



## **Diade – Local network for violence prevention within the care relationships**

**An action-research funded by the Italian Ministry for Equal Opportunities**

### **Carried out activities and outcomes**

Diade project had been realised by **Reggio Emilia Province** together with **Ausl** (Local Health Agency), **Anziani e Non Solo Consortium** and **Nondasola Association**, supported by the financing of the Anti-violence Fund of the Ministry for Equal Opportunities, has come to the finishing line.

Started in August 2008, **Diade investigated on mistreatments, abuses, violence (physical, psychological and sexual) within the care relationships, done both on so-called in home caregivers and elderly**. The attention has been focused on the matching of two frailties – immigration and seniority – united in caregiving job as a risky context of expression of violence phenomena. The project, after a phase of knowledge alignment among partners, realized a research action that, through 52 qualitative interviews to local actors, in home caregivers, elderly and families, allowed to favour the knowledge and the proportion of the phenomenon of violence in the care relationship and the increasing of awareness on the necessity to prevent such typologies of violence.

Within the project we have developed 8 focus groups of inter-professional kind with the organizations (social services, health services, private social organizations, associations) intercepting in the territory the target groups (elderly and in home caregivers). Focus groups allowed to share definitions, define the matters to face, arrange and adapt the analysis of the main causes of the treated problems, proposals to prevent and face the phenomenon under a network point of view.

The following realization of 4 training meetings for social, health, associations workers allowed to support the empowerment and the developing of specific skills in the operators intercepting problems discussed by Diade.

It has been arranged an awareness rising campaign with the dissemination of posters and leaflets about key targets regarding the Diade Network actions in favour of frail elderly and in-home caregivers: prevention of typologies of abuse and violence, the calling for the respect of their dignity and rights, overcome the isolation and favour the reciprocal support, qualify the in-home caregiving job and the home assistance. Within this context we've finished a research on good practices in the European ambit that highlighted the peculiarities of the in-home caregiving phenomenon in Italy, the innovative characteristics of the Diade project and moreover, the relevance adopted in Europe in terms of actions against the elder abuse and, on the other hand, against abuse on migrant women working as home carers.

### **Care relationship: the invisible abuses**

Care relationship become specific, for all those characteristics related to the gender identity, as a “working relationship” very peculiar, because **the working situation is often opacified/polluted by the admixture of contractual duties with moral and affective duties**.

The affective aspect is, in fact, highly implied and present in the care relationship. A segment of this derives from the physical/objective conditions connected to the particular environment where it is carried out the job: the elderly patient home.

A home where materializes a certain sense of strangeness, that's because the elderly finds his/her living space

occupied by an unknown person, not involved in his/her life story (the in home caregiver) and the carer has to live not in her home, in a “forced” cohabitation, with usualness and cultural roots deeply different.

Home becomes a living and working place strongly interlaced, a situation in which the elderly person (or often the elderly woman) has to manage the distance, sometimes heartbreaking of those sons and daughters for whom he/she had devoted his/her entire affective life and on the other hand, the in-home caregiver living far from all her fundamental family connections: sons, parents, partners, friends.



In conditions of this kind easily can arise equivalent and compensatory affective bonds in the relation between the elderly and carer or, on the contrary, we could have some kinds of rejection, reciprocal refuse that sometimes could trespass in mistreatments and/or abuses. From this point of view either the abused one is the elderly or the in home caregiver, these premises help to understand the difficult and complex condition of those who had suffered violence, both regarding the chances to ask for a help and the attempt to implement self protection strategies. The affective dimension is an important complication considering some behavioural and psychological results deriving from typologies of violence as: a lack of self esteem related to continuous valorisations or not acknowledgements, insecurity, fear deriving from threats, confusion between the self and the other.

The affective relationship is a significant obstacle to the decision to report the violence suffered and/or ask for a help. Who mistreats often alternates mistreatments and closeness (“you can’t leave me alone, I’m sick, I need you”). This often triggers in the victim the feeling of guilt and induces to let the things go.

The in home caregiver, when is a migrant woman, often is in a condition when everything depends on the job carried out, fundamental aspects of her life such as: having a house, the desire of a regular residence permit, having an income necessary for the personal and relatives subsistence, giving a sense to the suffered decision to migrate, avoid the feeling of “failure” about personal choices, having an income source to face the payment of a loan taken in the original Country in order to sustain the own family. On the other hand, when the victim is a no self sufficient elderly, the decision to break the relationship with the in home caregiver, commonly doesn’t depend on his/her will but on the family or relatives choices. The fear to loose a necessary support in the everyday life or/and to have retaliations by the carer and, on the other side, provoke trouble to sons and daughters, represents a strong deterrent with every kind of reporting.

## **Abuses and care: main identified risk factors**

Main risk factors provoking mistreatments or abuses in the care relationship pointed out within the Diade project are:

### **Related to elderly and patients:**

Related to subjective circumstances: refusal to accept the own condition, frustration/resentment toward the relationship with daughters and sons, a very domineering character, pathologies, in particular cognitive;

Related to environment – familiar situations as: forced cohabitation, lack or weak presence of a familiar and social framework, isolation.

Related to the in home caregiver: domineering character/overpowering, opportunism tendency.

### **Related to in home caregivers:**

Related to migration: clandestinity, illegal recruitment, difficulties in obtaining regular residence permits, unstable migratory project, distance from relatives and family, social and friendship isolation.

Related to relationship with family and working conditions: the cohabitation, the wearing out caused by a prolonged

relation, a repeated lack of rest, assessments of days off, isolation and solitude, professional too, absence of an assisted familiar framework (43% reports the separation, the distance), obsessive and insistent presence of relatives.

Related to the health and mental situation of the assisted person: cognitive pathologies not yet determined or in advanced phase (78% reports problems linked to pathologies mainly related to forms of dementia).

Related to subjective situations of the in home caregiver: lack of linguistic and professional education, the lack of clarity about rules and expectations of the employer, on own rights and duties, alcohol and psychotropic drug abuse.

Briefly, the carried out activities allowed to identify:

a) forced cohabitation, cognitive pathologies of the assisted person, the social isolation, weak family ties, lack of professional training for that job, are the main risk indicators that operators are called to monitor.

b) the substantial unbearableness of some care circumstances managed at home by an only professional figure (for example in presence of severe cognitive pathologies related to behavioural aggressiveness). This unbearableness has often the tendency to remain invisible (as often this happened with the family caregiving) not perceived by caregivers themselves (relatives or employed) triggering off aggressiveness (hidden or evident) that, on their hand provoke relational short circuits representing the environmental background of risk (or presence) of abuses and violence done by in home caregivers or by family caregivers themselves. From this point of view, campaigns, definition of guide lines for workers, in home caregivers and family caregivers training, supporting and tutoring services are all elements that cannot be further delayed.

## From analysis to action

Diade project strongly points out:

1) the real existence of typologies of violence done and suffered within the care relationships, evident both in terms of absolute number and diffusion, in different and social situations contexts.

2) A problem that the network of services and territorial referrers of the social organization have been capable mainly to intercept, but regarding those it is necessary to develop specific skills, define guide lines e procedures of intervention.

3) A relationship typical of the caregiving between in home caregiver, family carer and elderly/assisted person in which the characteristic of violence become inborn in a systemic and endemic way in the whole caregiving activity context that is peculiar of the current relationship among family/in home caregiver/assisted person



The arisen elements that should be considered as causes are substantially referred to:

- Cultural differences between caregiver and assisted and their impact on the daily management (different perception of the body, of the emotional relationship, of food and so on)

- The limits of competences of in home caregivers are particularly relevant in terms of role management ad assistance as for example in presence of people with aggressiveness caused by the disease etc..

- Criticalities typical of the nature of the in home caregiving job (working in solitude, without exchanges or acquisition of good practices, without a tutor and control, in cohabitation often forced, without sufficient rest and support.

- The increasing difficulties in households (more nuclear families and distant from the elderly, not well prepared to face the caregiving burden for a long period, not ready to understand and manage problems related to cognitive pathologies, to carry out the employer role, often they have a feeling of guilt, that they vent on in home caregivers, a growing anxiety

regarding the future) the difficulty of the women's role as wife, mother, daughter of elderly parents, worker and, on the other side, the quite total delegation, given by sons to in home caregivers for all the assisting tasks.

- **Lack and restrictions in community services organization** (delays instead of a promptly intervention in case of emergencies, a highly specialized articulation and lack of connection points to support families in a logic of assistive continuity, problem of operators training in relation to the a new breed of professional of the "in home caregiver", global deficiency of resources supporting the home assistance)

All this in frailty context of:

- foreign in home caregivers women
- elderly people assisted connected to a not self sufficiency situation (often in presence of cognitive pathologies) and rancour toward in home caregivers for supplying activities in substitution of daughters and daughters-in-law
- family caregivers in terms of reconciliation of caregiving, life, job and related feelings of guilt.

### **And from now on? How to continue after the research**

The first proposal concerns **in-home caregiver training**, which should be made compulsory, available, accessible and supported by tutorship.

Secondly, the **in-home caregiver job should be perceived as regulated by working hours and specific tasks**: it is therefore necessary to inform families and raise awareness on the importance of establishing a regular working contract as a basis to identify mutual rights and duties and also to avoid (or reduce) legal disputes.

The third proposal concerns the fact that **in-home caregiver recruitment should be supported by dedicated public services** which should also help families in their need assessment and creation of adequate service mix.

Put these proposals in practice requires high connections and cooperation among welfare - vocational training - labour policies but also a raise of awareness in the community and strong networking among local community services and third sector's organisations: **Diade network is the first step to reach this aim!**

### **Diade partnership**



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