



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 Germany

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## Summary of results

The aim of this research work was to get an overview over the existence, availability and the targets of awareness raising courses for staff of community-based health and social services and of courses for multipliers dealing with „violence against older women in families“ in Germany. In addition to this the interest focused on the question of identifying peer advisors for this subject, who are already active in welfare organisations and services in the field of elder care and who can serve as multipliers for putting the future curriculum into action. A further interest focused on how the subject matter is represented in relevant vocational training courses of professions that can find themselves confronted with the topic 'violence against older women' at work.

The title of the project suggests that it aims at preventing “violence against older women in general”. However, the target of the preceding project and the current research order make clear that the focus lies on the prevention of „violence against older women in family care“.

The research was carried out via the internet search engine Google, various databases, a pyramid scheme, written inquiries to welfare organisations, to advice services for women and vocational schools for health professions as well as expert interviews by telephone and at a meeting of the advisory board of our project.

The results concerning awareness raising workshops and train-the-trainer concepts turned out to be very small. But those found turn out to be valuable aids to orientation for our own training concept.

The topic „violence in family care“ is hardly or even not scheduled in vocational training courses. The interviewed experts stress the necessity of putting more weight on this topic in vocational training.

The awareness raising workshops should be offered as multi-professional trainings for staff of social and health services who are in contact with family care – geriatric nurses, geriatric nurse assistants, nurses, assistants in home services, physio- and occupational therapists, psychologists and social workers from advice services for older citizens as well as GPs.

The target group of the „train-the-trainer“ courses are teachers of vocational and advanced training in social and health services, personnel in advice services for relatives and women, as well as peer advisors for this subject, especially quality representatives and practical instructors.

## Summary of results in national language

Zielsetzung der Recherche war es, einen Überblick über Existenz und Verfügbarkeit sowie die Konzeption von Sensibilisierungsworkshops und Multiplikatorenschulungen zum Thema „Gewalt gegen ältere Frauen in der Familie“ in Deutschland zu gewinnen. Darüber hinaus interessierte die Frage nach der Identifizierung von Ansprechpartnern für dieses Thema, die bereits in Wohlfahrtsverbänden und Dienstleistungseinrichtungen im Bereich der Altenhilfe aktiv sind und als Multiplikatoren zur Umsetzung des zu entwickelnden Curriculums dienen könnten. Außerdem sollte die Repräsentanz der Thematik in relevanten Ausbildungsgängen von Berufsgruppen überprüft werden, die in ihrem Berufsalltag mit dem Thema „Gewalt gegen ältere Frauen in der Familie“ konfrontiert werden.

Der Titel des Projekts suggeriert, es würde sich hier um Prävention von „Gewalt gegen ältere Frauen im Allgemeinen“ halten. Die Zielsetzung des Vorgängerprojekts und der aktuelle Rechercheauftrag verdeutlichten allerdings, dass auf Prävention von „Gewalt gegen ältere Frauen in der häuslichen Pflege“ fokussiert wird.

Die Recherche wurde mittels Internetsuchmaschine Google, verschiedener Literaturdatenbanken, dem Schneeballprinzip, schriftlicher Anfragen bei Wohlfahrtsverbänden, Frauenberatungsstellen, Berufsfachschulen für Gesundheitsberufe und Ministerien sowie telefonischer Experteninterviews und einem Projektbeiratstreffen durchgeführt.

Die Ausbeute an Sensibilisierungsworkshops und „Train-the-Trainer“ Konzeptionen erwies sich zwar als sehr gering, die wenigen vorhandenen erweisen sich jedoch als wertvolle Orientierungshilfen für die eigene Schulungskonzeption.

Das Thema „Gewalt in der häuslichen Pflege“ ist in den relevanten Ausbildungsgängen kaum bis gar nicht vorgesehen. Die befragten Experten bekräftigten die Relevanz des Anliegens, diesem Thema in der Ausbildung mehr Gewicht zu verleihen.

Die Sensibilisierungsworkshops sollen in Deutschland als multiprofessionelle Fortbildung für Mitarbeitende des Sozial- und Gesundheitsbereichs angeboten werden, die mit der häuslichen Pflege in Berührung kommen - Altenpflegekräfte, Altenpflegehelfer, Krankenpflegekräfte, gering-qualifizierte Mitarbeitende im Rahmen haushaltsnaher Dienstleistungen, Physiotherapeuten und Ergotherapeuten, Psychologen und Sozialarbeiter aus Seniorenberatungsstellen sowie Hausärzte.

Zielgruppe der „Train-the-Trainer“ Seminare sind Dozenten/innen der Aus- und Weiterbildung aus dem Sozial- und Gesundheitsbereich, Mitarbeiterinnen aus Angehörigen- und Frauenberatungsstellen sowie die Ansprechpartner/-innen für das Thema in Einrichtungen, vor allem Qualitätsbeauftragte und Praxisanleiter/innen.

## Introduction

→ will be provided by WP leader FRK (Aims of project, research questions, structure of report, background of project – relevance for country, description of the target groups, gender aspect, etc)

## Methods

Because of precedent research (BtT1) it had to be assumed that only very few trainings for awareness raising and for peer advisors would exist on the topic „violence against older women in the family“. Therefore the research had to start with two concentric circles on the keywords „older women – older people – women“ as well as „community-based health and social services, hospitals/care homes for older people and other settings“, adding further key words step by step.

On the one hand the research was carried out by using the internet search engine Google, because it had to be assumed that the interesting material would be grey literature. On the other hand literature databases from medicine, social sciences and criminology (e.g. gerolit, pubmed, solis and krimdok) were selected. A third method was a pyramid scheme following hints to further trainings in already scanned curricula, symposia and scientific contributions.

Search strings used on Google and the literature databases contained the following terms: Train-the-Trainer, training for multipliers (Multiplikatoren-schulung), further training (Fortbildung), course of instruction (Schulung), seminar (Seminar), workshop (Workshop), course (Kurs), module (Modul), event (Veranstaltung), violence (Gewalt), aggressions (Aggressionen), old women (alte Frauen), old people (alte Menschen), women (Frauen), care (Pflege), domestic care (häusliche Pflege), outpatient care (ambulante Pflege), inpatient care (stationäre Pflege).

The research file also contained training courses which can generally be repeated. Excluded were symposia and seminars which consist of single presentations as well as staff training units with a focus on dealing with one's own aggressive feelings and actions in care situations. Training offers by private providers were scanned, but no further tries were made to view to their contents, because they normally cannot be made accessible free of charge.

An internet-based research among welfare organisations, the Federal Association of Organisations of Senior Citizens (Bundesarbeitsgemeinschaft der Senioren-Organisationen), at the German Centre of Gerontology (Deutsches Zentrum für Altersfragen) and several institutions for victim aids was carried out to get information about the number of institutions which have already appointed peer advisors in their organisations for the topic 'violence in domestic care'. As this approach could not provide an answer to the question, the welfare

organisations' instructors for the assistance to the elderly were contacted first by letter and then by telephone. On the national level this topic is not established in any organisation, and for regional activities there was no sufficient data, so that two organisations passed the inquiry on to their regional branches. Currently the results of this inquiry are still incomplete.

The test of the importance of the topic in the relevant vocational trainings was carried out by reviewing the respective frameworks, by screening examples of diverse curricula and by talking to experts from the relevant vocational trainings. Only some of the frameworks were made public, the rest had to be ordered by phone from the responsible ministries. The screening of the single curricula was far more difficult. As there are no national curricula for all schools any more, the schools have to undertake the troublesome task of working them out on their own, and consequently keep them locked. A lot of effort had to be put in getting the desired information. Presently the authors still do not have received all inquired curricula.

For supporting the conceptualising of the training, the dissemination of the results as well as the critical monitoring of the project, an advisory board was set up, whose members have expertise in the fields of care for senior citizens, women's advice service, criminality in the life of older people, violence in domestic care, geriatric vocational training and in the development and testing of curricula. One of the central tasks of the first meeting of the board was to assess and, if necessary, to add to the research results. The results of this discussion are to be found in the relevant places of this report in the form of proposals, critique and suggested additions. You find a list with the names and positions of the board members in the attachment (attachment 3).

## **Description of community-based health and social services**

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

In Germany community-based health and social services act before a background of a statutory social insurance system which is based on six pillars:

- pension schemes
- unemployment insurance
- health insurance
- accident insurance
- long-term care insurance

- social benefits

For our context especially the long-term care insurance, health insurance and social benefits are relevant.

The home care sector for services for older citizens can be divided into the areas „health promotion and prevention“ (Gesundheitsförderung und Prävention), „acute care“ (Akutbehandlung), „rehabilitation“ (Rehabilitation) and „care“ (Pflege) (see figure 1) „Advice and support for older people“ (Beratung und Begleitung) has to be offered in all of these areas.



Figure 1: Service areas (in Döhner, 2002:377)

Social and health services are provided by different welfare organisations and private providers which often offer services from several service areas.

The umbrella organisations of non-statutory welfare services with their numerous organisations at state level (Bundesländer) (Red Cross/Rotes Kreuz, Diakonie, Caritas, Arbeiterwohlfahrt/AWO, Der Paritätische and Zentralwohlfahrtstelle der Juden in Deutschland) have a central role. All these organisations offer services at community level, among other things domestic services for older people and people in need of care like basic and technical nursing, residential services, low-threshold support for people in special need of care, personal alarms or meals on wheels. Beside these, further charity welfare organisations, like Johanniter, Malteser, Arbeiter Samariter Bund, and self-help organisations, like Alzheimer Societies have established themselves, which also offer some of these services.

The services listed above are also offered by various private providers, many of these affiliated to the Federal Association of Providers of Social Services (Bundesverband Anbieter Sozialer Dienste).

Under certain conditions these services are financed by the long-term care insurance and health insurances. Thus a short-term need of domestic care is a benefit provided by the health insurance and prescribed by GPs. Long-term care is covered by the long-term care insurance and follows a scheme arranged in separate care levels.

If a care level is decided, services of basic care (body care and residential services) and low-threshold support can be charged to the long-term care insurance, if they don't exceed a certain limit. Normally services like personal alarms and meals on wheels have to be financed privately. If people do not have the requisite financial resources, the remaining costs are covered by the social assistance agencies.

Anybody who applies for benefits of the statutory long term care insurance is examined by staff of the Medical Review Board of the Statutory Health Insurance Funds (Medizinischer Dienst der Krankenkassen/MDK). The MDK is an institution which is authorised by the health insurances. It is organised at state (Bundesländer) level and is coordinated by the Medical Review Board of the Central Federal Association of the health insurance funds (MDS). Therefore the members of staff of the MDK get in contact with people in need of care, who do not apply for any other professional care service. However, as their visits are generally single visits, their insight into potentially conflict-laden situations is limited.

Among the activists of community-based health and social services there are also practice-based doctors (specialists and GPs), whose service is covered by the compulsory and the private health insurances. General practitioners play a central role in out patient care for older people and they are often the first contact for psychosocial problems. In some cases they treat their patients over many years, they make house calls in case of need and often they are the only ones who have access to families where care situations are escalating.

Home support for older citizens is also offered by physiotherapists and occupational therapists who often form a private partnership practice and who do therapy with people requiring treatment at home several times a week. This active treatment is also part of the benefits of the health insurances.

In addition to this, part of the community based health and social services are also all aid services for older citizens and their relatives, which can be run by welfare organisations, private providers, self-help organisations and the community. Among these services there are, since 2009, the long-term care support centres (Pflegestützpunkte) which have been established in (almost) all states (Bundesländer) and which are run jointly by health insurances and communities. The support centres are supposed to function as contact points

for all questions around the topic care needs and they are requested to offer advisory service in form of house calls. The organisational structures and affiliations vary considerably among the single states (Bundesländer). But in any case, information and advice are offered free of charge.

## **Involved professional groups**

Geriatric nurses and geriatric nursing assistants as well as adult nurses are central activists in out patient care for older people in need of care. Often they are employed by home care services, they undertake tasks in basic and technical nursing as well as home care services for people in need of care. Thus they enter the apartments of their clients from once a week to several times a day and by this they often get a good insight into the client's life situation. In most cases a precondition for these visits is the assignment of a care level, without which the client would have to cover the costs for the support. All people who are, after this definition, in „need of help“ („Hilfsbedarf“) (§14 SGB XI), often depend on the support of their relatives already, but do not receive paid benefits from a care service. However, by no means do care services reach all households with people in need of care. According to the market research institute Infratest 70% of all people in need of help or care are supported at home. In 36% of the cases care services are involved, in 64% of the cases the care is provided by relatives alone, without any support of care services (Schneekloth & Wahl 2005).

Furthermore a large number of people provide services in elder peoples domestic field, who have no vocational qualification for this work, like young men doing civilian service (as an alternative to military service) or people who do assisted transport (like meals on wheels or patient transport) for welfare and other aid organisations. But there are also volunteers who, e.g. as neighbourly help, visiting service or in the support of people in special need of support, have access to the domestic sphere of older people in need of care.

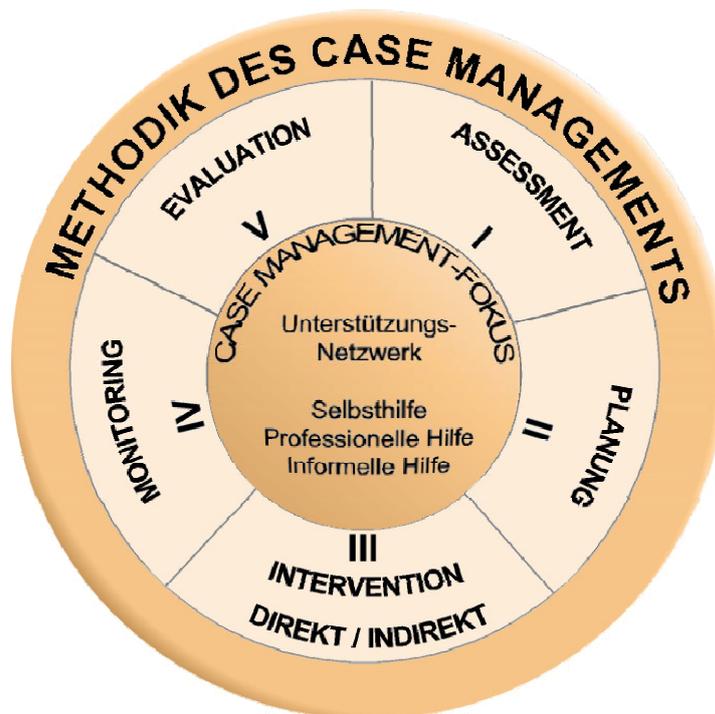
In some cases the general practitioner is the only representative of the health system who has contact with a family. One advantage for identifying indications of violence is, that GPs know their patients for many years, do also make house calls and in many cases represent an „authority“, whose instructions are being followed.

In their role as assessors for the assignment of care levels, members of staff of the Medical Review Board of the health insurance funds (MDK) or doctors and care professionals appointed by the MDK also have access to the domestic sphere of people in need of care.

In the German health system house calls are also offered by physiotherapists, occupational therapists and speech therapists. On the basis of a prescription they come to the domestic sphere where they do therapy sessions of ½-1 hours once to several times a week and for a

limited period of time. A precondition for covering the costs of the therapy is a prescription of a doctor and the registration by the health insurance.

At the information centres for older people and their relatives there mostly work multiprofessional teams consisting of social workers, psychologists and care professionals, sometimes doctors. In the long-term care support centres there work social workers, care professionals and employees of health insurances. If requested these advisors also come to the domestic sphere, but only by request and on very few occasions, especially if a case-manager is required.



Methodology of case management (Methodik des Case Managements), planning (Planung), support network (Unterstützungsnetzwerk), self-help/professional help/informal help (Selbsthilfe/Professionelle Hilfe/Informelle Hilfe)

Figure 2: Case management cycle (Döhner 2002:375)

According to the research application the awareness raising courses in Germany should concentrate on geriatric care professionals, geriatric nursing assistants as well as adult nurses as a target group, because arguably they are the most likely to become witnesses of domestic violence in family care. In order to reach families as well, who do not claim the

support of a care services, physiotherapists, occupational therapists and social workers shall be targeted and addressed. Experts of the advisory board insisted on stressing the central role of people without special qualification, who deliver services like „meals on wheels“, which regularly bring them to the domestic sphere of older people. They should be addressed as a target group for the courses by way of their institutions.

Although other comparable training concepts show diverse difficulties with the readiness of doctors to participate (Hellbernd et al, 2003), our advisory board thoroughly insisted on addressing general practitioners as a target group for the awareness raising courses because of their central role. The board asked to undertake the task of integrating them by all means.

After an intense discussion with the advisory board members the decision was made to offer the awareness raising courses as multiprofessional courses and to address as many professional groups as possible.

The research on peer advisors for the topic violence in domestic care, who are already active in welfare organisations and other service institutions in the sphere of elder care and who could serve as peer advisors for putting the future curriculum into action, was hardly successful. The addressed facilitators for the care for the elderly, working for the welfare organisations, did not know of any such structures. In the discussion with the advisory board members it was tried to come to a clear understanding of who these peer advisors could be. For this role quality representatives, de-escalation representatives and practical instructors in home care services were identified.

## **Results of screening basic educational trainings of health and social professionals**

The task consisted of assessing three vocational training courses per target group on the relevance of the topic „violence in the family care of old people“. The selection of the professional groups had to depend on the professional groups chosen as the target group for the awareness raising courses.

Although the awareness raising courses are planned as multiprofessional courses to include as many professional groups as possible, the resources at hand do not allow screening all professional groups that had to be addressed. We limited the screening to the vocational trainings of geriatric nurses, geriatric nursing assistants, adult nurses and physiotherapists, and to one curriculum from each of the following states (Bundesländer): Hamburg, Schleswig-Holstein and Niedersachsen (Lower Saxony).

The general training period of the professional fields of geriatric nursing, adult nursing and physiotherapy is three years, while the training for geriatric nursing assistants varies considerably between the single states (Bundesländer). As an example the differences between two states are depicted. In Schleswig-Holstein the training for geriatric nursing assistants (Altenpflegehelfer) takes 18 months. In Hamburg the training for an adult nursing assistant (Gesundheits- und Pflegeassistent) takes two years. Similar differences exist in the training of health support workers (Gesundheits- und Krankenpflegehelfer). Because of the federal system in Germany school policy is under the auspices of the states (Bundesländer), and this leads to very different regulations in similar vocational trainings.

The research on contents and core areas of different vocational trainings turned out to be very laborious, because there is no all-school curriculum. In each state (Bundesland) the responsible ministry develops its own framework („Rahmenplan“, in Hamburg: educational plan/„Bildungsplan“) for the training, where the subjects are set. The task of implementing a curriculum lies with the individual school or teachers who thus keep a certain control over the priorities. So the frameworks do not give any clues to how intensely singular subjects are treated.

Unfortunately, by the time of this report the authors could not gain access to all targeted curricula. In the attachment you find a list with all curricula and frameworks at hand (attachment 2). But from various expert interviews with head teachers and responsible staff members of the relevant ministries as well as from the curricula at hand, clear tendencies can be deferred.

The topic „violence in family care“ is a regular component of geriatric nurse training in all three states (Bundesländer). As an example the handbook for the vocational training of geriatric nurses in Schleswig-Holstein (Handbuch für die Altenpflegeausbildung in Schleswig-Holstein) is quoted. Chapter 4.3 of this handbook is titled „How to deal with crises and difficult social situations“ („Mit Krisen und schwierigen sozialen Situationen umgehen“). Here, beside two other topics, the subject matter „violence in family care“ is described in paragraph 4.3.3 as follows: „e.g. forms of violence, factors supporting or preventing violence, violence against old people, violence by care professionals, strategies for the prevention and avoidance of violence, ...“ („z.B. Formen von Gewalt, Gewalt fördernde und verhindernde Faktoren, Gewalt gegen alte Menschen, Gewalt von/ gegen Pflegekräfte/n, Strategien zur Verhinderung bzw. Vermeidung von Gewalt,...“) (Ministerium für Soziales, Gesundheit Familie Jugend und Senioren des Landes Schleswig-Holstein 2005:15).

For example a nursing school in Flensburg has put this guideline into practice by a project week with the aim „rearranging conflict-laden care situations without violence“ („Konfliktreiche Pflegesituationen gewaltfrei gestalten“) in the following way. „Personal and social competences“ shall be supported and the students shall become „aware (sensitive,

perceptive) for situations, where violence begins, (they shall perceive these)“, they shall be „encouraged to name/tell things and make them aware“. They shall also „develop an awareness, that everything, that is against the will of a person receiving care, can be violence“, they shall „perceive their own limits, excessive demands and helplessness as conditions potentially supporting violence (have you ever thought: „Shortly I'll take away her bell“) and develop an understanding for the behaviour of others (the person receiving care, colleagues, relatives) by relating to the biography, through the knowledge about consequences of an illness“. In addition to this the following professional competences shall be trained: „to identify contexts which support violence, to know possibilities of intervention and to dare to apply them in everyday care, to find ways to deal with emotionally draining situations“.

In the training field („Lernfeld“) 19 of its „formal curriculum geriatric nurse – on trial from August 1<sup>st</sup> 2006“ („Bildungsplan Altenpflegerin / Altenpfleger - Zur Erprobung ab 1. August 2006“) the city of Hamburg limits itself to the following formulations: „forms and origins of violence, prevention of violence“ (Formen und Ursachen von Gewalt, Gewaltprävention“) (Freie und Hansestadt Hamburg, 2006: 38). In the training field 5 „guiding and supporting people with food intake and excretion“ („Menschen bei der Nahrungsaufnahme und Ausscheidung anleiten und unterstützen“) of its „formal curriculum health and care assistance – on trial from August 1<sup>st</sup> 2007“ („Bildungsplan Gesundheits- und Pflegeassistenz - Zur Erprobung ab 1. August 2007“) the topic is only outlined under the focus „passing food and violence“ („Essen anreichen und Gewalt“). Presently there is no example at hand of an implementation by a curriculum of a Hamburg vocational school. According to the response of a headteacher of a school for geriatric nurses in Hamburg, only 16 (!) of 2100 lessons are allotted to „violence in care“.

These extracts of our research make clear that the topic „violence in care“ has indeed reached the syllabi. But on the one hand only small importance is attached to it; on the other hand the weight of the topic depends considerably on the individual priorities of the teacher. The topic „violence in domestic care“ is hardly addressed at all.

The situation in the training „general health and hospital care“ is similar. Apart from „handouts“ - comparable to the guidelines in geriatric nursing, the implementation lies with the single schools. Some curricula („Gemeinsame Pflegeausbildung“ - Oelke & Menke, 2005) provide the topic „violence in care“. In the „guidelines for the professions in general care“ („Rahmenrichtlinien für die Berufe in der Gesundheits- und Krankenpflege“) and in „children's care“ („Gesundheits- und Kinderkrankenpflege“) of the state of Lower Saxony, however, the topic „violence in care“ is not addressed further.

For the vocational training of physiotherapists there also exists a national regulation by law and partly there are general guidelines in single states (Bundesländer). Across the federal

states there is a curriculum of the „National Association of physiotherapists – Central Association of physiotherapists“ („Deutscher Verband für Physiotherapie- Zentralverband der Physiotherapeuten/ Krankengymnasten (ZVK“) from 2008 available. None of the known curricula or guidelines even rudimentarily picks up on the topic 'violence'.

To summarise this, in the vocational trainings of nursing and physiotherapy the topic „violence in domestic care“ is hardly or not scheduled at all. In the guidelines for geriatric nursing the topic „violence in care“ is scheduled with few lessons, but in the first place it refers to violence in health care facilities and how to deal with aggressions among care professionals. It is only in the actual teaching for geriatric nursing where „violence in domestic care“ is marginally dealt with. The two members of our advisory board who are experts in geriatric nurse training stressed the necessity to add weight to this topic.

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

### **Setting and target group information**

Not one training was found on the topic „violence against older women in families“. In the last years there have relatively often been symposia on „preventing violence in domestic care“ (e.g. Landespräventionsrat, 2006) and seminars consisting of single contributions. Beside these a number of announcements for seminars on the topic „violence in care“ by private providers could be found, which gave no indication whether the focus lies on possibilities of intervention when violence in the family is perceived or on care professionals' dealing with their own aggressive feelings and actions. As private providers do normally not make their concepts public, the concepts were not included in the documentation.

Although only few offers for further education exist which are fully formulated and are accessible to the public, many of the relevant actors have realised the importance of „preventing violence against women“. For instance most of the Medical Chambers (Landesärztekammern, medical associations authorised by and existing in each state/Bundesland) have integrated the topic in their canons of continual training. In many states (Bundesländer) the ministries of social affairs have established networks for the prevention of violence and have developed action guidelines for relevant professions. The contents of these guidelines and materials can possibly become useful for the development of a curriculum (Ministerium für Arbeit, Soziales, Gesundheit und Verbraucherschutz des Landes Schleswig-Holstein, 2002; Ministerium für Bildung und Jugend Rheinland-Pfalz, 2003; Koordinierungsstelle RIGG, 2002; Arbeitskreis Häusliche Gewalt bei der Ärztekammer Hamburg, 2006; Diakonisches Werk Berlin-Brandenburg-schlesische Oberlausitz, 2008). There exists considerably less material on „preventing violence in domestic care“.

By this way a total of nine advanced trainings on „violence against women“ and three on „violence in the domestic sphere“ was found. Due to copyright reasons most of the training concepts were not available to the authors. The most important ones are named in the attachment (attachment 1).

However, three further, currently developed, trainings shall be mentioned here explicitly, because they also deal with the topic „preventing violence in domestic care“. Cooperation with these projects is planned.

- Action programme „secure living in old age“ („Sicher leben im Alter“, SiliA). Implementation of findings from the study „criminality and violence in the life of older people“ („Kriminalität und Gewalt im Leben alter Menschen“) into senior citizen-related policy practice. Module 4: Preventing abuse and neglect in domestic care. Coordination: Thomas Goergen, Deutsche Hochschule der Polizei und Barbara Naegele, ZOOM Gesellschaft für prospektive Entwicklungen e.V. (German Police University and ZOOM Society for prospective development)
- “Identifying and documenting health-related consequences of interpersonal violence – development and test of an educational product for employees in small and medium-sized health care companies.” Coordination: Beate Blättner, University of Applied Sciences Fulda
- „PURFAM – Potentials and Risks in Family Care“ („PURFAM – Potenziale und Risiken in der familialen Pflege“). The project aims at preventing violent actions in domestic care and is based on findings of the study „stress of family carers of people suffering from dementia“ („Belastung pflegender Angehöriger von demenziell Erkrankten“ (LEANDER). Coordination: Susanne Zank, University of Siegen

Only two events on „violence against women“ and two on „violence in care“, whose conceptions were accessible to the authors, were used for the presentation of the content.

The awareness raising courses on the topic „violence against women“ not only have the same focus, but they also show overlapping target groups. The advanced training programme „Pro Train“, developed in the context of the DAPHNE - II – Programme, on the one hand intends to give a multiprofessional training, on the other hand it offers a training to staff members of diverse professions of the health care system. The target group of the multiprofessional training contains all professional groups – e.g. lawyers and police officers – who come in contact with those women concerned. The duration of the programme depends on the choice of the module and on the intensity of dealing with them. A time period of eight hours is suggested (Pro Train, 2009).

The training curriculum „domestic violence against women: health support – S.I.G.N.A.L. - programme of intervention“ („Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung - Das S.I.G.N.A.L. - Interventionsprogramm“) also has employees of the health care system as the target group. It mentions medics of various disciplines, hospital nurses, midwives, medical assisting professions (physiotherapy, functional diagnosis, radiography, medical assistance) as well as staff, students and trainees of *all relevant spheres* (Hellbernd, 2006). The duration of the advanced training is 16 hours in two days.

The curriculum „violence in care“ („Gewalt in der Pflege“) of the association „action instead of abuse – Bonn initiative against violence in old age“ (“Handeln statt Misshandeln - Bonner Initiative gegen Gewalt im Alter“/HsM) from the year 1999 addresses all people working in inpatient and home care facilities. The curriculum provides eleven meetings of 90 minutes each.

PRIO (alliance against domestic violence in the community of Minden Lübbecke – prevention, intervention – protection of victims) (Bündnis gegen häusliche Gewalt im Kreis Minden Lübbecke - Prävention - Intervention – Opferschutz): „I have always wanted the best ... People in need of care as victims of domestic violence“. The concept of this advanced training aims at professionals and volunteers whose professional background is not specified. The training is planned as a one day workshop of 7 hours including breaks. The authors only had access to the materials of this training, not to the concept (Prio, 2007).

## Focus and Contents

The training programme „domestic violence against women: health support – S.I.G.N.A.L. - programme of intervention“ („Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung - Das S.I.G.N.A.L. - Interventionsprogramm“) offers basic knowledge as well as the possibility to raise awareness and extend competences in dealing with women affected by domestic violence. The main focus lies on violence and abuse against women in general. The curriculum consists of basic knowledge, exercises, material as well as didactic and methodical advice. Altogether it includes three modules, each divided into separate topics (Hellbernd, 2006):

Module 1: background knowledge: domestic violence resp. violence in intimate partnership

Module 2: meaning of the health sphere

Module 3: possibilities of intervention and prevention against domestic violence

The content of the trainings can be adapted to the respective target groups and the intended period of time. It is not always necessary to run the whole curriculum.

The focus of the training programme „Pro Train“ also lies on raising awareness for the topic *violence and abuse against women generally*, identifying victims of domestic violence and relaying basic information for extending competence. The multiprofessional training consists of the three following modules:

Module 1: general information about gender-related violence

Module 2: domestic violence and adequate support in health care facilities, possibilities of intervention and prevention

Module 3: assessing danger and planning security

Module 4: communication skills and recommended procedures

Module 5: legal regulations, multiprofessional work and inter-institutional cooperation

Unlike this the advanced training for professionals in the health care system deals with contents which staff members of the health care system need for their daily work. They shall be „made qualified to identify women affected by violence and to offer adequate health support“ („befähigt werden, von Gewalt betroffene Frauen *zu erkennen* und eine adäquate *gesundheitliche Versorgung anzubieten*“) (Pro Train, 2009). The training consists of the following modules:

Module 1: health consequences of violence and the current situation of health support

Module 2 and 3: domestic violence and adequate support in health care facilities, possibilities of intervention and prevention

Module 4: quality improvement and good practice

The HsM curriculum „violence in care“ differs significantly. The content of the curriculum relates to causes of violence (starting from the cared-for person as well as from the caring person – namely professionals and relatives), demonstrates possible constructive ways of solution and shows how to avoid violent situations. Not only people in need of care are referred to as victims of violence, but also people working in care. The core area of the training lies in transfer of knowledge and in raising awareness for the topic.

The advanced training PRIO „I have always wanted the best ... People in need of care as victims of domestic violence“ focuses on the following topics:

- domestic violence
- sexualised violence
- consequences of domestic violence

- psychic traumata and re-traumatisation

As only the material but not the concept of the training is at hand, not all contents can be reproduced. But it becomes clear, that it deals with violence which comes from the cared-for person as well as from the caring person.

## Found methods

The multiprofessional training programme of „Pro Train“ suggests different didactic methods like brainstorming (1), role play (5), group work (3), theoretical inputs by experts (1), exercises (1) and panel discussions (1). Brainstormings, role play, exercises and group work are combined with succeeding discussions and evaluations of the results in a plenary.

In the training programme „Pro Train“ for qualified staff of the health care system, brainstorming (3), role play (1) and exercises (1) are suggested as methods. It is worth mentioning that some methods are taken from the „S.I.G.N.A.L.“ training and hence both programmes overlap to some extent. Because of her practical experience and evaluation of the training, the coordinator of the project, at our advisory board meeting, stressed the major significance of the role plays and exercises. In any case they ought to have more weight than theoretical inputs which can, in case of need, be handed out in written form.

The methods used in the „S.I.G.N.A.L.“ training are brainstorming (2), discussions (1), group work (1), role play (2) and exercises (1).

The curriculum „violence in care“ also mentions role play (1), group work (5) and exercises (1). Here it has to be mentioned that group work is in close contact to discussions.

On the one hand the role plays mentioned above serve as a method for participants of the training to emphasise with women affected by violence, on the other hand they help acting out new ways of dealing with victims of domestic violence. Role plays either follow specific examples or they are worked out by assigning different roles and by specific questions.

Group work can be used to work out concrete tasks, for example assessing the risks for victims of domestic violence. It can also be used to work out security plans of institutions (e.g. of „Pro Train“) or to discuss certain questions on a small level.

Brainstormings are suggested so that the participants of the trainings can think about certain questions alone or in groups of two, e.g. „Why do women stay in violent relationships“ („S.I.G.N.A.L.“ and „Pro Train“) or about their own experience with victims of domestic violence at work. This can be followed by summing up and discussing the results in a plenary.

The theoretical input suggested in „Pro Train“ should be given by a legal expert. Its aim is to make clear the legal foundation and national framework concerning domestic violence.

Not only in „S.I.G.N.A.L.“ but also in „Pro Train“ the usage of the documentation sheet is suggested as an exercise. This sheet serves to document physical injuries with the help of a certain pattern. For this a case study is suggested. While listening, the participants are requested to fill the injuries in the documentation sheet and to ask concrete questions about the sequence of events.

For the completion of the training „Pro Train“ suggests a penal discussion on „good practice in institutions“. The talk is moderated along a case study following given questions, and at the end the audience can pose questions to the panellists.

## **Additional information**

The „S.I.G.N.A.L.“ project

- has been scientifically evaluated
- can also be used as a „train-the-trainer“ training
- gives recommendations for action and concrete steps for intervention

Overall the scientific evaluation of the awareness raising courses presented a positive outcome of the parts „transfer of information and knowledge“ as well as „reflection“. Confidence in acting was not always accomplished. The majority of respondents wished a more deepening training and a practice-related exchange among colleagues. It is interesting that in voluntary trainings the percentage of male nurses was very low (see Hellbernd et al., 2003:143).

- The evaluation of the trainings for doctors on the one hand showed their willingness to get trained and on the other hand it showed to what extent the participation potentially depends on the framework of the training.
- Traditional methods of transfer and learning methods like presentations/discussions and case studies were preferred to active methods like role play.
- The doctors preferred interdisciplinary training groups which would consist of different disciplines and professions.
- Doctors had a strong demand for practical and action-oriented knowledge.

- A desire for information on further support was mentioned (see Hellbernd et al., 2003:157).

At our advisory board meeting the importance was stressed for trainings to apply for the accreditation of training points at the Chamber of Physicians, if doctors should get involved.

Pro Train:

- The multiprofessional training helps forming networks → cooperation is supported.
- Possibilities are presented how to strengthen standards and guidelines in single institutions.
- Pro Train is available in six languages and can be downloaded from the Pro Train website <http://www.pro-train.uni-osnabrueck.de/index.php/Main/HomePage>.

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

### **Setting and target group information**

The results of the research on „train-the-trainer“ concepts was very small. Only the S.I.G.N.A.L. and Pro Train concepts, already examined as awareness raising courses, could be found. Although both address „preventing violence against women“, they deliver an excellent pool of suggestions and adaptable material for the development of a train-the-trainer“ curriculum on „preventing violence against older women in the family“.

As both programmes have been described above, only the key points of the screening will be presented here.

S.I.G.N.A.L.:

This train-the-trainer curriculum addresses people who want to arrange trainings for health care professionals (Hellbernd, 2006:2).

Precise target group:

- Staff from the sphere of help and support for women affected by violence, from refuge institutions and women advice services (qualified social pedagogues, social workers, psychologists, social scientists, qualified educators, etc.)

- Health care staff (nurses, doctors of different fields, midwives, clinic social workers, health scientists, medical assistant professions (physiotherapy, functional diagnosis, radiography, medical assistance))
- Staff, students and trainees of *all relevant spheres*
- It is thought useful to do the „train-the-trainer“ training as an interdisciplinary training
- The duration of the „train-the-trainer“ trainings can vary, a duration of two days with eight hours each is suggested

## Pro Train

### Target group:

- For this multiprofessional training no specific professions are mentioned → all professions which come in contact with victims of domestic violence
- The training addresses health care professionals within the health care system
- A training tandem is suggested, consisting of at least one trainer with expert knowledge on „domestic violence“ and knowledge on locally or regionally relevant special aid offers for women or violence prevention projects
- Apart from this, experts should be invited for theoretical inputs, e.g. on legal regulations and on the documentation of injuries
- The duration of the training depends on the chosen modules and on how deep they are dealt with. A time of eight hours is suggested.

## Focus and contents

The contents of the „train-the-trainer“ courses correspond to the contents of the awareness raising courses mentioned above. In addition S.I.G.N.A.L. contains didactic suggestions for future trainers.

### S.I.G.N.A.L.

The formal structure of the „train-the-trainer“ course consists of the following:

- general learning targets
- theoretical description of contents
- didactic suggestions for carrying out the training and possible traps

- frequent aspects of discussion
- recommended literature for in-depth information
- a complete bibliography
- the practical part contains general didactic and methodical suggestions for carrying out trainings, exercises to single modules, handouts and templates

#### Pro Train

- formal structure of the „train-the-trainer“ course
- theoretical background knowledge for the trainers, including literature references
- interactive exercises with suggestions for trainers
- handouts and/or powerpoint presentation

### **Methods used**

See above

### **Additional information**

See above

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

Before we can give a final assessment of our research results and present recommendations for the development of awareness raising workshops, a difficulty shall be named, which accompanied our research period and above all our talk with the experts.

According to the application, the aim of the project is preventing „violence against older women in the family“. This formulation suggests older women as the target group. But in fact, the „Breaking the Taboo“ research and the resulting workshop refer to „preventing violence against women in domestic care“. If we really only concentrate on the care context in the awareness raising workshop, many potential users of the training will not understand why male people in need of care are not subject of the course.

This dilemma was thoroughly discussed at the advisory board meeting. The final recommendation was to focus on care, to thematise violence in relationships as a potential

cause of violence in care relations and, in the announcement of later trainings, not to make the focus on women too explicit.

Due to limited resources we could not include all German regions in the screening of vocational trainings. However, the advisory board pointed out that, because of demographic development, the topic would be relevant especially for eastern German regions, where the topic of violence prevention in relation to older people is hardly targeted so far. During the implementation phase, therefore, attention should be paid to run the trainings in cooperation with respective facilities also in eastern Germany.

## **For staff workshops**

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

The examination of other training concepts and the intense discussion with the group of experts supported the definition of the target group for the German awareness raising course. As laid out above, the workshop shall be a multiprofessional training for members of health care staff and shall preferably address all professions which come in contact with domestic care - geriatric nurses, geriatric nursing assistants, nurses, assistants in home services and 'meals on wheels', physio- and occupational therapists, psychologists and social workers from advice services for older citizens as well as GPs.

One aim is to implement this awareness raising workshop via training academies, vocational training centres and internal trainings of care facilities. Representatives of welfare organisations responded positively to and welcomed the information about the development of an awareness raising course. Out of their practical experience, experts of the advisory board confirmed, that there exists a great necessity and a call for such a curriculum.

**Which methods would you recommend?**

Theoretical input is important but should be well measured and used in the right places. In case of doubt, data and facts can be distributed in form of handouts to take home. Central methods are brainstorming (to open up a new subject area in an open and creative way), discussions (to assess the participants' opinions and to comprehend complex issues), working in small groups (whisper and buzz groups, this gives as many participants as possible the chance to say something, it permits processing new information), role play (trying out new ways of acting in a protected setting), case studies (to make feelings clear and to work out solutions) and audiovisual aids (they permit dealing with emotions) (see Hellbernd 2006). Attention should be paid that participants of the workshops get enough chances to put the acquired knowledge into action and to practise within a protected setting.

### Is there something that was done in all workshops?

In the few trainings at hand the mentioned methods were put into practice, only the audiovisual material did not seem to be used everywhere.

### Which themes need to be included?

*Transfer* of background knowledge (different forms of violence, frequency, origins of violence in care relations – situation of carers, partner violence, dynamics of violent relations, questioning myths on domestic violence, questioning one's own attitude to violence in care, violence against women)

*Impact* of violence (health consequences, costs of violence, situation concerning support, role of healthcare professionals in prevention and intervention, barriers on both sides, expectations/fears of people affected)

*Intervention and prevention possibilities* (identifying violence, addressing, legally compliant nursing records, assessing situations of endangerment and arranging further support/follow-up care) (see Hellbernd, 2006)

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

Especially the two training programmes S.I.G.N.A.L. and Pro Train we hold as excellent training programmes. They are conceptualised for the context of „domestic violence against women“, but concerning their structure and the used instruments they render wonderful orientation for our curriculum.

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

The planned length of the one day awareness raising workshop was questioned by the members of our advisory board. All experiences would suggest a length of two days for the training, but offering the workshop in form of modules so that facilities, which are not willing to release their staff for two days, could choose the shorter alternative. For this case a separation of the units into two parts was recommended, with five hours each and a one or two week interval between them. The first part could especially concentrate on „identifying violence“ and the origins, the second could be titled „acting“ and could point out intervention and documentation possibilities.

We would try to give the workshop a module character and to distinguish the single modules from each other more clearly. As violence in domestic care is often a subtle form of violence, the focus should, on the one hand, lie on identifying violence. On the other hand, however, it should be more directed to possibilities of intervention and should include exercises/role plays which contain addressing violence. A method to impart the knowledge of how to create

nursing records usable in law is currently missing. Especially for nursing staff this will be a new subject area. The idea of a film is interesting, but it is doubtful if there is material enough and if this is available in all relevant languages.

#### Gender specific aspects

Not only women but also men can be victims of violence in care relations. But women are victims of violence in partner relationships far more frequently. In the case of a need of care this violence can continue or even intensify and should therefore be treated from a gender perspective in this context.

### **For workshop facilitators and peer advisors**

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

The target group of „train-the-trainer“ courses are instructors of vocational and advanced training in the social and health care sphere, staff of advice services for relatives and women, and possibly the quality representatives and practical instructors mentioned above, who are the facilities' contact persons for this topic. However, a precondition is that they have didactic skills, because teaching basic educational skills would go beyond the frame of this training concept.

#### Which methods would you recommend?

The central methods are the same as in the awareness raising workshops, namely listening, moderation, brainstorming, discussion, group work, role play, case studies, audiovisual aids, handouts and feedback (see Hellbernd, 2006). The difference is that the meaning and application of the methods has to be communicated to the trainers. Moreover it is of central importance to pass the tools for dealing with difficult situations on to the trainers (in reference to Hellbernd, 2006).

- participants' personally being affected by violence: so trainers have to assume that the topic can trigger strong emotions among single participants
- clear roles: problems with competences in teaching other professions (e.g. doctors!)
- stereotypes: experience shows widespread prejudices against victims of violence
- handling objections and criticism: do not treat them as a 'battle'
- training as compulsive event
- hierarchies: problems with multiprofessional trainings (restraints)

Besides the trainers should receive some tips how to organise trainings as well as how to implement the contents of the training in different settings.

**Which themes need to be included?**

The contents correspond with those of the awareness raising workshops, but have to be conveyed more thoroughly to the trainers. The trainers need more theoretical input and additional material. In addition to all this materials and inputs for the awareness raising workshops should be available as templates.

## **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 central result of the screening of vocational trainings is that in most trainings the topic „violence in domestic care“ is not covered and that in the vocational training for geriatric nurses it is dealt with only marginally and depends on the instructors. The necessity of making this topic compulsive for the curricula was stressed by those members of our advisory board who come from geriatric nurse training.

The step to make contents compulsive for vocational trainings takes a long time in Germany and cannot be accomplished by a single research institution. Thus the implementation of the topic in the vocational trainings is not possible. But the developed material can certainly be used by interested instructors of the different vocational trainings.

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

The concept of the awareness raising workshops can principally be used for vocational training. But as the students normally have less practical experience, it is necessary here to have more demonstration material and case studies ready instead of discussing the examples presented by the participants of the course.

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## Annex

### Annex 1: List of found training courses

Type	Name of training	Institution
For staff	Domestic violence against women: health support – S.I.G.N.A.L. - programme of intervention  Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung - Das S.I.G.N.A.L. - Interventionsprogramm	S.I.G.N.A.L. e.V.
Train-the-trainers	Domestic violence against women: health support – S.I.G.N.A.L. - programme of intervention  Häusliche Gewalt gegen Frauen: gesundheitliche Versorgung - Das S.I.G.N.A.L. - Interventionsprogramm	S.I.G.N.A.L. e.V.
For staff	Pro Train	Daphne II
Train-the-trainers	Pro Train	Daphne II

For Staff	Violence in care Gewalt in der Pflege	Handeln statt Misshandeln – Bonner Initiative gegen Gewalt im Alter e.V.
For Staff	People in need of care as victims of domestic violence Pflegebedürftige als Opfer häuslicher Gewalt	PRIO Bündnis gegen häusliche Gewalt im Kreis Minden Lübbecke - Prävention - Intervention - Opferschutz.
For Staff	You can't always smile! Conflict and violence in the care of old people Man kann nicht immer nur lächeln! Konflikte und Gewalt in der Pflege alter Menschen	Diakonisches Institut für Information, Fortbildung und Supervision (InFobis) – Pflege in Not Berlin
For Staff	Domestic relationship violence against older women – identifying, counselling, passing on with competence Häusliche Beziehungsgewalt gegen ältere Frauen erkennen, beraten, kompetent weiter verweisen	BIFF Frauenberatungsstelle Eimsbüttel/Altona
For Staff	Violence in domestic care relations Gewalt in häuslichen Pflegebeziehungen	Landesportal Hessen
For Staff	Crisis intervention after experiencing violence Krisenintervention nach Gewalterfahrungen	Frauennotruf München

For Staff	<p>Women-specific advice – crisis intervention –professional approaches in working with crises and traumata</p> <p>Frauenspezifische Beratung - Krisenintervention - Professioneller Umgang in der Arbeit mit Krisen und Traumata</p>	AWO Bundesverband e.V.
For Staff	<p>Violence against women – cooperation as a chance</p> <p>Gewalt gegen Frauen – Kooperation als Chance</p>	<p>Medical Chamber of Hestia</p> <p>Landesärztekammer Hessen</p>
For Staff	<p>Sexual and domestic violence against women</p> <p>Sexuelle und häusliche Gewalt gegen Frauen</p>	Frauennotruf Göttingen
For Staff	<p>Domestic violence – protecting and supporting women and children</p> <p>Häusliche Gewalt - Frauen und Kinder schützen und unterstützen</p>	<p>Berlin initiative against violence on women</p> <p>BIG e.V. – Berliner Initiative gegen Gewalt an Frauen</p>
For Staff	<p>Secure living in old age: Preventing abuse and neglect in domestic care (module 4)</p> <p>Sicher leben im Alter (SiLiA) Prävention von Misshandlung und Vernachlässigung in der häuslichen Pflege (Modul 4)</p>	<p>German Police University and ZOOM Society for prospective development</p> <p>Deutsche Hochschule der Polizei, ZOOM Gesellschaft für prospektive Entwicklungen e.V.</p>
For Staff	<p>PURFAM - Potentials and risks in family care</p> <p>PURFAM – Potenziale und Risiken in der familialen Pflege</p>	Susanne Zank (University of Siegen/Universität Siegen)

For Staff	<p>Identifying and documenting health-related consequences of interpersonal violence – development and test of an educational product for employees in small and medium-sized health care companies.</p> <p>Erkennen und Dokumentieren von gesundheitlichen Folgen interpersoneller Gewalt - Entwicklung und Erprobung eines Bildungsproduktes für Beschäftigte in den KMU der Gesundheitsversorgung.</p>	Beate Blättner, University of Applied Sciences Fulda/ Hochschule Fulda
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## Annex 2: List of Curricula

### Schleswig-Holstein

<p>Geriatric nursing &amp; nursing assistance</p> <p>Altenpflege &amp; assistenz</p>	<p>Vocational school for geriatric nurses at the Oecumenical Educational Centre for Health Care Professions</p> <p>Fachschule für Altenpflege im Ökumenischen Bildungszentrum für berufe im Gesundheitswesen gGmbH (Flensburg)</p>	
<p>Geriatric nursing &amp; nursing assistance</p> <p>Altenpflege &amp; assistenz</p>	<p>Arbeiterwohlfahrt Schleswig-Holstein gGmbH- Bildungszentrum Hohegeest (Lauenburg)</p>	
<p>Geriatric nursing &amp; nursing assistance</p> <p>Altenpflege &amp; assistenz</p>	<p>Grone Bildungszentrum für Gesundheits- und Sozialberufe GmbH (Lübeck)</p>	

Geriatric nursing Altenpflege	Handbook for vocational training of geriatric nurses in Schleswig-Holstein (state of Schleswig-Holstein ministry for social affairs, health, family, youth and senior citizens)  Handbuch für die Altenpflegeausbildung in Schleswig-Holstein (Ministerium für Soziales, Gesundheit, Familie, Jugend und Senioren des Landes Schleswig Holstein)	
Nursing / nursing assistance  Gesundheits- und Krankenpflege / Pflegeassistenz	AK Segeberger Kliniken GmbH-Fachbereich Bildung Gesundheits- und Krankenpflegeschule (Bad Segeberg)	Adapted curriculum „common vocational training for nursing“  Adaptiertes Curriculum „Gemeinsame Pflegeausbildung“
physiotherapy Physiotherapie	AGS Akademie für gesundheits- und Sozialberufe (Itzehoe)	ZVK-Curriculum

### Lower Saxony/ Niedersachsen

Geriatric nursing & nursing assistance  Altenpflege & -assistenz	Berufsbildungswerk Osnabrücker Land e.V. (Osnabrück)	
Geriatric nursing Altenpflege	General guidelines for vocational education in vocational schools – geriatric nursing – (state institute for school development and education, Lower Saxony)  Rahmenrichtlinien für den berufsbezogenen Lernbereich in der	

	Berufsfachschule – Altenpflege – (Niedersächsisches Landesinstitut für Schulentwicklung und Bildung)	
Nursing assistance Pflegeassistenz	General guidelines for vocational education in vocational schools – nursing assistance – (state institute for school development and education, Lower Saxony)  Rahmenrichtlinien für die berufs- bezogenen Unterrichtsfächer in der Berufsfachschule – Pflegeassistenz  (Niedersächsisches Landesinstitut für Schulentwicklung und Bildung)	wird zum 31.12.2010 eingestellt
Nursing / nursing assistance  Gesundheits- und Krankenpflege / Pflegeassistenz	General guidelines for the professions in nursing and children's nursing  (Lower Saxony state office for teacher training and school development – department 1 – permanent working group for the development and testing of vocational curricula and materials)  Rahmenrichtlinien für die Berufe in der Gesundheits- und Krankenpflege und in der Gesundheits- und Kinderkrankenpflege  (Niedersächsisches Landesamt für Lehrerbildung und Schulentwicklung- Abteilung 1 – Ständige Arbeitsgruppe für die Entwicklung und Erprobung beruflicher Curricula und Materialien)	
Nursing / nursing assistance  Gesundheits- und Krankenpflege /	Charlottenstift Hospital  Krankenhaus Charlottenstift (Stadtdendorf)	

Pflegeassistentenz		
Nursing / nursing assistance Gesundheits- und Krankenpflege / Pflegeassistentenz	Christophorus vocational school for nurses of the protestant Bathildis Hospital Christophorus Gesundheits- und Krankenpflegeschule des Ev. Bathildiskrankenhauses (Bad Pyrmont)	
Nursing / nursing assistance Gesundheits- und Krankenpflege / Pflegeassistentenz	German Red Cross Clinics Wesermünde – educational centre nurse and health (Langen) DRK Kliniken Wesermünde – Bildungszentrum Pflege und Gesundheit (Langen)	„Common vocational training for care“ „Gemeinsame Pflegeausbildung“
physiotherapy Physiotherapie	Dina hospital operating company Dina Krankenhausbetriebsgesellschaft mbH (Bad Bevensen)	
physiotherapy Physiotherapie	General guidelines for the vocational training of pysiotherapy (Lower Saxony state office for teacher training and school development) Rahmenrichtlinien für die Ausbildung in der Physiotherapie (Niedersächsisches Landesamt für Lehrerbildung und Schulentwicklung)	

### Hamburg

Nurse assistance Pflegeassistentenz	Formal curriculum care assistance – on trial from August 1 <sup>st</sup> 2007 (Free and Hanseatic City of Hamburg)	
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	BILDUNGSPLAN Gesundheits- und Pflegeassistenten - Zur Erprobung ab 1. August 2007 (Frei und Hansestadt Hamburg)	
Geriatric nursing Altenpflege	Formal curriculum geriatric nurse – on trial from August 1 <sup>st</sup> 2006 (Free and Hanseatic City of Hamburg)  BILDUNGSPLAN Altenpflegerin / Altenpfleger - Zur Erprobung ab 1. August 2006 - (Frei und Hansestadt Hamburg)	

### Others

physiotherapy Physiotherapie	Curriculum for the vocational schools for physiotherapy  theoretical and practical lessons  (Bavarian State Ministry for education and culture)  Lehrplan für die Berufsfachschule für Physiotherapie  Theoretischer und fachpraktischer Unterricht  (BAYERISCHES STAATSMINISTERIUM FÜR UNTERRICHT UND KULTUS)
physiotherapy Physiotherapie	Curriculum for the vocational training of physiotherapists (German association for physiotherapy – central association of physiotherapists)  ZVK- Curriculum zur Ausbildung von Physiotherapeuten (Deutscher Verband für Physiotherapie – Zentralverband der Physiotherapeuten / Krankengymnasten (ZVK) e.V.)

<p>Nursing / nursing assistance</p> <p>Gesundheits- und Krankenpflege / Pflegeassistenz</p>	<p>Common vocational training for care</p> <p>pilot project and curriculum for theoretical instruction in the vocational training for geriatric, adult and children's nursing</p> <p>Gemeinsame Pflegeausbildung</p> <p>Modellversuch und Curriculum für die theoretische Ausbildung in der Alten-, Kranken- und Kinderkrankenpflege (Oelke und Menke 2005)</p>
<p>Nursing / nursing assistance</p> <p>Gesundheits- und Krankenpflege / Pflegeassistenz</p>	<p>Northern German handout for the implementation of the new nursing law (Northern German Centre for further development of care)</p> <p>Norddeutsche Handreichung zur Umsetzung des Neuen Krankenpflegegesetzes (Norddeutsches Zentrum zur Weiterentwicklung der Pflege)</p>

### Annex 3: List of members of the advisory board

Name	Organisation
Sabine Bohne	<p>Osnabrück University, Institute of educational science</p> <p>Universität Osnabrück, Institut für Erziehungswissenschaften</p>
Jaqueline Bomball	<p>University Bremen – department for interdisciplinary gerontology and care studies</p> <p>Universität Bremen - Abt. Interdisziplinäre Alters- und Pflegeforschung</p>
Anja Gerlach	<p>University of Hamburg, faculty of health science</p> <p>Universität Hamburg, MIN Fakultät, Gesundheitswissenschaften</p>

Prof. Dr. Thomas Görgen	German Police University Deutsche Hochschule der Polizei
Hildegard Hellbernd	S.I.G.N.A.L. - Intervention in the care sphere against violence on women S.I.G.N.A.L. - Intervention im Gesundheitsbereich gegen Gewalt an Frauen e.V.
Prof. Dr. Dr. Rolf D. Hirsch	action instead of abuse – Bonn initiative against violence in old age Handeln statt Misshandeln - Bonner Initiative gegen Gewalt im Alter e.V.
Ursula Lenz	Federal Association of Senior Citizen Organisations Bundesarbeitsgemeinschaft der Senioren-Organisation
Carsten Mai	Evangelical Vocational School for Geriatric Nursing, Rauhes Haus Hamburg Evangelische Berufsschule für Altenpflege des Rauhen Hauses Hamburg
Nadine Schempp	Medical Review Board of the Health Insurance Funds Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V.
Gabriele Tammen-Parr	Care in Need – Diakonisches Werk Berlin Stadtmitte Pflege in Not – Diakonisches Werk Berlin Stadtmitte e.V.