

## List of contents

Page Number

Foreword	3
Acknowledgements	4

## Trainer's Section

Introduction for Trainers	5
Aims of the Training Programme	5
How to Use the DVD and Workbook	6
Attendance Sheet	7
Evaluation: Feedback survey	8

## Participant's Section

Introduction	11
Module 1 What is Elder Abuse?	14
Module 2 Types of Abuse	18
Module 3 Physical Abuse	20
Module 4 Psychological Abuse	24
Module 5 Financial Abuse	26
Module 6 Sexual Abuse	29
Module 7 Abuse by Neglect and Acts of Omission	32
Module 8 Abuse by Discrimination	34
Module 9 Institutional Abuse	37
Module 10 Managing Disclosure	42
Summary	47



## Foreword

In 2002 the Department of Health and Children published the findings of a national working group on abuse of older people. This report, *Protecting our Future*, explored the scope and nature of elder abuse and made a number of key recommendations which included the development of an awareness, education and training programme.

The national HSE Elder Abuse Working Group and DVD Working Group initiated and developed this DVD training programme in order to assist staff in residential care settings to recognise and respond to abuse of older people who live in long term care settings – be it public, private or voluntary care.

The development of this training programme has been mindful of other national advancements in the area of elder abuse. National policy and guidance, *Responding to Allegations of Elder Abuse*, has recently been developed to support staff in identifying and reporting abuse. In addition, the National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA) have identified criteria under the Protection Standard (Section 8) that all residential settings will need to fulfil.

While this programme focuses on abuse within residential care environments, it can also be used to assist staff in other care settings to recognise and respond to Elder Abuse. It is anticipated that further programmes may be developed to specifically examine abuse of older people living in the community or being cared for in an acute setting.

**Frank Murphy**

Chairperson, National Steering Group on Elder Abuse

May 2008



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

## Acknowledgements

### HSE Project Manager

Lisa Farrelly

### Private Nursing Home Sector

Ciara Hopper

Eilish Carroll

Finola Bell

### Health Service Executive (HSE)

Alicia McCabe

Angela Ring

Ann Coyle

Austin Warters

Breda Hayes

Brenda Hannon

Carmel Taheny

Frank Murphy

Geraldine Littler

Hilary Scanlan

Irene O'Connor

John Linehan

Margaret Feeney

Mary Byrne

Mary Cannon

Maureen Chalmers

Paschal Moynihan

### Submissions

Sincere thanks are due to all individuals who submitted their comments on the script, draft versions of the DVD and the training manual. These were instrumental in shaping the final content.

## Trainer's Section

### Introduction for Trainers

This training programme is aimed at all staff working in residential care settings such as private nursing homes, public long stay facilities and voluntary centres.

It is vital that all staff – regardless of discipline or grade – are made aware that they can be complicit in elder abuse and poor care practices.

In delivering this training you will need to be mindful of your organisations policies, procedures and guidelines in relation to the *Quality Standards for Residential Care Settings for Older People* (HIQA, 2008). In particular you will need to advise on policies/guidelines in relation to:

- Responding to Allegations of Elder Abuse
- Protection
- Confidentiality
- Whistleblowing and Protected Disclosure
- Restraint
- Medication management
- Receipt of gifts.

### Aims of the Training Programme

The training programme has been designed to:

- Increase knowledge and understanding of what elder abuse is
- Help staff identify care practices that might lead to or contribute to elder abuse
- Help staff recognise elder abuse
- Explain the actions that need to be taken if it is suspected that elder abuse is taking place.



## How to Use the DVD and Workbook

This Workbook has been designed to accompany the DVD on Recognising and Responding to Elder Abuse in Residential Care Settings.

Using the Workbook along side the DVD will help reinforce and embed the material covered in the DVD. It is set out in a way that will help trainers encourage interaction and discussion among programme participants. Participants can use the Workbook to record additional notes that may be relevant to the setting and the role in which they work.

## Key Features of the Workbook

- Follows the same order as the DVD
- Offers a written record of the information covered in the DVD
- Structured in a way that facilitates discussion of key topics
- Layout allows participants to record their own notes
- Contains aids to teaching and learning including highlighted definitions, points for attention, discussion questions, key facts and summaries

At the end of each section you will see an on screen prompt referring you to the workbook (e.g. Workbook Break # 1). We would recommend that you pause the DVD at this point and refer to the corresponding workbook section for notes and discussion topics.

## Attendance Sheet

Name of organisation:

Trainer/facilitator:

Date:

## Attendees

	NAME	JOB TITLE	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			



## Evaluation: Feedback survey

### Recognising and Responding to Elder Abuse in Residential Settings

1. What benefit or benefits did you expect to get from taking part in this training workshop?

2. To what extent did the training session meet your expectations?

- Exceeded
- Met
- Partially met
- Not met at all

3. Please tell us in the box below why you say that.

4a. Which bit or bits of the workshop did you find most useful?

4b. Why was that? Please tell us in more detail below.



5a. And which did you find least useful?

5b. Why was that? Please tell us in more detail below.

6. Which, if any, aspects of the subject that are relevant to your day-to-day work were not covered in sufficient depth or detail?

7. In terms of length, would you say that the workshop was [TICK ONE BOX ONLY]

- Too long
- Too short
- About right

8. On a scale of 1 to 10, where 1 is poor and 10 is excellent, how would you rate the following:

- The location of the training workshop
- The start time of the workshop
- The end time of the workshop
- The time available for discussion
- The time available for questions
- The way the facilitator ran the session
- The mix of information and discussion
- The way in which the information was delivered
- The usefulness of the DVD
- The usefulness of the workbook/training manual



9. We would like to repeat this training for other colleagues. Would you welcome this?

- a. Yes
- b. No
- c. Don't know/not sure

10. Please tell us in what ways this training session could be improved.

11. Please add any other comments you would like to make.

**Many thanks indeed for your help.**

## Participant's Section

### Introduction

Our society is changing in lots of ways. It is becoming more multi-cultural and people, on average, are living longer. Today, the number of people aged over 65 in our population is greater than it ever has been.

#### Key facts

According to the Central Statistics Office, about 11% or 467,926 people were aged 65 and over in 2006.

In the last ten years the number of people aged 65 and over in Ireland has increased by 54,000. By 2011 around one in every seven people in Ireland will be 65 or over.

Most older people live at home or with their family. A small percentage of older people - about 27,000 - live in either public, private or voluntary run residential care.

### A life free of abuse

All of us – including older people - are entitled to lead a life free of abuse, regardless of our ethnic or cultural background, religion, political persuasion, gender, sexual orientation, disability or age.

### How common is elder abuse?

#### Key facts

International research shows that between 3 and 5% of older people (around one in 20) - experience regular abuse in some form.

This means that at any one time in Ireland between 14,037 and 23,395 people are experiencing some form of abuse on a regular basis.

Some research suggests that the incidence of elder abuse may be greater than this, largely because, according to researchers, a lot of abuse is hidden and remains undetected or unreported.



## Whose responsibility is it to prevent elder abuse?

Preventing abuse is everyone's responsibility.

Anyone who has regular contact with older people in a residential care setting has a duty to provide the best quality of care for those older people while respecting their civil rights and dignity.

Every member of staff in your organisation has an essential part to play in preventing and in reporting elder abuse.

### Attention

If you have regular contact with older people then you have a very important role to play. You must help to ensure that the older people you are in contact with are afforded a good quality of life. In doing this you can protect and promote the right to a life free of abuse.

## Aims of the training programme

The overall aims of this training programme are as follows:

- To increase your knowledge and understanding of what elder abuse is
- To give you the knowledge and skills needed to identify abuse, mistreatment and neglect - including covert or hidden abuse or abuse in its early stages
- To help you identify care practices that might lead to or contribute to elder abuse
- Understand the actions you need to take if you discover or suspect that elder abuse is taking place.

## HIQA Standards

The training DVD that accompanies this Workbook should be of use in helping you to meet the criteria set out under the Protection Standard (Section 8) of the National Quality Standards for Residential Care Settings for Older People in Ireland (HIQA).

## Learning outcomes

At the end of the training session you should be able to:

- ✓ Understand and be able to define what is meant by the term 'elder abuse'
- ✓ Understand and be able to recognise different types or forms of elder abuse
- ✓ Understand how and by whom abuse can take place
- ✓ Understand and be able to identify the factors and situations, including work and care practices, which can lead to elder abuse
- ✓ Identify when elder abuse might be taking place
- ✓ Understand and know how to use the reporting system if you discover or suspect that elder abuse is taking place.

## The topics we aim to cover are as follows:

- What is elder abuse?
- Types of abuse
- Physical abuse
- Psychological abuse
- Financial abuse
- Sexual abuse
- Abuse by neglect and acts of omission
- Abuse by discrimination
- Institutional abuse
- Managing disclosure.

## The Workbook

This Workbook has been designed to accompany the DVD on Recognising and Responding to Elder Abuse in Residential Care Settings.

Feel free to use the Workbook to record additional notes that may be relevant to the setting and the role in which you work.



## Module 1 What is Elder Abuse?

In the DVD you see and hear interactions between staff and older people.

### Discussion point

What do you think about these interactions? How would you describe them?

How should the staff have handled these situations?

### Key definition: Elder Abuse

The 2002 Department of Health report, "Protecting Our Future", defines elder abuse as:

A single or repeated act or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person.

### Thinking about this definition

- Elder abuse is a complex area. It is hard to define precisely.
- No one definition is accepted by experts as encompassing all aspects of abuse that need to be considered.
- Some definitions focus on abuse in the home or within the family and exclude or underestimate abuse in residential care settings.
- Other definitions exclude societal abuse, a form of abuse that deprives older people of basic services.

#### Discussion point

Look again at the Department of Health definition. Can you give some examples of abusive situations?



## Who abuses older people?

Individuals who perpetrate elder abuse can be:

- Relatives and family members of the older person
- Friends and associates of the older person
- Neighbours
- Volunteer workers
- Paid health and social care workers involved directly or indirectly in the care of the older person
- Other service users.

The phrase '*within any relationship where there is an expectation of trust*' is important here. This definition is very relevant to all of us who work in residential care settings as our service users place '*an expectation of trust*' in all of us.

## Where does abuse happen?

Abuse can happen to an older person:

- In their own home
- In the home of a family member, relative or friend
- In a day care centre
- In a residential or nursing home
- In a hospital
- In sheltered accommodation
- In boarding out accommodation

### Key fact

Most elder abuse happens in the home of the older person - because most older people live at home. However, abuse can take place in any setting or situation.

### Attention

You need to observe and think broadly about what elder abuse is so that you do not overlook or accept situations of abuse as normal.



## Who abuses older people in residential care settings?

In a residential care setting an older person may be abused by:

- A partner, spouse, child, relative or friend
- A visitor to the residential facility
- A health and/or social care worker or other paid worker including professional clinical staff, therapists or administrative staff
- A volunteer worker
- Another service user.





## Module 2 Types of Abuse

### Recognised types of abuse

There are six main types or forms of elder abuse:

- Physical abuse
- Psychological abuse
- Financial abuse
- Sexual abuse
- Neglect and acts of omission
- Discrimination.

We will look at each of these types in more detail.

In the DVD you see a number of interactions with older people.

#### Discussion point

What type or types of abuse would you say are taking place in these scenes?

### Attention

It is important to remember that an older person is very likely to be experiencing *more than one type of abuse* at the same time.

### Things to note

- Most elder abuse occurs out of sight of the general public
- Many incidents of elder abuse in residential care settings can stem from the following:
  - Poor working practices
  - Poor care practices including inappropriate care plans for individual older people
  - Neglect
  - Thoughtlessness
  - Ignorance and lack of understanding
  - Lack of time and resources
  - Lack of adequate training
  - Questionable attitudes towards older people.

### Attention

If you witness or have experience of any of the above – in particular poor working practices, poor care practices or questionable attitudes towards older people - then it is important that you challenge them and/or raise them with the appropriate person within your organisation.

### Signs of abuse

#### Attention

The signs of abuse described in the next sections are only *indicators* that abuse may be happening.

It is important to remember that the behaviour and injuries of the type we describe may be present for other reasons (e.g. a long term illness).



## Module 3 Physical Abuse

### Definition

Physical abuse is the injury or mistreatment of an older person through the use of physical force or the threat of physical force. Physical abuse can be deliberate or it can be accidental.

### How to recognise physical abuse

Physical abuse includes among other things:

- Hitting, slapping, pushing, kicking
- Misuse of medication
- Over medication
- Withholding of medication
- Force feeding
- Inappropriate use of restraints
- Inappropriate sanctions.

Physical abuse may be inflicted with or caused by:

- A hand, a fist or a foot
- A weapon such as a belt or a hairbrush, or by burning with a cigarette
- Rough handling during care giving.

In the DVD you see several interactions between staff and older people

### Discussion points

What type or types of physical abuse are taking place in each of the scenes?

What signs would you look for in each case if you had not witnessed the abuse?

For each case, what steps would you take if had witnessed the abuse?



## Signs of physical abuse

Here is a list of indicators or signs to look for:

- Cuts, burns, bruises and scratches
- Injuries that do not match the explanation given for them
- Injuries and wounds in concealed places
- Injuries in protected areas, for example, underarms
- Untreated injuries
- Under or over use of medication.

### Attention

The abuser may hide the injuries that he or she has inflicted on the older person to prevent the abuse being discovered. If you are helping an older person with personal care then it is important that you take notice of any bruising or other marks in unusual places.

## Implications for practice

As the DVD shows many routine tasks can lead to situations in which physical abuse occurs. The best way of preventing these situations from arising in the first place is to know the older person: to know what they prefer, what they need, how they might react – and so to have in place a way of working, a care plan, that suits the older person's needs and preferences.

### Discussion point

Think about what this might mean for the day-to-day working arrangements within your organisation.

This way of working requires time and resources, and it assumes that the carer has had appropriate training and so has the right level of skill to deliver the sort of individualised care needed.

### **Questioning and reflecting on existing practices**

It is important to question existing practices. It is also important to monitor and assess needs on an ongoing basis as these will change during a person's stay in residential care. Below are some questions that might be useful in helping you to reflect on current practice within your organisation.

#### Use of restraints

- Is it appropriate or necessary that the older person is restrained in a chair?
- Is it appropriate or necessary that the older person is restrained in bed?

#### Use of a hoist

- Is it appropriate to use a hoist to assist a resident in getting out of bed or out of a chair?
- If you plan to use a hoist, have you been trained in how to use it?
- What might you say to a person who is frightened of being lifted in a hoist?

#### Personal care

- What sort of washing or bathing routine does the older person prefer? What can you do to meet this preference?
- Does the older person prefer to have help in using the toilet or does he or she prefer to use the commode in privacy?

#### Medication

- What would you say constitutes encouragement to take medication and what constitutes coercion?
- What are your organisation's guidelines for crushing or disguising medication?
- At what point should you inform the older person's family and their GP or Medical Officer that the older person is refusing to take their medication?



## Module 4 Psychological Abuse

### Definition

Psychological abuse can be any verbal or non-verbal act that inflicts emotional pain, mental anguish or distress on the elderly person.

### How to recognise psychological abuse

Psychological abuse can be difficult to recognise as there are no physical scars for anyone to see.

Psychological abuse is one of the most commonly reported forms of elder abuse. It can take various forms, including the following:

- Emotional abuse
- Threats of harm
- Threats of abandonment
- Bullying
- Shouting
- Deprivation of contact
- Humiliation
- Blaming
- Controlling
- Blackmail
- Intimidation
- Coercion
- Harassment
- Verbal abuse
- Isolation or withdrawal from services or supportive networks.

### Key fact

Psychological abuse is almost always accompanied by another form of abuse, such as physical abuse.



In the DVD you see several interactions between staff and older people.

### **Discussion point**

What type or types of psychological abuse are taking place in the scenes you have just watched?

What, if any, other types of abuse are also taking place?

### **Signs of psychological abuse**

Here is a list of indicators or signs to look for:

- The victim may feel or appear depressed, withdrawn, frightened, agitated, anxious or aggressive
- The older person feels or seems isolated
- There are unexpected or unexplained changes in the older person's behaviour.

### **Attention**

Depriving a person of basic needs, pleasures or activities is also psychological abuse. Treating an older person as an infant or child is also psychological abuse.



## Module 5 Financial Abuse

### Definition

Financial or material abuse includes the following:

- Theft
- Fraud
- Forgery
- Embezzlement
- Exploitation
- Pressure in connection with wills, property or inheritance or financial transactions
- Misuse or misappropriation of property, possessions or benefits.

In the DVD you see several interactions between staff and residents and a visitor and a resident.

### Discussion point

What type or types of financial abuse are taking place in the scenes you have just watched?

### **Attention**

Financial abuse does not have to involve large sums of money. A small amount of money taken regularly from an older person can add up to a large sum over a period of time.

## **How to recognise financial abuse**

### **Signs of financial abuse**

Here is a list of indicators or signs to look out for:

- Lack of money for basics despite an adequate income – for example, no money for newspapers, sweets, cigarettes or for the hairdresser
- The older person complaining of money or possessions going missing
- Reluctance on the part of family, friends or the person controlling funds to pay for bills, clothes, treatments or medical bills
- A person's inability to explain what is happening to their income
- Unexplained credit card use or withdrawals
- Disappearance of pension books, bank statements or other documents.

### **The abuser's point of view: justifying financial abuse**

Abusers often justify financial abuse by thinking or saying that they deserve the money for various reasons:

- He or she is a carer
- He or she feels that they have earned it
- He or she thinks that it is their rightful inheritance
- He or she thinks that the older person does not need it.

### **Attention**

As a member of staff in a residential care setting you have a responsibility to protect the older people in your care from financial abuse.



## Discussion points

What are your organisation's procedures in relation to a resident's finances?

If a visitor is conducting a financial transaction with a resident what can you do to ensure that this is carried out in a proper manner?

What are your organisation's procedures in relation to receipt of gifts by staff from residents?

## Attention

If you suspect that financial abuse is taking place then you should report it in the manner set out by your organisation.

## Module 6 Sexual Abuse

### Definition

Sexual abuse is forcing an older person to take part in any sexual activity to which the older person has not consented or could not consent or into which he or she was compelled to consent.

### How to recognise sexual abuse

Sexual abuse includes sexual assault, rape, sodomy and sexual harassment.

It also includes forced nudity, fondling, touching or kissing, particularly the genitals and/or making the older person fondle someone else genitals.

Forcing an older person to observe sexual acts or showing them pornographic material or spying on them in the bathroom or bedroom are all considered sexual abuse.

Telling 'dirty stories' or 'dirty jokes' also constitutes elder abuse if the older person finds these stories or jokes offensive.

Residents may sometimes make sexual advances towards staff or other residents. For example, an older person suffering from dementia may lose their sexual inhibitions and behave in ways that are distressing to both staff and other residents.





In the DVD you see interactions between a visitor and a resident.

### Discussion point

What signs of sexual abuse did you observe in the scenario you have just watched?

If you were the staff member who entered the room, what would you have said and done?

## Signs of sexual abuse

Here is a list of indicators or signs to look for:

- Pain, itching or injury in the anal, genital or abdominal area
- Torn, stained or bloody underclothing
- Bite marks or bruises on breasts, neck or face
- Venereal disease or recurrent bouts of cystitis
- Unexplained problems with catheters
- Difficulty sitting or walking due to discomfort in genital area
- A change in the older person's behaviour, for example the older person may appear depressed, withdrawn from normal activities, or he or she may appear agitated, frightened or anxious.

### **Attention**

Incidents of sexual abuse must be acknowledged and dealt with in line with your organisation's protection policy.



## Module 7 Abuse by Neglect and Acts of Omission

### Attention

Some overlap exists between abuse by neglect and abuse by acts of omission. Regardless, they are both forms of elder abuse.

### Abuse by neglect

#### Definition

Neglect is failing to provide for the basic necessities and physical needs of the older person. This includes ignoring medical or physical care needs; failing to provide access to appropriate health, social care or educational services; withholding the necessities of life, such as medication, adequate nutrition and heating.

### How to recognise neglect

In a residential care setting this can include neglect through lack of the following:

- Food and water
- Appropriate clothing
- Hygiene and lack of mental stimulation
- Lack of assistance in moving around either in bed or within the physical environment
- Denial or delay of medical care
- Using physical restraint in bed or in another area
- Lack of access to the toilet or inadequate changing of pads or disposable pants, which can lead to bed sores.



## Signs of neglect

Here is a list of indicators or signs to look for:

- Deterioration in appearance or personal hygiene
- Unhygienic or unsafe environment
- Rashes, sores, ulcers and unexplained weight loss
- Inadequate food, drink or medical care
- Lack of social stimulation.

## Abuse by acts of omission

### Definition

Abuse by acts of omission is a lack of basic emotional support and respect.

### How to recognise acts of omission

Abuse by acts of omission can involve:

- Not attending to the older person, ignoring moans, calls for help or call bells
- Failure to provide necessary psychological care such as, therapy or medication for depression
- Isolation of the older person, leaving them alone or restrictions on phone calls or visitors
- Lack of assistance in doing interesting activities, such as watching preferred TV programmes or intellectual activities.

In the DVD you see several interactions between staff and residents.

### Discussion point

Can you identify what you think are poor practices in these scenes? How should we appropriately respond to these situations?



## Module 8 Abuse by Discrimination

### Attention

Older people, like anyone else, can experience abuse by discrimination.

### How to recognise abuse by discrimination

Older people can be discriminated against on any one or more of the nine grounds set out in the Equal Status Acts of 2000 and 2004.

The nine grounds are:

- Race
- Traveller background
- Religion
- Gender
- Marital status
- Family status
- Sexual orientation
- Disability
- Age

### Key fact

The main aims of the Equal Status Acts are as follows:

- To promote equality
- To prohibit certain kinds of discrimination (with some exemptions) across nine grounds
- To prohibit sexual harassment and harassment
- To prohibit victimisation
- To require reasonable accommodation of people with disabilities
- To allow a broad range of positive action measures.

Discriminatory abuse may also include other forms of harassment, slurs or similar treatment.

In the DVD you see several interactions between staff and residents.

### **Discussion point**

Identify what you think are poor or bad practices and what you see as signs of discrimination? How can we appropriately respond to these situations?

### **Attention**

The nature of discriminatory abuse often means that older victims of discrimination find it difficult to come forward as they have no way of knowing whether they will be listened to or supported in a sensitive way.

### **The effect of ageism and ageist attitudes**

Ageist attitudes in how we see and deal with older people are common throughout our society and so they are common within the health and social care system.

It is important to be aware that ageist attitudes can seep into and affect our working practices and our working relationships with older people.

Ageist practices are characterised by:

- Lack of consultation with the older person
- Patronising behaviour towards the older person
- Insensitive responses to the needs and wishes of an older person.

### Attention

We all have a duty to recognise each older person as individual with his or her own unique life history and his or her own unique needs and expectations.



## Module 9 Institutional Abuse

### Definition

Institutional abuse is abuse which may comprise of poor care standards, lack of positive responses to complex needs, rigid routines, inadequate staffing, and an insufficient knowledge base within the service.

### Key fact

Only a small percentage (approximately 5%) of people aged over 65 in Ireland live in a residential care setting. Yet many of the high profile cases of elder abuse have occurred in residential care settings.

In the DVD you see interactions between staff and residents.

### Discussion

What scenes have you seen in this section that would causes you concern? How can these situations be more appropriately managed?



The types of abuse perpetrated in residential care settings are those we have described above:

- Physical abuse
- Psychological abuse
- Financial abuse
- Sexual abuse
- Neglect and acts of omission
- Discrimination.

### **Attention**

In a residential care setting there can be more at issue than the behaviour of a particular individual. This is because of the way in which care is delivered to older people in an organisation or institutional setting.

Unacceptable 'treatments' or 'programmes' can be administered, which can be forms of abuse. These include sanctions or punishment, such as the withholding of food and drink, seclusion, the unnecessary and unauthorized use of control and restraint, or the over- or under-medication.

There may be racist and discriminatory practice by staff, including ageism, racism and other discriminatory practices, which may be attributable to a lack of appropriate guidance.

Residents or service users may not be given access to key services such as podiatry or dentistry or to the fitting of prostheses.

### **How abuse can happen in institutional settings**

Abuse may occur because of the following:

- Poor work practices
- Inadequate resources including inadequate staff numbers
- Poor training
- Inadequate systems
- Poor record keeping
- Poor monitoring
- Poor financial control around residents' personal allowances.

## Factors that may lead to abuse

### Key fact

Abuse occurs for many reasons and the causes are not fully understood.

What leads people in a health or social care role to abuse older people is not fully understood. Sometimes those who care for older people are not suited to the requirements of the job and they allow themselves to vent their impatience, frustration, and anger on the older person whom they are supposed to be protecting and nurturing.

The following are thought to be some of the risk factors that might be involved:

- Being unsuitable for a caring role
- Disliking work with older people
- Having no understanding of the needs of older people
- Experiencing personal stress (such as relationship difficulties or alcohol or drug problems).

A range of other factors may increase the likelihood of abuse happening. For example, providing care for those with complex care needs such as:

- When the older person has a form of dementia which may affect their memory or ability to reason and causes unpredictable behaviour
- When the older person has communication problems as a result of hearing, visual or speech difficulties
- When the older person has behaviour problems or major changes in personality which result in repetitive behaviour, wandering or aggression
- When the older person demands or needs more care than the carer can give.



In the DVD you see interactions between staff and residents.

**Discussion point**

For each scenario:

Identify the type or types of abuse that are taking place

Identify the factors that are leading to or contributing to that abuse

Suggest what should have been done or what you would have done



## Treating Older People with Dignity and Respect

### Attention

The ethos and philosophy of care within an organisation that provides long-term care should be the recognition of the personal worth and dignity of residents. Treating older people with dignity and respect can help avoid instances of abuse.

### For example

The following examples are some of the things worth thinking about in terms of day-to-day practice in caring for older people:

- It is good practice to encourage residents to talk about their interests and their family. It is important to show an interest in the older person's life experiences.
- While banter and chat between residents and staff is a good thing it is important not to become over familiar with residents. For example, inappropriate use of pet names or teasing residents about their physical appearance, speech impediments or behaviour is unacceptable.
- Many older men may not be used to being cared for by women and so may find it distressing to be washed by a woman. Similarly, many older women may be very uncomfortable with a man attending to their personal care, for example, attending them in the shower or taking them to the toilet. At all times the privacy and dignity of older people must be respected.
- It is not always necessary to wear gloves when caring for older people.
- It is important not to patronise older people. It is important not to think that all older people need help when eating or need to wear a bib.
- Many older residents look forward to meal times and should be encouraged to enjoy their food. They should not be rushed or fed if they can manage for themselves.
- Demonstrations of comfort and support should be appropriate and acceptable to each individual older person.
- Older people who are terminally ill should be cared for with the utmost respect and account should be taken of their beliefs.



## Module 10 Managing Disclosure

### Sources of information about abuse taking place

You might find out that abuse is happening from a variety of sources:

- From your own observations
- From the older person experiencing the abuse
- From a concerned relative or friend
- From another health and social care worker.

The information may come in the form of a complaint or an expression of concern, or it may come to light during a health or social care assessment.

#### Attention

It is worth remembering this information may not come with the knowledge or consent of the older person who is experiencing the abuse.

It is important, therefore, that further discussion takes place with the knowledge and consent of the older person, if he or she has capacity and is free from undue duress.

### Talking to the older person about the abuse

- Always talk to the older person in a safe, and if possible, private place
- Listen sensitively and actively
- Do not to ask leading questions.

### Key skills in talking to older people about abuse

#### Managing yourself

It is important when you are talking to an older person about abuse that you think about the assumptions you make about them and about the issue of abuse. You must make these explicit to yourself before you talk to the person. Ask yourself how prepared you are to hear something unexpected and/or shocking. Remember, in talking to the older person about abuse you must be respectful, empathetic and you must not appear judgmental.

## Listening

It is important that you listen not only to what the older person is saying but to how he or she is saying it, including body language and gestures. This will give you a fuller understanding of the meaning of what is said.

This is not easy to do. You must listen actively and attentively and you must show the older person that you are listening (in a non-judgmental, empathetic and respectful way) and that you are interested in what he or she is telling you and that you are interested in understanding his or her perspective or experience.

### To do this well:

- Remove physical barriers between you and the older person, if possible
- Make eye contact
- Lean slightly forward towards the older person
- Keep a relaxed posture
- Use encouraging responses (nods, mmming).

### Try not to do any of the following:

- Use a table or other object as a barrier
- Sit too close
- Stare or avoid eye contact or look away
- Look tense or anxious or ill at ease
- Look at your watch
- Fidget or make unnecessary movements
- Frown or look cross
- Yawn or sigh or make discouraging responses
- Interrupt.

## Asking questions

You must make your questions open-ended and non-directive – in other words, use questions that allow the older person to tell you about the abuse in their own way, to use their own language with little or no direction from you in how to answer.

Use questions to follow up or clarify. It may be helpful to prompt the older person but do this without leading them. For example, it may be helpful to repeat the question, or to re-phrase it; to use non-verbal cues such as encouraging looks and nods of the head.



It is very important, of course, to keep a balance between encouraging the older person to answer and leading him or her, or putting words in their mouths.

Remember, the whole process of talking to you may be very difficult for the older person.

### **Attention**

All reports and/or suspicions of abuse should be taken seriously.

### **What to do if you witness or suspect elder abuse?**

- Take appropriate steps to ensure the safety of the older person
- Follow your organisation's protection and confidentiality policies
- Do not discuss the subject with or challenge the abuser
- Find out what the victim wants to do but explain to them that you will need to inform your line manager
- Discuss the situation with your line manager or facility manager at the earliest opportunity
- If your line manager is not available or if you suspect they are the abuser, speak to another senior manager.

### **Attention**

Acts of physical, sexual and financial abuse which violate laws against assault, rape, theft and other offences are criminal acts that must be reported to the Gardai who can investigate the matter further. If you believe that an older person is at risk from immediate harm the Gardai need to be informed immediately.

### **Assurances to those making a complaint**

The person making a complaint or allegation or giving you information about abuse should be assured of the following:

- It will be taken seriously
- It will be dealt with in a fair and equitable manner
- It will be treated in confidence but their concerns may be shared if they or others are at significant risk
- They will be given immediate protection, where possible, from the risk of reprisals or intimidation

- They will be kept informed of action that has been taken and its outcome within a reasonable time limit.

Staff members reporting abuse will be given support and afforded protection.

If you believe that your concern is not being dealt with appropriately you should contact one of the following:

- The Nursing Home Inspection Team for your area
- The HSE National Information Line on 1850 24 1850
- The General Manager in your Local Health Office
- The Senior Case Worker for Elder Abuse.

In the DVD you see an interaction between a staff member and a resident.

**Discussion point**

What skills is the staff member using here?

What other ways of handling the situation would you suggest?



## The DO's and DON'Ts

If an older person begins to tell you that they are being abused there are some key things to remember.

### Don't:

- Take it lightly or make a joke about it
- Dismiss or disbelieve what you have been told
- Change the subject because you feel uncomfortable with it
- Ignore what has been said
- Say things like:
  - “This can't be true”
  - “I don't believe it”
  - “That is ridiculous”
- Make assumptions
- Discuss the subject with or challenge the abuser.

### Do:

- Listen attentively and also take notice of body language
- Take it seriously – even if it does not make much sense to you at the time
- Try not to show you are shocked
- Explain about confidentiality
- Clarify the older person's – the victim's - version of the story without asking leading questions
- Remember that you are there as a representative of your organisation as well as a sympathetic individual
- Ask the older person what they want to do
- Reassure them they have done the right thing in talking to you
- Explain that you will need to inform your line manager
- Take appropriate steps to ensure the safety of the older person
- Follow your organisation's protection policy
- Report to your line manager at the earliest opportunity
- Remember it is not your responsibility to handle the situation on your own.

## Summary

### A life free of abuse

Older people deserve to be treated with the respect that their lives and achievements as people warrant. For this reason it is crucial that those who work with older people maintain vigilance on the issue of abuse.

As an employee in a residential care setting you must be able to identify elder abuse, report your concerns about it and be reassured that raising concerns is important.

We know that identification of elder abuse, however, is complex and difficult.

Being able to say what elder abuse is, being aware of it and being able to recognise it, are key steps in being able to take action to prevent it happening.

### What you have learnt

Now that you have completed the training you should:

- Understand and be able to define what is meant by the term 'elder abuse'
- Understand and be able to recognise different types or forms of elder abuse
- Understand how and by whom abuse can take place
- Understand and be able to identify the factors and situations, including work and care practices, that can lead to elder abuse
- Identify when elder abuse might be taking place
- Understand and know how to use the reporting system if you discover or suspect that elder abuse is taking place.





## Your organisation's policy and procedures

Your organisation has a policy and a set of procedures that relate to elder abuse. Together with the training you have received the policy and procedures should help with identification of elder abuse by raising your awareness of the problem and by sensitising you to it.

The role of the procedures — the instructions that inform you of the action to take in responding to cases of alleged elder abuse — will help you put your organisation's policy and training into practice.

The use of procedures ensures that there is a consistent response to reports of elder abuse and to the handling of cases. Procedures are designed in a way that enables assessments and investigations to be handled sensitively, appropriately and with confidence.

The training you have received here should also help you to:

recognise and to develop the skills necessary for the identification of elder abuse: the ability to gather information in a sensitive way, to understand the older person's thoughts and feelings about the situation and to build a trusting relationship.

These skills are crucial to the success of any initiative: practitioners report that identification of elder abuse (and intervention to address it) is a process rather than a one-off event and depends to a great extent on establishing a trusting relationship.

### Further questions and information

If you have any remaining questions or if you feel that anything is not clear, please speak with the training session facilitator or your line manager.