Breaking the Taboo II – Developing and testing tools to Train-the-Trainer

Breaking the Taboo II

Overview of existing train-the-trainer-courses dealing with violence and abuse against older women in the field of community-based health and social services in Portugal

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1 Summary of results

The national report provides an overview of the main findings of the research work developed in this initial phase of the Project, aiming at identifying the existence and availability of awareness raising courses for community-based staff of health and social services and also of courses addressing multipliers in the field of violence against older people, particularly older women.

The first outstanding result of the screening of trainings and curricula in the area of health and social care, directly focusing on violence against older women in care relations is the fact that such a specific focus does not exist in Portugal.

In spite of the recent developments in the field of the provision of home support services addressed at older persons and the emergence of an increasing number of professionals directly working with the elderly at their homes, the existing educational offers do not reflect this evolution. In fact, there is no specific educational training addressed at the group of home helpers – the most important group of professionals working in direct contact with the elderly at their homes – who, may or may not receive a specific vocational training depending on the initiative of the organisations they are attached to. For the other three relevant professional groups – medical doctors, nurses and social workers – involved in the provision of home care services it was possible to identify some available educational offers which included the topic of violence against older people.

The screening of awareness raising workshops and train-the-trainers courses generally showed the prevalence of programmes addressing the topic of domestic or family violence; a second – smaller – group of initiatives focus on violence against older people. Very little information is available both on methodologies and evaluation issues which raises the importance of developing models that directly address these gaps. The only train-the-trainer course found although not directly addressing the topic of the Project, may be useful regarding the information available on its structure and target groups.

Overall, the lack of available training or educational offers in the specific field of violence against older women in care relations in a national context where there is evidence of a growing interest and investment – both from the State and from the civil society – in the development of services directed to the support of older persons living in their homes is a clear sign of the relevance of the present Project and of the responsibility to produce relevant outcomes in this field. The feedback from the Advisory Committee first meeting of the Breaking the Taboo II Project clearly supports these findings and opens up interesting prospects regarding the possibility to fill this important gap.

2 Summary of results in national language

Este relatório nacional contém uma síntese dos principais resultados do trabalho de pesquisa desenvolvido na fase inicial do Projecto. Tal trabalho teve como objectivos identificar a existência e disponibilidade de cursos de sensibilização dirigidos a pessoal técnico de serviços sociais e de saúde de base comunitária, bem como de cursos de formação de formadores e formadoras no domínio da violência contra pessoas idosas, e contra mulheres idosas em particular.

O primeiro resultado que se destaca da análise de cursos e programas de formação na área da saúde e serviços sociais, com um enfoque na violência contra mulheres idosas a quem são prestados cuidados no domicílio, é o da inexistência de um tal enfoque específico em Portugal.

Apesar dos desenvolvimentos recentes no domínio da prestação de serviços de apoio domiciliário a pessoas idosas e da emergência de um número crescente de profissionais trabalhando directamente com pessoas mais velhas nas suas próprias casas, as ofertas educacionais existentes não reflectem tal evolução. Com efeito, não existe formação académica específica para ajudantes domiciliárias/os – o grupo mais significativo de profissionais que trabalham em contacto directo com pessoas idosas nas suas casas. Estas e estes profissionais podem, ou não, receber formação profissional específica dependendo da iniciativa das organizações às quais pertencem. Para os restantes três grupos profissionais – pessoal médico, de enfermagem e de serviço social – envolvidos na prestação de serviços de apoio domiciliário, foi possível identificar algumas ofertas educativas que incluem a abordagem da violência contra pessoas idosas.

A análise de *workshops* de sensibilização e de cursos de formação de formadores/as revelou, em geral, a prevalência de programas que contemplam a violência doméstica ou familiar; um segundo grupo – menos significativo – de iniciativas privilegia um enfoque na violência contra pessoas idosas. É restrita a informação disponível tanto sobre metodologias como sobre avaliação, o que enfatiza a importância de se desenvolver modelos que permitam ultrapassar tais limitações. O único curso de formação de formadores/as identificado, apesar de não se enquadrar directamente no tema do Projecto, pode vir a ser útil em termos da informação disponível sobre a respectiva estrutura e grupos-alvo. Globalmente, a falta de formação ou de ofertas educativas no domínio específico da violência contra mulheres idosas a quem são prestados cuidados no domicílio num contexto nacional no qual se evidenciam um interesse e investimento crescentes – tanto por parte do Estado como da sociedade civil – no desenvolvimento de serviços que apoiem directamente as pessoas idosas nas suas próprias casas, é um sinal claro da relevância deste Projecto e da responsabilidade em produzir resultados relevantes neste domínio. O *feedback* da primeira reunião do Comité Consultivo do projecto Breaking the Taboo II suporta estas

conclusões e abre interessantes perspectivas quanto à possibilidade de se vir a contribuir para colmatar esta importante lacuna.

3 Introduction

Research on violence against older women shows that physical violence and other forms of abuse often occur in domestic settings. However, violence against older women is still a taboo and therefore less visible in society than violence against younger women. “Breaking the taboo II - Developing and testing tools to train-thetrainer” (BtT II) is the follow-up of the project “Breaking the Taboo – Empowering health and social service professionals to combat violence against older women within families” (BtT). BtT made this issue visible and paved the way for taking coordinated action on a European level. Both projects are funded by the European DAPHNE-program and the Research Institute of the Red Cross is one of the research partners. As BtT pointed out, professionals of community-based health and social services play a crucial role concerning the detection of violence against older people in care relations. Professionals of health and social services are often the only persons who stay in contact with older people who are attended by their families. Research focused on the professionals´ coping strategies and their needs for further strategies to deal with abuse within families. The project revealed that many health and social service organisations do not have clear organisational procedures dealing with abuse of older women. Hence, organisations working with older people need to develop standards and procedures and designate staff members as contact persons who are trained with respect to these issues. To meet this task a brochure with tools on “recognizing and acting” with important information and addresses was published.
Furthermore an enhancement of the cooperation and a strengthening of networks between victim-protection organisations and community health and care organisations were recommended.

Building on this information, BtT II now focuses on the development of the required standards and aims at developing and designing a curriculum to train professionals in the field of community health and social services. The curriculum will be based on the brochure and the design for “awareness raising workshops” developed within the BtT-project. It will be upgraded and finalised in collaboration with health care professionals and with professionals coming out of the field of victim protection. The project furthermore pointed out that the three

main professional groups providing care services are home helpers, nurse assistants and nurses. Due to the daily-based assistance these groups have an extraordinary position and are treated as main target groups for the development of the curriculum and trainings. The curriculum will encompass three modules. The first will be a train-the-trainer module to enable senior staff and/or trainers to carry out awareness raising workshops with staff members. The second module concerns the training of multipliers to act as contact persons within community-based health and social service organisations. Finally, a third module encompasses the development of training materials, which should be implemented at vocational training institutes and universities.

The project BtT II lasts from December 2009 until December 2011 and is coordinated by the Austrian Red Cross. Research partners from Austria, Belgium, Bulgaria, Germany, Portugal and Slovenia are participating partners and the project started with a 5-day joint trans-national kick-off workshop in March 2010. In the first phase of the project a European research report is produced, in which already existing trainings and workshops are illustrated. In the second phase the curriculum and a 1- day awareness raising workshop for staff in community health and social services will be elaborated. These steps shall facilitate further implementation of the topic in organisations in the field of social and health care. Furthermore, national conferences will be organised in the six partner countries and an information website of the project will be produced.

Introductorily, the national reports provide a short overview over the system of community-based health and social services and the involved professional groups. In this context also the implementation of the issue in vocational trainings is discussed. Following that, an illustration of awareness raising courses for staff in the sector of community-based health and social care is provided. Subsequently, the screening of existing train-the-trainer courses on the issue is illustrated. Concluding, the found trainings are summarized and possible proposals for a curriculum are presented.

4 Methods

A lack of training courses and awareness raising workshops on the topic of “violence against older women” is noticeable in Portugal. Given this fact, our search was based on screening through concentric circles on the keywords “older women – older people – women” and

"community- based health and social services for older people – hospitals, old people's homes – other settings", adding further words step by step.

Several strategies were adopted. A wider one was the use of the internet search engine Google, which enabled us to access grey literature about these issues. We used the key-words "domestic violence", "violence against women" and "violence against older people". We also "googled" the following terms: "train-the-trainers", "workshop", "training", "violence", "old women", "old people" and "women".

Some institutions' websites were consulted as well in order to obtain some more information on existing training, such as: *TIO – Terceira Idade On-Line* (On-Line Third Age), *Violência Online* (Violence Online), and the websites of the several Regional Health Administrations.

Apart from the Google search, we also collected extensive information on three domestic violence trainings which were organised by CESIS team, through the analysis of the respective pedagogical files.

Finally, some contacts were established with relevant organisations in order to obtain information about the courses they organise. We searched for training or workshops addressed at health and social service staff working with older population that had occurred, which were occurring or which were planned to occur. Several organisations were contacted:

- *APAV – Associação Portuguesa de Apoio à Vítima* (Portuguese Association for Victim Support) is a well established NGO in the field of victim support whose intervention is recognised at a national level and who carries out training programmes on domestic violence;
- *RNCCI – Rede Nacional de Cuidados Continuados Integrados* (National Network for Integrated Long-Term Care) was contacted because they are responsible for the overall coordination of the integrated long-term home care teams, which have been established in the National Health System local health centres;
- *SCML – Santa Casa da Misericória de Lisboa* is a large charity with a special status since it is the organisation responsible for the provision of all social action services in the city of Lisbon and has a wide range of home helpers' teams;
- *Audácia* – Consultoria e Apoio Técnico – Centro de Formação (Audácia – Consulting and Technical Support – Training Centre) was contacted because it was the only organisation we could identify that had organized a train-the-trainers course on the field of Gender Equality with some contents on domestic violence;
- *Alto Comissariado para a Saúde* (High Commissioner of Health) is responsible for organizing and coordinate all the training directed to RNCCI teams.

The detailed information about violence against older people courses was obtained by direct contact with the institutions. We chose all the courses focusing domestic violence (against all members) and violence and abuse issues against women and older people. It is important to highlight that all the above mentioned entities (except *Audácia*) are members of the Project's Advisory Board.

One of the criteria for the selection of the training courses was their time duration, i.e. we excluded seminars and conferences established as single presentations. The only exception was the seminar promoted by the Cascais Municipal Forum on Domestic Violence (FMCVD) because it was an initiative directly addressing violence against older people integrated in a local network[1] to fight against violence, which has a four year plan to develop activities in the domain of domestic violence, in which the issue of violence against older people has been directly targeted.

Training offers provided by private providers were also scanned but it was difficult to obtain all the information about the training courses. In addition to this, most of the courses have incomplete information about many of the topics addressed in the matrix.

The only available database used was a Portuguese educational offer of higher education database called *Acesso ao Ensino Superior* (Access to Higher Education) to screen the educational offers. This screening was very difficult because of the different curricula that exist in Portugal among all the Higher Education Institutions.

The establishment of the advisory board was another important strategy adopted in the context of the present Project. The advisory board is composed by a group of individuals and organisations with expertise in the fields of: domestic violence, violence against women, provision of health and social care for older people, and development of training in the health and social care fields. The main task of the advisory board is the support and monitoring of the project's development and collaboration in the dissemination of the results. The list of the board members is included in the final part of this report (Annex1).

[1] More information on this local network at http://www.redesocialcascais.net/forum/newsletter/?id=27

5 Description of community-based health and social services

The development of community-based health and social services in Portugal is recent (Gil, 2009) and should be read within the emergence of the State's strategic role in the social support addressed at older citizens in the late 1970's. After the establishment of a statutory social insurance system – absent before the 1974 Revolution – the State policy regarding the support of the older population would be targeted at the development of social equipment (e.g. residential care, day centres). Only in the last fifteen years, was there a specific concern regarding the need to develop community based social services addressed at older people living in their homes.

At the present moment there are two major types of home support services addressed at the elderly population: the Home Support Services[2] (*Serviços de Apoio Domiciliário*) and the Integrated Long-Term Care Units[3] (*Equipas de Cuidados Continuados Integrados*). The latter type of home support services was established in order to better address the health and social needs of dependent population (including older dependent persons), promoting a better coordination of these two crucial types of community support.

The Home Support Services provide a range of individualised home care to individuals or families who cannot by themselves provide for their own daily activities. These services include: the supply of meals, personal and housing hygiene and laundry. Other services may also be available such as individualised accompaniment outside the home, shopping, leisure activities and small maintenance services.

The Integrated Long-Term Care Units provide a range of medical, nursing, rehabilitation and social support care to people who are – temporarily or not – in a situation of functional dependency and who cannot autonomously resort to the available community support services.

The historical development of community-based health and social services has been translated into the engagement of different actors (e.g. the State, the not-for profit sector and the private sector) and different patterns of relationship between them. The following section will briefly summarise the main changes and the present situation in this specific area in Portugal.

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[2] Formally established and defined by the Decree-Law 30/89.

[3] Formally established by the Decree-Law 101/2006.

5.1 Actors in the field of community-based health and social services

Following the 1974 Revolution there was a decisive and growing engagement of the State in the provision of health and social services to the older population. However, the home care sector for services for older citizens would only be developed in the last fifteen years. The State intervention in this sector has been translated into the promotion, management and funding of major programmes – as the ones described above. These programmes are put in practice through the funding of local initiatives promoted by different actors: third-sector organisations, local municipalities, local health centres and also by private entities.

In Portugal, third sector organisations include different legally recognised actors operating in the field of health and social care:

- Associations – this is the largest group (comprising around 20 000 organisations) and includes a large number of the so-called IPSS (not for profit organisations aiming at the provision of social services;
- Mutual organisations *(Mutualidades)* – it is a restricted group which also have the legal form of IPSS with an unlimited number of associates, whose main aim is to ensure the social protection and health care for their members;
- Cooperatives – they are autonomous collective entities aiming at the cooperation and self-help among their members; they operate in different areas and some of them have also assumed the legal form of IPSS or, more recently, have been established as social solidarity cooperatives, thus intervening also in the support to the elderly population;
- Foundations – these entities are usually of a larger dimension as they must have the necessary funds to develop their activities. Some foundations also have been granted the legal form of IPSS.
- Misericórdias – these are the oldest charities in Portugal, having a close relationship with the Catholic Church. Spread out all over the territory they receive financial support from the State (also recognised as IPSS) and concentrate in the field of social and health support. The Lisbon Misericórdia is a major organisation which is responsible for the whole of the social action in the city. It is financed directly by the State Budget.

There are two major umbrella organisations of non-statutory welfare organisations: the National Confederation of Solidarity Institutions (CNIS) which comprises all IPSS and the Union of the Portuguese Misericordias (UMP). They act as the main interlocutors between individual organisations and the central state.

Home care services are the most recent and fastest growing sector within the social services addressed at supporting the older population provided by these non-statutory organisations (IPSS): from 2000 to 2007 there was an increase of over 50% in the capacity of services within the so-called *Serviços de Apoio Domiciliário, i.e.* from 38 022 to 79 861 "places" in the whole country.

This increase corresponds to a strong recent investment of the State in the funding of support services aiming at helping the elderly to stay in their usual living context.

The relationship between the State – as major financer of these services – and the not-for-profit organisations (IPSS) providing home care support to the elderly has gradually been changing. It has been possible to observe a shift from a role of "simply" providing the IPSS the funds for them to provide the support the State is entrusted – but unable – to ensure to their elderly citizens, towards a more active role in terms of the conditions under which these services are being provided. In fact, in latest years the state – through the Institute for Social Security – has issued a series of orientations and norms regarding the quality of the services to be provided in this specific area (e.g. licensing and working regulations and evaluation models for the implementation of quality services). These norms apply both to the home care services provided by not-for-profit and by private entities.

More recently, the implementation of the National Network of Integrated Long-Term Care established a new type of home care support which, although ideally created in order to integrate health and social support to dependant persons (the majority of whom are older citizens), is operating still in the domain of health care. In fact, the need for a stronger cooperation between health and social services in order to better provide for the needs of the older population in terms of home care support had been one of the main results of the evaluation carried out on the implementation of the Home Support Services (SAD) (Gil, 2009). However, at the present moment the Local Teams of Integrated Long-Term Care (ECCI) are still mainly centred in the local health centres or units (ACES) and the home care teams are mostly providing health care support. According to sources contacted directly in the National Unit for the Integrated Long-Term Care (UMCCI), the aim is to achieve a gradual integration of the social care services provided locally by the IPSS and the health care services under the responsibility of the local health centres. However, this integration has not yet been accomplished and it will involve some complex arrangements, namely regarding the type of funding of these two types of services which is currently based on totally different criteria.

Home support for older people – home visits – is also provided by health professionals in the field of primary health care (within the scope of the National Health Service) and they are decided upon by the local health centre, aiming at providing occasional emergency health assistance. Doctors and nurses are the professionals involved in these specific local home visits. They exist in every local health centres.

The provision of home support in the area of health and social services is also provided by other private for-profit entities who are also subjected to the norms and regulations mentioned above.

5.2 Involved professional groups

The professional groups involved in the provision of the above mentioned home care services are roughly divided into health and social related professions. In the former case, the professionals involved include nurses, doctors, physiotherapists, psychologists, occupational therapists and medical action helpers. In the latter case, the professionals involved are basically social workers and home helpers. Their actual involvement in the teams providing health and/or social care at the home of the elderly is, however, very unbalanced. We will therefore focus on the key professional groups involved.

In the Home Support Services (SAD) the majority of the workers who provide home assistance to the older people are the so-called “home helpers”. Composed mainly by female workers, the lack of specialised training among this group has been often referred to in several evaluation reports (Goulão et al, 2005) as one of the major drawbacks in the provision of this type of social oriented support. In fact, some authors (Gil, 2009) refer that the Home Support Services (SAD) greatly depends on the performance of these low qualified and low-paid female workers in precarious jobs which is once again a sign of the “excessively socialised logic underlying most of the home support care provision in Portugal, which is restrained almost exclusively to personal and instrumental oriented activities.” (Gil, 2009: 24) Although there is no centralised training structure addressed at the qualification of home helpers, some local well-organised service providers do engage in the training of these workers within their own organisations. In fact, the Law on the SAD explicitly calls upon the training of the professionals involved in the provision of home care support in order to ensure the quality of the services provided. However, in practice this training depends exclusively on the initiative of the individual organisations providing the services. It is important to highlight that the organisation of these services usually also involves social service professionals who are mainly involved in the coordination of the home care services and respective teams.

As far as the Local Teams for the provision of Integrated Long-Term Care (ECCI) are concerned the professionals involved are mostly nurses and doctors, but they can also include, physiotherapists, social workers and other professionals. The composition of the local teams varies according to the resources available, but according to the National Coordinating Body 95% of the teams have nurses and the second most common professional involved are doctors. Still according to the contacts made with this coordinating body, there are no task descriptions for the professionals involved in these local teams. Their own specific responsibilities as nursing or medical professionals are the criteria for developing their tasks. Nevertheless, according to the information provided directly from the coordinating body the teams are operated under the methodology of case management, which means that there are specific responsibilities and tasks to be performed by the case manager (always a nurse) who acts as a facilitator between the client's needs and the different services and professionals involved.

In the local health centres - apart from the nurses and doctors who provide occasional emergency health assistance at the home of the clients – there is also an important element who has a direct contact with the family: the so-called family doctor. Some studies (Baptista et al, 2002) have shown that this health professional is often the only professional to whom a situation of family violence has been disclosed, even if they are not called to provide health care at the home of the elderly.

Furthermore, at the local level, there is a large number of people providing social services to the elderly at their homes. Many groups (very often confessional groups) long established in the local communities operate on a voluntary basis, providing visiting services to particularly needy families or individuals and thus have a privileged access to the homes of many elderly people who are usually one of the main target groups of their activities. Some of these local confessional groups are organised under an umbrella organisation (Sociedade de S. Vicente de Paulo), which could represent an interesting target group for the courses.

It was not possible to identify any specialised persons in health and social service organisations who deal with violence and abuse, i.e. the so-called peer advisors. However, it is important to mention that there has been a significant development in the emergence of local integrated projects or networks at the local level aiming at the prevention and fight

against domestic violence. Within some of these networks which usually comprise a large number of local partners from different settings (e.g. health, social support, municipalities, housing, domestic violence organisations) there are key persons appointed, not only at the level of the network, but also at the level of the individual organisations. Although these key persons could act as potential "peer advisors", their involvement demands a thorough knowledge of all the existing local partnerships and of their actual implementation in the territories.

5.3 Results of screening basic educational trainings of health and social professionals

The task proposed was screening a minimum of three basic educational training programmes per staff group which would be the relevant groups to target for the one-day workshop, given the national context of the provision of health and social home care. Thus, we chose those professional groups that are the ones most represented in the teams providing home care: nurses, medical doctors and home helpers.

In Portugal there is no information on basic education training courses for home helpers. Their training is the sole responsibility of the organisations providing this type of support and there are no guidelines on the type or contents of such training. Most home support services and home helpers' teams are coordinated by social workers which was the reason why we chose Social Service as an additional target group for our screening.

From all the basic education courses screened (21 of Physiotherapy, 18 of Social Service, 10 of Psychology, 8 of Medicine, 11 of Gerontology or Social Gerontology, 11 of Nursing and two involving a wide range of professional groups as the target group), it was possible to identify eight relevant courses: four in Medicine, two in Social Work and two in Nursing.

The two Social Work Educational Offers were found in Coimbra and Trás-os Montes e Alto Douro. These two offers have a length of four years and one of them (Coimbra) has a discipline on Maltreatment and Abuse against Older People and the other has a discipline that can be related to this issues (Gerontology) but we did not have access to the discipline's contents.

The four Medicine Educational Offers were found in Porto (2), Coimbra e Beira Interior. One of these offers is a post-graduate course and has a duration of 93 hours and the others last for two years (all of them are 2nd cycles of Bologna MA). Two offers have disciplines covering the issue of violence and abuse (Sexual Assault Assessment Expertise, Domestic Violence and Domestic Violence and Abuse) and the other two have disciplines that can be related

with these issues but we did not have access to their contents (Geriatric, Medical Sociology and Legal Medicine).

The two Nursing Educational Offers were found in Coimbra and Beja and were the only relevant educational offers found addressed at this target group. Both are graduations with a length of 4 years. One of them has a discipline on Violence against Older People and the other has a discipline called Nursing in Gerontology that can cover some issues related to violence and abuse but, once again, it was not possible to have access to the programme's contents.

The two other educational offers are the Post-Graduation Interdisciplinary Course – "Violence against Women within the Family" in Porto and the 2nd cycle of Bologna MA, "Risks and Violence(s) in Contemporary Societies: Analysis and Social Intervention".

The former is directed to Law, Psychology. Sociology, Medicine, Nursing and Social Work professionals; it has a length of 48 hours and covers issues as historical and cultural causes of women's subordination, domestic violence crime - legislative evolution, dogmatic analysis, the legal consequences of crime, the conduct of criminal proceedings, psychological characterization of violent relationships - objectives and operation of refuges.

The latter is addressed at Social Work, Anthropology, Political Science, Education Sciences, Law, Education Nursing, Medicine, Psychology and Sociology Graduates, has a length of 2 years and covers issues as aggression, conflict and violence(s); detailed questions on violence against women and the elderly and their contexts; seminar I aims to develop methods and techniques for the study and intervention in domestic violence; models and methodologies for intervention in intimate violence; models and methodologies for intervention in violence against older persons; seminar II aims to develop methods and techniques for the study and intervention in domestic violence; investigation project; academic stage; dissertation and stage report.

6 Awareness raising courses for staff of community-based health and social services

6.1 Setting and target group information

As to the setting, most of the courses occurred in Community-Based Health and Social Care Services (31) and in Hospitals (6) but there is no information about some training contexts.

As for the target groups (regarding past trainings) and for the planned target groups (regarding planned training), most of them were directed to police staff (10), to specific organisations' staff working with victims of violence (12) and staff in general who work with domestic violence victims (9). There were also some training directed to hospital staff (5) social workers (5), medical doctors (4) and nurses (4). This is important information because the main staff categories who contact with this specific population (older women victims of violence) are mainly medical doctors, nurses and home helpers (coordinated by social workers) and there are few known trainings for them as shown. The evidence collected stresses the lack of staff training initiatives (besides their basic education) offered by the institutions and by the National Health Service. Apart from this lack of specific training offer, evidence collected by previous training experiences in health related setting show that medical doctors are often reluctant to participate in this kind of trainings, contrary to other health professionals, namely nurses.

6.2 Focus and Contents

The main focus of the screened courses is two-folded: awareness raising programmes (51) and knowledge transfer (50); a third group mainly focused on recognising specific violent and abusive situations (27).

The analysis on the main contents of the courses which were screened shows that most of the courses were addressing domestic violence (with no gender oriented perspective) (37), and a few (11) were about violence against older people or violence against women in general (2) or about violence and abuse against vulnerable people (1). There were no courses found about violence against older women.

6.3 Methods used

Most of the training courses found did not provide any information about the methods used. Only eight training courses offered information on this specific issue. These courses mainly referred to the use of expositive and active methods and also included the inclusion of some practical exercises as *role plays*, simulations, and pedagogical games. Some of them used

demonstrative and interrogative methods and promoted group and individual dynamics and also case discussions.

The lack of information on the methods used shows that, at the moment, this does not seem to be a relevant perceived criterion on which the offer and demand for training courses is based.

6.4 Additional information

Most of the courses did not have any information about the kind of evaluation carried out (or if any evaluation was in fact carried out). There were a few courses evaluated but results of which were not made available. We only had access to the evaluation results for 3 of the courses screened. We may anticipate – given the increasing relevance and demand for evaluation in this field – that most of the courses had some sort of evaluation, but they do not provide this kind of information unless a direct contact and a special permission is demanded.

The evaluation information we had access to regards the remaining three courses: the Domestic Violence programme promoted by the Local Development Agency (ADEIMA) in 2008 was evaluated and the results show that what worked out well was: the clarity in theme exposition, the thematic contents' pertinence, the support given by the trainer and the relationship between the trainer and the trainees; aspects to be developed included possible improvements on the duration of the sessions and the pertinence of the exercises performed; In 2009 the same Local Development Agency developed another Programme on Domestic Violence and the results show the following positive aspects: incentive to group participation and discussion, support given by the trainer and relationship between the trainer and the trainees; possible improvements include the pertinence of the performed exercises. The evaluation performed on the 3rd Thematic Meeting - Family Violence against Older People (FMCVD, 2008) the participants in seminar gave a positive evaluation to the contents of the presentations, to the pertinence of the contents, and to the logistics and space conditions. The time devoted to the discussion of the issues was considered insufficient.

7 Train-the-trainer courses on violence against older people with a special focus on older women

As mentioned before we did not find any course specifically directed to violence against older women. The only train-the-trainer course found which could be relatively interesting regarding the focus of our Project was the "Train the Trainers Course with a specialisation on

Gender Equality" since it focused on gender equality. We directly contacted the responsible institution for this training in order to collect more information about its contents, methods and other relevant information.

The main goal of this training is to provide specific train-the-trainers skills for the promotion of the use of gender equality language and practices. The training plan was built in order to also focus on domestic violence (against women and men) as this was considered a training need for this kind of trainees/trainers. This training is composed by a module of 30 hours on gender equality specific training issues and another 30 hours module on trainer renewal certification.

7.1 Setting and target group information

Given the fact that it was only possible to identify one "train-the-trainer" course, the information in this – and following sections – only relates to this specific programme. As to the setting the course occurred in firm facilities and was addressed at trainers who want to obtain gender equality certification and a trainer certificate renovation. The group is composed by 15 trainees with diverse educational backgrounds (most of them graduates and some with MA in Psychology, Physiotherapy, Nursing, Engineer, Language Studies (Portuguese-French and French-English), Social Work, Biology, Math and Architecture).

7.2 Focus and contents

This course was focused on awareness raising and knowledge transfer and had a specific module on gender violence.

The contents included five main areas: 1) a conceptual module addressing gender issues (e.g. equality, diversity and citizenship; gender roles and stereotypes; sex and gender); 2) a specific module on gender equality (e.g. feminist routes in Portugal; national and international mechanisms for the promotion of gender equality; the social responsibility of civil society organisations for the implementation of gender equality); 3) thematic gender routes (e.g. gender violence; conciliation between family, personal and professional life; health, sexual and reproductive rights; gender mainstreaming and positive actions).; 4) training methodologies in gender equality; 5) pedagogical practices.

Although as referred before, this programme does not directly address the issue of violence against older women, the structure of the course may prove to be useful for the building up of the curriculum for peer advisors and facilitators.

7.3 Methods used

The programme includes some theoretical information to frame the concept of domestic violence and uses the expositive method to address this issue, although they privilege active methods as a form of promoting some kind of reflection about these contents. They also do *role plays* and training simulations (on the theme of gender equality). According to information directly provided by the person responsible for the programme, the trainers privilege demonstrative methodologies as they want to show the trainees how to apply these gender equality topics.

7.4 Additional information

Three trainers are responsible for the implementation of this programme. Two of them have a Psychology educational background and the other one has a Law educational background. They all have specific training on gender equality. All the instruments used on the training were built by the organisation responsible for the programme. These include worksheets and theoretical manuals to help the trainees. The training is still ongoing, so there is no information about the evaluation results, but there will be an evaluation at the end of the training.

8 Conclusions for the development of a curriculum for workshop facilitators and peer advisors

8.1 For staff workshops

Better information about target groups, possible tools to integrate, possibility for implementation

The staff workshops should have has main targets the professional groups who are usually involved in the provision of health and social services in older women's homes. These workshops should thus be based on an interdisciplinary focus, and address 'hands on' staff, namely nurses, primary care medical doctors, home helpers and social workers.

The running of the staff workshops could benefit from integration and articulation with other training programmes currently in operation, such as the ones within: the Network of Integrated Long-Term Care; the Institute for Social Security; and the Family Violence Network based in Sobral Cid Hospital, in Coimbra.

One aim is to implement this staff workshop via vocational training centres and internal training of care services umbrella organisations.

Experts and organisations' representatives of the advisory board confirmed that there exists a great necessity and a call for this kind of specific training and such a curriculum.

Which methods would you recommend?

First of all, we should stress that little information is available on the methods currently in use in the screened training courses. However, expositive methods on relevant topics seem to be the most developed.

A balance between theoretical and conceptual information and the exploration of the perceptions and representations on violence against older women in their own homes should be pursuit.

Central methods allowing to combine factual information and in-depth reflection would be, among others, case discussion, role-play, working in small groups.

Of specific concern should be the choice of adequate methods considering the limited duration of the workshop.

Which themes need to be included?

- Older women and their specific vulnerabilities regarding violence
- Dynamics of violence in caring relationships
- Attitudes and representations on ageing, gender and violence
- Identifying risk factors and protective factors
- Exploring preventive actions
- Intervention possibilities
- The impacts and consequences of violence

Is there something that was done in all workshops?

The screened training courses for which the training programme is available can be roughly divided in two groups of themes:

- in the first one, focusing on domestic violence, the legal framework and the skills development in order to recognise and intervene on violent situations are common features;

- in the second one, focusing on older people, the most common approach is on the ageing process, 'normal' and 'pathological' characteristics of this process being addressed.

Is there something specific/unusual you found in one example?

The training programme being developed by the Sobral Cid Hospital in Coimbra shows specific features, since this is the only one which runs along 36 months. This continuous training is based on an integrated approach, given that the programme profits from the articulation among health services, organisations specialised in violence, and one national body for gender equality. Moreover, this programme involves professionals who intervene in the different stages of the whole process (identification, intervention and follow-up).

What has been missing from the awareness raising workhop that we designed until now?

Further discussion on the length of the workshop might be needed. On the one hand, one day could be short to deeply address all relevant topics, especially considering that (following the discussions in the quick-off meeting in Vienna) we no longer see these workshops as 'merely' awareness raising initiatives but more as training (i.e. skill development) workshops.

On the other hand, given current constraints at the organisational level, a longer duration could make implementation more difficult.

Gender specific aspects

Evidence clearly shows that the experience of violence is more common for women, in all age groups including in old age.

Therefore, an understanding of the specific vulnerabilities of older women regarding violence calls, on one hand, for the consideration of the gendered imbalances in access to resources and in power relationships, and, on the other hand, to the building-up of gendered trajectories, in a daily and life-course perspective.

An additional dimension that could deserve some further thought refers to the gendered dynamics of violence in a caring context: i.e. (just as an example) how women, who used to be 'the carers' throughout their life experience become, in old age, 'the recipients of care'.

8.2 For workshop facilitators and peer advisors

Detailed information about target groups, possibilities for the development of the curriculum, possibility for implementation

The main target groups of these courses are: co-ordination and back-up staff of the Teams of Integrated Long-Term Care; the trainers who usually collaborate with the Institute for Social Security; co-ordination and back-up staff of the of Lisbon Misericórdia home-care units; co-ordination and back-up staff of umbrella organisations in the field of domestic violence.

A precondition imposed by the legal framework in Portugal is that these people, who will be acting as trainers, already hold a pedagogical skills formal certificate.

Which methods would you recommend?

The central methods are the same as in the staff workshops.

Which themes need to be included?

The themes correspond to those of the staff workshops.

Is there something that was done in all workshops?

As referred to above only one training was identified which did not specifically address violence against older women.

Is there something specific/unusual you found in one example?

See previous answer.

What has been missing from the awareness raising workhop that we designed until now?

See previous answer.

Gender specific aspects

See above.

8.3 For suggestions to integrate the issue in basic vocational training

Better information about existing basic trainings, information about lack of dealing with the issue in the educational offers

A first and crucial result of the screening of educational offers refers to the lack of basic training to home helpers. This shows of particular concern given the main role these home helpers have in the daily support to many older women (and men) and, therefore, the crucial role they might have in recognising and acting in situations of violence.

As to the other screened educational offers, only few deal with the topic of violence in old age, and none adopting a gender approach.

What should be suggested for these training programmes with respect to our theme?

The topic of violence against older women should be mainstreamed in the educational offers addressed to primary care medical doctors, nurses, and social workers, as well as in geriatrics and gerontology courses.

We do not think it will be possible to have a direct influence on the design of the educational curricula. However, sensitization efforts will be made during our dissemination phase, namely via direct contact with the responsible persons for the courses identified as particularly relevant through our screening exercise.

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Annex 1: List of members of the advisory board

Name	Organisation
Elisabete Brasil	UMAR – União de Mulheres Alternativa Resposta
Anabela Gomes	UMAR – União de Mulheres Alternativa Resposta
Palmira Rei	ISS, I.P. - Instituto da Segurança Social
Sofia Rasgado	ISS, I.P. - Instituto da Segurança Social
Helena Gomes	UMCCI – Unidade de Missão para os Cuidados Continuados Integrados
Michelle Lopes	SCML – Santa Casa da Misericórdia de Lisboa
Maria Rodrigues Vacas	APAV – Associação Portuguesa de Apoio à Vítima
Maria Margarida Saco	CIG – Comissão para a Cidadania e Igualdade de Género
Teresa Caldas de Almeida	Alto Comissariado da Saúde
José Ferreira Alves	Universidade do Minho
Maria João Quintela	Direcção Geral da Saúde
João Redondo	Hospital Sobral Cid