Basic skills and knowledge in community-based home care

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Volume 2 of the *Community-based home care* toolkit

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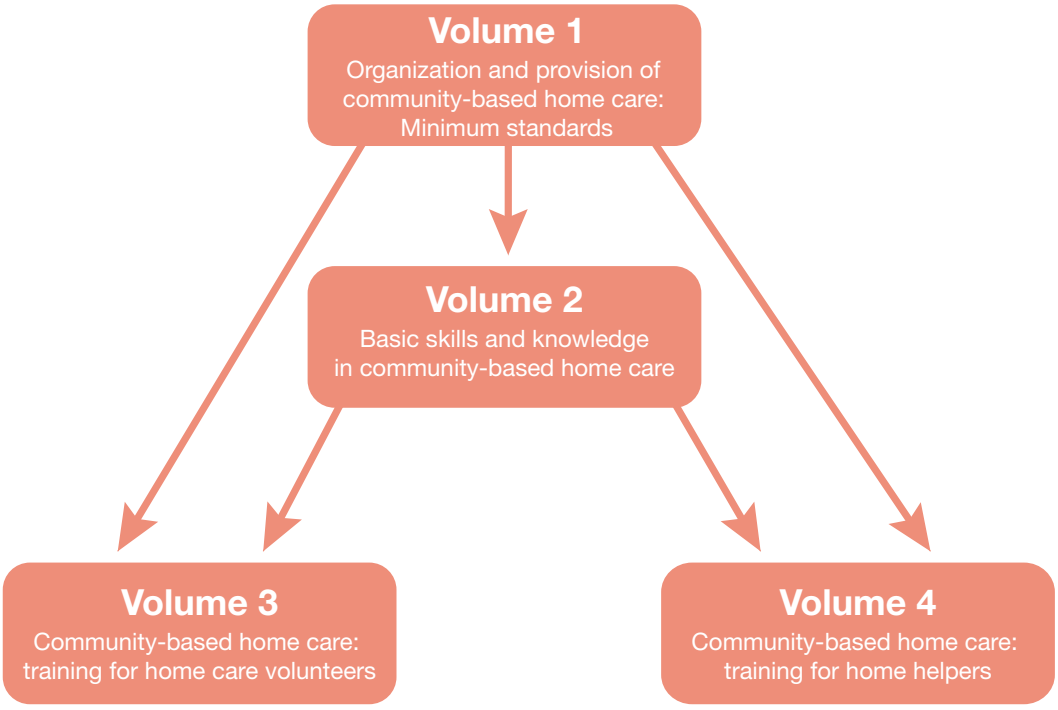
Note on the *Community-based home care* toolkit

The *Community-based home care* toolkit comprises four volumes. The first gives the minimum standards in the organization and provision of community-based home care services. The second gives information on the basic skills and knowledge required, of which National Societies should be aware when planning a community-based home care programme. The skills and knowledge include theory on the ageing process, psychosocial support, integration in the community, relationship with the family, communication, handling conflict, mapping needs, and violence and abuse.

Volumes 3 and 4 are training programmes for home care volunteers and home helpers respectively. The training for volunteers contains a set of PowerPoint slides and is designed to be facilitated by an experienced member of staff. The home helper training, which is much longer and more rigorous, is designed for facilitation by a professional trainer in the field of home care.



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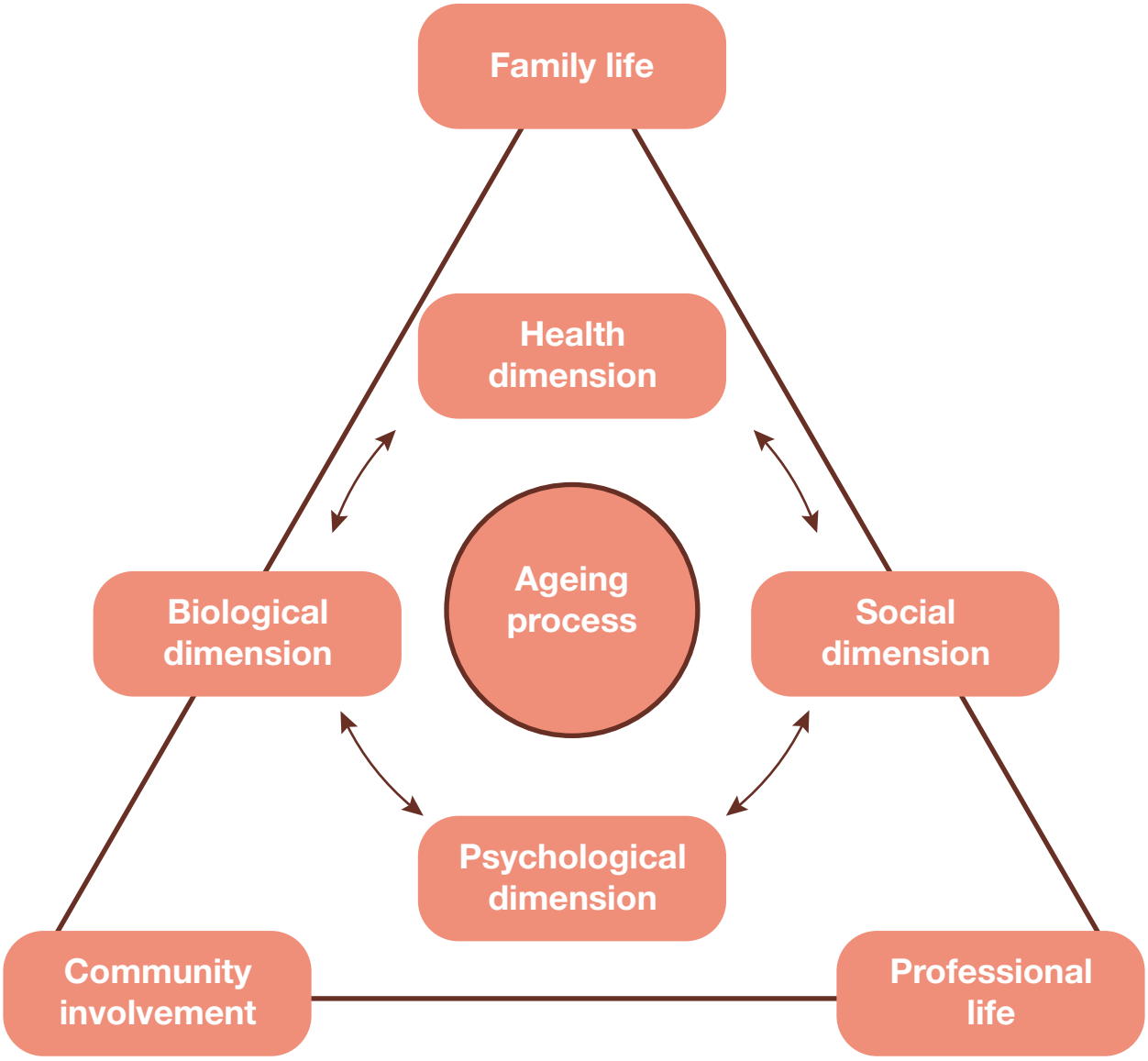
Ukrainian Red Cross Society

1. Introduction

Volume 2 of the *Community-based home care* toolkit provides information on the knowledge and skills that are important for Red Cross Red Crescent National Societies to be aware of when they are planning for the organization and provision of community-based home care. These include the latest thinking on the ageing process, psychosocial support, communication, handling conflict, mapping needs, and violence and abuse. Using this information, National Societies are in a position to ensure that home helpers and home care volunteers are fully informed about the knowledge, skills and attitudes they will need to demonstrate while undertaking their responsibilities and tasks with clients in the target groups.


Family life
Health dimension
Ageing process
Biological dimension
Social dimension
Psychological dimension
Community involvement
Professional life

2. The ageing process

While the target groups for community-based home care include disabled people and people living with chronic disease as well as older people, it is often the case that as people age, they may become disabled or may develop a noncommunicable chronic disease. It is therefore most likely that by far the great majority of those vulnerable people in need of community-based home care will be older people.

Until relatively recently, ageing was considered as an ending phase of life. Most developmental models studied development in several dimensions from birth to adulthood, when it was assumed that capacities would reach a plateau. After that, capacities would decline.

Several important changes in this conceptual model have more recently been introduced. Ageing is no longer seen as a phase but as part of a process that begins at birth and ends with death. The concepts of "life course" or "lifespan" are now widely accepted, requiring us to think about what happens throughout all adulthood. In a very concrete way we age as we live since ageing is part of a lifelong process. The model assumes that we do not become old at any specified age, but instead, more dynamically, we age throughout our lives in several dimensions, such as:

- biological
- social
- health
- psychological

In addition to these dimensions, there are different contexts in which we age. These might include:

- professional life
- family life
- community involvement

The diagram on page 8 shows the interconnectedness of dimensions and contexts.

An important consequence of this approach is that, as a result of the interaction of all these dimensions and contexts throughout life, older people as a group are highly heterogeneous.

A further consequence is that we realize that ageing, as a part of a lifelong process, is not all about loss, but about a balance between loss and gain. That is, as in any other moment of our lives we may lose something but gains are still possible. As an example it is frequently said that an older person gains in wisdom.

2.1 Biological ageing

We have seen that ageing is a multidimensional process and that older persons are very variable. Nevertheless everyone ages. This is because some of the causes of the ageing process are endogenous, or biologically determined. While these biological factors are very variable, because they interact with other kinds of factors, there is no doubt that ageing is a process that is subject to biological constraints.

Some parts of the body are more vulnerable than others to ageing, for instance, the nervous system. Even in a normal ageing process, memory or concentration difficulties tend to be found. There are also several physical changes associated with ageing in the nervous system, the majority of them detrimental. For example, some brain structures related to memory decline, and the ability to learn decreases. However, these abilities do still exist, and the impact of them can be moderated by exogenous factors, such as mental stimulation.

Another system vulnerable to ageing is the cardiovascular system. Strokes are more common, with sometimes devastating consequences. However, exogenous factors, such as eating habits and healthy lifestyles can help to mitigate risk.

The perceptive systems, namely hearing and vision, may decline. The effect of this is sometimes dramatic, because it undermines participation and can lead to isolation. It may even be misinterpreted as cognitive deficit or symptoms of depression. However, with strategies and devices, such as hearing aids, the impact of these changes can be diminished.

2.2 Social ageing

For a long time, and as a result of a very strict division between childhood, active age and retirement age, social roles were well established. Youth was a learning process to acquire sufficient knowledge and skills to undertake a profession. Middle-age was for work. Retirement was for rest and the time to do things that there was no time for before. It was expected that retired people would engage in new activities, see more of their friends and families and enjoy learning opportunities. However, the transition into retirement was often abrupt, affecting the psychological well-being and the social status of the older person. From one day to the next, the retired person will not enter the work-place that he or she may have entered every day for many years. This transition may seriously affect the way we perceive ourselves. Many older persons feel that they are useless and non-productive. Some people talk about retirement as a social death. Several organisms and entities have pointed out that, regardless of the existence of statutory retirement age limits, there should be explicit preparation for this transition throughout life, particularly with the increase in life expectancy. The opinion today is that there is not such a structured division between working life and retirement. However, more work needs to be done. Lifelong learning is recommended, but it is recognized that employers still spend less money in the training of older employees.

As well as continuing to learn, work life should be balanced with leisure. Investment in work may mean a pension in retirement, but investment in leisure, whether that is

spending time with other people, or undertaking another activity, has a different value. The most important idea is that older people need a sense of their own worth and belonging, that is not only dependent on their work life.

"Old age can bring a sense of fulfilment and accomplishment, but in some cases, it can be accompanied by a sense of lack of achievement or even despair."

2.3 Psychological and cognitive ageing

While we have been looking at the various dimensions separately, we must remember that they are all interconnected. For example, abrupt retirement can have an enormous impact on psychological well-being. Old age can bring a sense of fulfilment and accomplishment, but in some cases, it can be accompanied by a sense of lack of achievement or even despair. Some older people feel that they have no value to society or are useless because they no longer have a job.

Ageing is, of course, a reflection of the character of the person as well as of the events experienced by the person throughout life. In some cases, those events are normal, i.e. experienced by the majority of people, but other events are more individual. Often older people are more vulnerable to a distressing event, such as the death of a spouse, that will cause a major lifestyle change, and is likely to bring psychological stress and severe emotional pain that may lead to isolation. Isolation is in itself a risk factor for psychological, cognitive and emotional well-being. It is also important to take into consideration that sometimes ageing can be accompanied by a sense of loss of control that can diminish the sense of self-worth.

It is generally accepted that ageing brings changes in the majority of functions, particularly memory. These changes can in themselves affect psychological well-being, and are also a risk factor for isolation. Nevertheless, these changes are not identical in all older people.

In some cases, older people can present distressing mental disorders, such as depression. It is not easy to distinguish between normality and disorder, and that is well beyond the scope of this document, but it is important to be aware of apathy, lack of interest and negative thoughts of the older person. Changes of this kind are not specific to older people, and have to be interpreted in the individual context. Dementia is also an important issue. It is progressive, and impairs cognitive functions such as memory and language, and it is sufficiently severe to affect daily life activities. Other cognitive impairment, such as that caused by neglect, general memory loss, confusion, Alzheimer's disease, for example, also have an effect.

It is important to bear in mind that each individual is unique, and that older people are no exception.

2.4 Active ageing

According to WHO (2002)[1], active ageing can be defined as the "process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age….. (It) allows people to realize their potential for physical, social and mental well-being throughout the life course and to participate in society, while providing them

1 See: *www.who.int/ageing/publications/active_ageing/en/*

"Active ageing really means that, after the age of 65, biological factors are not determinant of how we age, but lifestyle is, as is the environment and culture in which we live. Health status is a factor that has a strong effect on ageing and is particularly important for active ageing."

with adequate protection, security and care when they need". More recently, WHO has refined its policy slightly. With much the same meaning as "active ageing", the more general term "healthy ageing" is defined as "doing the things we value for as long as possible". The objective is for people of all ages to:

- enjoy supportive, adapted social environments
- have access to high-quality, tailor-made, well-coordinated health and social services
- be supported in maintaining maximum health and functional capacity throughout their lives
- be empowered to live and die in dignity [2]

In this publication, we keep the concept of "active" ageing, since many of the home care recipients may not be considered "healthy", but are still capable of continuing participation in social, economic, cultural, spiritual and civic affairs, even if they are not physically active or participating in the labour force. Older people who retire from work ill or live with disabilities can remain active contributors to their families, peers, communities and nations.

Active ageing really means that, after the age of 65, biological factors are not determinant of how we age, but lifestyle is, as is the environment and culture in which we live. Health status is a factor that has a strong effect on ageing and is particularly important for active ageing. WHO notes that healthy ageing starts with healthy behaviours in earlier stages of life. These include what we eat, how physically active we are and our levels of exposure to health risks such as those caused by smoking, harmful consumption of alcohol, or exposure to toxic substances. But it is never too late to start: for example, the risk of premature death decreases by 50 per cent if someone gives up smoking between 60 and 75 years of age[3].

So, as a process, active ageing can be recognized as a way to promote "growing old in good health and as a full member of society, feeling more fulfilled in our jobs, more independent in our daily lives and more involved as citizens. No matter how old we are, we can still play our part in society and enjoy a better quality of life"[4].

This requires the right conditions in order to promote the participation of older people in communities, workplaces, families and societies, and the provision of learning and other opportunities so that they can fulfil their expectations and capacities, aiming to extend healthy life expectancy and quality of life for all people as they age[5].

2.5 Ageism

Discrimination related to age is frequently felt by Europeans[6]. In general, society looks at older people in a rather negative way. Older people are a very heterogeneous group, but the younger generation tends to perceive them as a homogeneous group with negative

2 See: *www.euro.who.int/en/health-topics/Life-stages/healthy-ageing/healthy-ageing*
3 See: *www.euro.who.int/en/what-we-do/health-topics/Life-stages/healthy-ageing/facts-and-figures/risk-factors-of-ill-health-among-older-people.*
4 European Year for Active Ageing and Solidarity between Generations 2012. See: *europa.eu/ey2012/ey2012main.jsp?catId=971&langId=en.*
5 See: *www.who.int/ageing/active_ageing/en.* See also the Political Declaration and Madrid International Plan of Action on Ageing: *www.un.org/en/events/pastevents/pdfs/Madrid_plan.pdf*
6 See: *www.europeansocialsurvey.org.*

characteristics. Sometimes discrimination is very clear, but it may also be very subtle. In the more evident cases, there might be abuse or neglect, perhaps with the idea that it is not "worthwhile" taking care of the older person. In more subtle cases, behaviour towards the older person might be over-protective, tending to make the person more incapacitated and reinforcing previous beliefs. This is known as "benevolent prejudice" with an underlying belief that older people are incompetent. It also leads to the reinforcement of self-ageism and promotes dependence.

Ageism is the reflection of societal values and institutional practices that must be faced. For example, doctors tend to spend less time with an older person than with someone younger with similar needs. Because we are embedded in our own society and share its values, it is sometimes difficult to be aware of ageism, not recognizing in ourselves our prejudices regarding age. Home helpers and volunteers working with older people should try to become more aware of any prejudices.

3. Psychosocial support

Psychosocial support requires the home helper and the home care volunteer to listen and respond to the client and family members. The role of the home helper and home care volunteer in community-based home care is completely different from that of

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caregivers, family members and professionals. When trained and matched well, the home helper is able to build a relationship of confidence with the client. It is possible to treat him/her as a private person, but with "professional distance". The client has the chance to present her/himself without the burden of an emotional history and corresponding frustrations, stereotypes and so on. If wanted, she/he has a wider range of freedom in communication in the sense of fewer taboos and fewer fixed expectations.

4. Social activities and integration in the community

Examples of social activities include household chores, help with administrative tasks and cultural activities. In most countries there are regulations on what a home helper and home care volunteer is allowed to do in the household, as well as rules on assistance with personal affairs (for example, incontinence or financial matters). Outdoor activities are also important. This might include helping to run errands, going to the market,

Magnus Bergstrom/Swedish Red Cross

pharmacy or cemetery, recreation in public places likes parks or nature reserves, visits to special places like zoos, and accompanying to special events like theatre, cinema or concerts. In all cases, the focus should be on the well-being, empowerment and independence of the client.

The most important contribution of the home helper or home care volunteer is to be a link to daily life in the society of today. Home helpers and home care volunteers can play a key role in helping the client to become integrated in social activities and in keeping contact with people of all ages in a meaningful way. Promoting lifelong learning is also important. Social participation and learning are important factors for healthy ageing and should be supported as far as possible, as long as the policy to be put in place is agreed with the client. He/she might wish to learn about new technologies, for example, to keep up with the modern world. There may also be help with writing letters, telephoning, filling in forms, and so on. The home helper also has a duty to inform a client about support options and services that might be helpful. If necessary, the home helper has a duty to advocate for the client's needs.

5. Identifying further needs

Home helpers and home care volunteers should also be watchful in case they feel or get told that something is "not right" with clients they visit. They should be informed about available services and supportive measures that could be useful for them. These include technical aids, information on additional services and contacts for information and support concerning different issues (e.g., violence). In most cases domestic violence cannot be observed directly, but there are many signs that hint that bad things may be happening. (See also Section 10: Violence and abuse).

Preventing accidents in the home is also an important identification task. It involves the home helper and home care volunteer in observing and informing the client about risk and measures to minimize them, possibly by using a brochure or other written material. Home helpers should be sensible and observant in regard to typical risks for injuries (e.g., tripping hazards) and inform the client about measures and devices to mitigate the risks. They should not patronize the client who has a right to be safe but also has the right to take risks and the right to decide what should be removed or installed in his/her private home.

6. Relationship with the family

Home helpers and home care volunteers are often very helpful and highly appreciated contact persons for caregivers or family members, but they can sometimes be seen as rivals. In the case of conflict between family members, they must take care to remain impartial. See also Section 8: Handling possible conflict.

Given the complexity of family structures and relationships, every home helper or home care volunteer who takes care of an older person, a disabled person or a person living with chronic disease should understand the following:

- home helpers and home care volunteers should always talk with family members with respect and appreciation
- home helpers and home care volunteers should not interfere, judge or evaluate family relationships, but should remain neutral
- home helpers and home care volunteers should highlight the importance of a good relationship with the family and should behave accordingly
- home helpers and home care volunteers may encounter distrust and a sense of competition by family members, and should clearly demonstrate that their role is different and that they cannot compare with the family
- home helpers and home care volunteers can share the work with any family members who show interest
- the confidentiality of the family is vital, and home helpers and home care volunteers should not try to learn more about them, or pass on information to anyone else
- if the home helper or home care volunteer sees negligence, abuse or violence towards a client, he or she must share that information with the coordinator who will pass on the problem to the relevant authorities
- the home helper or home care volunteer represents the Red Cross Red Crescent National Society to which he/she belongs, and not him or herself as an individual.

Family, friend or neighbour caregivers are indirect beneficiaries for community-based home care and day-care centres. Many caregivers suffer from lack of time for themselves or family members and friends. They are under pressure to spend the majority of their time with the client and may neglect other areas and interests of their lives. An opportunity to talk to a home helper or home care volunteer who understands their situation or simply having some time to themselves to relax or to run errands could be very welcome.

7. Communication

7.1 The skill of communication

Good communication between the home helper, the home care volunteer and the client guarantees good cooperation, less conflict, better mutual understanding and the saving of emotional energy. Home helpers and home care volunteers working with older people, disabled people and people living with chronic disease need to know what constitutes good, clear and constructive communication, and how to listen actively to them. They will also need to know how to communicate with persons who might have sight or hearing impediments. It will often be necessary to provide training in communication skills.

Communication is the transfer of information from one place to another. It is a way of communicating wishes and requirements, and also of exchanging ideas and opinions. Communication can be divided into verbal and non-verbal. Verbal communication consists

of two skills: speaking and listening. Non-verbal communication refers to gestures, facial expressions, tone of voice, posture and physical distance between communicators. Good communication involves both aspects. It is also possible, of course, to communicate by means of technology, but these guidelines do not cover that aspect.

7.2 Good communication [7]

Verbal communication can be clear or unclear, direct or indirect, constructive or destructive. The home helper and home care volunteer must learn skills of good communication, i.e. clear, direct and constructive.

Good communication is the most fundamental support skill for workers in community-based home care. Learning how to listen and pay attention to clients is crucial. In contrast to everyday conversation, which is usually an active dialogue for both parties, home helpers spend most of their time as active listeners rather than talkers. Learning to be a good listener is a skill that almost anyone can acquire through practice and training. Central to good listening is a set of attitudes that is conveyed when interacting with clients.

Listening and being present is a great gift that anyone can give to someone. The aim of listening is to provide the opportunity for the client to express his/her thoughts and feelings in a supportive environment. The home helper can create a supportive environment by conveying certain key attitudes that encourage clients to feel comfortable in sharing their experiences.

Bulgarian Red Cross

7 This section has been adapted from Lay Counselling: A Trainer's Manual, developed by the IFRC Reference Centre for Psychosocial Support in cooperation with the Danish Cancer Centre, University of Innsbruck and the War Trauma Foundation. It is available in English, French, German and Danish, and can be downloaded free from: *pscentre.org/topics/lay-counselling*.

Key attitudes

- Empathy is the ability to see and feel from the other person's point of view and understand from the heart what it is like to be that person. Responding to people's feelings with empathy is the most helpful way of supporting them.

- Respect means having a warm acceptance of the client and meeting him/her as an equal human being. The home helper or home care volunteer should be open-minded, non-judgmental and aware of his/her own prejudices and biases so he/she can set them aside in the interaction, allowing him/her to listen effectively and not make false assumptions about the client. The home helper or volunteer should try to give the client time and room to share emotions and thoughts, no matter what he/she gives voice to.

- To be genuine is the ability to be authentic, natural and true to oneself in any interaction. It is important that clients perceive the home helper or home care volunteer as someone they can trust. This does not mean that the home helper or volunteer should tell the client all of his/her own thoughts and feelings. Rather, it means responding in a natural and genuine way while communicating. The home helper or home care volunteer should be aware of his/her own issues – emotions, opinions or judgements – that may come up during the communication, but should not apply them to the client. Rather, he/she should be able to balance his/her own experiences in order to stay with the client in his/her needs, and still be human, real and authentic in the encounter.

Finally, it is important for a home helper or home care volunteer to listen to another person's thoughts and feelings (e.g., stories about grief, loss or sorrow) with empathy, but without becoming overwhelmed by his/her own emotions. If the home helper or volunteer does find that he/she is becoming affected by the stories heard or is having difficulty remaining emotionally stable while helping others, then it is important to seek support from a supervisor. See also section 8.4 of Volume 1 on compassion fatigue and burn-out syndrome.

7.3 Listening

Listening is a very important skill for home helpers and home care volunteers when working with clients. Listening can be active or passive (silence). Active listening can be used with different verbal and non-verbal signals.

Active listening means giving full attention to the speaker. This means not only listening to what is being said, but also listening to the "music" behind the words and registering movements, body language, tone of voice and facial expressions. The art of listening, therefore, is to be able to distil the meaning both from what is said and how it is said. Active listening in support situations requires an ability to focus on the speaker and

allow them space to talk without voicing one's own thoughts, feelings and questions while they are speaking. Active listening makes the speaker feel that he/she is taken seriously, is being respected and is being treated as a full human being. When someone is given the opportunity to express their emotions and thoughts to another human being, it makes their difficulties seem somewhat easier to bear. It also can provide relief and further clarity as to how one can take the next little step to move on. In this sense, active listening provides a basis for the autonomy and independence of the client.

"Active" listening contributes to making people feel better, encouraging them to talk and express their feelings, encourages their self-esteem, reduces fear and anxiety and facilitates the development of constructive change.

7.4 Particular issues in communicating with members of the target groups

Frequently, home helpers and home care volunteers need to communicate with clients with impaired sight or hearing. In communicating with older people, people with disabilities and people living with chronic disease home helpers and home care volunteers should be patient with slow reactions, keep sentences short and give instructions gradually. Further more detailed instances are given in the training curricula.

Hakan Flank/Swedish Red Cross

8. Handling possible conflict

8.1 Understanding conflict

Home helpers and home care volunteers may experience a conflict between a client and family members or caregiver, or may even participate in a conflict with the client or members of his/her family. Home helpers need to know how to avoid getting involved in a conflict or how to behave in a conflict situation if they witness one.

Conflict is any situation in which two or more persons or groups of people are faced with the fact that they have different needs, desires or interests, expectations, attitudes or opinions that do not match. In a conflict situation, each side tries to preserve its integrity. Interpretation is subjective, and conflict happens often when the two sides interpret a situation differently.

There are two parts to a conflict: the subject of the conflict and the persons who are involved in that conflict. When the subject is most important for us, we try to win. When the people with whom we are in conflict are more important to us, then we try to calm passions and remain on good terms with them.

8.2 Handling conflict situations

There are a number of ways of handling conflict situations:

- indulgence: this technique, using "as you say", is characteristic of people who care more about the needs of others rather than their own. For them it is more important to stay on good terms with the other person.
- withdrawal: withdrawing from the conflict situation is typical of individuals who do not care for either their own or the other person's interests.
- competition: this emphasizes the importance of his or her own interest in blatant disregard for the other. In this case, victory is more important than the subject of the conflict.
- compromise: this often leads to problem-solving, with both sides giving up their interests to accept a central solution.
- troubleshooting: this is a most effective technique, taking care of both sides by concentrating on the subject of the conflict and not on the personality of the participants. The solution is sought jointly, with both sides open to new ideas and opinions.

Home helpers and home care volunteers who find themselves in conflict situations should know, following their training, what their role is and what the rules of conduct are in relation to clients. They should try their best to avoid conflict situations, and must learn to control their own behaviour if conflict does occur. It must be noted that

conflict might also happen between home helpers, home care volunteers or supervisors. In any conflict situation, home helpers and home care volunteers should:

- not shout or be aggressive
- respect the opinion of the client
- pay attention to the content of messages that are directed to the client
- listen to the other side and look for a joint solution
- not send negative messages
- not make fun of the client
- remember and put into practice the principles of the National Society

It should also be noted that conflict is not always a negative thing. It may often result in positive outcomes if managed well. It should be possible to come out of it satisfied and having learnt something, not defeated or thwarted.

Austrian Red Cross/Markus Hechenberger

9. Mapping needs, organizing support and cooperating with others

9.1 Mapping needs

Home helpers and home care volunteers do have a very important impact on the well-being of those they visit, not only by their direct presence and support, but also by supporting the person's autonomy in reflecting, decision-making and planning, and as a bridge to information, advice and support from professionals from their own and other organizations.

Before a home helper or home care volunteer begins to visit an older person, disabled person or person living with chronic disease in the context of home care services, "helping" is in most cases not a question of intuitive action, but includes an analysis of the needs of the client and of the options available to meet them. The best way to help is within a participatory planning and decision-making process, followed by the organization of measures that are based on the resources of the client and his/her formal and informal network, taking into account the strengths and limitations of each "stakeholder", including the home helper or home care volunteer him/herself.

There is not always a simple link between needs and their fulfilment. Except in an emergency situation, there should be a clear assessment of needs over some time. The priority is on empowerment of the client, which requires the home helper or home care volunteer not automatically to take over all responsibility which might weaken the client's autonomy. It might also be the case that a member of the person's social network, such as a spouse or friend, might be the best person to act, which could have a positive effect on the well-being of the person.

In many cases, it is necessary to get a feeling of what the real needs are before acting. Awareness of different perspectives and sensitivity towards one's own and the client's motives is most important. But it should be recognized that the perception of needs and preferences for action and interests are subjective. One must distinguish between emergency, short-term and long-term needs. Some needs can be defined easily and objectively, but others are less easy. There may be pressures, desires, anxieties and hidden interests that must, as far as possible, be recognized and taken into consideration. The home helper or home care volunteer must also distinguish between the interests of the client and his/her own interests. A quick solution in the eyes of the home helper or home care volunteer might not help the client to regain autonomy. The home helper or home care volunteer must also beware against wanting to feel indispensable. In addition, the interests of other stakeholders – family, professionals and organizations, including the home helper's own organization – must be considered.

It should also be noted that the contributions of home helpers are limited by rules to guarantee safety, comply with insurance regulations and protect them from being overburdened. If they are to offer high quality care services for their clients, they must not exceed their competence, which might lead to stress and conflict.

9.2 Organizing support

Home helpers and home care volunteers should have good knowledge of the resources available from their own organization and of the range of formal support services that could be offered. In a situation where they are making a plan together with the person in need of help and assistance, home helpers and home care volunteers should be aware of their own preferences in terms of how much help they would be willing to give, and should also be aware of the regulations of the organization in which they work. It is important not to promise what cannot be delivered, and not to interfere with other services.

"Often the client will be able to solve any problems for him or herself with just a little encouragement or piece of advice. In this case, the assessment needs to find out what the client requires to take over responsibility and retain autonomy."

While assessing what kind of support the client might need, volunteers should:

- ask open questions and be alert to messages from the client
- ensure the environment is stress-free
- ask the client about his/her informal network, in terms of additional resources available, or if anyone else is to be involved in planning
- ensure that the client is happy that the organization is informed of any additional needs and that someone else might come to make an assessment

Often the client will be able to solve any problems for him or herself with just a little encouragement or piece of advice. In this case, the assessment needs to find out what the client requires to take over responsibility and retain autonomy. This might involve further information, technical aids or personal support. The home helper should find out if there are other issues that need to be considered, such as related barriers or problems that need to be solved before the initial problem can be sorted out.

In the case of long-lasting situations, the home helper or home care volunteer should find out what has already been done, who was involved and any lessons learnt. Is there a history of support, and which measures were successful and which not? Were there any issues that cropped up time after time? Consulting with the supervisor/programme coordinator is essential in these cases.

Once an assessment has been made, it must be made clear to the client to what extent the home helper or home care volunteer will be able to give support. Clear limits to the engagement must be set, and must be communicated to the client. Passing on any changes to the service offered must be communicated to the programme coordinator, particularly if there have been changes in terms of resources, time, etc., as a consequence of any problem.

10. Violence and abuse

10.1 Forms of abuse

Violence within the family has been a topic of increasing public attention in recent years. The IFRC has defined violence as "the use of force or power, either as an action or omission in any setting, threatened, perceived or actual against oneself, another person, a group, a community that either results in or has a high likelihood of resulting in death, physical injury, psychological or emotional harm, mal-development or deprivation".

Many laws, measures and programmes have been put in place in European countries to prevent different forms of abuse. The issue of violence and abuse of older people, however, is still taboo and there remains a lack of awareness of the matter among the general public. Most European countries lack provision of services for those in the target groups who are victims of violence and abuse.

The National Center on Elder Abuse defines elder abuse as "a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult" [8].

Home helpers or home care volunteers who visit older people in their own homes are sometimes the only contact that isolated older victims of violence and abuse have, and it is therefore important that volunteers are aware of the issue and know how to act.

There is little information available on the frequency of violence and abuse against older people, but data from surveys in several countries suggest that 2.7 per cent of older people in the general population report physical violence, 19.4 per cent mental abuse, 0.7 per cent sexual abuse and 3.8 per cent financial abuse in the previous month. For vulnerable adults requiring care, however, abuse can be much higher, around 25 per cent, and about one third of family caregivers report being involved in violence.

8 See: *www.ncea.aoa.gov/faq/index.aspx*.

Violence against an older person rarely takes just one form. Generally, several forms of abuse occur together and are interrelated.

Physical abuse	Inflicting, or threatening to inflict physical pain or injury, or depriving of a basic need, e.g., beating, hitting, hair-pulling, drug-induced restraint, such as administration of tranquilizing or narcoleptic medication.
Psychological or emotional abuse	All actions carried out with the intention of causing emotional pain, e.g. isolation from family and friends, humiliation, accusation, defamation, refusal to communicate, threat of abandonment or institutionalization, treating like a child.
Sexual abuse	All types of non-consensual sexual contact and sexual acts. Sexual contact with any person incapable of giving consent is also considered as sexual abuse. Examples include non-consensual sexual intercourse, and talking about or showing sexual things or acts, such as pornographic films or images.
Financial abuse	All actions where money or property is taken illegally, and/or the older person's funds or assets are misused or concealed. As examples, relatives or others use a pension or care allowance for themselves, sign or change a will or other legal documents, or misuse custodianship.

Violence and abuse may equally be directed towards disabled people or people living with chronic disease. Neglect and abandonment reflect the failure of the designated caregiver to meet the needs of a dependent person. Neglect is defined as the failure by those responsible to provide food, shelter, health care, protection or emotional support. There are different degrees of abandonment, not easy to define. Examples include withholding food or necessary medication, leaving home and dependent person dirty and untidy, or disregarding pain.

10.2 Risk factors for violence and abuse

An act of violence or abuse does not always occur from one moment to the next. It is usually the result of a long cumulative process. There are several well-known risk factors which make it more probable that violence or abuse will occur sooner or later. It is important to keep an eye on these aspects and intervene at a very early stage to help prevent the occurrence.

Typical risk factors include:

- Family history: abusive behaviour may have a long tradition as a more or less conscious strategy for solving conflicts within the family. A history of marital violence may predict abuse in later life, sometimes with a change of roles.
- Mutual dependency: mutual emotional as well as practical dependency can trigger conflicts which have been latent for a long time. Sharing a living situation provides a greater opportunity for tension and conflict.
- Physical and/or psychological burden placed on caregivers: poor health, disability and functional and cognitive impairment in dependent persons can make them very demanding "patients" for the family. Abuse may occur when the caregiver does not cope well with the victim's physical and mental incapacity, as well as his or her own lack of perspective and freedom. Additionally, diseases such as dementia can result in a change of character and habits.
- Social isolation: social isolation can promote the risk of becoming a victim by increasing dependency and stress. On the other hand, social isolation reduces the likelihood that abuse will be detected and stopped. Social isolation can also be a result of abuse. Families might refrain from social contact, afraid that others might suspect maltreatment within their family. Emotional support and a supportive social network are essential to both caregivers and clients. A missing supportive social network or a lack of social control might lead to or enforce abuse.

10.3 Recognizing abuse

Most abusive behaviour is not observed directly, and it is therefore not simple to recognize situations of violence or abuse against clients. To get a broad picture of the situation, the home helper or home care volunteer should observe the actions and behaviour of the client, and should talk to him/her and others involved. There are a number of signs that might indicate abuse. For example:

- for physical abuse, bruises, pressure marks, repeated accidental injuries, anxious behaviour when someone approaches
- for psychological violence, unexplained withdrawal from normal activities, insomnia, fear of people, a sudden change in alertness and/or in appetite, unusual depression
- for sexual violence, anxious behaviour when getting undressed or being touched, bruises around the genital area, unexplained vaginal or anal bleeding, torn, stained, bloody underclothing
- for financial violence, sudden changes in bank account or banking practice, including unexplained withdrawals of large sums of money, sudden inability to pay bills
- for neglect or abandonment, unusual weight loss, malnutrition, unsanitary living conditions, lack of social control

Sometimes abuse is not recognized because of different perceptions and sensitivity for violent or abusive behaviour. These might have to do with different cultural and social backgrounds. Abuse might also not be recognized due to difficult communication with the client, for example, if an older person is suffering from dementia. It might not be

clear how certain symptoms, such as bruises, have come about. In seeking to recognize abuse, home helpers and home care volunteers should:

- trust their intuition
- observe and record any incident
- verify any suspicions by discussing them with their supervisor

10.4 Taking action

Recognizing and identifying abuse are the first steps in dealing with the issue of violence against a client. Home helpers and home care volunteers who identify any injuries can carefully ask the client how they occurred.

If the home helper or home care volunteer feels that there might be a more serious issue hidden, or that asking the client directly may cause trouble for him/her, then it is sensible to discuss the issue with the supervisor. In any case, talking with a potential victim should take place in private, without an accompanying family member. A client's own report of violence or abuse of any kind should always be considered as a "red flag" – something to listen to and watch for.

In talking to the client some areas that can be addressed include:

- exploring the exact meaning of the complaint. What does he/she mean when complaining about the way he/she has been treated by someone else?
- capturing new events or trends. What has happened in the last few days? Were there any important (positive or negative) events?
- stimulating comments on the quality of social relationships and participation (or isolation). Is there some news about relatives and friends? How are things going with spouse, children, and so on?

In the case of obvious danger to the client, immediate action must be taken. In situations of acute danger, the police must be called. In every case where there is a suspicion of violence or abuse, the supervisor should be informed, and further action agreed with him or her.

The Fundamental Principles of the International Red Cross and Red Crescent Movement

Humanity The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace among all peoples.

Impartiality It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality In order to continue to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity There can be only one Red Cross or Red Crescent society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.

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