

LESSONS LEARNED

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S.T.AGE

SOCIO-DRAMA TACKLING AGEISM, PREVENTING ABUSE



Erasmus+

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Lessons learned

A platform for Sharing Knowledge



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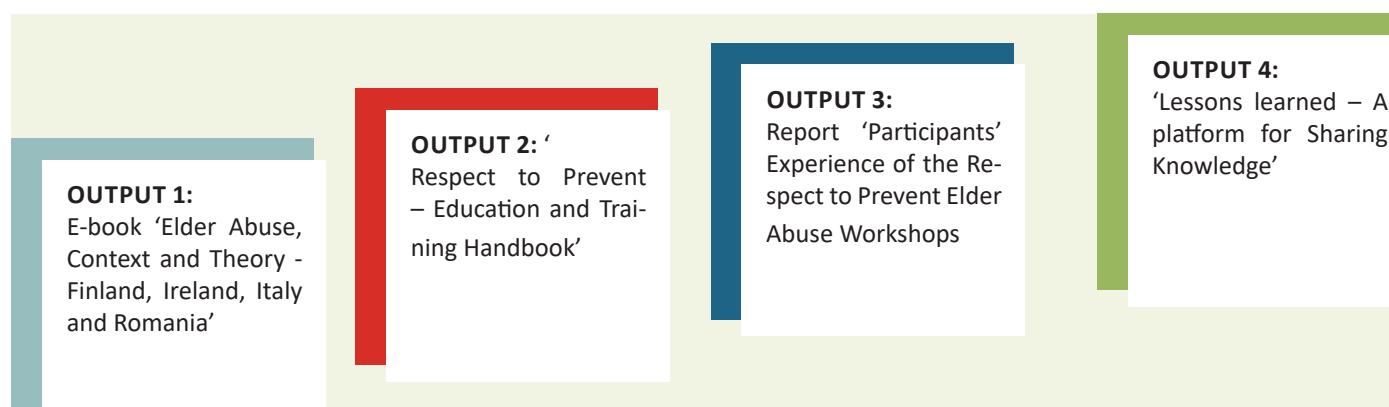
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1. INTRODUCTION

S.T.Age “Socio-drama Tackling Ageism Preventing Abuse” is a follow up of the LLP-Grundtvig partnership project “Combating elder abuse” (2013-2015) and funded under the Erasmus+ element of the European Union. The main objective of S.T.Age is to design an education programme that provides new learning opportunities in the field of human rights of older people to prevent elder abuse. The Respect to Prevent training programme seeks to prevent elder abuse through raising awareness amongst older people of their human rights, empowering them to exercise their rights and challenging ageist attitudes through building empathy amongst health and social care professionals. Five organisations have come together to develop this project. Age Action (Ireland); Anziani e non solo, (Italy); Asociația HABILITAS - Centrul de resurse și formare profesională (Romania) and Suvanto – For a Safe Old Age (Finland) are all non-governmental organisations working to improve the lives of older people; the fifth partner the Gaiety School of Acting, Ireland, a not-for-profit theatre school, is involved in developing programmes that address social issues through drama.

The project consists of four outputs:



OUTPUT 1: The e-book ‘**Elder Abuse, Context and Theory - Finland, Ireland, Italy and Romania**’, provides a background overview of elder abuse from the perspective of the four partner countries. It explores theories associated with elder abuse and how they inform policy and responses. The booklet discusses the theory of generational intelligence, the theoretical background of the project, and outlines the value of socio-drama as a medium for addressing social issues. The e-book set the context and informed the development of Output 2, the ‘Respect to Prevent’ education and training programme.

OUTPUT 2: The ‘**Respect to Prevent – Education and Training Handbook**’ presents the ‘Respect to Prevent’ training programme consisting of a series of workshops aimed to inform and engage older people and care staff in residential care settings. For older people, the aim of the training is to engage them in embracing and activating their human rights as well as nurturing their confidence to report their concerns. For care staff the focus of the training is on building empathy, addressing ageism and promoting self-care. The Respect to Prevent Handbook outlines the methodology developed and provides step-by-step guidance on how to implement the workshops. The Training Handbook can be used to plan and conduct an educational programme on elder abuse prevention. In tandem with the S.T.Age E-Book: Elder Abuse Context and Theory: Finland, Ireland, Italy and Romania, the Training Handbook is designed to equip facilitators with all the necessary information, skills and materials to guide the delivery of the Respect to Prevent programme.

The development process for the training programme included research and a review of existing educa-

tional material for formal carers in preventing elder abuse and pre-testing. To ensure applicability across diverse socio-cultural contexts, the key concepts of the programme were explored through Interviews with older people and formal carers in each partner country. A 5-day Train the Trainer workshop was organised in autumn 2016 for 3-4 participants from each partner organisation. The training focused on the development of the skills necessary to deliver the Respect to Prevent workshops. The training handbook was launched at an international conference held in Dublin in November 2016, where further feedback on the programme was collected.

OUTPUT 3: the report **‘Participants’ Experience of the Respect to Prevent Elder Abuse Workshops’** outlines the outcomes of the piloting of the ‘Respect to Prevent’ programme in Ireland, Italy, Finland and Romania. The report summarises and compares the results and includes detailed reporting and data analysis for each country-context. The training programme was piloted in three settings in each partner country. In each setting, up to 30 people participated including nursing home managers, formal carers and older residents. The aim of the piloting was to gather the participants’ experience of the workshops and to test the methodology developed in terms of fitness for purpose as well as capacity to engage the target groups and meet its objectives.

Output 4 **‘Lessons to be learned – A platform for Sharing Knowledge’** as the final Output of the S.T.Age project brings together the experiences, knowledge and understanding gained throughout the project. It also presents recommendations relevant to policy and practice in each partner country to improve collaboration and coordination of stakeholders nationally and at a European level. Building on the previous outputs, the report captures the learning from the project both at an instrumental and conceptual level.

A resource developed as part of the learning platform, the ‘Human Rights Matter in Every Day Life’ video by Gaiety School of Acting presents a socio-drama scenario focusing on the activation of human rights through changing attitude/behavior¹. The video, among other additional materials on the platform, can be used independently in tandem with the Respect to Prevent handbook.

¹ <https://vimeo.com/230450579/b2ac24d8d2>

2. THEORY OF GENERATIONAL INTELLIGENCE AND SOCIO DRAMA: AN OVERVIEW

The theoretical background of the 'Respect to Prevent' training programme is based on the theory of Generational Intelligence brought alive through creative methods of socio-drama. This chapter discusses the concepts and describes how they are incorporated into the 'Respect to Prevent' training and education programme on a practical level.

2.1 Definitions: theory of Generational Intelligence

The theory of generational intelligence 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 said groups. Biggs and Lowenstein (2011:2)² posit the concept of generational intelligence as way of understanding elder abuse, defining it specifically as *"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"*. At a societal level, older generation's priorities are often seen as less important than those of dominant age groups. Biggs and Lowenstein (2011) believe that lack of empathy and this capacity to bridge unhealthy social gaps between younger and older people gives rise to ageism. Hence, Biggs and Philipson (1994)³ contend that confronting ageism is central to understanding and confronting elder abuse. Negative attitudes impact on the older person and they come to see themselves as less worthy or value to society. The consequences for the older person are reduced dignity, opening the older person to abuse. Negative social attitudes towards older adults are acknowledged as a permissive element for elder abuse (Biggs and Lowenstein, 2011). In the context of generational intelligence, elder abuse is seen as a form of damaged intergenerational relations, due to ageism or dysfunctional organisational environments. To become generationally 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. For further information and definitions on the theory and concept of generational intelligence, see e-book 'Elder Abuse, Context and Theory - Finland, Ireland, Italy and Romania'.

2.2 Definitions: socio-drama

Creative drama is an exploratory tool used with other multi-disciplinary methods to understand, promote and achieve social change. Socio-drama is now a well-developed and increasingly important tool for increasing social awareness and bringing about positive behavioural change. Socio-drama is based on the work of Dr Jacob Levy Moreno (1889-1974), who is also known for his creation of psychodrama, a method of group psychotherapy which focuses on the individual and their inner thoughts to help achieve understanding and change. Maurine Eckloff in her article Using Socio-drama to Improve Communication and Understanding

² Biggs, S. & Lowenstein, A., (2011) Generational Intelligence – A Critical Approach to Age Relations. New York: Routledge.

³ Biggs, S and Phillipson, C. (1994) Elder abuse and neglect: developing training in M. Eastwood (ed) Old Age Abuse - A New Perspective. Dordrecht: Springer. Chapter 15p. 215-228.

(2006)⁴, refers to Moreno's understanding of socio-drama in his book, *Who shall survive?* (1953)⁵: "*While psychodrama focuses on the internal interactions of one man, socio-drama focuses on individuals in the process of interaction. Moreno defines socio-drama as a deep action method dealing with group relations*". (Moreno, 1953: 87) In socio-drama, the group is the subject of learning; socio-drama is based on the assumption that the group formed by the audience is already organised by the participants' social and cultural roles (Moreno, 1953: 87). Socio-drama approaches social problems in groups and aims to achieve a social catharsis (Moreno, 1953: 88). The group and the individuals within it are propelled toward an adequate response to a new situation or a new response to an old situation (Moreno, 1993: 13).

Socio-drama is a method by which a group of individuals select and spontaneously enact a specific social situation common to their experience. Each participant assumes and dramatises a variety of roles, usually focusing on problems and conflicts arising in certain interpersonal situations. It is a method for exploring the relationships within and between groups in societies, whether local, national or global. The practitioner learns to analyse such 'systems' by setting them out physically using objects or group members as representations, giving voice to these identified roles within the system or culture. Through role exploration (role reversal, doubling, mirroring amongst other provocative tactics), the practitioner helps the group to identify where new responses might be possible and to practice the necessary skills to achieve the desired change. For further information and definitions on the theory and concept of socio-drama and use of Forum Theater, see e-book 'Elder Abuse, Context and Theory - Finland, Ireland, Italy and Romania'.

2.3 Respect to Prevent: putting the concepts into practice

Putting theory into practice requires the use of an appropriate medium. Socio-drama is an approach noted for addressing various types of social issues. Furthermore, the experiences of the S.T.Age project show that socio-drama is a highly appropriate vehicle for opening up dialogue around a taboo topic such as elder abuse in order to address the individual, personal, familial, professional, systemic, social and cultural constituents of it. In the 'Respect to Prevent' training and education programme, socio-drama is used as a medium for facilitating professional and personal reflection and for building intergenerational empathy, especially within care settings, with the aim of preventing elder abuse. The benefit of using socio-drama is related to treating intergenerational empathy as an imperative, focusing our attention on the positive potential of being able to put ourselves 'in the shoes' of people of other ages to avoid negative intergenerational 'othering'. It enables positive interactions between generations and can reduce causal factors associated with elder abuse.

In addition to increasing generational intelligence among participants, the 'Respect to Prevent' training and education programme works to increase two specific capacities: empathy, for the target group of care workers, and empowerment, for that of older persons. Specifically for older persons, the workshop supports them to embrace and activate their human rights with the intention of gaining knowledge, skills in recognising abusive behavior, addressing the fear of repercussions and nurturing the confidence to report. In practice, knowledge and understanding of human rights in the older persons' workshop is built gradually over the course of the workshop, starting with:

- "To live life, we need" exploring and listing physiological and emotional needs and relating them to human rights with the use of a triangle and a body map,
- "Activate my rights" encourages participants to activate their rights by identifying unacceptable behavior and attitudes and looking at how to change them. The socio-drama exercise "Activate my rights" makes human rights such as right to choice, voice, autonomy and privacy tangible and demonstrates how to enhance them in familiar care settings. By being able to change the attitude and behavior of the antagonist and the protagonist

⁴ Eckloff, M. (2006) Using Sociodrama to Improve Communications and Understanding, ETC: a review of general semantics. *Volk*. 63 (3); p.259-259.

⁵ Moreno, J. (1953) *Who shall survive?* Beacon, NY: Beacon House.

in the socio-drama, the participants explore what prevents us from activating our human rights and allows them to be violated.

- “Completing the triangle – moving forward” completes the training by providing an opportunity to reflect on one’s own individual needs and what is required to reach one’s own full potential, i.e. become empowered and self-actualised.

The goal of the Respect to Prevent training workshop for formal carers is to build empathy and respect with the intention of strengthening awareness, knowledge and confidence among health and social care professionals and promoting self-care. Additionally, the carers’ workshop helps professionals become aware of their own attitudes related to ageing and ageism and develops a shared language around human rights. At the end of the workshop the participants are better equipped to support older people to activate their rights, with increased capacity to place themselves in the older person’s position. These skills will be developed and advanced throughout the workshop on a practical level, starting with:

- “Increasing generational intelligence”, which engages participants in identifying human rights with the help of a similar triangle used in the older people’s workshop, and developing alternative solutions to everyday nursing home situations through the practical empathy raising exercise “Walk in my shoes” (guided walk).
- “Needs and rights: Being aware of older people’s human rights” with the awareness raising socio-drama “My choice – my rights” provides the carers with an opportunity to step into the role of an older person/a carer and try out different approaches to respect and support human rights. The forum theatre approach engages the carers to become directors of the scene. The participants have an opportunity to comment and change the attitude of the carer and older resident in ways that can enhance the older resident’s human rights.
- Finally, “Moving forward” provides an opportunity for the participants to reflect on their own needs, to understand that to care for others, they need to first care for themselves. At the end of the workshop, the carers are encouraged and empowered to reflect and think about any changes that could be made to enhance residents’ human rights at their workplace.

The separate final workshop for nursing home managers allows these suggestions, ideas and learning from the two workshops to be put into practice, for example through change in procedures or policy such as the organisation’s elder abuse policy.

To conclude, the Respect to Prevent training programme is effective in preventing elder abuse as:

1. The training programme is based on issues experienced by the participants such as staff priorities versus residents’ priorities, carers’ workplace versus residents’ home, task orientated versus person-centre. The methods and exercises used in the training programme are centred on everyday instances where residents’ human rights may not be upheld. Through the piloting of the programme, these examples have been verified as being suitable for diverse socio-cultural settings.
2. The improvisational theatre process used allows the participants to explore the issues in a safe environment. They have an opportunity to experience at first-hand what it is to be a resident and to share how it feels with the group, thus encouraging group empowerment and ownership over the workshop. In socio-dramas, participants take on the role of another. This allows them to develop an empathic understanding of that person’s point of view or feelings, allowing them the opportunity to walk in another’s shoes.
3. Within the scenario, a dialogue is opened up between the characters and the audience (the other participants), enabling interpersonal relationships to be explored and other perspectives to be considered. Discussions led by the facilitators assists participants and audience to identify motivations, purposes, behaviour, implications and possibilities for the prevention of the problem situations.
4. Through the intentionally designed experiential workshops the educational, behavioural and psychological objectives can be promoted, encouraging the participants to reflect on how to achieve the implementation of the goals identified within their own organisation.

As demonstrated above and in S.T.Age project's outputs, using a generational intelligence approach as the theoretical foundation to underpin elder abuse prevention education programmes, integrated within a socio-drama approach, has the potential to revolutionise current approaches to elder abuse prevention. It can provide a new perspective and understanding through which staff and organisations view their roles, advancing residents' social identity, enhancing reciprocal relationships and challenge ageist assumptions. It will allow for more self-awareness, self-care, and satisfaction on a personal and professional level. It is envisaged that the model will lay the groundwork for further research and educational training models.

3. THE PROCESS OF DEVELOPING THE MAIN OUTCOME OF THE PROJECT ‘RESPECT TO PREVENT’ EDUCATION AND TRAINING PROGRAMME

3.1 Sounding board meeting in Ireland

In Ireland the project partners organised a Sounding Board meeting in February 2016 for discussion about issues around training workshops of professionals and older persons. Experts from different organisations, including representatives from Age Action, GSA, Creative Arts, Health Service Executive (HSE) Adult Safeguarding and Health Information and Quality Authority (HIQA) participated in the meeting. The meeting raised some key points and issues concerning older persons participating in the training, for example the high percentage of residents with dementia and issues around cognitive capacity. Also in many cases residents will have significant health issues so length of time required for the workshop must be considered and the number of participants that can be supported to participate in the workshop was also flagged. There was some discussion on whether to target workshop primarily at the more able group within the care centre, but it was decided that it should be the right of all residents/older adults to participate in the workshop if they wished and it was up to the facilitators to support all those who attended. Practical issues such as the need to have staff close-by/on call for residents when toilet breaks are needed were also highlighted. It was suggested that workshops could use fictional stories or examples that are as close to the lived experience as possible in order to engage participants and encourage the sharing of personal experiences.

It was decided in the meeting that testing of the training programme will take place in two homes in Ireland but piloting in all countries will involve three homes. It was noted that at a later stage there will be a train the trainer workshop with participants from the four partner countries, who will bring the learning back to their own countries and adapt/localise the model.

3.2 Interviews in partner countries with older people and care staff

In spring 2016 older persons and professionals working with older people were interviewed in the partner countries by a questionnaire to explore how the key concepts are understood and how these concepts should be used when putting the key concepts into practice in the development of the training programme. The concept of empathy was only explored with professionals as their understanding of

empathy was relevant to operationalising the theory of Generational Intelligence , the building of bridges to the aged-other (Results are described in chapter 5).

Using the data collected, the Gaiety School of Acting and Age Action created the workshops for older persons and care staff. The workshops were tested with a group of carers and residents in mid-2016 to explore the applicability of the concepts and the suitability of the methodology.

The older people's workshop was a mixed group of residents, some with quite high levels of dependency (physical and cognitive), but all enjoyed and took something from the session. They felt the workshop increased their understanding of human rights and helped to identify ways of speaking up for themselves. Staff also all found the workshop enjoyable and interesting because the way of learning was different. They felt the training was helpful for them as carers. The feedback from the test workshops informed the further development of the training programme.

3.3 Train the Trainer workshop in Ireland

In autumn 2016 the Irish partners organised a 5-day Train the Trainers workshop for the partner countries. Train the Trainers (ToT) workshop was held from 29th August to 2nd September 2016 at Gaiety School of Acting in Dublin. Fourteen people from the project partner organisations participated in the workshop. The aim of the ToT workshop was to address objective 4 of the S.T.Age project “to develop educators’ competences on the topic” through the learning the skills necessary to deliver the workshops in residential and day care settings in each of the four countries, adapting/localising the model to different cultures.

The ToT was evaluated using pre- and post-questionnaires. The Blended Learning activity required participants to read the E-Book Elder Abuse Context and Theory and complete a questionnaire on the E-Book to ensure participants had knowledge of the key theoretical concepts of the workshops prior to the training. To ascertain, participants’ understanding of the key concepts, they were asked in the pre-workshop questionnaire to give practical examples of Generational Intelligence, empathy, human rights of older people, empowerment of older persons and respect and dignity and also explain what is dementia. The answers showed they had good understanding and were prepared for the workshop.

The post-evaluation results showed that the overall content of the course, presentations, manual, presentation of material by trainers, participant/group activities and facilitation of activities by trainers were very good or excellent. The participants said the workshop content made meaningful links with human rights, Generational Intelligence, empathy, dignity, respect and empowerment. After the workshop most of the participants felt they were well prepared to perform workshops in their own countries.

Post-evaluation of the Dementia Awareness Workshop showed the participants gained more knowledge and understanding of memory loss. They also learned that abilities, memory, feelings, communication and identity should never be underestimated if someone has dementia. The participants felt the dementia workshop was helpful or very helpful for them and they felt more confident in communicating with persons with dementia.

The participants would have liked to have more information on theory of socio-drama, Generational Intelligence and cultural differences. Some also would have liked to get more training in acting skills to make the performance more realistic, maybe even a specific module dedicated to acting skills. Some of the participants would like the course to be longer to embrace the education and to think about what they heard, saw and experienced. The participants experienced the course as unique training in the field and is potentially a powerful tool for preventing elder abuse.

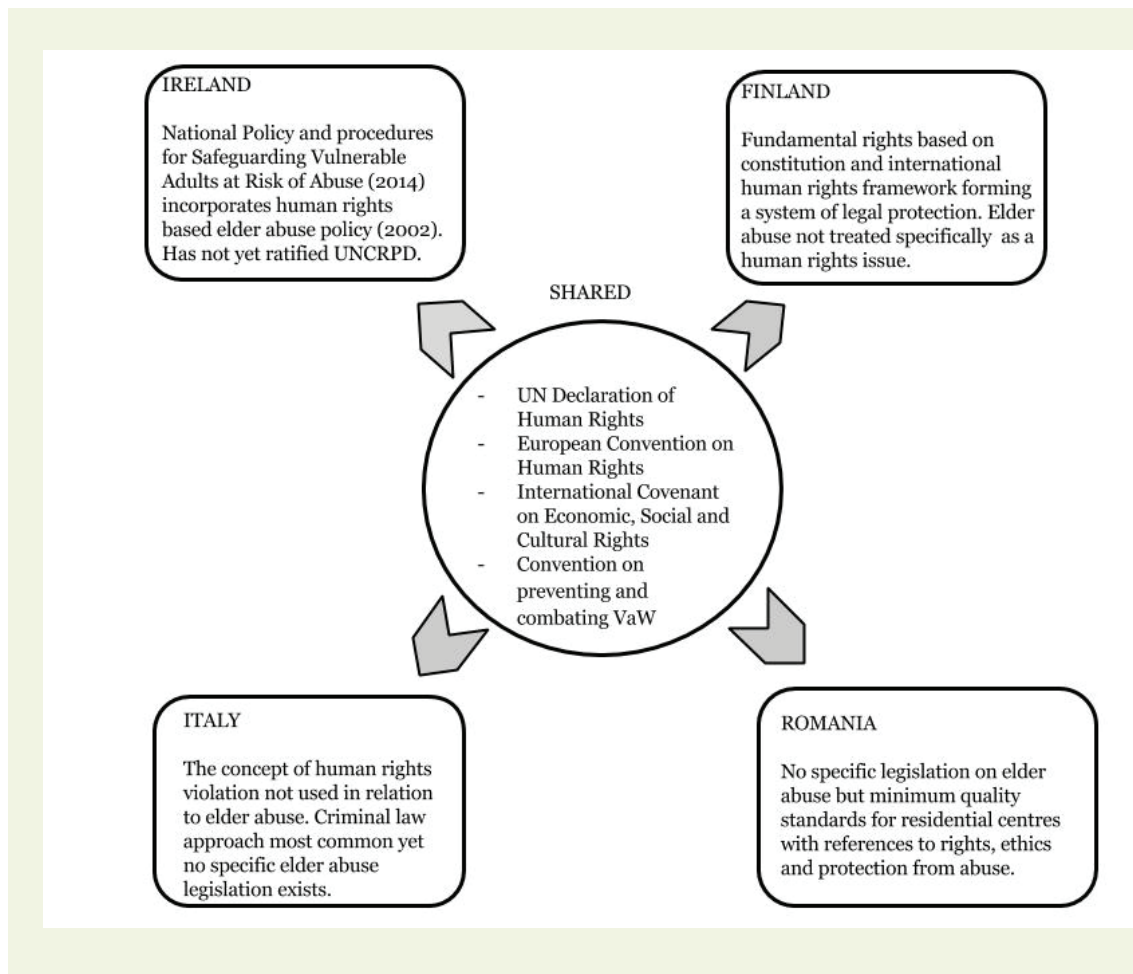
Most of the participants believed they gained a better understanding of Generational Intelligence theory, how to build empathy between generations and how to improve empathy of the staff. Using socio-drama to work on empathy and increase it between different generations was effective. Socio-drama facilitates insights and empowers people to change attitudes and behaviours. It is particularly valuable in situations where there is a power imbalance such as between older people and their carers.

It can be concluded that the ToT workshop gave the participants skills to use drama methods and reflective techniques around empathy, respect, dignity and empowerment, to raise awareness of human rights of older persons and increase empathy between generations.

3.4 Piloting of the Respect to Prevent training programme

After the Train the Trainer workshop the trainers conducted piloting workshops for older adults and professionals in three settings in each country. The concepts, especially human rights, were further explored and evaluated in the workshops. The Blended Learning Activity included follow-up with the Trainers following the piloting of the workshops in the different countries. The Gaiety School of Acting undertook a virtual 90-minute training session with each partner country covering the changes made to the handbook following the results of the piloting. Participants had an opportunity to ask questions and discuss any issues they had with delivering the workshops.

4. HUMAN RIGHTS - BASED APPROACH TO PREVENT ELDER ABUSE



Human rights are universal and give everyone the right to be treated with dignity and respect and to have the freedom to make decisions about their own lives. Elder abuse involves the denial of a person's basic human rights, including the right to live free from abuse, exploitation and neglect.

Theories used to understand elder abuse point to wider social values, systems and structures that discriminate against people because of their age or sex, for example ageism or sexism, as creating contexts where abuse is permissible. Hence in a society that respects the rights of all people, wider issues such as ageism must be addressed⁶. Ageism in many countries is now recognised as a root cause of elder abuse. For example, the Canadian Network for the Prevention of Elder Abuse identifies ageism as an important factor in elder abuse. They outline a number of examples including the assumption within social policy that all families are willing and capable of providing care to ageing parents, not recognising that in many instances relationships can be strained and abusive from the outset⁷. Ageism needs to be addressed at a systems level. A principle to guide the development and implementation of best practices for elder abuse

⁶ http://www.combatingelderabuse.eu/wp-content/uploads/2016/04/Booklet_stage.pdf

⁷ <http://seniorspolicylen.ca/Root/Materials/Adobe%20Acrobat%20Materials/Ageism.pdf>

is to target root causes, including ageism.⁸

The human rights implications of elder abuse are now broadly recognised. To protect older people from poor treatment and practices, and empower older people to speak up, countries acknowledge social policy must move from a needs-based approach to a rights-based one. Increasingly, human rights are the foundation for practices including elder abuse prevention. For example, in Australia, the principles underpinning elder abuse strategies within many states are to empower older people by making them aware of their rights and giving them the tools to protect their rights through the development of charters of rights e.g. South Australia Charter of Rights and Freedom of Older People⁹. A human rights approach to elder abuse allows for any act that denies a person any human right e.g. freedom, privacy, safety and dignity to be captured and addressed.

However, the implementation of a human rights based approach requires legislation but also awareness of human rights. The Universal Declaration of Human Rights was adopted at the General Assembly meeting in Paris in December 1948 with eight nations abstaining from the vote but none dissenting. A number of covenants and conventions have evolved from the Declaration including the International Covenant on Economic, Social and Cultural Rights, the International Covenant on Civil and Political Rights (ICCPR), the European Convention on Human Rights (ECHR) and the Convention on the Rights of Persons with Disability (CRPD). Whilst these instruments have been ratified in many countries, the legislation necessary to give domestic effect to the treaties has not been enacted, e.g. Ireland.

At a society level, the lack of understanding of the relationship between human rights and elder abuse and, at an individual level, not knowing what human rights are and how they work in day to day life are a barrier to using human rights to improve the situation of older people at risk of abuse.

Where human rights are an integral part of empowering older people to speak up and to prevent elder abuse, raising awareness of human rights is key goal of their ageing strategies. For example in the UK, AgeUK has developed a human rights toolkit to provide older people with knowledge about human rights and how they can put the knowledge into action¹⁰.

In Canada, elder abuse includes the violation of human and civil rights in many states. Human rights abuse of older people includes the unreasonable denial of fundamental rights and freedoms normally enjoyed by adults and can include the denial of information, privacy, or visitors; mail censorship; or any other restriction of an older person's freedom¹¹.

FINLAND

Finland has ratified the International Covenant on Economic, Social and Cultural Rights, European Convention on Human Rights (ECHR), Convention on the Rights of Persons with Disability (CRPD) and the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). In Finland, national fundamental rights and international human rights are emphasised together so that they complement each other to form a system of legal protection. The 1995 reform of the constitutional provisions concerning fundamental rights brought fundamental and human rights closer to each other with regard to both their contents and the ways in which they are interpreted and monitored. At the same time, their direct applicability in courts and by other authorities was increased and the opportunities available to private persons to invoke their fundamental and human rights in situations of practical

⁸ <http://www.nwtnetwork.com/wp-content/uploads/2013/11/Promising-Approaches-in-a-community-setting-2007.pdf>

⁹ <https://www.sahealth.sa.gov.au/wps/wcm/connect/2e5d0e004459d5af88d9aa76d172935c/Strategy+to+Safeguard+the+Rights+of+Older+South+Australians+WEB+FINAL.pdf?MOD=AJPERES&CACHEID=2e5d0e004459d5af88d9aa76d172935c>

¹⁰ http://www.ageuk.org.uk/Documents/EN-GB/Campaigns/Our-Rights-Our-Voices/OurRightsOurVoices_toolkit.pdf?dtrk=true

¹¹ http://www.hss.gov.yk.ca/pdf/abuse_humanrights.pdf

application of law were improved¹². The areas of special emphasis in Finnish human rights policy relate to protection of women, children, minorities and indigenous peoples. Work to combat racism and promotion of non-discrimination are additionally central themes¹³. Older persons' human rights are not emphasised separately nor is elder abuse framed primarily as a human rights issue.

ITALY

In Italy the concept of human rights violation is currently not used regarding the abuse of vulnerable adults/elder abuse, therefore there are no studies or policy papers referring to it. It is not mentioned in legislation, although Italy has ratified the European Human Rights Convention, the Charter of Fundamental Rights of the EU and the UN Convention of Rights of People with Disabilities. There is no specific legislation in Italy on elder abuse yet several articles of the Italian penal code can be referred to in typical cases of elder abuse, making the approach of criminal law the most common. On a practical level in nursing homes, awareness of elder abuse is still very low. Those who are starting to take action on these issues are mostly approaching it from the point of view of legal liability for the protection of their residents (e.g. penal responsibility and damages to physical integrity of the older persons).

ROMANIA

In Romania there is no official approach to human rights in the context of the ageing process, and the term 'ageism' is only used by old-age professionals. . Romania has ratified the European Human Rights Convention, the UN Convention of Rights of People with Disabilities and the Council of Europe Convention on preventing and combating violence against women and domestic violence (Istanbul Convention). There are no studies of prevalence or other qualitative studies regarding human rights violation to older persons. The need for awareness-raising regarding human rights in the context of ageing is therefore very high, as information and education is lacking at all levels. Romanian legislation stipulates minimum quality standards for residential centres- social services for older people (Order nr. 2126/05.11.2014 – Minister of Labour and Social Justice). These standards apply at a national level for residential services for older people, accredited by law. Within these, there are four standards referring to Rights and Ethics. Each center has to elaborate a Charter of Rights of Older People. Some of these rights include the following:

- to be informed about their rights and responsibilities and consulted about the decisions which involve them,
- to live in a safe and accessible environment,
- to decide, assume risks and express options,
- to think and act autonomously,
- to be informed about their health status,
- to be protected against abuse, neglect, abandonment, harassment, punishment or exploitation,
- to make suggestions and reclamations without any fear of consequences,
- not to be exploited economically for their money or properties,
- to have intimacy,
- to be treated and to have access to all services without discrimination,
- to be consulted about services offered, to refuse services, to be treated individually.

¹² <http://www.oikeusasiamies.fi/Resource.phx/ea/english/ombudsman/tasks/more-humanrights.htm>

¹³ Ibid.

All beneficiaries and staff have to be informed about this Charter. Beneficiaries' satisfaction about activities will be assessed by the centre through a chosen methodology. The same standard stipulated that the care staff will carry on their activities upon an Ethics Code which will ensure equal treatment for all beneficiaries, without discrimination.

Another standard refers to the Protection against Abuse and Neglect. The centre must use its own procedure for identification, reporting and management of abuse and neglect cases among the residents. It considers abuse to be any form of abuse (physical, psychological, economic) and neglect or inhuman treatment inflicted to the resident (beneficiary) by staff, other residents, family members. The centre must organise training and information sessions for the staff, about the types of abuse, and ways of identification and the reporting of abuse cases.

IRELAND

Whilst a number of rights included in the International Covenant on Economic, Social and Cultural Rights (ICESCR), are protected in the Irish Constitution, others have not been incorporated into domestic legislation in Ireland. The Irish Government contends that it meets its obligations to implement the Covenant 'through policies aimed at improving the enjoyment of economic, social and cultural rights'¹⁴. However, the Irish Human Rights and Equality Commission contend that the State is not meeting its obligations, for example it fails to protect the rights of family, mothers and children (Article 10) against domestic and gender based violence as there continues to be no specific criminal code dealing with the crime of domestic violence and no statutory definition of domestic violence in the Irish legal framework¹⁵.

Ireland is the only EU country that has not yet ratified the Convention for the Rights of Persons with Disabilities (the 'CRPD'), due to the need for legislative reform around capacity and deprivation of liberty. The process for legislative reform is on-going and should be finalised within the next 12 months.

The European Convention on Human Rights was only incorporated into Irish law formally by the European Convention of Human Rights Act 2003. Section 3(1) of the 2003 Act imposes a statutory duty, subject to any rule of law or statutory provision, on every 'organ of the State' to perform its functions in a manner compatible with the State's obligations under the Convention provisions. The Convention is also a central component of the public sector equality and human rights duty set out under section 48 of the Irish Human Rights and Equality Commission Act 2014.

The Convention imposes negative, positive and procedural obligations on States with respect to a range of rights that are important in safeguarding adults. The European Court of Human Rights has developed the concept of 'vulnerability', emphasising the need for a higher level of human rights protection for particular categories of people such as those with a mental disability¹⁶ and older people living in residential care homes¹⁷.

Any legislation introduced in this jurisdiction needs to take account of the Convention provisions as interpreted by both the European Court of Human Rights and the domestic courts under the ECHR Act 2003. For instance, Article 3 provides: 'No-one shall be subjected to torture, or inhuman or degrading treatment or punishment'.

¹⁴ http://www.ihrec.ie/download/pdf/ihrec_report_ireland_and_the_international_covenant_on_economic_social_and_cultural_rights.pdf

¹⁵ Ibid

¹⁶ *Kiss v Hungary* [2010] ECHR 692

¹⁷ *Heinisch v Germany* [2011] ECHR 1175.

5. HOW THE KEY CONCEPTS OF THE PROJECT WERE UNDERSTOOD BY OLDER PERSONS AND PROFESSIONALS IN PARTNER COUNTRIES

The concepts of human rights, ageism, empowerment, well-being, self-care and empathy are essential in the context of caregiving, elder abuse prevention and intervention. The concepts are linked to the Generational Intelligence framework. Generational intelligence offers an insight into elder abuse that incorporates both interpersonal relationships and the wider social environment (Biggs and Lowenstein, 2011). Elder abuse is situated within a social environment where prevention and intervention focuses on complex interpersonal relationships that interplay with broader and deeper societal factors.

5.1 Understanding of Human Rights

Older persons and professionals were asked to identify human rights and explain how they activate them in day-to-day living or their workplace.

In Finland the interviewed professionals as well as older people constructed human rights as the right to self-determination. The professionals also mentioned freedom of speech. They could not directly identify how they as caregivers could assist in implementing the rights in their work. However, they believed that by writing the Living Will older people could protect their rights.

For older persons in Finland human rights meant also respect, for instance, in having the right to choose where one lives and getting the service to which one is entitled. In addition, citizen rights such as voting and the right to voicing one's opinion (freedom of speech) were identified. The respondents thought that younger generations are generally more aware of their rights than the older ones but they also indicated that activating one's own rights means, for them, defending other people's rights when seeing wrong-doing.

Similarly to Finland, in Italy the interviewed professionals mentioned self-determination as a human right. It meant also capacity to make choices and to say "no" when they don't want to do something. To the question how to implement these rights in the workplace they mentioned asking older persons about their wishes, providing choices, and increasing self-awareness among older persons. Creating a context of trust and thus allowing older persons to express themselves freely encourages older persons to activate their rights.

In Romania the interviewed professionals as well as older people viewed basic human rights as the right to medical care. Both also mentioned freedom of expression. The professionals also identified human rights as access to an adequate income, a home and a work place and freedom of conscience. They added the

right to feel safe and protected, and the right to have access to culture and relaxation. Their way of assisting the implementation of Human Rights in their workplace was by always taking into consideration the older person's wishes (e.g. food preferences) and ensuring their well-being e.g. medical care).

In Romania older people also identified as human rights the right to life and to practice their religion, and the rights given by the law (e.g. the right to have a pension). The respondents also considered as 'Human Rights' the civic rights. Romanian older persons believe that their right to life and the rights given by the law (pension, medical care) are respected, and also they feel like human beings and they express their opinions freely. They also said that they had no power in changing the rights given by law, as it is the power of the Government to take decisions.

In Ireland care staff focused more on basic needs than older adults when discussing human rights and therefore did not identify the same range of human rights as residents, nor those outlined in the Declaration or Conventions. Common rights identified in order of commonality included food, privacy, water, respect, to be listened to, hygiene, religion, warmth, voice, privacy, shelter, care, empathy, safe, love, dignity, independence, treated equally, culture, emotional support, freedom of speech, have your own opinion, the right to age, be cared for, well-being. Implementing these basic human rights in the workplace required staff to show dignity, "treat like your parents", good communication, respect, listen and encourage, keep their independence, bring yourself to their level, recognise that it's "their home, my workplace". Once again staff focused in on basic needs and spoke about ensuring the person is clean, fed, drinks, warmth and loved. One staff member felt "it is second nature".

Care staff gave examples of how human rights could be activated in the care facility including "sit and talk to them" "respecting their life experience", "listen and ask them for advice", "honour them when they die". Activating residents' rights also required staff to recognise rights of residents "not to have a shower", "not to take tablets", special requirement to have a choice of menu.

Older adults in Ireland identified as basic human rights having a voice and being heard, a right to be acknowledged, to express yourself, freedom of thought, to think for yourself, freedom of movement, to have space, dignity and respect and the right to choose. Other rights included the ability to be independent, have someone to look after you when unable to, be informed, somewhere to live and be safe. In defining rights some also identified rights in the negative – how rights can be limited by finance and culture, no access to a pension, needing more time from staff and more choice in food. When asked how do they activate these human rights in their day-to-day life, the older adults identified barriers and enablers in having their rights met. Barriers were seen as age and loss of independence (loss of physical or cognitive function) – "not able to activate them at the age of 90", "The state doesn't seem to know I exist, they don't give me what I need". Lack of confidence – "don't feel I could approach managers" – was seen as a barrier as well.

Enablers to human rights activation in day-to-day life were seen by older adults as confidence – "being outgoing", "humour helps". Other enablers were seen as being assertive – "ask for what you need", "assert while I still can", "ask for assistance", "by telling the staff what you need", "cultural differences can be harder to overcome", "I voice my opinion" and getting support – "creating bonds with others".

Amongst the ways, to of assisting older adults activate their human rights was through educating management and having policies that "match with reality". One respondent felt that "as a resident you don't think there is possibility". Asserting rights was difficult for some – "I can assert my rights but others not so much", resulting in people giving up trying "sometimes it is difficult- fed up".

5.2 Understanding of ageism

Older persons and professionals were asked how they understand the concept of ageism. They also were

asked to give examples.

In Finland the interviewed older woman and professionals gave the same definition: ageism was described as dismissal of an older person, treating her as if she/he is not present. The interviewed older man did not, however, recognise such an experience. They also counted age restrictions on certain medical procedures despite one's individual health status as ageism.

In Italy facilitators introduced the concept of ageism to older persons by reading a newspaper article about the Pope. They quoted his comments about the poor consideration given to older people in our times. The article was chosen because the Pope is well known by older people who keep his words in high regard. This was also an indirect way to introduce the delicate matter of abuses and to avoid situations of initial embarrassment.

Most of seniors interviewed in Italy felt respected in general but without providing any specific examples. However, when stimulated to talk about the past, they all said that there was a much greater respect for older persons than nowadays. One of them said that with her sons and daughters the situation is not that different from the past, however the younger generation shows less respect. Everyone agreed, but none provided any example. In a day care centre, seniors interviewed spoke of older persons as being valued and respected at community level. Also they said their families were very kind and understanding towards their needs and requests (i.e. favorite dishes, their slow eating) and helped them in everyday activities. However, they said that they try to interfere as little as possible with their children's lives and not to cause any troubles or bother their loved sons and daughters. Most of them were very happy to say positive things about their families. Only two or three elders who lived alone seemed the most critical ones. In particular one of them admitted that she sometimes felt disregarded, while another said that now there is some respect towards old people but didn't specify further.

The professionals interviewed in Italy defined ageism as a loss of role for older persons in the society and in the family however sometimes older persons can keep the role they had in their family when they were younger. As an example it was mentioned an older man that – in spite of his current frailty – is still very much respected and considered the “head of the family” as he used to be.

In Romania the professionals and one of the older persons interviewed defined ageism as the fact that the ambulance doesn't come for older persons and he had to wait for it for 7 hours (which is common in Romania). The professionals added that the carer has to lie about the older person's age to get an ambulance. The other older persons defined ageism as discrimination and not respecting the rights of the older person. The professionals thought that ageism was everywhere in Romania, older people were disrespected for example on the bus.

In Ireland the residents understood ageism as discrimination, getting old, being taken advantage of, not being listened to or seen, disrespected, treated differently, having no voice, lack of understanding of the abilities of older people. Like residents, staffs' understanding of ageism centred on discrimination because of age, assumptions made defined by age, becoming invisible, isolation and the disrespect of older people. Some staff were unsure of the concept of ageism and related it to physical abuse, emotional and one person did not understand the word. Staff linked ageism to collective and social responsibility and ageist practices with the health services and travel insurance.

5.3 Understanding of empowerment

In Finland empowerment is a challenging concept due to the ambiguous nature of it in Finnish. The con-

cept can be translated in several ways in Finnish (incl. voimaannuttaminen, valtaistaminen) but none of the translations is part of the common Finnish vocabulary. Power in Finnish can mean both physical/mental strength (=voima) and power over others (=valta), thus to make empowerment as a concept understandable in Finnish, an example of an empowering action is often required. Despite a given example, the interviewed older people struggled first to capture the meaning of the concept in their lives. However, they underlined the meaning of support and encouragement from family, peers and friends in becoming empowered. In their lives, empowerment means e.g. receiving clear instructions from a doctor to be able to properly rehabilitate oneself to recover from a surgery (this reflects the second meaning of physical strength of the concept in Finnish). The interviewed professionals linked empowerment with physical rehabilitation and encouraging residents to do their daily activities independently. They felt that the reason for not activating such empowerment lies in the lack of resources of nursing homes.

The same as in Finland, empowerment lacks a direct translation in Italian. The concept is quite well known among professionals but definitely not easily understandable by older persons, therefore the interviewers used instead the concept of feeling valued and respected. From the point of view of staff members, empowering an older person means creating a context of trust, thus allowing older persons to express themselves freely.

In Romania empowerment is a new concept, recently introduced, and had to be explained to older persons and to professionals with an example. Empowerment, in older people's view, comes from support and help from the family and from professional carers – going to the doctor, going for a walk, cleaning the house, company. However, they underlined the importance of support and encouragement from family, peers and friends in becoming empowered. The interviewed carers thought that empowerment meant to access your rights, and they helped older people to benefit from their rights – medical care. They also linked this concept with the help and support they were offering to older patients.

In Ireland empowerment was understood by older persons as having the strength to do things and being encouraged to do something; asserting rights, voicing opinions; having power over other people, but also enabling others power. For example giving others the power to do things for you where you can't do it for yourself. They said "A lot of things you can't do now because of our age, you need others to help you get empowered". However sometimes this has consequences as "you can be singled out for voicing your opinion" and this can disempower as "now I stopped" saying anything.

The care staff believed the empowerment of residents could be achieved by helping and giving residents the confidence to do things. If there are any issues, encourage the resident to talk to someone they are comfortable with it and help them solve the issue. Empowerment was seen as having options and making choices and having a voice; encouraging residents to use their power; to participate and having access to advocacy. Using personal stories can be useful in empowering residents, for example reminding the resident of their good qualities and things they liked doing such as wearing nice clothes.

5.4 Understanding of well-being and self-care

In Finland well-being was an easy concept to grasp for both older people and professionals. For older people physical well-being meant a lack of pain and the ability to be active whereas mental well-being was connected with good social relationships and the ability to receive and give support to others. The interviewees felt that an increase in hobby groups and organised activities would best improve well-being in their living environment. For professionals, physical well-being meant good health and self-care action

such as sufficient sleep and rest and emotional well-being feeling happy and having no threats or pressures endangering the good feeling. The interviewees saw the well-being of the residents as being dependent on the carers; it is their responsibility to arrange activities, social contacts and physical assistance. They indicated that satisfaction with their work as carers has a major role in their personal well-being, however, they also thought that work and free time should be kept clearly apart. Receiving peer support from colleagues was seen as a great source of support and self-care.

In Italy the professionals understood well-being as a general condition of psycho-physical health – the maximum allowed by the individual conditions. Improving well-being of older persons is making sure that older persons are always listened to and their requests are taken into account. They believed they already are doing everything they can.

One professional responsible for staff told us she tries to be very attentive to prevent burn out, trying to observe potential signals of stress among staff and setting up strategies like offering short breaks and changing the schedule. She said that often it's difficult to understand the concept of self-care for workers and that often she has to "do that on their behalf", meaning that she has to pay attention to signals of stress among the staff. For another professional it was difficult to describe how she takes care of herself as a worker, however she eventually mentioned thinking positive and empathising with her clients.

In Romania well-being was a concept that older persons understood easily. Physical well-being was for them to be able to walk on their feet, to be well at their age, to be able to take care of themselves and to have power. Emotional well-being was seen as the capacity to enjoy life each day and not have problems. For improving well-being in their living environment, older persons thought they needed wisdom and good advice, and also help others and see them happy.

For professionals, physical well-being meant good health and no pain. Emotional well-being meant having a family, to be in control and to know yourself. The carers saw that the well-being of residents' was dependent on having their needs met, to be attentive to what the older persons says, not to show yourself as tired or upset, to support and to occupy their time with activities. They indicated that satisfaction with their work as carers has a major role in their personal well-being, and self-care actions were for them resting and taking care of themselves (e.g. getting nails done etc.)

In Ireland in discussing well-being, residents spoke of both emotional and physical well-being. Emotional wellbeing included being loved, feeling well, having a sense of humour, good family, never feel lonely, comfort in yourself, and being looked after well. For some residents emotional well-being involved being "fun and cheerful - a positive attitude", "not getting into bed during the day", staying "mentally alert". For others it meant dealing with anger "feel a lot of anger for being here, have to learn "to let go", getting help "attending psychological services".

Physical well-being was associated with being "out every day", "meeting people", "to see a play", "get on well with people here", "walking," "reading", being active, being mobile. Residents felt they could contribute to the well-being of others around them by "learning about others we have to live with", being helpful and help others, gain trust, help understand others, try. Actions that would improve or maintain well-being in their environment includes keep my mind occupied, stimulate my brain, being able to get out for appointments, have a little exercise and for staff to be more knowledgeable and be trained more.

Residents' understanding of self-care focused on looking after yourself, taking your medication but also helping each other as in this "way help ourselves". Residents self-cared by taking care of their appearance, which includes their clothes and hygiene. Other ways identified were maintaining independence and drawing strength from prayer, faith and spirituality.

The care staff in Ireland understood well-being as looking after yourself, taking time out for yourself, personal care, be kind and honest, think more about mental health, how you feel, connect emotionally, religion and have interests outside work and home. For physical wellbeing exercise, time spent in nature, walking the dog, eating a proper diet and adequate rest. Emotional wellbeing involves the ability to switch off, work-life balance, being able to control your feeling (protection), a glass of wine, read, watch TV, look for reassurance from family, have a person to talk to, a connection to some staff, mind each other and support from colleagues.

Staff viewed residents' well-being as generally very good. They supported well-being by seeing each resident as an individual, getting to know them from their key worker, assessing every day and meeting their needs. However their wellbeing is somewhat impacted by conditions such as dementia, and where their need to go out cannot be met. Residents' physical wellbeing can be supported through empowerment by allowing residents to do things for themselves if able and giving them choice, ensuring that they are treated with dignity and their personal hygiene needs are met. However physical well-being can be compromised by poor sleeping, temperature of the environment (if too hot), infections and aggressive behaviour of other residents. Emotional well-being of residents was seen as related to giving the resident choice and independence and having visitors was very important. A happy nursing home supports residents' emotional well-being. Conflict is detrimental to a resident's well-being.

In professionals' view to maintain or improve well-being in the workplace requires better level of communication, less time pressure, more staff report, feedback from carers, knowing your role and your limitation, opportunities for staff to socialise, time to get used to 12-hour shifts, make the environment more comfortable (can be very hot). To maintain or improve well-being within in the home requires hand massages, more opportunities for art, trips, animals, social events in spring and summer, manicures and more activities run by people in the community.

Care staff felt satisfaction in their work influences their own well-being as they become attached to residents emotionally, it is hard to switch off, and "leave work behind you", drained and you bring it home. Their job places lots of demands on them, "physical and mental", "every year it gets more intensive". There is a need to monitor oneself and support each other more. Wellbeing can also be influenced by negative feelings at work such as "wanting to excel at something but not being listened to or given an opportunity "to get your opinion across". Positive feedback and constructive criticism and encouragement from management to feel valued and to know that you are doing a good job contribute positively to wellbeing as does the satisfaction of relationships with residents.

Care staffs' understanding of self-care was minding yourself through exercise, reading, shopping, gardening, avoiding stress, looking presentable, not neglecting oneself. Mindfulness and a holistic approach to self-care were also referred to. As carers, they self-cared by relaxing at home, having proper sleep, going away, doing activities, swimming, generally taking time out and having a laugh.

5.5 Understanding of empathy by the professionals

The professionals were asked how they understand the concept of empathy and can they empathise with something they have not experienced.

In Finland the concept of empathy was an easy one for the professionals to grasp. The interviewees defined empathy as ability to step into someone else's shoes. They felt that it is possible to empathise with someone despite not having similar experiences by listening carefully and pondering how those experiences would affect one personally.

In Ireland empathy was understood as looking “at residents’ way of looking at their world” and being “in their shoes”. It involved listening, patience and compassion and loving support. One staff member had difficulty in understanding the concept. Staff admitted “it is not easy” to empathise with something you have not experienced. However, they felt they could empathise with some residents easily, others not so much.

The Romanian professionals understood ‘empathy’ as being there for a person and as understanding another person. They thought that it was not possible to empathise with something one has not experienced. You can only try to put yourself into other person’s shoes, but to have experienced that thing is an advantage, as you can be more careful with the other person.

6. COUNTRY PERSPECTIVES ON HUMAN RIGHTS IN CARING WORK AND PREVENTION OF ELDER ABUSE

International declarations, covenants and conventions on human rights, for example the United Nations Universal Declaration on Human Rights, the International Covenant on Civil and Political Rights (ICCPR), the International Covenant of Economic, Social and Civil Rights and the European Convention on Human Rights provide a framework for the protection of human rights. These rights include:

- Absolute rights such as the right to life and not to be subjected to torture or to inhuman or degrading treatment or punishment. This includes treatment that causes severe mental or physical harm or is grossly humiliating and undignified.
- Fundamental rights such as the right to dignity, self-determination, liberty and security, to respect for private and family, to live in a safe place, freedom of thought, conscience, spirituality, religion and expression, equality and non-discrimination, to education

It can be challenging for older people to have their rights met, particularly for older people with physical or cognitive disabilities.

FINLAND

Finland officially recognises the rights of children and disabled people as groups, and violence against women as an act of violation of human rights. Human rights approach in the context of rights of older people or elder abuse discourse or research is rarely used. In Finnish discourse older people's rights are viewed and discussed through the concept of Fundamental Rights and as an ethical principle in the care of older people, as it is shown for example in the quality recommendation to guarantee a good quality of life and improved services for older persons (Ministry of Social Affairs and Health 2013¹⁸). The training material for students and professionals of social and health care also covers mostly the topic of older people's self-determination and violations of it – in an ethical, not namely in a human rights context.

Valvira, National Supervisory Authority for Welfare and Health is Finland's national supervising authority on social welfare and it cooperates with six regional administrative agencies that have primary responsibility on supervising social care in their own region. Regular supervision is based on legal data collection from the municipalities and social services, such as older people's residential services. Valvira also initiates supervision based on complaints or information appearing in public. Since 2015, a Finnish Act on Social Welfare No. 1301/2014 has placed an obligation on public and private sector organisations to develop a self-monitoring plan. The plan has to be written and made public. The aim of the plan is to ensure the quality of the service and outline actions that will be taken for example to reduce risk and ensure the safety of the clients/residents. From the beginning of 2016, mandatory reporting of instances of abuse by

¹⁸ http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/74510/STM_2013_19eng_verkko.pdf?sequence=1

workers in social welfare has been introduced.¹⁹

In 2016, Valvira, National Supervisory Authority for Welfare and Health undertook a study of the violations of rights, treatment that shows lack of respect for the dignity of an elderly person, amongst other forms of abuse. The study used a questionnaire to collect information from employees of social welfare assisted living units providing 24-hour residential care. No less than 7,406 employees responded to the questionnaire by the deadline. Based on the responses, it was found that a majority of employees had noticed some kind of abuse of the elderly. Of the respondents, 25% had detected use of rough language on a daily, weekly or monthly basis and 20% had noticed bossiness, punishment or criticism. Another employee or another resident were the most common offenders mentioned. (Valvira Reports 1:2016. Helsinki 2016²⁰).

“Violation of personal rights” was a form of abuse explored by a study by National Institute for Health and Welfare (THL) in Finland. The Finnish study was part of a Daphne project “Prevalence Study of Abuse and Violence against Older Women, AVOW. The violation of personal rights was measured using four items: Hindered you in personal decisions or hindered you from reading your mail, having leisure activities or meeting friends or acquaintances. Violation of personal rights was the third most prevalent type of abuse of older women after emotional and financial abuse. From women aged 60 years or older who were living in private households 5.6 percent reported at least one form of violation of their personal rights in the last 12 months²¹).

ITALY

As mentioned in Chapter 4, in Italy the concept of human rights violation is currently not used in relation to elder abuse, making studies, policy papers and legislation referring to it unavailable. On the other hand, newspapers regularly report episodes of elder abuse which can represent a violation of human rights, although they are not labelled as such. For example: “Older persons were kicked, slapped, bitten, insulted, forced to eat on the floor as a punishment when they left food falling”. (From a local newspaper – incident reported from a nursing home in Parma). “Wheelchairs tied to balustrades to prevent them from flipping over”, “An older person tied by belts to the bed”, or “older persons locked in their rooms for “punishment”. (From a local newspaper – incidents reported from nursing homes around Italy). From the point of view of education, elder abuse is not part of the curriculum for qualification in various professions of the health and social fields, although there are modules on professional ethic which might to some extent cover similar topics.

ROMANIA

In Romania there is an official recognition of older people rights in the national standards for residential care services. Prevention, identification and coping with elder abuse cases are also officially stated in the same national standards. These standards only give a general orientation, and mandate each institution to elaborate its own policy and guidelines regarding elder abuse. In nursing homes, the implementation of procedures developed for elder abuse and neglect prevention, identification, reporting and management is not monitored by any mechanism, and there are no official statistics in this matter. Care staff do not have to undergo elder abuse training. The curriculum for qualification in various professions of the health and social fields do not include elder abuse as a topic, but they include ethics. Training material for students

¹⁹ http://www.valvira.fi/web/en/social_welfare

²⁰ <http://www.valvira.fi/documents/18508/2129101/Abuse+as+noticed+in+elderly+care+units/05a3b792-70e6-4199-9071-2bfb-8db2966b>

²¹ Luoma, M.-L., Koivusilta, M., Lang, G., Ensenhofer, E., De Donder, L., Verté, D., Reingarde, J., Tamutiene, I., Ferreira-Alves, J., Santos, A. J. & Penhale, B. (2011) <http://www.thl.fi/avow>

and professionals of health and social care includes gerontology.

IRELAND

The Irish National Safeguarding Committee, in its Strategic Plan 2017–2021, defines safeguarding as the means to protect people's health, well-being and human rights, and to enable people to live free from harm, abuse and neglect²².

Like other countries (e.g. Scotland and England) Ireland has moved from a safeguarding policy based on the protection of older people from abuse (elder abuse) to one focused on safeguarding vulnerable persons at risk of abuse. The National Policy and procedures for Safeguarding Vulnerable Adults at Risk of abuse was launched in December 2014 and incorporates 'Protecting our Future' elder abuse policy (2002).

Abuse is defined as *"any act, or failure to act, which results in a breach of a vulnerable person's human rights, civil liberties, physical and mental integrity, dignity or general wellbeing, whether intended or through negligence, including sexual relationships or financial transactions to which the person does not or cannot validly consent, or which are deliberately exploitative. Abuse may take a variety of forms (HSE, 2014, p8)"*²³.

The focus is on recognising that rights of vulnerable adults to lead as normal life as possible so the deprivation of these rights can constitute abuse

- Liberty
- Privacy
- Respect and dignity
- Freedom to choose
- Opportunities to fulfil personal aspirations and realise potential in their daily lives
- Opportunity to live safely without fear of abuse in any form
- Respect for possession

The principles underpinning this policy are

- Human Rights: all persons have a fundamental right to dignity and respect
- Person Centeredness: this places the individual at the heart and centre of provision of services. The focus is on enabling choices and potential and the realisation of the person's goals
- Advocacy: enabling people to know their rights and voice their concerns
- Confidentiality: respect wishes of person, however where concerns or allegations of abuse, information should be shared, on 'a need to know' basis in the interests of the vulnerable person, with the relevant authorities and professionals
- Empowerment: this principle recognises the right of all persons to lead as independent a life as possible and to self-determination. People should be supported to pursue their goals and preferences.
- Collaboration: all service providers develop, support and promote interagency collaboration

Health Information and Equality Authority (HIQA) is an independent authority established to develop standards, inspect and review health and social care services and support including residential care settings

²² <http://www.safeguardingcommittee.ie/wp-content/uploads/2016/12/NSC-Strategic-Plan-2017-2021-2.pdf>

²³ <http://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

in Ireland. HIQA take a human-rights based approach to their work. The core human rights principles to be found in HIQA's standards and service assessments include:

Fairness

- respect
- equality
- dignity

Their rationale is that using a rights-based approach will ensure the delivery of services that respect individual rights and put the needs of individual service users at the centre of services moving beyond questions of strict legal compliance. This rights-based approach is reflected in the development of guidance documents. For example the Supporting people's autonomy: a guidance document aims to maximise the rights and autonomy of the person who uses health and social care services within a supportive framework. It seeks to help services to demonstrate how they show respect for human dignity, how to provide person-centred care, and how to ensure an informed consent process that values personal choice and decision-making²⁴.

Safeguarding adults at risk is a key component of HIQA's remit. Safeguarding is defined "*as measures which are preventative and protective in respect of the health, human rights and wellbeing of people who use services. These measures enable children and at-risk adults to live free from abuse, neglect, harm and exploitation*" (HIQA, 2016, p7)²⁵.

Regulation of nursing homes involves using National Standards, legislation and regulations to decide whether services are providing safe and effective care for the residents who live there. These standards are grouped into eight key themes including Theme 1 - Person Centred Services. This includes the provision of person-centred care and support, information and the protection of rights. It states:

- The rights and diversity of each resident are respected and safeguarded.
- The privacy and dignity of each resident are respected.
- Each resident exercises choice in their daily lives.
- Each resident develops and maintains relationships with family and community, if they so wish.
- Nursing homes communicate appropriately with residents and provide information that takes account of their communication needs.
- Each resident is helped to make informed decisions, gives consent and has access to an advocate.
- Residents are listened to and their concerns and complaints are acted upon in a timely and effective manner (HIQA, 2016, p8)²⁶

Theme 3 – Safe Service includes the requirement to safeguarded residents from abuse and neglect, and promote their safety and welfare.

Reports by agencies responsible for regulating and inspecting residential care facilities, hospitals and other health care settings and those responsible for receiving reports of abuse and addressing show an increasing number of older people and people with disabilities are having their human rights breached. For example in 2016, Health Service Executive received 7,884 reports of concern relating to abuse of vulnerable adults.

²⁴ <https://www.hiqa.ie/sites/default/files/2017-01/Supporting-Peoples-Autonomy.pdf>

²⁵ <https://www.hiqa.ie/sites/default/files/2017-04/Regulation-overview-2016-web.pdf>

²⁶ <https://www.hiqa.ie/sites/default/files/2017-01/National-Standards-for-Older-People-Guide.pdf>

Reviewing these reports highlight examples of the types of breaches:

The right to dignity and respect for privacy and family breached

- Where residents with dementia were changed into night attire before 8.30pm, whilst the facility was still open to visitors.
- Where staff ignored requests to go to bathroom
- Where soiled sheets left in the person's room
- Where curtains were not provided on the glass panes on all bedroom doors.
- Where screening in two double bedrooms was not adequate as it did not fully encircle each bed.

Right to live

- Decision by nurse and family on 'do not resuscitate order', without input from GP or geriatrician

Right to live in a safe place

- Inappropriate and dangerous use of medication, where a resident received a 50 per cent higher dose of psychotropic medicine
- Under staffing particularly at night, in one case there was one nurse for 47 residents, half of whom were of maximum dependency
- No access to water between meals for residents.

Right to self-determination

- Where residents awakened at 6am for breakfast

Right to liberty

- Use of restraints including chairs and tables to prevent the older person moving

In many instances, care staff and families are unaware of older people's rights and believe that where a person is dependent on others for care that they no longer have rights or that safety concerns over rule rights. For example most nursing homes in Ireland, a code is required to leave the premises and this code is not freely available to residents so their liberty is restricted. Family carers may sometimes lock a person in their room to keep them safe. Hence raising awareness of what human rights are and how they operate in our day to day life is essential if older people are to live lives free from exploitation and physical, social, psychological, financial and sexual abuse. The generation of older people is not aware of their rights compared to younger cohorts. Education and awareness of human rights is therefore crucial for older people but also for care staff.

7. EXPLORING HUMAN RIGHTS IN THE WORKSHOPS

FINLAND

In Finland older people's rights are rarely approached from a human rights perspective; instead we use concepts of ageism, self-determination and human dignity. Despite the novelty of the human rights approach to elder abuse in the Finnish context, both older residents and carers considered human rights as a significant topic. For older people, the viewpoint was clearly new yet empowering; their reactions and eagerness to participate in the socio-drama play when detecting violations of human rights were stronger than the trainers expected prior to the workshop. For carers, naming human rights was effortless and through the workshop exercises they learned to place and perceive them as part of a hierarchy. The carers highly enjoyed the drama exercises yet had troubles moving on from the original theory of Maslow whereas older people seemed to be able to construct human rights in a more pervasive way.

According to the Finnish participants, human rights were raised as a significant and meaningful perspective into the prevention of elder abuse in the Train the Trainer course. The contents of the course made meaningful links between the concepts/approaches of human rights, generational intelligence, empathy, dignity, respect and empowerment.

IRELAND

In Ireland whilst residents attending the workshop could identify human rights, they were accepting or had little expectation around having their rights met. For example in one care facility, residents could justify the manager's behaviour in the socio-drama as he was acting in the 'best interest' of the resident, when he insisted that she must attend activities. Even where manager used blackmail to get compliance and suggested resident would not be able to go on a trip if unwilling to participate in activities, some residents felt that resident should comply and go to activities if she wanted to go on trip.

In another centre, residents didn't perceive self-fulfilment was something they could aspire to. Their health and concerns for their safety meant that they could not "just walk out the door and go to the shop". They had to abide by the rules and have someone accompany them as this was in their 'best interest'.

The workshops really highlighted how the right to participate in the social, economic and cultural life of their community is not a priority within the care sector in Ireland. In all residents' workshops, residents identified activities as something required for a good life. They spoke about their desire to participate in meaningful activities, for occupation. When explaining what they meant, it was evident what they were referring to was active participation in activities that evolved in an organic way; examples given included impromptu sing songs and reminiscence opportunities. In one care facility, residents spoke of just sitting without anything to do, particularly at weekends and how this was detrimental to their quality of life, they

were depressed. Residents commented on how easy it is for them to forget that they have rights, even if they have care needs.

In the main, care staff in Ireland were aware of the different human rights, however awareness of human rights in practice was lower in some facilities. This was evident where staff did not identify any changes that would enhance residents' rights within their facility even though residents identified the many ways their rights were not being met.

Whilst staff had knowledge of how to put rights into their practice, as a number of staff members commented, the workshop "was a helpful refresher and a reminder of human rights for everyone", "more reminders to staff to uphold residents human rights". The demands of their job meant that they could lose sight of a central part of their work, supporting residents to have their rights met. Some staff commented that with extra regulatory policies and safety procedures, nursing homes were "no longer a home, just a room with policy and procedures, focus on accountability, it is like working on a conveyor belt". The concepts associated with a resident's home and their individual needs "can get lost or become means to an end, to tick boxes to meet needs of regulator", making it more difficult to strike a balance between the residents' rights and safety.

The centrality of tasks and routines within some nursing homes was evident, which was not conducive to choice, voice or privacy.

ITALY

In Italy for both target groups (older persons and care workers) the concept of "human rights" was unfamiliar and abstract. The training methodology was extremely helpful in making them concrete and fully understandable, so we believe this is the right strategy for this target group: making them understand that human rights are not something far from them, but something they experience every day in their life / working context. Also, the right-based approach was very functional in terms of empowerment of older persons, as it made clear for them that being treated with respect and dignity is a right they have and not something depending on the "kindness" of the care worker.

ROMANIA

In Romania Human Rights education has been seen as necessary by both carers and residents in Romanian care facilities. Although this kind of training is new and the topic has not been addressed yet, the older people were very involved, participative, active and willing to discuss about their rights, needs and improvement of their life in the care facilities. They were able to identify inadequate behavior in socio-drama role plays and came up with solutions for the behaviors of carer and care recipient. Also carers declared themselves very satisfied regarding this training experience, given the fact that they do not follow continuous education programmes of any kind. Using socio-drama in training gave an attractive and interactive dimension of the programme, and involving participants through 'play' has been for them entertaining and also a powerful tool for changing perspective.

Romanian participants appreciated the Train the Trainer course held by GSA in Ireland as an innovative, yet very significant experience, bringing them new techniques and methods to use in educational programmes on topics such as Human Rights and elder abuse. The way the course was structured and organised contributed to this experience for the trainers. It combined theory and practice in a varied way. Socio-drama allowed the trainers to play the roles of carer/staff/management, and in this way to apply in practice the principles of this technique and how it can be used in training.

8. IMPORTANCE OF THE TRAINING PROGRAMME IN PARTNER COUNTRIES

In Finland there is a clear need for awareness raising of older people's human rights since there are no existing training and education programmes on the topic in Finland. There is no systematic training on the topics of elder abuse, human rights or ageism organised for carers or social and health care students in existence currently in Finland. These topics are in some parts listed in the educational curriculum of course for carers, however, covering these topics is very much dependent on the individual teacher. For practicing nurses there is no systematic training available on these topics either, once again it depends on the employer if he/she decides to organise training on the topics, utilising the expertise of Suvanto and other NGOs. Hence there is a high demand for training programmes such as Respect to Prevent. In addition, no human rights education tailored and targeted for older people currently exists.

The participants of the Finnish sounding board meeting and round table meetings found the theoretical approaches of generational intelligence and ageism as highly useful and powerful tools in understanding elder abuse. , Addressing elder abuse through a human rights lens was also identified as effective. The need to clarify these concepts for workshop participants was highlighted, resulting in these concepts being defined and described within the Handbook. The need for clear definitions on these key concepts was also raised by the trainers and participants in the pilot workshops in Finland. Ageism and empowerment, although a challenging concept in Finnish as discussed above, are essential and highly needed thematic areas in breaking an often internalised, negative identity of an older person.

The workshop for older people creates a safe space to express one's individual views in contrast to the daily practice of nursing homes where residents' are seen as a homogenous objects of caring action. Socio-drama has been scarcely utilised in Finland thus far in the prevention of elder abuse, providing therefore a fresh approach to the topic. The feedback received from the participants of the pilot programme was encouraging; the carers particularly enjoyed the socio-drama exercises. The Finnish trainers saw the training as a good eye-opener for practicing nurses who tend to undertake their work activities in a mechanical way after years of practice. It is more difficult to illustrate the practice of human rights in real life using traditional seminar and lecture-type of training/education. Since the care culture in Finland is going through major changes as we speak, the time is very suitable for introducing new methods of education for the prevention of elder abuse.

In Italy the programme fits very well with the needs of Italian participants since:

- It is innovative: there are no other programmes targeting older persons themselves on this topic
- It is fit for purpose: the programme proved to be very effective with care workers who normally have rather low educational level and/or whose first language is not Italian. This programme, being very experiential and engaging and not theoretical, fits very well with the needs of this target group.
- It's efficient: this kind of training is not compulsory in Italy, care providers are not very keen on investing a lot of money in training their staff. The short duration of this training makes it very affordable both from the point of time and costs.

In Romania the need for education and awareness-raising programmes on the topic of human rights in the aging field is huge, as there are no training programmes for health and social care professionals on

this topic. There are only individual initiatives from NGOs organising pilot training programmes for professionals on the topic of elder abuse and human rights. The Respect to Prevent training programme is very important, as a first pilot intervention in the field of older people's human rights in long-term care, which has not been done before in Romania.

The feedback received from older persons, care staff and management involved in piloting the workshops was very positive, and the demand to repeat and to organise again this kind of training was high. Ageism, empowerment, generational intelligence are new concepts that are not addressed in Romanian society. Participants in the roundtable and seminar considered that the training programme is extremely useful and should be delivered in all care institutions and also in other less developed regions of Romania.

Whilst people are aware of human rights in Ireland, how these rights are operationalised and/or activated in day to day life is not as well understood. This was evident in the feedback received from older adults and care staff who participated in the Respect to Prevent education programme but also in feedback from the conference and roundtable events. Using socio-drama to illustrate how human rights could be denied in everyday situations, allowed stakeholders, care staff and older adults see and experience the denial of rights and think about how these rights could be activated in practice.

Health and Information Quality Authority (HIQA) take a human rights based approach to inspections of nursing homes. Whilst these rights are explained in their booklet on standards, it can be difficult for staff to know how to operationalise these standards in practice, as evident in reports on abuse. The Respect to Prevent education programme provides the tools to inform care staff on how to operationalise human rights in practice. The HSE Commission for Social Care Inspection identified people being informed of their rights to be free from abuse and supported to exercise these rights as a building block in preventing abuse (HSE, 2014, p12)²⁷. The Respect to Prevent programme informs older adults in residential settings of their rights and empowers them to activate these rights in their daily lives, enabling them to be active participants in staying safe and well.

²⁷ <http://www.hse.ie/eng/services/publications/corporate/personsatriskofabuse.pdf>

9. RECOMMENDATIONS FOR PRACTICE AND POLICY

Recommendations for practice

- Human rights education and elder abuse training should be a compulsory element of Continuing Professional Development (CPD) for care staff, residential and day care centre management and other health and social care professionals as evidenced in the evaluation of the Respect to Prevent workshops for care staff. .
- Elder abuse and human rights training should be a systematic part of the curriculum of nursing courses and other health and social care courses.
- Older people, especially residents of nursing homes, should be included in human rights training empowering them to give feedback and make positive changes in their care environment.
- Socio-drama and other creative training methods should be used to their full extent in elder abuse and human rights training as they are effective tools in making human rights tangible and change attitudes and behaviour to better understand human rights and life from the perspective of older people .
- Information and awareness-raising campaigns on ageism, human rights and elder abuse should be conducted regularly to bring about cultural change where older persons are seen as right-bearers as it was clear from this project that in all of the partner country older people were not perceived as having the same rights as the rest of society .
- Consulting mechanisms are also required to ensure older persons are involved in making decisions regarding their lives in care facilities
- Government-run ageism awareness campaigns specifically would allow the targeting of the root cause of elder abuse, the lack of generational intelligence.
- Healthcare authorities in each partner country should support the roll out of the Respect to Prevent training programme to provide people at risk of abuse with an opportunity to learn about human rights in their everyday lives and build empathy amongst care staff.

Recommendations for policy

- All nursing homes and other services for older people should have a compulsory elder abuse prevention policy. Such a policy would promote respect and dignity of older persons through creating a framework for the protection of older persons and for good practices in care.
- The guidelines and ideas for an elder abuse prevention policy provided in this report should be adapted to the activities and needs of an organisation and its staff and service users.
- Elder abuse prevention policies should have a monitoring mechanism for regular assessment of risks to safety of adults vulnerable due to their particular circumstances. .
- Elder abuse should be recognized in national laws and regulations.

