



BC ASSOCIATION OF  
**Community Response Networks**  
*Stopping Adult Abuse and Neglect ...Together.*

# [GATEKEEPER]

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Facilitator Manual

*The key to community based support for older and vulnerable adults.*



## Gatekeeper Administration

<b>Facilitator Pre-Requisites</b>	<p>There are no pre-requisites for individuals wishing to conduct a workshop. However, the content is not for everyone. Facilitators may need to manage personal or triggering questions from participants.</p> <p>Facilitators would benefit from:</p> <ul style="list-style-type: none"><li>• Having participated in a local CRN for at least year, <i>and</i></li><li>• Being certified as an <i>It's Not Right!</i> Community Presenter.</li></ul>
<b>Workshop Size</b>	<p>The ideal number of participants is between 10 and 20.</p>
<b>Workshop Duration</b>	<p>1.5-3 hours depending on group size, level of detail needed, time allocated, etc.</p>
<b>Number of Facilitators</b>	<p>For larger groups of 10+ participants, we recommend two facilitators to present content and to manage discussions.</p>
<b>Room Set Up</b>	<p>A community agency or library can often offer a room for free. Be sure there is adequate light, and accessible seating and washrooms. Make refreshments, or at least water, available.</p>
<b>Funding and Invoicing</b>	<p>A CRN may apply for a BC CRN grant to cover the costs, such as printing, associated with holding a Gatekeeper workshop.</p> <p>The CRN may also invoice <b><i>pre-approved</i></b> expenses related to a Gatekeeper presentation. (<i>See page 34 for Invoice.</i>)</p>
<b>Evaluation and Reporting</b>	<p>Participants should complete evaluations, which then are returned to BC CRN by mail or scanned and emailed back to the association. (<i>See page 32 for Evaluation Form.</i>)</p> <p>CRNs must complete the Workshop Report (<i>see page 33.</i>) and returned with the completed evaluations. Include your invoice.</p>
<b>Materials to Produce</b>	<p>Each participant should receive a copy of the <i>Gatekeeper Participant Manual</i>.</p>
<b>Fees</b>	<p>Gatekeeper is offered free of charge.</p>

## Acknowledgements

BC CRN acknowledges the contributions of:

- The original creators of Gatekeeper, Ray Raschko, M.S.W., and Francie Coleman, M.S.W.
- Mentors and CRNs from across BC who have provided ongoing feedback and support.
- The Province of BC for their financial support.

BC CRN is utilizing the Gatekeeper Program name and its contents with permission from the Raschko Family. The Raschko Family also grants permission to BC CRN to update or modify content as required.

Development team for the BC CRN Gatekeeper Program:

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- Debbie Hultgren, Senior Consultant, Links Communication Solutions.

### Symbols used in this Manual

The facilitator's manual is a duplication of the *Gatekeeper Participant's Manual* and contains an additional appendix and the following icons to draw your attention to specific facilitation tips.



Facilitator speaking point.



Discussion opportunity for the group.



Facilitator thinking point.



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Introduce yourself and welcome your participants to the session.

Have people introduce themselves and go over ground rules for the session (i.e. procedures for discussion, using facilities, moving about the space, etc.)

Review the table of contents with your group: this is your agenda for your time together!

## Gatekeeper Program Overview

### Program Background

Give credit to the originators of the program.

The Gatekeeper Program was originally developed and written by Ray Raschko, M.S.W., and Francie Coleman, M.S.W. in 1978 when Raschko, a social worker with the Spokane, WA, Mental Health Department noticed several older adults were coming to the attention of the agency for the first time when they showed up at the emergency department of the local hospitals. Raschko had the idea to reach out to people who were in regular contact with older adults, such as postal workers, beauticians and other community service providers, to invite them to make confidential referrals to the mental health agency, which would then follow up with the person who was referred.

The program was very successful, and soon spread throughout the US, and was adapted internationally.<sup>1</sup> Gatekeeper is considered a best practice for identifying isolated at-risk older adults, and connecting them to critical community services.<sup>2</sup>

### BC CRN's Gatekeeper Program

BC CRN has adapted Gatekeeper as one of its feature programs to assist communities with recognizing the signs of abuse and neglect where they live, and helping correctly and respectfully refer these individuals to the appropriate agency.

### Goal of the Program

The Gatekeeper Program is designed to help people identify high-risk, vulnerable adults, particularly those who are isolated, living alone, and would benefit from some type of assistance to maintain their independence.

### Learning Objectives

- Understand the role of the local CRN and how they support Gatekeepers.
- Understand the role of the Gatekeeper in the community, and what they can do to address abuse and neglect.
- Understand the different types of adult abuse and neglect.
- Understand how and when to refer the individual to help.


<sup>1</sup> St. Luke's Community Services (Middletown, CT, USA) website: <http://stlukescommunityservices.org/gatekeeper>.

<sup>2</sup> Aging and Disability Resource Connection of Oregon, USA; Gatekeeper Program Presentation; NAPSA Conference; Oct. 2014.



## Community Response Networks (CRNs) Overview

### What is a Community Response Network (CRN)?



Ensure people are familiar with CRNs and know how to connect with their local CRN.

Having a CRN sign-up or information sheet is a good idea.

CRNs bring people together to discuss the issue of adult abuse, neglect and self-neglect to:

- Raise awareness and educate the public through workshops, presentations, and conferences.
- Work toward prevention.
- Build relationships leading to protocol development so everyone will know who can help.
- Assess how the community's response is working to continuously make it better.

You can make a difference!

To join or form a CRN, please contact your local CRN coordinator or visit the BC CRN website at [www.bccrns.ca](http://www.bccrns.ca).

## Welcome to the Gatekeeper Program!

### What the Program is Designed to Do.

The Gatekeeper Program is designed to:

- Help you identify vulnerable adults among the people you meet during your daily routine and activities.

Vulnerable adults include those who are isolated, living alone, and in need of some type of assistance to live in community safely while maintaining their independence.

- Help you connect them to needed programs and services.

Thank you for your participation!



## The Need for Gatekeeper Training

### Strategies that Rely on Traditional Methods are Ineffective.

Ask participants to read the next three sections aloud.

Break between sections for questions.

There are several reasons why vulnerable adults are reluctant or resistant to seeking assistance:

- There may be a negative stigma associated with using “social services”.
- Pride and stoicism may make people reluctant to ask for help that they believe they can or should provide for themselves.
- There may be a lack of information about what services are available or assistance for which they may qualify.
- Resistance is often a cover-up for pervasive feelings of shame, suspicion, and fear or feeling unworthy of help.
- Many people are afraid of losing what control they currently have over their lives.
- Some may fear being placed in a care facility if someone finds out how poorly they are functioning.

Moreover, it is often the very nature of the problems people experience— memory loss, depression, disability, poverty, addictions, homelessness and more – that render them incapable of understanding the risks to their personal safety and wellbeing.

### The Gatekeeper Function is Invaluable.

Gatekeepers are non-traditional referral sources because referrals take place informally through regular business activities and daily routines, which allows Gatekeepers to connect with vulnerable adults in ways that are respectful and non-threatening.

### Who are Vulnerable Adults?

Adult abuse, neglect, and self-neglect do not discriminate.

Adults can be vulnerable for many reasons:

- Age.
- Developmental or cognitive disability.
- Physical disability.



- Mental illness.
- Chronic illness.
- Addiction.
- Sexual orientation.
- Intimate partner violence.
- Homelessness.
- Poverty.
- Being an immigrant or refugee.
- Mobility issues, even temporary ones.

We can all become vulnerable temporarily or permanently; life can change in a moment.

## Who are Gatekeepers?

### They All Have Something in Common.

Read aloud and discuss one or two of the scenarios (p. 25) after reviewing this section.

Gatekeepers are individuals who have regular contact with the most isolated and vulnerable in the community.

Gatekeepers may be employees of corporations and businesses, staff who work in community service organizations, volunteers of any kind, or any concerned citizen.

These individuals have participated in a Gatekeeper Program, and have the common goal to look out for one another for the betterment of the community.

### People in the Gatekeeper System

Briefly review.  
 Ask if the group has ideas to add.

- Concerned citizens.
- Hospice or homecare workers.
- Community volunteers.
- Residential property appraisers
- Apartment and mobile home court managers and owners.
- Police officers, ambulance attendants and fire fighters.
- Telephone and other utilities' personnel.
- Postal carriers.
- Pharmacy workers.
- Bank personnel.
- Meter readers, repair personnel.
- Newspaper carriers.
- Ministers.
- Hairdressers and barbers.





- Bus, HandyDart, and taxi drivers.
- Grocery store and other retail staff.
- Restaurant and coffee shop personnel.
- Service club members.
- Anyone who maintains a routine or regular activity that creates opportunities to get to know other adults.
- YOU!

### Role of the Gatekeeper.

It is important people understand their role and responsibilities as Gatekeepers.

Encourage discussion about the Gatekeeper role and skills. This will provide you with a sense of participant understanding and the areas that need more focus.

Adjust the focus and level of detail for each presentation.

**Gatekeepers refer only, and do not intervene.** People may choose to live at risk.

After receiving the right kind of training, Gatekeepers can correctly observe signs that may indicate a vulnerable person needs assistance. They are also prepared to make a referral to a Crisis Line, Designated Agency, or appropriate agency.

If the Gatekeeper is a volunteer with a community-based agency, check to see what the agency’s protocol is in dealing with suspected adult abuse, neglect or self-neglect.

The role of the Gatekeeper in identifying people in trouble or potential trouble is essential. Without your help, the community would be unable to assist these individuals in maintaining the independence they value.

**We do not expect nor want Gatekeepers to assume the role of a social worker or counselor.**

The trained Gatekeeper’s willingness to be aware and alert while in the presence of a senior, an adult with disabilities, or other vulnerable adult is what makes the program work.

### Skills of the Gatekeeper

Gatekeeper skills involve extending the same kindness, courtesy and concern to everyone you meet during your daily activities and routines.

Listening and observing are the key skills needed to identify people who may be experiencing difficulties. Your willingness to be aware and alert will be greatly appreciated.



It is critical people understand the program *is not* designed to save people or interfere with people’s rights.

Discussion of the scenarios (p.25) or role play help think through difficult situations.

When dealing with someone who is extremely agitated or emotionally distraught:

- Use a calm voice.
- Provide gentle reassurance or support.
- Avoid arguing with the individual.

Try not to take it personally. These reactions may be indications of underlying emotional or mental problems, or fear.

In extreme situations, call an ambulance or the police if you feel it is necessary.

## Ethical Considerations, Legalities, and Confidentiality

### **The Right to Choose.**

We believe all of us have an obligation to help those most in need. Attending to the needs of vulnerable people is everyone’s responsibility.

However, *forcing* assistance on someone is not our goal.

**In BC, all adults have the legal right to live at risk.** This means people may live as they choose unless they are putting others at risk. If they have the capability to make decisions about how they live – people can live as they choose.

### **Help is the Sunnyside of Control.**

Ask yourself: “Am I helping or controlling?”

“A really painful dependency results from needing the help of others while being unable to negotiate the terms of the help received.”

-- *Mary Hill, Professor of Social Work*

### **The Right to Self-Determination.**

The informed and capable adult has the right to refuse assistance and live at risk.



**How Gatekeeper works with the Individual.**

If someone is not capable of making those decisions, and is putting themselves or others at risk, intervention may be necessary.

Vulnerable adults in our community deserve to be informed of alternatives and options that will preserve their independence and enhance their quality of life.

The Gatekeeper approach **does not** interfere or violate a person’s right to privacy or right to seek or reject assistance. On the contrary, the role of the Gatekeeper provides the essential link and access for people to take advantage of opportunities that are non-existent for people who would otherwise “slip through the cracks”.

**Gatekeepers are Good Samaritans.**

Gatekeepers are considered good Samaritans, and are protected from legal recourse. A gatekeeper acting in good faith is not going to be held legally responsible for being concerned enough to make a referral.

**Confidentiality**

Maintaining confidentiality of both the Gatekeeper and the adult is extremely important.

This is a good place to reinforce the practice of thinking through situations.

This is very different from discussing individual problems.

It is critical that Gatekeepers **do not** gossip or tell stories.

Stress we **do not** discuss individuals or their issues, even within a Gatekeeper group.

Situations must be reported in confidence, and **never** discussed otherwise.

Confidentiality is about one person entrusting information with another, who must protect both the identity of the individual and the information shared.

A Gatekeeper may not want the person to know who referred them. The individual may have concerns that, if the referral is known, it may hamper a specific relationship. A Gatekeeper’s request to remain anonymous will be honoured.

It is common practice for referring organizations to have confidentiality policies in place. Staff and volunteers generally are trained to respect the privacy of all persons involved in a referral.

If unsure, ask the organization for their confidentiality and privacy policies before proceeding with a referral.



Discourage discussion that may identify individuals or breach confidentiality. (This is important in small communities.) Participants can refer to the manual for details, so only a brief overview is needed unless the group only has basic knowledge.

For those wishing to question what is presented, encourage them to do the research and circle back with you. BC CRN welcomes feedback.

## Reasons to Refer

### Changes in Behaviour.

The key is to observe and note repeat **negative changes** to appearance, behaviour, or routine that may indicate abuse or neglect.

It is important to look at the whole person to avoid the mistake of trying to “fix something” that’s always been part of the picture.

There are several situations and symptoms which would indicate a need for referral.

The most common indicators are listed below: a Gatekeeper may observe one or a combination of these signs.

### Personal Appearance

Neglect in self care is often a sign a person is having trouble.

In an individual who normally has a clean, well-kept appearance, the following changes may indicate possible neglect:

- An unkempt appearance.
- Dirty or uncombed hair.
- Unshaven.
- Dirty clothes.
- Inappropriate clothing for weather.
- Body odors.

### Conditions of the Home

Changes in the appearance of a person’s residence may reflect an inability to care for themselves or loss of interest in doing so.

Gatekeepers may observe some of these signs:

- Exterior and/or interior of home in poor repair.
- Old newspapers lying around.
- Calendar on wrong month or year.
- Little or no food.
- Strong odors.
- Many pets, and/or animals who appear neglected.
- Garbage or litter piling up.
- Barriers to accessing the home. (E.g. walks not shoveled.)
- Signs of hoarding behaviour.



**Physical  
Illness/Disability**

Changes to physical health, disability, and/or onset of chronic or acute illnesses can sometimes impair an individual's ability to function.

Some of the physical changes a Gatekeeper might observe in an individual may include sudden or recent:

- Loss of hearing or sight.
- Chronic or acute physical illnesses.
- Inability to move easily and/or loss of balance.
- Loss of bowel or bladder control.

**Mental or Emotional  
State/Health**

Changes to mental or emotional health is often a result of the onset of chronic or acute illness, and/or disability that may be related to a health condition. These changes can impact the person's ability to cope and function.

Some signs to pay attention to include:

A person's mental state:

- Confusion.
- Disorientation.
- Inappropriate responses.
- Forgetfulness.
- Repetitiveness while talking.
- Seeing, hearing, smelling, tasting, feeling things that are not there.
- Persistent irrational beliefs that are not real.
- Suspiciousness, lack of trust.
- The suspicion or unwarranted belief that they are being harmed or mistreated.
- Alcohol or drug misuse.

A person's emotional state:

- Complaints of not eating or over eating.
- Complaints of difficulty sleeping, disturbed or non-restful sleep, change in sleeping patterns.
- Exhibits anger, irritability, hostility toward you, themselves or others.
- Appears nervous or fidgety.
- Suspected abuse, neglect or exploitation.



- Recently suffered a loss through separation or death of friends or family members.
- Appears sad or blue – may state “I don’t care anymore, there’s no use going on.”

### **Social Problems**

Isolation can profoundly affect a person’s well-being.

Some of the signs that a person may have social problems include:

- Being homebound due to a physical or mental health condition.
- Lack of social relationships.
- No mention of family or friends.
- Lack of social activity or interest.
- Changes in previous behaviour.
- Lack of transportation.

### **Economic Problems**

Economic problems can create a variety of hardships for people.

The more significant situations that point to a person’s having an economic problem include:

- Inability to manage finances.
- Inability to maintain lifestyle.
- No means of support.
- Low income.
- Financial abuse.

### **Personality Changes**

Personality changes may indicate the onset of physical, mental or emotional problems.

Gatekeepers may notice an adult may have:

- Marked change, gradual or sudden, in their overall ability to function.
- Increased withdrawal or isolation.
- Disheveled appearance.
- Suspiciousness – angry, resentful.
- Unusual or bizarre behaviour.



## Caregiver Stress

There is often a natural resistance on the part of a caregiver to accept help for a spouse or relative suffering from diseases such as Alzheimer's, cancer, etc. Trying to handle this burden and responsibility alone can be overwhelming and lead to depression or physical problems. The caregiver role can be particularly difficult for those managing their own physical or mental health concerns.

Indications of stress may include:

- An increase in use of alcohol or drugs by the caregiver.
- Caregivers may convey the message that a loved one's condition is getting worse despite best efforts
- Caregiver is becoming impatient, irritable and frustrated with the person they are caring for.
- Caregiver has no support system to aid or provide relief from caregiving.
- Caregiver may complain of feeling exhausted or overwhelmed by the burden of care, but unwilling to reach out for help.
- Caregiver may state – "I should be able to handle this alone – it's selfish to think of my own needs".
- Caregiver's appearance may change: weight, untidy appearance, etc.

## Suicide

Subtle statements of self harm or self-directed threats to one's life must be reported immediately.

The signs that a person may be feeling suicidal include:

- The person may have experienced multiple and/or recent losses.
- The person may state: "There's no use going on – everyone would be better off without me."
- Alcohol or drug abuse or medication misuse.
- Increased isolation.
- Giving personal possessions away or talking about it.
- Suddenly putting personal and business affairs in order.
- Exhibits any of the symptoms presented in *Emotional State* section.



## **Financial Abuse**

This is the misuse of a vulnerable person's funds and/or assets - obtaining property and/or funds without their knowledge and full consent.

Or, in the case where a person is not capable, the lack of effort to represent or act in accordance with the individual's wishes or best interests.

The abuser is likely a spouse or partner, family member (often adult children), caregiver, friend or trusted person. Financial abuse is often accompanied by other abuses.

Examples of financial abuse:

- Theft of cash, credit or bank cards, mail.
- Unpaid loans, or repeated borrowing.
- Selling property or possessions without permission.
- Forcing, coercing or tricking a person to change their will or Power of Attorney.
- Misuse of Power of Attorney: *Theft by Power of Attorney is a crime in the Canada Criminal Code.*
- Cashing in RRSPs without permission.
- Taking or withholding pension, etc.
- Forcing, coercing, or tricking someone to sign over their house or car.
- Establishing a "joint account" and using money without the other person's knowledge or permission.
- Behaving as though a person's assets, money, and property is theirs.

## **Other Forms of Abuse**

Sadly, vulnerable adults often experience many other forms of abuse in addition to financial abuse: physical, emotional, spiritual, sexual and medication abuse.

Some signs that you may notice:

- Bruising or signs of restraint.
- Flinching or discomfort in being touched.
- Sensitivity when being touched.
- Changes in personality.
- Depression or sadness.
- Lack of self-esteem or noticeable self-doubt.





- Changes in religious or spiritual practice.
- Changes in awareness of surroundings, alertness, memory, weight.

People who are abused are often more isolated from friends, neighbours, and family than those who are not abused. It is unclear whether this isolation is the product of the abuse, or if it is a necessary condition that provokes the abuse.<sup>3</sup>

## Dementia

### **Dementia is not a Mental Illness.**

Dementia is the irreversible loss of intellectual functioning caused by organic brain damage or disease. It is characterized by a deterioration of intelligence and behaviour.<sup>4</sup>

Dementia is not a mental illness and there are other conditions that mirror dementia. It is important to have a medical diagnosis to rule out any possible reversible conditions, such as chemical or mineral imbalances, dehydration, medication side effects or others.

Dementia does become more common with increasing age. However, adults of all ages may exhibit symptoms of dementia.

### **Signs of Possible Dementia**

Symptoms of possible dementia may include:

- Memory loss.
- Apathy (lack of concern).
- Behaving in extreme ways.
- Episodes of living in the past.
- Depression.
- Anxiety.
- Agitation.
- Paranoia.
- Hallucinations/delusions.
- Wandering.
- Loss of calculation/abstract thought.
- Incontinence.

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<sup>3</sup> [www.victimsofviolence.on.ca](http://www.victimsofviolence.on.ca)

<sup>4</sup> Kathleen Stassen Berger, *Invitation to the Lifespan*, publisher: Worth Pub, November 2009.



- Increased dependency.
- Immobility.
- Agnosia (can't recognize people or things).
- Aphasia (loss of language ability).
- Seizures or coma.

**Overlap in Symptoms**

Many of the signs and symptoms of adult abuse do overlap with symptoms of mental deterioration, such as dementia, but this does not mean that they should be dismissed as such.

They should also not just be dismissed if the elderly person denies that there is anything wrong.

**Stats to Ponder: Reasons to Act**

Data is always changing. The World Health Organization, universities, and others are continually doing research. Cases of adult abuse and neglect are also underreported.

**British Columbia**

It is estimated that between 1 in 4 and 1 in 6 seniors in BC is a victim of financial abuse.<sup>5</sup>

**Canada**

The prevalence for elder abuse in Canada for those *not* in residential facilities was determined to be 8.2% by the most recent and comprehensive study worldwide<sup>6</sup>.

1 in 5 Canadians believe they know a senior who might be experiencing some form of abuse.<sup>7</sup>

Adults with disabilities are 1.5 times as likely to be victims of violence.<sup>8</sup>

4% of victims of police-reported family violence were 65 years or older (2014). Adults over age 65 are more likely to experience violence committed by an adult child or a spouse than by other family members.<sup>9</sup>

<sup>5</sup> [BC Centre for Elder Advocacy and Support \(BCEAS\)](#), 2012.

<sup>6</sup> Into the Light: National Survey on the Mistreatment of Older Canadians, NICE, 2015.

<sup>7</sup> [www.seniors.bc.ca](http://www.seniors.bc.ca), 2016.

<sup>8</sup> Hughes, K., Bellis, M.A., Joes, L., Wood, S., Bates, G., Eckley, L., et al., 2012.

<sup>9</sup> [The Chief Health Officer's Report on the State of Public Health in Canada 2016, A Focus on Family Violence in Canada](#), Public Health Agency of Canada, October 2016.



Between 4 to 10% of all seniors in Canada have been abused.<sup>10</sup>

Over 10 seniors die by suicide every week. Approximately 1,000 older adults are admitted to Canadian hospitals each year because of intentional self-harm. Men over the age of 65+ are the most at risk.<sup>11</sup>

**United States**

1 in 10 Americans age 60+ experienced abuse over one year, and many experienced it in multiple forms.<sup>12</sup>

Elder abuse is underreported. The New York State Elder Abuse Prevalence Study found that for every elder abuse case known to programs and agencies, 23.5 were unknown. In the same study, they examined different types of abuse and found for each case of financial exploitation that reached authorities, 44 cases went unreported. It is estimated only 1 in 14 cases of elder abuse ever comes to the attention of authorities.<sup>13</sup>

**What Can I Do?**

A good spot for group discussion.  
 Get some ideas and commitment from people on what they plan to do after Gatekeeper training.

Apply your Gatekeeper skills right away.

Be aware and alert.

First, speak to the person. Ask: Do they want help? Do they need help?

Act, if necessary, by making a referral.

<sup>10</sup> National Seniors Council, 2007.

<sup>11</sup> [Canadian Association for Suicide Prevention](#) website, December 2015.

<sup>12</sup> Acierno R, Hernandez MA, Amstadter AB, Resnick HS, Steve K, Muzzy W, et al. (2010). Prevalence and correlates of emotional, physical, sexual, and financial abuse and potential neglect in the United States: The national elder mistreatment study. *American Journal of Public Health*, 100(2), 292-297. (via [Centre of Excellence on Elder Abuse](#), University of California.)

<sup>13</sup> Lifespan of Greater Rochester, Inc., Weill Cornell Medical Center of Cornell University. & New York City Department for the Aging. (2011) *Under the Radar: New York State Elder Abuse Prevalence Study*. New York: Author. (via [Centre of Excellence on Elder Abuse](#), University of California.)



## How to Make a Referral

Provide local information for participants to fill out.  
 (Local info is available through your Regional Mentor or the BC CRN web. Check that the info is accurate.)  
 Present this information at the session so everyone has the same, correct information.  
 Provide information on protocols for your region.

Check with the local Crisis Line to confirm the referral protocol.

The following guidelines have been established for making referrals:

1. Volunteer crisis line workers will take referral information 7 days a week, 24 hours a day.

Crisis line phone number: \_\_\_\_\_

You may also choose to contact a Designated Agency during business hours:

Home and Community Care: \_\_\_\_\_

Mental Health and Substance Use: \_\_\_\_\_

Community Living BC: \_\_\_\_\_

The BC CRN web ([www.bccrns.ca](http://www.bccrns.ca)) has lists of responder contacts and services. Go to *Find a CRN* and select your location.

2. When making a referral tell them you are a Gatekeeper.

The more information you can provide the better:

- Name of the individual, address/location, phone.
- Person’s gender, approx. age., marital status.
- Languages the person speaks.
- If the individual is aware of the referral.
- Any family members or significant people in the person’s life.
- Reasons for the referral (e.g. personal appearance, condition of the home, etc. – see *“Reasons to Refer”* on pages 12-18.)
- Other observations.

3. Inform the volunteer if you want to remain anonymous. (**Note:** A designated agency is not required to follow up with you.)

### What Happens to

Crisis line workers will refer your call to the appropriate



## **Gatekeeper Referrals?**

designated agency.

The designated agency will conduct a comprehensive assessment of the situation. Staff are highly skilled in establishing relationships with vulnerable people and overcoming the initial resistance that might be expressed.

Cultivating rapport and trust is imperative: it is the conduit for completing an assessment, service plan and continuity of care.

If needed, psychiatrists or physicians assist with the evaluation and service plan. The goal is to involve the adult in deciding the community supports that are best for them.

If your referral concerns an adult living with a developmental disability, they may be connected to a community-based agency or with [Community Living BC](#).

There are several levels of support available to vulnerable adults to help them safely maintain independence.

Some of these services may include:

- Friendly Visitors.
- Home Support.
- Meals On Wheels.
- Respite services.
- Lifeline.
- Transportation.
- Housekeeping, etc. (e.g. Better At Home Programs)

These services help maintain a person's independence, safety, and may help avoid unnecessary medical care or hospitalization.

These types of support services also provide routine, ongoing contact between the individual in need and Gatekeepers.

## **Support for Gatekeepers**

It is important for Gatekeepers to keep in mind that serious and complex problems do not develop suddenly or overnight. Often multiple changes, which impair ability to function, develop slowly and gradually over the course of several years. Thus, resolving



This is another place where ideas from the group can be useful. People are more likely to buy into the program if they can personally identify with the benefits.

chronic and complicated problems requires considerable effort over a long period.

Given the severity of some situations, it is vital to recognize that 100% success cannot be realistically achieved. Sometimes the problems cannot be totally resolved or even changed. However, we have a strong belief that anyone can make a difference. Collectively we all have the expertise and commitment to do so.

If you have questions or concerns about any aspect of the Gatekeeper Program, contact your local CRN coordinator, who will offer you support, including obtaining answers to any questions or concerns you may have.

## Wrap Up

### Gatekeeper is a Cooperative Effort.

Serving as a Gatekeeper is an excellent means to creating a safe and supportive community. In addition, taking part in a cooperative effort to maintain the dignity, well-being, and independence of high-risk and vulnerable adults can be a personally rewarding experience.

#### Gatekeeping:

- Is preventative.
- Promotes independence and interdependence.
- Improves quality of life.
- Builds strong, safe, and caring communities.

### Share this Information.

Please take information about the Gatekeeper Program back to your associates, friends and neighbours.

Let's encourage everyone, in all our communities, to become trained Gatekeepers.

### Thank You!

Thank you for your time. Together, we can make a difference.

### Name of your Presenter/Facilitator

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**Local CRN Contact**

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Suggest wrapping up the session by having participants read *The Goose Story* (p.26) aloud. The intent of this story is to reinforce the concept of team, working together, and taking care of each other for a common goal and for the wellbeing of the group.



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# [GATEKEEPER]

Discussion Scenarios





A woman phoned regarding her neighbour, a man in his 80's who, at 3:00 am the previous night, went walking outside wearing only his underwear.

A postal carrier phoned concerning an older man, living alone, whose mail had been accumulating in the mailbox for three days. No one answered the door when the mail carrier knocked but the car was in the driveway.

An apartment house manager made a referral concerning a 72-year-old single male who was becoming isolated and "forgetful". He recently had a small fire in his apartment when he forgot an aluminum pot on the stove.

A customer contact supervisor from Fortis called expressing concern for a 79-year-old female customer living alone in a one-bedroom home. She had been a customer for over 40 years and paid her utility bill faithfully, except that she had failed to pay for the past two months. When contacted by them on the phone she sounded "very confused" and unable to comprehend the nature of the problem.

The BC Assessment office called after one of the property appraisers, while appraising the residence of a 66-year-old woman who lived alone, was told by her, "I just want to lie down and never get up."

A care facility nurse overhears a visitor speaking loudly to one of her patients. The person is telling the senior to sign a "standard form." When the senior asks for her reading glasses she is told "there is no reason to read it all – don't you trust me?" Upon investigation, the nurse discovers that what the senior is being asked to sign is, in fact, transfer papers for an antique vehicle.



### **The Goose Story (Author Unknown)**

When you see geese heading south for the winter, flying along in “V” formation, think about what science has learned about why they fly that way.

As each bird flaps its wings, it creates uplift for the bird immediately following it. By flying in a “V” formation, the whole flock can fly at least 71% farther than if each bird flew on its own.

Perhaps people who share a common direction can get where they are going quicker and easier, if they cooperate.

When a goose falls out of formation, it feels the resistance of trying to go it alone and quickly gets back into formation to take advantage of flying with the flock.

If we have as much sense as a goose, we will work with others who are going the same way we are.

When the goose gets tired, he rotates back in the wing and another goose flies on the point.

It pays to take turns doing hard jobs for our group. The geese honk from behind to encourage those up front to keep up their speed.

Finally, when a goose weak or is wounded and falls out of formation, two geese fall out and follow him down to help and project him. They stay with him until he is either able to fly or until he is dead, and they then set out on their own, or with another formation until they catch up with the group.

If we had the sense of a goose, we would stand by each other like that.



# [GATEKEEPER]

## Appendix

## Appendix

### **Additional Discussion Scenarios**

To supplement the discussion scenarios provided to the participants. Utilize the questions outlined in this section to guide the group's discussion.

### **Workshop Sign-in Sheet**

To capture your participants' information for the purposes of networking within the group, tracking numbers for reporting, and possible contact for volunteer recruitment to the local CRN.

### **Workshop Evaluation Form**

To be completed by the workshop participants. Please submit all completed forms to BC CRN by email or scanned copy that is emailed. Include the workshop report and post workshop invoice and submit everything together.

### **Workshop Report**

To be completed by the facilitator and submitted to BC CRN for tracking purposes.

### **Post Workshop Invoice**

To be completed by the facilitator. All expenses must be first pre-approved. Submit estimates for approval to your Regional Mentor or directly to your Team Leader for approval *in advance* of your workshop.

### **Media Release (SAMPLE)**

The text may be copied and adjusted should you want to circulate a press release to your community about the availability of the Gatekeeper Program in your community.

### **Workshop Completion Certificate**

May be printed, manually filled in, and distributed to participants who complete the workshop and require proof of participation to take back to their employer.



## Additional Discussion Scenarios

Cut and paste the scenarios onto individual pages for discussion. Feel free to create more detail or expand on the story. You may wish to create your own scenarios designed for individual groups or community circumstances.

Depending on the number of people, divide people into small groups of three or four.

Have the groups discuss the scenarios using the following questions:

- What are the main issues?
- What could you do to help?
  - What would be your first step?
  - Who would you talk to?
  - How do you think you would feel?
  - What kind of follow-up, if any, would you do?
- What issues can you identify which might interfere with the person getting help?
- Do you know of any services or supports in your community that could help?

Allow 10 minutes for small group discussion, and then reassemble the whole group to discuss ideas and findings.

**Listen for any dialogue that could interfere with someone's rights to live at risk, as well as for any conversation that violates personal privacy and confidentiality, or crosses ethical boundaries.**

Highlight good ideas and helpful suggestions. If you are able, creating a record (flipchart, laptop) of the outcomes and making them available or e-mailing them to participants after the workshop is a way to ensure people feel connected to solutions and keep them in mind.



### Scenario 1

*Financial Woes:* Client appears to need help with bill payment. No payment has been made on utility bill for four months. Client says she has “stacks of mail piled up” and “her house is a mess.” She is on pain medication for her back. She says she has no family support. Other bills are also in arrears.

Possible outcomes:

- Contact Designated Agency to report your concerns.
- Assessment by Designated Agency will help to determine supports that could be put in place to keep her home, or make other arrangements as necessary.

### Scenario 2

*Confusion:* An older adult is found wandering around the community centre. She is confused, disoriented and unable to verbalize where she lives. She is not dressed appropriately for the weather, has body odor and is disheveled.

Eventually the client’s husband arrives at the centre looking for her. She had wandered away from their home.

Possible Outcomes:

- Connect with the husband - does he want or need help?
- Can you call someone for him/her/them?
- Caregiver burnout? What could help?
- Assessment, respite, home support...?

### Scenario 3

*Fear:* Adult appearing to be developmentally disabled spotted by a couple out for their morning walk. He is sitting on a bench, appears to be scared and confused. When they approach him to ask if he needs help, he bolts.

Possible Outcomes:

- Do you call the police?
- Is he in potential danger?
- Contact Crisis Line, Designated Agency, or Community Living BC.



**Workshop Sign-In Sheet**

DATE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

	NAME	PHONE	EMAIL	ORGANIZATION
1				
2				
3				
4				
5				
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11				
12				
13				
14				
15				
16				
17				

*Use the back of the page if necessary.*



**Workshop Evaluation**

<b>Workshop date:</b>	<b>Facilitator:</b>
<b>Location:</b>	<b>Your organization/affiliation (optional):</b>

Please circle a number to rate the following statements.

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
I found the workshop to be useful and informative.					
The facilitator(s) was organized and easy to follow.					
I understand my role and responsibilities as a Gatekeeper.					
I feel empowered to make referrals if needed.					
I believe the Gatekeeper Program will make an impact by making my community safer for older adults.					

1. What was the best part of the workshop?
  
2. Was there anything that surprised you?
  
3. Are there any changes you could suggest?

Other comments:

*Thank you for your feedback!*



## Workshop Report

<b>Workshop Date:</b>	
<b>Facilitator:</b>	
<b>Co-Facilitator:</b>	
<b>Workshop Location:</b>	
<b>Host/Organizer:</b>	
<b>Total Number of Participants:</b>	
<b>Report completed by:</b>	

**Please comment on**

1. The organization of the workshop: what worked and what needs improvement.
  
2. The trainees: their participation, interest, concerns, etc. that can inform future training workshops.
  
3. Anything else you think we should know?



Attention: **Shirley Gust**  
 BC CRN Coordinator of Programs  
 15008 – 26<sup>th</sup> Avenue, Surrey, BC V4P 3H5  
 Tel: 604-594-830 | Fax: 604 531-9498  
 Email: [shirley.gust@bccrns.ca](mailto:shirley.gust@bccrns.ca)

**POST WORKSHOP INVOICE**

**COMPLETE & SUBMIT AFTER THE WORKSHOP.**

**Workshop Date:** \_\_\_\_\_ **Facilitator:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Host Group:** \_\_\_\_\_

<b>Name of CRN or Host Member Agency:</b>			
<b>Contact Person:</b>			
<b>Address:</b>			
<b>City/Province:</b>		<b>P.C.</b>	
<b>Phone:</b>		<b>Email:</b>	
<b>Regional Mentor:</b>			
<hr/>			
<b>Cheque Payable to:</b>			
<b>Address:</b>			
<b>City/Province:</b>		<b>P.C.</b>	

**Pre-Approved Expenses:** *(Invoices and/or receipts required. Use back if needed.)*

<b>Item</b>	<b>Vendor name</b>	<b>Amount</b>
Venue		
Equipment		
Catering		
Travel		
CRN Admin (if applicable)		
	<b>TOTAL:</b>	

Signing Authority:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Media Release (SAMPLE)

**(Insert date, year)**

*For Immediate Release*

### Gatekeeper Program Now Available in Our Community!

**(Insert Community)** The Gatekeeper Program, a best practice for identifying vulnerable, at-risk adults and connecting them to critical community services, is now available in **(insert name of your community here)**.

This important, interactive program is designed to help identify high-risk adults, particularly those who are isolated and may benefit from some type of assistance by training people who have regular contact with this group. The objective of Gatekeeper is to “look out for each other” by helping individuals identify signs of possible abuse, neglect, and self-neglect, and understanding how to respectfully and appropriately respond. Gatekeepers can help to ensure people get the help they need before a situation becomes critical.

The Gatekeeper Program was originally developed by Ray Raschko, M.S.W., and Francie Coleman, M.S.W. in 1978 when Raschko, a social worker with the Spokane, WA, Mental Health Department noticed several seniors were coming to the attention of the agency for the first time when they showed up at the emergency department of the local hospitals. Raschko had the idea to reach out to people who were in regular contact with older adults, such as postal workers, beauticians and other community service providers, to invite them to make confidential referrals to the mental health agency, which would then follow up with the person who was referred.

Gatekeeper is available to groups of ten to twenty people, and is intended for business people, volunteers, service clubs, employees, human service staff, and concerned citizens who have regular contact with at-risk adults through their daily routines.

To arrange a session contact **(Insert full name, title, phone number and email)**.

The **(insert community)** CRN is part of the BC CRN, whose mandate is to work with community, agencies, and government to develop a coordinated response to cases of abuse and neglect of vulnerable adults. Visit [www.bccrns.ca](http://www.bccrns.ca) to learn more about how we can stop adult abuse and neglect together.

For more on the Gatekeeper Program, visit: <http://www.bccrns.ca/generated/resourcesgatekeeper.php>.

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**Contact:** **(Insert full name, phone number and email)**



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# [GATEKEEPER] CERTIFICATE

This is to certify that

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Has participated in a Gatekeeper workshop and has  
received information on the Gatekeeper role.

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Signature

Date

City, Province