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National Supervisory Authority
for Welfare and Health

Abuse as noticed by employees working in units providing 24-hour elderly care

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PRESENTATION

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Abuse as noticed by employees working in units providing 24-hour elderly care

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Abstract

Valvira studied abuse of the elderly in social welfare assisted living units providing 24-hour residential care. A questionnaire was emailed to a total of 1,133 unit supervisors who were requested to pass it on to employees to complete. No less than 7,406 employees responded to the questionnaire by the deadline. The purpose of the questionnaire was to ascertain the forms and extent of abuse of the elderly in units providing 24-hour care. This report describes the results of the questionnaire and follow-up actions.

Based on the responses, it was found that a majority of employees had noticed some kind of abuse of the elderly. The documentation shows that the right of residents to be treated well is not observed in all units. The most common forms of abuse are failure to provide outdoor exercise, use of coarse, inappropriate or childish language, as well as bossiness, punishment or criticism. Also physical or sexual abuse was detected. It is mostly another employee and/or another resident who was named as the abuser.

Intervention is clearly more effective where units have an operating model or instructions on how to deal with situations of abuse. Pressure of time, shortage of staff and unit size would seem to increase the risk of abuse. If employees feel there is not enough permanent staff, there are clearly more situations of abuse than if staffing is felt to be adequate. Abuse also appears more frequently in large units.

The questionnaire indicated that prompt, assertive reaction by a supervisor to abuse makes it easier to report abuse situations and also prevents their reoccurrence. To prevent abuse, it is important to increase the atmosphere of openness and discussion in work communities. If there is an open atmosphere, it is easier for employees to report abuse to their supervisor and to intervene in themselves.

The questionnaire showed that almost half of the employees responding were unaware of a self-monitoring plan or whether it contained instructions on how to prevent abuse. Roughly the same percentage of employees did not know what the duty to notify applying to social welfare staff means. Shortcomings were also noticed in recognising abuse, assessing risk of abuse and intervention in situations of abuse.

Based on the results of the questionnaire, Valvira will use information guidance to draw the attention of service providers and employees working in the field to the shortcomings that have been brought up and to their rectification. Besides guidance, Valvira has initiated reactive monitoring in those units where the questionnaire responses give it cause to establish whether customer security has been seriously compromised.

Keywords (descriptors):

abuse of the elderly, social welfare, 24-hour residential care, good care, customer status, self-monitoring, duty to notify, supervision of social welfare

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Foreword

The National Supervisory Authority for Welfare and Health (Valvira) initiated preparation for a questionnaire to survey abuse of the elderly since we had become aware of many signals (including shortcomings in recognising abuse and suspicions of sexual abuse) which called for prompt action. We assessed that in terms of effectiveness, a questionnaire aimed at unit employees would be a good way to ascertain the incidence and forms of abuse. The large number of responses was a surprise, with no less than 7,406 employees responding to the questionnaire. This result indicates the importance of the topic.

No less than 93% of respondents had noticed some kind of abuse. This is a high figure and actions are required. Valvira has already initiated supervision and guidance. Units in which a number of employees have noticed physical or sexual abuse or in which isolated incidents have been particularly serious will be brought under strict regulatory oversight. Valvira will also provide guidance to units on how to rectify the shortcomings brought up by the findings of the questionnaire. We will draw particular attention to the self-monitoring measures, the duty of employees to notify and customers' rights to good social welfare and to be treated well. The questionnaire clearly showed that existing instructions or an operating model make it easier to intervene in abuse.

This questionnaire used a broad definition of abuse: abuse of the elderly refers to any act or neglect in a trust relationship with an elderly person that compromises that person's wellbeing, security or health. The scale is extensive. Also many of the respondents to the questionnaire brought up the difficulty of identifying abuse and the problem of knowing where the boundary lies. **Thus, a large number of persons noticing abuse are not revealing the whole truth about the state of services for the elderly: care of the elderly mostly works well in Finland** and most of the incidents of abuse were fortunately at the lighter end of the scale. The responses also brought out numerous examples of employees dedicated to their work and of well operating practices and their continuous development.

Valvira's questionnaire showed the significance of supervision by the authorities: this was reflected, *inter alia*, in the differences between public and private sector units. Units in the private sector providing 24-hour care for the elderly must have an operating licence issued by the licensing authority. In conjunction with issuing a licence, the licensing authority assesses the operating requirements, such as the appropriateness of facilities and staff numbers, of the unit. There is no similar licence requirement in the public sector. Besides proactive control, the question of traditional inspection was also raised: respondents would like to see the supervisory authority make unannounced inspection visits to units.

The questionnaire generated a huge amount of material, which has already stirred also academic interest. Valvira's approach is more practical: what is important for us is the information generated by the questionnaire for supervision purposes. The questionnaire itself has already served as "proactive control" and increased employees' awareness of abuse and good care of the elderly. Thanks to everyone who responded to the questionnaire, we have in this sense, together promoted good care of the elderly.

"Bringing these matters into the public arena has triggered immense good debate and also stimulates people's thoughts."

"This questionnaire brought up things to think about. Especially things that you don't think about yourself, but take them for granted."

"Inspired together by this questionnaire, we've started working on a good treatment guide... with all sheltered housing units in the city. The guide is intended

to describe how residents are taken into account and how they are made to get involved.”

Helsinki, 15 June 2016
Marja-Liisa Partanen, Director General

1 What abuse of the elderly is

Abuse of the elderly refers to any act or neglect in a trust relationship with an elderly person that compromises that person's wellbeing, safety or health. Abuse can occur within a close relationship of an elderly person. Abuse in institutional care and residential services can occur between residents or be directed at an elderly person by relatives or care staff.

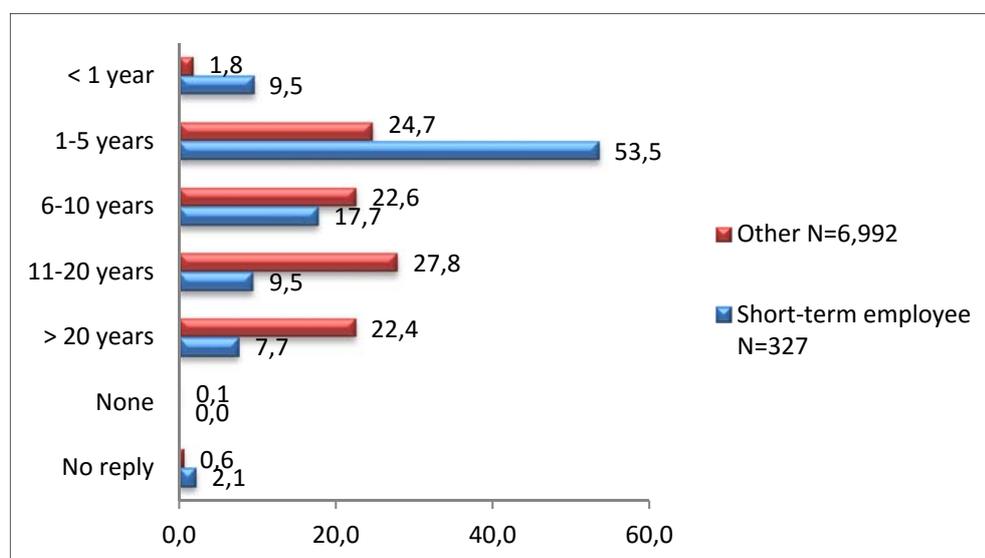
Abuse may be in the form of physical violence, psychological, social or sexual abuse, financial exploitation, neglect of care and assistance, other restrictions or violations of rights, and treatment that shows lack of respect for the dignity of an elderly person. Psychological and social abuse may also be verbal: bossiness, criticism or punishment, or use of coarse, inappropriate or childish language. It can also be ignoring the wishes or will of a resident, isolating them or leaving them alone against their will, belittling and ignoring them. Physical abuse includes rough treatment, immobilisation, coercion to do certain things and assault. Sexual abuse includes any kind of sexual contact which the resident does not wish for or which he or she does not understand and which he or she is incapable of consenting to.

2 How the questionnaire was carried out and the respondents

Valvira ascertained abuse of the elderly in social welfare assisting living units providing 24-hour residential care through a questionnaire addressed to supervisors and employees. The questionnaire was carried out as a Webropol survey during the period 25 February - 18 March 2016. The questionnaire form was emailed to persons in charge at the units who were asked to distribute it to employees to complete. The questionnaire was emailed to a total of 1,333 units, of which 379 were public-sector service providers and 722 licenced service providers (= private companies or units run by an association, organisation or foundation). A total of 7,406 employees, of which 4,212 (57%) worked in public-sector units and 3,193 (43%) in licenced units, responded to the questionnaire by the deadline. A total of 237 respondents were Swedish-speakers. To ensure anonymity, the questionnaire did not classify employees according to job title or position. With regard to employment relationship, respondents were asked whether they were short-term employees. Of the respondents, 327 (4%) answered yes, whereas 87 did not provide an answer, which suggests fear of being recognised. Total documentation was extensive and included thousands of freely-worded responses, which will be analysed further in university research.

Of the respondents, 40% worked in a unit with 16-30 residents, 20% in a unit with 1-15 residents, 19% in a unit with 31-45 residents and 21% in a unit with more than 45 residents. Studies in working with the aged were included in the training of 89% of the respondents. Around half of the respondents had accrued work experience of more than 10 years in care of the elderly. Figure 1 below shows the difference in work experience between short-term employees and other employees. On average, short-term employees have clearly much less work experience than other employees of care of the elderly.

Figure 1. Work experience of other employees and short-term employees in care of the elderly (%).



Of the respondents, 97% stated that they knew the ethical guidelines applying to their own sector well or very well and only one respondent not at all. The results showed that 84% of employees considered that their training had given them sufficient capability to identify and prevent abuse. Only 8% considered they needed further training and 8% were unable to express an opinion.

There were differing conceptions as to what abuse is in practice. This was reflected in the responses. Situations of abuse noticed by employees differed within the same unit. Whereas one employee had noticed harsh treatment on a daily basis, another had never noticed such treatment. Even though it was possible to complete the questionnaire anonymously, the percentage of critical responses can afterwards trigger internal discussion within a unit and the hunt to find those “guilty”. Some respondents in their freely-worded responses brought up the fear of the consequences of reporting abuse noticed.

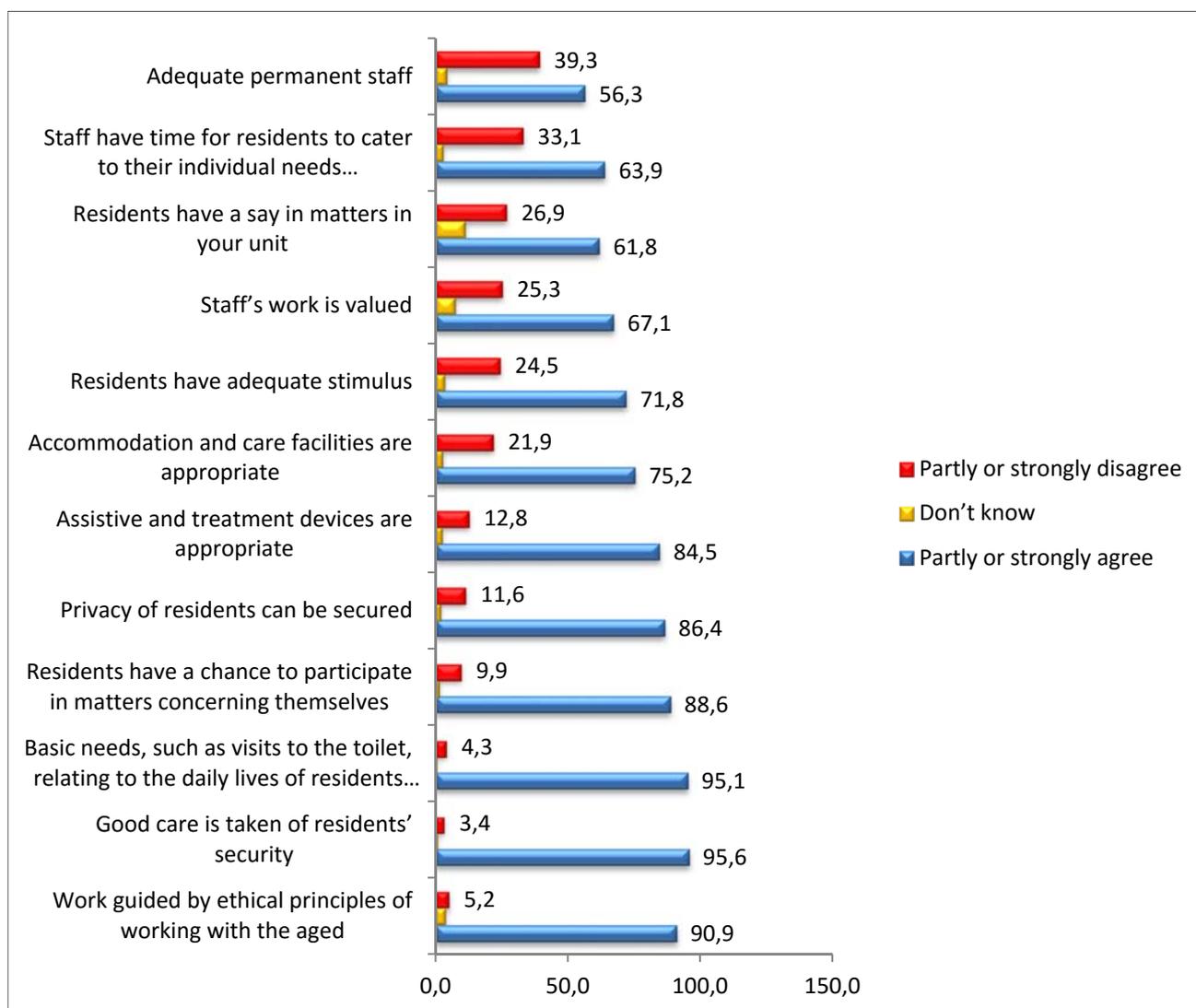
“In the work community, there is a fear of arguments and difficulties in one’s own work, or of being left on your own in the matter. Silence about matters is commonplace and bringing down this wall is the first step to ending abuse.”

3 Requirements for good care

Operating conditions and circumstances for residential services and institutional care **must be in good condition** to ensure the provision of good care and treatment as required by law. The social services facilities at the disposal of customers must support the social interaction of customers. The individual needs and requirements of customers, together with accessibility and protection of privacy, must be taken into account into the design and use of facilities.

Unit **operating principles must support the provision of quality services**. The questionnaire asked employees to respond to 12 statements related to the requirements for good care.

Figure 2. Requirements as assessed by employees for the provision of good care (%).



Of the respondents, 2,911 (39%) partly or strongly disagreed that there were enough permanent staff. Residents are in poorer condition than earlier in assisted living providing 24-hour care.

“The majority of residents are highly dependent on care and suffer from memory disorders and who put up a resistance against treatment, which makes the job even more strenuous. The number of nurses is at the minimum possible and when an employee is sick, there is no replacement and we have to manage with the remaining staff. Nurses wear themselves out and grow cynical.”

Since staff are few, they do not necessarily have time for the individual needs of residents. Of the respondents, 33% shared this view. According to a quarter of the respondents, the work of the staff is not valued, nor do residents have enough stimulus. A fifth of the respondents considered that the accommodation and care facilities were inappropriate. Only a tenth of respondents thought that the privacy of residents could not be safeguarded or that residents themselves did not have a chance to participate in decision-making concerning themselves.

Almost all respondents (96%) thought that they were able to respond to the basic everyday needs, such as visits to the toilet, of residents, likewise residents' safety is well taken care of. Only 42 respondents (0.6%) strongly disagreed and 342 (4.6%) partly disagreed that in their unit work is guided by ethical principles of working with the aged.

Private-sector assisted living units providing 24-hour care for the elderly must have an operating licence issued by the licensing authority. In conjunction with issuing a licence, the licencing authority assesses the operating requirements of the unit. Under the Act on Private Social Services [922/2011], **a unit must have adequate and appropriate facilities and an adequate number of staff to meet the needs of service customers.** There is no similar licence requirement in the public sector. This might partly explain the differences in the responses of employees in public and private sector units to the questions about the adequacy of permanent staff and the appropriateness of the accommodation and care facilities. A total of 29% of respondents working in licenced units partly or strongly disagreed with the statement that there are adequate permanent staff. This compares with a disagreement rate of 47% among employees working in public-sector units. Similarly, 28% of employees working in public-sector units consider accommodation and care facilities to be inappropriate compared to 14% working in licenced units.

Figure 3. Staff adequacy as assessed by employees in public-sector and licenced units (%).

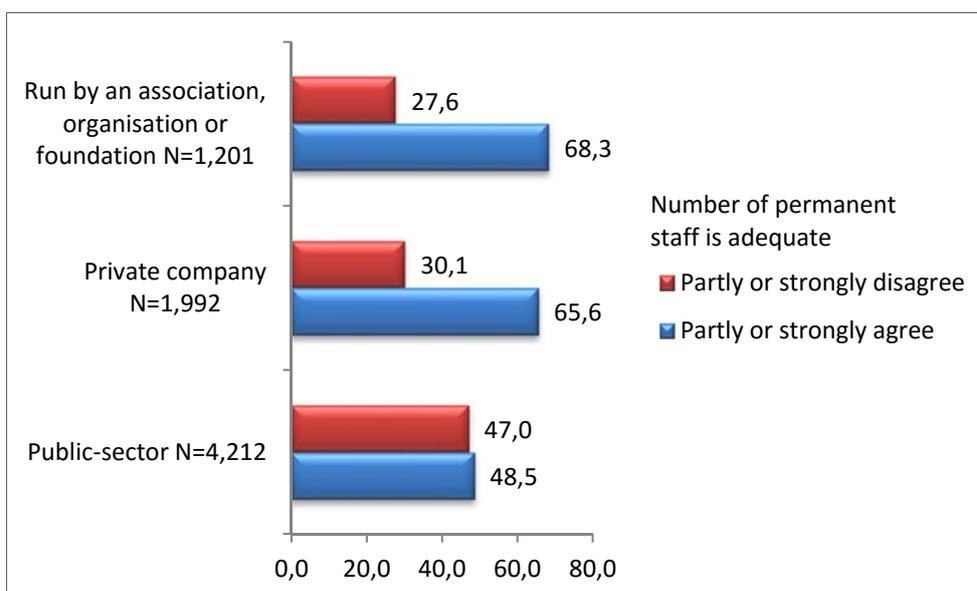
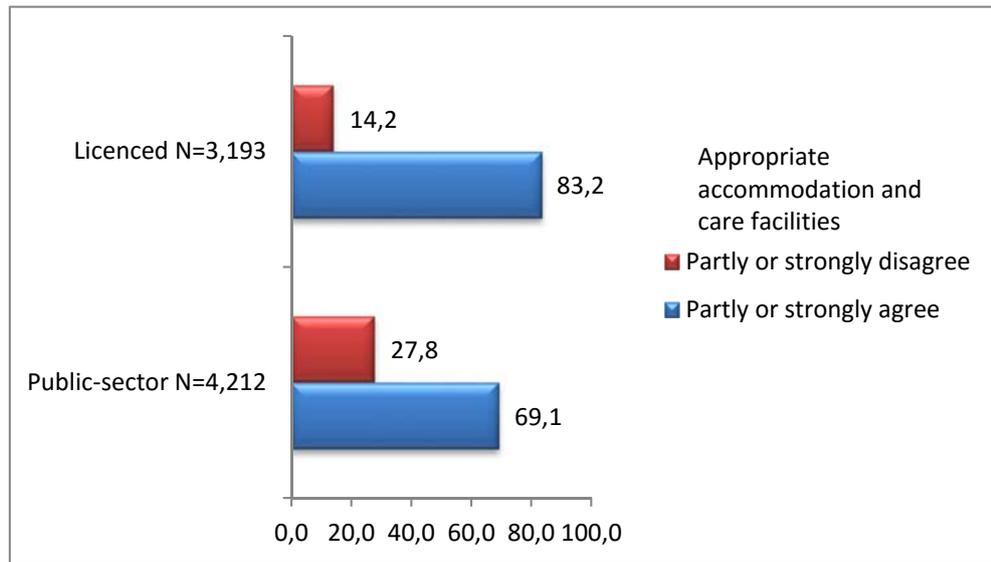


Figure 4. Appropriateness of accommodation and care facilities in public-sector and licenced units (%).



4 Abuse

4.1 Situations of abuse noticed by employees

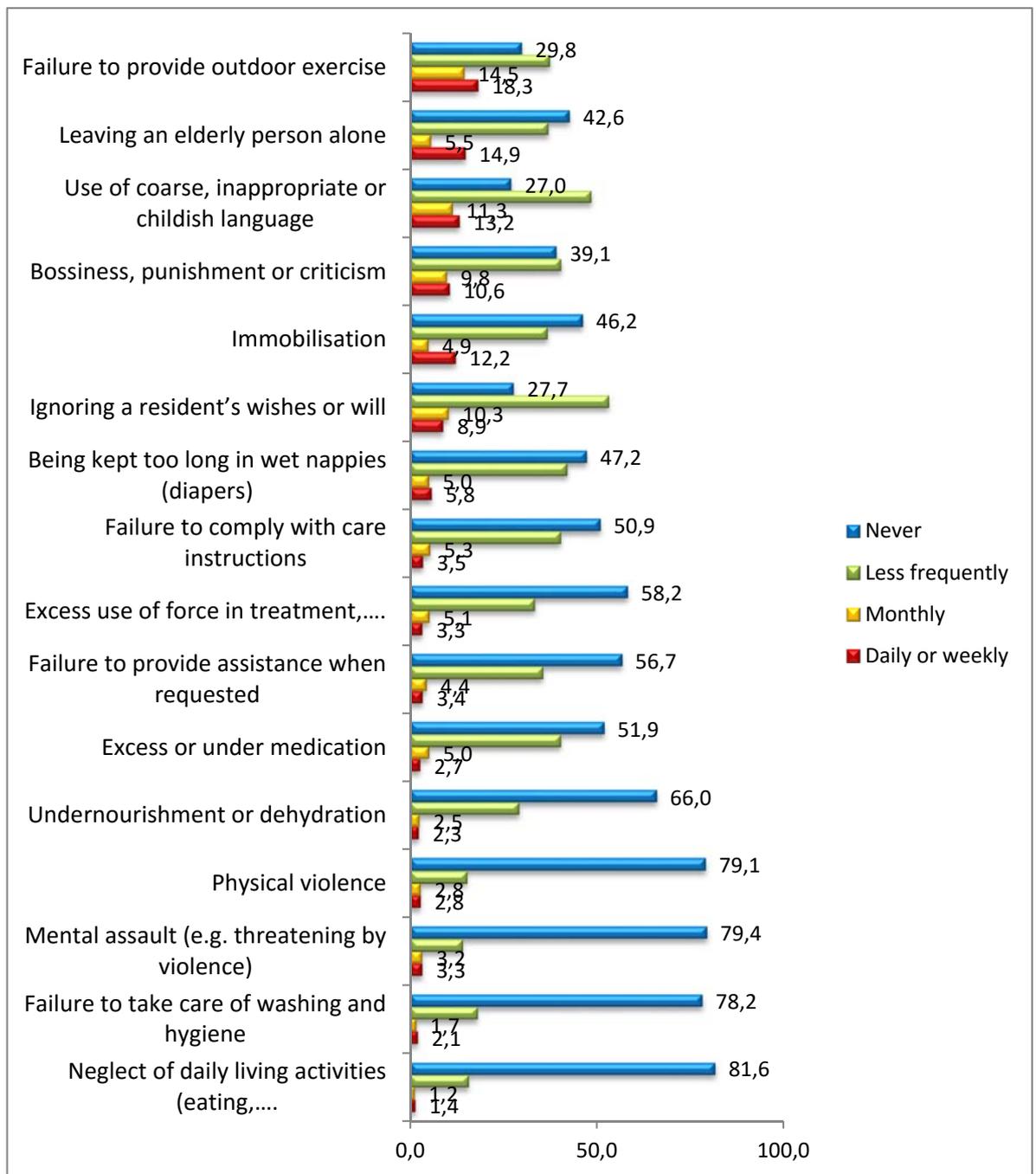
In the questionnaire, the respondents were asked: Have you noticed the following situations involving residents in your unit or have you noticed them in your own work? Respondents could choose whether they had noticed the relevant situation, daily, weekly, monthly, less frequently or never. A total of 21 situations were listed and these contained different degrees of psychological, social, physical, financial or sexual abuse. The majority of respondents (93%) had noticed some degree of abuse in their unit. Of the respondents, 537 (7%) had never noticed any of the situations of abuse referred to. **The difficulty of identifying abuse** is revealed in the fact that some respondents mention in their freely-worded responses that there is no actual abuse, but added that inappropriate use of language does, however, occur.

“No-one can claim that “abuse doesn’t occur in our unit”, since I claim that there is always room for improvement at some level. The term abuse needs to be explained so that everyone knows what it means. Negligence, not listening, not intervening when one resident is berated or clipped by another, etc. are already forms of abuse, certainly not everyone considers as abuse all everyday situations where residents’ opinions and expressions of own will are brushed aside.”

Many respondents raised the point of the **blurred dividing line when defining an action as abuse**. The choice between respecting the right to self-determination and coercion must always be made case by case taking into account customer and patient safety. For example, physical restraint procedures are justified on safety grounds and with a doctor’s consent. On the other hand, some respondents raised the point that units strive actively to limit physical restraint solely to those situations where it is strictly necessary.

The most common forms of abuse detected are failure to provide outdoor exercise, use of coarse, inappropriate or childish language, as well as bossiness, punishment or criticism. According to 30% of the respondents, failure to provide outdoor exercise had never occurred, whereas 18% considered it occurred on a daily or weekly basis. Of the respondents, 27% had never noticed use of coarse, inappropriate or childish language and 39% had never noticed bossiness, punishment or criticism. Of the respondents, 25% had detected use of coarse language on a daily, weekly or monthly basis and 20% had noticed bossiness, punishment or criticism. Again, 12% of respondents reported that immobilisation occurred on a daily or weekly basis.

Figure 5. Situations of abuse noticed by employees (%), N=7,406.

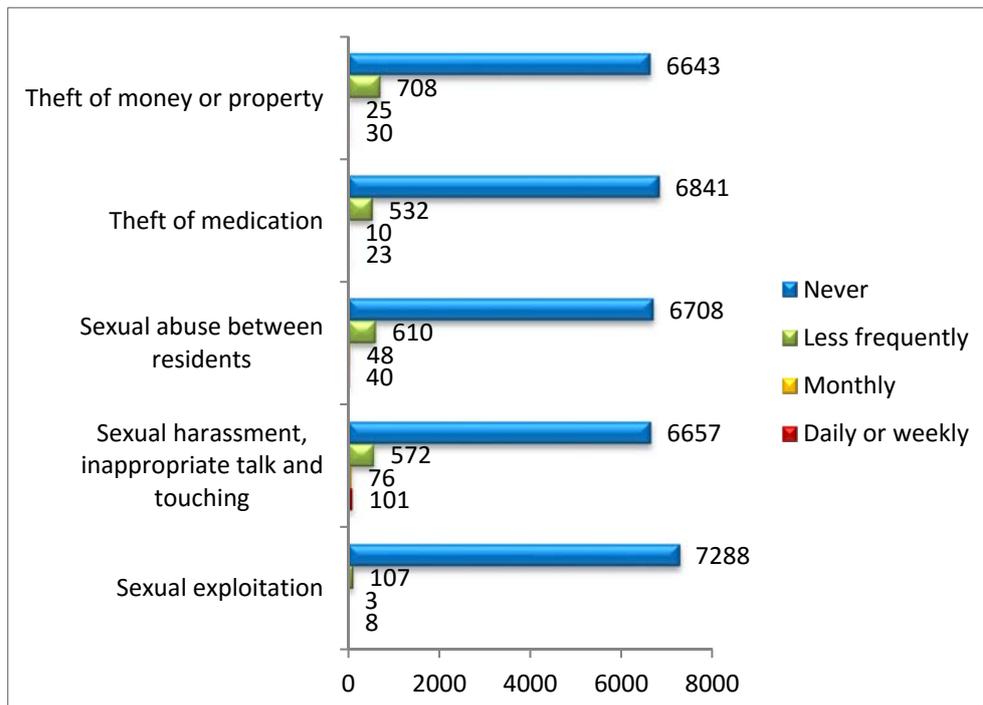


Almost one in ten respondents considered that failure to take into account a resident’s wishes or will occurred on a weekly or monthly basis. Harshness in treatment was noticed by 241 (3%) employees on a daily, weekly or monthly basis. Roughly the same number had detected excess or under medication and physical violence. Based on employees’ freely-worded responses, physical violence, shoving, sometimes even hitting, occurred mainly among residents with memory disorders.

Sexual harassment and abuse, and theft of money or property are the least frequently occurring situations of abuse in this documentation. Only 30 employees had noticed theft of money or property on a daily or weekly basis. The responses do not clearly state whether the offender is an employee, resident or someone else. However, in their freely-worded answers some respondents explained that residents with memory disorders had taken the property of another resident to their own room, from where employees had subsequently returned it to its rightful owner. One respondent said that since relatives had used the money of a dementia resident, a guardian had been appointed to deal with the resident’s financial affairs. In some units, employees had also been guilty of stealing money. The matter was reported to the police and the employment contracts were terminated. In one unit, the municipality had compensated the sum of money lost when the matter was not cleared up. According to 33 respondents, also theft of medication occurred on a daily, weekly or monthly basis. When these thefts had come to light, units tried to develop practices to prevent the future occurrence of such thefts.

Sexual harassment, inappropriate talk and touching had been noticed on a daily, weekly or monthly basis by 177 employees. In their freely-worded responses, employees stated that residents with memory disorders were guilty of inappropriate talk or touching, both among themselves and directed at employees. Sexual exploitation directed at customers had been noticed by 11 employees on a daily, weekly or monthly basis. However, it is not known in this respect whether the offender was another employer or a resident. To ensure customer safety, Valvira has initiated a study to look at the matter in more detail.

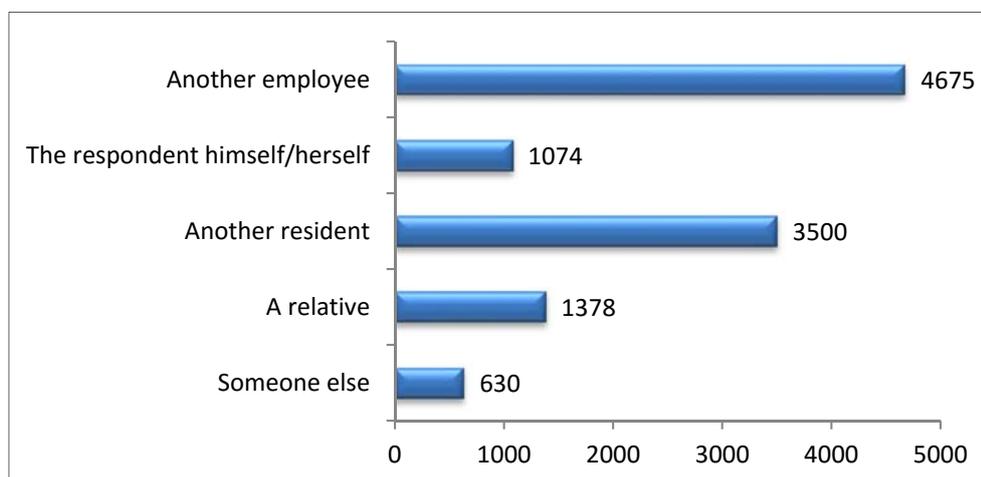
Figure 6. The least frequent situations of abuse, number.



4.2 Offenders of abuse

The questionnaire asked respondents to disclose the offender in situations of abuse. The options were another employee, a relative, another resident, the respondent himself/herself or if someone else, who.

Figure 7. The offender in situations of abuse. Total mentions 11,257, number of respondents 6,436



Of the respondents, 970 (13%) had left this point blank. Another employee or another resident were the most common offenders mentioned. Of those responding to the question, 29% (1,853) had just stated that the offender was an employee, either another employee or the respondent himself/herself. Of those responding to the question, 14% (878) had just stated another resident as the offender and 17% (1,116) a relative or another resident, but not at all an employee. To the if someone else, who statement, responses included the entire work community or staff, which might be a way of referring to a common practice with regard to, for example, restraint or outdoor exercise. Doctor, student or locum were also mentioned as offenders. Some replies mentioned management or decision-makers, which might refer to the resources available in the unit. In addition, some people had responded the resident himself/herself and some had elaborated on this by explaining that the resident himself/herself refused to eat, go for outdoor exercise or move to common facilities.

The freely-written responses cited examples of abuse between residents. Some elderly people are aggressive and can even attack another resident by being bossy, criticising or calling names. Staff try to find ways to prevent these situations by, for example, keeping such persons further apart from each other at mealtimes. Attempts are also made to promptly intervene into these situations. Some of the respondents raised the point that inappropriate talk, sexual harassment, hitting or biting directed at employees by residents. Based on the responses, also relatives were guilty of use of inappropriate language, ignoring an elderly person's wishes or will or stealing a resident's cash.

The freely-written responses raised examples of another employee as an abuser. Some employees are repeatedly guilty of inappropriate behaviour, swearing, subjugation, speaking in a belittling or authoritative manner, or harshness. Indifference, neglect of care instructions and treatment also arose in the responses.

"This employee is harsh on residents, calls them fat, doesn't give them food. People with memory disorders eat slowly; the carer removes their dishes because she can't be bothered to wait for them to eat."

“The attitude is that they don’t always need to be cleaned and in the evening another nappy might just be put on top of a wet day nappy for the night.”

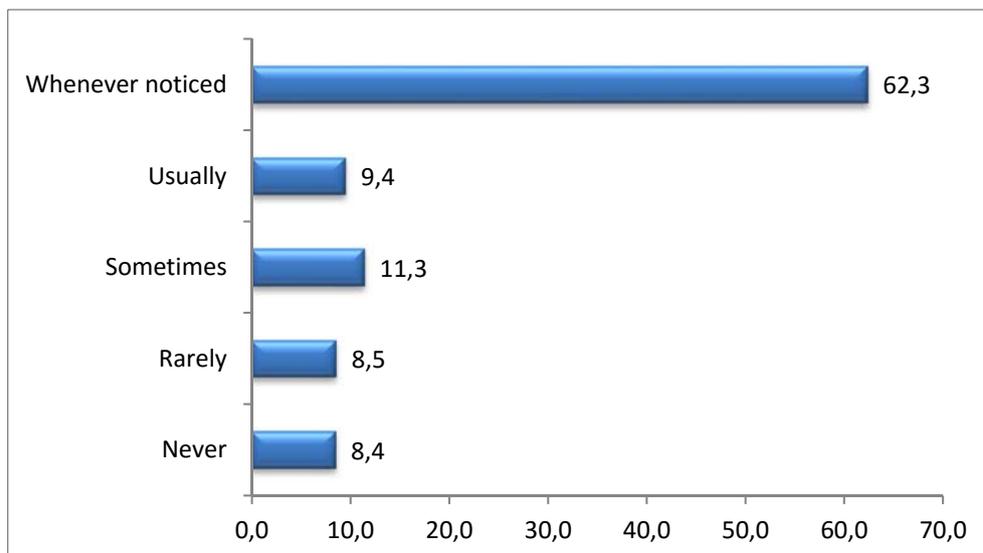
“Some carers hide behind a resident’s own will to be lazy, for example, a resident who has been put in a nappy might be left unwashed because he or she doesn’t want to be.”

4.3 Intervention in situations of abuse

Employees were asked whether situations of abuse are intervened in when noticed in their unit. The choice of responses was: *Always, whenever noticed, usually, sometimes, rarely, never*.

A total of 6,865 employees answered this question and 541 (7%) skipped it. Based on the freely-written responses, some of the respondents answering *never* are those who have never noticed abuse. Of the respondents answering this question, 4,278 (62%) consider that situations of abuse are always intervened in whenever noticed. A total of 1,361 (20%) answered *rarely* or *sometimes* and 578 (8%) answered *never*.

Figure 8. Intervention in situations of abuse (%), N=6,865



Employees were also asked how incidents of abuse arising were dealt with. Employees were invited to freely tell about their experiences. The responses usually mentioned department, team or work community meetings and discussions. Various written reporting systems – deviation or HaiPro reports - are widely used to report incidents compromising customer or patient safety.

“In our unit, we go through and discuss the quality of care work, ethical matters, HaiPro reports, the risk of violence and threatening situations. Each employee is made to be responsible for committing to common values and the responsibility to act ethically as a carer. Primary nursing and giving own time to residents were strongly highlighted.”

“HaiPro situations and risk situations arising are gone through with the personnel and discussed openly about what has happened, and together we think about how to prevent/avoid similar incidents in the future.”

A colleague might directly intervene in abuse committed by an individual employee. However, abuse is usually reported to a supervisor, who then looks into the matter. In some units, the employee concerned is asked for a written and verbal

report of the incident and where possible discussion also takes place with the resident. An employee may receive a written warning if abuse is found to have occurred. In addition, the situation may be monitored in future. In serious situations of abuse, the employee has been dismissed. Some respondents mentioned an early or active intervention model, based on which there is immediate intervention in incidents of abuse. Some units had a strictly zero tolerance of abuse. Many responses highlighted the role of supervisors and working practices. **Prompt, assertive intervention by a supervisor in any abuse noticed prevents the recurrence of abuse.**

“The supervisor intervenes immediately in any incidents of abuse by discussing the matter with the employee concerned and, if necessary, with the entire work community.”

“In some very rare cases of abuse, other staff have reported the matter to the supervisor, who has immediately acted on the matter by talking to the person abusing the customer. In this sense we’re fortunate because the supervisor takes such a strict view, zero tolerance of the maltreatment of customers.”

“Information went to the immediate supervisor, who reported it to their supervisor. The incident was discussed with the person concerned and a department meeting was held at which the rules of proper treatment were gone through. Follow-up has also been scheduled.”

Judging by the responses, most units have good operating models to deal with abuse. Units also develop and revisit their operating practices.

“...Immediate supervisors always intervene immediately in use of language, criticism or other inappropriate behaviour when it occurs or thereafter. The self-monitoring plan also provides instructions on such things. Training is held about abuse of the elderly...”

“...the intention is to still further refine practices and operating practices on the basis of the self-monitoring plan...” *“...consider the use of restraints. For example, what other means can be used to guarantee resident safety.”*

The responses also showed a contrary operating practice. Abuse was not dealt with in any way or only offhandedly. The responses mentioned that the matter was reported to the supervisor, who did not look into the matter and it was left at that. Or the supervisor spoke to the abuser, but there was no change and it was left at that. The atmosphere in a unit may also be such that no-one dares to report abuse to the supervisor or say something directly to the abuser. Some forceful personalities are left to act in their own way, even though their behaviour towards the elderly is inappropriate.

“No chance at all. Those employing physical violence, provocation, etc. are too forceful personalities for the charge nurse to intervene in things. Or they don’t behave in the same way with the charge nurse as with others.”

“Unfortunately, a certain type of abuse (customer restraint, failure to take the customer’s will into account) towards customers are so commonplace as far as some nurses are concerned that the work community doesn’t intervene in them.”

“No-one intervenes in situations where residents are spoken to inappropriately or treated harshly.”

“I reported the abuse and a nurse’s bad behaviour to my supervisor. I was labelled a troublemaker and recommended to change jobs.”

“Unfortunately, you can still see these nurses using “harsh, inappropriate language” in working with the aged and the same persons are guilty of the same offences despite having been reprimanded. This is in more than 20 years of experience.”

“Abuse is often the practice in a unit and is not necessarily considered as being abuse. Matters are dealt with very superficially.”

5 Factors increasing the risk of abuse

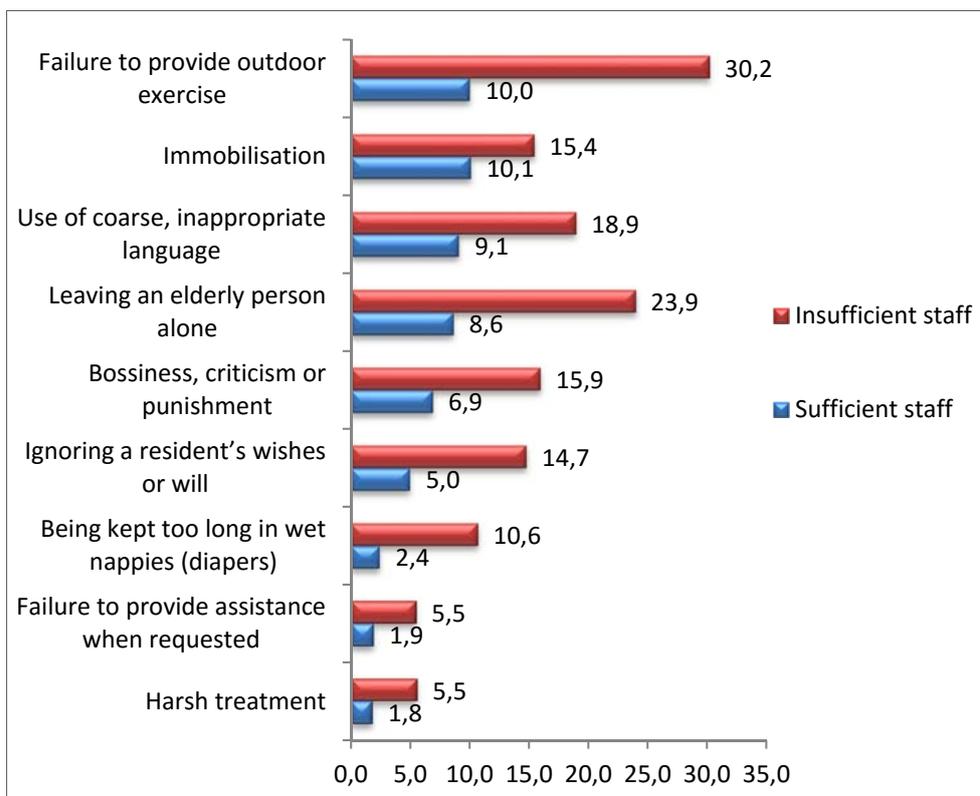
According to the questionnaire documentation, insufficient staff, inappropriate accommodation and care facilities, the large size of the unit, unit atmosphere, poor management and shortcomings in self-monitoring increase the risk of abuse.

5.1 Insufficient staff and large size of unit

Pressure of time and stress resulting from a shortage of staff increase the risk of abuse. If employees feel there is not enough permanent staff, there are also more situations of abuse than if staffing is felt to be adequate.

“I personally feel I act wrongly to each person I care for every single working day purely and simply because there is no way I have time to care for them as well as I would like to. By this, I don’t mean anything major, just basic care, time, being adequately present. Ideally, I would try and get every resident to do as much as they can themselves and just assist where necessary. However, the truth is that I have to do things for them to be enable me keep to the schedule in any way, which does not maintain their own capability.”

Figure 9. Daily or weekly situations of abuse depending on whether employees think there is sufficient permanent staff (%)



Insufficient staff is particularly clearly reflected in failure to provide outdoor exercise and in leaving an elderly person alone, but also in ignoring a resident’s wishes or will and in use of language.

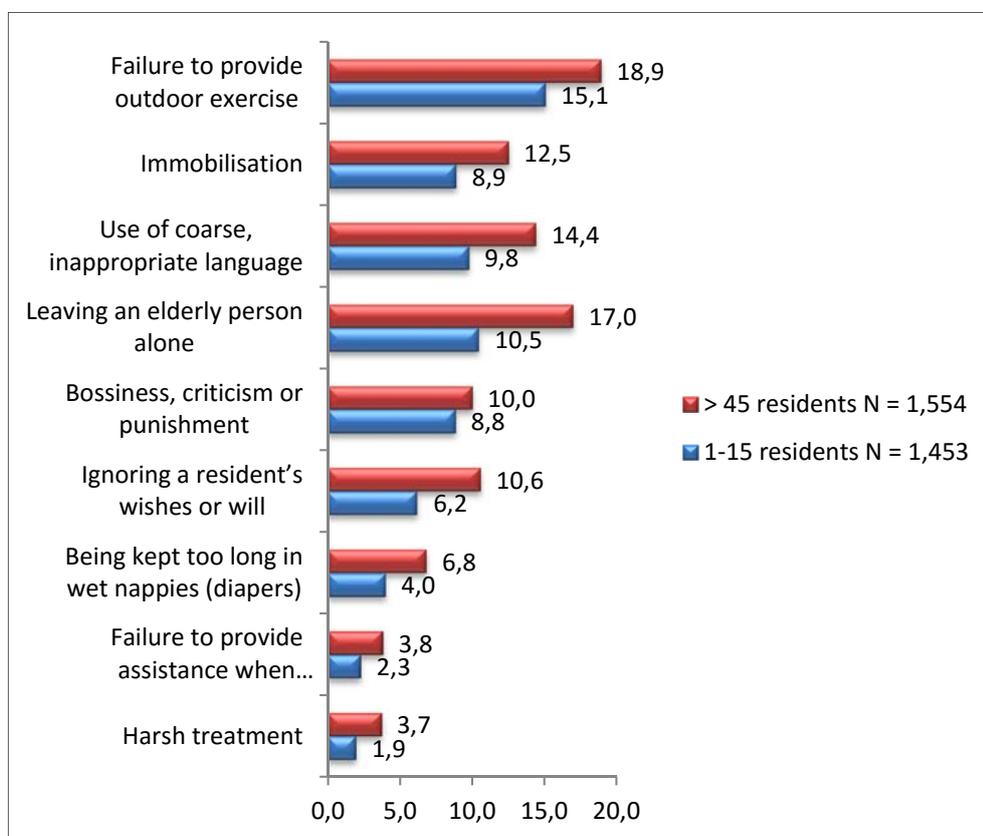
“Pressure of time and the burden of care work often result in abuse, for example, leaving a person alone, not visiting the toilet, harshness, hurrying them along.”

“Not noticing you are tired, you can succumb to treating another person abusively, even if you neither want nor intend to.” The fact that employees are pressed for time leads to residents becoming restless and might also increase the bickering between them.

Of respondents working in the smallest units of 1-15 residents, 36% partly or strongly disagreed that there is sufficient permanent staff. This compares with 42% of respondents working in the largest units of more than 45 residents. Also fewer situations of abuse were noticed in the smallest units. To give an example, here are the responses from a couple of employees.

“Abuse is not tolerated in our unit. We are a small work community and things don’t slip by unnoticed.” “Incidents of abuse are rare since our unit is very small. Nurses always have time for residents. However, if situations arise, we talk about them together.”

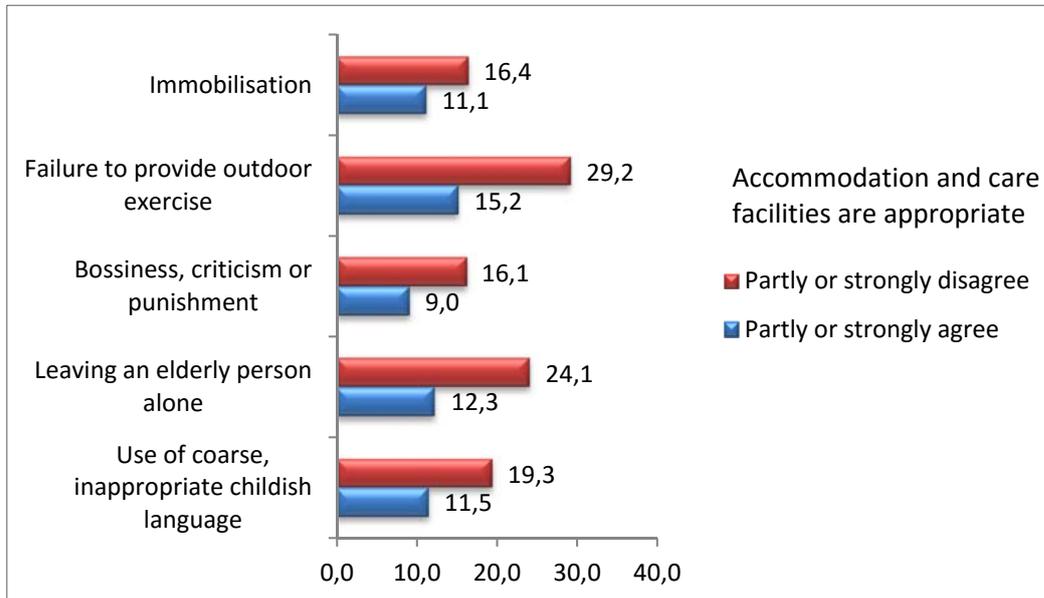
Figure 10. Daily or weekly situations of abuse in small and large units (%)



5.2 Inappropriate accommodation and care facilities

Inappropriate accommodation and care facilities increase the risk of occurrence of situations of abuse. This is reflected in the difference in the number of abuse observations depending on whether employees consider the accommodation and care facilities to be appropriate or not.

Figure 11. Daily or weekly abuse observations depending on whether employees think accommodation and care facilities are appropriate (%)



“In our unit, abuse is also in the form of too cramped rooms for two residents, with insufficient space for personal belongings, let alone a chair for visitors.”

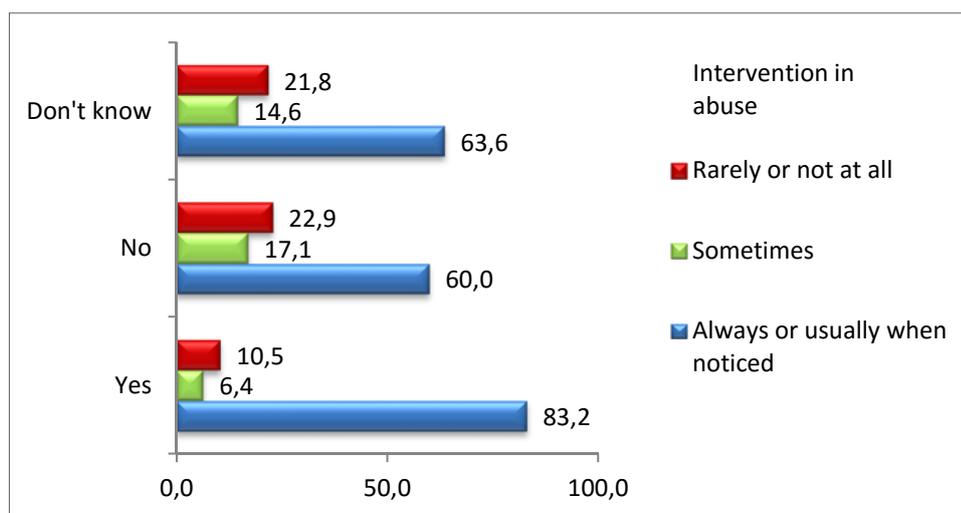
“Our accommodation and care facilities have been designed for persons in better condition than those we currently care for, toilets, for example, are cramped if help is needed.”

5.3 Shortcomings in self-monitoring and guidance

Social welfare units are required to have a self-monitoring plan to ensure the quality, safety and appropriateness of social welfare. Self-monitoring plans may include separate instructions on the procedure in situations of abuse.

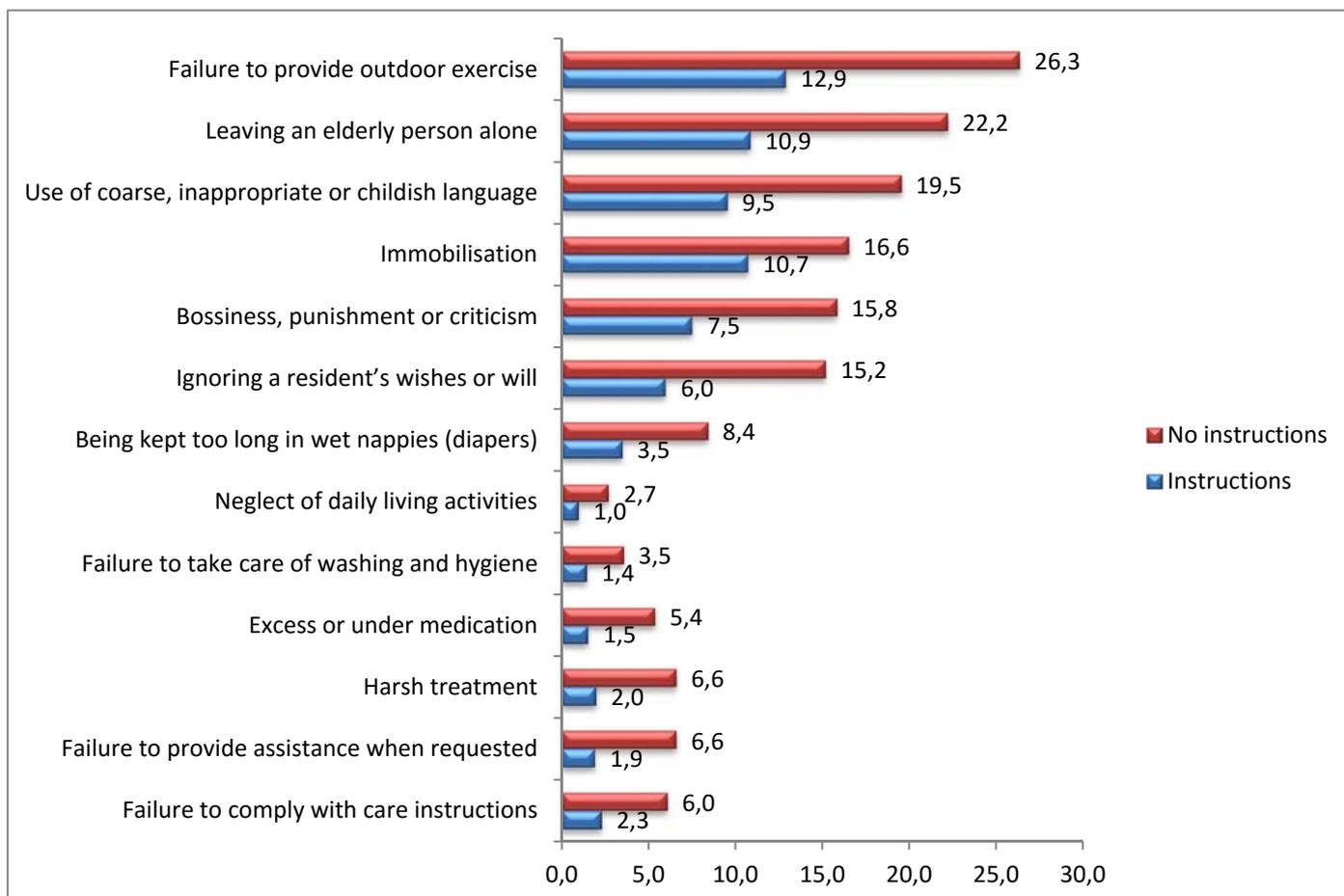
The questionnaire form asked: Has your unit developed an operating model or instructions to deal with situations where abuse has been noticed? According to 44% of the respondents, their unit had instructions or an operating model, whereas 16% did not have guidelines. What was surprising that **as many as 40% of respondents did not know whether or not instructions existed**. Instructions are highly important in the intervention of abuse. Employee responses show that units where there are instructions intervene clearly more often in abuse than those units without instructions.

Figure 12. Intervention in abuse depending on whether a unit has instructions (%)



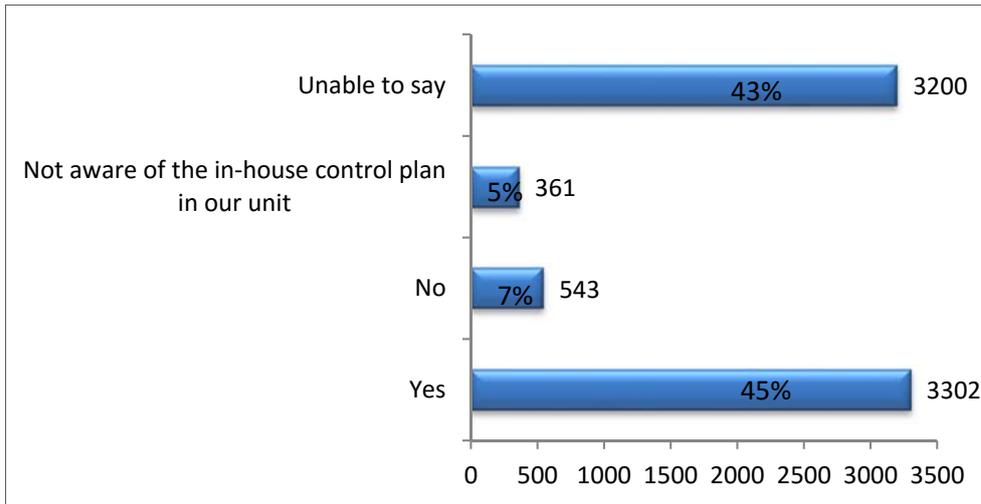
Instructions also correlate to the incidence of situations of abuse. Employee observations show that if a unit has instructions or an operating model to deal with situations of abuse and employees are aware of these, abuse occurs clearly much less both on a daily and monthly basis compared to the situation in units not having instructions.

Figure 13. Daily or weekly situations of abuse depending on whether or not there are instructions (%)



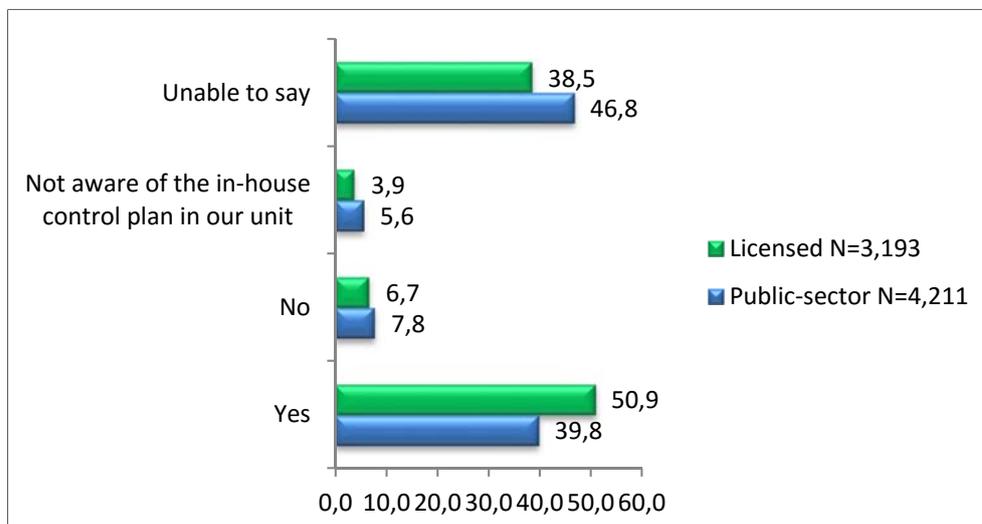
The questionnaire form asked whether the prevention (risk) of abuse had been dealt with in the unit's self-monitoring plan. Here, too, as relating to the question about instructions, **there was a considerably high quantity, 43%, of respondents who were unable to say. Of the respondents, 5% were not aware of the self-monitoring plan in their unit and, according to 7% of respondents, the self-monitoring plan did not deal with the prevention or risk of abuse.**

Figure 14. Has the self-monitoring plan in your unit dealt with the prevention (risk) of abuse?



Private-sector providers of social services have been required by law to have self-monitoring since 2012. The Act on Supporting the Functional Capacity of the Older Population and on Social and Health Care Services for Older Persons [980/2012] has required public-sector providers of services for the elderly to have self-monitoring since the beginning of 2015. This is reflected in the differences between respondents working in public-sector units and private-sector units. Self-monitoring plans often still have to be made in public-sector assisted living units and nursing homes. This aspect was raised in some freely-written responses.

Figure 15. Dealing with the prevention of abuse in self-monitoring plans according to employees working in public-sector and private-sector units



6 Proactive prevention of abuse

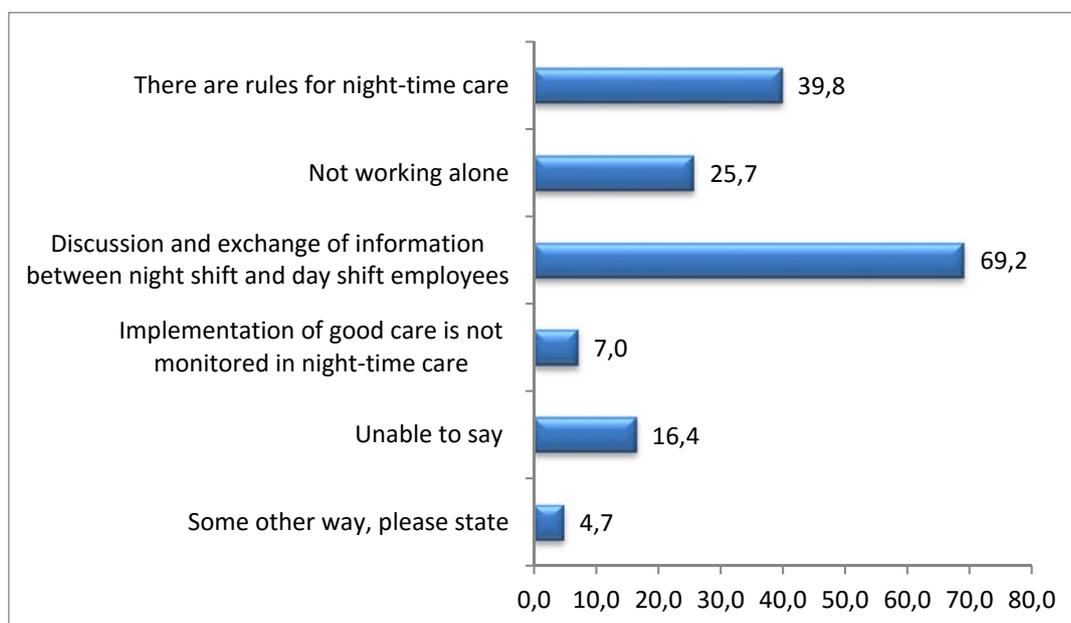
6.1 Monitoring of night-time care

The above has discussed factors subjecting to abuse in assisted living units; insufficient resources, poor management and shortcomings in self-monitoring. In addition to putting these in order, it is also important to reduce the risk of abuse taking place particularly in night-time care. Many units have only one night nurse. In some units, help is available where required from another department or another home in the unit. In addition to unintended situations of abuse, the responses also show that care neglect and bad treatment can also exist.

“Elderly people might be left alone for 10 hours, unless a nurse has looked in on them, in wet nappies and in an uncomfortable position, etc. This was reported to the charge nurse.”

Employees were asked about the prevention of abuse in night-time care. Respondents could choose more than one option in their response. The most common way to prevent abuse from occurring in night-time care was for employees on the day and night shifts to exchange information. According to 40% of respondents, there were rules for night-time care, whereas 7% of respondents thought that the implementation of good night-time care was not monitored in any way. The *Some other way – please state* responses highlighted employee professionalism, morals and trusted permanent night nurses. Differences in the reports of night nurses and observations made by employees on the morning shift were mentioned. *“Some residents are able to say themselves whether there have been any problems. The same familiar night and day nurses, no separate night nurses.”* Surveillance cameras were mentioned, although these are not placed in residents’ rooms. Working alone at night was a particular cause for concern.

Figure 16. How is the prevention of abuse monitored in night-time care in your unit? (%)



6.2 Checks on employees' competence and background and competence development

Employees were asked how an employee's competence and background are checked at the recruitment stage. Employees were able to tell mostly about their own experiences, while supervisors knew the unit's general practice. Consequently, around half of the respondents did not know or were unable to say how competence and background are checked. Half of the respondents brought up qualification certificates and employment references and 30% of respondents mentioned checking in the registers of social welfare and healthcare professionals (Terhikki). A quarter of respondents mentioned recommendations and a fifth of respondents stated discussions with previous employers. Other ways mentioned included personal interviews, probationary periods and information available in Valvira National Supervisory Authority for Welfare and Health registers. In this point, one respondent had stated that it was not their business, recruitment is the responsibility of supervisors. However, in their freely-worded responses, employees suggested focusing on recruitment to ensure positions are occupied by persons of high professional integrity who are committed to and take responsibility for their work.

"A thorough interview before hiring an employee preferably by more than one person (than just the charge nurse) and a check on the applicant's background."

To eliminate persons unsuitable to looking after the elderly, a number of employees suggested the use of aptitude tests already the training stage. Training content also needs to be developed.

"Bring back aptitude tests. Efforts should be made already at the study stage to screen persons who are suitable for the work."

"For example, more focus should be given to the training of practical nurses. Training has gone in the wrong direction and educational institutions are increasingly shifting responsibility to internships. Applicants to the sector should be better tested. As it is today, people who have no desire or who do not have the required skills are being pressurised into studying to become practical nurses."

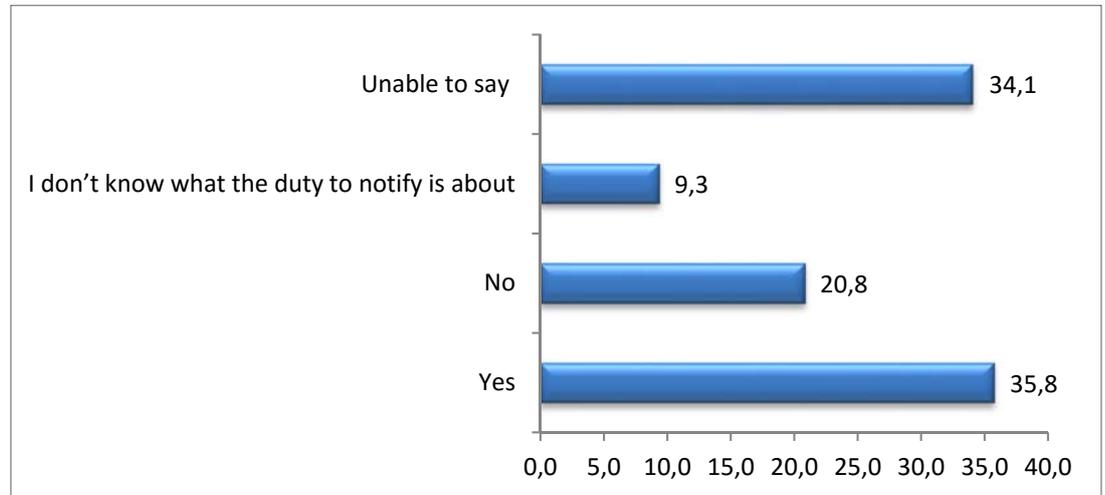
To prevent situations of abuse, we must ensure that employees recognise abuse in their work and that they can prevent the occurrence of such situations. Staff competence in matters relating to abuse was reinforced by training according to 28% of respondents, by joint discussions in the work community according to 75% of respondents and by both these methods according to 23% of respondents. According to 17% of respondents, competence was not reinforced in any way. Some employees would like to see more training relating to abuse and generally in the good treatment of the elderly. Training also helps employees to duly intervene in abuse.

"Workplace training about the issue, because information means greater safety. Employees understand abuse, what it is, even the slightest forms, they have the courage to tell colleagues if they see she or he is doing something wrongly, they are aware of their responsibility by failing to report. Also they think about their own actions."

6.3 Duty to notify

Since employees have had a duty to notify since the beginning of 2016, this was still something new at the time of the questionnaire. The results of Valvira's questionnaire suggest that employees have not been adequately informed about this duty. Almost one in ten did not know what the duty to inform was about and a third were unable to say. A fifth of respondents replied that the duty to notify had not been discussed in their unit and 36% were aware of the matter and it had been discussed in their unit.

Figure 17. Has the duty to notify as provided by Section 48 of the Social Welfare Act [1301/2014] been discussed in your unit? (%)



7 Guidance and supervision measures to prevent abuse of the elderly

Valvira seeks to provide guidance to actors in field particularly in the systematic implementation of self-monitoring in units. It's not enough for a unit to have a written plan kept in the office or posted on a noticeboard. Self-monitoring must be an inherent part of a unit's daily activities. Self-monitoring helps to ensure the prompt identification, prevention and rectification of irregularities in customer services and of problematic situations or situations that mean a service cannot be effectively implemented.

Besides guidance, Valvira has initiated reactive monitoring in those units where the questionnaire responses give it cause to establish whether customer security has been seriously compromised. The responses indicate that in these units physical and/or sexual abuse occurs on a daily, weekly or monthly basis. Furthermore, monitoring will take place in those units where, according to employee responses to the questionnaire, psychological abuse, the use of coarse, inappropriate language, bossiness, punishment, criticism or harshness takes place on a daily or weekly basis and where there is no or poor intervention in these in a unit.

Based on the questionnaire, it seems there are widespread shortcomings in self-monitoring, implementation of the duty to notify, risk assessment, recognising and intervention in situations of abuse in units providing care for the elderly.

Valvira will employ effective guidance to draw the attention of service providers and employees in the field to the shortcomings and needs for development indicated by the responses to the questionnaire.

7.1 How to intervene in and prevent abuse

Self-monitoring plan

Under section 23 of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons [980/2012] and section 47 of the Social Welfare Act [1301/2014], a social welfare unit or other similar facility must draw up a self-monitoring plan to ensure the quality, safety and appropriateness of social welfare. Private-sector social services providers have been required by law since 2012 to have systematic self-monitoring to ensure the quality of services and customer safety. Since the beginning of 2015, the self-monitoring requirement has also applied to public-sector services for the elderly. **In its regulation of 25 June 2014 concerning the content, drawing up and monitoring of self-monitoring plans**, Valvira updated the regulation issued to private-sector providers of social services and also extended its scope to include public-sector units providing care for the elderly. A self-monitoring plan must state how the appropriate treatment of customers is to be ensured and the procedure to be observed in situations where inappropriate treatment is noticed.

Almost half of the respondents of the questionnaire were unaware of the self-monitoring plan or whether it included prevention of abuse.

Risk management is a fundamental part of self-monitoring. The work stages where implementation of the requirements and goals of activity are at risk of compromise can be identified by assessing the service process and work practices. Through risk management, units learn to identify the critical work stages and shortcomings which can be seized on to prevent risks from materialising or to

mitigate the consequences of such risks. Work with risk management is by nature always ongoing. Constant assessment and development mean that continuous change in a unit and the ensuing potential new safety risks arising are taken into account. The key to practical self-monitoring is an open organisational atmosphere which allows any irregularities to be brought up and thus activities improved. The promotion and safety and risk management **are part of the job description of each and every employee.**

Common rules of play and guidance of which everyone is aware make it easier to intervene in and prevent abuse. The proactive capability of units effectively prevents abuse: Instructions jointly drawn up in a unit as to how the appropriate treatment of customers is ensured and the procedures to be observed in situations where abuse is recognised make it easier to identify an act jointly in the event of any situations of abuse arising in a unit.

Social welfare employees have an ethical duty to act in the best interests of the customer. This requires staff to be committed, to be able to learn from mistakes and to have an ability to live amidst change to ensure the implementation of safe, effective services in the everyday life of units. The person responsible in each unit must ensure enough time is allowed to carefully draw up a self-monitoring plan and ensure that the staff are involved in drawing up the plan. Units must ensure that activities and intervention in any risks materialising takes place properly in accordance with the self-monitoring plan drawn up. The entire work community is responsible for recognising irregularities in work with customers and for anticipating the risks of such irregularities so that they can intervene in them in due time. The focus is on proactive control which is aimed at safeguarding and ensuring the good care and treatment particularly of the most vulnerable customers and to promote their wellbeing.

Effective self-monitoring ensures the quality of activities, customer safety and staff wellbeing, and strengthens the positive public image of the organisation as a provider of safe, quality services.

Duty to notify

Since the beginning of 2016, social welfare employees have, under section 48 of the Social Welfare Act [1301/2014], had a duty to immediately notify the person responsible for operations if they, in their work, notice or become aware of any irregularity or obvious threat of irregularity in the implementation of social welfare for a customer. The person receiving such notice must duly notify the municipal officeholder responsible for social services.

Public sector and private-sector service providers must notify their employees of the duty to notify and the circumstances in which this duty is applicable. This procedure is aimed at committing all parties to adopting use of the duty to notify and to utilise it when developing their activities. The self-monitoring plan must include instructions applying to implementation of the duty to notify. **The self-monitoring plan must explain how the staff have been instructed in use of the duty to notify.** Any employee making a notification must be able to do so without fear of reprisal and without jeopardising the employee's legal protection. A municipality or private-sector provider from which a municipality procures services must notify its staff of their duty to notify and the circumstances in which this duty is applicable.

Government proposal HE 164/2014 vp (p. 141) defines an irregularity as being, for example, lack of customer safety, customer abuse and activities inherent in the operational culture that are harmful to the customer. The list is not exhaustive and it is the responsibility of social welfare professionals to assess a matter primarily from the aspects of customer interest and safety.

Management

The management of a unit plays a key role in shaping the type of operational culture and work principles in a residential unit and how the elderly are treated.

Supervisors must have maximum physical presence in operations and set an example of the dignified treatment of the elderly by their own action. Supervisors must also encourage staff to intervene in irregularities and to provide induction in the appropriate ways of working to new employees. Prompt assertive reaction by supervisors to abuse is extremely important to clear up and prevent incidents of abuse.

Valvira's questionnaire showed there to be considerable differences in observations of abuse made by respondents within the same unit. It is important that supervisors in each unit go through the forms of abuse and together with employees form a joint view so that they can identify abuse. Units require regular discussions, elucidation of values and training in order to create a coherent way of working.

An open atmosphere of trust is key to recognising abuse and intervening in it. Persons in supervisory positions have an important role in creating such an atmosphere. To prevent abuse, it is important to increase the atmosphere of openness and discussion in work communities. If there is an open atmosphere, it is easier for employees to report abuse to their supervisor and to intervene in themselves.

Risk management must also take into account night-time care

The night-time ways of working and rules in units may differ significantly from those for daytime operations. Lone working on night shifts can pave the way for potential abuse and compromise customer safety. The prevention of abuse in night-time care can be overseen by discussion and by exchange of information between employees working different shifts. Shift arrangements can also impact on preventing the risk of night-time abuse. Shift rotation can prevent the occurrence of different ways of working on different shifts.



The occurrence of abuse of the elderly in units providing 24-hour elderly care

Dear provider of 24-hour social welfare services for the elderly,

Irregularities in social welfare for the elderly and incidents of abuse of the aged occurring in institutions have become a topic of public debate. Abuse of the elderly refers to any act or neglect in a trust relationship with an elderly person that compromises that person's wellbeing, safety or health. Abuse may be in the form of physical violence, psychological, social or sexual abuse. Abuse may also be either deliberate or unintended neglect of care and assistance and other restrictions or violations of rights. Studies have shown particular difficulty in broaching matters relating to sexual abuse of the elderly, which means that these cases may remain under the radar and never come to light.

Valvira is tasked with nationwide supervision to ensure the due implementation of customers' legal protection and the quality and appropriateness of services provided.

This questionnaire seeks to study the forms and extent of abuse in social welfare units providing 24-hour elderly care. The questionnaire will establish whether persons working in care of the elderly have come across abuse of residents or recognised it in their own work. The questionnaire will also study, among other things, the conditions and ways of working in units, what aspects require improvement and where guidance is needed to prevent abuse.

Under section 23 of the Act on Supporting the Functional Capacity of the Older Population and on Social and Health Services for Older Persons [980/2012] and section 47 of the Social Welfare Act [1301/2014], a social welfare unit or other similar facility must draw up an in-house control plan to ensure the quality, safety and appropriateness of social welfare. An in-house control plan must state how the appropriate treatment of customers is to be ensured and the procedure to be observed in situations where inappropriate treatment is noticed. Since the beginning of 2016, social welfare employees have, under section 48 of the Social Welfare Act [1301/2014], had a duty to immediately notify the person responsible for operations if they, in their work, notice or become aware of any irregularity or obvious threat of irregularity in the implementation of social welfare for a customer.

This questionnaire is intended both for supervisors and employees. **We kindly request unit managers to pass this questionnaire on to employees in their unit.** Information will be collected both from private-sector and public-sector service providers. The results of the questionnaire will be used for guidance and supervisory purposes. The responses will identify the unit, but not the respondent.

Please return completed questionnaires **by 18 March 2016** in accordance with the instructions provided on the form. You can use the link at the end of this letter access the questionnaire.

For further information about the questionnaire if required, please contact: Senior Officer Lilli Autti, tel. 029 5209 605, lilli.autti@valvira.fi, Senior Officer Elina Uusitalo, tel. 029 5209 334, elina.uusitalo@valvira.fi, and in technical matters Senior Officer Minna Malviniemi, tel. 029 5209 611, minna.malviniemi@valvira.fi and Senior Officer Mari Saramaa, tel. 029 5209 342, mari.saramaa@valvira.fi.

Link to questionnaire:

Thank you for your cooperation.

Esa Koukkari



Valvira

National Supervisory Authority
for Welfare and Health

Abuse in care of the elderly

1. Unit name and contact details *

Name

Address

Postcode

City/Town

Company/Organisation

2. Unit service sector (Tick more than one service sector if applicable) *

24-hour residential service

Social welfare institutional care / nursing home

Other unit providing 24-hour care/nursing, which?

3. The unit is *

Public sector

Private sector

Run by an association, organisation, foundation, etc.

4. Unit size *

1-15 residents

16-30 residents

31-45 residents

> 45 residents

5. Are you a short-term employee?

Yes

No

6. Does your qualification include studies of working with the aged?

Yes

No

I have not yet completed my qualification

7. Did your training provide you with adequate capability to recognise and prevent abuse? *

Yes

No, I need further training

I'm unable to say



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8. I'm familiar with the ethical guidelines applying to my sector *

Very well
Well
Reasonably
Not at all

9. How long working experience do you have of elderly care? *

None at all
< 1 year
1-5 years
6-10 years
11-20 years
> 20 years

10. Please respond to the following claims with regard to your unit *

Strongly agree Partly agree Unable to say/Don't know Partly disagree Strongly disagree

Residents have a chance to participate in matters concerning themselves
Residents have a say in matters in your unit
Basic needs, such as visits to the toilet, relating to the daily lives of residents can be secured
Residents have adequate stimulus
Good care is taken of residents' security
Staff have time for residents to cater to their individual needs
Work is guided by ethical principles of working with the aged
Adequate permanent staff
Staff's work is valued
Accommodation and care facilities are appropriate
Assistive and treatment devices are appropriate
Privacy of residents can be secured

11. Have you noticed any of the following situations regarding residents in your unit or when working? *

Daily Weekly Monthly Less frequently Never

Use of coarse, inappropriate or childish language
Bossiness, punishment or criticism
Leaving an elderly person alone
Ignoring a resident's wishes or will
Being kept too long in wet nappies (diapers)
Neglect of daily activities (eating, dressing)
Failure to take care of washing and hygiene
Failure to comply with care instructions
Failure to provide assistance when requested



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Excess use of force in treatment, harshness
Appropriation of money and goods
Appropriation of medicines
Immobilisation
Undernourishment or dehydration
Excess or under medication
Failure to provide outdoor exercise
Sexual harassment, inappropriate talk and touching
Sexual exploitation
Sexual abuse between residents
Mental assault (e.g. threatening by violence)
Physical violence

12. In the situations referred to above, the offender has been (tick more than one option where relevant) *

Another employee
A relative
Another resident
The respondent himself/herself
Someone else, who

13. Have incidents of abuse been intervened in in your unit? *

Whenever noticed
Usually
Sometimes
Rarely
Never

14. How have incidents of abuse coming to light been dealt with in your unit? *

15. Has your unit developed an operating model or instructions to deal with situations where abuse has been noticed? *

Yes
No
Don't know

16. Are these instructions on view to *

Employees
Residents
Relatives



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17. How is the prevention of abuse monitored in night-time care in your unit? *

There are rules for night-time care

Not working alone

Discussion and exchange of information between night shift and day shift employees

Implementation of good care is not monitored in night-time care

Unable to say

Some other way, please state

18. How are competence and background checks made when recruiting a new employee? *

Checking the registers of social welfare and healthcare professionals (Terhikki)

Checking references

Checking qualifications, transcript of study records

Recommendations

Discussion with previous employer

Some other way, please state

Don't know / Unable to say

19. Is abuse discussed with job applicants during recruitment? *

Yes

No

Unable to say

20. How is staff competence reinforced in matters relating to abuse, including sexual abuse, in your unit?*

Joint discussion in the work community

Training

Guidance

Some other way, please state

Staff competence is not reinforced in matters relating to abuse in our unit.

21. Has the process concerning the duty to notify as provided by section 48 of the Social Welfare Act been discussed in your unit? *

Yes

No

I don't know about the duty to notify

Unable to say



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22. Does the in-house control plan in your unit deal with the prevention (risk) of abuse? *

Yes

No

I'm not aware of the in-house control plan in our unit

Unable to say

23. How do you think care of the aged and its operations could be developed to prevent abuse?

24. Other comments you would like to make



Valvira

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