



Anam Beo

Arts, Health & Wellbeing in Offaly

Guidelines for Artists working in Healthcare 2015

Foreward

These guidelines are constantly being updated as we experience and learn new aspects of being part of a small and experienced arts, health and wellbeing organisation.

Exceptional, unique and creative artwork is being produced during the Anam Beo Arts in Health workshops and for our programme it is important that these sessions are consistent for the true impact and benefits on the participants' wellbeing, as their confidence grows over time with an increased ability that allows participants to be expressive.

Anam Beo has also grown and developed through their partnership with Offaly County Council, the Mid-Leinster HSE and the Care Centres. Their support has been vital in allowing us to provide best practise within our workshops and these facilitators guidelines are a useful resource for anyone interested in becoming involved within the Arts in Health environment.

The arts are a well established and growing part of rehabilitation and a viable method of good practise enhances and promotes self exploration and creativity. Our focus is always on the participants and their creative needs.

I would like to thank all those involved for facilitating this creative process and accommodating this programme with such great enthusiasm.

Julie Spollen BA NCAD, MA RCA.
Anam Beo.

Introduction

This document has been developed by Anam Beo, the Arts, Health and Wellbeing programme in Offaly which is jointly funded by Offaly County Council, the Dublin Mid Leinster HSE.

It is intended that these guidelines will provide a framework of understanding and a useful resource for artists working with participants in an on-going workshop context who are vulnerable either because of their physical and health requirements or because they live in full time residential care.

Developed through a process of consultation with Anam Beo facilitators, key staff health professionals within care centres and an arts administrator.

Arts in health is a continuously evolving field of innovative arts practice that includes work in hospitals, primary care, respite care and rehabilitation, public health, social services settings, community based organisations and where arts therapies are practised. The practice of Arts in Health is a skilful partnership of people who work together in their key roles to facilitate the participants in creative activities that aim to improve the health and wellbeing of participants and our wider community.

It is now no longer possible or desirable for an artist working within a community context to be only concerned with the delivery of art session. We need to be very clear about the roles and responsibilities that artists have when they are working with vulnerable participants and to be fully aware of all the implications of that responsibility.

Through the provision of a safe environment working with vulnerable participants stimulates and facilitates a dialogue in which a unique creative voice is given the freedom and space to be discovered and uncovered. In this participant led process rigid and restrictive definitions of what an artist is; are re-considered and as a consequence adjusted. The term 'facilitator', used throughout this document, refers to a facilitating professional artist. The term 'participant' refers to patients or any person in a care centre or the community taking part in the Anam Beo arts and health programme. It is therefore vital for this area of practice that structures, such as educating, monitoring, evaluating and sharing exist, that these structures are effective in keeping a trust between both participant and facilitator working together in a mutually healthy and protective environment.

Rowena Keaveny
Anam Beo Artist August 2008

Ethos

“Anam Beo promotes social inclusion through the delivery of a comprehensive arts programme in care settings. As an arts organisation we encourage creativity and empowerment through a meaningful engagement in the arts.”

Objectives

1. To promote wellbeing and always recognise the creative potential within the individual.
2. To promote an increased ability to be expressive as an individual.
3. To increase self esteem stimulating the mind and body, improving concentration.
4. To provide a creative outlet for those in long term health care in Offaly.
5. To challenge perceptions of what older people are capable of achieving.
6. To enhance the quality of life within the healthcare environment.
7. To ensure a secure and healthy environment for art sessions, assisted by the centre.
8. To support group practitioners and keep close contact via meetings.
9. To provide a participatory practise for local artists' inc. training and network support.
10. To demonstrate through best practise the benefits of local partnership projects.
11. To develop links with National institutions, e.g. Irish Wheelchair Association, IMMA.
12. To develop links with Irish artists, e.g. Alice Maher, Brain Maguire, Michael Fortune
13. To be progressive, define, share and promote best practise of process led art sessions.
14. To record and evaluate the participants artwork and art sessions.
15. To promote the benefits of an arts in health programme.
16. To continuously evaluate and update our programme with all involved.

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The term 'service user' and 'participant' are one of the same for the purpose of these guidelines**

'Guidelines for Good Practice'

Participatory Arts Practice in Healthcare Contexts for artists and healthcare professionals engaging in participatory arts practice in healthcare contexts in Ireland.

Participatory Arts Practice in Healthcare Contexts for artists and healthcare professionals engaging in participatory arts practice in healthcare contexts in Ireland. The development of these Guidelines for Good Practice was commissioned from the Centre for Medical Humanities at Durham University by the Waterford Healing Arts Trust and the Health Service Executive South (Cork) Arts + Health Programme with financial support from Arts Council Ireland/An Chomhairle Ealaíon

Guideline 1 Participants Come First

Practitioners of participatory arts and health recognise that the wellbeing of participants in the creative activities they facilitate is paramount. They remain primarily attentive to this in respect of the arts activity's context, delivery, development and evaluation.

1:1 Attention is maintained to the unique identity of each participant and fellow practitioners in an atmosphere of mutual respect that seeks to bring out people's talents, abilities and best qualities.

1:2 The development of each participant within the context of the activity is a desired goal. Each person's achievement in the arts activity is promoted with regard to that person's independence, exercise of choice and dignity.

1:3 The arts activity seeks real contact and engagement with participants so that they feel respected and valued.

1:4 Practitioners understand the aims and objectives of the activity and are able to communicate them to participants.

1:5 Participants' responses to the activity inform and help re-assess the practitioners' approach to their practice.

Guideline 2 A Responsive Approach

The practitioner always attempts to draw out the creative potential of participants, challenging and motivating them whilst exercising professional judgement on the reasonable expectations from the activity.

2:1 Practitioners propose the vision and structure for the arts activity but maintain an open mind for collaborative, friendly working that respects the experience, skills, advice and contribution of others.

2:2 The arts activity evolves out of dialogue and engagement between practitioner and participants and is developed, so far as is practicable, as a communal interest in which every participant's voice is heard and acknowledged.

2:3 Practitioners aim to keep an overall focus on health and wellbeing while ensuring that the activity abides with the aims and purposes agreed with fellow practitioners and/or participants.

2:4 The approach to the arts activity is appropriate to the setting and practitioners try to create a congenial and secure space in which participants can work and relate comfortably with each other.

Guideline 3 Upholding Values

A collective creative process is generated through the building of mutual trust between participant and practitioner, which develops a commitment from everyone involved to learning and experiencing together.

3:1 Participants are offered a quality experience in which the integrity of the artistic process is maintained throughout the life of a project, with an emphasis on productive and (preferably) enjoyable creative work using good quality materials.

A collective creative process is generated through the building of mutual trust between participant and practitioner, which develops a commitment from everyone involved to learning and experiencing together.

3:2 Practitioners are aware of how to take creative risks responsibly in the production of art works, without harming or compromising the dignity of participants.

3:3 Practitioners must exercise flexibility, good listening and non-patronising communication appropriate to the context and content of the activity.

3:4 Inclusiveness, equality and sensitivity to others are key to participatory arts. Fostering understanding, positive regard for others and inter-professional dialogue are essential to effective practice.

3:5 Each participant's contribution to the activity is valued and nurtured in a manner that is fair, equitable and inclusive of difference, status and ability.

3:6 Practitioners ensure that all those taking part share the limelight in any public appreciation of the arts activity, where appropriate.

Guideline 4 Feedback and Evaluation

Practitioners recognise the importance of quality evaluation and their duty to contribute to it by encouraging honest feedback from themselves, participants and other staff.

4:1 Practitioners are open to the use of both qualitative and quantitative methods of appropriate evidence gathering that have the consent of participants, and with ethical approval, as may be required, by the healthcare setting.

4:2 Practitioners undertake documentation of the work in process with attention to the quality and accuracy of its presentation and with consent of participants.

4:3 Practitioners encourage self- evaluation of the activity with the involvement of participants and other staff by consent.

4:4 Practitioners commit to the dissemination of correct and appropriate messages from the activity and its evaluation to relevant audiences.

4:5 Practice is adjusted where necessary in the light of evaluation.

4:6 Practitioners commit to reflective practice with ongoing review of the direction, purpose and processes of their work.

Management and Governance

Practitioners commit to an ethos of good practice and adhere to the policies, protocols and ethical procedures of the organisations supporting the work, and of the institution or setting where the activity takes place.

5:1 Practitioners commit to maintaining open communication, transparency in decision making and sharing of experience with fellow practitioners, participants and external agencies.

5:2 Activities must be assessed for their suitability and appropriateness to participants, their context and their environment. Sufficient planning time, funding and policy directives are essential to the delivery of the activity and its intended outcomes.

5:3 Any requirement for support and supervision of practitioners is assessed at the outset and reviewed throughout the course of the project.

5:4 The activity / project has a pre-agreed timeframe and has either a planned conclusion or a strategy (established early on in the project) for its sustainable continuation.

5:5 There are clear ground rules for the activity with an awareness of the responsibilities of each practitioner and of each partner, and there is clarity on roles and boundaries between the partners working to deliver the activity.

5:6 Contractual relations are formalised with regard to what is appropriate to the activity and its context.

5:7 There is a commitment to setting realistic aims and objectives with regular debriefing and an ongoing mutual support network that aims to improve everyone's practice through the activity.

5:8 Practitioners identify the key people who are important to the success of a project and seek open communication with them based on a shared understanding of the values, ethos and goals, artistic or otherwise, of the project.

5:9 Practitioners do their utmost to ensure the emotional, psychological and physical safety of participants and themselves during the activity.

5:10 Principles of confidentiality are known and complied with at all times. Exceptions to this may apply when the safety and wellbeing of a participant is at risk.

5:11 The purpose and ownership of art works produced from collective activity are clarified and agreed with participants before completion of the work.

Hygiene in the Workplace

Guidelines by Hilary Moss, Arts Officer of the National Centre for Arts and Health, at the Adelaide and Meath Hospital in Tallaght. Edited by Julie Spollen for Anam Beo and a shared audience.

Process: these guidelines were developed, and are offered here, as a STARTING POINT to making sure that best practice is followed in terms of Infection Control in health service environments and most importantly to protect patients; especially those at risk of infection.

NB: the facilitating artist is ALWAYS recommended to liaise with nurse managers and infection control specialists in whichever healthcare facility they are working in, to ensure that infection control guidelines in their area are followed. These can vary significantly due to the nature of specific illnesses and conditions and therefore generalised infection control guidelines cannot be given.

Guidelines such as these are also to make sure that all facilitating artists during their sessions will not be at risk of acquiring, passing around or harbouring any infections either on hands, trays, brushes or any other equipment used during art or creative sessions.

Persons affected: facilitating artists, participants and other patients.

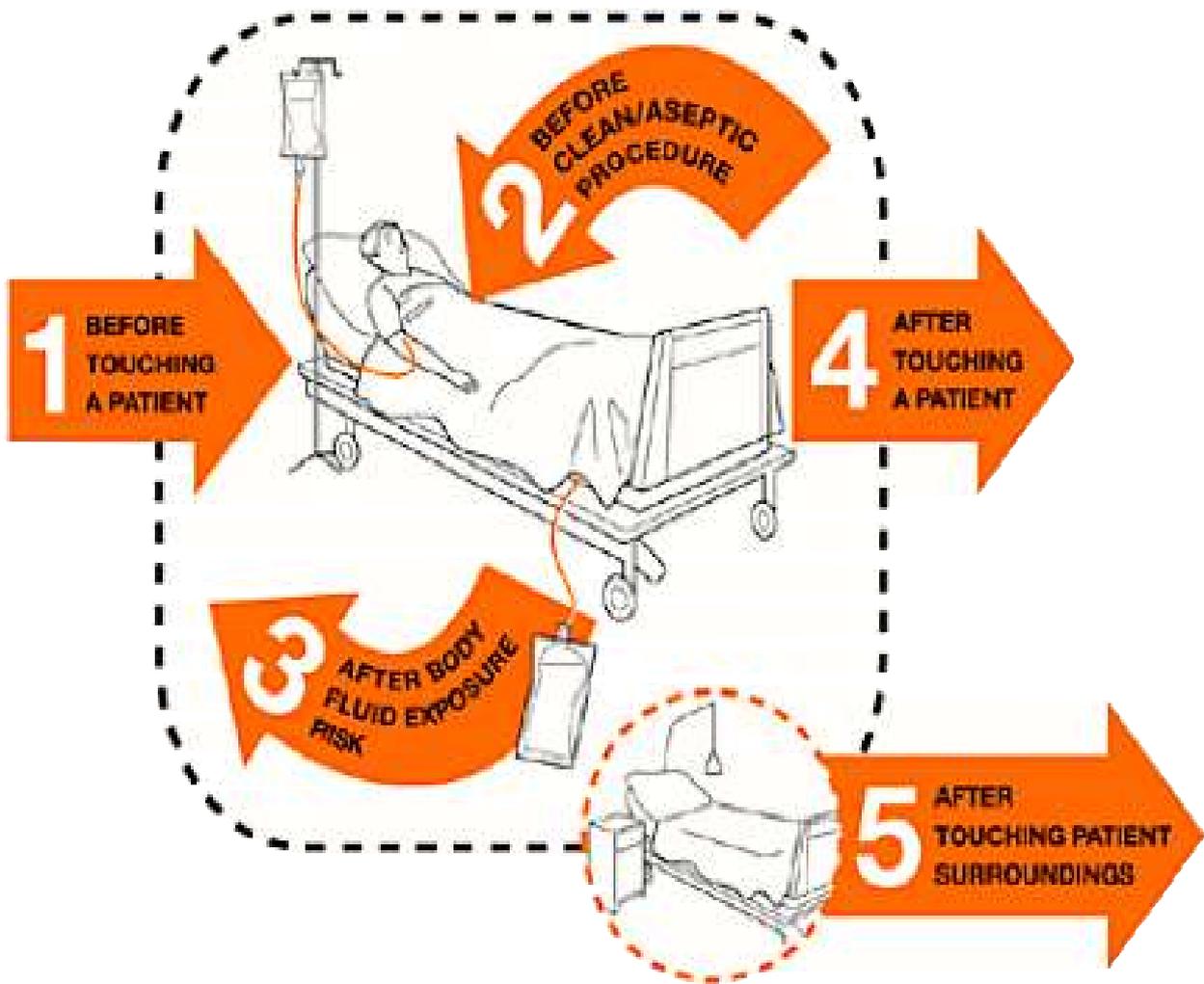
Best practise: includes that facilitating artists must follow guidelines and direction of key or senior staff in charge in any area they are located; in particular if there is a patient with a transmissible infection then the artist must always speak directly to the nurse in charge and be informed about the environment. Risk assessment and session record sheets should also be used by the artist.

Hand Hygiene: must be carried out according to the **5 moments** for hand hygiene. There are alcohol hand gel dispensers available throughout the hospital. See diagram. All artists must attend hand hygiene training and an information course of infection control. **Disinfecting brushes and equipment:** use detergent wipes to clean the brushes and equipment in-between uses: before passing them around to another patient participant and before storing them after use. The wipes may be provided by the health service; if not the art facilitator must provide them. It is the responsibility of the art facilitator to ensure that disinfectant wipes are on board and available before proceeding with the art session. All art facilitators must leave the materials and equipment in good order for the next session.

The Art Trolley: in the hospital or a high risk area the trolley must be washed down (including trolley wheels) at the end of every day with detergent and a disposable cloth after each use. All art facilitators must leave the trolley in good order for the next session.

The information is condensed and of a general nature only, artists working in healthcare environments are advised and are responsible to verify for themselves all working guidelines at specific locations.

General information on Health Care Associated infections is also available from the following website www.hse.ie and www.healthpromotion.ie/hp-files/docs/HCU00416.pdf



Dignity in the Workplace

1. All art facilitators are entitled to be treated with dignity and respect and have a duty of care to treat others with dignity and respect.
2. You the art facilitator are responsible to help maintain an environment in which the dignity of all individuals is respected and ensure that your behaviour does not cause offence to fellow members or any person with whom you come in contact during your sessions.
3. You the art facilitator should discourage bullying and harassment by objecting to inappropriate behavior as it is not acceptable.

Communication with the Centre

The knowledgeable management and caring staff at the centres are an integral part of the programme. This involves the facilitating artists and the centres working together to use creativity to engage participants. Good communication, a range of art projects and a positive atmosphere enable successful workshop delivery which tailored to a variety of individual abilities and creative needs.

This is supported and encouraged by the centre who are responsible for and sign up to the following;

1. Management are to create an awareness of the programme within the centre.
2. Management provides a lead staff member to organise participants' attendance and needs.
3. Management provides a lead staff member to communicate and liaise with the facilitating artist for all communication / feedback.
4. Staff on duty should provides a safe environment for the art sessions and allow workshop set up before the participants arrive for the session to start promptly.
5. Decent and safe work space with good light.
6. Staff assistance during each session on hand and easily allocated in case of an incident.
7. Art facilitators are not carers or activity staff and provide a specific process led art workshop for Anam Beo and the centres participants.
8. When able the centre provides an annual budget for materials and framing.
9. Quality art materials are paid for by centre; Anam Beo will recommend and store project specific materials. Invoices are the responsibility of the centre.
10. When appropriate quality framing paid for by the centre for one exhibition a year, organised by Anam Beo. Invoices are the responsibility of the centre.
11. The facilitating artist and staff must keep in touch regularly with updates and resolving any minor issues before they become problematic.
12. Recommended number of participants during an art session is dependant upon the needs, capabilities of service users and room size, preferably 6 but no more than 10 .
13. It is important to consistently communicate with staff with regard to the workshop participant numbers, wheelchair use, room size, safety and a manageable environment. This should be reviewed regularly, particularly if participants have dementia or are frail.
14. For staff members to communicate with the art facilitator the service users capabilities and suitability to be an art participant on the day.
15. If the participant has become aggressive or distressed it has an impact on the facilitators art session and other participants and this person should not attend on said occasion.
16. It is best practice for facilitating artists to work openly with participants and avoid situations where the facilitating artists and participant are completely unobserved.
17. Does a participant need a door left open during a workshop or feel threatened by being in a group?
18. Staff must show the facilitator where the nearest alarm is to use in case of an emergency.
19. Where there is no key staff consistently visible or immediately accessible, the centre must provide an alternative solution for the art facilitators to communicate with staff via bleeper or dedicated phone.
20. The centre should make the art facilitator aware of the nearest panic button and then contact via bleeper /phone in event of an emergency.

Expectations in the Workplace and Incident Reporting

1. Art facilitators expect the care centre to support and encourage the programme, as above in **Communication with the Centre.**
2. Where there is no key staff consistently visible or immediately accessible, the centre must provide an alternative solution for the art facilitator to communicate with via bleeper or phone no.
3. In the event of an incident or emergency the art facilitator should be aware of the nearest panic button and then contact via bleeper /phone.
4. If someone is being disruptive to you or others, don't delay, get a staff member and say the person is too distressed / unhappy. The session cannot continue as others are becoming distressed and this person will need to leave on this occasion.
5. The art facilitator should not be disrupted or have verbal/physical abuse, but various events may happen, so be prepared as it does go with the territory; if an event or incident occurs, the art facilitator will need to go straight to Nurses station / reception / closest staff member and let them deal with it .
6. The art facilitator must make sure an incident is reported with the centre at the time.
7. The art facilitator should also use an Anam Beo Incident Report form and hand in to Management, see below.
8. The art facilitator should use the complaint form provided if necessary.

Sample of Complaint Form

| | |
|---------------|-------|
| Name: | |
| Address: | |
| Telephone No: | Date: |

| | |
|---|-------|
| Please state service/person about which you wish to complain: | |
| | |
| Please name the location and date the incident occurred: | |
| | |
| I wish for further action to be taken: | |
| | |
| I request a meeting with the Area Manager: | |
| | |
| I certify that the above information is true: | |
| | |
| Signature: | Date: |

FOR OFFICIAL USE ONLY

| | |
|---------------|----------------|
| Line Manager: | Area Manager: |
| Location: | Date Received: |

Sample of Accident / Incident Report

Details of Person affected

Surname: _____ First Name: _____
Sex: M/F _____ D/O/B: _____
Contact Number: _____
Address: _____

Medical Record No: _____
Status: Art Facilitator/Art Session Participant

Type of Work / Environment

What type of work was the person doing at the time of the incident?

What was the environment like?

Details of Incident

Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

Guide to type of Event

Deliberate Self Harm during art session:
Damage / Equipment / Loss of Property:
Exposure to hazardous Substance:
Fire:
Slip / Trip / Fall:
Complaint:
Manual Handling:
Allegation of Sexual Assault:
Allegation of Physical Assault:
Verbal Assault:
Missing Participant:
Other:

Incident involving Equipment

Type of Equipment: _____ Brand Name: _____
Model: _____ Serial No. _____
Present location of equipment: _____
Service history: _____

'Working with Vulnerable Adults in Healthcare Settings'

An Anam Beo Handbook for Artists by Rowena Keaveny 2008 commissioned by Offaly Arts Officer Sinead O'Reilly. Information was also provided by the care centres and the art facilitators. Anam Beo are committed to best practice which protects vulnerable adults from harm.

Safe Environment

Protecting vulnerable adults and Anam Beo artists. Creating a Safe Workshop – Best Practice

1. Know your group and their capabilities, know your the participants, find out from the nursing staff if there is anything you need to know such as if the participant has dementia, do they become aggressive or distressed? Does a participant need a door left open during a workshop? Does a participant feel threatened by being in a group?
2. Each facilitator should keep a detailed record of who attended each workshop and any significant incidents or accidents. If asked at a later date about a particular participant you will be able to give an informed and accurate answer. This record also aids the evaluation process.
3. It is best practice for facilitating artists to work openly with participants and avoid situations where the facilitating artists and participant are completely unobserved.
4. The facilitating artist should encourage and create an open and safe workshop environment but should not encourage or tolerate secrets.
5. The facilitating artist should be very aware of participant numbers in a workshop.
6. It is important to be consistent and communicate with staff members with regard to Anam Beo workshops participant numbers, safety and a manageable environment, especially if participants are particularly frail or have dementia. Workshops should be limited to a maximum of six participants. This may be reviewed as the situation dictates depending on room size, wheelchair use, safety and manageable environment.
7. Participants should not be left unattended during a workshop. It is best practice for a nurse to be present if not readily available.
8. It is best practice for the facilitating artist to check all workshop equipment and materials with regard to safety and replace where necessary.
9. Facilitating artists should have agreed working agreements and project time frames.
10. All artwork is owned by the participant except where group work is concerned, the centre will host group work where appropriate.

It is not Best Practice if:-

1. The facilitating artist spends a lot of time alone with a participant away from the rest of the workshop for example some residential participants like to show an artist their room or something in it. Inform a member of staff where you will both be and explain to the participant that it will only be for a very short time. Always leave the door open.
2. A facilitating artist does a workshop with vulnerable adults on their own, a nurse or care assistant should always be present. If the staff deem the participants, not at risk and do not require a nurse or care assistant to be present in the workshop room a member of staff should still be immediately available if required.
3. A facilitating artist engages with participants outside of a workshop setting unless it is in a structured context for example at Anam Beo exhibition.

Situations to Avoid

- a) Never let allegations made by a participant/facilitator go unrecorded.
- b) Never allow for or engage in inappropriate touching between facilitator and participant.
- c) Never do things of a personal nature for a participant, for example if a participant needs to go to the toilet inform a nurse or care assistant – do not take them yourself.

Helpful Notes

- a) Insist that the inclusion of 'challenging' or aggressive participants be discussed at Anam Beo network meetings.
- b) Talk to other Anam Beo members about 'hard to handle' situations. Find out what they would have done or what they did do when the same or a similar thing happened to them.
- c) If a participant is not wanting to remain in a workshop ask yourself is this a 'one off' (a bad day) or is it time for that participant to have a break or has their participation in a workshop setting come to a natural end.
- d) If you feel yourself becoming overwhelmed in a workshop situation negotiate a short break in order to re-settle yourself.
- e) Treat all participants equally, with the respect that you would like to receive.
- f) Ensure thorough knowledge of the Anam Beo vulnerable adult guidelines.
- g) Report all incidents, witnessed, disclosed or suspected abuse.

How big a problem is older adult abuse?

‘The issue isn’t new but our understanding of it is. Only since the 1980’s did we begin to realise that abuse of older adults is an issue that has differences from other forms of (family) violence’. (Maryland Department of Ageing).

“Until relatively recently elder abuse-the neglect and/or mistreatment of older people – was not recognised as a problem in common with other forms of abuse and maltreatment” (O’Neill et Al, 1990), (O’Loughlin and Duggan, 1998)¹

“A widespread lack of awareness together with slowness to accept its’ existence, was further exacerbated by the ‘veil of silence which too often surrounds this phenomena.”

¹ Council of Europe study group on violence against elderly people 1992)
Protecting our future - Report of the working group on elder abuse September 2002)

Definitions

The definitions provided are focused on the most frequently experienced abuse however this list may not reflect all situations.

What is abuse of older adults?

“A single or repeated act or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person”.

(Action on elder abuse)

Physical Abuse

Definition of physical abuse: the non-accidental use of force against a person that results in physical pain, injury or impairment. This includes not only physical assaults such as hitting, pushing and biting but also the inappropriate use of drugs, restraints or forced confinement.

Visible indicators of physical abuse

- Cuts, bruises, black eyes, scratches, bite marks.
- Burns esp. Cigarettes.
- Untreated injuries.
- Signs of punishment or signs of being restrained.
- Weight Loss.
- Malnourishment without illness related cause.
- An older person/vulnerable adult tells you they have been punched, slapped, kicked, roughly treated.

Behavior indicators of physical abuse

- The older person/vulnerable adult may become aggressive or withdrawn.
- Fear of a particular care assistant, nurse or relative.
- The older person/vulnerable adult may talk about wanting to leave their place of residence.

Psychological Abuse.

Definition of psychological abuse: the deliberate infliction of psychological or emotional distress by threat, intimidation, humiliation. Examples include shouting, name calling, insulting, swearing, ignoring. Psychological abuse undermines the identity, dignity and self-worth of the vulnerable adult.

Physical indicators of psychological abuse

- Sudden changes in behavior.
- Unexplained fear.
- Very withdrawn or unusually quiet.
- Anger with no apparent reason.

Behavioral indicators of psychological abuse

- Rocking.
- Sudden decline in quality of relationships.
- Helplessness.
- Reluctance to talk openly.

Sexual Abuse

Definition of sexual abuse: unethical or forced sexual relationship where a vulnerable adult is used by another person for their own gratification or sexual arousal or for that of others. Also includes verbal sexual suggestion or humiliation through inappropriate language.

Physical indicators of sexual abuse

- Difficulty in walking or sitting.
- Unexplained genital infections, irritation, discharge, bruising, bleeding.
- Stained, torn or blood stained underwear.
- Stomach pains or unexplained headaches.
- Fear or sudden movement when touched accidentally.

Behavioral indicators of sexual abuse

- Chronic depression.
- Poor self image.
- Inappropriate sexual language or action.
- Fear of being touched.
- The vulnerable adult may become nervous/frightened when a particular person is present.
- The vulnerable adult may appear very withdrawn or pre-occupied.

Neglect

Definitions of Neglect:-

Self – Neglect: Is the “inability or refusal to provide for one’s own essential needs”.

Active Neglect: The neglect is intentional “It is the willful failure of a caregiver to fulfill his or her care giving responsibilities”.

Passive Neglect: The neglect is unintentional “It is characterised by a situation in which the person is left alone, isolated or forgotten”. (Taking care of Mom and Dad – Baltimore County Department of Aging).

Physical indicators of neglect:

- Inadequate/inappropriate clothing.
- Untreated illnesses/injuries.
- Hunger/dehydration.
- Absence of dentures, glasses, hearing aids, walkers, wheelchairs.
- Insufficient space for personal privacy.
- Insufficient bathroom space for privacy.
- Untreated bed sores.

Behavioral indicators of neglect:

- Tiredness/listlessness.
- Poor sense of self.
- Lack of quality in relationships.
- Depression.

Spiritual Abuse.

Definition of Spiritual Abuse: Where a vulnerable adults religious or spiritual beliefs are used against them in order to exploit, manipulate, humiliate, dominate or control the individual.

Physical indicators of spiritual abuse:

- Ridiculing a vulnerable adults beliefs.
- Preventing a vulnerable adult from engaging in spiritual or religious practices.
- Acting in a disrespectful way towards a vulnerable adults spirituality or religious beliefs.

Behavioral indicators of spiritual abuse:

- Emotional distress
- Denial of religious/spiritual beliefs to prevent spiritual expression.
- Depression.

Financial Abuse

Definition of financial abuse: Unethical act or process of an individual using the material resources of an older person, without their informed consent for someone else's benefit.

Physical indicators of financial abuse:

- Unpaid bills such as E.S.B. or rent when a person has been nominated to pay them on behalf of the vulnerable adult.
- Lack of things that a person should be able to afford such as heating oil and appropriate clothing.
- Un-explained disappearance of vulnerable adults treasured possessions such as jewellery, furniture etc.
- Unexpected or poorly explained changes to wills.
- Inclusion of additional names on bank accounts.
- Signatures appearing on documents when it is known the person is unable to write.
- Signatures that don't match the persons usual signing.
- Deliberate isolation of a vulnerable adult so that a caregiver/relative is able to maintain sole control of a person's financial affairs.
- Stealing property or benefits.

Behavioural indicators of financial abuse:

- The vulnerable adult is fretting or worrying over financial matters excessively.
- Inadequate clothing/personal grooming.
- Disappearance of jewellery.
- Unexplained changes in behaviour- becoming withdrawn.
- Sudden homelessness.
- Becoming secretive.
- Being very confused or forgetful.

Disclosure

Definition of disclosure; by disclosure we mean a person confiding in you that they have been or are being abused.

Types of Disclosure

- a) Indirect Disclosure
 - Verbal suggestions or 'hints' which indicate or relate to abuse.
 - Visual 'hints'-drawings or artwork that indicates or relates to abuse.
 - Overhearing a vulnerable adult talking about abuse either to themselves or another workshop participant.
- b) Direct Disclosure
 - A vulnerable adult tells you that they have been abused. (see definitions)
 - A participant says they have something to tell you but they will only do so under certain conditions.
 - A vulnerable adult discloses abuse but relates it in the third person.
- c) Third Party Disclosure
 - A participant discloses abuse that is happening to another participant.

Handling Disclosure

If you have a concern that abuse has occurred or are told by a participant that they have been abused you must not ignore it. You must not assume that someone else will either recognise or report instead of you.

DO.

1. Remain calm and in control of your emotions and responses.
2. Be supportive and assure the participant that you care.
3. Listen carefully to what you are being told and be aware that a vulnerable adult with a sensory impairment/dementia may require a person with specialist communication skills.
4. Be honest and explain that you will have to give the information to other people who will then be able to help.
5. Try to make sure you and the participant cannot be over heard while a disclosure is being made to you.
6. Make notes and write down in as much detail as you can all that has been disclosed to you. Use the participants, exact words where possible.
7. Save all drawings and artwork, which appears to indicate that abuse has occurred.
8. REPORT.

DON'T.

1. Don't appear disgusted when a participant is disclosing sensitive information to you. If a vulnerable adult suspects you are disgusted or that you don't believe them they may stop disclosing what has happened to them and as a consequence 'keep it to themselves'. This may lead to a delay in the participant getting the help they need and the abuse being prolonged.
2. Don't interrogate, ask leading questions or make the participant re-tell what you been told unnecessarily as this could make them re-experience the original trauma.
3. Don't judge what you are being told or make assumptions about the validity of the disclosure.
4. Don't delay reporting any concerns you may have about a participant or ignore a disclosure.
5. Don't promise to keep the information disclosed to you a secret.

Personal Response (Adapted from H.S.E Keeping it Safe 2007)

Hearing a disclosure will be very distressing but it's important to be aware that how you respond can be critical. A lot of thoughts and feelings will be involved:

1. You may be unsure of how to respond or what to say to the participant who is making a disclosure to you.
2. You maybe uncertain of what you are being told and may try to convince yourself that you have misheard what you have being told.
3. You may not be certain that the vulnerable adult has been adult has been abused and fear the consequences.
4. You may be angry with the abuser or those who haven't kept the participant safe.
5. You may feel shocked by the details of the disclosure.

Reporting

Organisational Responsibility

Anam Beo has developed a working policy that applies to artists, officers and directors who undertake activities on behalf of the organisation where they come into contact with participants in the Anam Beo programme. This policy provides a framework for safeguarding participants and facilitating artists.

Implementation of Policy

In order to ensure the effective implementation of this policy Anam Beo has the following responsibilities.

To ensure that all Anam Beo facilitators, officers and directors are fully aware of the Policy for protection of Participants.

To ensure that facilitating artists can also access advice and guidance to enable them to deal appropriately with disclosures of and incidents of suspected abuse.

To ensure that all Anam Beo facilitators are aware of the reporting mechanisms and that these are employed properly.

To ensure that all Anam Beo artists have Garda clearance.

Responsibilities of Facilitating Artists

To keep an up to date copy of the , 'Anam Beo policy for the Protection of Participants' and an up to date version of Guidelines for Artists Working in Healthcare.

To take responsibility for ensuring that they have understood the Policy and Guidelines.

To participate fully at network meetings and any training available.

The policy and Guidelines are to be integrated fully into workshop practice by the artist.

This will enable facilitating artists to identify risk or incidences of abuse and deal with accordingly.

Why Individuals Don't Report Abuse.

- a) A person may be unaware of or may not understand their responsibility to report abuse.
- b) A lack of knowledge about the physical and behavioral indicators of abuse.
- c) A person may not recognise that a behavior they witness towards a vulnerable adult constitutes abuse.
- d) A person may believe that the abuse is not 'serious enough' to be reported if they don't observe any actual physical injuries.
- e) An individual may not want to become involved and may fear losing their job, being labelled a 'trouble maker' by their boss or becoming ostracized by their community or fellow employees.

Why Vulnerable Adults May not Report Abuse

- a) Fear of retaliation by abuser.
- b) A participating adult may not know that what is happening to them is abuse and that it is wrong especially if the abuse has been occurring over a long period of time.
- c) Older people are aware of societies negative attitudes towards them and may believe that no-one will care enough to act on their behalf.
- d) A participating adult may have a cognitive impairment or disability including dementia or Alzheimers disease which prevents them from disclosing abuse.
- e) Fear of abandonment or increased isolation.
- f) Pressure to maintain family or community reputation.
- g) Shame.
- h) Fear of disapproval or punishment; although the vulnerable adult wants the abuse to stop they may feel that they won't be believed and that the abuse will escalate as a result of speaking out.

When to Report

When a participant has disclosed to you that they are being abused or have been in.
If you have a concern that an injury or behaviour indicates that abuse has or is taking place.
When a participant's personality changes significantly over time with no adequate explanation.

IT IS IMPORTANT TO REMEMBER

Record and date all observations of behaviour (direct or indirect) or physical signs that cause concern. As facilitating artists our responsibility is for the workshop participants', it is not up to us to investigate the validity of concern or observation. The professionals will establish what action needs to be taken when a report is made to them. Abuse can continue and escalate if there is no intervention.

Don't assume someone else will report.

Procedure for Reporting

- Disclosure or identification of indicators of abuse or harm.
- Complete Anam Beo Incident Report Sheet as soon as possible. (Appendix A).
- Report to the designated 'Participant Protection Officer' (PPO) who is responsible for liaising with facilitators and outside agencies if and when a concern arises.
- Report to the HSE case worker Emer Colgan- 086 8354241(www.hse.ie for local details) and local Garda.
- Report to participating centre.
- Report incident to Sinead O'Reilly Arts Officer at Offaly County Council - 05793 57400.
- Investigation and intervention by the outside Agencies.

Appendix A

Sample of Report Form (Completed by facilitating artist raising concern)

Date of Report:

Name of artist reporting:

Name of participant and address of hospital/ centre they attend:

Detailed description of concern: (give as much information as you can e.g. dates/times. (use separate sheet)

How were you made aware of abuse being reported?

Verbal disclosure:

Visual observation:

Suspicion:

Type of abuse being recorded?

Physical:

Psychological:

Spiritual:

Neglect:

Sexual:

Financial:

Action taken:

Have you kept detailed workshop records?

Have you informed the designated Person?

If so who and when?

Has the vulnerable adult's safety been secured?

If so when and who by?

Did the vulnerable adult need medical intervention?

Was a doctor called?

If so when and who by?

Signed _____

Date _____ Time: _____

FOR OFFICIAL USE ONLY

Line Manager:

Area Manager:

Location:

Date Received:

How big a problem is older adult abuse?

'The issue isn't new but our understanding of it is. Only since the 1980's did we begin to realize that abuse of older adults is an issue that has differences from other forms of (family) violence'. (Maryland Department of Ageing).

"Until relatively recently elder abuse-the neglect and/or mistreatment of older people – was not recognised as a problem in common with other forms of abuse and maltreatment" (O'Neill et Al, 1990), (O'Loughlin and Duggan, 1998)²

"A widespread lack of awareness together with slowness to accept its' existence, was further exacerbated by the 'veil of silence which too often surrounds this phenomena."

² Council of Europe study group on violence against elderly people 1992)

Protecting our future - Report of the working group on elder abuse September 2002)

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www.Artsinhealth.ie

www.Artsforhealth.org

Participatory Arts Practice in Healthcare Contexts

Guidelines for Good Practice 2010 The development of these Guidelines for Good Practice was commissioned from the Centre for Medical Humanities at Durham University by the Waterford Healing Arts Trust and the Health Service Executive South (Cork) Arts + Health Programme with financial support from Arts Council Ireland/An Chomhairle Ealaíon Copies of this document can be downloaded from www.waterfordhealingarts.com and / or www.hse.ie.

General information on Health Care Associated infections is also available from the following website www.hse.ie and www.healthpromotion.ie/hp-files/docs/HCU00416.pdf

