

# REPORT

## 2<sup>nd</sup> Focus Group

### Spain

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Project:

**Against violence in elderly care  
(AVEC)**

2020-1-CZ01-KA2020-0783321

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September 2021

LARES (Spain)



Co-funded by the  
Erasmus+ Programme  
of the European Union



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On September 1<sup>st</sup> 2021, two focus groups were carried out by Lares (Spain) within the AVEC project: one aimed at employers, managers and directors of Lares care homes, and another for the technical staff of those residences.

## 2<sup>nd</sup> Focus Group - Managers & Directors

### Date - Time

1<sup>st</sup> September 2021, 11:30 – 13:20 CET

### Online meeting

Via Zoom on this [link](#). Video registration available [here](#).

### Participants

The following participants work as directors or in the management team of Lares care homes. The group is happy to take part in the research and eager to learn and collaborate.

- Manuel Nevado Professor, AVEC Main researcher (Madrid)
- Begoña De León Lares project officer, AVEC researcher (Madrid)
- Goretta Fernández ABHAL Residencia, (Asturias)
- Pilar Gonzalez Bascones Fundacion Patronato de San Jose (Asturias)
- Elvira Ruiz Recalde Residencia de Ochagavía, (Navarra)
- Inmaculada Vilar Residencia Muro de Alcoy (Comunidad Valenciana)
- Nerea Recalde Residencia de Ochagavía, (Navarra)
- M. Angelica Residencia Ancianos Hogar Betania (Extremadura)
- Alfons Cordomi Fundació Albà. Res. Hospital de Sant Miquel (Cataluña)
- Patricio Fuentes Residencia El Buen Samaritano (Andalucía)
- Cristina Abad Perez Residencia Verdeja (Asturias)
- María Luisa Blázquez Gómez Residencia Flora Tristán (Andalucía)
- Celia Gómez Poveda Fundación Miranda (Euskadi)
- María Victoria Usero Fuentes Directora de la Residencia San Eugenio (Andalucía)
- Mireia Flavià Residencia Santa Teresa (Cataluña)
- Yolanda Rodriguez Fundación Federico Ozanam
- María Pilar Celimendiz Lamuela Fundación Perez de Gotor (Aragón)

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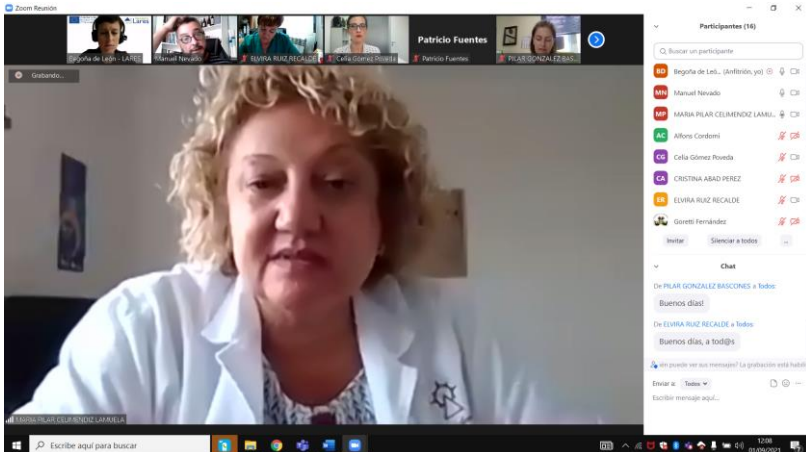
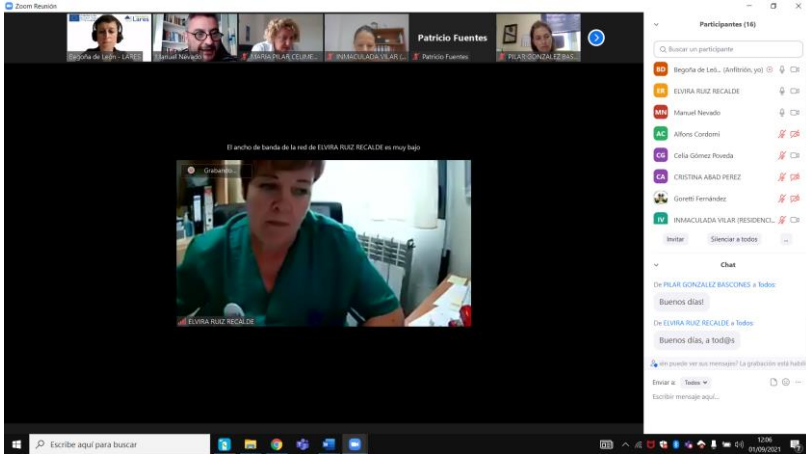
## Main outcomes

- Both the respondents of the survey and the Focus Group participants agree that in their residences there are currently **no protocols** for the detection and prevention of violence.
- **Managers have not carried out specific training plans on violence.** Some managers are starting to work on the detection of mistreatment, especially focused on people with **dementia**. Others offered person-centred care training, management of aggressive behaviour and elimination of physical and pharmacological restraints, but without a specific programme, without clear objectives or continuity over time.
- It is considered that there is a **lack of the necessary knowledge** to be able to deal with situations of violence within the care homes.
- **Violence vs Inappropriate treatment.** Some participants find the word ‘violence’ very aggressive, so they would prefer to talk about inappropriate treatment. It is difficult for participants to assume they commit violence towards the elderly. However, participants state residents can recognize that they are being treated inappropriately.
- Detection of “**micro abuse**“: little actions integrated in the daily routine that have a negative impact, or even, humiliation towards the elderly. This topic was widely discussed among the participants.
- **Target of the training programme:** care workers, users/clients and family members. There is agreement on the importance of training all those people who actively participate in the life of the residence, especially residents and family members.
- Managers must receive **specific training on violence before other workers** in order to be able to design customized training and protocols for their centre.
- It is necessary to be able to have a **prior diagnosis** of the residence situation in order to be able to develop individualized training actions adapted to the actual needs.
- **Format:** the training must be eminently **practical**. The majority prefer a hybrid format: one part including joint sessions for all the professional categories involved, and another part specific to each category (directors and technical staff). Training should be also organized by levels (basic, intermediate, advanced).

- **Contents of the ideal training programme for both, directors and staff.** Participants agree on four main thematic blocks:
  - a. Causes of violence
  - b. Different types of abuse
  - c. How to detect and how to intervene on each of the types of abuse
  - d. How to analyse behavioural problems and develop intervention plans
- According to the survey results, below are the **topics** that should be included in the training programme, ordered from most to least important:
  - a. Violent behaviour of employees towards residents.
  - b. Violent behaviour of a resident towards another resident.
  - c. Knowledge and skills in detecting violent behaviours
  - d. Knowledge and skills on how to handle cases of violence
  - e. Violent behaviour of a resident towards a staff member
  - f. Violent behaviours of a family member of a resident towards another resident and/or an employee 3
  - g. Physical and mental violence
  - h. Self-defence techniques to enable workers to protect themselves from physical violence by others
  - i. Legal consequences of violent behaviour. Legal liability of the perpetrator, the employees and the workplace.
  - j. Other topics (free response): Training in problem-solving.
- Directors do not agree on the **number of hours of training** needed. They agree on the difficulty of combining training and work and opt for short sessions (less than 5 hours) and combining face-to-face and online. What they do agree on is that it is essential to train their staff on violence.

## Screenshots of the session





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# 2<sup>nd</sup> Focus Group – Employees

## Date - Time

1<sup>st</sup> September 2021, 17:00 – 18:20 CET

## Online meeting

Via Zoom on this [link](#). Video registration available [here](#).

## Participants

The following participants work as technical staff at Lares nursing homes. Even though more people participated in this focus group, compared to the directors', just a few participants took part and shared their views.

- Manuel Nevado Professor, AVEC Main researcher
- Begoña De León Lares project officer, AVEC researcher
- Paqui Álvarez Álvarez Geriatric assistant, night shift (Andalucía)
- Nuria González Social worker (Cataluña)
- María Del Carmen Alejandre Nurse (Asturias)
- Sara Martínez De Pedro Psychologist, Fundación Basílica de Colmenar Viejo (Madrid)
- María Ángeles Santamarina Geriatric assistant (Asturias)
- Conchita Núñez Geriatric assistant (Asturias)
- Leire Acha Occupational therapist, Fundación Miranda (Euskadi)
- Cristina Aguirre Muñiz Geriatric assistant, ABHAL Residencia (Asturias)
- Goretti Fernández Geriatric assistant (Cantabria)
- Honorina Balbín García Geriatric assistant (Asturias)
- José Ignacio Val De Santos Physiotherapist, Fundación Basílica de Colmenar Viejo (Madrid)
- Isabel Bernal Lares Occupational therapist (Andalucía)
- Ivan Llorente Psychologist, Fundación Miranda (Euskadi)
- Maria Toboso Gregori Physiotherapist, Fundació Albà - Hospital Sant Miquel (Cataluña)
- Paloma Ramos
- Noelia Rodríguez
- Clara Bueno

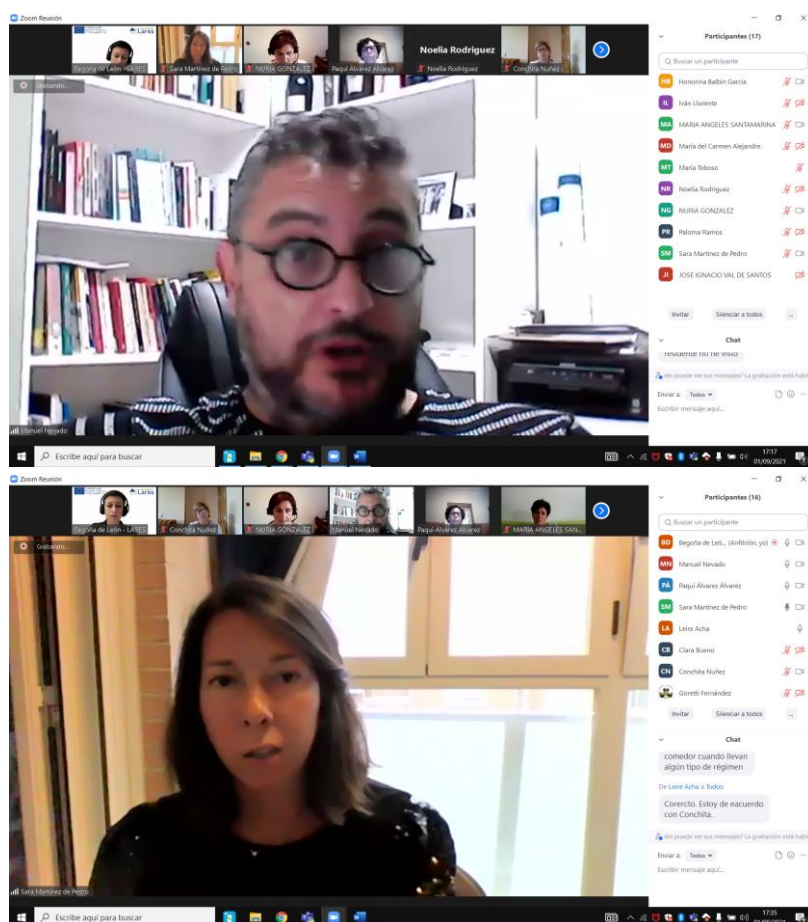
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## Main outcomes

- Employees identify **violence from residents towards workers** as the type of violence that is most prevalent in their work routine.
- Employees find it **difficult to talk about situations of violence by the workers towards residents**, they do not feel comfortable about this topic.
- There are **no regulated guidelines** for intervention in situations of violence in care homes.
- As protocols do not exist, **employees are not sure about how to intervene** in the event of detecting possible situations of violence, regardless of whether they are caused by the family, the resident or the workers.
- Employees consider that **they do have the support of the organization** and their colleagues in the event of suffering situations of violence.
- Participants consider it would be **important to have a leading figure** who coordinates and provides them with guidelines for action and management in situations of violence.
- Employees believe it is **essential to have team meetings** where they can freely talk about situations of violence.
- Employees agree on the **need for training** on how to deal with situations of violence.
- Regarding violence, they agree on the difference between **high intensity violence** (aggression, injuries...) and **low intensity violence** (problems of intimacy, communication, improving treatment or managing time to avoid violent reactions on the part of the residents).
- About the training programme, it should contain the following **topics**, in order from most to least important:
  - a. Types and causes of our own violent behaviour and how to manage it.
  - b. How to prevent or reduce the risk of violent conflict in the workplace
  - c. How to act in a conflict when the user/resident starts to behave violently towards you
  - d. How to deal with violent behaviour of a co-worker towards a client/resident
  - e. The impact of the age and health status of the user on his/her behaviour and, in case of a tendency to violent behaviour, how to mitigate this behaviour.
  - f. How to deal with violent behaviour of a family member of a user/resident towards that user/resident

- g. How to provide the necessary help and support to victims of violent conflicts.
- h. Violence from an ethical point of view
- i. How to recognize violent risk situations
- j. Communication techniques that can help reduce and deal with violent behaviour
- k. What are my responsibilities if I witness or participate in violent conflict?
- l. Workplace and criminal context of violent behaviour. Legal responsibility of the perpetrator, the employees, and the workplace.
- m. Approach to the problem of violence in long-term care and types of violence in this context.
- n. What are my responsibilities if I witness or participate in a violent conflict, how to report it?
- o. What is the correct professional approach in terms of violence?
- p. Recommendations for good practice

## Screenshots of the session







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# Recommendations & Conclusions

1. **Need to create protocols** for detection, assessment and intervention in situations of violence.
2. **Need to develop adequate registers** to analyse and follow up the detected cases of violence.
3. **Need for specific training in situations of maltreatment** in an independent way to those received in similar training courses such as ACP.
4. **Need for the design of common training actions** on violence for the LARES care homes.
5. **Need to increase team meetings** (including the direct care professionals) to exchange opinions and actions in cases of violence.
6. **Need for prior knowledge of “micro abuse”**, or, as Thomas Kitwood said, more training in *Malignant Social Psychology*.
7. **Need for clear and firm guidelines on how to act in the case of detecting situations of violence** from a worker towards a resident.
8. **Need to know** in greater depth **how to communicate with families**.
9. **Need for training in cognitive impairment** and in guidelines for communication and management in **dementia**.
10. **Need to train all staff and to include specific training** for residents and relatives on how to act and prevent episodes of violence.

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# Lares training proposal

Based on the results of both, the survey and the focus groups, Lares has devised the following training programme proposal.

## COURSE FOR MANAGERS AND TECHNICAL TEAM (10 hours)

- Good treatment and mistreatment
- Types of mistreatment
- Detection of maltreatment
- Intervention protocols
- Ethical and legal responsibilities
- Team work
- Radiography and analysis of the centre

## COURSE FOR ALL STAFF (ALL STAFF TRAINING) (60 hours) - Blended classroom and online training

- |   |            |
|---|------------|
| <b>1. Characteristics of cognitive deterioration</b>  | <b>10h</b> |
| <ul style="list-style-type: none"><li>• Types of dementia</li><li>• Psychiatric alterations</li><li>• Behavioural changes in the elderly</li></ul>  |            |
| <b>2. Behavioural management and communication with residents</b>   | <b>20h</b> |
| <ul style="list-style-type: none"><li>• Communication,</li><li>• Intervention guidelines</li><li>• Management of conflict situations</li><li>• Intervention plans, assessment and behavioural analysis</li></ul>  |            |
| <b>3. Work with families</b>  | <b>10h</b> |
| <ul style="list-style-type: none"><li>• Family overload</li><li>• Previous relationships</li><li>• Communication guidelines, climates of trust and reference,</li><li>• Management of admission and adaptation to the centre</li><li>• Solving difficult situations and day-to-day management</li></ul> |            |
| <b>4. Mistreatment of residents</b>   | <b>20h</b> |
| <b>4.1. Types of mistreatment</b>   |            |
| <ul style="list-style-type: none"><li>- Physical</li><li>- Sexual</li><li>- Economic</li><li>- Psychological</li><li>- Other</li></ul>  |            |

#### 4.2. Low intensity abuse

- Control of privacy
- Rights
- Quality of life
- Self-determination

#### 4.3. Promoting good treatment

- Good practices
- Identification of detractors/automatisms
- Development of awareness-raising materials

#### 4.4. Intervention protocols for the detection of abuse

- Identifying situations
- Avoid becoming an accomplice
- Reporting process
- Criminal responsibilities

#### LARES ASSOCIATION

AVEC Project contacts

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Lares Comunicación