

Elder Abuse Prevention

**WHAT WE
HEARD**

April 2012

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Executive Summary

Elder abuse prevention (which includes detection and response) is a provincial priority. In *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* (Healthy Minds, Healthy People), the Provincial Government committed to “implement a coordinated provincial initiative to prevent elder abuse so that seniors will be less vulnerable to emotional, psychological and physical abuse.” The recently released *Improving Care for B.C. Seniors: An Action Plan* gives further direction to produce a provincial elder abuse prevention, identification and response strategy by the end of this calendar year. As part of that undertaking, an investment was made to expand the operation of the Community Response Networks across the province.

“What We Heard” summarizes the input received during a provincial consultation on elder abuse (February and early March 2012), undertaken to inform the production of a provincial elder abuse prevention, identification and response action plan.

Regional engagement sessions were held in Victoria, Parksville, Prince George, Kelowna, Vancouver, Surrey and Langley, and with Aboriginal representatives. Approximately 150 stakeholders from numerous sectors attended a total of 10 meetings, gave feedback on the Elder Abuse Prevention Consultation Discussion Paper (Discussion Paper) and identified key priorities and ideas for moving forward:

Feedback on Foundational Elements

Participants had the opportunity to comment on the working definition and proposed vision and values described in the Discussion Paper. Overall there was good support for the foundational elements with some suggested enhancements.

Feedback on Discussion Paper – Identification of Major Issues

Participants were asked: *When you consider the issues presented in the Discussion Paper: What was your overall reaction? Is there anything missing? Is the level of emphasis right? Is there something identified that you feel is not important?*

The most commonly mentioned issues were:

- Respect for the individual
- Recognize elder abuse as a multi-faceted problem
- Acknowledge cultural sensitivities
- Address barriers to reporting
- Impact of rural, remote and isolated living
- Importance of care giving

Feedback on Setting Priorities

Participants were asked: *Where do we need to focus? What is most important to you? What are your top three priorities?*

Participants highlighted their top priorities as follows:

- Increase awareness about elder abuse
- Provide education
- Enhance prevention and early identification
- Enhance referral and response
- Review legislation and policies
- Understand roles, responsibilities and accountabilities
- Focus on research/data collection/best practices

Feedback on Ideas for Moving Forward (including some potential actions)

Participants provided their suggestions and ideas for moving forward in the following broad areas:

- Increase awareness, training and research
- Improve community response and build community capacity
- Review legislation and policies
- Support collaboration and coordination
- Focus on personal and safety planning
- Strengthen role of health authorities

The feedback received will be examined in greater detail as the provincial elder abuse prevention, identification and response action plan is developed. Some of the suggestions and ideas generated through the consultation process are for Government to implement, and others require a multi-sector response. Increasing awareness about elder abuse will most likely result in an increase in reporting and subsequent need for appropriate and timely response. Consultation participants highlighted a requirement for increased and stable resources (funding and programs) across all of the participating sectors.

Introduction

“What We Heard” summarizes the input received during a provincial consultation on elder abuse conducted in February and early March 2012. The consultation is one part of a larger process to produce a provincial elder abuse prevention, identification and response action plan. The consultation process was designed to obtain feedback on the issues so that individuals and organizations committed to elder abuse prevention and response could identify opportunities to enhance the effectiveness of prevention and response efforts in British Columbia.

Elder abuse is a serious social and public health issue that undermines the independence, dignity, health, and sense of security of the victim. Seniors who feel safe in their communities can take on increasingly engaged roles in society, are more socially connected, assertive, confident, and have better mental health; all of which can lead to a reduced risk of isolation and depression. On a systemic level, reducing elder abuse can provide a net positive gain to the health care system, and a reduced burden on the justice system, social and housing services, and the need for intrusive financial monitoring.

Elder abuse prevention (which includes detection and response) is a provincial priority. In *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia* (Healthy Minds, Healthy People), the Provincial Government committed to “implement a coordinated provincial initiative to prevent elder abuse so that seniors will be less vulnerable to emotional, psychological and physical abuse.”¹ This provides a mandate to establish a more comprehensive and integrated approach to prevent elder abuse – both internal to Government and jointly with external partners – that promotes healthy active aging and age-friendly communities, builds efficiencies and leverages opportunities.

The recently released *Improving Care for B.C. Seniors: An Action Plan*² gives further direction to produce a provincial elder abuse prevention, identification and response strategy by the end of this calendar year. As part of that undertaking, an investment was made to expand the operation of the Community Response Networks across the province.

Elder abuse prevention is a shared responsibility with multiple ministries and agencies, sectors, community organizations and individuals, all playing important roles. No one agency is responsible for elder abuse prevention. This is why a multi-sector, multi-stakeholder approach to engagement and action is necessary.

We thank everyone who participated in the consultation process and contributed their energy and ideas. We look forward to continuing to engage with you as we identify those potential opportunities for action and collaboration.

1 Province of British Columbia (2010). *Healthy Minds, Healthy People: A Ten-Year Plan to Address Mental Health and Substance Use in British Columbia*, 25. Victoria: Ministry of Health and Ministry of Children and Family Development. Retrieved from http://www.health.gov.bc.ca/library/publications/year/2010/healthy_minds_healthy_people.pdf

2 Province of British Columbia (2012). *Improving Care for B.C. Seniors: An Action Plan*. Ministry of Health. Retrieved from <http://www.seniorsbc.ca/documents/pdf/SeniorsActionPlan.pdf>

Description of the Consultation Process

The intent of the consultation was to encourage province-wide discussion and dialogue on ways to prevent and reduce elder abuse in British Columbia. Approximately 150 stakeholders from numerous sectors attended a total of 10 face-to-face meetings in the five health regions (see Appendix 1 for meeting locations). Participants were also encouraged to submit written feedback. A number of individuals generously shared resource materials, a listing of these can be found in Appendix 2.

Participants included representatives from: Community Response Networks; police and victims services organizations; local government; senior-serving organizations; designated agencies, such as health authorities; caregivers; professional associations; private sector and Aboriginal and ethnocultural representatives.

The scope of the consultation encompassed the continuum of elder abuse prevention, including detection and response, but did not include self-neglect. An Elder Abuse Prevention Consultation Discussion Paper (Discussion Paper) and accompanying Discussion Guide were provided to participants and served as a vehicle to solicit both in-person comments and written feedback.

The Discussion Paper presents background information about elder abuse prevention and response; describes definitions, prevalence and scope of elder abuse; proposes a vision statement and values; and provides examples of past and current activities, strategic directions and possible future actions. The scope focuses on seven strategic areas: awareness, education and training; policies and legislation; community response; screening, assessment and referral practices; research, data collection systems and protocols; roles and responsibilities; and knowledge transfer and information sharing.

The Discussion Paper was developed to stimulate discussion, not be prescriptive. The resulting written and verbal input received through the consultation was rich, diverse and gave rise to consistent key themes.

Overview of the “What We Heard” Report

“What We Heard” summarizes the input, verbal and written, received during the provincial consultation. It is solely a reporting out, without analysis or prioritization. The input is presented in four sections:

- Feedback on foundational elements
- Feedback on discussion paper – identification of major issues
- Feedback on setting priorities
- Feedback on ideas for moving forward (including some potential actions)

All of the feedback received will be examined in greater detail as the provincial elder abuse prevention, identification and response action plan is developed.

It is important to note that many of the suggestions and ideas generated through the consultation process are not just for Government to implement, or directed solely at Government, but rather they would require a multi-sector response.

Also, all consultation participants acknowledged that increasing awareness about elder abuse will most likely result in an increase in reporting and subsequent need for appropriate and timely response. They highlighted a requirement for increased and stable resources (funding and programs) across all of the participating sectors.

Feedback on Foundational Elements

The following elements were set out in the Discussion Paper.

Definition

Elder abuse is any action or inaction by ANY person that causes harm or risk of harm to an older person. It includes physical, mental or emotional harm, or damage or loss in respect of financial affairs (i.e., financial abuse). Examples include: intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors, neglect and self neglect. Elder abuse can take place in the older person's home, a care facility and in the community.

Vision

Older adults from all cultures in British Columbia live in age-friendly communities free from abuse and are supported to live active, socially engaged and independent lives. The prevention of and response to abuse is fostered through community and individual awareness, education, information, and access to effective, coordinated services.

Values

- Safety and security
- Respect and compassion
- Diversity, equity and inclusivity
- Individual and collective responsibility

Overall there was good support for the foundational elements presented above. The feedback provided through the consultations did, however, provide some suggested enhancements. These include:

- a) Renaming the document “Preventing and Responding to Elder Abuse”, instead of “Prevention of Elder Abuse”.
- b) Using the phrase “abuse and neglect of older adults”, instead of “elder abuse”.
- c) Including the concept of a trust relationship in the definition.
- d) In terms of wording for the proposed vision, participants suggested adding “interdependency” and “self-determination”, and changing “abuse” to “mistreatment” and “supported” to “empowered”.
- e) Several participants indicated that self-neglect should be factored in or addressed in the scope of the initiative.
- f) Some participants suggested including the following values and principles that are also embedded in the *Adult Guardianship Act*:
 - Presumption of capability
 - Self-determination
 - Least intrusive and most effective measures used for protection

Feedback on Discussion Paper

– Identification of Major Issues

We asked participants: When you consider the issues presented in the Discussion Paper:

What was your overall reaction? Is there anything missing? Is the level of emphasis right? Is there something identified that you feel is not important?

The most commonly mentioned issues were:

- Respect for the individual
- Recognize elder abuse is a multi-faceted problem
- Acknowledge cultural sensitivities
- Address barriers to reporting
- Impact of rural, remote and isolated living
- Importance of care giving

Most Commonly Mentioned Issues

Respect for the individual

- » Recognize older adults are a heterogeneous group and need individualized support and a whole person or holistic approach
- » Look at need across the continuum of abilities/functionality
- » Take a non-ageist approach
- » Importance of self-determination; empowering self and family
- » Take an asset and strength-based approach when representing population of older adults
- » Need to address and develop the protective factors that help to prevent abuse

Recognize elder abuse is a multi-faceted problem

- » Must consider inter-relationships between the many factors/causes that lead to abuse
- » Need to address root cause - systemic factors leading to abuse – poverty, isolation, etc. – link to determinants of health
- » Requires a multi-pronged approach – cross sector, cross levels (individual, organization, policy)
- » Need to address abuse across settings (home, community, facility) and in hard to reach populations (rural, remote, isolated)
- » Problem is a reflection of what society values; older people are not always valued
- » Systemic and institutional abuse needs to be dealt with

Acknowledge cultural sensitivities

- » Different cultures have different perspectives on abuse (e.g., not discussed in some communities)
- » Sponsorship rules, immigration and language barriers increase complexity of abuse and remedial measures
- » Need resources and education to deal with cultural norms that may subjugate Elders, seniors or women
- » Build capacity in Aboriginal communities to prevent and address abuse
- » Need for resources in multiple languages

Address barriers to reporting

- » Lack of protection for persons reporting suspected abuse
- » Confusion over who and where to report
- » Complexity of family relationships and power structures
- » Reluctance of seniors to report abusive family members to the justice system
- » Fear of reporting to an official body (police, health authority)

Impact of rural, remote and isolated living

- » Challenges faced by those living on reserve in the north and in remote communities
- » Recognition that can't always have all resources in all communities – that is the reality of rural and remote
- » Older adults can be socially and geographically isolated (neglect)

Importance of caregiving

- » Need support for caregivers, for the whole family – they need options
- » Support for family members on how to be a caregiver
- » Role of family caregivers

Other Themes Identified

Recognize intergenerational factors

- » Importance of fostering intergenerational respect and valuing
- » Cycle of abuse; intergenerational violence
- » Family dynamics

Consider communication and information

- » Recognition that using only technology-driven communication can leave some people out
- » The power of language necessitates careful approaches to awareness building

- » Information sharing can be hampered by privacy issues
- » Need education on rules around information sharing

Support community response and outreach

- » There is a lack of access to services and resources for services
- » Reality of time/resource constraints
- » Role of community organizations
- » Potential role of a Seniors' Advocate
- » Importance of Community Response Networks
- » Outreach to communities, and individuals

Criminal justice

- » Complexity of legal issues
- » Enforcement very weak
- » Need to engage police
- » Police and victim services are frustrated by limitations (e.g, capacity, mandate)

and often don't know who else to involve if beyond their scope

- » Sometimes the system has to also look after the offender in order to get cooperation and trust of older victim

Focus on different types of abuse

- » Fine line between abuse and neglect
- » Focus on the issue of financial abuse
- » Verbal/ psychological abuse sometimes not seen as serious enough for intervention
- » Name it (abuse) – not to blame or shame but to take and make notice of it

Build on existing strengths and resources

- » Learn from experiences in prevention and response to child abuse and domestic violence

Feedback on Setting Priorities

We asked participants: Where do we need to focus? What is most important to you? What are your top three priorities?

Participants were encouraged to use any framework for the prioritizing exercise, such as by the types of abuse; by the seven strategic areas identified in the Discussion Paper, by a continuum of elder abuse (prevention, early identification, assessment, referral, response, support and follow-up), or by any other method they preferred.

Participants identified their top priorities as follows (not in order of priority):

Increase Awareness about Elder Abuse

- Increase awareness, education and training
- Build 'Community of Practice'
- Partner with youth

- Recognize the support given by family caregivers; support caregivers
- Focus on supporting vulnerable seniors; people who are at risk for abuse

Provide Education

- Target education at different levels (e.g., perpetrators, families, responders, and different sectors, such as education, health, public, private, justice)
- Enhance services/resources
- Increase awareness through culturally sensitive education and training
- Develop general and targeted education
- Establish and use training, education and tools about financial and emotional abuse
- Develop specific strategies for hard to reach populations
- Target health care providers and first responders
- Increase education in the area of financial literacy

Enhance Prevention and Early Identification

- Strengthen the continuum of prevention
- Use “eyes and ears” in the community for early identification
- Establish a central line for people to call
- Focus on outreach
- Foster self-recognition
- Support peer-to-peer counselling
- Design and build communities that are age-friendly to combat systemic abuse
- Support individuals in seniors’ housing

Enhance Referral and Response

- Enhance reporting capacity; support designated responders
- Enhance referral and risk assessment; improve assessment / referral / response; improve community response and community capacity; strengthen/build our capacity to respond; screening, assessment and referral practices
- Building community capacity to deal with abuse issues; how do you build community response - develop a model for an ideal and effective Community Response Network
- Supporting older adults after initial contact; improve navigability through the system
- Service coordination - emphasis on case management at the front end
- Improve the response of the justice system
- Improve referral and response in First Nations communities; develop culturally sensitive solutions
- Improve response to ethnocultural minority seniors and outreach to them in their own language
- Understand the complexity of responding to emotional and psychological abuse
- Develop options for individuals at high risk

- Housing is integral to community response
- A seniors' organization should be in every neighbourhood
- Need for support for a diverse range of community living situations
- Need collaboration between all community resources including police to address elder abuse

Review Policies and Legislation

- Strengthen the policy/legislative framework
- Ensure the legislative framework is complete and in place
- Recognize abuser may need support also
- Establish an intervention model for seniors living with an abusive person
- Improve regulation of private facilities

Understand Roles, Responsibilities and Accountabilities

- Define roles and responsibilities of all stakeholders
- Develop consistent roles and response actions for the designated agencies across the health authorities
- Focus on the role of the Community Response Networks
- Improve information sharing, coordination and collaboration between agencies and sectors
- Create centralized leadership and oversight for addressing elder abuse
- Leverage current capacity within Government Ministries

Focus on Research/Data Collection/Best Practices

- Develop data collection systems and protocols across sectors and province
- Need more comprehensive evaluation of process and outcomes for policy and programming directed at abuse
- Research is a priority
- Review of best practice in other jurisdictions (nationally, perhaps internationally)
- Implement best practices

Feedback on Ideas for Moving Forward

Most of the suggestions and ideas for moving forward that were offered by the participants coalesced within six consistent themes as described below.

Increase Awareness, Training and Research

Participants felt that building awareness about the issues, including how to identify and prevent elder abuse, and where to go for assistance, can make it more socially acceptable to speak out and leads to increased individual confidence to take appropriate action. Awareness-raising needs to encompass all forms of abuse. When reaching out to people, information accessibility must be considered (e.g., cultural and linguistic differences, challenges for those living in rural, remote and isolated areas, and the need for multiple information channels or means).

Creating forums for dialogue and sharing can bring the issue out into the open and help to share ideas on personal protective factors for preventing abuse. Personal involvement can spark understanding and awareness. In order to open and sustain dialogue with seniors, a trust relationship must be built.

Participants felt it was important to raise the issue of elder abuse as early as possible with school age children, perhaps by including positive images of aging in the K to 12 curriculum. Participants noted that different individuals/groups would require different types of education and training – there isn't a one size fits all approach. For example, a different level of training would be appropriate for volunteer counsellors in a seniors' centre, than responders in a designated agency. Education and training needs to be ongoing due to frequent staff turnover in all agencies.

Professionals (e.g., nurse, physician, banker, real estate agent, notary, lawyer, ambulance attendant, firefighter, police, victim services, etc.) require more sophisticated identification and response training. Physicians are key players as they may be the only outside contact for an older adult. They need information on how to ensure their actions do not contribute or reinforce abusive actions when working with older adults. They may also be the best conduit for providing information to their patients about advance care and personal planning.

Health Authorities reported on their initiatives, such as: partnering to develop a comprehensive curriculum specifically for Adult Protection Workers in the health authorities (Vancouver Coastal Health and Fraser Health); and implementing consistent curriculum for staff training among the health authorities (Providence Health Care, Interior Health and Vancouver Island Health Authority).

Culturally-appropriate education and training products and materials are needed in Aboriginal and other communities.

Participants noted that a key factor for building awareness and for ensuring effective responses involves understanding the scope and prevalence of the issue. Thus, comprehensive data collection systems, including both quantitative and qualitative data (e.g., case complexity, response time, etc.), need to be developed. Coordinating data collection, reporting, and analysis means reports of elder abuse can be quantified and tracked over time and the efficacy of programs can be evaluated. It also means that once cases are identified, research can be conducted using the data to more accurately define the prevalence and extent of the issue. For accountability purposes, any screening, assessment and referral data that is collected should be reported to the funding agency. Currently, health authorities, designated agencies, police agencies, the justice system, and the Public Guardian and Trustee are not required to report on cases to a central agency.

Suggestions and Ideas to Increase Awareness, Training and Research:

- » Encourage opportunities for provincial knowledge transfer through regional and provincial conferences
- » Develop a Community of Practice
- » Target awareness initiatives at family members - expand family understanding of how they view their aging person (e.g., access to your parent's money is not a right, etc.)
- » DVD on elder abuse
- » Disseminate existing tools (e.g., "Neighbours, Friends, Family" materials etc.)
- » Continue and expand the public awareness ads (e.g. posters at bus stops, etc.) – messaging in more than one format
- » Focus awareness, education and training events around special days, weeks, months (e.g., WEAAD, Family Violence Week, Crime Prevention Month etc.)
- » Develop a provincial brand on promotional materials such as flyers and posters
- » Include elder abuse identification and response in post-secondary core curricula for physicians, nurses, social workers, etc., professional continuing education requirements, colleges, licensing, etc., and staff at health units
- » Enable family caregiver support and education through adoption of the Caregiver Action Plan
- » Conduct financial literacy training for all

(protective function) and specific training for banking staff to recognize potential issues

- » Targeted education for groups, such as financial planners, investment advisors, real estate agents, notaries, lawyers
- » Leverage English language training for adults and adjust curriculum so it better addresses their learning needs; add component of planning for settlement of parents – how to cope with challenges
- » Training on sensitivity, respect and dignity for people who have contact with seniors
- » Develop assertiveness training for older adults to teach them how to self-

advocate – empowerment

- » Leverage the Vancouver Coastal Health/Fraser Health curriculum for designated responders (e.g., form the basis for establishing competencies and best practices across the province)
- » Resource and train Aboriginal Adult Protection Workers to facilitate awareness and prevention activities within all Aboriginal communities
- » Leverage existing systems and data repositories to coordinate data collection, reporting, and analysis (e.g., Vancouver Coastal Health has completed and evaluated a pilot project of a web-based reporting and data collection system)

Improve Community Response and Build Community Capacity

Participants spoke of the need to consolidate entry points and create focal points for older adults in each community (e.g., checking in, access to services, one-stop-shop, etc.). Many mentioned the need for one point of contact to get help and to simplify reporting of abuse. Some felt this could be a central telephone line with the caution that it must be a person answering the phone, not a voice tree or recorded message. There was some discussion of the possibility of utilizing BC211 and/or VictimLink – with a profile in every community; roles and responsibility for elder abuse could be added to their database.

Participants support screening using evidenced-based practice in appropriate and safe environments, with clear protocols and procedures for referral and follow up. It was also noted that screening, assessment and referral belong within the practice guidelines of all the professional associations (social work, physicians, nurses, bankers, realtors, notaries, financial planners) and in the internal policies of organizations and other service-providing agencies. Inter-professional communication and education around these guidelines is essential.

Participants spoke of the importance of finding community-centric solutions and building age-friendly communities that help prevent elder abuse. One group identified that communities could be developed through innovative housing solutions where people come together to live and support each other (e.g. co-ops of seniors purchase land jointly to live together and support each other).

A first step might be to conduct an environmental scan within each community to inventory existing strengths and weaknesses, and identify all the relevant agencies. The agencies could then come together to share information, set goals, share work, strategize local solutions, etc.

Participants noted the need to develop and utilize the “eyes and ears” in the community, people who can pick up on indicators and risk factors for vulnerability/abuse (e.g., home support workers, senior-to-senior counselling, “Grandparent” Block Watch, firefighters as they inspect smoke detectors, garbage pick-up, city outside workers, library outreach personnel, bank personnel, volunteer drivers).

Participants identified the need for a “continuum of response” and that more resources are required to improve community response and build community capacity.

Participants also suggested adding to the response continuum by leveraging the wealth of senior resources available in many communities and involving seniors in finding solutions. Peer to peer support can be very effective programs incorporating this type of approach would benefit from training and support for the individuals involved to cover their out of pocket expenses.

Suggestions and Ideas to Improve Community Response and Build Community Capacity:

- » Explore option of a central telephone line through the reporting and assistance process
- » Explore safe harbor/haven, safe person as the first step in a process that could be less threatening for potential reporters of abuse
- » Examine screening, assessment and referral practices
- » Need a widely-disseminated awareness-building checklist, outlining the various kinds of abuse, when to call and what to do
- » Encourage the use of the Prevention, Detection and Response Tools produced by the NICE Network
- » Need trained advocates to help seniors
- » Encourage evidence-based screening practices done appropriately by all response organizations

- » Conduct a community level environmental scan and develop community resource list with phone numbers and agency mandates
- » Establish a regional and/or community level committee that encompasses all relevant resources, organizations, stakeholders (e.g., share information, set goals, share work, strategize local solutions)
- » Engage with UBCM and local governments and set up sharing of best practices
- » Build capacity for “eyes and ears” (e.g., home support workers, senior peer counseling, “Grandparent” Block Watch firefighters as they inspect smoke detectors, garbage pick-up, city outside workers, library outreach personnel, bank personnel)
- » Develop “safe places” for temporary shelter when designated agencies intervene for abused/neglected older adults who have mobility and/or incapability issues
- » Explore potential role of community policing offices (e.g., education, outreach, help to raise community awareness; could be part of a one-stop-shop)
- » Develop outreach services for older adults (generally and specifically for those who have been abused) through community agencies to guide seniors through options and as source of information
- » Develop strategies to identify and support isolated seniors
- » Provide supports for caregivers
- » Pilot innovative models (e.g., “Wrap Around Model”); test the Atira model (violence against women) for abused older adults; establish a Community Coordination for Seniors Safety Program based on the Community Coordination for Women’s Safety Program model
- » Enhance the capacity of Victim Services Programs
- » Expand options/choices for vulnerable adults
- » Ensure better discharge planning and supports
- » Build capacity in senior-to-senior counselling

Review Legislation and Policies

Participants identified the need to act on the still unproclaimed sections of the *Adult Guardianship Act (AGA)* and the *Health Care (Consent) and Care Facility (Admission) Act*. Currently, front line responders feel they are providing support to abused/neglected vulnerable adults with only “half the tool box”. Training, implementation and resources will need to accompany the laws should they be brought into force.

Participants noted that there is a need to ensure that older adults who are removed to a safe place against their will under Part 3 of the AGA have some recourse. Currently, if the older adult or their family has a concern about a Designated Agency’s decisions or intervention, they have no recourse other than court.

There is a need for a range of conflict resolution processes to address existing or potential abuse and neglect. As noted in one of the submissions: “Older people who are experiencing harm from family, service providers, institutions, caregivers or others close to them typically want the harm to stop, but often would like to keep the peace as well as maintain and improve the relationships if possible.” They are looking for alternatives to the traditional court processes, which are typically adversarial, stressful, costly, public and damaging to relationships.

Participants noted that it is important that all policies, mandates, eligibility criteria, legislation and regulations be flexible enough to incorporate the special circumstances of adults who are vulnerable and experiencing abuse/neglect. For example, legal aid is available to all people who are facing incarceration or a restriction of their rights; however, representation for vulnerable adults facing intrusive measures (including incarceration) under the AGA is not covered. Policies such as the Violence Against Women in Relationships do not include adult child/older parent violence, therefore policies, procedures and mandates of the criminal justice system do not apply as they would with women in circumstances of intimate partner violence. Privacy legislation sometimes makes it difficult to share important information between agencies.

Policies determining eligibility for service in Residential Care, Assisted Living and for Home Health Services do not always interface well with health authorities acting in their role as adult protection workers under the AGA. Sometimes the eligibility criteria and the process for receiving services need to be more flexible for vulnerable adults to ensure the most appropriate and least intrusive intervention.

Participants felt that there is a need for centralized, strategic leadership on the issue of elder abuse within Government. Some wondered if there is a possible role for the recently-announced Seniors’ Advocate (role currently under development).

Suggestions and Ideas to Review Legislation and Policies:

- » Proclaim Part 2 and 2.1 of *the Adult Guardianship Act*
- » Proclaim Part 3 of *Health Care (Consent) and Care Facility (Admission) Act*
- » Explore role of mediation as a conflict resolution process in situations of abuse
- » Consider workshops to de-escalate family violence rather than utilizing the justice system
- » Consider restorative justice as an alternative approach (e.g., to healing for the perpetrator)
- » Review right to legal aid representation for vulnerable adults facing intrusive measures under the AGA
- » Examine link to Violence Against Women in Relationships policy
- » Work to remove barriers to data sharing – privacy legislation
- » Examine a formal role for the recently announced Seniors’ Advocate
- » Consider expanding the home support worker registry to include employees of private agencies
- » Increase support for Community Response Networks
- » Explore mandatory reporting for situations of suspected elder abuse
- » Resolve jurisdictional issues on reserve (e.g., federal nurses are not designated under provincial legislation)

Support Collaboration and Coordination

Participants identified the importance of building trusting relationships between agencies – the Community Response Networks are an example of this – to foster collaboration and coordination. There are many existing partnerships, but the non-profit sector could increase coordination to provide more response services. Organizations can work together to develop and implement specific elder abuse protocols. They can educate each other, and subsequently their clients, about what each has to offer. They can share best practices, tool kits and other resources as required.

Stakeholders applauded the collaborative approach being used to develop the elder abuse prevention action plan, but felt it was important to be clear who is responsible for coordination of implementation.

Participants felt all players should outline their roles and intersections in roles with regard to abuse and neglect of older adults. It is important that all parties involved in

elder abuse prevention, detection and response are informed about each others' roles and responsibilities to ensure effective coordination and understand repercussions for mandates.

Suggestions and Ideas to Support Collaboration and Coordination:

- » Leverage Community Response Networks
- » Build connections with the Canadian Mental Health Association
- » Form connections with funding Foundations (e.g., Vancouver Foundation and others); provide education on issue; strategic involvement with funders to influence their policy direction and funding decisions
- » Explore potential role of volunteer organizations and seniors' organizations (e.g., potential for peer-to-peer work)
- » Share resources among organizations to enable older adults to pursue their interests/rights (e.g., share translators within the banking industry)
- » Develop Aboriginal safe houses in every Aboriginal community through a collaboration between all levels of government and health authorities
- » Work together to bring connectivity into rural and remote communities (internet, roads, phone)
- » Increase capacity to coordinate ideas, programs, speakers, etc. locally through a core group of people who can funnel ideas
- » Leverage linkages to other Provincial Government projects (e.g., Age-Friendly Communities; Planning for Healthy Aging)
- » Include representation from the Ministry of Health on the Health Authority Designated Agency Community of Practice
- » Review membership on Adult Guardianship Act Provincial Advisory Committee (AGAPAC) (e.g., include other ministries not yet represented that have involvement at the case level)

Focus on Personal and Safety Planning

Participants noted the importance of anticipating and planning for later life rather than making decisions when faced with a crisis. Older adults and their families may benefit from education about planning documents, such as enduring power of attorney, representation agreements, advance directives and wills. The BC Centre for Elder Advocacy and Support (BC CEAS) has offered Financial Literacy workshops on enduring power of attorney, joint accounts, frauds and scams.

Suggestions and Ideas to Focus on Personal and Safety Planning:

- » Offer safety planning workshops for seniors – personal and financial (perhaps hosted by CRNs)
- » Develop a registry of planning tools – adult guardianship, financial planning, power of attorney, etc.
- » Provide information about “personal planning in retirement” along with information on safeguards for personal planning documents
- » Build an inventory of best (promising) practices with respect to empowering seniors
- » Explore concept of Trusts and how to use them
- » Ministry of Health and Health Authorities continue to promote the use of advance care directives

Strengthen Role of Health Authorities

Participants suggested better dissemination of the role of health authorities as designated agencies with respect to vulnerable adults. There was also support for the health authorities to continue and expand their work in concert with community agencies. There was recognition that designated agencies will need more resources if increasing awareness about elder abuse results in more cases being reported.

Designated agencies have been given new statutory obligations, access to legislative tools, and various emergency provisions and court options; however, they were not given resources or the mandate to create “safe places” to shelter older vulnerable adults who have been removed from an unsafe environment. A continuum of care options including foster families, respite services, crisis stabilization, transition house, temporary shelters, safe suites, etc., with the appropriate social services and care coordination, would complement the work already being done within health authorities and are particularly important for remote and isolated communities.

Stakeholders suggested that there is a need for greater consistency across the health authorities and collaboration/coordination in fulfilling the designated agency mandate.

Suggestions and Ideas to Strengthen Role of Health Authorities:

- » Share best practices across/between health authorities
- » Provide direction to health authorities that elder abuse prevention is a priority and provide support for health authority infrastructure
- » Ensure health authorities are fulfilling the designate agency mandate

Next Steps

The input received during the consultation process will be examined in greater detail to inform development of the provincial elder abuse prevention action plan.

Consultations with individual seniors and Aboriginal Elders will provide a means of ground-truthing and testing potential directions and actions.

By the end of 2012 an action plan will have been developed. Again, we would like to thank you for this excellent opportunity to benefit from your experience and expertise, and we look forward to continuing to engage with you as we analyze the input and develop the action plan.

Appendix 1 – Meeting Locations

Location	Date/Time
Greater Victoria Public Library – Boardroom/Meeting Room Talking Books Secondary Entrance 735 Broughton Street Victoria, BC	Thursday, February 16, 2012 1:00 to 4:00 p.m.
Prince George Civic Centre Plaza 808 Civic Plaza - Rooms 204/205 Prince George, BC	Thursday, February 23, 2012 9:00 to noon
Aboriginal Representatives Vancouver Native Health 449 East Hastings Street – 2nd Floor Boardroom Vancouver, BC	Friday, February 24, 2012 1:00 to 4:00 p.m.
Rotary Centre for the Arts Pacific Safety Products Boardroom 421 Cawston Avenue Kelowna, BC	Monday, February 27, 2012 9:00 to noon
SFU Harbour Centre 515 West Hastings Room 2200 Vancouver, BC	Tuesday, February 28, 2012 9:00 to noon 1:00 to 4:00 p.m.
Langley Events Centre Meeting Room B Meeting Room B – 4th Floor 7888 200 Street Langley, BC	Wednesday, February 29, 2012 9:00 to noon
Compass Point Inn West Fraser Room 9850 King George Highway Surrey, BC	Wednesday, February 29, 2012 1:30 to 4:30 p.m.
Parksville Community and Conference Centre Red Cedar and Maple Room 132 E. Jensen Avenue Parksville, BC	Friday, March 2, 2012 1:00 to 4:00 p.m.
Vancouver Native Health 449 East Hastings Street – 2nd Floor Boardroom Vancouver, BC	Monday, March 5, 2012 1:00 to 4:00 p.m.

Appendix 2 – Resource Materials

Thank you to those individuals who generously shared the following resource materials at the Elder Abuse Prevention regional engagement sessions in late February and early March 2012.

- Hartfelder, Wynn, “When a Woman is Being Abused – What you should know and how to help” – a resource guide produced by the Violence Against Women in Relationships (VAWIR) Committee, Vernon, BC, June 2012
- Holman, Myrna, 211 British Columbia Services Society Annual Report 2010 – 2011 – www.bc211.ca
- Koehn, Sharon, Department of Gerontology, Simon Fraser University, project description, “Development of a program of research on prevention of abuse among older immigrant women”
- Lindsay, Barbara, Alzheimer Society of British Columbia, “Older Adult Abuse and Dementia – A Literature Review”, Alzheimer Society of Canada, December 21, 2012
- Robbins, Elizabeth, Crisis Intervention and Suicide Prevention Centre of British Columbia, Seniors’ Distress Line 604 872-1234 – www.crisiscentre.bc.ca
- Salvador, Laurie, The Society of Notaries Public of British Columbia, several key articles including, a feature article, “Responsibilities and Requirements of an Attorney, under a Power of Attorney”, Volume 19, Number 3, Fall 2010; “Incapacity Assessment – The Role of the Notary and Lawyer in British Columbia”, and personal experiences reporting elder abuse.
- Sethi, Baljit, Journey to New Horizons – “*where hope begins*”... – a book funded by Service Canada under the New Horizons for Seniors Program – www.servicecanada.gc.ca
- Truong, Anna, Seniors Services Society – Housing Services brochure – 604 520-6621 www.seniorsservicesociety.ca