Promising Community-Based Practices to Postpone the Need for Institutional Elderly Care: a descriptive study of community developers in Estonia

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Abstract

The proportion of elderly people in the society is constantly growing. The elderly who live alone form one of the most vulnerable groups in the society that is also at considerable risk for poverty and social isolation. According to the last population census in Estonia (2011), 39.3% of the elderly (65+) lived alone. The ageing of the population is accompanied by novel challenges, among them especially the coping of the elderly living alone. In 2015, the research team at the Tallinn University School of Governance, Law and Society conducted a study to map Estonian community-based practices that are available for the elderly (65+), especially for those who live alone at home, and the way these practices support interdependent coping and prevent the need for institutional care. This study, based on qualitative and quantitative data collected in Estonian communities, suggests that cooperation between Estonian local governments and communities should be more effective and involve regular interaction. Promising practices include developing network-based community support models and broadening communication possibilities.

Keywords

Community-based practice, empowerment, resilience, active ageing, social networks.

In an effort to reduce prevent or delay the need for institutional care and facilitate ageing-in-place despite age-related functional decline, a growing number of governments, non-profit organisations and foundations have implemented initiatives designed to foster comprehensive changes in physical and social environments.[1,2] The goal of these initiatives is to help communities become places where older adults continue to engage in lifelong interests and activities, enjoy opportunities to develop new interests and sources of fulfilment, and receive the necessary support and accommodation to help meet their basic needs.[3,4]

This is also the case in Estonia. This article reports on the results of a study investigating the quality of community based services for the vulnerable elderly in Estonia. Estonia has a population of 1.3 million people, of whom 18.7% are older than 65 years.[5] This is the same percentage as, for example, in the Netherlands. Like in the other countries, the prognosis for 2040 is that the proportion of very old people in Estonia will grow rapidly; consequently, this increases the costs of pension and health care and welfare services.[6] Planning welfare services correctly is an important factor in improving the quality of life

[1] Hodge, G. (2008). *The geography of aging: Preparing communities for the surge in seniors.* Montreal, Canada: McGill-Queen's University Press.

[2] Lehning, A., Scharlach, A., & Wolf, J.P. (2012). An emerging typology of community aging initiatives. *Journal of Community Practice*, 20(3), 293-316.

[3] Lehning, A., Chun, Y., & Scharlach, A. (2007). Structural barriers to developing 'aging-friendly' communities. *Public Policy & Aging Report*, 17(3), 15-20.

[4] Lehning, A., Scharlach, A., & Wolf, J.P. (2012). An emerging typology of community aging initiatives. *Journal of Community Practice*, 20(3), 293-316.

[5] Statistics Estonia. (2016). Retrieved 3 May, 2016, from http://stat.ee

[6] Altmets, K., Katus, K., Puur, A., Saava, A., & Uusküla, A. (2008). Toimetulekupiirangud Eesti taisealises rahvastikus – levimus ja tegelik abistamine. *Eesti Arst*, 87(2), 92-101.

of these people.[7,8,9]

The number of elderly people who live alone has increased due to the growth of the average lifespan as well as the improvement of living conditions.[10] A longer lifespan may be accompanied by decreased psychological and physiological functioning, lower income and diminished ability to move around and cope with life independently.[11] Due to that, older people have a lower quality of life compared to other groups in the population.[12] Another issue related to the ageing of the population involves providing care for older people who need help to a greater or lesser extent in order to cope.[13] The current organisation of welfare has undergone several changes over time – local communities play an increasing role in activating and supporting people.[14] The Estonian elderly are less actively participating in the community compared to other European countries.[15]

The aim of the study was to map community-based good practices that are directed at and available for the elderly (65+) in Estonian local governments, investigate how support was provided for the independent coping of elderly people who live alone in their homes and, thereby, prevent the need for institutional care. The study provides recommendations for improving services and collaboration between local governments, service providers and community initiatives.

Theoretical framework of the research

The study is based on the theories of empowerment, resiliency, and active aging, whereas the focus is on the individuals as well as on the community.

According to Israel et al.[16], **empowerment** refers to the ability of people to gain understanding and control over personal, social, economic, and political forces in order to take action to improve their life situation. The concept of empowerment is positive and proactive compared to reactive approaches that derive from a treatment or illness model. Israel et al.[17] categorised empowerment into three different levels: 1) individual or psychological empowerment, which refers to an individual's ability to make decisions and have control over his or her personal life; 2) organisational empowerment, which means the members in empowered organisations share information and power, utilise cooperative decision-making processes, and are involved in the design, implementation, and control of efforts toward mutually defined goals; 3) community empowerment, which means individuals and organisations within an empowered community provide enhanced support for each other, address conflicts within the community, and gain increased influence and control over the quality of life in their community. Likewise, Peterson and Zimmerman[18] showed that the success of organisations at achieving their goals and missions is a complex interplay between organisational features, empowerment at the level of individual participants and the characteristics of the community.[19]

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[7] Ageing World: U.S. Census Bureau, International Population Reports, issued by Kinsella, Kevin and Wan He. (2009). *P95/09-1*, U.S. Government Printing Office, Washington, DC. Retrieved 2 April, 2016 from http://www.census.gov/prod/2009pubs/p95-09-1.pdf

[8] Altmets, K., Katus, K., Puur, A., Saava, A., & Uusküla, A. (2008). Toimetulekupiirangud Eesti taisealises rahvastikus – levimus ja tegelik abistamine. *Eesti Arst,* 87(2), 92-101

[9] Altmets, K., Katus, K., Puur, A., Saava, A., & Uusküla, A. (2008). Toimetulekupiirangud Eesti taisealises rahvastikus – levimus ja tegelik abistamine. *Eesti Arst,* 87(2), 92-101

[10] Tiit, E.-M. (2014). *Eesti rahvastik. Hinnatud ja loendatud.* Statistikaamet.

[11] Tammsaar, K., Laidmäe, V.-I., Tulva, T., & Saia, K. (2014). Family caregivers of the elderly: quality of life and coping in Estonia. *European Journal of Social Work*, 17, 4, 539-555.

[12] Gabriel, Z., & Bowling, A. (2004). Quality of life from the perspectives of older people. *Ageing and Society*, 24, 675691. doi:10.1017/S0144686X03001582

[13] Tammsaar, K., Laidmäe, V.-I., Tulva, T., & Saia, K. (2014). Family caregivers of the elderly: quality of life and coping in Estonia. *European Journal of Social Work*, 17, 4, 539-555.

[14] Tulva, T., Medar, M., Bugarszki, Z., Kriisk, K., Saia, K., Wu, J., Tabur, H. (2015). *Kogukonnapõhine toetus üksielavate eakate toimetuleku tagamiseks ja institutsionaalse hoolduse ennetamiseks.* Uuringu lõppraport. Tallinn: Tallinna Ülikooli Ühiskonnateaduste instituut.

[15] Tambaum, T., Medar, M., & Kriisk, K. (2016). Sotsiaalteenused ja mitteformaalne abi 55+ rahvastikus. In L. Sakkeus & L. Leppik (Eds), *Pilk hallile alale. SHARE Eesti uuringu esimene ülevaade ja soovitused eakate poliitika kujundamiseks* (pp 207-228).

[16] Israel, B.A., Checkoway, B.N., Schulz, A.J., & Zimmerman, M.A. (1994). Health education and community empowerment: Conceptualizing and measuring perceptions of individual, organizational, and community control. *Health Education Quarterly*, 21(2), 149-170.

[17] *Ibid*.

[18] Peterson, N.A., & Zimmerman, M.A. (2004). Beyond the individual: Toward a nomological network of organizational empowerment. *American Journal of Community Psychology*, 34(1/2), 129-145.

[19] Janssen, B.M., Snoeren, M.W.C., Regenmortel, T.V., & Abma, T.A. (2015). Working towards integrated community care for older people: Empowering organizational features from a professional perspective. *Health Policy*, 119(1), 1-8.

Resilience is understood as the successful coping of a person or community or overcoming risks and unfavourable circumstances, as well as the ability to adjust to changes.[20] As the ability to adapt positively in adversity, resilience may be an important factor in successful ageing.[21] Resilience as a social cultural adaptation skill is a concept created by a combination of culture-based protection and risk factors influenced by individual, family and society variables.[22] According to Dyer and McGuinness (1996), resilience is a dynamic process whereby people bounce back from adversity and go on with their lives. Dyer and McGuinness[23] stated that resilience is highly influenced by protective factors, for example, healthy skills and abilities that the individual can access, and it may occur within the individual, interpersonal or family environment. A high degree of resilience has been described as an enduring positive view of life despite difficult circumstances during the ageing process.[24] Therefore, Yee-Melichar[25] proposed that health and human service providers who interact with an older person must adjust their responses to that individual by taking into consideration the person's level of resilience, culture and ethnicity.

According to the studies of community resiliency, most people are exactly as successful as is their community as a whole, whereas success rests on the resources of the community. These resources include support from other people, but also formal systems of social services, including welfare and health care.[26]

Since the beginning of the 21st century, the World Health Organisation has promoted the concept of "active ageing" – "the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age, and active ageing applies to both individuals and population groups". This definition allows people to realise their potential for physical, social, and mental well-being throughout the life course and to participate in society according to their needs, desires and capacities, while providing them with adequate protection, security and care when they require assistance.[27]

When there is a wish to include all members, the community could make a joint effort to achieve this kind of a situation. The strong social network of care-givers is one of the most important factors that enables to cope better with the load of care and need for help, and this has also been found in previous studies carried out in Estonia,[28,29] but weaker ties in social networks can break when activities become restricted.[30]

Community-related notions in the Estonian context

There are various definitions of the term community that put emphasis on different aspects. Several researchers have debated how to understand the concepts of community and community-based practices, "The initial meaning of community in Latin *com* (together) and *munus* (present) refers to the fact that community can be seen as a manifestation of social capital".[31] The current study used the definition developed by the Estonian community-based village movement "Kodukant", according to

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[20] Aavik, A. (2012). Sotsiaalpedagoogilised probleemid koolis ja õpetaja toimetulek. E-kursuse materjalid. Retrieved 2 May, 2016, from http://dspace.utlib.ee/dspace/bitstream/handle/10062/25450/Sotsiaalpedag_probl_materjalid.pdf?sequence=1

[21] Lamond, A. J., Depp, C. A., Allison, M., Langer, R., Reichstadt, J., Moore, D. J., Golshan, S., Ganiats, T. G., & Jeste, D. V. (2008). Measurement and predictors of resilience among community-dwelling older women. *Journal of Psychiatric Research,* 43(2), 148-154.

[22] Ho, H.Y., Lee, Y.L., & Hu, W.Y. (2012). Elder resilience: A concept analysis. *The Journal of Nursing*, 59(2), 88-92.

[23] Dyer, J. G., & McGuinness, T.M. (1996). Resilience: Analysis of the concept. *Archives of Psychiatric Nursing,* 10(5), 276-282.

[24] Aléx, L., & Lundman, B. (2011). Lack of resilience among very old men and women: A qualitative gender analysis. *Research and Theory of Nursing Practice,* 25(4), 302-316.

[25] Yee-Melichar, D. (2011). Resilience in aging: Cultural and ethnic perspectives. In B. Resnick, L.P. Gwyther & K.A. Roberto (Eds.), *Resilience in aging: Concepts, research, and outcomes* (pp. 133-146). New York: Springer.

[26] Ungar, M. (2011). Community resilience for youth and families: Facilitative physical and social capital in contexts of adversity. *Children and Youth Services Review,* 33(9), 1742-1748.

[27] World Health Organization. (2002). Active ageing: *A policy framework*. Geneva: WHO.

[28] Tammsaar, K., Laidmäe, V.-I., Tulva, T., & Saia, K. (2014). Family caregivers of the elderly: quality of life and coping in Estonia. *European Journal of Social Work*, 17, 4, 539-555.

[29] Laidmäe, V-I., Hansson, L., Tulva, T., Lausvee, E., & Kasepalu, Ü (2010). Multi-generation family in Estonia: multiple roles and the stress of living together with elderly people. *The Internet Journal of Geriatrics and Gerontology,* 5(2), 1. doi:10.5580/8b9

[30] Sakkeus, L., & Abuladze, L. (2013). Becoming a New SHARE Country: Estonia, eds. F. Malter, & A. Börsch-Supan, *SHARE Wave 4: Innovations & Methodology* (pp 10-13). Munich: MEA, Max-Planck-Institute for Social Law and Social Policy.

[31] Wilken, J.-P., Bugarszki, Z., Saia, K., Hanga, K., Narusson, D., & Medar, M. (2015). Kogukonnaga seotud mõisted ja kogukonnas osalemist toetavad teenused Eestis. *Sotsiaaltöö*, 2, 7-12.

which community is seen as a "group of people connected by a network of specific social ties living in a certain area. Village community consists of people who define themselves as residents of that village."[32]

According to Vihma and Lippus,[33] contemporary Estonian communities were differentiated by three types: interest-based communities, where cooperation is possible and communication takes place face-to-face as well as on-line; value-based communities that share common values, understandings, history and traditions; and "open" communities that mainly represent a common meeting place also open to new members (for example, a club house). There is a need to focus more extensively on community development by "activating, encouraging and stimulating the members of the community in order to express one's health-related needs and meet health-related socio-ecological and other changes through collective action, increased competences and sharing of applied knowledge" (MTÜ Salutáre, s.a[34]).

Research aim and methods

The aim of this study was to map Estonian community-based practices that are directed at and available for the elderly (65+) to postpone the need for institutional care.

The research questions were as follows:

- What possibilities are seen to provide community-based support to elderly people who live alone?
- Which forms of existing support can be seen as promising practice?
- Which activities can be used to empower and support an elderly person who lives alone in order to prevent the need for institutional care?

The current study was conducted in Estonian communities (including different regions and villages), and in our paper it means 15 counties in which the study was conducted. (See Figure 1) The data were collected from two different types of samples, using both quantitative and qualitative methods. Combining quantitative and qualitative methods can inform understanding of practices in a descriptive format and provide insights into how these practices have been performed.[35]

Sampling and data collection

The sampling method used was criterion sampling, which involves selecting cases that meet some predetermined criterion of importance and can be useful for identifying and understanding cases with plenty of information.[36] In the first round of data collection, a survey using a structured questionnaire was sent to 150 specialists and volunteers, who had experience in community development (ensuring the coverage of all 15 counties). They were working as social workers, health promotion specialists, policemen, psychologists, cultural and education specialists, members of municipality management commissions, coordinators of elderly organisations, leaders of sport and cultural work, etc., and responses were received from 79 of them (Figure 1). The questionnaire consisted of 5 topics with open-ended questions.

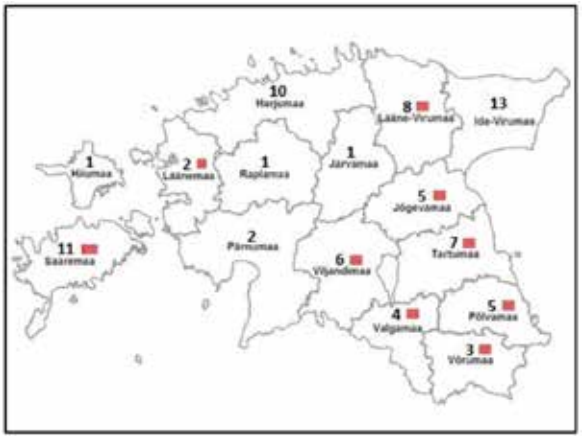

Figure 1. Community developers from all 15 counties of Estonia and red dots marking the promising community-based practices that were identified.

[32] Vihma, P., Lippus, M. (2014). *Eesti kogukondade hetkeseis.* Uuringuraport. Tallinn: Linnalabor ja Eesti külaliikumine Kodukant.

[33] *Ibid.*

[34] MTÜ Salutàre (s.a). *Mõisted.* Retrieved 15 May, 2016, from www.salutare.ee/moisted

[35] Reeves, S., Zwarenstein, M., Goldman, J., Barr, H., Freeth, D., Koppel, I.,& Hammick, M. (2010). The effectiveness of interprofessional education: Key findings from a new systematic review. *Journal of Interprofessional Care,* 24(3), 230-241.

[36] Patton, M.Q. (2001). *Qualitative research and evaluation methods (2nd ed.).* Thousand oaks, CA: Sage Publications.

In the second round of data collection, 13 promising (assessed by community developers as "what works") community-based practices described in the questionnaires were selected and oral interviews were carried out. These thematic interviews were used focusing on five research questions, where the notions were not predefined: (1) interpreting of concepts of "community" and "community support"; (2) community-based activities, which effectively support the independent living of the elderly and prevent the need for institutional care; (3) community-based practices, which effectively support older people; (4) valuing and appreciating community-based support and community stakeholders; (5) innovative and efficient development of the communities to support the coping of elderly people living alone to prevent the need for further institutional care.

Data analysis

The data analysis method used for the two rounds was qualitative content analysis, which is a systematic qualitative data describing method characterised by three main features: it contains data, is systematic and flexible.[37] This systematic approach not only defines the terms, conditions or the occurrence of words and their meanings but also transfers a summative verbal text to smaller categories based on clear coding rules, which facilitates making findings for the researchers.[38] Key themes and observations were extracted from interviews. Data were coded and categorised openly and thematically. The results were interpreted by using quotations from the respondents. In the results section, information is provided in the brackets about the county and sequence number of the interview in that county. The data collected with the electronic structured interview tool were quantified.

Results

The participants of the study interpreted the terms 'community' and 'community-based support' as having the following meanings. The responses indicated that community has been perceived as a group of people connected to each other via shared interests and values. The keywords most frequently used for community were: 'common interests', 'group of people', 'common values', 'related persons', 'living close-by' and 'common goals'. Based on these terms, the specialists in Estonian communities defined, therefore, the notion 'community' mainly as a group of persons that are interchangeably linked, share common interests and values, and act based on common goals. A community might also be a group of people living in the countryside, in a village, in a shared geographical/territorial area, or belonging to some kind of network. One participant wrote that *"a community is a group of people who require outside their homes (but also at home) mental, social and physical help."* (Põlvamaa-4)[39].

When it comes to community-based support, the words most frequently used were 'support', 'caring', 'assistance', and 'noticing'. Key actions of community-based support were caring, shared habits/traditions, motivating each other, noticing and providing inputs. All these actions are aimed at supporting the effective "working" of a community. The persons interviewed emphasised voluntary activities and not earning any profits. Community-based support was considered to be *"neighbourly relations, all kinds of assistance without the aim of earning profit"* (Tartumaa-1) and the *"need to help each other"* (Harjumaa-10). The main terms used were 'supporting', 'caring', 'helping', and 'noticing'. It needs to be mentioned that the understanding of 'community' and 'community-based support' is vague and the answers are eclectic.

Promising community-based activities that support the coping of elderly people and help prevent the need for institutional care

The persons interviewed were asked to name community-based voluntary activities and examples of how the elderly are supported. The answers could be divided into eight general categories: (1) hobbies and cultural activities that keep the elderly active: e.g. participation in handicraft and singing clubs, which have been organised in village centres or social centres by community activists; (2) basic help, such as taking the elderly to a pharmacy/to a doctor/to a shop, provided by neighbours or friends; (3) prevention services organised in cooperation with social welfare, healthcare and security specialists, e.g. safety training days to learn how to give first aid and how to prevent health problems or accidents, emergency-button service and other ICT-based services that support the life quality of the elderly; (4) institutional/formal methods, such as day-care centres, home visits by social workers, home-care services, and library services that allow the elderly to read newspapers, check out books and have the possibility of sharing information; (5) involvement of the elderly in community actions and developments (e.g. organising events), so that the elderly could perceive their rights and responsibilities to participate and

[37] Schreier, M. (2014). Qualitative content analysis. In U. Flick (Ed.), *The SAGE handbook of qualitative data analysis* (pp. 510-524). London: SAGE Publications Ltd.

[38] Stan, L. (2010). Content analysis. In A. J. Mills, G. Durepos & E. Wiebe (Eds.), *Encyclopedia of case study research* (pp. 226-231). Thousand Oaks: Sage Publications Inc.

[39] Here and after: (Põlvamaa – 4) (Name of the county – respondent´s number).

to give their input into community cohesion based on their life experience and skills; (6) organising community volunteers to provide help for the elderly and to activate elderly people to be volunteers in community (e.g. society ladies for the elderly); (7) help for and from neighbours (this presupposes good cooperation with social and health-care specialists, who could coordinate and supervise these activities in the community and also inform people about formal services available in the community); (8) community-based solutions (e.g. 'chat-benches' in parks or in front of apartment buildings, where older ladies, especially those who speak Russian, usually sit together for several hours per day and share information).

It seems that the variety of community-based activities for supporting the elderly who live alone depends largely on the livelihood and resiliency of the community. Important aspects here are human resources (assistance from a neighbour and friend, society ladies for the elderly), social networks (participating in the activities of day centres, 'chat benches'), the living environments of the elderly (help with getting fire-wood, access to meeting places, help with transport) and noticing (home visits).

The most frequently mentioned best practices were participation in handicraft circles; assistance from a neighbour, which was also called 'neighbourhood watch'; assistance from a friend; cooperatives (for example, apartment cooperatives); involving the elderly in the activities of associations for pensioners, but also NGOs, formal and informal societies; cultural activities – reading nights, book clubs, singing and dancing circles; activities for supporting the elderly who live alone – bringing food home and helping with shopping, helping with transport, helping in household activities, taking part in the activities of churches and congregations – voluntary work in nursing the elderly; cafeteria mornings for the elderly living in the neighbourhood; participating in the activities of active day centres.

Valuing and appreciating community-based support and community stakeholders

Many respondents thought that, in general, community activities are valued but not explicitly acknowledged. Compared to the actions for children and youth, the actions for the elderly were much less valued (and acknowledged). Some answers were full of certain optimism, *"It is highly valued, but at the same time it is also a routine and natural daily activity that is not seen as an annoying everyday duty. It's a win-win situation for them, where no-one needs to be motivated.*" (Pärnumaa-1). One possible method of valuing the community activities was to organise exhibitions and performances and to focus on community activities and their meaning for the elderly or the degree to which they are considered supportive to leading a meaningful life in the community. *Some motivational methods could be, for example, free café/tea at events for the elderly, free rooms for activities, and a free bus (Tartumaa - 3).* Valuing was thought to be manifested in positive coverage of best practices by media – *national television, local newspapers, spreading knowledge from person to person, valuing societies' movement, taking suggestions into account, for example, when renovating the culture house, organising different events where the elderly have the possibility to present and sell their handicrafts (Saaremaa - 10).* Positive attention was also considered to be visits to day centres by heads of local government, friends, cooperation partners and social workers, etc.

Moreover, it was important to find, motivate and keep stakeholders in the community. Since a lot of elderly people were mainly passive, there was a need to find coordinators or stakeholders who could activate other people.

Community developers have a vital role in community-based practices since they are able to inspire and include others. When the leaders are absent, there is little chance that something gets done in the community. It was mentioned that leaders have the will to get something done, they disseminate information about various support possibilities, they inspire the community, they matter a lot and they are counted on. An important aspect is also the positive attitude of leaders, their activeness and joy of life. There were also concerns related to leaders – it was thought that they are tired and need to be motivated themselves, and in the worse-case scenario they can suffer from burn-out.

How to postpone he need for institutional care among the elderly living alone

There was a need for various community-based services. Necessary services mentioned by respondents were, for example, an alarm button service, a taxi for the disabled elderly, transport service, warm home lunch (meals-on-wheels) service, sauna service, home-care service, home nursing care, counselling service about movement and nutrition for the elderly, etc. It was considered necessary for caregivers to pay attention to the early identification of problems and developing different ways of caring behaviour towards the elderly. It was found that noticing the support needs of elderly in the community depends on the awareness, capabilities and opportunities of the community and the likelihood of noticing is higher where older members had knowledge and skills to use those opportunities.

Although the study was mainly about exploring community-based practices, the answers indicated mainly the need for different welfare services that support the coping of elderly people in their homes, such as personal assistant service, support person service, home-care service, etc. These were seen as innovative and effective ways of support that should be developed in communities so that the elderly could cope as long as possible in their living environment and start using institutional care as late in life as possible (if at all).

The respondents pointed out that attention should be paid to strengthening cohesion between generations and supporting closer relations of elderly people with their family and friends, as isolation worsens the coping of the elderly and speeds the need for institutional care. Elderly persons need to belong to the community and feel necessary. The elderly can support younger people (looking after children, joint cooking when living with their children's families, helping with housekeeping, etc.).

The elderly also need to be motivated to move around, which is necessary for both their mental and physical balance. The respondents mentioned that attention should be paid to early noticing, whereas those who notice could be people living in the same house with the elderly. This means that different ways of caring behaviour should be developed in the communities, including signalling when someone might be in need.

It was suggested that active elderly people should be included in voluntary activities, for example, in the movement `from elderly to elderly`, where the elderly support and assist each other, and possibilities have to be found for training volunteers so that active elderly people could provide support to the elderly living alone. Family members would like to receive counselling help from day centres.

In combination of the abovementioned evaluations of respondents and input from the project team during the study period in 2015, the following examples of good practices were identified: activities provided in close cooperation between a community and a local municipality (e.g. library brings books home in Northern Estonia); day-care/social centres for organising events and home-care services (e.g. Northern Estonia day-care centre); elderly and women clubs, which are more informal than NGOs and are smaller unions in Estonia (e.g. in Saaremaa – Western Estonia); support for life-long learning e.g. `Smarts Academy`, which has created opportunities for the elderly for self-enrichment, mutual enrichment and acquiring new knowledge; voluntary initiatives, which support independent living at home (e.g. volunteers in church, volunteers in the community, etc.); community centres for the elderly living alone (e.g. joint-home for elderly living alone in Central Estonia); village homes and village communities (e.g. those in Southern Estonia), which enable the elderly to share their problems and seek solutions together.

These practices could be categorised as good community-based supportive practices and several of them could be developed as community services that are officially provided by the local government. These are the selected examples of preventive actions and their prerequisite is a functioning informal network.

Discussion and conclusion

The theoretical model provides us insights in order to better understand the features of an empowered community, while improving the resilience of elderly people in the community means the postponement for the need for institutional care. Even though the notion of 'community' was not yet clear, the community developers had a basic understanding that to some extent a community might be a group of people that belong to the same area and have common values, goals and social networks. Based on a study carried out in three European countries (Estonia, Hungary and the Netherlands), Wilken et al.[40] emphasised that it is important to define the notions of community in each country, since these can have quite different meanings. Some professionals and practitioners who provide services maintain an old 'clinical view' rather than a community perspective; therefore, awareness should first be ingrained among them concerning the importance and values of community life and community-based services.[41]

[40] Wilken, J.-P., Medar, M., Bugarszki, Z., & Leenders, F. (2014). Community support and participation among persons with disabilities. A study in three European countries. Journal of Social Intervention: *Theory and Practice,* 23(3), 44-59.

[41] *Ibid*.

Empowerment at the community level is connected with empowerment at the individual and organisational levels.[42,43] Our results showed that the frail elderly preferred to stay at home and were not as active as others in better health. In contrast to earlier constructions of the elderly as marginalised and uninvolved in day-to-day decision-making, elderly people are now portrayed as being empowered to take matters into their own hands, and they have gained control over their own lives.[44] Scharlach and Lehning proposed that public policy can help to change public attitudes about ageing and the aged by recognising and promoting the unique contributions that older community members can make for the well-being of the community as a whole.[45]

Katz described how promoting activity among older people has become of key importance in addressing the anticipated care needs of the growing elderly population.[46] Emphasis is increasingly on healthy living and the prevention of ill health and disability.[47] Respondents in our study mentioned that there is a need to engage elderly people into community actions and developments, for example, volunteering. Piliavin and Siegl revealed in their study that elderly respondents expressed interest in formal volunteering, which has a large and reliable association with reduced mortality.[48] Formal or organisational volunteering within an institutional context has the potential to serve a person, people, or a community.[49] Considering the benefits of volunteering and predictions of a shortage of volunteers, strategies to encourage the elderly to volunteer are needed.[50,51] Some of the respondents in our study also advocated life-long learning activities, by which elderly people can be promoted to have an active and engaged lifestyle that can help create and preserve the well-being of the community as a whole.[52]

Resilience as a social cultural adaptation skill is a concept created by a combination of culture-based protection and risk factors influenced by individual, family and society variables.[53] As the ability to adapt positively to adversity, resilience may be an important factor in successful ageing.[54] Throughout the study, the respondents pointed out a variety of activities supporting the resilience of the elderly in the community to prevent the need for institutional care. These ranged from defining community and community-based support, and selecting the best practices that effectively support the coping of elderly in their daily life, to translating these best practices into the regular community services and proposing strategies to make good use of community resources to prevent the need for institutional care among the elderly living alone.

Dyer and McGuinness stated that resilience is highly influenced by protective factors, for example, healthy skills and abilities that the individual can access, and may occur within the individual or the interpersonal or family environment.[55] A high degree of resilience has been described as an enduring positive view of life despite difficult circumstances during the ageing process.[56] Ungar[57] stated that community resilience requires the success of both the community and the people living in the community. Success depends on existing community resources, including not only informal social support but

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formal social systems (for example, welfare and health care). In line with previous research above, many respondents in this study indicated that more resources should be provided for organising activities for the elderly, for example, library services that allow the elderly to read newspapers, books and magazines, and to have the possibility of sharing information; public transportation services to pharmacies, to doctors, to shops, and so on.

A strong social network of care-givers is one of the most important factors that enables to cope better with the load of care and the need for help, and this has been also found in previous studies carried out in Estonia,[58,59] but weaker ties in social networks can break when activities become restricted.[60] Active communities and community organisations with their various activities are making a considerable but currently still under-valued contribution. A balanced mix of formal care and informal care that matches with the needs of the elderly, as well as people with a chronic disease or disability, can decrease the need for residential care to a minimum. Ac ommunity that supports elderly people and takes them into account can become an important resource for a positive ageing experience.[61] A community can provide the elderly with fixed social networks, familiar medical institutions and medical staff, public services and possibilities for spending free time. All this impacts positively the experience of ageing and supports the independence of the elderly, which is often required in order for people to remain living in their homes.[62] This tendency was also revealed by the results of the current study.

On the one hand, elderly people have barriers to social connections created by transportation and income limitations;[63] on the other hand, they encounter challenges with physical and mental functioning as well as health management.[64] Under the circumstances, group settings provided by, for example, senior centres could be comforting since they create an opportunity to share safety and falling fears, as well as limited income and transportation.[65] The answers from the respondents showed that day-care or social centres are important for organising events and home-care services for the elderly, one of the good examples being the Northern Estonian day-care centre. In line with the results, previous research concluded that senior centres reduce the elderly's loneliness[66] and provide a context for developing social networks.[67]

On the basis of the analyses, the following conclusions can be drawn:

1. The concept of 'community' is vague, but according to the responses it is connected mainly with the shared values, objectives and interests of its members. The community members are connected by social ties/networks.
2. In general, three main promising practices can be highlighted: 1) supporting the independent coping of elderly people living alone, 2) supporting their security, 3) fulfilling their needs of communication and participation in cultural activities. In order to support independent coping, it is important to notice, include and support the "fragile" elderly who live alone in the community.
3. As promising practices, the following groups of activities became apparent: activities organised in cooperation with the community and the local government; community centres as places for organising joint events and developing hobby activities and community-based social services; societies, clubs for the elderly.

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4. The extent to which community activities are valued was viewed differently. It could be not only financial support for activities, but also the results of community-based activities (appearances of elderly collectives at events organised by rural communities and by more distant actors), positive media coverage – in national television, local newspapers. Important key persons for initiating and conducting activities in the community were termed to be leaders or 'stakeholders'.

5. There might be multiple ways to prevent the need for institutional care: increasing the extent of home care and making it more versatile, supported by community-based joint activities. This increases primarily the motivation of the elderly who are already active, but unfortunately there is a lack of support for those elderly people who live alone and have special needs. There are only a few good practices in this area (e.g. voluntary support for the elderly, bringing the library home, help from friends and neighbours) and these practices need to be spread and disseminated.

Some recommendations are subsequently presented on how to improve community-based practices aimed at the elderly, which might shed light on all members active in community development:

- Taking into account the principles of inclusion and participation of community members, the services provided by the local government should work more closely with communities, in order to support the security of the elderly while living in the environment that they are used to and help to decrease their loneliness.
- Since community members communicate with one another mainly face-to-face, by phone and partly by e-mail, it is important to develop a network-based community model, which would take into account the situation of those elderly people who live alone and their needs. Innovative electronic means are helpful in broadening communication possibilities and spreading information for the elderly living alone. It is especially vital for those people who are unable to leave their homes and could be trapped in isolation in the the community.
- More possibilities have to be found to introduce promising practices to different communities via media. Acknowledging volunteers including the elderly in local newspapers as well as radio and television should be more widespread.
- Voluntary activities in which the elderly can be involved are one of the resources that could be used more effectively. Some activities, such as cooperation networks and caring communities, training of network members and the constant analysing and disseminating of Estonian and international best practices, might play an important role in creating a society in which positive attitudes towards the elderly could be possible.

Limitations of the study

Several factors may have affected the results of the study and should be taken into consideration. The sample of the study was limited due to small numbers of community developers in Estonia. The promising community-based activities included in the study might have been biased due to the non-representative sampling method.

Declaration of interest

The authors have no conflict of interest.

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