



EUROPEAN COMMISSION
Employment, Social Affairs and Equal Opportunities DG
Social Protection and Integration
Social and Demographic Analysis

Brussels, 12.03.2008

DISCUSSION PAPER¹

What can the European Union do to protect dignity in old age and prevent elder abuse?

¹ The views expressed in this discussion paper do not necessarily represent those of the European Commission.

1. INTRODUCTION

One of the dominant features of demographic change over the coming decades will be the rise in the number of people aged 80 and over. By 2050 their percentage of the EU's total population will increase three- to four-fold to around 12%, which will be only slightly lower than the percentage of children up to 14 years old. In absolute terms, Europe's 80+ population is projected to rise from 18 million in 2004 to nearly 50 million in 2050. While most of the over-80s can be expected to be able to live autonomously, a large minority are likely to be frail and dependent for prolonged periods on help from others. It is difficult to project how many people will be in need of care over the coming decades as this depends not only on the total number of elderly people – which will rise sharply – but also on their health status, which could improve as life expectancy continues to improve. Nevertheless, providing adequate care will be a major challenge as a result of smaller numbers of care providers available among relatives: the frail elderly of tomorrow will have fewer children who can look after them and these will be more likely to live further away and pursue a professional career. Public provision of care may face financial constraints owing to the need to ensure public finances are sustainable in the face of increased ageing-related needs.

The frail elderly are a highly vulnerable group of people and it is crucial to address the question of safeguarding their fundamental rights in the European Union in this changing demographic context. What is at stake is the protection of human dignity (Article 1 of the Charter of Fundamental Rights of the European Union) and of physical and mental integrity (Article 3), protection against inhuman or degrading treatment or punishment (Article 4) and the right of the elderly to lead a life of dignity and independence and to participate in social and cultural life (Article 25).

Responsibility for protecting the fundamental rights of dependent elderly people remains with the Member States. Achieving this goal calls for adequate provision of professional care as well as support for family carers – at present mostly women – who bear most of the burden of care provision across the EU. The purpose of this document is to support the debate with the Member States and the main stakeholders on how to achieve better protection of the fundamental rights of the frail elderly.

It will focus in particular on the potential contribution of the EU, which has already taken initiatives for the protection of children's rights² and has established the DAPHNE programme to combat violence against children, young people and women³. In addition, the Open Method of Coordination on Social Protection and Social Inclusion (OMC) offers the Member States a platform for policy exchange and mutual learning which can be used to prevent the social exclusion of frail elderly people and to improve the provision of long-term care and support for carers.

² Communication of 4 July 2006 “*Towards an EU Strategy on the Rights of the Child*”, COM(2006) 367.

³ See in particular European Parliament and the Council Decision No. 779/2007/EC of 20 June 2007 establishing, for the period 2007-2013, a specific programme to prevent and combat violence against children, young people and women and to protect victims and groups at risk (Daphne III programme), Official Journal L 173 of 3 July 2007.

2. UNDERSTANDING ELDER ABUSE – WHAT CONSTITUTES ELDER ABUSE AND WHY IT IS A GROWING SOCIETAL PROBLEM

The violation of fundamental rights of frail elderly people in a care setting is usually referred to as "elder abuse". In its Toronto Declaration of 2002 on the Prevention of Elder Abuse, the World Health Organization defined the term as follows: "*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.*"

Elder abuse can take different forms:

- Physical abuse – the non-accidental use of physical force that results in bodily injury, pain or impairment, including the use of mechanical restraints or over-medication to make older people docile;
- Psychological or emotional abuse – the persistent use of threats, humiliation, bullying, swearing and other verbal conduct, and/or other forms of mental cruelty that result in mental distress;
- Financial abuse – the unauthorised or improper use of funds, property or any resources of an older person;
- Sexual harassment or abuse – direct or indirect involvement in sexual activity without consent;
- Neglect – repeated deprivation of assistance or care needed by the older person, including proper nutrition, personal hygiene and measures to prevent the development of health problems (for instance bedsores/pressure ulcers).

The circumstances in which elder abuse can occur are very diverse, as are the members of the risk group. Abuse may occur when an older person lives alone or with a relative; it may occur within residential or day-care settings, in hospitals, home support services and other places assumed to be safe. A wide range of people may abuse older people, including relatives and family members, professional staff, paid care-workers, volunteers, other service users, neighbours or friends.

While virtually any elderly person can become a victim of elder abuse, vulnerability to abuse increases sharply with risk factors such as:

- the individual's physical frailty, including chronic illnesses and physical and sensorial disabilities leading to dependency on care and loss of autonomy;
- the individual's compromised mental condition – cognitive disorders and disabilities (dementia), depression, lifelong mental disability, communication difficulties;
- social factors affecting the individual – isolation, displacement, childlessness, poverty, low social status, lack of community support, cultural and language barriers (in the case of elderly migrants);
- general societal conditions and trends – insufficient resources by society allocated to welfare needs, policies that are insensitive or unfavourable to elderly people, disruption of inter-generational solidarity stemming from socio-economic changes (in particular as a result of increased geographic mobility and separation of relatives),

lack of awareness and prevalence of ageist stereotypes within a society, absence of a legal framework protecting the rights of the elderly, lack of transparent checks in institutional settings, lack of potential civil-society resources (advocacy groups, help-lines etc.).

It appears, however, that only in a minority of cases does the abuse of older people represent a deliberate attempt to harm or exploit the victims. Often it is the result of a lack of adequate knowledge, overburdening and stress on the part of professional and family carers alike. In family settings, it may also result from longstanding relational difficulties between care-givers and care-receivers.

In professional care settings, inappropriate practice involving poor standards of care, rigid routines, quantitatively and qualitatively inadequate staffing, and overprotective and excessively paternalistic attitudes may all lead to elder abuse. In such situations it becomes difficult to identify any specific individual as the perpetrator because it is a systemic and organisational problem of the institution rather than the result of individual professional failure, let alone deliberate malevolence. Care in the home brings with it particular strains, not least for the health, well-being and social contacts of those providing it. Families, and women in particular, sometimes have to sacrifice a great deal to look after relatives. The problem is exacerbated by a lack of proper preparation for the care situation, insufficient financial and human support and lack of access to respite care during the care period. Caring for older people who suffer from dementia may put special strain on carers and in extreme cases may result in carer burn-out.

There is at present a lack of data on the prevalence of elder abuse in the European Union, but some national studies give an idea of the potential scale of the problem. In a representative survey conducted in the United Kingdom in 2006, 2.6% of respondents (aged 66 and over and living in private households) reported that they had experienced abuse or neglect by a family member, a close friend or care-worker during the previous year⁴. In the UK this equates to about 277.000 people who were subject to some form of abuse or neglect in the past year. However, this figure of 2.6% is likely to be an underestimate as the most vulnerable were unable to respond (owing to dementia or other severe health problems) and as those living in institutions were not included in the sample. Moreover, when neighbours and other acquaintances are included among the possible perpetrators, the overall prevalence increases to 4% of the sample. The predominant types of mistreatment reported were neglect, followed by financial abuse, psychological and physical abuse, and (least frequently) sexual abuse.

Regarding professional care, a report published in 2007 by the medical service of the statutory German health insurance bodies⁵ revealed that around 40% of people cared for at home by professional care services did not receive sufficient attention to prevent bedsores/pressure ulcers and almost 30% did not receive adequate food and drink. Around one third of those cared for in institutions were subjected to these forms of inadequate care.

In the absence of determined policy efforts to tackle elder abuse, there is a serious risk that matters will worsen over coming decades. The number of very old people (80+) will increase sharply, as a result both of rising life expectancy and of the fact that the large

⁴ *UK study of abuse and neglect of older people*, Prevalence survey report commissioned by Comic Relief and the Department of Health, June 2007 (<http://www.comicrelief.com/elder-abuse>).

⁵ *2. Bericht des MDS nach § 118 Abs. 4 SGB XI – Qualität in der ambulanten und stationären Pflege*, MDS, August 2007 (<http://www.mds-ev.org/download/q-Bericht.pdf>).

baby-boom cohorts will be reaching the age of 80+ (from around 2030 onwards). Other aggravating factors could be reduced availability of family carers owing to increased labour-force participation by middle-aged women (who provide most informal care), the fact that future cohorts of frail elderly people are likely to have fewer descendants, and the likelihood of greater spatial separation of elderly parents from their children. The report "*Impact of ageing populations on public spending on pensions, health and long-term care, education and unemployment benefits for the elderly*" drawn up by the Economic Policy Committee⁶ also pointed out that there may be a growing gap between the number of elderly people in need of care and the actual supply of formal care services.

3. AN EMERGING CONCERN TO CITIZENS AND POLICY-MAKERS

European citizens are concerned about the quality of care for frail elderly people. According to a recent Eurobarometer survey⁷, nearly half of Europeans think that poor treatment, neglect and even abuse of dependent elderly people are fairly or very widespread in their country (47%). People who have personally experienced the need for long-term care or who have a parent in a nursing home are even more inclined to share this view (54%). Seven out of ten Europeans are of the view that dependent elderly people are at risk of being physically neglected or of suffering abuse related to their property (67% in both cases) and of receiving inadequate care (66%). Furthermore, the majority of Europeans feel that this vulnerable group is at risk of psychological or physical abuse (64% and 52% respectively). Almost one third (31%) think that the dependent elderly are at risk of sexual assault and abuse. Those respondents who have had some experience, direct or indirect (through close relatives), of long-term care tend to be even more concerned about the risk of abuse. Asked about the most likely perpetrators of elderly abuse, respondents pointed to staff in care homes (32%) and staff working in the person's home (30%) as potential abusers. Nearly a quarter of Europeans are of the view that children of the elderly are also likely to be perpetrators (23%). Obviously, these perceptions do not necessarily match the real risks in institutional or domestic settings.

In the public policy debate in most Member States, the issue of elder abuse and neglect has not yet received sufficient attention and appears to be taken less seriously than child abuse and violence against women, which are problems that governments have started to tackle in a determined manner over recent years. The United Nations International Plan of Action on Ageing (2002) strongly recommended that more emphasis be put on preventing elder abuse through a multi-sectoral, community-based approach. It called for changes in attitudes, policies and practices at all levels and in all sectors in order to ensure that persons everywhere are able to age with security and dignity as citizens with full rights. On 15th June 2006, a first *World Elder Abuse Awareness Day* was organised by the International Network for the Prevention of Elder Abuse (INPEA) with the support in particular of the World Health Organization (WHO); this event was followed by a second awareness day on the same date one year later.

The question of how to provide high-quality, sustainable long-term care is now also being discussed at the EU level under the Open Method of Coordination on Social

⁶ Brussels, 6 February 2006, ECFIN/EPC(2006)REP/238 final.

⁷ Health and long-term care in the European Union, Dec. 2007, Special Eurobarometer B 283, wave 67.3, fieldwork May-June 2007.

Protection and Social Inclusion. An analysis of reports submitted by the Member States in this connection has revealed major differences in the way long-term care is provided across the EU. It has also shown that concerns over poor quality of long-term care services have played an important role in reforms to enhance access to long-term care services and increase funding in this area. On the quality of care, the reports showed great diversity across the Member States in terms of mechanisms for evaluation and quality assessment of formal care and in terms of support given to informal carers. Such mechanisms could also be essential to preventing elder abuse and detecting and punishing it. In addition, support for informal carers (e.g. financial support, respite care) and improved working conditions for professional carers have been identified as important conditions for reducing the risks of elder abuse and neglect. Lastly, better coordination of the various care-providers (medical staff, social care workers and relatives) could also help to improve the quality of care that elderly people receive.

The Member States are beginning to deploy a variety of measures to prevent and tackle the abuse and neglect of older persons, including:

- Systems for gathering information and data on the prevalence and incidence of elder abuse and neglect;
- Systems for reporting and tackling cases of elder abuse;
- Specific legislation on elder abuse;
- Support available to abused or neglected older people (e.g. specialised social services, support groups, telephone help-lines);
- Educational programmes or public awareness campaigns (informing practitioners and the general public about the various types of abuse, how to identify the signs and symptoms of abuse and neglect, what to do about it and where to obtain help);
- Training of health-care staff to enable them to diagnose abuse and neglect: introduction of specific guidelines for healthcare staff;
- Training programmes and support services for carers at home to provide advice on how to provide informal care;
- Mandatory, transparent and patient-oriented systems for monitoring and assessing the quality of long-term care.

It needs to be emphasised that no single response will be sufficient to tackle the complex issue of elder abuse and that a combination of these approaches is required. Most Member States have yet to come up with a comprehensive strategy that could offer effective protection to the population of frail elderly people. Some elements of such strategies have nevertheless begun to emerge.

- In the UK, the Department of Health issued a guidance manual in 2000 called *No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*, which serves as a basis for developing local multi-agency responses and codes of practice for preventing and tackling the abuse of vulnerable people. In addition, National Minimum Standards for care provision have been introduced and regulation and inspections of care services

and care professionals have been strengthened. A scheme which will ban known abusers from working with vulnerable adults has also been introduced.

- In Ireland, an official health policy for preventing elder abuse was set out in 2002 in the document *Protecting Our Future*. The implementation of this policy is monitored by the Elder Abuse National Implementation Group. One of the results of this strategy is that between 2002 and 2005 more than 5.000 healthcare workers across Ireland received training in elder-abuse awareness, and nursing-home inspection teams have been set up. The establishment of a National Centre on Elder Abuse and the appointment of Senior Case Workers in each Local Health Area are also part of the policy.
- In Germany, a Round Table on Long-Term Care bringing together representatives from local authorities, care providers and researchers was established in 2003 with the aim of developing guidance on good practice. One working group of the Round Table developed a general *Charter of Rights for People in Need of Long-Term Care and Assistance*, while others worked on practical solutions for implementing these rights.
- In the Netherlands, the campaign *Stop Elder Abuse* was launched in May 2006 with the aim of putting the issue high on the agenda of local policy-makers, in particular by disseminating information on good practice and raising awareness. The campaign also aims to ensure that within two years 90% of municipalities in the Netherlands will have contact points where the public and professionals can obtain information and advice on elder abuse.

4. A ROLE FOR THE EUROPEAN UNION

The dignity and fundamental rights of frail elderly people have to be safeguarded at local level, i.e. in the immediate environment of the potential victims, and this can only be achieved by helping informal and professional carers to do the best possible job. For this, the right conditions have to be put in place in terms of resources, training and support for carers, quality assessment and monitoring mechanisms, and so on. This must remain a responsibility of the authorities in the Member States at various levels (national, regional and local).

The European Union can nevertheless play a useful role in promoting the conditions whereby the dignity and fundamental rights of elderly people can be better protected. This has also been underlined in the recent opinion of the European Economic and Social Committee on elder abuse⁸. Actions with a real added value could be taken at EU level in a number of areas:

(1) A better understanding of the risks and greater awareness of the problem

Too little is known about the situation of frail elderly people in formal or informal care and the extent to which their dignity and fundamental rights are at risk. In 2010/11, better data on the health status of the population, including activity limitations and need for care, will become available through the European Health Survey System (EHSS), which will include a module on disability and social integration too. In addition, a planned survey module on victimisation could provide

⁸ SOC/279, adopted on 24 October 2007.

information on the prevalence of some forms of abuse suffered by older people who do not live in institutions.

Under 7th Framework Programme for Research and Technological Development, the European Union can support research to enhance the Member States' monitoring and evaluation capacity. This is essential not only for assessing the scale of elder abuse and neglect, but also for gaining a better understanding of their causes, and for measuring the effectiveness of policy responses.

Results of research on elder abuse and neglect need to be brought to the attention of policy-makers and practitioners on the ground. It is therefore important to take appropriate steps for raising awareness (for instance, in connection with the World Elder Abuse Awareness Day on 15th June).

(2) Research to prevent dependency and promote mental health

The quality of relationships among the elderly and with their environment is a key factor in maintaining the conditions of human dignity. Preserving the autonomy of older people for as long as possible allows them to relate to others as equals and makes them less vulnerable to abuse and neglect. The Commission could propose to assess, together with the main stakeholders (researchers, public authorities and civil-society organisations), whether sufficient attention is being given under 7th Framework Programme for Research and Technological Development to medical and public health research that could lead to better prevention of the main causes of dependency and, in particular, of mental health problems (dementia), which present a major challenge to carers.

In its new health strategy (2008-13), the Commission has identified the need to foster good health in an ageing Europe as one of three strategic objectives. The planned actions relating to healthy ageing will address the specific health needs of older people and promote, for instance, the development of geriatric medicine focusing on individualised care. The strategy will also aim to tackle diseases that are particularly prevalent among older people, such as neurodegenerative diseases.

The autonomy of older people can also be enhanced through new technologies that may compensate for ageing-related impairments. On 14th June 2007, the Commission proposed that the European Parliament and the Council adopt a decision on the Community's participation in a research and development programme to enhance the quality of life of older people through the use of new information and communication technologies⁹. This would allow the EU to support the Ambient Assisted Living joint research and development programme undertaken by several Member States. The overall objective of this programme is to enhance the quality of life of older people and strengthen the industrial base in Europe.

(3) Mutual learning: what works best?

With the Open Method of Coordination on Social Protection and Social Inclusion (OMC), the European Union has put in place a platform for the exchange of experience between Member States and for mutual learning at all levels of governance. As part of the European strategy for fighting poverty and social

⁹ COM(2007) 329.

exclusion, one of the OMC's strands, the importance of ensuring the availability of, and access to, quality social services, in particular long-term care, for those in need of such services has been emphasised¹⁰. The Commission has consistently supported the development of client-focused quality services based in the community as a progressive alternative to large-scale residential institutions for long-term care, be they for people with disabilities, frail elderly people, people suffering from mental illness, or any combination of these. A recent independent study conducted for the Commission showed that such a paradigm shift towards community-based care ("de-institutionalisation") can represent an increase in quality without entailing higher costs¹¹. The Commission could develop a methodology in close cooperation with the Social Protection Committee to measure the quality of such services; this could include criteria focusing on the prevention of elder abuse and neglect.

To improve the situation at local level, innovation and mutual learning could be promoted through programmes such as PROGRESS and DAPHNE III. The Commission could consider how these programmes could make an effective contribution towards tackling the issue of elder abuse.

(4) European social dialogue to improve the situation of professional carers

The European Social Partners could make an important contribution to the prevention of elder abuse and neglect by negotiating agreements or adopting tools that would help formal carers. Sector-level social dialogue in the health and/or public local services sectors could focus inter alia on the training needs, working conditions and remuneration of professional carers to ensure that they are properly equipped for their difficult tasks and that working conditions do not create stress that could translate into poor treatment of the people in their care.

(5) Better reconciliation of work and informal care

The need to care for a dependent elderly relative is a major strain. Many women (and very few men) give up paid employment to provide care, which may cause financial hardship and social isolation. Those who stay in employment have to cope with considerable stress in trying to reconcile their professional and care obligations. Achieving a better balance between work and private life is therefore not only essential for families with young children, it is also vital to achieving a reasonable quality of life for informal carers and the people they look after.

Better reconciliation calls for the development of quality day-care centres for the dependent elderly and the introduction of new leave and working-time arrangements for informal carers. In May 2007, the Commission launched the second-phase consultation of the Social Partners at European level on the issue of reconciliation of work, private and family life, in which it stressed that, *as a supplement to the provision of affordable professional care, an entitlement to leave, similar to parental leave, to enable workers to care for an elderly parent or a family member*

¹⁰ In this regard, the work of the Disability High Level Group in the context of the European Disability Action Plan (DAP) 2006-2007 will also be highly relevant. See in particular the Group's recent Position Paper on Quality of Social Services of General Interest which provides guidance on how to promote quality social services addressing the needs of people with disabilities.

¹¹ Mansell J, Knapp M, Beadle-Brown J and Beecham, J (2007) *Deinstitutionalisation and community living – outcomes and costs: report of a European Study*. Canterbury: Tizard Centre, University of Kent (available for download on http://ec.europa.eu/employment_social/index/7002_en.html).

with a disability or with a terminal illness could be considered. The Commission has called on the European Social Partners to take up negotiations under Article 139. Depending on the outcome of possible negotiations between the social partners, and the results of a detailed impact assessment, the Commission will consider bringing forward proposals to supplement the existing legislation in the area of reconciliation, and could pay special attention to the needs of informal carers looking after dependent elderly people.

(6) Making use of the European Social Fund

The European Social Fund could co-finance measures to develop professional care services by providing support for the education and vocational training of personnel and the recognition of informally acquired skills. It could also be used to help public employment services, for example, to identify future occupational and skills requirements in this area, and thus contribute to preventing staff shortages.

(7) The cross-border dimension in the fight against elder abuse and neglect

Free movement of people and the freedom to provide services imply that there may also be a cross-border dimension to the fight against elder abuse and neglect. Two aspects need to be considered: ensuring that professional care providers operating in a country other than their country of origin comply with the relevant care-quality standards and fully respect the rights of the people in their care, and that people in need of care who live outside their country of origin can receive adequate and appropriate care.

5. CONCLUSION

While millions of frail elderly Europeans are well cared for by loving relatives and dedicated professionals, there are also many in real danger of abuse and neglect. This danger increases with the seriousness of the older person's health impairments and the stress that is put on carers. The few national prevalence studies that exist suggest that the risk to older citizens is intolerably high. The growing percentage of older people, the increasing strains on their relatives, who more and more often need to reconcile work and private obligations, and the risk of a lack of affordable professional care, could make the situation worse.

The European conference to take place in Brussels on 17th March 2008 represents an opportunity to discuss with stakeholders from across the European Union how the dignity of older people can be protected more effectively and how elder abuse and neglect can be prevented. This paper sketches out a number of actions that could be taken at European level. Naturally, the debate with stakeholders is open and all suggestions should be given serious consideration having regard to the principle of subsidiarity, and the limited competences of the European Union in this area. Thus, anything that the European Union can do will represent only a modest contribution towards tackling the challenge, but this could help create and sustain a momentum in the Member States and so lead to a significant improvement in the quality of life of many older citizens.