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AGAINST VIOLENCE IN ELDERLY CARE

Curriculum



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1. Introduction

This document was created as part of the Against violence in elderly care (AVEC) project, which is implemented in the Czech Republic, Spain, France, and Austria with the financial support of the Erasmus+ program of the European Union. The content of this document was created as a follow-up to the training developed by the partners of this project. The purpose of this document is to provide necessary information about the Against violence in elderly care training programme.

About the AVEC project

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.

Violence in elderly care can take many different forms: mistreatment, bad behaviour, gestures and sometimes actions. These expressions occur either as a result of human failings or organisational and operational reasons (institutionalisation, lack of staff, negligence) or as a result of illness or psychological problems of the elderly themselves. Violence also has negative consequences for the elderly themselves. Most often, we meet with health problems of the elderly, social and behavioural problems, impaired cognitive functions and the ability to learn new things. There are also risk factors that can encourage violence against the elderly. These include dysfunctional family relationships, lack of support, poor physical or mental health of the victim, lack of financial resources to pay for necessary care, and so on. However, it also includes violent behaviour towards caregivers, either by the client or the family member. Caregivers are mainly faced with expressions of negative verbal behaviour and negative physical and psychological behaviour.

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 program focused on:

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

About the Against violence in elderly care training programme

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

The training programme responds to the needs of social service employees and their employers (management) with respect to the challenges we identified based on the existed studies, analysis and so on. On the basis of focus groups and an extensive questionnaire survey, the consortium of partners has prepared a training programme that generally focuses on the following topics:

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

The training programme is available in two forms: face-to-face and e-learning. The e-learning training programme is only used to gain first knowledge on the topic of violence in social services. The face-to-face training programme goes into depth on the topic. Both forms of training are divided into three following modules:

1. Introduction to violence in social services
2. Better understanding to ageing-related situations of violence and to the needs and expectations
3. How to react to situations of violence, abuse and micro maltreatment: sensitization and intervention

For more information on each module, its structure, target group and prerequisites, see Chapters 5, 6, 7 and 8.



2. 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's 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 APSS ČR

3. Creation of a new educational curriculum

The unique Against violence in elderly care training programme was created in the form of a curriculum as an outcome of the international project “Against violence in elderly care” with registration number 2020-1-CZ01-KA202-078332. The project ran from 1. September 2020 to 30. 6. 2022. In order to create the curriculum, the five organization listed below joined the partnership.

Association of Social Svices 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 (over 2 700 registered social services). APSS ČR represents and defends the interests of its members, mediates and spreads abroad scientific and research knowledge into social care provider activities, shares national and foreign experience, educates and informs. The Institute of Education was established in 2010, offering 2 types of seminars: “open seminars” and “turnkey seminars”. 202 “open seminars” and 575 “turnkey seminars” were organised in 2019, with 135 “open seminars” and 370 “turnkey seminars” being organised in 2020.

Website: www.apsscr.cz

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’s one of the main professional organization in elderly care in France. It represents 300 providers, 600 homes and services, 42 500 places 3.5 million hours of home services provided. FNAQPA benefits of a human work force of more than 30 employees.

FNAQPA’s aims and missions are:

- » To represent and inform its members, defend their interest and to be a constructive strength of proposal in the public debate.
- » To promote and improve quality of life, innovation, projects and by the way, the image of our providers, facilities and the field in general.
- » To educate and train the workforce supporting the elders, within the members and not members.
- » To support all kind of providers in innovation, diversification, projects and paradigm shifts.

Website: <https://www.fnaqpa.fr/fr/>

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. In a spirit beyond interest and an inspiration and drive born of solidarity and social commitment. Working with values of respect for dignity and humane treatment as a guide for better care. 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.

Website: <https://lares.org.es>

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 (in the city of Salzburg). In Czech Republic, we operate 15 Nursing Homes and 2 in Slovenia. In both countries, there are 10 facilities in construction. In Austria SeneCura have developed a specific kind of Nursing homes. We call them “Sozialzentrum” (sozial centre), because our goal is to be the main partner of the local authorities and population in all topics related to care and nursing. But SeneCura also provide Kindergartens or catering for the pupils of the local school. The brand of the health institutions is OptimaMed. SeneCura operate 17 different enterprises under this name, mainly Rehabilitation clinics and Health Resorts, but also a Hemodial Dialysis in Austria and one in Slovenia. Actually SeneCura employ about 5.000 people in Austria and about 2.000 people in the Czech Republic and Slovenia.

Website: <https://www.senecura.at>

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. The vision and mission is to improve the quality of life for older people and support them in making each day a better day by providing quality housing, services and care.

Website: www.ean.care/en

4. Authors

Jiří Horecký

Jiří Horecký has worked in public services and especially social services since the beginning of his professional career. In his first role, he worked as director of a residential aged care facility. 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. He has also been president of the European Association for Directors and Providers of Long-Term Care Services for the Elderly (E. D. E.) since 2016, and president of the European Ageing Network since 2018. Jiří is also a member of the Government Committee for Seniors and an advisor to the Minister of Labour and Social Affairs of the Czech Republic.

Pavel Čáslava

A psychologist in the beginning of his professional career. A director of a regional social services centre since 1990 to 2007, than a member of Czech Senate and a deputy minister of labour and social affairs until 2014 . 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. An expert and a researcher in innovative and conceptual projects in the field. Publication activities, an author and co-author of articles in National and European journals of social work.

Didier Sapy

FNAQPA's executive director since 1999, Didier Sapy is considered as one of the main experts in the field of elderly care in France. With a background and start of career in public communication, he represents FNAQPA and its members in most of the French instances like National Fund of Solidarity for the Autonomy (CNSA) and its "Solutions for Tomorrow Lab", High Authority of Health (HAS), National Committee for Investments on Health, National Committee for the Future Workforce in elderly care... He is also a national consultant on living environments and providers' cooperation and grouping. At the international level, Didier Sapy is an executive board member of the European Ageing Network (EAN) since 2018, after 6 years in a similar role in the European Association of Homes and Services for the Ageing (EAHSA).

Maritza Brizuela Fernández

General Secretary of Grupo Social Lares since 2017. She has a wide range of work experience as a consultant project Manager with elderly people, both within the private and public service. 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. She is also responsible for the implementation and completion of projects, elaboration of satisfaction studies, leading large teams.

Johannes Wallner

Johannes Wallner is an Austrian expert in nursing home topics. He developed several programmes at SeneCura, for example the SeneCura Akademie, SeneCura Campus, and the pan management and palliative care programmes. He is also a recognised expert in quality management in nursing and care, for example as co-initiator and developer of E-Qalin and NQZ (Nationales Qualitätszertifikat für Alten- und Pflegeheime in Österreich).

Karel Vostrý

Karel Vostrý worked as the director of a home for the elderly for almost 10 years. 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. He is a graduate of the Prague University of Economics

Simona Matějková

Simona Matějková graduated Master degree in Project management at the Czech Technical University in Prague. She works as a project manager of APSS CR since 2019. She was responsible for administration of the project „Against violence in elderly care“, also participating in its preparations.



5. Structure of teaching units and form of education

Face-to-face training programme

Module 1 Introduction to violence in social services

- » Framework conditions regarding violence against elderly people
- » Basic understanding of violence in elderly care
- » Progression of violence
- » Recognising of violence
- » Law

Scope	8 teaching units ¹
Prerequisite	No
Target group	All staff

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

- » Ageing-related changes
- » Behavioural disorder
- » Personal centred approach
- » Communication

Scope	24 teaching units ²
Prerequisite	Module 1
Target group	Care staff

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

- » Introduction to behavioural problems
- » Knowing how to adopt the correct position as a professional
- » How to react to violent situations
- » Emotion regulation techniques and social skills
- » Ageism: working on concepts related to stereotypes that give rise to age discrimination in linguistic and advertising fields, and to detect predisposing factors of mistreatment
- » Psychological needs of people with dementia in institutions

Scope	16 teaching units ³
Prerequisite	Module 1, 2
Target group	Care staff

¹ 1 teaching unit = 45 minutes

² 1 teaching unit = 45 minutes

³ 1 teaching unit = 45 minutes

Module 1 Introduction to violence in social services

- » Framework conditions regarding violence against elderly people
- » Basic understanding of violence in elderly care
- » Progression of violence
- » Recognising of violence
- » Law

Scope	1 teaching units ⁴
Prerequisite	No
Target group	All staff

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

- » Behavioural disorder
- » Ageing changes
- » Personal centred approach
- » Communication

Scope	1 teaching units ⁵
Prerequisite	Module 1
Target group	Care staff

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

- » Introduction of behavioural problems
- » Adopt the correct position as a professional
- » How to react to violent situations
- » Emotion regulation techniques and social skills
- » Raising awareness of abuse
- » Psychological needs of institutionalised people

Scope	1 teaching units ⁶
Prerequisite	Module 1, 2
Target group	Care staff

⁴ 1 teaching unit = 45 minutes

⁵ 1 teaching unit = 45 minutes

⁶ 1 teaching unit = 45 minutes



6. Module 1 Introduction to violence in social services

The initial situation

Participants have had to deal with different aggressive situations more or less frequently in their professional reality and have had positive and negative experiences. They have developed coping strategies that work more or less well and that are more or less okay from a professional point of view. They have received more or less good support from the organisation or leadership in situations of violence in which they themselves have reached their limits.

Needs of the target group

Target group of Module 1 are **all staff working in the social care sector regardless of their job classification.**

The participants need a basic understanding that "violence in care" is more than ever a current and important individual and societal issue and what overarching approaches there are to prevent violence. They need a basic understanding of the concepts of "aggression" and "violence" as well as the **forms of violence in elder care** and the **associated symptoms** in order to **avoid violence or to recognise it at an early stage** and to **be able to de-escalate or clarify the situation**. The overview knowledge about **relevant legal aspects** should also contribute to a safe handling of violent situations. There is also need of basic **understanding of the risk factors** in the organisation, the individual staff member and the resident that can contribute to the likelihood of violent incidents. They need to know about **early warning signs** that may indicate an imminent aggressive outburst, knowledge of the **main triggers for violence** and **how to assess the risk**.

Basic information

Module 1 of Against violence in elderly care training programme consists of 5 main topics:

1. Framework conditions regarding violence against elderly people

- » How much does the topic itself affect me?
- » Key figures, sources of potential violence, ethics, national programmes and stakeholders

2. Basic understanding of violence in elderly care

- » Definition of aggression and violence, abuse
- » Concept of elder abuse
- » Addresses of violence
- » Forms of violence in institutions and at home

3. Progression of violence

- » Signs of increasing tension
- » Trigger factors for aggression
- » Escalation

	Face-to-face training programme	E-learning training programme
Scope (<i>teaching units</i> ⁷)	8	1
Prerequisite	No	No
Target group	All staff	All staff

Target competencies

1. It is clear to the participants why addressing the issue of violence in care relationships and building the relevant competences is important.
2. The participants know which forms of aggression, violence and abuse can occur in elder care situations. They recognise forms of violence.
3. Participants are able to recognise an impending aggressive escalation in time and have knowledge about which triggers can lead to violence.
4. Participants will be able recognise associated symptoms of the ongoing violence them and how to evaluate in order to be able to report and intervene.
5. Participants have knowledge about rights of elderly in particular rights of residents. They are able to apply their duties in causes of violence and have knowledges about legal consequences.

Learning outcomes

1. The participants know which forms of aggression, violence and abuse can occur in elder care situations.
2. They are able to recognise and attribute violence.
3. They have a knowledge of 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. They also know about their reporting obligations and the reporting options.
5. They are able to recognise an impending aggressive escalation in time.
6. They have knowledge about which triggers can lead to violence.

⁷ 1 teaching unit = 45 minutes

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

The initial situation

Manifestations of violence in the elderly care can take several forms. Because of different and current situations, facilities are working in a way to decrease violence in the ageing sector. The subject takes more and more importance in best practices. If aggressiveness/violence behaviour is a symptom of dementia, it is important to emphasise that it is also a natural human defensive reaction, in response to a threat when facing a supposed danger and also a means of expression in the sense that the person does not necessarily have other means of self-expression.

Indeed, the elderly person suffering from cognitive disorders loses their ability to understand and communicate due to their pathology. An elderly person with cognitive impairments gradually loses their ability to speak, to interpret and to adapt to environmental stimuli, due to the disease. They can therefore only express themselves through aggressiveness.

The origin of aggressiveness in elderly people with dementia is therefore multifactorial and may be the result of suffering (physical or psychological), an unmet need and associated frustration, an unsuitable environment or behaviour, anxiety or a call for help. As with any behavioural disorder, it is important to identify the cause and not to stigmatise the person. It is important to be in compliance with their respective needs and expectations. Then it's so much important to adopt the right position with an elderly person.

Needs of the target group

Target group of Module 2 are **care staff working in the social care sector**.

The first part of the module is based on a better understanding of ageing. In fact, ageing induce changes in the person, with consequences on his or her behaviour, but also on those around them. As although up to 80 % of people with dementia exhibit aggressive behaviour. It is important to gain: **A better understanding of normal and pathological ageing.**

This global approach aim at anticipating certain aggressive reactions and offer appropriate support. So that care giver can anticipate certain aggressive reactions and offer appropriate support. In fact, aggressiveness is a common behavioural disorder in people with dementia. If aggressiveness is a symptom of dementia, it is important to emphasise that it is also a natural human defensive reaction, in response to a threat when facing a supposed danger and also a means of expression in the sense that the person does not necessarily have other means of self-expression. That's why it is also

important to gain: **A better understanding of the respective needs and expectations with regards to these changes and disorders in order to be better prepared to handle situation of violence.**

The second part of the module is based on the right position in the support relationship with an elderly person in order to prevent violence. It is also important to adopt the right position in the support relationship with an elderly person in order to prevent violence and:

- » acquire the fundamental principles of caring support for vulnerable elderly persons with reduced autonomy;
- » prevent the adoption of harmful attitudes;
- » manage fundamental attitudes conducive to high-quality communication.

Basic information

Module 2 of Against violence in elderly care training programme consists of 2 main topics:

1. Better understand the impact of ageing-related factors on situations of violence

- » Understanding of the impairments related to normal ageing (physical and psychological) and pathological ageing (neurodevelopmental pathologies, psychiatric pathologies, aggressiveness)
- » Violence and understanding the concept of behavioural disorder in order to be better prepared to handle situations of violence (for a better knowledge of needs to minimise frustrations and defensive reactions)

2. Adopt the right position in the support relationship with an elderly person in order to prevent violence

- » The fundamental principles of caring support for vulnerable elderly persons
- » Prevention of harmful attitudes and managing fundamental attitudes conducive to high-quality communication (active empathetic listening, questions and reformulations techniques, verbal/non-verbal communication techniques)

	Face-to-face training programme	E-learning training programme
Scope (<i>teaching units</i> ⁸)	24	1
Prerequisite	Module 1	Module 1
Target group	Care staff	Care staff

⁸ 1 teaching unit = 45 minutes

Target competencies

Participants of the Against violence in elderly care training program will be able to:

1. Understand the impairments related to normal ageing.
2. Understand the impairments related to pathological ageing.
3. Identify the respective needs and expectations with regards to these changes and disorders.
4. Handle situation of violence.
5. Analyse the influence of ageing-related changes on the attitude and behaviour.
6. Use fundamental principles of caring support for vulnerable elderly persons with reduced autonomy.
7. Improve communication with the relatives of the elderly.

Learning outcomes

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.



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

The initial situation

Mistreatment of the elderly is one of the main problems in residential care homes nowadays. More and more people are living in care homes with a characteristic profile, mainly with dementia and stage from Global Deterioration Scale (GDS) 5 onwards, which makes it difficult to understand, increases anxiety and therefore behavioural problems.

This situation makes it necessary to train the entire team of care homes in prevention and management of abuse. Knowing how to identify mistreatment is key to improve intervention, promoting awareness and boosting a better organisational culture with regard to abuse and mistreatment.

Needs of the target group

Target group of Module 2 are **care staff working in the social care sector**.

This group need specific training to become aware of the importance of automatism as triggers of behavioural problems and to know other ways of acting and intervening. All those good practices must be integrated in multidisciplinary teams, as they are the basic pillar of elderly care.

Basic information

Module 3 of Against violence in elderly care training programme consists of 7 main topics:

- 1. Introduction to behavioural problems:** basis of behavioural intervention Application of Kitwood's enriched model for the management of behavioural problems and violence management.
- 2. Knowing how to adopt the correct position as a professional:** working on the appropriate methods to stay detached and objective to analyse situations calmly and know the steps to intervene in a conflict.
- 3. How to react to violent situations:** managing communication, the importance of communicate from the "I" to deal with violent situations, the curve and phases of violence, and learning and managing behavioural problems in people with dementia.
- 4. Emotion regulation techniques and social skills:** handling situations of self-regulation, learning to use cognitive techniques, breathing control and thought stops.
- 5. Ageism:** working on concepts related to stereotypes that give rise to age discrimination in linguistic and advertising fields, and to detect predisposing factors of mistreatment.

6. **Malignant Social Psychology:** awareness of behavioural automatisms that generate maltreatment situations at the institutional level and automatically will be worked on.
7. **Psychological needs of people with dementia in institutions:** knowing the particular adaptations to facilitate the good treatment of people with dementia. Kitwood's model: identity, comfort, attachment, inclusion and occupation. List of behaviours that lead to elder abuse. Work will be done to identify the behaviours of mistreatment that serve to detect, prevent and sensitize towards the good treatment of the elderly.

	Face-to-face training programme	E-learning training programme
Scope (<i>teaching units</i> ⁹)	16	1
Prerequisite	Module 1, Module 2	Module 1, Module 2
Target group	Care staff	Care staff

Target competencies

1. Learn about different interventions to prevent violent behaviour.
2. Raise awareness of the automatisms that generate behavioural problems.
3. Raise awareness of person-centred care.
4. Generate self-control guidelines for workers and families when dealing with the elderly.

Learning outcomes

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.

⁹ 1 teaching unit = 45 minutes

