Education and Culture
Lifelong learning programme
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**Project : Empowering Marginalized Elders**

# Action:
# Information on Marginalized Elders in Spain


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# Background

- The Spanish partners are professionals in providing psycho-emotional support and physical independence to people and particularly in day centers and elders´ residences (nursing homes) in local communities.
- The University of Almeria has a specific interest in the field of evolutionary psychology, health and any new learning that contributes in the expertise and knowledge of the institution.

# Analysis about Marginalized Elders in Spain

## ELDERLIES IN SPAIN PROFILE

- More than 7.780.830 persons over 65 years old (INE 2009).
- 16,7% of total population in Spain (in 2050 it will be 30,8%).
- According to UN, Spain will be the 3rd World country with most elderly population and over 80 years old.

# Needs of elderly population
## (IMSERSO y CSIC, 2003)

- Feelings of love and care.
- To be known from a deep perspective (feelings, believes, wishes, thoughts, etc.).
- Care with humanity and dignity rather than taking them away from their families.
- To be respected as free citizens, that can take own decissions and not as old children.
- To receive support to consider themselves and be responsible for their own actions.

# We start at the main principles of Bioethic and elderly people

- **CHARITY.** Treating to the elderly with dignity and respect and promote wellness.
- **NON-EVILNESS.** Don’t damage (no abuse, abandone or mistreat).
- **Principle of Autonomy.** To respect freedom and decision making capacity.
- **Principle of Justice.** Same consideration and respect to everybody, with no discrimination nor marginalization and ensure common wellness.

# SOCIAL MARGINALIZATION
## (Cury, 2009)

- PROCESS THROUGH WHICH A SOCIETY REJECTS TO A GROUP OF PERSONS through indiference, repression, auto-marginalised by own individuals by rejecting values and social rules.

# Marginalization of elderly: economy, education, culture and health. REASONS

- Change in family relationships (difficultness for co-living and breaking of family groups).
- Lost of the hegemonic role that elderly used to have in the past.
- Mythicization of the consuming society (praise endless youth)
- Hedonistic view of life (searching always for satisfaction).
- Emigration from the family (children and grandchildren).

# ETHICAL PROBLEMS IN THE OLD AGE

- Lay off.
- Oblige to elderly to stay alone.
- Neglect or involuntary stay in nursing homes.
- Neglecting care.
- Mistreat.
- Exclusion of services for utility reasons
- Abuse of mental handicap

**The increment of the age is strongly correlated with three negative and confluent processes: the biological and economical degradation, and the social exclusion (Compan y Sanchez, 2005).**

# Institutionalized elderly

- They have had to leave their homes, their environment and family that lived with, most of their belongings, daily activities, habits, and they must cope with a new transition time in their lives, normally linked with losses of capacities and asociated diseases to aging, and at the same time, adaptation to the institutionalised new life.

# Institutionalized elderly (Lerma, 2005; Rubio, 2001 y 2007)

- The relationship of institutionalized elderly with their family is very poor and with low quality.
- The main characteristic in them is their lost of interest for everything and desmotivation “LONELINESS IN THE COMMUNITY”.
- Social isolation, lack of social networks, marginalization, uprooted, might relate to “BEING ALONE”, but the real loneliness is related to “FEELING ALONE” (homesickness, sadness, yearning).

# Definition of misstreat (by “Action on Elder abuse” WHO; 2007)

- Unique action or repeated, or lost of responses that occur in any relationship where exists expectations of confident and that produce damage or distress to an older person.

- ELDER ABUSE: act of commission or of omission (in which case it is usually described as ‘‘neglect’’), and that it may be either intentional or unintentional. The abuse may be of a physical nature, it may be psychological (involving emotional or verbal aggression), or it may involve financial or other material maltreatment. (WHO, 2007)

# Types of mistreat

- **Physical**
- **Psychological**. Emotional mistreat or neglect
- **Sexual abuse**
- **Financial abuse** (unauthorized illegal use of an elder's resources).
- **Negligence, neglect and omission of care** (or bad provisions of care)
- **Self-negligence and self-neglect** (the elder attack his/her own health and wellbeing).

# Settings where mistreat is produced

- **Socio-cultural**. When social policies do not ensure resources and social, health, accommodation services, etc., or pensions that do not meet with the minimun requirements.
- **Domestic or family**. Abuse in taking care of grandchildren and responsibilities, inappropriate nutrition, emotional discomfort, neglect.
- **Institutional.** Non qualified staff, burnout, dehumanization, deprivation of privacy, active or pasive negligence, physical containment, sedative provision.

# VULNERABLE FIELDS TO SUFFER MISTREATS (SEGG, 2004)

- Low pensions
- Lack of social policies and resources to keep the elders in their own environment
- Lack of health centers
- Stigmatization of the elderly as pasive individuals and non-productive, adverse social context.
- The more aged and poor people (mostly women) are an increasingly important poverty group very poorly attended by the system of public social services.

# Predictive variables of mistreat in the institutional environment (López, 2003)

- Lack of economic resources
- Over-crowding
- Users' advanced age
- Staff with poor qualification
- Wrong management of the center
- Negative attitude of users
- Conflicts between staff and users
- Poor coordination of the staff

# Predictive variables in the family environment. Some references to mistreat research in Spain.

- Mistreat detection is more complex because the relationships within the families do not facilitate this knowledge (Iborra, 2008). Real cases far exceed the reported cases (just 10% are reported).
- In Spain, mistreat in elderly is first recognised in 1990.
- In 1995, “the 1st National Conference for the Consensus about mistreats in the elderly” was organised in Almeria. It is a relevant date about this topic in Spain.

# Mistreats in the family environment in the Spanish elderly population (Bazo, 2001; Iborra, 2008)

- The 55% of mistreat has been conducted by the son or daughter, 12% by the partner. Abandonment and NEGLECT are the most common ways of mistreat.
- Males suffer more neglect proportionally (physical and psychological) and in relation to women.
- Whereas women suffer more abuse (physical, psychological and material) proportionally and in relation to men.
- The most common profile is “a 75 years old woman and dependent of the attacker”

# METHODS / ACTIVITIES FOR OUR PROJECT

- Literature review of relevant information
- Situation analyses in the elderly Spanish institutions
- Interventional study in Almería
- The participants will be institutionalized elder, with priority for inclusion for those that are:
  - **Loneliness (don’t receive family/friends visits)**
  - **Dependent**
  - **With psycho-emotional problems**
  - **Institutional Abuse**

# OBJETIVOS

- Find the needs and demands of the institutionalised elderly in nursing homes in Almeria province.
- Explore the quality of care that is received by the elderly that are in nursing homes, and the relationships with their families.
- Assess prevalence of inappropiate behaviours to elaborate strategies of preventive actions or support to the elderly and to caregivers (to reduce or eradicate risk practices for the elderly).

# Situational analysis in the nursing homes – Assessment instruments

- EBP- Psychological Wellbeing Scale (Sánchez Canovas, 2007)
- Goldberg scale for depression and anxiety.
- Barthel index (everyday life activities)
- CUBRECAVI- Quality of Life in the Elderly (Health, Social inclusion, functional skills, activity and leisure, environmental quality, life satisfaction, education, income, social and health services, quality of life different areas).
- Detection institutional abuse (Rueda y Martín, 2011).

  It measures the health status perception, treat by family members perception, nursing home treat perception, psycho-affective treat, economic-financial treat, sexual treat, neglect and negligence, behavior with a mistreat.
- Loneliness scale "ESTE"(Rubio, 1999)

  Loneliness feelings, relationships with family and friends, emotional and social loneliness. Level of support received, satisfaction with social contacts.

# Why the evaluation?

- Know the prevalence of loneliness to the elderly population and their needs is essential to know to create services, support addressed to eradicate this inappropriate practices.
- To promote society’s self reflection about our way of living and know if some behaviors should be modified to gain respect in everybody and ages.

# ORGANISATION

- Structure: team members, PhD and Bsc students.
- The intervention will be done at:
  - The **Day Centers** of Almería.
  - **2 rural elder´s residences in the province**:

    **Oria** (46 elders; in a small experiment we have found that 23 elders are living in this centre by social exclusion).

    **Albanchez** (35 elders).

# OUR HYPOTHESIS:

- Marginalized elders improve psycho-emotional status and general well-being through these resources:

**MATERIALS**

- Money
- Household
- Food
- Clothing
- Services

**INSTRUMENTS**

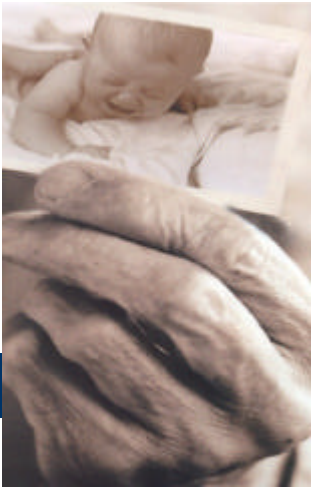
- Care
- Transport
- House cleaning
- Functionality

**EMOTIONAL**

- Feelings
- Company
- Empathy
- Recognition
- Listening

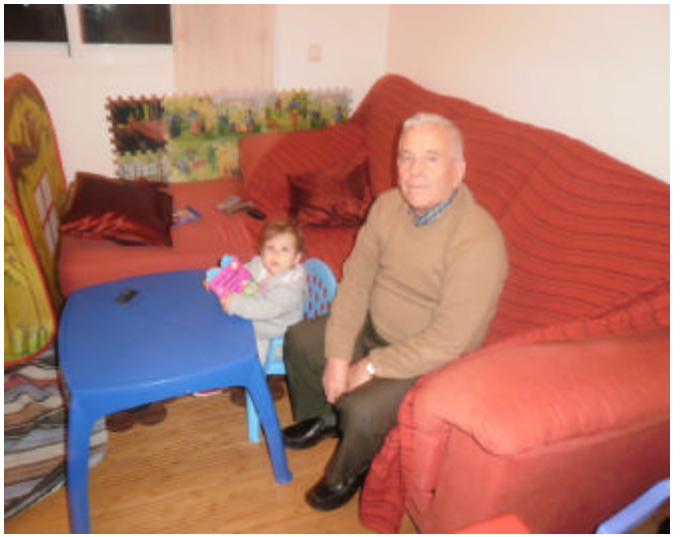
**COGNITIVE**

- Experiences exchange
- Information
- Education
- Councelling



- *“INTER-AGE SOLIDARITY: we have to help to each other to get a better future”*

“*Free: we need to freely give what we receive for free”.*



# Expected outcomes with our project

- Improve learning on the conditions of marginalized elders living institutional (residences, day centers).
- Allow marginalized elders the opportunity to learn and become more self reliant
- Improve psychosocial well-being
- Reduce co morbidity in both mental and physical health
- Disseminate the information with a best practice guide and scientific journals.

# SCHEDULE 2012

- December: contacts/agreements with local authorities.
- March: intervention starts and pre-evaluation
- July: intervention ends and post-evaluation
- September: result analyses.
- October: exchange best practices meeting.

There will be a project poster from our activities

- December: preparation country report for the final product: “Empowering Marginalized Elders”

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# Thank you very much for your attention