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INFORMATION BOOKLET

PREVENTION OF VIOLENCE, ABUSE, AND MICRO-ABUSE IN SOCIAL SERVICES



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Association of Social Services Providers Czech Republic (project coordinator)
Lares Asociación: Unión de Residencias y Servicios del Sector Solidario
Fédération Nationale Avenir et Qualité de vie des Personnes Agées
SeneCura Kliniken- und HeimebetriebsGmbH.

Foreword



Violence and elderly abuse are a nightmare of every long-term care setting manager. Every now and then we can read in the media some scandals in nursing homes or home care provision about violence and abuse. And since these phenomena are always linked with people, it is hard to diminish violence in the social sector.

Yet, what we can and must do is to identify and then to stop it as soon as possible and to prevent it so that the violence prevalence in the social sector would decrease to a minimum possible level.

To achieve those goals, we need trained and experienced staff. We need them to understand what violence and abuse is, how it can happen, who are the target groups, what to do if they find out or just become suspicious, how to create a friendly and trustful environment. How to create and use tool for checking, identifying, and verifying the processes in long-term care to prevent, detect and eliminate all violence risk and phenomena.

And exactly for that this special and international training programme was developed. On the bases of knowledge and experience of experts from 4 European countries. After two years of hard work, studies, analyses, research and expert discussion we are proud to present you these curricula and a brand-new training programme. And it is our deep belief that it will enhance the quality of care and life in the long-term care sector.

Ing. Jiří Horecký, Ph.D., MSc., MBA
President of EAN & APSS ČR





Project description

The problem of violence in its many forms of expression is also present in elderly care, and its occurrence can be detected in all European countries, as many analyses, studies and, unfortunately, also different reports and articles from the media, blogs and discussions show. According to information from the World Health Organisation (WHO), it is estimated that 16% of people aged 60 and over are exposed to abuse - that means the expression of violent behaviour. However, according to the WHO, this figure is underestimated because many cases of abuse/violent behaviour go under-reported. The problem is expected to increase in many countries due to the rapid ageing of the population. The world population over 60 will grow from 900 million in 2015 to approximately 2,000 million in 2050. According to the WHO, immediate action is needed on this issue.

As we mentioned above, the violence in elderly care is an issue, which is engaged in many European countries and the increase of this problem is expected in the context of a rapidly ageing population. Studies show that workers in social services do not have enough skills, knowledge and experience they need to detect violence in elderly care, either directly on the elderly people, or on their own.

In view of the challenges mentioned above, the aim of this project is to eliminate the incidence of violence in elderly care through a personal training programme focused on:

- prevention of violence,
- detection and identification of violence,
- responding to and defending against violence.

Partner organizations

In order to create the curriculum, the five-organization listed below joined the partnership.

Association of Social Services Providers Czech Republic (APSS ČR) – project coordinator



The Association of Social Services Providers Czech Republic was founded in 1991. It is the largest professional organisation associating social care providers in the Czech Republic with over 1 200 organisations. The Institute of Education was established in 2010, offering 2 types of seminars: “open seminars” and “turnkey seminars”.

Fédération Nationale Avenir et Qualité de vie des Personnes Agées (FNAQPA)



FNAQPA (in English: National Federation for the Future and the Quality of life of the Elders) is a French umbrella organization of not-for-profit providers (nursing homes, living communities, home care and services) in the field of ageing. Established in 1991, it is one of the main professional organizations in elderly care in France.



Lares Asociación: Unión de Residencias y Servicios del Sector Solidario (LARES)

The Lares Social Group has a long history of serving the elderly, dependence and/or disability, and at risk of social exclusion. The Lares Social Group brings together more than a thousand centres and services in the national territory, caring seventy thousand older people daily. LARES represent the largest group in the solidarity and altruistic sector of care for the elderly, dependent or at serious risk of social exclusion.



SeneCura Kliniken- und HeimebetriebsGmbH

The SeneCura Group spreads its activities in the field of Nursing Homes, ambulant care but also Health resorts and Rehabilitation Clinics. SeneCura provides in Austria 66 Nursing Homes and one Ambulant Care Organization



European Ageing Network (EAN) – Associated partner

The European Ageing Network brings together more than 10 000 care providers across the European continent. Members represent all types of organisations and individuals working for older people, and all types of structures including for-profit, not-for-profit and governmental organisations.

Violence against the elderly

in accommodation facilities in a nutshell

Violence against the elderly as a global problem

We are concerned from time to time of media messages, which come through to the public, about the existence of violence against the elderly. The tendencies of violence are rising, one of the biggest problems of our current world doesn't avoid the areas of care about an elderly person. The actual data about the existence of violence aren't easily obtained, because up until now there isn't any systematic collection of it on the national level up to the international level. Statistics tackle with many problems: the first one is many different forms of violence from the hidden forms up to the open ones and with those are connected many different definitions. The second problem is connected with the difficulties of detection, because violence often happens hidden before the eyes of public, it's existence is often minimised or even denied, the victims who are dependable on their abuser often stays silent.

Nevertheless, there are several respected studies that map the situation; the 2011 WHO report (Source: „European report on preventing elder maltreatment“) demonstrates the importance of the topic of „elder abuse.“

The study guesses that about 4 million of seniors (at the age of 60+) in the Europe is yearly exposed to physical violence and that about 2 500 of people die as a result of it. To psychological violence is exposed around 29 million of seniors. To sexual violence is exposed 1 million, and to financial abuse 6 million seniors. The situation will probably worsen, because only a small part of the cases of violence gets talked about. Everyday violence happens unseen in the background and is usually hidden by its surroundings.

What did the recent probes reveal about the experiences of staff in our country and abroad?

The violence in institutions of social care needs to be understood from the direction in which it is lead and in the context in which it appears.

In the summer of 2021, the partners from the Czech Republic, Austria, France and Spain conducted a survey aimed at managers and care workers to gain an in-depth understanding of the typology, causes and parties involved in situations of violence that regularly arise in their daily professional practice.

Czech Republic

20% professionals say that occurrence of violence happens mutually between clients

28% professionals mentioned the violence behaviour from clients towards care workers/caregivers

25% professionals determine as trigger of violent situations dementia, bad communication (16%) and inappropriate behaviour of employees (14%)

33% professionals say that the most violent behaviour occur during providing the care, they also mentioned situation during social contact (16%), visit of relatives (14%) and during meals

Austria

14% professionals mentioned occur of violence behaviour from employees towards clients

22% professionals pointed out the violence is triggered between clients

37% professionals say that they experienced violence situations during providing care, during social contact (17%) and during meal (12%)





France

72% professionals pointed out the violence situations are triggered by employees towards clients

63% professionals determine as trigger of violent situations inappropriate behaviour of employees

63% professionals say that the most violent behaviour occur during care related with waking up and followed care (54%)

Spain

49% professionals observed that the most common type of violence behaviour is from clients to employees

60% professionals consider as first cause of violence situations dementia

73% of those surveyed in Spain said that their organization does not have any plan to prevent violence

95% of the workers surveyed stated that they had not completed any training on how to manage and deal with situations of violence in the workplace

Which forms of violence against elderly exists?

The use of the term violence is a sheltered name for different forms of harming behaviour that often struggles due to its expressive connotation with misunderstanding that can be an obstacle for understanding of the real state. That's why it is important to distinguish different types of violence. For their descriptions are often used these terms:

Violence

The World Healthcare Organisation (WHO) defined in 2002 violence against elderly as a "one-time or more repeated or one-off acts or omissions that result in harm, suffering or loss to one or more persons over the age of 60 and that are in contrary to the human dignity and safety of that person".

Bad treatment (maltreatment)

The term is used as a less expressive synonym to the term violence against elderly.

Maltreatment

It involves repeated violence or bad treatment with person that cannot defend themselves. Maltreatment can be physical, psychological, or sexual.

Abuse

This term is used to describe a situation when someone uses their superior position, or their relationship with the person in question, to gain benefit only for them. The abuse can be financial, emotional, or sexual.

Neglect

Neglect involves not corresponding care for the person, which can lead to damage on health, welfare, or the entire state of human being. Neglect can be, for example of healthcare, hygiene, diet, or social contact through isolation of the person. It can happen on purpose, or it can be unintentional which can be connected with work overload.

The violence may have many different forms or levels of intensity, being physical, psychological, financial, sexual, or caused by neglect of care. The violence can be active (with the purpose of hurting someone) or passive (caused by neglect or insufficient care).

The phenomenon of violence in long-term care for the elderly

Violence in residential social care facilities is a specific type, as it is committed against a particularly vulnerable group of seniors. It is also more difficult to get the statistics if the intensity of the action does not increase

because it often hides a form of humiliating treatment and is sometimes not even perceived as violence by the staff. There is also a tendency to deny it and trivialize it.

A WHO study from 2015 named “World Report on Ageing and Health” states that more than 16% of seniors may be exposed to violence in residential care facilities. The staff in residential care facilities may cause violence to the elderly unintentionally, for example, as a result of insufficient education or work overload. However, in some cases, staff may also cause violence intentionally, for example, as a result of frustration, lack of patience or even abuse of power. Overall, the WHO study showed that violence against the elderly in long-term care is a global problem that needs to be addressed. We need more information, education, and support to protect the elderly and provide them with dignified care.

Micro mistreatment or Violence in our facility? Not in any case!

As it was already mentioned, the term violence is met with a prior rejection by the workers and management in long-term care facilities due to its meaningful connotation evoking intense and intentional and mainly physical activity. To some extent this is understandable, as living in residential facilities is a particularly complex area for understanding the nuances of how the quality and overall atmosphere of care is applied to all aspects of a senior’s daily life. Let us beware of the unwarranted condescension of a person who has the experience of a mere visitor and is willing to wave his hand over some shortcomings. These “nuances” can have a major impact on the quality of life for a long-term care client, especially when they have the character of subtle or hidden forms, such as staff inattention, lack of respect for the client’s will, inappropriate communication, rigid organization of daily life that prioritizes the needs of the institution over client needs, prejudices and stereotypes in the approach to the elderly. Such forms of violence tend to be difficult for staff to reflect on, as they can be unintentional or unconscious. For example, suppressing some of the client’s wishes is interpreted as in principle beneficial for his/her “good”. These are hidden and diffuse forms, which are referred to as micro mistreatment. Even if these are seemingly minor incidents, they can have a significant negative impact on the health and quality of life of seniors, so it is important to identify them and take measures to prevent and solve them.

Who are the perpetrators of violence in accommodation services?

The phenomenon of violence in social care facilities for the elderly is a more complex phenomenon than just a one-way view from the staff to the client. A number of studies show that service employees also become victims of

violence, both on the part of clients, and, unfortunately, also on the part of their relatives. There is also violence between the clients themselves. Clients suffering from dementia at a certain stage may exhibit difficult behaviour that may also manifest as aggression towards caregivers or other clients. If such behaviours are unrecognized or even ignored during care and staff aren't trained in appropriate communication methods, the frequency of occurrence increases. Violence experienced by staff from relatives of clients often takes the form of unreasonable demands. Relatives' violence against clients is often a consequence of unsettled family relationships. A sad chapter are the cases of financial abuse of seniors by their loved ones. Finally, violence between clients is also a frequent phenomenon, the ground for it is the lack of privacy in the conditions of residential services especially in rooms shared by several clients.

Long-term care for seniors suffering from dementia

Long-term social and health care, whether it is in home conditions or in the environment of residential services, is a complex area of daily interactions between the caregiver and the one being cared for which is often of a very intimate nature. Care for seniors suffering from one of the types of dementia takes place in demanding conditions in which clients need a high degree of help and support from caregivers and the possibility of communication with them, due to the progressing neurodegenerative process, deteriorates. In the advanced stages of dementia, clients show behavioural difficulties such as shouting, resistance and aggression, some suffer from psychopathological delusions, which under the influence of them they accuse the staff of fictitious atrocities. Behaviour that is difficult to understand, seemingly without causes, and the gradual loss of the ability to communicate with the client creates a significant psychological burden for caregivers. If external influences, such as rigid work in the organization, time pressure, conflicts with colleagues and superiors, are added to this, a highly stressful environment is created which generates risks of frequent cases of inappropriate behaviour towards the elderly. Therefore, it is important that an institution providing long-term care has preventive and intervention programs protecting the safety and right to a happy life of clients, and decent working conditions for employees. A key component of such programs is the proper training of the care staff. During the training, they learn to understand challenging situations, recognize signals that triggers aggressive client behaviour and adopt an expert professional approach that helps with the communication of facilitates, and reduces risks and psychological burdens.

About the educational programme

Literally all professional groups of employees, from direct care workers to employees in gastronomy, or cleaning services, can encounter the problem of violence in residential social care services for the elderly. Both rank-and-file workers and management face difficult situations. The design of the educational programme meets the different needs and possibilities of the participants. It is structured in three modules that gradually develop the necessary knowledge and skills. In the first part, participants receive basic information needed to understand the causes of violence, learn to recognize its hidden forms, and learn how to behave in situations of imminent or ongoing violence. In the other modules, they will learn about procedures for preventing and managing behavioural problems in the care of people suffering from disorders of neurodegenerative origin. The programme has two forms, e-learning, which can be completed online, and face-to-face, which requires participants to be present at lessons that are led by a lecturer. Each face-to-face study module is equipped with a video tutorial that illustrates the material covered in situations in a care facility for the elderly.

FACE-TO-FACE EDUCATION

Module 1 Introduction to violence in social services

Scope	6 hours
Prerequisite	No
Target group	Social workers Workers in social services Health-care workers Management of residential social services

Who is the module intended for and why?

The target group of the module are all workers working in the social care sector, regardless of their job title because the experience shows that they encounter situations of hidden or open aggression in their profession to varying degrees and have their own experiences and approaches on how



to behave in them. The module allows you to set a uniform professional approach for employees throughout the organization.

What will participants learn in the module?

Why „violence in caregiving“ is more than ever an actual and important social problem, and why it is important to address the issue of violence in caregiving relationships. They will gain knowledge about the basic approaches that are used to prevent violence. They will understand the basic concepts of „aggression“ and „violence“, as well as the hidden forms of violence in the care for the elderly in order to recognize the problem in time and be able to prevent it. Furthermore, they will become familiar with the legal consequences of violence and inappropriate behaviour and the related obligations of employees. Participants will gain awareness of risk factors in the organization and in the behaviour of staff and reactions of residents, which can lead to the occurrence of violent incidents. They will learn to recognize early warning signs that may indicate aggressive behaviour, to know the main triggers of violent behaviour and assess possible risks.

What knowledge and skills will students gain?

1. Identify which forms of aggression, violence and abuse can occur in elder care situations.
2. Be able to recognise and attribute violence.
3. Discover which rights and laws are relevant for the protection of the elderly, as well as for the protection of the staff, and which criminal law aspects are related to the topic of violence.
4. Classify their reporting obligations and options.
5. Be able to recognise an impending aggressive escalation in time.
6. Describe which triggers can lead to violence.

Module 2 Better understanding to ageing-related situation of violence and to the needs and expectations

Scope	18 hours
Prerequisite	Module 1
Target group	Social workers Workers in social services Health-care workers management of residential social services

Default situation

Manifestations of violence in the care of the elderly can take several forms. Most facilities try to eliminate violent behaviour in the care of the elderly. This issue is gaining more and more importance in methodologies. The origin

of aggression within the elderly people with dementia is multifactorial and may be the result of suffering (physical or psychological), unfulfilled needs and associated frustration, as well as loss of the ability to communicate - understand and express one's needs. In these cases, it is necessary for the staff to adopt a professional approach and effective methods to reduce the risks of violent behaviour.

What will participants learn in the module?

They will understand the physical and psychological changes caused by ageing and how these changes affect the behaviour of the senior. What are physiological, natural changes and what changes are caused by pathological ageing, which are caused by neurodegenerative diseases manifesting in different types of dementia. Participants will learn about the causes and forms of psychiatric symptoms that are difficult for the layman to understand. Understanding the concept of behavioural disorders will enable the caring staff to minimize frustrations and defence mechanisms leading to harmful attitudes. Participants will adopt the correct position in a supportive relationship that reduces the risk of violence and learn effective communication techniques with a senior suffering from dementia.

What knowledge and skills will they gain?

1. Better understand the physical, mental and social changes associated with normal ageing in elderly persons and their consequences.
2. Be in a position to identify the associated behavioural disorders.
3. Be able to analyse certain situations of aggression brought about by the elderly person, their family or loved ones or professionals in the light of these changes and/or disorders.
4. Acquire the fundamental principles of caring support for vulnerable elderly persons with reduced autonomy.
5. Identify the defence mechanisms and other harmful attitudes that have an impact on the support relationship.
6. Acquire verbal/non-verbal communication techniques appropriate to the elderly person's abilities.

Module 3 How to react to situations of violence, abuse and micro maltreatment: sensitization and intervention

Scope	12 hours
Prerequisite	Module 1, 2
Target group	Social workers Workers in social services Health-care workers management of residential social services

Default situation

Mistreatment of the elderly is one of the main problems that homes for the elderly have to deal with today. More and more people with some health burden live in residential facilities especially people with dementia. This complicates understanding, increases anxiety, and creates problematic behavioural situations to which ill-prepared care staff may respond in what we refer to as maltreatment. Specific training of multidisciplinary teams will help to recognize the importance of triggers of behaviour problems and to know the types of appropriate actions and interventions.

What will participants learn in the module?

They will understand the basics of behavioural intervention based on Thomas Kittwood's model for managing behaviour problems. They'll become familiar with the problem of malignant behaviour and gain awareness of the behavioural automatisms that generate situations of mistreatment at the institutional level. They will learn how to take the right position in conflicts as a professional, how to analyze the situation objectively and impartially and how to appropriately intervene in the conflict. They will acquire emotional self-regulation techniques and social skills that will facilitate conflict management.

What knowledge and skills will they gain?

1. Detect automatisms that generate conflicting situations in their daily work.
2. Distinguish how to react to situations of aggressiveness on the part of residents.
3. Identify self-control techniques to apply in situations of violence.
4. Explore how to work in a team.
5. Determine the values of the humanization of health and the importance of the environment as an element of behavioural improvement.
6. Identify their strengths and weaknesses and apply them in their daily work.





E-LEARNING EDUCATION

The e-learning programme lets the student get a general vision on violence in elderly care. It is a flexible way of getting into the topic in a time-reduced form. It is structured in three modules, with a total duration of 3 hours. For a more thorough assimilation of knowledge and skills, we recommend further developing the skills in the face-to-face programme.

Module 1 Introduction to violence in social services

Scope	1 hour
Prerequisite	No
Target group	All staff

- Framework conditions for the emergence of violence against the elderly
- Basic understanding of violence in elder care
- The course of violence
- Recognizing violence
- Legal context

Module 2 Better understanding to ageing-related situation of violence and to the needs and expectations

Scope	1 hour
Prerequisite	Module 1
Target group	All staff

- Behavioural disorders
- Age-related changes
- Personally focused access
- Communication

Module 3 How to react to situations of violence, abuse and micro maltreatment: sensitization and intervention

Scope 1 hour
Prerequisite Module 1, 2
Target group All staff

- Introduction to the concept of malfunctions of behaviour
- Adopting the right professional position
- How to react in situations with violence
- Techniques of emotional regulation and social skills
- Increasing the ability to recognize violence
- Psychological needs of people in institutional care

E-learning is suitable for all new employees but also for the employees of social services. The online education in the range of 3 hours, it is possible to complete it for FREE after registration here:

<https://link.edapp.com/Xq0LoqkD9xb>



Recommendation

and feedback to AVEC training

1. It is important to ensure that the employees have a methodological support, so that they know how to act in situations which shows the signs of inappropriate behaviour or even violent behaviour.
2. Every worker in social services should complete the educational program presented in this booklet without caring about their professional affiliation. Inappropriate and violent behaviour can be shown everywhere in the institution.
3. Similarly, new social service workers should also undergo this training. It is important to be rightly informed from the beginning of employment about the inadmissibility of inappropriate treatment of clients and also, they need to be able to detect and prevent the escalation of this behaviour in the violent situation. The methodological support and education in these areas should be part of the institution's organization culture.

"There aren't any clear rules, that the employees can follow in these situations. They don't know how to react and how to act if they become participants in these situations. Education in these areas helped the employees very much."

The directress of the home for the elderly

"The education helped me make a clear vision of how I am supposed to act, whom and when to inform others, if I became a witness of inappropriate behaviour."

Social worker

"Thanks to completion of the educational program I am more receptive towards my surrounding and to what is happening around me."

Social worker

“The completion of the educational program helped me realize how much is important to spend time with clients and to provide them with needed care. Unfortunately, through the bureaucratic burden it is not always possible to do so in such measure that you want to.”

Social worker

“The training process helps workers in emotional expression and identification of different forms of violence.”

Nursing home director

“The material is simple and facilitates the understanding of the contents.”

Caregiver

“Good description of the changes in aging that favour contact and enables the understanding of the difficulties of the elderly, facilitating empathy.”

Nursing home manager

“Thanks to the training we could share our professional experiences and good practices.”

Caregiver

“Training helped me realize that my colleagues face and have to deal with the same situations as I do.”

Caregiver

“Thanks to the training, I have discovered new approaches to work and gained a better understanding of the feelings of other participants.”

Caregiver

In its different dimensions (physical, psychological, financial, sexual or negligence), violence against older adults is one of the main manifestations of ageism and discrimination present in our society and a clear example of the violation and absence of a rights-based strategy in the management of ageing.

Acknowledgment



Jiří Horecký

Jiří Horecký has worked in public services and especially social services since the beginning of his professional career. Jiří has been president of the Association of Social Services Providers Czech Republic since 2007, and president of the Union of Employers' Associations in the Czech Republic since 2013.



Pavel Čáslava

A psychologist, a long-standing chairman of the Ethics Committee of the Association of Social Service Providers Czech Republic. Deals with systemic issues of social services, topics of implementation and evaluation of the quality and ethics.



Didier Sapy

FNAQPA's executive director since 1999. Since 2018 he is an executive board member of the European Ageing Network (EAN). He is also a national consultant on living environments and providers' cooperation and grouping.



Maritza Brizuela Fernández

General Secretary of Grupo Social Lares since 2017. She is responsible for managing programs and social projects for the elderly, people who are in a difficult situation of dependency, vulnerability and social exclusion.



Johannes Wallner

Johannes Wallner is an Austrian expert in nursing home topics. He developed several programmes at SeneCura. He is also a recognised expert in quality management in nursing and care.



Karel Vostrý

He is currently director of the Centre for Development Activities of the Union of Employers' Associations of the Czech Republic and executive director of the European Ageing Network. He is also an external quality assessor for the APSS ČR project Brand of Quality in Social Services.



Simona Matějková

She works as a project manager of APSS CR since 2019. She was responsible for administration of the project „Against violence in elderly care“.



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