

# RESPECT

## PARTICIPANTS' EXPERIENCE OF THE RESPECT TO PREVENT ELDER ABUSE WORKSHOPS



**S.T.AGE**

SOCIO-DRAMA TACKLING AGEISM, PREVENTING ABUSE



Erasmus+

The "S.T.AGE" project is funded by Erasmus+  
KA2 under Grant Agreement  
2015-1-IE01-KA204-008632  
[www.stageproject.eu](http://www.stageproject.eu)



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# CONTRIBUTORS

**Seamus Quinn**, The Gaiety School of Acting (*Ireland*)

**Anna Kadzik-Bartoszewska**, The Gaiety School of Acting (*Ireland*)

**Marita O'Brien**, Age Action (*Ireland*)

**Sam O'Brien-Olinger**, Age Action (*Ireland*)

**Justin Moran**, Age Action (*Ireland*)

**Licia Boccaletti**, Anziani e non solo (*Italy*)

**Salvatore Milianta**, Anziani e non solo (*Italy*)

**Giulia Casu**, Anziani e non solo (*Italy*)

**Ioana Caciula**, Asociatia HABILITAS Centru de Resurse si Formare Profesionala (*Romania*)

**Rodica Caciula**, Asociatia HABILITAS Centru de Resurse si Formare Profesionala (*Romania*)

**Henriikka Laurola**, Suvanto – For a Safe Old Age (*Finland*)

**Sirkka Perttu**, Suvanto – For a Safe Old Age (*Finland*)

# TABLE OF CONTENTS

INTRODUCTION	6
<b>1. THE METHODOLOGY USED IN PILOTING THE PROGRAMME</b>	<b>7</b>
THE DESIGN	7
AN OUTLINE OF THE PROCESS USED TO GATHER DATA FROM CARE STAFF	8
PROCESS USED TO GATHER DATA FROM CARE RECIPIENTS	9
<b>2. SUMMARY OF OUTCOMES AND RECOMMENDATIONS</b>	<b>10</b>
STATISTICAL ANALYSIS	10
RESULTS OF THE PILOTING FOR HEALTH CARE PROFESSIONALS	10
RESULTS OF THE PILOTING FOR CARE RECIPIENTS	14
QUALITATIVE FEEDBACKS FROM THE PILOTING	17
CONCLUSIONS	22
<b>APPENDIX: DETAILED REPORTS FROM EACH PARTNER COUNTRY</b>	
<b>THE FINNISH PILOTING</b>	<b>24</b>
SITE ONE - REFLECTION	24
SITE TWO - REFLECTION	26
<b>THE IRISH PILOTING</b>	<b>29</b>
SITE ONE - REFLECTION	29
SITE TWO - REFLECTION	33
SITE THREE - REFLECTION	39
SITE FOUR - REFLECTION	44
SESSION FOUR	46
<b>THE ITALIAN PILOTING</b>	<b>49</b>
SITE 1 – REFLECTION	49
SITE 2 – REFLECTION	52
SITE 3 – REFLECTION	55
SITE 4 – REFLECTIONS	59
SUMMARY OF SUGGESTED CHANGES TO IMPROVE PROGRAMME	63
<b>THE ROMANIAN PILOTING</b>	<b>65</b>
SITE ONE - REFLECTION	65
SITE TWO - REFLECTION	70
SITE THREE - REFLECTION	75
WORKSHOP 4: 'LET'S PUT THE LEARNING INTO PRACTICE'	81
<b>ANNEXES</b>	
ANNEX 1: EVALUATION FORM PROFESSIONALS	83
ANNEX 2: EVALUATION FORM RESIDENTS	84

# INTRODUCTION

The “Respect to prevent” programme is based on the theory of Generational intelligence. This approach acknowledges that generational identities exist between socially and self-defined age groups and as a consequence similarities and differences, as well as conflict and solidarity, can develop between those groups. Biggs and Lowenstein<sup>1</sup> (2011) propose the concept of generational intelligence as way of understanding elder abuse. Generational intelligence is specifically The ability to reflect and act, which draws on an understanding of one’s own and others’ life-course, family and social history, placed within its social and cultural context.

Biggs and Lowenstein (2011) argue that this lack of awareness of generational complexity culminates in treating people from the older generation as not having the same rights as the rest of society. Relationships are viewed as an intergenerational space. To become generational aware or intelligent, one must become aware of one’s personal generational identity, building empathy towards persons from other generations by understanding their values and needs, and also acting in a way that takes into account generational differences. Shifting from conflict to solidarity between generations requires compromise and the equal recognition of priorities, not only within families, but also in care settings.

The “Respect to prevent” programme aims to increase generational intelligence among participants in the training as a means to prevent elder abuse. It works by increasing empathy among care workers for the people in their care and by empowering older people to refuse to accept poor treatment.

More specifically, as far as older persons are concerned, the aim of the workshops is to support them to better understand their human rights, enabling them to recognize abusive behavior, overcome their fear of repercussions and give them the confidence to take action. The goal for formal carers is to build empathy and respect to broaden their understanding of ageism and promoting self-care.

After the development of the “Respect to prevent” education programme, which was the second outcome of the STAGE project, the project moved to the evaluation stage. In each country the Respect to Prevent programme was piloted in three settings. Ten to fifteen participants took part in each workshop. Participants included managers, formal carers and older persons. These were used to gather their experiences of participating in the programme and, in this way, test our methodology to assess its effectiveness, its capacity to engage target groups success in communicating the desired messages and identify learning outcomes.

This report outlines the outcomes of the piloting in Ireland, Italy, Finland and Romania.

Chapter two summarizes and compares the results achieved in the different countries, while chapter three onwards includes detailed reporting and data analysis for each country-context.

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1 Biggs, S. & Lowenstein, A., (2011) *Generational Intelligence – A Critical Approach to Age Relations*. New York: Routledge

# 1 THE METHODOLOGY USED IN PILOTING THE PROGRAMME

## THE DESIGN

Participants were recruited using convenience sampling in three different residential care facilities in each partner country – 12 sites overall.

In total, 205 people participated in the piloting of the programme:

- 118 care professionals, i.e. nurses, , nurse assistants, other (physiotherapists, social workers, home care workers, housekeeping and catering staff)
- 87 care recipients
- 12 managers

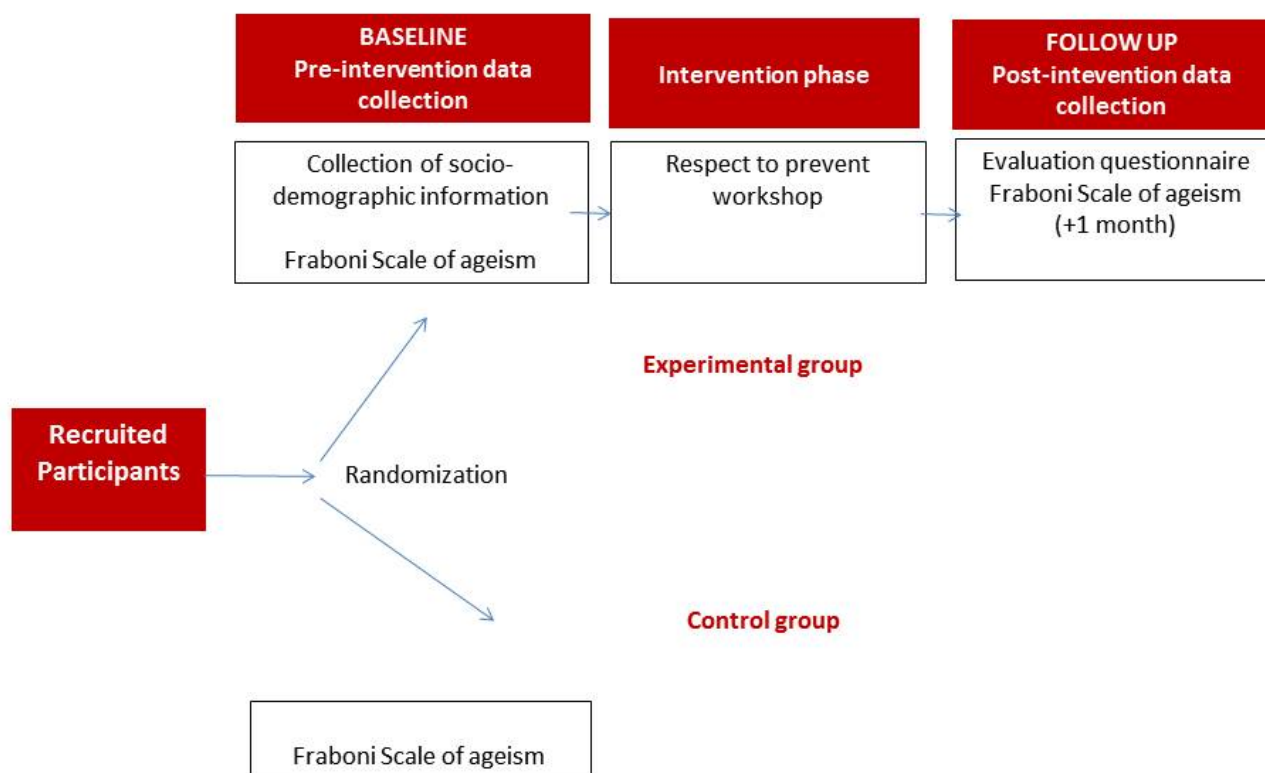
A group of 111 additional formal care workers was used as control group.

At the beginning of the programme care staff were asked to complete the Fraboni Scale of Ageism to establish a baseline against which the training could be evaluated.

A cluster-randomised controlled trial was used with baseline data collected from participants (T0) and follow up data collected from the experimental group (T1) within one month of participating in the workshop. See Figure One

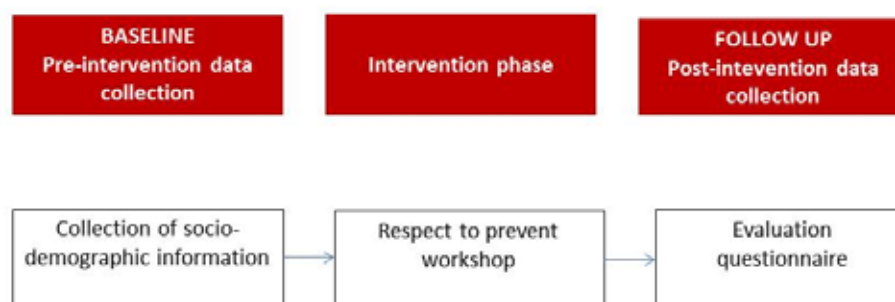


**Figure One: Data collection method from formal carers**



Ethical considerations related to the health status of older people meant that a randomised trial using a control group was not possible. The collection of data to measure the impact of the training was therefore based on a questionnaire which collected information on whether older people's knowledge of human rights improved and whether their perceived capacity to act to protect themselves was enhanced. See Figure Two

**Figure Two: Data collection method from care recipients**



## AN OUTLINE OF THE PROCESS USED TO GATHER DATA FROM CARE STAFF

### BASE-LINE DATA COLLECTION

All participants (experimental and control group) were asked to complete the Fraboni Scale of Ageism. The experimental group also provided socio-demographic information" as further down we say that cant say for definite change in attitude due to workshop as didn't collect socio-demographic details from control group.



The three-factor Fraboni Scale of Ageism (FSA; Fraboni et al., 1990) measures the affective component of ageist attitudes. It includes 19 statements and participants are asked to indicate their attitude to each statement on a 4-point scale (from 1 = completely disagree to 4 = completely agree). This assesses both their attitudinal beliefs — via descriptive statements (e.g., “Many old people just live in the past”) — and discriminatory behavior (*avoidance*; e.g., “I sometimes avoid eye contact with old people when I see them”).

There are three subscales measuring separation and avoidance (six items, e.g., “I don’t like it when old people try to make conversation with me”), stereotypes and antilocution (eight statements, e.g., “Old people complain more than other people do”), and affective attitudes and discrimination (five inverse items; e.g., “The company of most old people is quite enjoyable”).

## INTERVENTION GROUP

The intervention group participated in the “Respect to Prevent” workshop for professionals, as set out in Respect to Prevent Education and Training Handbook (Outcome 2 of the STAGE project), adapted to local context. The control group did not participate in the workshops.

## PROCESS ANALYSIS

During the experimental intervention an observer attended the staff workshops and noted the interaction between participants and facilitators. Care staff also completed an evaluation form at the end of the workshop. (See annex 1)

## FOLLOW-UP

Within two weeks after of participating in the “Respect to Prevent” workshop, participants were asked to complete the Fraboni Scale of Ageism a second time.

# PROCESS USED TO GATHER DATA FROM CARE RECIPIENTS

## INTERVENTION GROUP

Care recipients participated in the “Respect to prevent” workshop for older persons, as set out in Respect to Prevent Education and Training Handbook (Outcome 2 of the STAGE project), adapted to local context

## PROCESS ANALYSIS

During the workshop an observer noted the interaction between participants and facilitators, and how participants engaged with the different activities. Participants were also asked to complete an evaluation form (See annex 2).

# 2 SUMMARY OF OUTCOMES AND RECOMMENDATIONS

## STATISTICAL ANALYSIS

Multivariate and univariate analyses of variance were performed to compare scores in the Fraboni Scale of Ageism subscale and total scale scores between control and intervention groups (using follow-up scores), also taking the relevant country characteristics into account.

Workshop evaluations by participants (professionals and care recipients) from different countries were compared using univariate analyses of variance.

Bonferroni post-hoc comparisons were performed in case the country in which the workshop took place affected the dependent variable.

Interpretation of results was based on both statistical significance (significance level set at  $p < 0.05$ ) and measures of effect size, with Cohen's  $d$  of 0.20 considered small, 0.50 medium, and 0.80 large (Cohen, 1988<sup>2</sup>). Analyses were performed with IBM SPSS 20 (SPSS Inc., Chicago, IL).

## RESULTS OF THE PILOTING FOR HEALTH CARE PROFESSIONALS

### PARTICIPANTS

A total of 94 workshop participants were asked to complete the Fraboni Scale of Ageism to act as a baseline. Of these, 78 (83%) completed the Fraboni Scale of Ageism again at the follow-up stage. Five

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2 Cohen J. (1988) *Statistical power analysis for the behavioral sciences*, 2nd edn. Lawrence Erlbaum, New Jersey, NJ.

health care professionals from Finland, eight from Italy, and three from Romania did not recomplete the Fraboni Scale of Ageism .

Professionals who completed the Fraboni Scale of Ageism, at both baseline and follow-up, were mostly women (72%), nurses or practical nurses (36%), aged more than 43 years (59%), with more than 10 years of professional experience (46%), and were native speakers of the national language (72%). Detailed characteristics by country are displayed in Table 1.

**Table 1. Characteristics of professionals who completed the Fraboni Scale of Ageism twice**

	<b>FINLAND (N = 15)</b>	<b>IRELAND (N = 27)</b>	<b>ITALY (N = 32)</b>	<b>ROMANIA (N = 4)</b>	<b>TOTAL (N = 78)</b>
<b>GENDER</b>					
Women	15 (100)	12 (44.4)	25 (78.1)	4 (100)	56 (71.8)
Men	-	8 (29.6)	7 (21.9)	-	15 (19.2)
<b>AGE</b>					
18-30	2 (13.3)	2 (7.4)	4 (12.5)	-	8 (10.3)
31-43	4 (26.7)	6 (22.2)	7 (21.9)	-	17 (21.8)
44-56	5 (33.3)	8 (29.6)	16 (50)	3 (75)	32 (41)
≥ 57	4 (26.7)	4 (14.8)	5 (15.6)	1 (25)	14 (17.9)
<b>PROFESSIONAL ROLE</b>					
Nurse/ practical nurse	12 (80)	7 (25.9)	7 (21.9)	2 (50)	28 (35.9)
Assistant nurse		4 (14.8)	21 (65.6)	2 (50)	25 (32.1)
Other	3 (20)	9 (33.3)	4 (12.5)	-	25 (32.1)
<b>PROFESSIONAL EXPERIENCE</b>					
1-5 years	7 (46.7)	8 (29.6)	7 (21.9)	-	22 (28.2)
5-10 years	3 (20)	6 (22.2)	5 (15.6)	-	14 (17.9)
≥ 11 years	5 (33.3)	11 (25.9)	20 (62.5)	4 (100)	36 (46.2)
<b>MOTHER TONGUE</b>					
Yes	13 (86.7)	14 (51.9)	25 (78.1)	4 (100)	56 (71.8)
No	2 (13.3)	6 (22.2)	7 (21.9)	-	15 (19.2)

*Note. n (%). Total percentages may not add up to 100 due to missing values.*

## COMPARISONS IN AGEISM

Mean scores in the Fraboni Scale of Ageism at baseline and follow-up (n = 78) are shown in Table 2.

When comparing follow-up scores for the intervention groups (n = 78) with baseline scores for the control groups (n = 111), there was a significant difference in affective attitude and discrimination. Participants in the workshop reported slightly (Cohen's  $d = 0.20$ ) lower negative affective attitudes

and discrimination against older persons than the control group at the follow-up assessment, regardless of country [ $F(1,179) = 7.12, p = 0.008$ ]. This difference was not significant at the baseline [ $F(1,178) = 3.38, p = 0.07$ ].

Thus, participating in the workshop might be effective in reducing negative attitudes and discrimination against older persons for health care professionals, independent of country. Nevertheless, it must be noted that it cannot be excluded that other variables, such as gender, age, professional roles or experience might contribute to the difference, since socio-demographic and professional variables of control subjects were not collected.

There was a nearly significant difference between intervention and control groups in total ageism scores [ $F(1,181) = 3.87, p = 0.05$ ], with professionals in the intervention group showing slightly (Cohen’s  $d = 0.30$ ) lower levels of ageism at the follow-up assessment than professionals in the control group. This was, nonetheless, more likely due to pre-workshop differences between groups in overall ageism scores [ $F(1,181) = 6.04, p = 0.02$ ], than their participation in the workshop.

Mean scores of control groups are presented in Table 2.

Table 2. Intervention group scores in the Fraboni Scale of Ageism at baseline and follow-up

	FINLAND (N = 15)			IRELAND (N = 27)			ITALY (N = 32)			ROMANIA (N = 4)			TOTAL (N = 78)		
	BASELINE	FOLLOW-UP	CG	BASELINE	FOLLOW-UP	CG	BASELINE	FOLLOW-UP	CG	BASELINE	FOLLOW-UP	CG	BASELINE	FOLLOW-UP	CG
Stereotypes	2.0 (0.3)	1.9 (0.4)	2.2 (0.4)	2.1 (0.5)	1.9 (0.6)	2.0 (0.5)	2.3 (0.4)	2.3 (0.4)	2.4 (0.3)	2.2 (0.3)	2.6 (0.8)	2.4 (0.4)	2.2 (0.5)	2.1 (0.6)	2.2 (0.5)
Separation	1.3 (0.3)	1.3 (0.2)	1.5 (0.5)	1.3 (0.5)	1.6 (0.6)	1.9 (0.7)	1.6 (0.4)	1.6 (0.6)	1.6 (0.4)	1.8 (0.2)	2.0 (0.6)	1.9 (0.5)	1.4 (0.4)	1.6 (0.6)	1.7 (0.6)
Affective attitude	1.6 (0.5)	1.5 (0.4)	1.7 (0.6)	1.5 (0.4)	1.7 (0.5)	1.7 (0.7)	1.9 (0.4)	1.9 (0.5)	2.0 (0.4)	2.1 (0.4)	1.7 (0.4)	2.5 (1.3)	1.7 (0.5)	1.7 (0.5)	1.8 (0.6)
Total	1.6 (0.3)	1.6 (0.3)	1.8 (0.4)	1.6 (0.3)	1.7 (0.5)	1.9 (0.4)	1.9 (0.4)	1.9 (0.4)	2.0 (0.3)	2.0 (0.1)	2.1 (0.5)	2.3 (0.5)	1.8 (0.4)	1.8 (0.4)	1.9 (0.4)

Note. Average score (Standard Deviation). CG = Control Group (Finland:  $n = 22$ ; Ireland:  $n = 42$ ; Italy:  $n = 42$ ; Romania:  $n = 5$ ; Total:  $n = 111$ )

## PROFESSIONALS' EVALUATIONS

At the end of the workshop, professionals responded to nine evaluation statements using a 5-point scale ranging from 1 = “completely disagree” to 5 = “completely agree”. A total of 111 staff members who had participated in the workshops completed the evaluation questionnaire. Mean scores are presented in Table 3.

Mean evaluations were generally high in the whole sample. The most positive scores were for the reported satisfaction with the workshop, and the least positive scores concerned their perceived ability to help older people change things in ways they want.

There were significant differences between countries in seven out of nine statements, with significant post-hoc pairwise comparisons in six out of nine.

The perceived ability to identify human rights and to put themselves in the shoes of an older person reported by Romanian professionals was significantly higher than that reported by Finnish (item 1: Cohen's  $d = 1.07$ ; item 2: Cohen's  $d = 0.89$ ) and Italian (item 1: Cohen's  $d = 1.41$ ; item 2: Cohen's  $d = 0.84$ ) professionals. Irish professionals strongly perceived themselves as more able to identify human rights than Italian professionals (Cohen's  $d = 0.70$ ).

Irish (Cohen's  $d = 0.87$ ) and Romanian (Cohen's  $d = 0.77$ ) professionals perceived an increased ability to help older people to express their opinions and that was much higher than that perceived by Finnish professionals. Irish professionals also reported that they had increased their ability to recognise older people as valued significantly more than Finnish professionals (Cohen's  $d = 0.78$ ).

Romanian professionals scored substantially higher than Finnish (Cohen's  $d = 1.13$ ) and Italian (Cohen's  $d = 1.01$ ) professionals in their ability to help older people to change things in ways they want.

Irish (item 7: Cohen's  $d = 1.32$ ; item 8: Cohen's  $d = 0.93$ ), Italian (item 7: Cohen's  $d = 0.71$ ; item 8: Cohen's  $d = 0.65$ ), and Romanian (item 7: Cohen's  $d = 1.13$ ; item 8: Cohen's  $d = 1.13$ ) professionals believed that the workshop helped them to be more conscious of human rights of older people. It also provided them with new ideas to promote dignity and respectful relations with older persons at much higher levels than the Finnish professionals.

Professionals from different countries equally considered drama methods as effective tools to change attitudes and behaviours and to better understand older people's feelings. They were also equally, highly, satisfied with the workshop.

**Table 3. Workshop evaluations by professionals**

	FINLAND (N = 32)	IRELAND (N = 29)	ITALY (N = 39)	ROMANIA (N = 21)	TOTAL (N = 121)	GROUP DIFFERENCES
1. I CAN IDENTIFY HUMAN RIGHTS ISSUES IN MY WORK	4.2 (0.7)	4.4 (0.6)	3.9 (0.8)	4.8 (0.4)	4.3 (0.7)	$F(3,116) = 9.35^{***}$
2. I CAN PUT MYSELF IN THE SHOES OF AN OLDER PERSON	3.8 (0.9)	4.3 (0.7)	3.8 (0.9)	4.5 (0.5)	4.1 (0.8)	$F(3,117) = 5.34^{**}$

3. I AM MORE ABLE TO HELP OLDER PEOPLE TO EXPRESS THEIR OPINIONS AND WILL	3.8 (0.7)	4.4 (0.7)	4.2 (0.8)	4.3 (0.6)	4.1 (0.8)	$F(3,117) = 5.03^{**}$
4. I CAN MORE EASILY RECOGNISE OLDER PERSONS AS VALUED	4.1 (0.7)	4.6 (0.6)	4.2 (0.9)	4.6 (0.5)	4.3 (0.7)	$F(3,117) = 4.00^{**}$
5. I AM NOW ABLE TO HELP OLDER PEOPLE CHANGE THINGS IN WAYS THEY WANT	3.6 (0.7)	4.1 (1.1)	3.7 (0.7)	4.3 (0.6)	3.9 (0.8)	$F(3,116) = 5.10^{**}$
6. DRAMA METHODS ARE EFFECTIVE TOOLS TO RAISE AWARENESS TO CHANGE ATTITUDES AND BEHAVIOURS AND TO BETTER UNDERSTAND OLDER PEOPLE'S FEELINGS	4.1 (0.8)	4.3 (0.8)	4.1 (0.8)	4.3 (0.6)	4.2 (0.8)	$F(3,116) = 0.64^{ns}$
7. THE WORKSHOP HELPED ME TO BE MORE CONSCIOUS OF THE HUMAN RIGHTS OF OLDER PEOPLE	3.7 (0.9)	4.6 (0.6)	4.2 (0.7)	4.5 (0.5)	4.2 (0.8)	$F(3,116) = 11.26^{***}$
8. I GOT NEW IDEAS TO PROMOTE DIGNITY AND RESPECTFUL RELATIONS WITH OLDER PERSONS	3.6 (0.9)	4.4 (0.8)	4.2 (0.7)	4.5 (0.5)	4.1 (0.8)	$F(3,113) = 7.79^{***}$
9. I AM VERY SATISFIED WITH THE WORKSHOP	4.3 (0.8)	4.6 (0.5)	4.5 (0.6)	4.6 (0.5)	4.5 (0.6)	$F(3,112) = 1.70^{ns}$

Note: Average score (Standard Deviation);  $ns > 0.05$ ;  $*p < 0.05$ ;  $**p < 0.01$ ;  $***p \leq 0.001$

## RESULTS OF THE PILOTING FOR CARE RECIPIENTS

At the end of the workshop, care recipients responded to 12 evaluation statements, rated on a 3-point scale ranging from 1 = disagree to 3 = agree. Care recipients' mean scores are presented in Table 4.

Older persons evaluated as important raising awareness of human rights among older people. They

enjoyed the methods used and felt respected in the workshop, which was considered not physically or emotionally tiring. There were no differences identified between countries.

Regardless of country, care recipients felt afterwards that they could talk to someone if concerned about possible violations of human rights, thought that they could better recognise incorrect behaviour in their environment and that they knew how to make positive changes to improve wellbeing in their nursing home.

Although differences between countries were generally not significant, mean scores of Italian care recipients in their perceived capacity to give feedback and proposals for change in the nursing home were near the neutral attitude, as were Finnish residents' scores in the perception of having learned something new at the workshop.

There were differences between countries in two out of 12 items. Italian care recipients considered that they had gained more understanding of the human rights of older persons at a higher rate than Irish (Cohen's  $d = 0.70$ ) care recipients, yet considered that respectful behaviour was important in their care environment less strongly than Irish (Cohen's  $d = 0.79$ ) and Romanian (Cohen's  $d = 1.04$ ) care recipients.

**Table 4. Workshop evaluations by care recipients**

	FINLAND (N = 9)	IRELAND (N = 40)	ITALY (N = 19)	ROMANIA (N = 19)	TOTAL (N = 87)	GROUP DIFFERENCES
1. RAISING AWARENESS OF HUMAN RIGHTS AMONGST OLDER PEOPLE IS IMPORTANT	3 (0)	3 (0.2)	3 (0)	2.9 (0.2)	3 (0.2)	$F(3,83) = 0.46\text{ns}$
2. I GAINED MORE UNDERSTANDING OF THE HUMAN RIGHTS OF OLDER PERSONS	2.9 (0.3)	2.4 (0.9)	2.9 (0.3)	2.8 (0.4)	2.6 (0.7)	$F(3,83) = 4.07^*$
3. I FEEL I CAN TALK TO SOMEONE SHOULD I HAVE CONCERNS ABOUT POSSIBLE VIOLATIONS OF HUMAN RIGHTS	2.9 (0.3)	2.7 (0.7)	2.6 (0.7)	2.8 (0.5)	2.7 (0.6)	$F(3,83) = 0.62\text{ns}$
4. I FEEL I CAN GIVE FEEDBACK AND PROPOSE CHANGES IN MY NURSING HOME	3 (0)	2.6 (0.7)	2.4 (0.8)	2.6 (0.8)	2.6 (0.7)	$F(3,79) = 1.36\text{ns}$
5. I KNOW HOW I CAN MAKE POSITIVE CHANGES TO IMPROVE MY WELLBEING IN THE NURSING HOME	2.6 (0.7)	2.6 (0.6)	2.5 (0.5)	2.7 (0.6)	2.6 (0.6)	$F(3,75) = 0.42\text{ns}$
6. I CAN BETTER RECOGNISE INCORRECT BEHAVIOUR IN MY CARE ENVIRONMENT	2.8 (0.7)	2.7 (0.6)	2.7 (0.7)	2.9 (0.3)	2.8 (0.5)	$F(3,81) = 0.49\text{ns}$
7. RESPECTFUL BEHAVIOUR IS IMPORTANT IN MY CARE ENVIRONMENT	3 (0)	2.9 (0.2)	2.6 (0.8)	3 (0)	2.9 (0.5)	$F(3,81) = 4.95^*$
8. I FELT THE METHODS USED IN THE WORKSHOP WERE ENJOYABLE	2.9 (0.3)	2.8 (0.6)	3 (0)	2.9 (0.2)	2.9 (0.4)	$F(3,82) = 1.24\text{ns}$



9. I LEARNED SOMETHING NEW IN THE WORKSHOP	2.4 (0.7)	2.7 (0.7)	2.7 (0.6)	2.9 (0.3)	2.7 (0.6)	F(3,81) = 1.27ns
10. I FELT RESPECTED IN THE WORKSHOP	3 (0)	2.9 (0.2)	3 (0)	2.9 (0.2)	3 (0.2)	F(3,80) = 0.50ns
11. THE WORKSHOP WAS PHYSICALLY TIRING FOR ME	1.4 (0.7)	1.4 (0.8)	1.3 (0.7)	1.7 (0.9)	1.4 (0.8)	F(3,81) = 0.89ns
12. THE WORKSHOP WAS EMOTIONALLY TIRING FOR ME	1.6 (0.8)	1.4 (0.7)	1.2 (0.5)	1.5 (0.8)	1.4 (0.7)	F(3,80) = 0.55ns

**Note:** Average score (Standard Deviation);  $nsp > 0.05$ ;  $*p \leq 0.01$

# QUALITATIVE FEEDBACKS FROM THE PILOTING

## GROUP DYNAMICS, ATMOSPHERE AND MOOD

The group dynamics were different among and within partner countries.

As far as staff members were concerned, while some groups had a positive attitude from the beginning towards the training sessions, others were more reluctant.

This can be explained by the different recruitment strategies used. Although the general guidelines indicated that participation should have been voluntary, this was not always the case as in some facilities participants were chosen by managers.

Nevertheless, most pilot workshops reported that as the session progressed, the atmosphere, became more relaxed. Only in few cases were the groups described as remaining somewhat disengaged and not committed to the training.

Concerning older persons, the group dynamics and atmospheres were described in all cases as respectful and positive, although in some cases moments of sadness or strong emotional responses occurred. Generally speaking, it should be underlined that the characteristics of group dynamics among older persons were also influenced by their impairments, with some participants being, for example, non-vocal, or having difficulties in maintaining their concentration. However, all groups responded well and were able to engage in meaningful and respectful discussions with others.

## WHAT WORKED WELL

As far as staff members were concerned, the feedback was generally very positive about the methodology used (which they found engaging) and especially about the use of role playing/ sociodrama. There was a general agreement that it would be good to devote more time to this session of the workshop and to discussion of what was learnt. In Italy and Finland participants suggested there should be more time on the context of human rights as many were unfamiliar with this concept.

For older persons it was more difficult to collect explicit feedback, due to their impairments. However, facilitators noted non-verbal expressions of satisfaction in most of the participants. Those who were able to verbalise, said that they enjoyed the training and that they are now more aware of their rights and they know that they can actually ask for changes in their facility.

## RECOMMENDATIONS TO IMPROVE THE PROGRAMME

### PROFESSIONALS

#### PREPARATION

It is important to make sure that the pre-workshop material is read. This must be communicated to the facility's management.

- It is useful for the facilitators to have ready discussion aids and predetermined questions to support and guide participants through the concepts explored in the workshops.

- Staff appreciate receiving certificates of participation.

## LOGISTICS

- In order to carry on the sessions effectively, it is necessary that the chosen room is private and quiet with no distractions.

## TIME SCHEDULE

- Facilitators should make sure that the workshops start on time and that all participants can stay until the end of the session.
- It is important to keep an eye on timing for each stage as there is a real risk that some activities exceed their allocated time.
- The length of time allocated for the workshop should be increased by 30 minutes to allow more time for detailed discussion on each topic.

## PARTICIPANTS

- Attendance of staff from different work strands who interact with residents works well, but where people do not work with residents this can impact on staff engagement in workshop.
- It is important to make sure that supervisors do not attend the workshop and to emphasise facilitators' commitment to confidentiality, as otherwise participants may feel constrained in what they can contribute.
- Facilitators should be conscious that staff may become defensive if they feel they are being criticised and should have a strategy ready to avoid this.

## STAFF WORKSHOP

### GENERAL REMARKS

- Although the experiential approach of the workshop has been appreciated by all participants, in order to make it even more effective, it is necessary to dedicate time and attention to explain the meaning of each activity and link it with the general topic of human rights and Generational Intelligence (GI).
- The concept of human rights is not necessarily familiar to all participants; it is important to take this into account and to be ready to provide an introduction to the subject.
- The concept of GI should be introduced right at the beginning and it is important to suggest ways of building it in institutions

### WARM UP:

- The "Throwing balls" exercise represents how we juggle life and how stressful the work of care

professionals can be, but it may be necessary to remind participants that the resident's needs are central;

- The “Anyone who?” exercise highlights common experiences staff share (their generation) and their priorities. It is then useful to ask if these are the same for residents?

### *TRIANGLE OF NEEDS:*

- This exercise has worked well in all contexts, however it is advisable – when looking at basic and emotional needs – to keep linking them to supporting older people to have human rights met. It is useful to make it more tangible/ less nuanced.

### *GUIDED WALK / TAKE MY SHOULDER:*

- If the facilitators are under time pressure they could change the approach to the exercises so that instead of each participant leading and following for both, one leads for the first exercise and the other for the second.

### *SOCIO-DRAMA*

- The Facilitator should introduce the role-play for the socio-drama exercise while connecting it with the rights and needs already established by the participants.
- It is necessary to stress at the beginning that it is fictional and exaggerated for effect.
- Although we are aware that it might not be always possible, we think the workshop would significantly benefit if this session was performed by someone with an acting background.
- Participants should be asked to think about the meeting older people's human rights and the level of generational intelligence within the socio-drama, and then asked to identify these in the follow up
- Develop discussion around the rights of older persons in the facility and how these could be changed.
- There is a need to guide discussion to focus on specific human rights, in particular privacy, choice, voice and autonomy.
- Some participants expressed an interest in exploring more than one situation with the socio-drama method, so it may be useful to develop more scenarios.
- It might be useful to have more time for group discussions around this theme.

### *CONCLUSION*

- As a workshop based on experiential learning, there is a need to conclude with a final session where we de-brief, summarise the outcomes and conceptualise them for participants.
- A separate session/activity/exercise on changes that should/could be made in the facility, from perspective of staff, could be maybe introduced. It is important to stress out the ability to change and to empower them to do this.

# RESIDENTS

## PREPARATION

- We found it useful to go and meet residents prior to the training session. It was important for the facilitators to be aware of any issues to be taken in account, but also for the older persons because we were not completely “new faces” and it made the warm-up easier.
- Take time to meet residents individually and to remind them what the workshop is about.
- Request staff have organized for medical needs of participants be met prior to workshop to avoid interruptions

## LOGISTICS

- Ensure the workshop times do not conflict with visits by friends or relatives.
- The location for the workshop should be appropriate, not in a place where other people are coming and going.

## TIME SCHEDULE

- When and where possible the older residents workshop should be delivered first. For the staff, seeing the residents’ reaction after participating in the session increases their interest. The facilitators are also in a better position to understand the needs of the residents and get a sense of the facility. Putting the needs of the older adult first reflects the ethos of the whole Respect to Prevent programme.

## PARTICIPANTS

- Although many of our older participants had some level of impairment (physical, cognitive or both) they all managed to participate in the workshop. Facilitators should be prepared in advance to adjust their approach or presentations to enable those with special needs to participate.
- It is important to be ready to manage feelings of sadness and frustration among residents.
- If the situation occurs where some residents are frustrated with other residents in the group, it is an opportunity for the facilitator to highlight the importance of that person’s human rights and needs, no matter how annoying it can be for others.
- Staff should not be present to residents’ workshop, as it influences participation

# THE WORKSHOP

## GENERAL REMARKS

- Ensure that everybody has an opportunity and time to speak, not one person monopolizing the conversation.
- Stress that, even if there are opinions contrary to everyone else, the person has the right to speak

up.

- In many cases older residents have deep-seated patterns of coping with inappropriate attitudes or they feel helpless and unable to change their situation. It is therefore important to frequently emphasize how change is possible.

### *WARM-UP*

- The warm-up exercise is important to create a positive atmosphere of trust. Where residents have difficulty identifying their proudest moment, other moments such as 'special moment, could be substituted. Where there is no interaction between residents, a more interactive activity may be required.

### *BODY MAP*

- This exercise worked well with all groups, however it is important to be more direct in identifying human rights.
- The concept of "human rights" might not be familiar to all older persons and a bit difficult to understand. It might be necessary to re-phrase it or to explain it with different concepts and resources (for example, "what makes your life worth living?").

### *SOCIO-DRAMA*

- It is important to dedicate some time to explain how socio-drama works and that the scene is fictional and exaggerated for effect. Stress the scene is not a reflection of the residential setting. This is especially true in case of participants with cognitive impairment or dementia, who might feel scared by observing the "negative" version of the situation.
- Introducing the socio-drama explain that it is an example of how rights can be denied. After it, ask participants what rights they think have been denied

### *CONCLUSION*

- At the end of the training, it might be nice to prepare a small gift for participants (for example, a nice photo with a poem about older persons) or a certificate. This concludes the session in a positive way and leaves them something tangible as proof of their participation.
- Providing residents with a copy of the completed triangle might be a useful tool to help them remember their rights.
- We found that it was important to collect final feedback individually, in a confidential setting, as this might be the place where they will mention something they didn't feel they could share with the whole group.

# CONCLUSIONS

In the facilities that participated in the pilot programme both staff and residents took for granted that ageing means limiting your rights to freedom, autonomy, choice and voice.

Also, in most countries, participants were not familiar with the concept of human rights as associated with elderly care and elder abuse. It was perceived to be very abstract and far from their realities.

Thanks to their participation in the Respect to Prevent training, it appears that staff and residents were able to develop a common language around human rights. They became aware of human rights in real life, in their home or workplace and ultimately they were able to rethink human rights as something tangible.

We are aware that infringements of human rights of older persons are not only caused by ageist attitudes among staff. It is wrong to rely solely on the personal commitment of individual members of staff as a safeguard to protect and promote residents' human rights. Nevertheless, that personal commitment is essential if care facilities are to be a safe place for older persons that protects their dignity.

The Respect to Prevent programme, has certainly contributed to reach its goal of raising awareness of human rights, by providing participants with a greater awareness of their human rights, the capacity to change their attitudes and, ultimately to change their behaviour. The methodology used in the Respect to Prevent programme provided staff and older people, but particularly older people with a safe space to think about, share and voice experiences where their human rights may not have been met. As one participant said the workshop was an opportunity to *"hear people that you thought won't talk normally, relaxing and people being able to share"*.



# APPENDICES

DETAILED REPORTS FROM  
EACH PARTNER COUNTRY

# THE FINNISH PILOTING

## SITE ONE - REFLECTION

The two staff workshops took place in a private nursing home in Oulu in North Finland on the 10 January 2017 and 24 January 2017 from 1pm to 3pm.

The nursing home offers institutional and respite care and day care for persons with memory disabilities and rehabilitation and physiotherapy. It also offers support for the informal carers (family members, usually the spouses) and has rental apartments for the older persons. There are 38 nursing professionals working in the nursing home.

## STAFF WORKSHOPS

Before the staff workshops the director of the nursing home participated in the information session. She got all the information about the project, activities and the workshops. After that she participated in the staff workshop.

Nine (9) staff members participated in the first workshop and twelve (12) in the second workshop including the director, nurses, practical nurses, physiotherapists and maintenance workers from the cleaning and kitchen (21 altogether).

## *GROUP DYNAMICS, ATMOSPHERE AND MOOD*

In both workshops the participants took part in all the elements actively, showed interest and their overall interaction together was quite open and sharing. They seemed to love doing things together. One reason for that might be that all knew each other well.

They did the socio drama carefully but didn't share a lot of their feelings and thoughts, however they seemed to discuss intently during the exercise.

The workshop took part in the meeting room which was quiet without any outside disturbances. That helped participants to concentrate in the training. The atmosphere was spontaneous and communicative in the workshop.

### *WHAT WORKED WELL?*

Especially the warm up game "Chairs" / "Anyone Who" worked well: the participants enjoyed and had fun.

We didn't do the warm up "Catch my name" because the participants knew each other well. Also the Triangle's two lower parts worked well.

Really many of the professionals were excited about socio-drama and would like to have more different socio-drama/forum theater performances/situations. They felt it was easy to participate in socio-drama even no past experiences of that.



### *WHAT COULD BE IMPROVED AND HOW?*

Some hoped to have a brief introduction of human rights issues, because that is not a general aspect to elderly care or elder abuse in Finland. It was difficult for them to connect the Basic and Emotional needs

with the Self-Fulfilment/Self-Actualisation of the Triangle. The Triangle itself is familiar to the staff because it is in use in the basic vocational education. One reason is that human rights are not a general aspect in vocational education in Finland.

Some professionals felt that the time for the workshop should be longer. Also there should have been more time for the evaluation questionnaire. They filled in the form quickly and most of the participants didn't fill in the open questions.

### *WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?*

They wanted more socio drama and time. Perhaps the most important feedback was that a brief introduction of human rights would have been relevant.

## **RESIDENTS' WORKSHOP**

Five (5) residents took part in the workshop, two women and three men. The age groups of women were 70-74 years and 80—84 years. The men were in the age groups of 70 – 74 and 75-79 years. Three persons has been resident in the home for under one year, one for 1-3 years and one for 3-5 years.

### *PARTICIPANTS*

All the participants had moderate or severe cognitive memory disorders and were dependent on

others for Activities of Daily Living. They were from the round-the-clock nursing units. All participants communicated verbally however they had difficulties to express themselves or answer the questions, nevertheless they visibly enjoyed the workshop. One of them was able to give oral feedback from the workshop.

## *GROUP DYNAMICS*

Participants' ability varied, with some more vocal than others, so needed to manage discussion so that everyone who wished to participate was enabled to do so. All seemed to be listening and taking part in what was going on. No one left the room during the workshop, that tells they were engaged the activities.

## *ATMOSPHERE AND MOOD*

For the large part the workshop the group was quiet but the atmosphere was warm and sometimes they smiled.

## *WHAT WORKED WELL?*



**The warm-up:** Although the residents needed assistance with the ball of wool and some encouragement to speak about their best proudest moment, one replied that she has had a good marriage.

**Body Map:** The participants appeared to understand with the help from the facilitator the persons' basic and emotional needs. It was difficult to highlight their human rights.

**Socio Drama:** The first part of the role play for the socio-drama exercise caused a tension, even a chock, among them. The atmosphere relaxed after the director in the role play changed her behavior as friendly and empathetic.

## *WHAT COULD BE IMPROVED AND HOW?*

Support around the identification of needs and maybe being more direct in naming human rights.

## *WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?*

One who was able to give oral feedback told that the experience was new, especially the human right issues.

# **SITE TWO - REFLECTION**

Two workshops for the staff took place in a day care center in South Finland on the 13 January 2017 from 1 pm to 2 pm and the second 27 February from 12 noon to 3 pm.

## *PARTICIPANTS*

Three persons in charge in the day care center attended the first workshop including two directors

and one nurse manager. The workshop was informative. They were very interested in the content and theory of the workshops.

Twelve staff members participated in the second workshop. They were nurses, practical nurses and social workers.

## *GROUP DYNAMICS*

All the participants communicated actively with each other and were interested in the topics and themes of the workshop. They listened to each other when contributing feedback about how they felt during different activities. Everyone took part in all the activities excitedly. They explored the socio drama thoroughly and gave written and oral feedback.

## *ATMOSPHERE AND MOOD*

The atmosphere was relaxing, focused and joyful. The participants engaged the activities actively and they enjoyed the workshop.

## *WHAT WORKED WELL*

The warm up game “Chairs” created a fun and playful introduction to the workshop. Also the game “Catch my Name” worked well however they knew each other well. Triangle raised reflections. The socio drama was the most liked activity.

## *WHAT COULD BE IMPROVED AND HOW*

The participants would have liked to have few more socio dramas, meaning examples of different way of speaking and facing the resident around the same theme. E.g. one scenario on a director with authoritarian behaviour, one a director who negotiates with the resident and one with empathic manner. That would take more time in the workshop.

## *WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?*

Response to what worked best

- *More Socio drama/Forum Theatre (more different angles)*
- *Triangle*
- *Good introductions before the activities*
- *I really enjoyed the teamwork*
- *More time*

## **RESIDENTS' WORKSHOP**

Two workshops were delivered for the older persons. One was on 20 February 2017 from noon 12.30 to 2.30 pm and the other 2 March 2017 from noon 12 to 2 pm. Four persons, 3 women and one man, took part the first workshop. One belonged to the age group 70-74 years and three to 75-79 years. All were living in their own homes and were clients of one of Suvanto's support groups.

Five people took part the second workshop, three women and two men. They were clients of the day care center and all were living in their own homes. Two of them belonged to the age group 70-74 and three 75-79 years.

## *PARTICIPANTS*

The participants were older persons living in their own homes independently. They all knew each other.

## *GROUP DYNAMICS*

They were very interested in the themes and discussed actively. They were supportive of each other and listened to each other.

## *ATMOSPHERE AND MOOD*

The participants were in the good mood in the workshop. They thought that the themes are important for the older people and the professionals. The socio drama raised emotions, even angry feelings against the director.

## *WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?*

They thought that very few older persons recognize their human rights. The participants didn't like so many forms they had to fill in. Especially they felt the consent form was difficult to understand and they needed a lot of help to fill it in.

All filled in the evaluation forms. Two persons replied to open questions: The most important thing to them in the workshop was "Older people's issues" and "Respect of older persons".

## *FEEDBACK FROM THE PARTICIPANTS ACCORDING THE EVALUATION QUESTIONNAIRES*

All the participants thought raising awareness of human rights amongst older people is important. They felt they gained more understanding of the human rights of older persons and can talk to someone if they have concerns about possible violations of human rights. The responses overall were very positive in all aspects of the questionnaire. One person out of nine felt that the workshop was physically tiring and two persons felt it was emotionally tiring.

# THE IRISH PILOTING

## SITE ONE - REFLECTION

The workshops took place in a nursing home in Dublin, the staff workshop in the morning; the residents' one in the afternoon.

**Session One** - Five people attended including the nursing home director, director of nursing, nurse managers and residents' advocate.

## STAFF WORKSHOP

### *PARTICIPANTS*

Eleven staff attended (one staff member had to leave early), 7 women and 4 men. The staff included the director of nursing, nurses, health care assistants, activity coordinator, and staff members from housekeeping/ kitchen and administration. All of the staff interacted with residents on a day to day basis so the management had asked if staff from different work strands could attend.

### *GROUP DYNAMICS*

Although the participants partook in all elements of the workshop, and at times had fun and showed interest, their overall interaction together displayed a lack of cohesion and commitment. However there was little sharing of experiences or personal insights about their work, and so the facilitator had to work particularly hard to draw input from them.



There was some resistance to the socio drama. There was the sense that perhaps they hadn't read up on the pre-workshop material. It seemed some staff maybe did not want to appear vulnerable in front of their colleagues, so they were reluctant to share their feelings. Hence there was a tendency for staff to report everything was fine, when asked about how they experienced an activity. It was hard to get people to listen to each other. Once again the facilitator had to really assist them in the understanding of how important the basic human rights of their residents are.

Interaction and concentration levels varied within the group throughout the workshop. At times the dynamics were poor and difficult to manage. Nevertheless it did not affect the group's ability to engage with the themes of the workshop.

There were a lot of external distractions throughout which contributed to group dynamics. The space was not appropriate, people entering and exiting regularly. They worked well together as a whole, but working in pairs for the role play was difficult for some participants.

The presence of the a person from management may have contributed to the variance in group participation and dynamics.

## *ATMOSPHERE AND MOOD*

The atmosphere varied throughout, from fun and playful to defensive and self-conscious. Some participants found it hard to transition from physical work to reflective group discussion. There was some laughter throughout the workshop and the overall atmosphere was good. The group looked engaged, but this involvement lagged now and then.

The facilitator's humour, sensitivity and empathy allowed the group to energise, feel at ease and to have fun. However the lack of commitment and cohesion within the group which prevailed, lent for a more restrained and guarded mood from the carers.

## *WHAT WORKED WELL?*

- ✓ Connections between games and the themes explored.
- ✓ The Guided Walk – Highlighting vulnerability and dependency issues
- ✓ The Human Rights Triangle as a final reflection technique
- ✓ The warm-up: The participants appeared to grasp what the warm-up games were highlighting, as well as have fun. The facilitator explained clearly during Catch My Name how sometimes in work we drop the ball, sometimes there are too many things coming at us at once, how we need to help each other, the communication of the three parties i.e. carer, resident and family; Piggy In the Middle demonstrated how it feels to be isolated, bypassed, two against one, stupid; and Anyone Who demonstrated the celebration of commonalities, as well as our differences, This exercise led into Generational Intelligence, asking what are the commonalities of the groups' generation e.g. they've been to school, learnt how to use the internet, they have homes, mortgages, children, etc. Then it moved on to how these things change as we get older, focusing on what priorities older people would have also provided opportunity to bring in "your work place, residents' home". These exercises worked well within the group.
- ✓ Triangle of Needs: The group worked quite well together in small groups coming up with the Basic Needs for the yellow section of the triangle, as well as grasping that without these needs you can't get to the green section of our Emotional Needs.
- ✓ Building Empathy: The trust exercises allowed the participants to feel experientially lots of

emotions. During Guided Walk and Take My Shoulder they described feelings of disorientation, fear, not liking it, difficulty surrendering. They very much experienced what it's like to walk in an older persons' shoes and the importance of communicating trust and empathy to them.

- ✓ Socio Drama: They got to experience playing out the scenario themselves, which is important, and works, even though there was resistance and a sense of defensiveness. It also worked that they got to view the scenario with two facilitators playing it, and then thought about and suggested the changes they believed are necessary to improve the situation e.g. more eye contact, softer tone of voice and body language etc.
- ✓ Human Triangle: This element worked well, as the group named what it is to reach the red section of the triangle i.e. fulfilled, complete, confident, having self esteem, self respect and self love. The facilitator named that this is what it means to have dignity. It appeared that the participants also appreciated the importance of thinking about their own self care.

### WHAT COULD BE IMPROVED AND HOW?

- Arrangements with the organisation as per commitment form signed in Session One regarding space, time and participants should be checked and confirmed prior (preferable a day or two) before the workshops
- The importance of starting on time and reading the pre-workshop material, must be communicated to the management, with a definite guarantee that these commitments will be met before arriving on the day.
- Confirm space is appropriate with no potential for disruptions – stress need for room without distractions
- The workshop must move faster
- It would be useful to spend slightly less time on the trust exercises, saving more time in general. Rather than A and B both leading and following for both exercises, one could lead for *Guided Walk* and then their partner lead for *Take My Shoulder*.
- To encourage engagement in discussion/sharing of feelings etc., maybe ask one or two pre-determined questions, allow for silences.
- Look at limiting time spend on discussing/talking at warm up.
- The Triangle of Need – In looking at basic needs and emotional, keep linking to supporting older people to have human rights met (make it more tangible/ less nuanced)
- My Choice- My Right – time for debrief
- Change the attitude, change the behaviour – need more time for this piece. Need to guide discussion to reflect on human rights. Consider asking direct questions like is this person's right to autonomy being met? Their right to freedom of expression. The drama highlights changes that can be made at the interpersonal level between staff and resident, are there changes small or big that could be made at an organisational level to enhance the enjoyment of human rights by residents?

### WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

**Point:** More time needed to ask participants for their opinion. Many did not fully complete the open questions, so qualitative feedback was limited to a couple of words.

#### In response to questions

- What worked best – *Acting out scenario, games and role play, role play and involvement, interaction, communication.*
- What would need to be changed – *more education, too much role play, no nothing* (4)
- Anything you would like to learn more about – no (5)

- Is there anything you would change in your workplace to support residents' human rights?  
*No (4), unsure (1), involve residents*

## RESIDENTS' WORKSHOP

Ten residents took part in the workshop, seven women, ranging in age from 56 to over 85 and three men, ranging in age from in their 50s to mid 80s.

### PARTICIPANTS

Most of the participants had physical or/and cognitive issues and were dependent on others for Activities of Daily Living, so needed help with activities (ball of wool), communication, writing. One participant was non-verbal but attempted to communicate at times, and another was asleep (not included in number of attendees). One person had advanced dementia but still contributed to the discussions.

### GROUP DYNAMICS

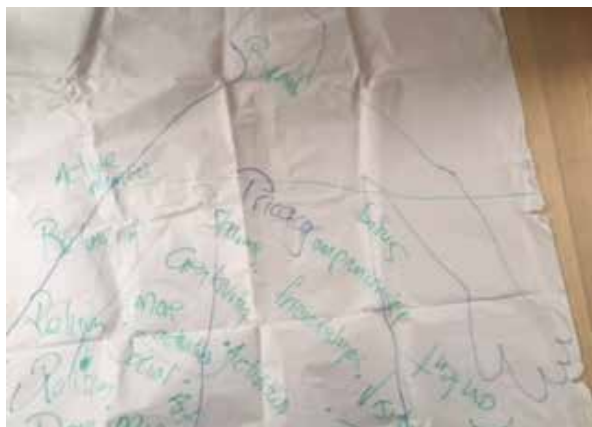
Participants' ability varied, with some more vocal than others, so needed to manage discussion so that everyone who wished to participate was enabled to do so. The rest of the group was much quieter and reserved, but appeared to be listening and taking in what was going on. There was some impatience/shortness between residents, particularly with the person who had dementia, but they were also supportive of each other.

### ATMOSPHERE AND MOOD

For the large part the mood of the group was lethargic, apathetic, unsure, frustrated and sad. The atmosphere was somewhat oppressive and stagnant. The facilitator brought great energy, humour and empathy to the group which allowed them to open up, have a giggle, and to give their thoughts. However the facilitator had to work hard to get most of the members of the group to contribute, as many seemed apprehensive or unsure about saying anything.

Four participants reported feeling physical tired at the end; one found it emotionally tiring.

### WHAT WORKED WELL?



1) **The warm-up:** Although the residents needed assistance with the ball of wool and some encouragement to speak about their proudest moment, this did engage the group and worked well.

2) **Body Map:** The participants appeared to understand and identify, after much coaxing from the facilitator, what a person's basic needs are, then moving on to their emotional needs. There was a sense that the residents really didn't have a very high self esteem, and so this resulted in it being difficult to highlight the importance of their human rights.

Needs identified included basic food, going to toilet,

shelter, sleep/rest, safety, water. Other needs included hygiene, medication, eyesight, mobility, religion, politics, dance, music, social activities, art and craft, singing, more activities, creative activities (if this need not met depression), active members, sharing, friendship, family, visitors, companionship. Other emotion needs included belonging, privacy, being content, able to relax.

**3) Socio Drama:** The group was mixed in their reaction and thoughts about changing the behaviour of the two role players in the scenario. On the one hand, some of the participants felt that the carer should be softer, more caring, and not blackmail the resident about taking their trip away. On the other hand, some residents didn't see the carer as being at fault, but perceived the carer as doing their job to do the best of the older person. It worked well to highlight for them the importance of their rights.

### *WHAT COULD BE IMPROVED AND HOW?*

Support around the identification of needs and maybe being more direct in naming human rights.

### *WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?*

Response to most important thing learned- *I learned about my human rights (2), stand up for yourself, should be treated as an individual, show respect for each other, that I can ask if I don't feel good about something, liked it all the play and writing on triangle, feel better in myself, could speak straight, felt I was heard.*

Response to any other comments – *Sitting too much, inactive, have to do more things, no activities at weekend, just sit around.*

**Session Four:** Members from management attended this session and are eager to act on issues raised by residents that will enhance their human rights.

## **SITE TWO - REFLECTION**

The workshops took place in a nursing home in Dublin, the staff workshop in the morning, the residents' in the afternoon.

**Session One:** Six people attended including the director and nurse managers.

## **STAFF WORKSHOP**

### *PARTICIPANTS*

Ten staff members participated, 8 females and 2 males. Four people had nursing backgrounds. The other six people included staff from cleaning, catering and housekeeping.

### *GROUP DYNAMICS*

They were respectful of each other, with good teamwork and an interest in the topics and themes of the workshop. They listened to each other when contributing feedback about how they felt during different activities, and their feedback was insightful and authentic. Everyone took part in all the activities, with little resistance or distraction.

Interaction and concentration levels were very high and consistent, within the group, throughout the workshop. Participants were enthusiastic to engage with the themes. The group dynamic allowed

for the respectful sharing of experiences and insights. This allowed for forthright and constructive debate. The group assisted each other using personal experience to link needs with rights. A natural momentum built within the group. They embraced and explored the socio drama thoroughly. The workshop progressed naturally, within a respectful and constructive atmosphere.

### *ATMOSPHERE AND MOOD*

The workshop took place in an airy, spacious and appropriate room which was well lit. The space could have been made larger if some of the furniture could have been removed. The atmosphere was respectful, energetic and conducive to kinesthetic learning. The group engaged with the themes in a playful, joyful, focused and enthusiastic manner. The participants engaged wholeheartedly with the intention of the workshop.

### *WHAT WORKED WELL*

- ✓ The warm ups created a fun and playful introduction to the workshop. They showed feelings of isolation and commonalities. The links to the workshop themes were well executed
- ✓ The group found it easy to progress through the workshop structure
- ✓ The benefits of action techniques were apparent and understood by the group – The ‘guided walk’ was a revelation for the participants. It highlighted what it’s like to walk in the shoes of someone vulnerable.
- ✓ The triangle representing our needs and human rights. It was good to complete this before moving onto the Socio-Drama
- ✓ Group engaged thoroughly with discussions and activities
- ✓ Nice relaxed approach and style by the facilitators

### *WHAT COULD BE IMPROVED AND HOW*

- Link needs to the needs and the rights of the residents more quickly
- Strive to link participants’ comments to the lives of the residents – Homelessness/Shelter = Leaving their homes/way of life for older people.
- There wasn’t enough reference to Generational Intelligence throughout the workshop e.g. linking the warm up games to GI by highlighting the priorities of the carers and residents. It also wasn’t referenced clearly enough during Change the Attitude, Change the Behaviour on a scale of 1-10.
- Priorities of a generation (GI) must be mentioned during ‘Anyone Who?’
- Needs must constantly be linked to rights
- The steps around the socio drama need to be very clear so as to avoid any misunderstanding of its’ purpose

## **1. STEP ONE: THE WARM-UP: WORKED WELL**

- a. Ball throwing: good connection with own triangle (resident, family, organisation)
- b. Piggy in the middle: lively interaction with high energy
- c. Anyone who?: commonalities established, more focus on GI needed

## 2. STEP TWO: BUILDING EMPATHY (GI)

Triangle of need: Link and establish basic needs more definitely. Emotional needs addressed well and moved from basic to emotional to human rights very well. To progress to step three top of the triangle should be addressed. The group identified dignity very quickly.



Basis needs identified include: food, water, shelter, oxygen, sleep, toileting, clothing, sex, security, home, job, electricity, heat, money, air, freedom, family, social contact, to feel safe, heating, transport, information/education, hygiene, activities, family/friends.

Emotional needs identified included: Love, respect, security, equality, care, humanity, friendship/companionship, love, family, dignity, connection, entertainment, freedom, acceptance, communication.

Human Rights explored included Voice, Choice, Privacy, Autonomy

Guided walk worked well.

## 3. STEP THREE: NEEDS AND RIGHTS:

- A more detailed explanation is needed to introduce this section.
- Role Play: need to stress the conflict is not a reflection of their work ethic. Some resistance to playing the antagonist
- Socio-drama: the group re-directed the scene well. Need to ensure little dialogue on part of resident in scene (focus on loss of voice)

## 4. STEP FOUR: COMPLETING THE TRIANGLE

This section needs a bit more time to link to whole workshop, recap on what was learned and how we can bring into everyday work and personal life.

### WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

#### Response to what worked best

- *Role play*
- *I really enjoyed the teamwork*
- *Team work*



- *Drama*
- *The active participation of the attendees*
- *Communication (3)*
- *Ball throwing – group activity, small group improvisation*

#### **Response to what would you change?**

- *Maybe extra half hour time*
- *Time frame.*

#### **Response to is there anything you would like to learn more about?**

- *Dealing with loneliness*

#### **Response to is there anything you would change in your workplace to support resident's human rights?**

- *Encourage more communication.*
- *More staff (2)*
- *Encourage communication*
- *Meet with residents - let them have their say*
- *Encourage more communication among all staff*

#### **Other comments included:**

- *Overall the workshop was an eye opener.*
- *The drama exercise was very enjoyable.*

## **RESIDENTS' WORKSHOP**

Fifteen residents took part in the workshop, 12 women and 3 men (2 people left before end). Twelve people provided feedback, 2 men and 10 women. Residents ranged in age from 70 to over 85 years old.

### *PARTICIPANTS*

Approximately one third of the participants were in wheelchairs, one or two had communication difficulties also. One person had a moderate dementia. Approximately one third seemed fairly active.

### *GROUP DYNAMICS*

There was a palpable feeling of anticipation and excitement from the outset. There was good camaraderie within the group. They were very supportive of each other and listened to each other. There was some shortness and impatience towards one resident with dementia who asked questions repeatedly but this dissipated as the session progressed. The group engaged in lively debate, showing



genuine interest in the opinions of others. Some interacted more than others with varying cognitive abilities, but everyone seemed to be engaged

## ATMOSPHERE AND MOOD

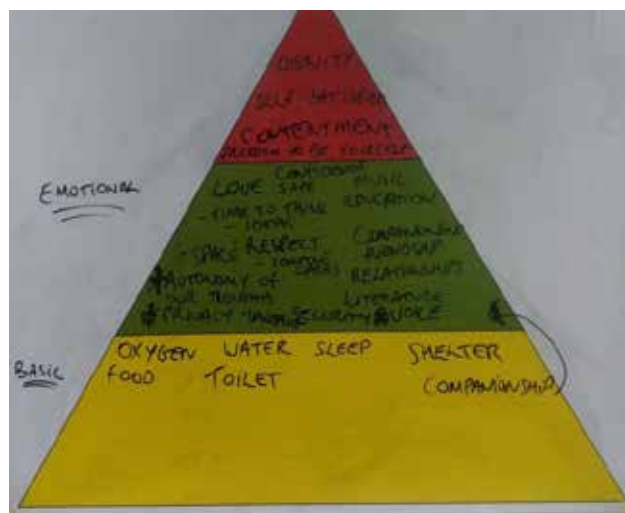
The group was very engaged throughout with an overall good atmosphere, as well as an interest in the topics and activities that were being covered. There was some laughter and good contribution from most of the participants. Some participants were surprised at the level of engagement by the other participants. Members were quite animated and excited at times. The level of engagement was high. The group participated in a lively and robust discussion as to needs and human rights. The mood reflected a renewed sense of community and family.

## WHAT WORKED WELL?

- ✓ The Wool exercise allowed the group to celebrate and make connections within the group. Emphasising the common threads they all shared. The group were very enthusiastic to share their proud moments and tell a little about themselves (all but one person contributed here)
- ✓ The body map – aided the communicating and understanding of human rights as basic human needs. It allowed the participants to think about and offer good suggestions for basic and emotional needs.
- ✓ The Highlighting, in particular, *Autonomy/Control, Voice/Expression and Privacy*, during the Socio-Drama.

**1. STEP ONE:** The warm-up: links and connections were clearly identified and individuals felt heard and listened to. Group's sense of community, family and belonging was strengthened.

**2. STEP TWO:** Body Map: Needs identified included: full and robust discussion on needs and linked concept of needs to rights. Basic needs identified included: oxygen, water, sleep, food, toilet, shelter. Emotional needs identified included: love, safe, time to think, music, education, companionship, friendship, space, ideas, respect, someone cares, our thoughts, autonomy, privacy, relationships, literature, voice, security, confidence, laughing. Red area - self-satisfied, contentment, freedom to be yourself, dignity



Human Rights explored included Voice, Choice, Privacy, Autonomy

**3. STEP THREE:** Socio Drama: need to explain fictitious nature of the scene. The group were very pro-active and assertive during the scene. However there was a sense that self-fulfilment was not something they could aspire too and that the scene in some way represented what they could expect from life - to have choice and autonomy limited in their best interest.

## WHAT COULD BE IMPROVED AND HOW?

- The socio-drama scene – Some of the residents were unclear during *Change the Attitude, Change the Behaviour* that it wasn't a real scenario, so it is very important that time is taken to clarify that the scene is not a reflection of the residential setting itself. An example of how rights can be denied.
- More directness in naming human rights
- Ensuring the workshop times do not conflict with visits by relatives etc.
- Needs to conclude with a recap of all the experiential learning
- If the situation occurs where some residents are frustrated with other residents in the group, it is an opportunity for the facilitator to highlight the importance of that person's human rights and needs, no matter how annoying it can be for others

## WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

Responses to what are the most important things learned

- *Listening to each person what they have to say and if there are any flaws that can be fixed. Good platform to listen to views.*
- *My first visit here and it was a very enjoyable afternoon as well as being good for us – we all agree. It was a most enjoyable few hours, Thank you*
- *Collective voice important*
- *Companionship, respecting, sharing confidentially*
- *The exchange between the group was good. Hearing people that you thought won't talk normally relaxing and people being able to share*
- *Easy to follow and covered every point*
- *Analysis helped understand human rights in daily life*
- *That the younger generation e.g. the facilitators are more informed to be respectful than our generation. The workshop didn't interest me*
- *Friendly, everybody being part of something*

Response to any other comments/ small changes that would make a difference

- *Music and TV on at the same time in the common area is not right.*
- *The methods used made it easy to respond, presentation excellent, content nicely designed, through guess work, the plot unfolds and draws people out.*
- *It was quite enjoyable afternoon*
- *Very, very, enjoyable.*
- *The workshop didn't interest me, not sure if the presenter understood what it's like to be old,*

*disappointed in whole thing* (This participant found it difficult to accept the socio-drama was not real and that we were not implying that it reflected the reality of the nursing home)

**4. SESSION FOUR:** The same six people who attended Session One attended. The Director of the home reported that she had heard really good things about the workshop and will follow up on the issues we raised in our report. The management have requested us to return and provide the workshop to all of the residents and staff if more funding becomes available

## SITE THREE - REFLECTION

The workshops took place in a nursing home in Dublin, the residents' workshop in the morning; the staff workshop in the afternoon.

**SESSION ONE:** Five people attended including the Manager of the residential and day care services, nurse manager and activities coordinator of the residential care unit and the manager and facilitator of the day centre.

## STAFF WORKSHOP

### PARTICIPANTS

Twelve staff members attended the workshop, nine completed socio-demographic details and included six women and three men. Participants were nurses, health care assistants and from other areas

### GROUP DYNAMICS

There was an air of excitement, nervousness and anticipation in the room before the workshop began. The manager was not sure if there would be a good uptake from the staff in attending the workshop. This may have led to a shared apprehension among the staff. That apprehension dissolved very quickly. The group worked extremely well together. They interacted, with each other and with the facilitators, in a very respectful manner. The discussions, roleplay and exploration of the themes were empathic and insightful. The momentum of the workshop was purposeful and sincere.

### ATMOSPHERE AND MOOD

The group embraced all elements of the workshop. Enjoying the playful moments and appreciating the connections between the games and the themes. There was a good balance of humour and sincerity throughout. The mood was a positive and cooperative one. This allowed for robust respectful debate as to the issues facing the residents. The atmosphere was educational, jovial and creative.

### WHAT WORKED WELL?

- ✓ The warm ups allowed the group to relax into the workshop while effectively linking the aims and objectives of the session.
- ✓ The Rights Triangle opened up healthy and insightful debate among the group.

- ✓ The group were given the opportunity to appreciate their own good work, while acknowledging the difficulties of sustaining it in a very task oriented job setting.
- ✓ The socio drama highlighted how our attitudes and behaviour can affect the day to day lives of the residents, sometimes reinforcing their dependency on others and nurturing apathy.

## **1. WARM UP:** How we as adults can forget to play. Points and links were made in this session

a. **Catch My Name** (Ball throwing) – focus on triangle of concentration, identify what is important in your workplace (resident, colleagues, employer, resident's family) and how too many balls can be thrown at you, and you will drop the ball, but we must then all wait for the person to get back in the game.

b. **Piggy in the middle:** points made – focus on isolation, power gone. For an older resident the ball can be like their life, someone controlling it and having to depend on others. Think about how frustrating and anger that can lead to.

c. **Anyone who can?** Commonalities between staff as a generation and at a particular stage in their life – mortgage, children, work, compared to resident, different priorities and needs. This lead on to what are our needs.

## **2. STEP TWO –** Increasing generational intelligence (concept introduced at start of workshop when stating what workshop about)

a. **Triangle of Needs:** asked to write basic needs first then emotion needs, but often reported together so maybe when transferring to triangle discuss where a particular need identified goes. The consequences of not having basic needs met, for example not being brought to the toilet when requested – shame, embarrassment if have accident – barrier to emotional well-being. Emotional well-being identified sense of belonging, part of group, in control, independence, voice, confidence, occupation, self-worth, feel needed, freedom.

b. **Guided walk:** Stress no talking and to take it slowly. Importance of knowing person who is guiding you, but think of it from resident who has just moved in, being led and directed where to go, one day they are living in their home, have maybe lived there a life time, know every sound, next day in new busy environment, being led by people they do not know, having no control. Acknowledge residents need support, but also they have a right to their independence, so it is about finding that balance through building trust and being led by resident.

## **3. STEP THREE –** Needs and Rights: role play focused on looking at 4 rights – privacy, choice, voice and autonomy. Facilitator stressed that the role play exhibited extremes and did not reflect the setting.

## **4. STEP FOUR** Completing the Triangle: More time required but participants grasped concept of how needs and rights don't operate on their own but must work together to achieve dignity for the older resident.

## **WHAT COULD BE IMPROVED AND HOW?**

- When and where possible the older adults/residents' workshop should be delivered first. The residents' reaction to the session influences and heightens the interest of the staff. The facilitators

are also in a better position to understand the needs of the residents and get an overall sense of the day to day of the setting. Putting the needs of the older adult first reflects the ethos of the whole Respect to Prevent programme.

- More time on the self-care section is needed.

## **WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?**

### **Response to what worked best**

- *Role playing*
- *Socio-drama*
- *Drama methods excellent at raising awareness*
- *Found the structure of the work shop very interesting. The layout and how it was presented was constructive and informative. The interactions were very good and special*
- *To be honest I did not learn anything but was a helpful refresher and a reminder of human rights for everyone*
- *Very informative*
- *Being honest and able to speak out freely*
- *Everything worked*

### **Response to what would you change**

- *Some policies that are too institutionalised*
- *Little more practical sessions*
- *More time to discuss*

### **Response to is there anything you would like to learn more about? None**

### **Response to is there anything you would change in your workplace to support resident's human rights**

- *More reminders to staff to uphold residents human rights*
- *Continue to respect dignity and privacy*

### **Other comments included:**

- *Thank you I enjoyed it*
- *Very good*
- *Very enjoyable course and well presented*

# RESIDENTS' WORKSHOP

## RESIDENTS

Fifteen residents attended the workshop, 7 female and 4 male residents provided feedback. Most of these residents were aged over 80 years old, with the remainder over 70.

## PARTICIPANTS

Participants had varying degrees of need from communication difficulties, hearing, dementia.

## GROUP DYNAMICS

There was great respect shown between the residents. The group were very supportive of each other and were patient as others spoke. Some were more vocal than others, but all were very engaged in the process. The group showed an eagerness to learn and communicate. There was a vibrancy, optimism and life to the participants that reflected the atmosphere of the setting.

## ATMOSPHERE AND MOOD

The group was very engaged throughout. They responded to the issues and themes with a good balance of humour and insight. The content was relevant, stimulating and of interest to the group. There were moments of tiredness from some members, but the impact of the workshop was obvious by their level of interaction with the topics, the socio drama and each other. There was a strong sense of community and family throughout the session.

## WHAT WORKED WELL?

- ✓ The residents were prepared and had read the information sheet about the workshop
- ✓ The wool warm-up settled the group into the session and gave an individual voice from the outset.
- ✓ They fully participated with the socio-drama. Naming and effectively changing the inappropriate attitudes and behaviours highlighted in the scene.
- ✓ The visual of the Rights/Needs triangle as a prompt to assert residents' rights on a daily basis.
- ✓ The final rights exercise was particularly poignant. Ensuring one participant's voice (who had difficulty communicating verbally) was heard.

## 1. STEP ONE WARM UP

Ball of Wool – Proudest Moment: Worked well, all listened and were really engaged. Experiences shared construct a past life for other residents, and changed perceptions. For some residents of this particular generation, 'proudest moments' may be a difficult concept to share, so referring to a special memory or moment may draw out more people. Facilitator's reference to respecting people's right not to say anything, was also good. Finished by focusing on how we are all different but share commonalities and are linked in different ways. Do we have same needs now as we did when younger?

## 2. STEP TWO TO LIVE LIFE WE NEED

Body Map: good engagement and great awareness of concepts amongst some participants. Facilitator stressed how having basic needs are basic human rights. Without basic needs met more difficult to get to next level. Residents identified different emotional needs.

Triangle of Need: Encouraged residents to link needs to the four particular rights focusing on privacy, voice, choice and autonomy and once identified added to triangle. Getting to top of triangle and dignity was a bit of a struggle.

## 3. STEP THREE: ACTIVATE MY RIGHTS

Facilitator stressed scene about to see was make believe (not real) with the purpose of highlighting the violation of human rights. The focus was on four rights, privacy, voice, choice and autonomy (autonomy explained). Facilitators continued to refer back to triangle when discussing attitude of Manager to resident. Facilitator asked questions about what had happened to draw out discussion, this worked well and created debate. Facilitator focused in on resident and giving her a voice, as there was a sense that residents did not appreciate that manager was wholly in the wrong.

### WHAT COULD BE IMPROVED AND HOW?

- Ensure residents' medical needs met before start time. One of the residents who arrived early, had to leave at start of workshop as had to see the nurse.
- This workshop was reflective of the possibilities and potential of a well-executed and well received session.
- Use additional words when asking about proudest moment e.g. special memory and for facilitator to sum up/repeat each story shared to ensure whole group can hear
- As recommended by one of the participants – Each person should receive a completed Rights Triangle to put in their room as a daily reminder to activating one's own rights.
- Residents should receive a certificate of attendance/participation on the programme.
- The residents' workshop should happen before the staff session.

### WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

#### Responses to what are the most important things learned

- *All here in nursing home together, felt got closer, like family*
- *Changing policy*
- *I enjoyed it and learned something new*
- *Very good for mind*
- *I got inspiration on what to do, helpful for future, giving my opinion and difference of opinion.*
- *Speak and make decisions, know rights, and differences between people*
- *Don't know, I couldn't hear I'm quite deaf*



- *Helped me understand my rights more.*
- *Togetherness*

#### **Response to any other comments/ small changes that would make a difference**

- *Want TV to be mounted on wall in lounge*
- *Opportunity to practice religion – arrange for priest to say mass once a week*
- *The workshop was lovely*
- *The workshop was very entertaining*
- *Thumbs up*
- *Covered most things*
- *Need to think through things. A lot said, need to process it. Very educational*

## **SITE FOUR – REFLECTION**

### **DAY CENTRE ATTENDEES' WORKSHOP**

Ten residents took part in the workshop, seven women, ranging in age from 75 -84 and two men, both over 85.

#### **PARTICIPANTS**

Two of the participants were in wheelchairs and a number used mobility aids. One person had had a stroke and had difficulty communicating.

#### **GROUP DYNAMICS**

This group had a very different dynamic to that of the group in the residential setting. There didn't seem to be the same level of acquaintance as there was in the residential homes. Trust was an issue. Some group members were reluctant to give any personal information during the warm-up game. This was perfectly understandable due to the nature of the setting. One member was very hard of hearing and found it difficult to participate. Others were very passive allowing the more vocal members of the group to dominate the discussion. However, they were respectful and supportive of each other throughout. It was clear at the feedback section that all the participants had gained something from the session.

#### **ATMOSPHERE AND MOOD**

The group as a whole looked engaged throughout. There was some laughter and a good interest shown in the issues that were being highlighted and addressed. However, there was a sense that it



was more of a social event rather than a purposeful workshop. This was hard to manage at times. The facilitator needed to work hard to illustrate the importance of the issues being highlighted during certain points and activities. For some the sociodrama was too realistic. Mirroring real life experience and the attention moved to accessing services rather than exploring the issues raised.

## WHAT WORKED WELL?

- ✓ Connecting needs and human rights to everyday life with use of the Body Map and the Rights Triangle
- ✓ The Triangle visually illustrated to the group the importance of having our Basic Needs met first, before we can move on to getting any of other needs met.
- ✓ The topic of the scene for the Socio-Drama was changed to be more relevant to people attending a day care centre. It focused on a carer calling into client's house after getting his shopping (the carer did not knock on front door, just opened door with her key). The carer bought flowers and biscuits with the older person's money to make the house nice. The older person did not ask or want flowers. The carer did not give a receipt. The carer also took TV remote control from older person and switched TV to programme, she wanted to see. The focus was on right to *privacy, voice, choice and autonomy*. The participants were able to relate to the scene. However, there was a tendency to view the scene from the carer's perspective and the need to 'be nice' to the carer, so at times difficult to get the group to address the human rights being violated e.g. privacy. Otherwise, the group engaged well with the process of Change the Attitude, Change the Behaviour. One participant felt empowered enough by the end, to tell one of the facilitators about a similar situation she was currently experiencing with home help, which was causing her much distress.
- ✓ It was an opportunity and place to discuss a taboo subject for the participants that otherwise may not have occurred



## WHAT COULD BE IMPROVED AND HOW?

- Hard work getting participants to identify higher level needs
- The concept of socio-drama was not grasped by one or two of the participants. One participant could not understand why the facilitator playing the role of the older person did not use information on triangle to get his rights met in socio-drama.
- Is this workshop appropriate to a day-care setting? Would the participants have the supports and access to services needed to address issues raised within the session?
- If the roleplay was less realistic would the workshop be more contained?

## WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

### Most important things learned from the workshop?

- *Mixing with other people, communicating, hearing different opinions are important, acknowledging others and a shared experience.*
- *Tolerance towards others*
- *All about human rights, I understand them better*

- *Safety in your home; importance of basic needs and having your voice met*
- *Enjoyable, the taking part, time went by really fast*
- *Age Action – trying to improve quality of life for older people and going about it the right way*
- *Enjoyed session, opened mind, can't close up*
- *The importance of having your voice heard*

#### **Any other comments**

- *More activities like this workshop*
- *Enjoyed it*
- *An entertaining way to get advice about Human Rights*

## **SESSION FOUR**

All but one person who attended Session One attended Session Four.

## **SUMMARY OF SUGGESTED CHANGES TO IMPROVE PROGRAMME**

### **PROFESSIONALS**

- Environmental issues
  - Room is private and quiet, no distraction
  - The pre-workshop material is read. This must be communicated to the management.
  - Start on time, and keep a watch on timing – move faster through warm up.
- Elder abuse policy – in Ireland all nursing homes now have to use a safeguarding policy devised by the HSE. In Session 4, we did outline small changes identified within the workshops to enhance residents' rights.

### **PARTICIPANTS**

- Attendance of staff from different work strands/ streams who interact with residents works well, but where people do not work with residents can impact on staff engagement in workshop.
- After first workshop, we stressed that it is best if management do not attend. Consideration could be given to develop a short taster workshops for management (activities to engage management in Session One).
- Have ready discussion aids and predetermined questions to support and guide participants through the concepts explored in the workshops.

### **THE WORKSHOP**

- Introduce the concept of GI right at the beginning.

- Warm Up: Each activity addresses a particular issue – Throwing balls represent how we juggle life but reminder that resident's needs is central; Piggy in the middle represents what it is like to be excluded, with no power, how frustrated a resident can be; Anyone who? Highlights commonalities staff share (their generation), their priorities, but are these the same for residents?
- This leads into Triangle of needs – In looking at basic needs and emotional, keep linking to supporting older people to have human rights met (make it more tangible/ less nuanced). Ask about needs and priorities at a particular stage in life, are they the same? How can you answer this question when you have never been old?
- Guided walk: To save some time rather than A and B both leading and following for both exercises, one could lead for Guided Walk and then their partner lead for Take My Shoulder. Complete the red part of triangle by asking what do we need to need to reach our full potential by relating the triangle and walk exercises to autonomy, choice, voice and privacy, to self fulfilment and dignity.
- The Facilitator introduces a role play for the socio-drama exercise while connecting and making links with the rights and needs already established by the participants. Stress role play is being used to highlight rights, so may appear extreme.
- Change the attitude, change the behaviour – need to allocate appropriate time for this piece. Start by asking about level of GI exhibited by Staff member in scene. Need to guide discussion to reflect on human rights, in particular privacy, choice, voice, autonomy.
- Moving Forwards – if all of these needs are met, what is the outcome – dignity. Allow enough time for this and ask what small changes can we make to enhance dignity? Include short questionnaire to gather people's views as to changes
- Needs to conclude with a recap of all the experiential learning
- Look at timing for each stage

## RESIDENTS

- When and where possible the older adults/residents' workshop should be delivered first
- Ensuring the workshop times do not conflict with visits by relatives etc
- Enquire as to any special needs
- Request that all medical needs are met prior to workshop
- Take time to meet residents individually and remind them what workshop is about
- If the situation occurs where some residents are frustrated with other residents in the group, it is an opportunity for the facilitator to highlight the importance of that person's human rights and needs, no matter how annoying it can be for others.

## WORKSHOP

- Warm up: ask about proudest or special moment. Repeat what each person says.
- Body Map identifying needs. Write all needs identified on body map and then identify those which are basic, emotional and add to different sections of triangle. Be more direct in naming human rights
- Stress the socio drama scene is make believe and not a reflection of the residential setting itself. It is an example of how rights can be denied.
- Ask what rights have been denied
- Provide residents with a copy of the completed triangle and certificate of completion of workshop.
- Include in appendix of handbook, short questionnaire that can be used to collect feedback from residents. This one to one approach at end, gives residents the opportunity to share any issues the workshop may have raised for them.

# THE ITALIAN PILOTING

## SITE 1 – REFLECTION

The workshop took place on November the 14<sup>th</sup> 2016 in a residential care facility in the Province of Reggio Emilia. The session for older persons was in the afternoon, while that for professionals in the evening.

An initial session with the manager of the facility was scheduled, in order to explain the purpose of the activity and be supported in engaging staff and residents.

It was impossible to collect the Fraboni scale-post for this group. Also, we didn't have an observer so notes have been taken afterwards.

## RESIDENTS

### *PARTICIPANTS*

The Workshop was attended by 6 older persons (1 man and 5 women). The man had severe hearing impairment and tended to repeat himself and that annoyed a little bit other participants. However, they managed to include him and everybody was nice to him. One of the participant was very quiet during the workshop but at the end, when we gathered her evaluation, it turned out that she followed and understood everything.

## *GROUP DYNAMICS*

As mentioned, the group was very positive. They all knew each other well and the atmosphere was relaxed and welcoming.

## *ATMOSPHERE AND MOOD*

The atmosphere was good, participants were engaged and exchanges happened in an atmosphere of mutual respect. The workshop was conducted in the gym of the facility, which was very quiet. We have never been interrupted or disturbed during the session.

## *WHAT WORKED WELL?*

1. The warm up was very useful in creating a good atmosphere.
2. The body map took us a lot of time. Participants at the beginning had to be stimulated but then they mentioned all the expected outcomes, both for the basic needs (shelter, air, food, drink, sleep, physiological needs, health...) and for the living needs, where many are mentioned: joy, satisfaction, safety, honesty, harmony, love, aim, money, courage, work, peace, relationships).

Here one of the participants spontaneously raise the issue of modesty: she said it is an infringement of her dignity when staff told her to “do it on the diaper”. They also mentioned a lack of autonomy and freedom, they complain that they can’t do anything by themselves (although they feel they could). On the other hand they acknowledge that because of their age and because they are in residential care, “this is how it is”, there are rules that have to be respected and not challenged. They seem to give for granted that ageing means losing your freedom and they look very disempowered.

3. Participants had to be a bit encouraged and supported to understand how the socio-drama works and it took them some time to make comments. However, they then mentioned the importance for the care worker not to make rude gestures, that she has to be kind and “soft”. They agree when we suggested that maybe it is important how things are done and that they would maybe feel more respected if at least it would be explained to them the reasons of limitations to their autonomy.

We ask them how they do protect themselves from the feeling that their dignity is sometimes not respected, and they replied that they close themselves, they tried to be indifferent and to be patient... Several times they said that is very difficult for them to complain or to ask to be treated differently.

4. Finally, the tree of rights is completed with: “respect”, “liberty”, “autonomy” and “dignity”.

## *WHAT COULD BE IMPROVED AND HOW?*

The workshop went well, no major changes should have been made.

## *WHAT ARE THE MOST RELEVANT FEEDBACK RECEIVED BY PARTICIPANTS?*

They have been very happy to had time to talk about themselves as this is rarely happens in the facility. We had the feeling that the message that you CAN ask was passed, nevertheless it stroke us that when filling the evaluation questionnaire they all said that they don’t feel they can freely say their opinions in the context of the facility.

# STAFF

## *PARTICIPANTS*

The Workshop was attended by 7 workers (6 assistant nurses and one assistant nurse coordinator). All participants came outside of their working hours.

## *GROUP DYNAMICS*

The workshop was actively participated and they cooperated well with each other. However, we constantly had the feeling that they gave for granted most of the things we talked about.

## *ATMOSPHERE AND MOOD*

The atmosphere was good, participants were engaged and exchanges happened in an atmosphere of mutual respect. The workshop was conducted in the hall of the facility, but because it was evening it was very quiet and we have never been interrupted.

## *WHAT WORKED WELL?*

This was our first pilot of the workshop, so we were quite unexperienced. Generally speaking they enjoyed all activities. All expected topics are discussed, although not deeply because of the lack of time.

1. The exercise of the body map /triangle of needs: the exercise worked well. They are able to identify as basic needs: water, air, health, food, environment, rest, physiological needs. The second level includes: home, sex, family, money / work, human relationships.

When asked them if these fundamental rights are guaranteed to the elderly guests of the centre, participants claim that all existential needs are guaranteed. Here we failed to challenge this assumption (if we would have this would have probably initiated an interesting discussion.

2. Participants really enjoyed the exercise where they have to play, in pairs, the senior-worker scenario. They had fun, although probably they missed to understand the real meaning of the exercise.

3. Participants were actively involved during socio-drama, but they do not consider it very realistic. They stated firmly that they never behave like that and that they always take in account the request of their guests. Nevertheless, they seem to have grasped the meaning of the workshop when they claim that the new management of the facility, compared to the previous one (there was a change 2 years ago), is significantly more focused in respecting the requests of guests (and thus their dignity) compared to the past. Also, this new management is much more open to re-discuss practices on proposals of the care workers, therefore when facilitator mentioned a possible obstacle in the respect of human rights in constraints set by the management, professionals mentioned that it was not the case.

4. Finally, participants compiled the apex of the pyramid concerning what you need to “live well” with the terms “respect”, “liberty”, “autonomy”, “dignity”.

At the end of the workshop, participants spontaneously linked to the topic of intergenerational intelligence saying that they believed that many relatives of the older guests were lacking IG as they were not empathic and unable to put themselves in the shoes of the older persons.

## *WHAT COULD BE IMPROVED AND HOW?*

We felt that we had to make more explicit links among activities in order for them to understand the purpose of the workshop.

### *WHAT ARE THE MOST RELEVANT FEEDBACK RECEIVED BY PARTICIPANTS?*

There were few qualitative comments in the questionnaires and they referred to: “there is always a need for these training”, “this training was very nice”.

### *FINAL SESSION*

A final feed-back session has been organized with the manager of the facility to report about the outcomes of the training and give suggestions about possible changes / implementation of the processes to incorporate the principle of empowerment of residents and improve the respect of their rights in the facility.

## **SITE 2 – REFLECTION**

### **INITIAL AND FINAL SESSIONS:**

As far as sites 2-3-4 are concerned, since the three facilities belongs to the same group, initial and final sessions have been organized gathering the managers of the three homes together.

The initial session aimed to discuss the purpose of the training and to identify the characteristics of older participants (since the majority of residents have very severe cognitive impairments and disabilities, it was important to have the support of the management to be able to engage older persons who could actually participate actively to the training sessions).

The final session was dedicated to give feedbacks about the results of the training and discuss with the management suggestions and options about possible changes / implementation of the processes to incorporate the principle of empowerment of residents and improve the respect of their rights in the facility.

In site nr. 2 the care facility was unable to identify older persons that – according to them – would have been “capable” to participate to the workshop. Therefore, when were only able to do the workshop with staff members.

### **STAFF**

The workshop took place in a residential care facility in Bologna. It was the 30/01/2017, morning.

### *PARTICIPANTS*

There were 10 participants (2 nurses and 8 care workers), half of whom women. The average working experience in this facility is much lower than in the others. A couple of them were more proactive during discussions, while one was quite hostile (with negative comments and body language – for example she often turned back to check her mobile phone).

Differently from other piloting sites, in this case participants were not volunteers but they were selected by the management.



## GROUP DYNAMICS

The overall impression was that the facility didn't pay a lot of attention in the organization of the event. Some of the wards that were supposed to sign post staff didn't actually do it. Some of participants were late and we were asked to finish before the time scheduled. As a consequence, we didn't manage to do the whole workshop according to the plans.

## ATMOSPHERE AND MOOD

The atmosphere was not that positive. At the very beginning some participants seemed not to take the training seriously. At a certain point, one participant showed off her disappointment by giving the shoulder to the facilitator and texting on her phone. We had the impression that this mood was caused by dissatisfaction and conflicts with the management of the facility as this issued is often raised during the workshop. The workshop took place in a large conference room inside the facility. The room (which is used also for parties and events for guests) had a small stage which was used for the socio-drama.

## WHAT WORKED WELL?

After the initial resistances, the workshop was quite actively participated and we have been able to raise most of the key-issues. However, the lack of time didn't allow us to discuss deeply all of them and this affected the overall consistency of the training.

1. Because of the initial delay, we skipped the warm up exercise.

2. The body map / triangle of needs worked well as it was the chance to discuss some important points. At basic needs level participants mentioned: "drink", "eat", "breath", "sleep", "sex", "light", "health". They argued where to collocate "love", and at the end it was put on the border between the basic needs and living and social needs. On the border it is also collocated "freedom".



As fully living and social needs are intended "work", "money", "friendship", "passion", "home", "taste". Someone suggests "self-esteem", "spirituality".

Participants agree on the fact the basic needs are the same for elders too and when the facilitator asked them if the human rights were fulfilled for all the guests, initially they said "yes for all despite sex". But when invited to reflect on it, they concluded that many fundamental rights as "drink" or "eat" or "sleep" are not fulfilled in a full way in a retirement house: for example, a bedbound older person can drink only if a worker gives him/her some water.

Concerning living and social needs, P. stated that depends on elder condition but, in general the fact the elder living and social needs are satisfied is somehow call in question. Significantly, a worker said "we wrote those things thinking of a person, not thinking of an elder"

3. After, the training moved on to exercise "Piggy in the middle". Participants referred they felt "masters" "strong" "dominating" when in external position; "sly" and "subdued" when in the middle. When it has been asked them to imagine a similar situation, participants said "worker-elder" relation. When the facilitator suggest a dynamic where two workers talk to each other excluding the elder guest they are looking after, a participant raised and said "generally, I involve them. Otherwise" she add "it could

be very bad for the elder". So the facilitator tried to introduce the theme "use vs abuse of power", but participants didn't get it.

4. At the end of the exercise "take my shoulder", operators said they felt "trustful" and "relaxed" being conducted blind-folded but touched. When merely blindfolded but let free to move, they felt "fear". When the facilitator asked whether, in the latter condition, they didn't feel more free, the group is divided ("yes, absolutely"; "no").

When in the leading position, they reported that they have felt "powerful and strong" because "it was up to you to decide where to go". In the non-contact condition, they report that they have experienced "anxiety", unable to predict the other's movement. The facilitator then introduced the potential conflict between the sense of responsibility / security and freedom, suggesting that "the behaviour that restricts the elder freedom is sometimes induced while sometimes depends on the operator." An operator, annoyed, says "definitely more induced than depending on me."

The facilitator introduced again the theme "use Vs. abuse", starting from the situation of stress and frustration of the operator called to guarantee elder human rights when his own human rights can't always be guaranteed. But again the group did not get it.

5. Participants liked very much to play, in pairs, the senior-operator scenario, stating, in some cases, they have had difficulty interpreting the role of the elderly.

6. P. actively participate during the socio-drama but they concluded that it is "true in theory but in practice, however, are not real" ("We have 34 'grandparents', we should have 15 hours of time for each"). Faced with the request of the facilitator "Then what can we do?" A participant answer that "you can do it only because of your personal nature but you can't always do it, we have to say the truth." The group takes on an attitude of scepticism and resignation ("do by ourselves is the only strategy, the organization does not support us. I would like that this training was delivered to the management. They are the ones who do not consider the needs").

7. Filling the apex of the pyramid with what you need to "live well" (corresponding to esteem and self-actualization needs), it came out the terms of self-realization, self-esteem, dignity, self-determination. Without suggestions from the facilitator, an operator claimed "are all words with 'self', so if we do not put the foundations ourselves, we will not be able to get there."

To conclude, participants insisted on the need to involve also the management in this kind of training

### *WHAT COULD BE IMPROVED AND HOW?*

We should have had more time and we should have spent more time on dichotomies such as use vs abuse, safeness vs freedom etc...

The scenario performed in the socio-drama was perceived as not realistic and increased the sense of frustration of the group. We should probably have stressed that it is fictional and taken to extreme for didactical purposes.

### *WHAT ARE THE MOST RELEVANT FEEDBACK RECEIVED BY PARTICIPANTS?*

What worked better: interpreting a role (x3), to be able to analyse concrete situations, the pyramid

What should be modified / expanded: nothing, more time (x3), talk about reality vs. theory, dialogue, organizational constraints, this training should be addressed to management.

## SITE 3 – REFLECTION

The workshop took place in a residential care facility in Bologna (BO) on the 3rd of February 2017, morning (older persons) and afternoon (professionals).

### RESIDENTS

#### *PARTICIPANTS*

Participants were 7, all women. Mean age was 77 years old and they have been residents of the facility from 6 months up to 4 years. All of them have participated more or less with the same intensity. One of them had an hearing impairment but this didn't prevent her to be involved in the discussion.

#### *GROUP DYNAMICS*

Although not all of them were acquainted to each other the group interacted very well. They were respectful to each other, had some good laugh and were able to react adequately also to a moment of sadness of one of the participants.

#### *ATMOSPHERE AND MOOD*

The atmosphere was good, participants were engaged and amused. The workshop was conducted in the gym of the facility. The room was quiet and we haven't been interrupted or disturbed during the workshop.

#### *WHAT WORKED WELL?*

Generally speaking the seminar went very well, all activities were well received and they fit the goal. Only at the end some of the participants said they were a bit tired.



1. Warm up was very appreciated and created a good atmosphere

2. Body shape: participants find a bit difficult to specify the basic needs, which are almost all suggested by the facilitator. Participants spontaneously submitted the following needs: "food", "hope", "freedom", "view", "work", "love of people", "go to the bathroom".

The facilitator took the opportunity to move on to the level of vital and social needs, for which participants spontaneously submitted “to be optimistic”, “to have sincere friends”, “faith”, “respect”, “have interests / do activities”. One participant suggested to include sex, which is then inserted between the basic needs.

When asked if the needs identified are still valid for them and whether they are satisfied in the care facility, participants admit that some needs, such as sleeping and eating, are not always satisfied as before. In particular, several participants stressed the need for greater freedom, saying they felt “like a prisoner” (“Sometimes I want to do things, to go out, but without the ‘guardian angel’ behind, but I can’t”; “I want to smoke some cigarettes and I have to do it secretly in the bathroom, but they should let me do it”, “It would be nice to have a garden instead of always stay here imprisoned”).

Participants in several occasions, show a deep understanding towards the care workers ( “They are nervous sometimes, like everybody”; “They too have their thoughts”; “Overall it is not that bad, some are nice, others less”) and of procedures to be followed in the centre (the facilitator asked “Do you think this lack of freedom is justified?” A participant answer “Yes, because here there are people -the clients e.d. - who have problems in the head”; “They have so many things to do too”). However, participants emphasized the importance of the tone adopted by the operator with them ( “There are some women here who are not fitted for this job”; “One scolded me because I was always in the bathroom saying ‘oh you’re always in the bathroom’”). The facilitator then suggests including “kindness” among vital needs, together with “recognition”. When asked if, for them, laughing is important and if they laugh in the structure, they answer in chorus “Not so much.”

The facilitator asked “Are you afraid complaining or asking for something, here?”, the participants responded that they fear to be a burden (“They say, you are annoying and grumpy”) or to “find me alone and to have no one to help me”.

It emerged the theme of modesty in reference to be helped in going to the toilet. A participant said, getting moved, “Yeah I was ashamed for what had happened, and in addition in that occasion the care worker was a man”, “When it happens to me I feel very down, like a worm, I want to cry.”

Two participants reported an experience of suffering for personal family matters.

3. During the socio-drama, the participants appeared to be well aware of how they would like to be treated by the workers (commenting the character of the worker, they said she is “overbearing”, “heavy”, that she is “talking too loudly”, “she should position her-self in front of the elder and convince him, ask him his preferences, use more kindness”). However, when the facilitator asked them if they would feel able to ask for a different treatment to the operator, they answer “no, it’s complicated.” The facilitator, based on their proposals for change during socio-drama, stimulated them to try to ask that their needs and rights were respected by operators but participants appeared discouraged and fearful.

4. Finally, The “tree of human rights” was filled, with further encouragement from the facilitator to verbalize the need to see them respected within the structure.

### *WHAT COULD BE IMPROVED AND HOW?*

Overall the workshop went really smoothly. There weren’t major things to be changed.

### *WHAT ARE THE MOST RELEVANT FEEDBACK RECEIVED BY PARTICIPANTS?*

One of the participant said: “I have understood that I can kindly ask things to care workers and I should have no fear of doing that”.

## STAFF

### *PARTICIPANTS*

The Workshop was attended by 11 workers (2 nurses, 1 physiotherapist, 1 recreational therapist and 7 assistant nurses).

### *GROUP DYNAMICS*

The workshop was participated in an enthusiastic and active way from all of the operators. The group is very lively and noisy, a little difficult to conduct.

### *ATMOSPHERE AND MOOD*

The atmosphere was good, participants were engaged and exchanges happened in an atmosphere of mutual respect. The workshop was conducted in the gym of the facility. The room was quiet and we haven't been interrupted or disturbed during the workshop, however it was a bit small to be able to perform all the planned activities (indeed, we were unable to do "Piggy in the middle" for this reason).

### *WHAT WORKED WELL?*

Generally speaking the seminar went very well, all activities were well received and they fit the goal. Only at the end some of the participants said they were a bit tired.

1. Due to the delayed arrival of some of the operators, it is skipped the initial exercise of the balls.
2. The exercise of the body map /triangle of needs: the exercise worked well and initiated an interesting discussion. As basic needs (existential), the group identifies: "food", "water", "sleep", "air", "physiological needs", "heat", "house" (with debate), "electricity" and "hygiene". Among the vital and social needs are inserted "relationships", "family", "freedom", "sex", "taste", "money", "work / employment", "respect", "understanding", "respect", "peace / happiness / enjoyment", "health", "empathy".

The comparison between their own needs and those of the elderly starts immediately, spontaneously, (having to decide at what level of the pyramid enter "sex", an operator says "our elders should decrease all if sex was something you need to survive"). The participants agreed that the goods of life placed at the base of the pyramid are examples of the basic needs of all human beings, including the elderly.

When asked them if these fundamental rights are guaranteed to the elderly guests of the centre, participants recognized that not all existential needs indicated are satisfied ("The food, I get it whenever I want; the older person has to be served"; "Food for older people is standardized"; "You let them sleep in a chair; but maybe they may wish to sleep in bed"; "I go to bed when I want, they do not, we decide it for them"; "we get them up without even asking"; "To go to the bathroom they have to wait"). The same emerges for vital rights ("In the family and in relationships our guests are not like us, because -being here- the exercise of those rights do not depend on them"; "Freedom absolutely not"). They believe, however, contrary to the findings in the workshops with the elderly, that fun for them is guaranteed ("We play the character of the fools").

Concerning the restrictions to the freedom of their guests, participants point out that some restrictions are caused by their physical characteristics and by their health ("we have to force older person to raise to prevent sores and depression, when they would like to stay in bed"), on the other hand others restrictions



are due to organizational issues (“their liberty is up to operators, but for free and thank to their efforts” [they refer to the fact that when older persons are taken outside, for example to a local festival, this is done upon voluntary work from care workers who do that in their extra-hours], “understaffed, maybe you want to raise the elder, but you can’t, so we leave him in bed”) or to relatives (“they want to see the older person walking and you do it, just to please them”). Then, spontaneously, they introduce the dichotomy “responsibility/security”, theme that the facilitator links to self-determination.

3. Because of lack of time and space the exercise “Piggy in the middle” is skipped.

4. At the end of the exercise “Take my shoulder”, the operators stated to have felt “trust”, “relaxation” and “security” in being led blindly into a contact condition, but they also stated to have had the “freedom to go where they wanted” in the absence of contact. In accompanying physically the other, they reported that they have felt “security”, “fear” and “responsibility.”

In the non-contact condition, however, they reported that they have felt “greater responsibility” and they felt they had to pay “more attention”. When the facilitator suggested that those who accompany could have felt a sense of power, participants disagree.

The facilitator introduces the potential conflict between the sense of responsibility/power and freedom, and the concept of negotiation/bargaining and the difference between differentiate and discriminate. The participants complained about the lack of attention to the individuality of the elderly guests in the facility (“Guess what, when they arrive here on their folders as a hobby there is always written bingo and TV!).

The facilitator mentions the issue of the violation of human rights and the transition from treating the elderly as a subject to treating him/her as an objects.

5. Participants really enjoyed the exercise where they have to play, in pairs, the senior-worker scenario, stating, in some cases, they have had difficulty interpreting the role of the elderly (“It’s heavy when they want to convince you at all costs and I’ve already said no”). They complain, moreover, the frustration they felt when the elder commodify what they do (“I do pay you”, some elder say), which makes them feel lacking of esteem and respect (“I do not come to work only for the salary”).

6. Participants are actively involved during socio-drama, but again they do not consider it very realistic. They do not consider to be so pushy with their elders (“The bathroom and the medicines, if they don’t want they do not do it or take them, we only report it”).

7. Finally, participants compiled the apex of the pyramid concerning what you need to “live well” with the terms “individuality / subjectivity”, “recognition”, “fulfilment”, “self-realization”.

### *WHAT COULD BE IMPROVED AND HOW?*

Because of the late start, we didn’t have the time to perform the whole workshop and in some occasions we had to rush a little the discussion. Again, as far as the socio-drama was concerned, we should have probably stressed that it is fictional and taken to extreme for didactical purposes.

### *WHAT ARE THE MOST RELEVANT FEEDBACK RECEIVED BY PARTICIPANTS?*

What worked better: all (x2), it was very easy to understand, experiment real situations

What should be modified / expanded: nothing (x4) – I would devote more time to the role playing

## SITE 4 – REFLECTIONS

The workshops took place in a Residential Care Facility in Bologna (BO) on the 23/01/2017, in the morning the one for residents and in the afternoon that for staff members.

### RESIDENTS

#### *PARTICIPANTS*

7 older people took part to workshop: 5 women, 2 men, whose mean age was 80 years old. The majority of them have been residents for 1 up to 7 years. One of the ladies suffered of “contamination anxiety” (she had a phobia for germs and she didn’t want to be touched by anyone). One had a quite severe hearing impairment and she needed support to understand what was going on. She explicitly express her discomfort and difficulty because she can’t hear very well and this cuts her out from the conversations around her (facilitators had to make sure that they always speak in front of her and often had to repeat her what other participants were saying in order to keep her in the discussion).

#### *GROUP DYNAMICS*



Among participants, 4 participated more actively, while the others intervened only if encouraged to do so. More specifically, one was almost non-verbal. The atmosphere was relaxed and respectful: participants listened to each other’s and accepted each other feedbacks.

#### *ATMOSPHERE AND MOOD*

The atmosphere and the mood were good. Participants were engaged, involved, sprightly.

The workshop took place in a very quiet room and we have never been disturbed or interrupted by staff.

#### *WHAT WORKED WELL?*

The positive mood of participants allowed for the workshop to be carried out smoothly.

The scheduling of the activities turned out to be very appropriate: right to develop the issue, to give participants time to express themselves and also to allow some digressions.

1. The warm up worked very well to create a positive atmosphere at let participants feel at ease.
2. The body map was very effective. Participants connected well to it, although there was a tendency to mention mostly rights of the superior level (correspondent to the good of life need to live) such as respect, love, safety, relationship, dialogue and a continuing comparison between the today’s world and the yesterday’s world. Sometime this take them out of topic.

The facilitator had to encourage participants to mention basic rights as well. While discussing this topic, one participant felt moved and express how depressed he is because he could not accept his

new condition (sitting on a wheelchair), with less autonomy and freedom to choose and action. He also expressed the sufferance and the strain to not be able to cultivate his past passions (such as model building) because of lack of dedicated spaces in the facility.

When the facilitators (from now, “F”) asks if the rights they had identified are still current for them and if they are guaranteed in their retirement house, participants stressed their the sense of modesty when they need to be helped in going to the toilet: “for me it’s a shame”, “I used to feel ashamed” “ I still feel ashamed”, “when it’s up to a men to help (a lady said) it isn’t nice at all. Even if I took the habit now”. Another topic raised is how difficult it is to share the room with other guests.

A participant reported that the right to love holds and it can be satisfied also in a retirement house, cause – she said- “I found love in a retirement house”.

During the workshop, participants underline again and again their satisfaction about the retirement house they live, in term of living spaces and about the care workers : “They behave good”, “I admire them”, “they treat you very well”, “even too much, they are so good and gentle”, “this morning at 7.30 am, they ask me if it was too early and if I would like to remain in bed” “I have contamination phobias and some workers ask me ‘can I?’ or ‘does that bother you?’.

But, participants were also very capable to distinguish care workers between “those who give respect spontaneously and with feeling” and those “who give respect with reservations but they give it anyway”. In any case, they showed they are sensitive to and aware of the attitudes (respectful or not) of the care workers (“I want the same respect I give”).

3. During the socio-drama, participants show both awareness of their rights and understanding of those of the care workers, often burdened both by the work load and by the management directives. When the facilitator asks them if they feel free to oppose to the care workers requests as well as to ask for what they want / need, participants unanimously said yes.

4. The tree of rights: when asked to fill the Human right tree (a symbolic representation of the human rights: at the roots, the basic human rights (from now, “H.R.”), corresponding to the existential needs; at the trunk, the living human rights, corresponding to social needs; at branches and leafs, the good living human rights, corresponding to esteem and self-actualization needs), participants were able to situate basic H.R. and living H.R., but they had some doubts concerning “good living H.R”.

Participants said that their basic H.R. are fully fulfilled in the retirement house, while there is room for improvement concerning other rights, especially in order to have some “space for your own” both in a concrete and figurative way. Anyway a participant propose the topic of the acceptance and self-imposition of individual freedom boundaries, saying that “sometimes the branches have to be pruned”.

### *WHAT COULD BE IMPROVED AND HOW?*

The workshop has reached its purposes and there was an active participation, but maybe a little more time and discussion could have been dedicated to allow participants to better understand “higher level” rights, such as esteem and self-actualization.

### *WHAT ARE THE MOST RELEVANT FEEDBACK RECEIVED BY PARTICIPANTS?*

An higher awareness of their rights and a good feeling due to having been involved in a discussion concerning themselves (which rarely happens in the residential care facility) even if occasionally the topic raised made them feel a bit sad when thinking about their age and condition. Comments include:



- Creative and amusing
- Importance of mutual respect
- Awareness about the importance of respect and dignity

## STAFF

### *PARTICIPANTS*

Participants were 12, 10 of whom women: 3 nurses, 1 physiotherapist, 1 recreational therapist and 8 assistant nurses.



### *GROUP DYNAMICS*

Overall everybody participated to the activities, although some more than others. The atmosphere was positive, there was interest and openness to the topic, although during the discussion some conflicts raised between care staff and nurses (with care staff claiming that all the burden lies on them).

### *ATMOSPHERE AND MOOD*

People were all engaged and interested in the training. Occasionally we could perceive some tension among

the group who might have felt blamed for some of their behaviours but the issue was clarified and it led participants to admit that sometimes they do not fully respect the autonomy and freedom of their care recipients. The event took place in a large and quiet room – we have never been interrupted or disturbed during the workshop.

### *WHAT WORKED WELL?*

- The body map / triangle of needs
- Take my shoulders

Were both very effective in engaging participants in reflection and discussion.

1. Warm up: participants said they felt confused under pressure but also focused, mirroring these feelings with what they often feel in their job. Think, reflect and take decision quickly: decide “to which elder go to while all of them are calling” They referred to feel under pressure not only because of the guests but also because of their relatives and because of the management of the retirement house.

2. During the human figure exercise (identifying basic needs and then social needs) basic needs are identified in: food, air, light, drink, sleep shelter, movement; someone also mentions “sex”, which initiated a discussion after which they decided to put it into social needs ( “to live you don’t need to have sex”).

As social needs necessary to live (and not just “survive”) they include: love, relations, friendship, money, holidays/leisure time, taste (food), spirituality, interests/passions (music, art, sport), rules, freedom, solidarity. When suggested by the facilitator they decide to include also “family”

When asked about, participants said that they believe these basic needs are the same for elder people too.

When the facilitator asked if the basic needs are satisfied in retirement house, initially, after some uncertainties, they said “yes”, all of them except the need to “move”, but while the discussion progressed they finally conclude that these needs are satisfied, yes, but with restrictions due to the older person’s condition and due to the organizational impositions (“to drink, older people who are not able to ask per se have to wait until 10 am [“Which is the time scheduled for hydration in the workplan”]).

When the facilitator asked if social needs of older guests are satisfied, initially they said that, apart from freedom and sexuality, all the needs are satisfied; but after some discussion, they concluded that the hosting rules restrict a lot the possibility to satisfy individual needs of the older persons. On the other hand, this is accepted because “Otherwise” they said “it will be chaos”

3. After “Piggy in the middle”, participants said they felt a sensation of power when it was their turn to launch the ball; while when they are in the middle, they feel sensations such as “disadvantage”, “defiant”, “exclusion”.

When the facilitator asked them to think about a similar situation on their job, only after a suggestion they said “like an older persons when two workers talk each other excluding him/her”, but immediately they said that they always involve their care recipients in their conversations.

4. After the exercise “take my shoulder” participants stated that they felt protected, being led when they had to walk around with their eyes closed. They admitted that, even if they weren’t free to go where they wanted, they felt more at ease being conducted than conducting. So, invited by the facilitator to think about freedom vs safeness, they add safeness in the social needs.

When the facilitator suggested that when they look after older persons they exercise power on them and that sometimes crossing the border between use and abuse could happen, they stiffen. But after a while they admit “sometimes we cross the line and we don’t respect the elder autonomy”. Some felt frustrated when the organization rules impose them to act differently as they would (“we had to feed the elder to respect the timing even if that elder is able to eat by him/herself). They felt as mere “executors” of rules they didn’t choose. At this point, a discussion starts among participants: one of them stated that when you act to make sure that rules are respected you are seen as “bad”, while if you don’t you look like “good”.

5. Scenarios: In couples participants played a scenario where the care workers receives the indication to get up an older lady who, instead, would like to stay in bed. Participants stressed how hard it is to do their job: they always fight an internal conflict. “I got her up, but I felt so bad”. They always have to resort to mediation/blackmail.

6. Socio-drama: the socio-drama is accepted quite positively as an exercise. Firstly they decided to change the character of the worker, and in this case they agreed on what had to be change. Secondly they tried to change the character of the elder, but finally they got the conclusion that it is not possible to change the elder

7. Finally the summit of the pyramid (“what do you need to live well?”) is filled with “dignity”, “self-esteem” “social recognition”, “respect”, “self- determination”.

## WHAT COULD BE IMPROVED AND HOW?

An additional effort should have been made (and more time dedicated) to clearly connect all the sections of the workshop with each other and with the topic of human rights. Sometimes we had the impression that this was not completely clear to participants.

## WHAT ARE THE MOST RELEVANT FEEDBACK RECEIVED BY PARTICIPANTS?

What worked better: everything (x2) – the interactive part – the discussion that engaged us a lot

What should be modified / expanded: having more time, expand concepts, including more roles in the role-playing (we suppose they refer to management), concentrate more on stress and on our relations with older persons.

# SUMMARY OF SUGGESTED CHANGES TO IMPROVE PROGRAMME

## PROFESSIONALS

- It is important to make sure that management – supervisors do not attend the workshop and to remark facilitators commitment to confidentiality, as this would impair the honesty and openness of comments.
- The workshop would take advantages of a slightly longer availability of time – 30 more minutes would allow more time for discussion and to get deeper in each topic.
- For the same reason, it is important to stress the need to start on time and to make sure that all participants can stay until the end of the session
- Although the experiential approach of the workshop has been appreciated by all partners, in order for the workshop to be effective, it is necessary to dedicate time and attention to explicit the meaning of each activity and link it with the general topic of human rights and GI.
- Socio-drama: it is necessary to stress at the beginning that it is fictional and taken to extreme for didactical purposes.
- We are considering the possibility to include a final session in the workshop where we de-brief, summarize the outcomes and conceptualise them for participants. Sometimes the impression was that they have not really crystallised the outcomes of the workshop.

## RESIDENTS

- We found useful to go and meet residents prior to the training session. It was important for us, to be aware of any issues / impairment to be taken in account, but also for them because we were not completely “new faces” and it made the warm up easier.
- It was important to deliver the workshop for residents first – as this gave us useful inputs for the one with professionals
- At the end of the training, we prepared a small “gift” for participants (a nice photo with a poem about older persons) – this was useful to conclude the session in a positive way and to leave them something tangible as a proof of their participation

- The concept of “human rights” is not familiar to older persons and a bit difficult, but they could understand the concept of fundamental rights, or “what makes your life worth to be lived”.
- It is important to dedicate sometime to explain how the socio-drama works and that is fictional and “extreme”
- It is important to be ready to manage feelings of sadness and frustration among residents
- We found that the it was important to collect final feedbacks individually, in a confidential setting, as this might be the place where they will mention something they didn’t feel they could share with the whole group.

# THE ROMANIAN PILOTING

## SITE ONE - REFLECTION

The workshops took place in a public care and assistance facility in Bucharest, on the 13<sup>th</sup> December 2016– the older persons' workshop, and on the 29<sup>th</sup> December 2016, the carers' workshop.

**Session one:** 15 people attended this first introductory session, including the manager of the facility, 6 residents and 8 members of staff (nurses, assistant nurses, carers). Habilitas staff presented the S.T.Age project and the training programme 'Respect to Prevent'. The timetable of the two workshops was established with the facility management and the other participants.

## STAFF WORKSHOP

### *PARTICIPANTS*

Six staff attended - 5 women and 1 man. The staff included 2 nurses and 4 health care assistants (nurse assistants).

Four of the staff had worked in their role for 6 to 10 years, one for between 1 to 5 years and one for less than 1 year. Two of the participants had nursing qualifications and 2 of them had health care assistant qualification. Romanian was the native language for all participants.

## GROUP DYNAMICS

Participants were very happy to attend the workshop, they were very welcoming, willing to participate and friendly. They had a lot of fun during the workshop, they showed interest, the group was cohesive and committed to the exercises and activities. They shared a lot of personal experiences, both from their work and at the end of workshop, from their personal lives. This shows a high level of openness, disclosure, sincerity and genuine interest in work and participation to workshop.

They listened to each other, completed one another, the new ideas were welcomed and listened to carefully. The sense of humor was used on the whole duration of session.

The space was appropriate, no external distractions came along, and the workshop went on in a fruitful manner.

Staff did not follow continuous education programs.

## ATMOSPHERE AND MOOD

Atmosphere was relaxed, participants interacted having fun, sense of humor was used during workshop. Sense of humor was a defense mechanism in this case, through which staff is coping with challenges and issues linked to pathologies of residents, illness, suffering etc. (most of residents have dementia and other cognitive/physical impairments). It also can be a way of detaching themselves and not getting too involved with residents.

## WHAT WORKED WELL?

- ✓ Connections between games and the themes explored.
- ✓ The work in small groups for Triangle completion with basic and emotional needs
- ✓ The Guided Walk – showing dependency issues, lack of autonomy, need for support of others and associated feelings
- ✓ Socio-drama: participants understood the concept of Generational Intelligence and they identified inadequate behaviours and attitudes in carers, and proposed negotiated solutions, this role play has led to a deeper discussion about staff shortage and challenges in their day to day work, and ways of overcoming it.
- ✓ The Human Rights Triangle as a final reflection technique
- ✓ The warm-up exercises: These exercises went very well and reached its objectives. The Catch My Name game opened up the workshop and introduced participants in the group atmosphere, creating a bonding between the member of group – staff and facilitators. Fun was experienced during game. Anyone Who posed some problems to participants, as they did not know what to propose sometimes, which led to lost time in thinking about what to ask the others. This exercise was funny, but it consumed too much time, as staff was not accustomed to this type of exercise and to creating questions and coming with ideas. Then we asked about between them and they answered that common aspects is that they have families, children, pets, and are working in the same place.
- ✓ Triangle of Needs: In small groups, the carers collaborated very well in identifying basic and emotional needs, completing in this way the yellow and the green levels of the Triangle. They



understood that without both types of needs have to be fulfilled for living a good life, for all ages (aspect that we stressed out) – so also for older persons, not only for carers themselves. Needs identified: Basic needs – food, water, oxygen, sex, shelter, clothing, rest, hygiene; Emotional needs – sense of humour, culture, independence, health, love/affection, communication, to go for walks, income, family, attention, work, beauty, pets, appreciation, information. Carers also stated ‘sense of humour’ between the needs, which again shows its importance in their work. We asked if needs and rights of older people are the same as theirs (as stated also in previous exercise). First they said yes, and then we asked if older persons can have pets in the residential facility. Or if they can leave whenever they want to, or if they have love from their families. The answers were that they are not allowed to have pets, they cannot leave whenever they want especially if they are impaired physically and cognitively, and that the majority has no family, or they have relatives who visit them once in a few months or once a year. In this way, we reached the differences in priorities between generations, and to the concept of Generational Intelligence. Then it moved on to how these things change as we get older, focusing on what priorities older people would have also provided opportunity to bring in “your work place, residents’ home”. These exercises worked well within the group.

- ✓ Building Empathy: The trust exercises succeeded in offering staff the possibility to feel insecurity, fear, lack of trust, powerless, difficulty in letting oneself in total care of other. Many of them opened their eyes during exercise. They empathized with older persons in experiencing dependency state and spoke about the importance of building trust, communicating and building relationship with residents.
- ✓ Socio Drama: first, two of the staff members played the scenario in front of the group. They played a real scene involving one of the beneficiary, and painted the picture of the facility activity: one resident is asking a carer to be taken outside, for example, and in the same time, other 2 or 3 residents ask the carer for other things (e.g. to have a glass of water, to be changed, to be moved in bed etc.). This led to a discussion about the shortage of staff, lack of time to spend with residents, as the time is taken by all tasks performed in the work in facility. This made possible to speak about rights which are not met – right to have occupation, relaxation activities, fun, to go outside. The carer who was new in the facility (one week) had the freshest perspective on things and stimulated the group discussion, by proposing solutions such as to create a library in the facility so resident can read books, to have board games, to have buses taking residents to cultural activities such as concerts in a planned and organized way. These proposals were somehow new for the other residents, stuck in the routine of the facility, but they agreed with all these ideas. The group was warm, had an enthusiastic approach and worked very well in team.

When facilitators played the scenario, they identified inappropriate behaviors and attitudes and changed the carer’s attitude, tone, voice, addressing manner, body language. Neither of them considered inappropriate to enter bedroom of resident without knocking the door.

- ✓ Human Triangle: Participants managed to get to the concept of ‘Dignity’ by themselves – they talked about self- esteem, and when asked what they think could be in top of the Triangle, one of the carers answered ‘dignity’. This shows a high level of knowledge and understanding of human needs and rights.

### *WHAT COULD BE IMPROVED AND HOW?*

- ✓ Replacing the exercise Anyone Who with another exercise, which is not so time consuming and not blocking participants.
- ✓ Direct questions in Socio-Drama about what rights of older persons are not met in role play. Developing discussion around rights for older persons in the facility, and how this could be changed. Having more time for group discussions around this theme.



## WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

In response to questions

- What worked best –*Everything* (5)  
*All functioned well*
- What would need to be changed –*nothing* (6)
- Anything learn more about – to continue this programme (3)

## RESIDENTS' WORKSHOP

Five residents took part in the workshop, all women, ranging in age from 58 to 93 years old. Of those who reported on length of stay, one person has been resident in the home for only 3 days, three people for between 3 and 5 years and one person for between 1 and 3 years.

### PARTICIPANTS

2 of the participants had physical or/and cognitive issues and were dependent on others for Activities of Daily Living, and needed help with writing. One of them (the lady of 93 years old) have had hearing loss and a hearing implant, so we had to adapt our tone to this. All participants were able to contribute the discussions and to be active in exercises.

### GROUP DYNAMICS

The lady who was new in the center was the more willing to talk and express her opinion, also the lady of 93 years old was very precise and had specific interventions. Facilitators took time to listen all opinions, and also encouraged all the other participants to talk. The other members of the group were more reserved and talked only when asked. They all listened carefully and had inputs in the conversations. Although they were encouraged to have dialogues and to open debates in the group, this was not possible, as each resident interacted only with facilitators, and not at all between them. There was not a single word exchanged between the residents, they only referred to facilitators (seen maybe as the authority). One of the resident was impatient to go outside to walk, but she was able to stay until the end of workshop and to complete evaluation form.

### ATMOSPHERE AND MOOD

The one participant who gave life to the group was the lady who has just been admitted to the facility a few days before the workshop. She was very happy to talk and to share her experiences. The other members of the group were more reserved, they only expressed their opinions when individually asked to do so. The fact that they did not speak at all to each other created the impression of division, fracture in the group, some of them were unsure what to say and had difficulties in expressing. Facilitators asked questions and involved all participants into discussions, but not group discussions, only in pairs with facilitator.

None of the residents declared they were physically or emotionally tired at the end of the workshop.

### WHAT WORKED WELL?

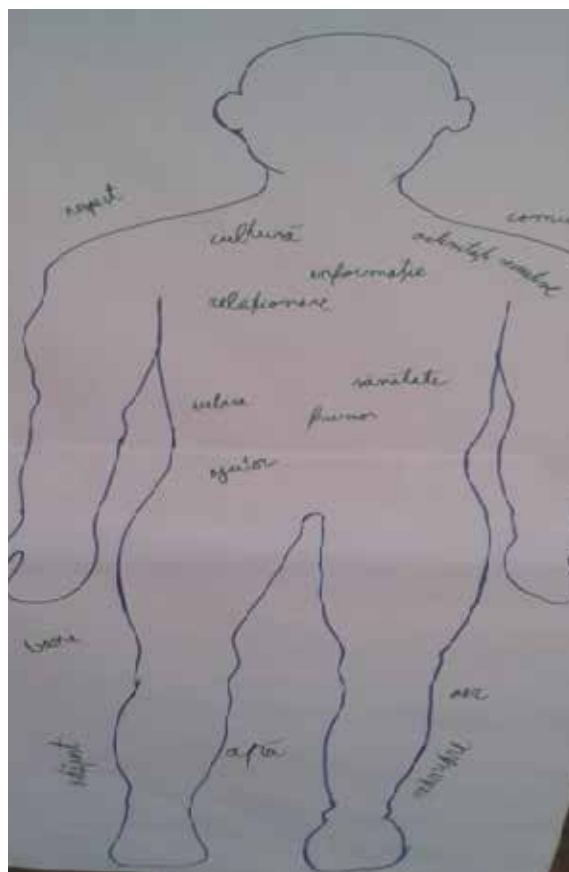
**1) The warm-up:** The exercise was a good choice for engaging participants into workshop – they were happy to share their proudest moment - such as when they got married, when they cared for



a disabled mother, when they were with the whole family, when they finished university etc. However, this exercise is not an interactive one, the participants do not interact with each other, and again during the workshop, the interaction between older persons is not at all enhanced. An interactive exercise should be introduced, maybe in the beginning, to induce the feeling of belonging between participants and to make them more open to each other and to cooperation between them.

**2) Body Map:** Participants understood and identified basic human rights and needs, and also emotional ones, being stimulated by the new resident who was willing to lead the answers. They did have varied answers and were able to express their views on human rights. The new resident had a high self-esteem and valued her rights, the others seemed more resigned with their life and not motivated to openly express their needs. They were catalyzed by the new resident's answers and this seemed to make group more responsive and more participative.

Basic needs identified included food, water, air, shelter, health. Emotional needs included: communication, education, love, information, culture, respect, recreational activities, relationships, freedom, spiritual needs.



**3) Socio Drama:** the Socio-Drama worked very well. Participants highlighted inappropriate behavior of carer, such as: addressing formula, tone of voice, the right itself that was shown in the role play (the script was referring to a resident who wants to go outside for a walk in park, and the carer refuses to take her out as she motivates that has a lot of work to do in the institution). The script was fit to the situation existing in the facility, as residents who have mobility issues are not going outside, due to lack of staff and opportunities. Participants said that the carer should address to the older person not on her name, but with a politeness formula – “it is an older person, the carer should address more politely and on another tone” – they stressed that the tone of voice should be more gentle, kind, and closer to the older person. Participants found solutions for the situation: “was she the only carer in the facility? The carer should call another colleague to take out the older lady, if she is too busy.” They all stressed out that the older resident has the right to go outside, take fresh air, walk in the park. This has led to other examples of rights older residents have – the right to education, culture, relaxation, fun, rights that should be respected in a facility. They stated that residents do not have the possibility to go outside, and inside the relaxation possibilities are limited – a common TV room. There are some NGOs who have volunteers, who come and have some activities with residents, not on a regular basis, and once/twice a year they take those who are able to walk by themselves to the restaurant. The new resident spoke also about the vulnerability of older persons admitted in care facilities: “You know how the snowdrop is when it appears in the spring, it is so fragile that it can be knocked down by a flurry. And so are also people from these centers.”

## WHAT COULD BE IMPROVED AND HOW?

An interaction game could be introduced in the beginning of workshop, as the older persons do not talk to each other and they do not seem to have any relationships between them. The cohesion of the group does not exist, they are individuals who talk for themselves and only to the facilitators, they do not enter into dialogues between themselves as co-residents in the same home, and this is strengthened by the carers' feedback also: in the center, the residents do not have communication or friendship relations, they are self-centered and not open to others' wishes or sharing experiences/stories/narratives. Although this might be explained by the old age and different pathologies they have, it can also relate to the lack of activities in the center, the lack of group bonding, the lack of relaxation and recreational

activities both inside and outside the center, with some minor exceptions (students volunteers who come once a week and do drawings with older persons, and NGOs who in the past had volunteers and did some activities). Maybe there is also the lack of specialized staff (such as animators/facilitators or occupational therapists) who could create a group connection, a group culture between residents and guide them in having an emotional healthy life in the facility. This lack of common ground and total absence of communication between the residents also makes them become more isolated and the facility's life seems petrified from the residents' side. This aspect is opposite to the sense of humor and meaningful relations from the staff's side, who do have relations between them, communicate, and have lively interactions.

## WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

The older persons enjoyed the activities: *"it was very nice", "it was an interesting activity", "the games were attractive", "all persons should be respected"* – these were the verbal feedbacks.

### Response to most important thing learned:

- *I learnt about what it is necessary to do in life, about behavior in common places. A very good activity, I liked it. I liked most the Wool game – proudest moment.*
- *The right to have dignity respected is fundamental*
- *Dignity and Health*
- *The rights I have. The games we played.*
- *To have my rights respected*

## OBSERVATION

The workshop enhanced the importance of relaxation/recreational/cultural activities, needs and rights. The residents do not participate in activities, do not have occupation, and they do not go outside. They outlined their need to see a theater play, to walk in a park, to go to a concert etc.

Some of residents did not understand well the evaluation questions: they did not understand what 'positive impact' means, and what 'being emotional tired' means. Facilitators provided supplementary information and explanations.

## SITE TWO - REFLECTION

1. The workshops took place in a public residential facility in Bucharest, on the 10<sup>th</sup> March 2017 the staff workshop and on the 23<sup>rd</sup> March, the resident's one.

**Session One:** 20 persons participated, including staff, residents, manager of the facility.

## STAFF WORKSHOP

### PARTICIPANTS

Nine staff members participated, all women. One person out of the 9 participants in the workshop delivered to staff was aged 18-30 and one was aged 44-56. 3 persons were aged 31-43, while 4 were aged 57+. Seven people were health care assistants, and two were carers.

Four people had 1-5 years experience. One person had 5-10 years experience, and the rest of four had more than 11 years experience.

## *GROUP DYNAMICS*

From the beginning of the workshop, this group showed a lot of resistance: they came to the place of the session, which was a hallway, and were very agitated and not happy to participate in the workshop. As they told the facilitators, the manager of the facility only announced them on the spot to come and participate to the workshop, they did not know this. The facilitators had spoken to the manager two days before, and had arranged with him the date and hour of the workshop, but he forgot to tell the staff. Facilitators tried to accommodate the staff, explaining that it will be an interesting and fun activity, telling them the duration, structure, aims (already presented in Workshop 1). The spirits calmed down eventually, and the participants got engaged in the activity, due to the willingness of some of them, who were more experienced, older, apparently informal leaders who convinced also the others to actively participate in exercises. Sometimes they did not listen to each other, interrupted one another, their concentration level was fluctuant during the workshop, in part due also to the location. The workshop took place in a hallway which is the day room/activities room of the facility. During workshop, people of staff and residents came and go, intervened in the activities, interrupted the participants who were speaking, made jokes or said their opinions in the discussions. This had a great influence on the group dynamics, as it cut the flow of communication and of exercises. Facilitators had to intervene and focus the discussions on the subjects. They all were enthusiastic to engage in the exercises, shared their experiences, participated in the socio drama. But the team spirit lacked and also concentration.

The staff did not follow continuous education courses/programs.

## *ATMOSPHERE AND MOOD*

The workshop took place in an inappropriate place, a hallway where different persons were passing through and intervening with comments in the workshop, eventually it was like a show that the other members of staff and residents were watching, applauding, laughing, etc. This made the workshop very attractive for participants and all others in the facility, but it also interrupted concentration and focus on the subjects. Facilitators had to be vigilant and to conduct the workshop in a focused manner, and to limit the external interventions. The group was indeed interested in the topics approached, participated in all exercises and had interesting debates, targeting needs/rights and improvements that could be made in the facility.

## *WHAT WORKED WELL*

- ✓ The warm ups – ball game was funny and easy to play, creating good mood and atmosphere
- ✓ Guided walk – very insightful for staff
- ✓ Triangle of needs – good way for identifying human needs and rights in a visual manner
- ✓ Socio-drama: we chose a scenario which was fit for all facilities, and it was easy to identify needs and rights involved, and from here the discussions evolved
- ✓ Basket of empowerment – very suggestive and powerful exercise, ending the workshop in a fruitful and impressive way

## *WHAT COULD BE IMPROVED AND HOW*

- ✓ Stressing Generational Intelligence and ways of improving / building it in institution

- ✓ Replacing 'Anyone who?' exercise with another one, which can be more easily played by staff
- ✓ Staff asked for Participation certificates!

## 1. STEP ONE: THE WARM-UP:

- ✓ a. Ball throwing: a good way for ice breaking and entering into activities, and for connections in the group
- ✓ b. Anyone who? : this exercise did not work well at all. Participants were totally blocked when they were in the middle, and could not find what to propose to others. This exercise prolonged too much and we had to stop it and go forward with the workshop.

## 2. STEP TWO: BUILDING EMPATHY (GI)

The Guided walk exercise worked very well. This was a very good way of building empathy in the care staff, they spoke about their feelings of losing control, fear, despair, dependence, not trusting the others and opening their eyes, and they immediately made connection with older persons' situation. They mentioned the dependence and loss of autonomy of older persons in the facility, the fact that they do not have family anymore for support and trust, but that the staff can be as a family for them, helping them in meeting their needs.

## 3. STEP THREE: NEEDS AND RIGHTS:

- Staff was working very well in small groups and identified rights and needs correctly and in a collaborative manner. They understood very well the rights and needs that all persons are entitled to. They identified as basic human needs/rights: light, shelter, sex, air, water, money, health, food. Emotional needs/rights identified were: culture, education, family, love, understanding, respect, communication, relaxation, well-being.



- Role Play: the script was played by two staff member, at first. They both entered perfectly into the roles, as the scenario fit to the situation of the facility. The carer who was playing 'the older person resident' quickly came to say that she was feeling 'like in a prison', and when debriefing, they all said that this what the residents say often, as they cannot go for walks outside if they are dependent, and there is shortage of staff to go there. Also, the staff admitted the lack of time for communication and time spent with residents, although they need it, and the lack of activities in the center. But at the same time, they raised their own of being respected, being treated with respect by the residents and by the management. If they are treated with respect, they can offer also respect and proper care to the residents. The

idea was that these aspects need improvement in the facility. We also talked about Generational Intelligence, and empathy that must be built for relationships with beneficiaries.

- Socio-drama: when facilitators played the scenario, the staff found negotiated solution for taking the resident outside for a walk, and they re-directed the scene in a good manner, correcting/ changing inappropriate behavior and attitudes.

## 4. STEP FOUR: COMPLETING THE TRIANGLE

This was the most valued part of the workshop, which staff liked and enjoyed the most, showing how our needs and rights are all complementary and dignity is the supreme value/right/need.

### WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

#### Response to what worked best

- *Communication*
- *Discussions*

#### Response to what would you change?

- *Nothing*

## RESIDENTS' WORKSHOP

Eight residents took part in the workshop, 6 women and 2 men. 1 person was 56 years old, 23 people aged between 60 and 64, 2 people aged 65-69 and 2 people aged 75-79. Years in residence: all persons except one were in the institution for more than 6 years (24 years, 23 years, 16 years etc.) and one person between 1 and 3 years.

### PARTICIPANTS

2 persons were in wheelchairs, two had communication difficulties, and one person had a cognitive impairment. This group was particularly active, interested, engaged in the activities, and all persons contributed to the discussions and shared their point of view.

### GROUP DYNAMICS

The participants were excited and happy to participate in the workshop. They listened to each other and interacted a lot one with another, but more to be opposite to one lady who spoke out her views and things she did not like in the facility, and she was covering all time for discussions. In a way, the discussion coagulated around the subjects she raised, which were of interest for all residents. This was an animated, vivid group, very interested in the topic of the workshop and in debating. All participated, upon their possibilities.

The location of the workshop was on the hallway – where different staff members and other residents were passing by. This was the only place the workshop could be held, as this was the place (room) where residents were staying for the relaxation and to watch TV. There is no other room for activities.

### ATMOSPHERE AND MOOD

This group was particularly excited about the activity, engaged, fully participated to all exercises, and interacted one with another. They talked to each other, they listened to each other, they entered into debate about needs, rights, changes in the institution. The atmosphere was warm, even there was some tension within the group, as one lady was the one who was not content about her needs and rights being taken into consideration, and always wanted to talk, and the others wanted also to express their opinion. Facilitators had to stop her sometimes, in order to let others also to speak up. But in all, the mood of the group was relaxed, they seemed to enjoy the workshop and wanted to stay more at the end, talking. They had a sense of community as a group.



## WHAT WORKED WELL?

- ✓ The Wool exercise allowed each participant in the group to share their proudest moment, and this contributed to disclosure and to engaging the group into the workshop. People were happy to share their special moments, and this gave opportunity to learn more about each other celebrate and make connections within the group (for example, one of the participants shared with the group that he served in the special forces).
- ✓ The body map and the Triangle of Needs – a very good exercise for the identification and understanding of human rights and human needs. This created debates about needs and rights that can be satisfied and some that cannot be met in a facility.
- ✓ The Socio-Drama was also a successful exercise: participants were very active and aware of what inappropriate attitudes and behaviours were, and what rights were violated – in particular they stressed the right of decision, freedom, respect, going outside. This generated again debates about the restrictions in the facility, the larger context of the institution and society in Romania, the difficulties of life, and the overall feeling was that the participants were resigned and used to this way of living and they did not feel that change was possible (except the older lady who was very demanding regarding her rights). The others were somehow trying to find justifications for the situation and to accept it as it was.



**STEP ONE:** The warm-up: A good way for participants to raise their self-esteem, to feel valued, to talk about themselves and their lives, before the life in institution. This created a good climate in the group and facilitated the beginning of the workshop.

**STEP TWO:** Body Map: Basic needs identified included: food, fruits, air, money, hygiene, shelter, help, health, medical equipment. Emotional needs identified included: harmony, relaxation, culture, reading, respect, communication, understanding, socialization, affection.

**STEP THREE:** Socio Drama: The participants were able to identify inappropriate behaviors and attitudes and to change it, they were very active and they all participated in this. This was the only group that identified the fact that the carer should knock at the door when entering the bedroom of a resident. The script seemed to be a situation that the resident were facing – and the problem of insufficient staff was raised, to answer the residents' needs and to carry out all other professional tasks in the facility. The solution the residents had for taking the dependent persons out was help each other, which showed the support they offer within the group. Other rights that were raised was the right to relaxing activities outside the facility (theater, concerts, other activities) and also inside the center (to open the access to the library, to have activities in the center etc.). Although all these rights and needs were mentioned, some of the residents said that in the way society is built right now, this is what it can offer, and the restrictions cannot be overcome and changes cannot occur as it is impossible. Also, the fact of living in common in the facility involves that sometimes not all needs of a person can be fulfilled, because it enters in conflict with others' rights and needs. The group concluded that things were rather good for them (except the lady who was speaking a lot about her rights and needs) and that maybe in the future, in some years, change will be possible. Defense mechanisms were present at this moment, probably to preserve their mental wellbeing and not to create too much distress.

## WHAT COULD BE IMPROVED AND HOW?

- The location for the workshop should be appropriate, not in a place where other people come and go.
- Ensuring that everybody has opportunity and time to speak, not one person monopolizing conversation
- Stressing the fact that, even if there are opinions contrary to all others', the person has the right to speak up and express it
- Creating somehow the possibility for change to happen, and to be perceived by older persons residents

### ***What was the most relevant feedback received from participants?***

Responses to what are the most important things learned

- *I felt that I was respected during the workshop*
- *Communication*
- *I learned what are my rights and my obligations*
- *I am now aware of my needs and of the rights that I have*
- *The importance of rights*
- *I felt very good*

Response to any other comments/ small changes that would make a difference

- *Diversification of the content of these workshops*
- *Behavior of staff*

## SITE THREE - REFLECTION

The workshops took place in a public care facility, in Bucharest, on the 5<sup>th</sup> April 2017 the staff workshop was carried out, and on the 6<sup>th</sup> April the residents' workshop was held.

**Session One:** 20 people attended, including the Manager of center, 6 members of staff and 14 residents. Coordinator of STAge programme explained objectives of project, and also structure, content and theme of the 2 workshops.

## STAFF WORKSHOP

### *PARTICIPANTS*

Seven staff members attended the workshop, all of them completed socio-demographic details and they were all women. One participant was aged 57 or over, 2 aged between 44 and 56, and three aged between 41 and 34. Four were nurses, and 2 were health care assistants (nurse assistants). Four staff members had 11 or more years experience in their role, the other staff member had 6 to 10 years. Four staff members had nursing qualification, and the other two had health care assistant (nurse assistant) qualification. They all had native language Romanian.



## GROUP DYNAMICS

One of the care staff was nervous before the workshop began, she said she takes up other courses - CPD in Nursing Order, and she was reluctant to participate. This also made nervous the other participants, they were not sure if to participate or not. Finally, the person decided to leave the room, and this fact relaxed the atmosphere and set the care staff remaining for the workshop. They were very committed to the exercises, had a good interaction with each other, and with the facilitators. Defense mechanisms were present when talking about respecting the rights of older persons in the facility, as they said all rights of older persons were respected (although residents said it was not the case) and when asked if they themselves would be happy to live in the facility, they all said yes. Despite this, they were able to display empathy in exercises, role play and in group discussions.

## ATMOSPHERE AND MOOD

The group had a good capacity to work together in fulfilling exercises, tasks, role play. They found humor, they enjoyed themselves, they were creative and the workshop had a good continuity. When asked about respecting older persons' rights in the facility, the group became defensive, one of the care staff took the lead in saying that all rights were respected – “they have food, they have heating, they can go outside in the park”. They said nothing should be changed in the facility in this sense. When asked if other rights were respected –such as recreational/relaxation/occupation rights, they then said no. Also, they came with suggestions about relaxation/fun activities, for the persons who have mobility. For the others, who are not mobile, they see no possibilities of activities.



## WHAT WORKED WELL?

- ✓ The warm ups went very well, setting up the collaborative climate for the group work, it produced fun and relaxation between participants.
- ✓ The Rights Triangle was a good way to create awareness for older persons' rights and needs, in mirror with their own, and showing the different priorities of different generations.
- ✓ The Exercise 'Walking Guide' was a very good way for the carers to acknowledge the feelings of older persons when depending on others in the facility, and to build empathy in carers.
- ✓ The socio drama was the opportunity for carers to find negotiated solutions in relation to older person's needs, striving to respect their rights.

## 1. WARM UP:

a. **Catch My Name** (Ball throwing) – it was a fun communication and connection game, allowing facilitators to enter the carers' group, and creating group cohesion, showing that in life there are opportunities and challenges that come and go, and life means juggling with all these.

b. **Anyone who can?** In this exercise, the carers were very focused on common work activities that they all performed (“anyone who fed today the patients/who changed the patients/who have the treatment to patients”). It was very easy to show then the commonalities between at different stages of our lives – as they have in common work place for example, and they then said that older persons have in common the fact of living in a facility and having different impairments.

**2. STEP TWO** – Increasing generational intelligence. We have talked about this concept in the beginning

of the workshop, explaining the carers that Generational Intelligence means the ability to have empathy and to put oneself in the shoes of someone of other generation (older persons).

**a. Triangle of Needs:** Basic needs identified by carers are: food, water, health, air, heat, light, rest/sleep, clothing, shelter, medicines, money, sex. There was a complex discussion around 'sex' as a basic need, as one carer continuously affirmed that you can live and survive without sex. Others replied that you can survive but the human species cannot reproduce without sex and it will enter into extinction, so after debate 'sex' was categorized in 'basic human needs' level. Emotional needs were then introduced, and carers identified the following emotional needs: culture, family, religion, communication, education, love, friendship, work, information, relaxation, travels.

Carers spoke what are their priorities and needs at this stage of life: family, work and relaxation. In their opinion, older persons' priorities are: health, medicines, food, rest and care/support.

**b. Guided walk:** Staff said they felt unsecure when dependent on others. In the same way feel the older persons in the facility – unsecure and they do not trust others for support and care. To make them feel more at ease, staff should communicate with them, for them to be more autonomous, to explain them each action taken, each step in the care process, to build confidence and the relationship.

**3. STEP THREE** – The role play was first acted by 2 of the carers, who were very good to show this situation in practice. In the role play, the carer find negotiated solution for taking the resident out – by telling her “I am very busy right now to take you for a walk, but do you want me to take you out to stay in the park by yourself for half an hour, and take some fresh air?”. They found a solution that they think might suit the older persons' needs for relaxation and fresh air and outside activities. In the context of this facility, it is the only solution they see it can be feasible, although it might not be what the older person wants. Facilitator asked then what can be changed in the institution for the older persons to have their rights met and to be more independent. Staff answered that older persons “have to accept the services offered in the institution: the meals are five times a day and are sufficient, if an older person wants to eat between the meals we do not see the reason why because there is plenty of good food in the meals. Pampers could be changed more often. They would need indeed group activities, relaxation, going out for walks. Those who can walk, and who live on the ground floor of the facility, go in the park/garden of the facility (this facility has a very large and beautiful park) and they can enjoy themselves. Those who have limited mobility live on first floor and do not go outside at all, but they do not need it, as there is a large terrace on the first floor where they can go out, there is also a TV, and there they communicate and socialize between them”. Asked if they would like to live here in the facility, they all said yes, as all needs are met for residents. Staff's defence mechanisms were activated, and they could not really perceive changes that could be made to improve life of residents in the center and real needs of residents. This is also due to the organizational culture, which imposes changes from top to down, without real implication and inputs from staff or residents. They do not see change possible and do not perceive themselves as having power of change. Staff also raised the problem of abusive behaviour (verbal) between residents (fact related by residents themselves).

Facilitators then played the role play, and the carers were capable of detecting inappropriate behaviour from carer and change it. They were not able to say that is not appropriate to enter bedroom of residents without knocking the door. They were capable to see inadequate attitudes and changed to be made also the tone, the voice, the gesture of carer in role play.

**STEP FOUR COMPLETING THE TRIANGLE:** Staff engaged very well in this exercise.

#### *WHAT COULD BE IMPROVED AND HOW?*

- A separate session/activity/exercise on changes that should/could be made in the facility, from perspective of staff, could be maybe introduces. It is important to stress out the ability to change and to empower them to do this.

- Defense mechanisms of staff, which are strong, intervene in the training process, and should be approached.

## WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

### Response to what worked best

- *A training course that I enjoyed*
- *Communication*
- *To have a better awareness on the rights of older persons*
- *Role play*

### Response to what would you change

- *Nothing*
- *In the facility – to have more staff members*
- *I am very satisfied*

### Response to is there anything you would like to learn more about?

- *Games and activities*

Other comments included:

- There should be more work around the attitude of staff and on the attitude of the beneficiaries/resident

## RESIDENTS' WORKSHOP

### RESIDENTS

Six residents attended the workshop, 4 women and 2 men. 4 residents were aged over 85 years old, one resident was between 75 and 79 and one between 80 and 84. Regarding the amount of time spent in this residential care home, three people were resident for one to three years, one was resident 3 to five years, and two for more than 6 years.

### PARTICIPANTS

2 of the participant did not hear well, facilitators had to adapt the tone. Also, 4 of them had physical impairments – mobility issues. Two of them had some mild cognitive impairment, which did not affect their participation in the workshop.

### GROUP DYNAMICS

One of the participant took the lead in speaking and became the 'voice' of the group. She was very active, very engaged in all exercises, and made very useful and creative inputs to the discussion. The others, although more reserved and quiet, they did participate, but facilitators had to work hard to engage

them. They seemed more reluctant in saying their real opinion (the social worker of the institution was present throughout the duration of this workshop) and this might have influenced their attitude and participation. But the active older lady did not avoid to speak up her real thoughts and opinions, spoke about her dissatisfactions, and made the interaction more real and lively, adding also humor and sparks to the group process.

## **ATMOSPHERE AND MOOD**

The sense of community was lacking in this group, and it came to light that many conflicts were present between residents themselves, and abusive verbal behavior between residents was present. Although the manager and staff are trying continuously to stop these conflicts and behaviors, and they intervene in all cases, this still bothers the residents, and there was pain and tears at the end of workshop. The participants did not interact between them, did not spoke to each other, they spoke individually. They listened carefully each other when they spoke, without interrupting, but did not engage into conversations. They only addressed to the facilitators and to the social worker.

## **WHAT WORKED WELL?**

- ✓ The residents were happy to have an interactive activity
- ✓ The Wool exercise worked very well, at individual level, but did not engage participants in interactions with each other.
- ✓ Socio-drama was also very good. The lady most active said that 'this happens here sometimes', so she was the one who was most participative. All seniors made changes in the inappropriate attitudes and behaviours of carer.
- ✓ The Triangle of needs was also a good exercise for raising awareness regarding own human rights of older persons in the facility.
- ✓ The Basket of Empowerment went also very well, older persons seems excited to create the Triangle, to name the Human needs/rights, and then to throw to the basket.

## **1. STEP ONE WARM UP**

Ball of Wool – Proudest Moment: This was a very good exercise, which created an intimate sharing atmosphere for the older persons. Each of them remembered a special moment or a very happy moment ('proudest moment' would not be the most appropriate thing to ask from them as they did not know what to say, so facilitators changed and said 'what was the moment when you felt the most happy in your life'): the moment they had the wedding, the moment they finished university, the moment they finished high school, the moment they had a child, the moment they began to work and earn own money etc. This was an emotional moment for everyone present.

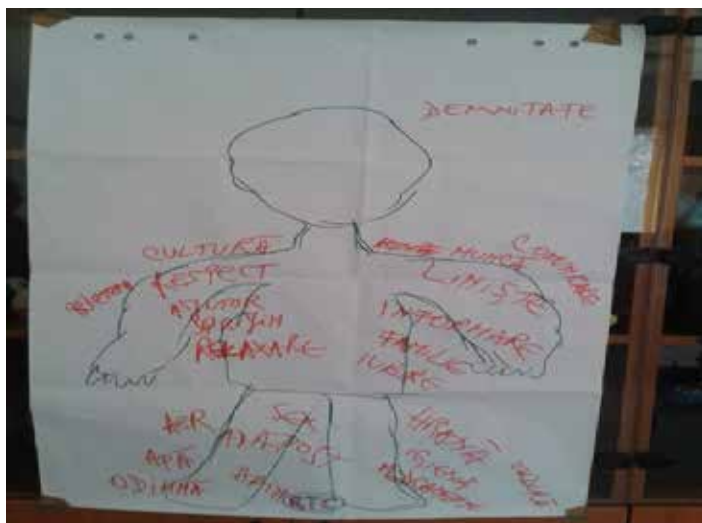
## **2. STEP TWO TO LIVE LIFE WE NEED**

Body Map/Triangle of Needs: some of the participants identified needs/rights, for others it was more difficult, and facilitators had to ask a lot of questions to reach answers from them. They identified basic needs: hygiene, rest, shelter, heat, food, clothes, water, air, medicines, sex. There was a shock among participants regarding 'sex', as some of them said they are too old for that. Facilitators stressed the fact that these needs and rights are present at all ages, and are universal, for all human beings. This discussion made a point probably more deeply in the psychological construction of residents, because one female participant told the facilitators, at the end of the workshop, to speak to the manager in order to find her a boyfriend.

Emotional needs identified were: support, respect, information, help, communication, family, love, relaxation, work, peace and quiet, activities, culture, friends.

### 3. STEP THREE: ACTIVATE MY RIGHTS

Socio-drama was particular engaging for participants, especially for the active older lady who spoke up about rights in the institution. Our scenario with the carer who refuses to take the resident for a walk seemed to be familiar for the institution, as this participant said. Residents were particular able to identify inappropriate attitude and behaviors, changing it – they focused not only on the carer attitude, but also on the resident's attitude. They said carer should find a solution to take the resident outside, should be more respectful, change tone of voice and body language. But also the resident should be more respectful, not demanding this right to go outside, but asking more politely, in a way to impress the carer and to create pity in order to see this need met. Also, the body language of the facilitator was seen as offensive for the carer (standing with the legs across), and participants said the resident should adjust this position if wanting to get something from the carer. This means that older persons in this facility created some adaptive strategies in order to cope to the challenges of the life in institution, and have to adjust their 'attitude' in order to have their needs / rights met. We stressed the fact that this need/right should be respected no matter of the position of the resident and should not ask for pity to get it. These statements did not produce reaction in the participants, they were convinced of their truth.



The discussion then turned to the rights and needs of residents, and they said that there are no activities, fun and relaxation group activities, organized. They do not have a library, they occupy their time going outside in the large park the facility has, playing board games, watching TV. But the TV is also a problem, as the resident fight on what programs to watch, and they do not agree, so they prefer not to watch TV anymore. They cannot be informed, as the press does not come into institution. They say there should be more respect, between residents and from staff also. It appears there are conflicts between residents especially, from the life in common and their different needs, and this brought to surface the pain felt by the residents – one lady cried at the end, and facilitators accompanied this reaction.

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#### WHAT COULD BE IMPROVED AND HOW?

- Introduce an interaction exercise for residents.
- Focus also on abuse from other residents, for the future
- Be prepared to receive negative feelings, sadness from older persons residents, and how to manage it
- Staff should not be present to residents' workshop, as it influences participation
- How to change deep patterns of coping with inappropriate attitudes, for residents?

#### WHAT WAS THE MOST RELEVANT FEEDBACK RECEIVED FROM PARTICIPANTS?

Responses to what are the most important things learned



- *The presentation was useful, relaxing. I appreciate in a positive manner the project presentation.*
- *To communicate more*
- *It was a good discussion, positive*
- *We learned to behave, I spoke about what I did in my life.*

## WORKSHOP 4: 'LET'S PUT THE LEARNING INTO PRACTICE'

This workshop was held on the 13<sup>th</sup> April 2017, with participation of representatives of Asociatia Habilitas – Centru de Resurse si Formare Profesionala and also the manager of the facility. We presented the manager the learning from the 2 workshops held in the institution, and also a set of recommendations for improving the procedures/policy in the center, regarding ensuring human rights. We recommended the organization of group/relaxation activities for residents, ensuring their access to a library in the facility, press subscriptions of the institution in order to ensure the right of information of older persons residents, and also ensuring the participation of staff to continuous education programs/courses. The recommendations were presented to the management in written, and signed by both parties – one copy was made for each party.

## SUMMARY OF SUGGESTED CHANGES TO IMPROVE PROGRAMME

### PROFESSIONALS

- ✓ Replacing the exercise Anyone Who with another exercise, which is not so time consuming and not blocking participants.
- ✓ Direct questions in Socio-Drama about what rights of older persons are not met in role play. Developing discussion around rights for older persons in the facility, and how this could be changed. Having more time for group discussions around this theme.
- ✓ Stressing Generational Intelligence and ways of improving / building it in institution
- ✓ A separate session/activity/exercise on changes that should/could be made in the facility, from perspective of staff, could be maybe introduces. It is important to stress out the ability to change and to empower them to do this.
- ✓ Defense mechanisms of staff, which are strong, intervene in the training process, and should be approached.
- ✓ Providing staff with Participation Certificates

### RESIDENTS

- ✓ An interaction game could be introduced in the beginning of workshop, as the older persons in 2 facilities do not talk to each other and they do not seem to have any relationships between them. The cohesion of the group does not exist, they are individuals who talk for themselves and only to the facilitators, they do not enter into dialogues between themselves as co-residents in the same home, and this is strengthened by the carers' feedback also: in the center, the residents do not have communication or friendship relations, they are self-centered and not open to others' wishes or sharing experiences/stories/narratives.
- ✓ The location for the workshop should be appropriate, not in a place where other people come and go.
- ✓ Ensuring that everybody has opportunity and time to speak, not one person monopolizing conversation
- ✓ Stressing the fact that, even if there are opinions contrary to all others', the person has the right to speak up and express it

- ✓ Creating somehow the possibility for change to happen, and to be perceived by older persons residents
- ✓ Focus also on abuse from other residents, for the future
- ✓ Be prepared to receive negative feelings, sadness from older persons residents, and how to manage it
- ✓ Staff should not be present to residents' workshop, as it influences participation
- ✓ How to change deep patterns of coping with inappropriate attitudes, for residents?



# ANNEX 1

## EVALUATION FORM PROFESSIONALS

Please state to which extent you agree with the following statements - 1 = not at all; 5 = completely

	1	2	3	4	5	COMMENTS
	Completely disagree	Disagree	Partially agree	Agree	Completely agree	
1. I CAN IDENTIFY HUMAN RIGHTS ISSUES IN MY WORK						
2. I CAN PUT MYSELF IN THE SHOES OF AN OLDER PERSON						
3. I AM MORE ABLE TO HELP OLDER PEOPLE TO EXPRESS THEIR OPINIONS AND WILL						
4. I CAN MORE EASILY RECOGNIZE OLDER PERSONS AS VALUED						
5. I AM NOW ABLE TO HELP OLDER PEOPLE CHANGE THINGS IN WAYS THEY WANT						
6. DRAMA METHODS ARE EFFECTIVE TOOLS TO RAISE AWARENESS TO CHANGE ATTITUDES AND BEHAVIORS AND TO BETTER UNDERSTAND OLDER PEOPLE FEELINGS						
7. THE WORKSHOP HELPED ME TO BE MORE CONSCIOUS OF HUMAN RIGHTS OF OLDER PEOPLE						
8. I GOT NEW IDEAS HOW TO PROMOTE DIGNITY AND RESPECTFUL RELATIONS WITH OLDER PERSONS						
9. I AM VERY SATISFIED WITH THE WORKSHOP						

IN YOUR OPINION:

What worked best in the workshop?

What would need to be changed?

What would you like to have more work on?

Any other comments?

ANNEX 2

EVALUATION FORM RESIDENTS

PROPOSITION	DISAGREE	NEITHER AGREE OR DISAGREE (NEUTRAL)	AGREE
1. RAISING AWARENESS OF HUMAN RIGHTS AMONGST OLDER PEOPLE IS IMPORTANT			
2. I GAINED MORE UNDERSTANDING OF THE HUMAN RIGHTS OF OLDER PERSONS			
3. I FEEL I CAN TALK TO SOMEONE SHOULD I HAVE CONCERNS ABOUT POSSIBLE VIOLATIONS OF HUMAN RIGHTS			
4. I FEEL I CAN GIVE FEEDBACK AND PROPOSALS FOR CHANGE IN MY NURSING HOME			
5. I KNOW HOW I CAN MAKE POSITIVE IMPACT TO IMPROVE MY WELLBEING IN THE NURSING HOME			
6. I CAN BETTER RECOGNIZE INCORRECT BEHAVIOR IN MY CARE ENVIRONMENT			
7. RESPECTFUL BEHAVIOR IS IMPORTANT IN MY CARE ENVIRONMENT			
8. I FELT THE METHODS USED IN THE WORKSHOP WERE ENJOYABLE			
9. I LEARNED SOMETHING NEW IN THE WORKSHOP			
10. I FELT BEING RESPECTED IN THE WORKSHOP			
11. THE WORKSHOP WAS PHYSICAL TIRING FOR ME			
12. THE WORKSHOP WAS EMOTIONALLY TIRING FOR ME			

WHAT ARE THE MOST IMPORTANT THINGS YOU LEARNT FROM THE WORKSHOP? .....



