abuse. However, it is interesting to note that some of them do not ask their patients about potential abuse and violence, even if they suspect a case; as it is considered a difficult topic to bring up and discuss and they do not know how to address it due to lack of competence on the issue.

### 3. Training Activities with Professionals & Volunteers in Estonia, Finland and Greece

In addition to interviews, during the implementation of the “TISOVA project, partners in Estonia, Greece and Finland organized training activities with the professionals and volunteers on the topic of identifying and addressing violence against elderly women. In this process, 89 professionals (31 in Estonia, 32 in Finland, and 26 in Greece) and 38 volunteers (14 in Estonia, 6 in Finland, and 18 in Greece) participated in the three countries. The professionals involved included mainly practical nurses and social workers; while volunteers included persons that come in direct contact with the elderly during their service.

The majority of participants (100% of professionals and more than 83% of volunteers) were very satisfied with the training. The participants perceived the knowledge gained during the training very useful; mainly the knowledge on the types of elder abuse, on identification and assessment of elder abuse and on the special features of elder abuse.

Besides the topics, the TISOVA team observed a significant change regarding different elements of the training. Before and after the trainings, similar questions were asked to participants, and significant changes were observed in the following statements:

- *Older women experience ageism and sexism more than older men.*  
The shift was observed towards agreeing; after the training, agreement with the statement increased by 29.4%.
- *Older women are in a weaker position in society compared to older men.*  
The shift was observed towards agreeing; after the training, agreement with the statement increased by 21.1%.
- *Older women experience abuse and neglect more often than older men.*  
The shift was observed towards agreeing; after the training, agreement with the statement increased by 20.1%.
- *Violence and abuse occurred in family settings or close relationships decreases or stops as a person ages.*  
The most significant opinion change towards disagreeing was observed; disagreement with the statement increased by 43%.

# BEST PRACTICES IN THE PARTICIPATING COUNTRIES AND BEYOND

## 1. “Lady Companion” – Community involvement initiative in Estonia

Exclusion and deprivation of older people are serious issues in Estonia. In Viljandi region there is initiated the community based and voluntary work project ‘Seltsidaam’ (‘Lady Companion’). Today there are 12 companions in the region, and they have in contact with one or two older persons. Volunteers call it provision of companion service. Their visits depend on agreement and needs. Usually visits are limited to one or two times a week.

In the UK, a paid position for the companion could be found (‘Kind, well-organised, caring, mature, well-educated, female live in carer/companion wanted for pleasant elderly lady. As this position requires maturity and experience, only applicants over the age of 40 will be considered.’). In the Tallinn region, there exists a private business of elderly day and home care with the same name: Seltsidaam OÜ, established in 2014.

The project “Lady Companion” was developed into larger national project. The project with volunteers in the welfare system and the development of a cooperation model was implemented by Kodukant, the Estonian Village Movement from August 2018 to August 2020 (Külaliikumine Kodukant, 2020). The project was commissioned by the Ministry of Social Affairs, and it was funded by the European Social Fund. The aim of the project was to find a suitable model for Estonia to involve volunteers in the welfare system.

## 2. “A Safer Tomorrow” – Policy instrument in Finland

In terms of policy driving good practices, Finland has lately been paying increasingly attention to the safety and fulfilment of the fundamental rights of older people. In 2012 the Finnish government made a decision regarding the establishment of a third programme for internal security called “Turvallisempihuominen” (“A safer tomorrow”).

In the previous government programme dated 17.6.2011 the aim of internal security was defined to make Finland the safest country in Europe, a place in which different demographic groups would experience just and equal treatment. One of the most important goals of the programme was to improve the safety of older people by guaranteeing that increasingly many older persons can live independently as long as possible. Special attention was given to home visits by professionals who, in cooperation with regional rescue authorities, ensure the safety of older people. The Government updated the original Action published in 2011 to address changes that affect the safety and security of the elderly and to provide recommendations on how to improve safety and security at home for the elderly, to reduce the number of accidents and to prevent and combat maltreatment, violence and crime (Ministry of the Interior, 2018).

The Local Government Act in Chapter 5 requires municipalities to establish youth councils (section 26), older people’s councils (section 27) and disability councils (section 28). The law aims to secure the opportunities for these population groups to influence the planning, preparation, execution and monitoring of activities of the municipality’s different areas of responsibility in matters of importance to the wellbeing, health, education, living environment, housing or mobility of the municipality’s residents and in other every-day matters (Ministry of Justice, 2016).

A report on the prevention of crimes against the elderly by the Finnish Ministry of Justice (2011) published in 2011 provided recommendations and suggestions for enhancing the safety of the elderly. The feedback and statements given by several authorities and NGOs were summarised by the Council for Crime Prevention in 2013 (Sarimo, 2013). The summary gives practical ideas on how the current safety and security of older people should be further improved on local, regional and national levels in Finland. The suggestions include e.g. improving the knowledge and skills of professionals in recognising and intervening in violent situations; increasing multi-agency cooperation; enhancing the monitoring and supervision of social and health care professionals; and legislative changes which would obligate authorities to report all suspects related to elder abuse and neglect. According to the statements, documentation and statistics on elder abuse should also be developed since only a small number of such cases are reported as crimes to the police. It was considered important to share information with older people and include them in the planning of prevention procedures. The National Institute for Health and Welfare suggests that municipalities should take prevention of violence against older people as part of their municipal level of domestic violence prevention strategies (Ministry of the Interior, 2012).

### **3. “Friendship Clubs” – Municipal initiative in Greece**

“Friendship Clubs” for elder persons is an initiative of the Municipality of Athens. The clubs operate at community level to provide services to older persons. They are spaces for social gathering for older people in order to meet their peers; exchange views, opinions and ideas; pass their free time creatively; and take part in artistic/physical activities and daily excursions. There are also health services provided in the clubs. This initiative was developed by the Municipality of Athens in 1985. Today there are 25 Friendship clubs along the municipality area with more than 5,000 members. The clubs are open to individuals that reside in the municipality, who are over 60 years or pensioners that are even younger than 60 years old. There is a registration fee that corresponds to 5 Euros per year.



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