SNAPSHOT 2009:

Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada

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# Snapshot 2009

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Specifically we would also like to thank Susan Crichton for the vision, passion and capacity for collaboration she brings to this field, as well as Cathy Bennett and Mary-Lynne Foucault - and all of the Public Health Agency of Canada’s Division of Aging and Seniors staff - for their financial and instrumental support throughout the project.

We are very grateful for the immense opportunity, which we experience with a huge sense of humility and responsibility, to carefully document an updated snapshot of what is taking place in Canada to address and prevent abuse of older adults.

This report is dedicated to older adults who are, or who may be abused and those who support them.

Alison Leaney and April Struthers, Writers
BC Association of Community Response Networks
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Executive Summary

“Snapshot 2009” provides the most complete picture of ‘promising approaches’, to date, in the prevention of abuse/neglect of older adults in Canadian community settings. It highlights a number of new ‘promising approaches’ since 2007, building on previous findings from “Outlook 2007: Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada” and the “Draft Framework for a National Strategy to Prevent Abuse and Neglect of Older Adults in Canada”, both produced by the Canadian Network for the Prevention of Elder Abuse (CNPEA).

As yet there are no definitions of, or agreed upon criteria for identifying approaches as emerging, promising, good, or best other than ‘what works’. Therefore the definition used for the purpose of this project is:

‘Promising Approaches are those that practitioners and researchers in the field feel are effective, but which have not been evaluated’ (“Outlook 2007”).

According to the World Health Organization Guidelines to the Implementation of Recommendations in Prevention of Violence Report, the following types of initiatives are considered promising:

- community policing
- coordinated community initiatives for prevention
- prevention and educational campaigns
- public information campaigns to promote pro-social norms
- training health-care professionals to detect and refer abuse victims, and
- shelters for abuse victims.

Many such programs exist across Canada, which suggests that much of what is happening in Canada seems promising. The following are more of the specifics.

Overarching National Promising Approaches
The following are having, or have the potential to have a huge impact on the field across Canada: the Federal Elder Abuse Initiative, the Multiple Intervention Program, the First Nations Wholistic Policy and Planning Model, and the Nuluaq Strategy.

Promising approaches can be thought of as occurring at the following three levels of prevention:

Primary Prevention
Primary prevention is aimed at preventing abuse from occurring in the first place; activities include community/social/agency development, addressing root causes, education to change systemic or social norms, ongoing outreach, and keeping track of the response.

Examples:
• **National** - Canadian Network for the Prevention of Elder Abuse, National Seniors Council, Native Women’s Association of Canada and the Federation des aînées et aînés francophones a Canada
• **Provincial/Territorial** - provincial government strategies, awareness networks and committees, primary care networks, the Prevention of Elder Abuse Policy Lens
• **Local** - whole community approaches such as Community Response Networks which operate according to community development principles

**Secondary Prevention**
Secondary prevention is aimed at early intervention in potential or actual abuse situations before they become more serious and entrenched; activities include developing referral systems, creating agency, interagency and community protocols and improving existing support and assistance generally.

Examples:
• **National** - detection tools disseminated by the National Initiative for the Care of the Elderly, Family Service Toronto’s “If I’d Only Known Project”
• **Provincial/Territorial** – phone lines for information and referral and New Brunswick’s intergovernmental response protocol
• **Local** - various local seniors organizations providing peer support, drop in support groups, an Orientation to Practice, police agencies with senior involvement or focus, and specialized ethno-cultural programs

**Tertiary Prevention**
Tertiary prevention is aimed at actively intervening in serious abuse situations; activities include involving the criminal justice system or treatment systems in addressing specific situations that are by now fairly entrenched.

Examples:
• **National** - intervention tools disseminated by the National Initiative for the Care of the Elderly, and a national legislative overview that compares/contrasts legislatively driven interventions
• **Provincial/Territorial** - various legislative approaches for addressing abuse of older adults
• **Local** - various justice system adaptations such as dedicated police units, crowns, courts, interdisciplinary response and consultation teams, and specialized housing programs

Between 2007 and the present some additional key themes have emerged in terms of how we think about or orient ourselves when working to prevent abuse of older adults; the importance of:

- viewing abuse of older adults as a human rights issue
- the use of lenses – Bias-Free and Diversity Lenses, Gender Lenses, culturally relevant gender abased analysis

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- cultural safety as a means to providing the most respectful support and assistance

- health literacy as an indicator of mortality with a corresponding impact on older adults who may be abused

- harnessing what we know about seniors learning to most effectively and actively involve older adults in problem-solving the most critical issues in this field

Recommendations

The following recommendations are offered based on key issues in the field in terms of its development, findings with regard to promising approaches, and the new key emerging themes that have emerged over the last couple of years:

1. Undertake a process comprised of diverse viewpoints to deal with definitional issues (emerging, promising, good, best approaches/practices) using more detailed examples from other fields if they seem relevant – e.g. American Association of Maternal and Child Programs Center for Best Practices

2. Continue implementing the public health approach to documenting programs and services so there will be more of a shared picture of initiatives taking place across the country.

3. Establish an explicit national research agenda that is widely known, building on the work of the Research Roundtable that set and is now acting on priorities identified in June 2008 in Ottawa so others can consider filling the gaps.

4. Evaluate the following programs and services in Canada, possibly by selecting a few as pilots that are recognized by the WHO that are seen as promising:
   - community policing
   - coordinated community initiatives for prevention (including the various types of coordinating mechanisms identified in “Outlook 2007”
   - prevention and educational campaigns
   - public information campaigns to promote pro-social norms
   - training health-care professionals to detect and refer abuse victims, and
   - shelters for abuse victims

5. Explore “Crossing Sectors - Experiences in Inter-sectoral Action, Public Policy and Health” for clues as to how to better achieve inter-sectoral Action

6. Develop consensus on guiding principles for the field possibly articulated as part of the Standards of Practice discussion, and possibly in keeping with the levels of prevention typology once defined as well.

7. Devise a mechanism to systematically let others not officially part of the FEAI know about the initiatives being undertaken by each partner as this will enable greater coordination of
a national strategy, even if it is not co-created by a diverse group of government and non-
government players.

8. Utilize the “Draft Framework for a National Strategy to Prevent Abuse and Neglect of
   Older Adults in Canada” to help inform the components of a more explicit national
   strategy

9. Determine how learnings from these approaches can be incorporated into a national
   approach to preventing abuse of older adults, not only in aboriginal contexts but more
   broadly as well.

10. Beyond program evaluation, develop a list of researchers who do research in this area
    and bring them together to assist with the development of a research agenda, and to
    share their learnings among themselves as well as with abuse responders.

11. Develop training modules covering these themes for use across Canada.

12. Identify topics for Action Learning Sets that involve older adults at different levels of
    education to problem solve some of the toughest issues.

13. Continue to act upon the recommendations in the report, “Promising Approaches for
    Addressing/Preventing Abuse of Older Adults in First Nations Communities: A Critical
    Analysis and Environmental Scan of Tools and Approaches”

14. Continue to support knowledge transfer opportunities and mechanisms such as:
    • Conferencing of all kinds at local, regional, provincial and federal levels (video
      conferencing, teleconferencing and face-to-face conferencing). (The recent
      ONPEA conference made national, is an example of this)
    • Creating/updating directories of programs and exploration and consolidation of
      models (including criteria for effectiveness).
    • Establishing and maintaining a central clearinghouse of material covered by this
      report.
1. BACKGROUND

Purpose Of The Snapshot 2009 Project

“Snapshot 2009” provides the most complete picture of ‘promising approaches’, to date, in the prevention of abuse/neglect of older adults in Canadian community settings. It highlights a number of new ‘promising approaches’ since 2007, building on previous findings from “Outlook 2007: Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada” and the “Draft Framework for a National Strategy to Prevent Abuse and Neglect of Older Adults in Canada”, both produced by the Canadian Network for the Prevention of Elder Abuse (CNPEA).

Methodology

“Snapshot 2009” was developed through the following activities:

- A re-examination and deeper level analysis of the teleconference transcripts from the following two projects:
  - “Outlook 2007”
  - a project conducted by the BC Association of Community Response Networks (BCACRN) called, “Seniors’ Learning and Knowledge Exchange – A National Senior Abuse/Response Prevention Project”. This project was intended to illustrate how knowledge about seniors learning is being applied in the adaptation of programs/services to better meet the needs of older adults who may be abused, but in the course of doing the project, many promising approaches came to light.

- Various syntheses highlighting new learnings from:
  - “Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities: A Critical Analysis and Environmental Scan of Tools and Approaches” completed by BCACRN
  - a review of promising approaches submitted at the invitation of the speaker at the plenary session called, “From Sea to Sea to Sea: Showcase of Canada’s Promising Approaches to Senior Abuse Response/Prevention” at the recently held Ontario Network for the Prevention of Elder Abuse conference
  - a number of events that took place in Ottawa in conjunction with global World Elder Abuse Awareness Day (WEAAD) in June 2008
  - other new initiatives since 2007 such as the Federal Elder Abuse Initiative and work being undertaken as a result, such as the work of Peggy Edwards regarding gender based analysis as it applies to abuse of older adults
Defining and Assessing ‘Promising Approaches’

Continuum of Standards of Practice

The notion of ‘promising approaches’ lies within a continuum of standards of practice specific to any given field. ‘Promising approaches’ are one step toward ‘best’ practices, which are ‘best’ because evaluation, i.e. increased evidence, demonstrates that this is so.

In many fields, easily defined approaches are located on a continuum of practice. Each category on the continuum has agreed-upon definitions and criteria to meet in order to qualify. Categories on the continuum include practice that:

- is **emerging** as good but which has no evidence to support it
- shows **promise** for effectiveness
- has more evidence of effectiveness (labelled **good** practice); or
- is of the highest standard (or is ‘**best practice**’) supported by a lot of evidence

If practitioners know these categories, they can identify their own practice and try to improve it towards the ‘**best practice**’ or right-hand end of the continuum.

There are many other scales to include in discussions on best practice. For example, there has been considerable work done in Canada on developing best practices for health outside of acute care, particularly by the Centre for Health Promotion in Toronto. Their Interactive Domain Model describes in detail all the components that could be considered in developing practices for health promotion, population health, and public health.1

Another example is the American Association of Maternal and Child Programs Centre for Best Practice (2004), which uses the following criteria to define a ‘promising practice’:

- It incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions.
• It is based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.

• It is a process of continual quality improvement that:
  o accumulates and applies knowledge about what is working and not working in different situations and contexts,
  o continually incorporates lessons learned, feedback, and analysis to lead toward improvement/positive outcomes, and
  o allows for and incorporates expert review, feedback, and consensus from the public health field.

• It has an evaluation component/plan in place to move towards demonstration of effectiveness; however, it does not yet have evaluation data available to demonstrate positive outcomes.

At some point the field of older adult abuse response/prevention will have to consider examples like these in order to more clearly categorize approaches.

**Standards of Practice for Older Adult Abuse Prevention in North America**

A review of Canadian and American literature reveals that promising approaches in this field have only been identified in a few sources as those ‘that work’. The US’ National Centre on Elder Abuse’s includes many projects which are mostly self–identified as ‘promising’.

There is no agreed-upon definition of, or criteria for ‘promising approaches’ or criteria for using the label ‘promising approaches’. Other limits in the field include:

• there is no system yet to identify effective programs in Canada in the field of prevention of abuse and neglect of older adults

• there is an absence of pathways of causality and implications for abuse response/prevention

Because the evaluative data and therefore evidence base in the field is at such early stages, there is little or no evaluative data attesting to the effectiveness of ‘promising approaches’. Before the determination of criteria for levels of practice can begin for programming regarding abuse of older adults, response/prevention programs need to include evaluation components. This requires that they be resourced to assess effectiveness as well as to deliver services.

**A Working Definition**
As there are yet no definitions of promising approaches found within the current literature (other than ‘what works’), the definition used for the purpose of this project is:

‘Promising Approaches are those that practitioners and researchers in the field feel are effective, but which have not been evaluated’ (“Outlook 2007”).

**Standards of Practice for Older Adult Abuse Prevention Globally**

Abuse and neglect of older adults is subsumed in the World Health Organization’s (WHO) typology of violence as a form of interpersonal violence. Concepts in the WHO reports, particularly in *Prevention of Violence* and *Guidelines to the Implementation of Recommendations in Prevention of Violence*, help to frame thinking about a general approach.

The first WHO report, *World Report on Violence and Health* (2002), shows the global picture (extent and range) of interpersonal violence. It also takes the significant step of characterizing violence as predictable and preventable.

The report suggests that violence can be dealt with in the same way as other health challenges (i.e., by using a public health approach). The report makes the case for using multi-sectoral strategies as a moral, economic, scientific, political and social imperative. It also suggests that because violence is a public health issue, that using health sector leadership (as we are currently witnessing in Canada) in relation to abuse of older adult response/prevention, is appropriate. It also supports targeted root cause primary prevention.

According to the WHO Guidelines to the Implementation of Recommendations in Prevention of Violence Report, the following types of initiatives are considered promising:

- community policing
- coordinated community initiatives for prevention
- prevention and educational campaigns
- public information campaigns to promote pro-social norms
- training health-care professionals to detect and refer abuse victims, and
- shelters for abuse victims.

Many such programs exist across Canada, which suggests that much of what is happening in Canada seems promising.

**Implications for Developing Canadian Practice Standards - A Public Health Approach**
The WHO Implementation of Recommendations Report further states that prevention programs lack visibility, documentation, and evaluation and suggests a number of steps to address these gaps (as cited in Outlook 2007). These include adopting a public health approach in the context of large, integrated strategic plans, and beginning a documentation program. The commissioning of this paper is a very valuable step toward a documentation program.

The public health approach to preventing interpersonal violence has four steps:

- defining the problem through collecting information
- identifying and researching risk and protective factors that increase or reduce the possibility of violence
- determining what works in prevention with careful ‘tailored’ interventions to all sub-groups of the population
- implementing, monitoring and evaluating effective and promising interventions in a wide range of settings.

**Abuse Response/Prevention by Type of Activity and Who Carries it Out**

A brief scan of publications revealed that there are many approaches to both preventing abuse and neglect, and supporting and assisting abused older adults. In fact, some authors see prevention and support and assistance as being inextricably joined. For example, providing only partial information on the various types and indicators without any guidelines for reporting abuse or accessing support resources is impractical and irresponsible.

The type of approach depends on the type of abuse being addressed and the level of prevention with which the intervention is associated (e.g., preventing abuse from happening at all, engaging early in abuse situations to minimize problems, or actively intervening in seriously entrenched situations of abuse). Promising approaches in addressing physical abuse do not necessarily make sense in addressing financial abuse.

Further, promising approaches in one occupation (e.g. social work) do not necessarily translate to another (e.g., policing) because there are different perspectives and standards inherent in these professions.

Once the definition(s) of, and criteria for emerging, good, promising approaches and best practices are identified, it is likely each profession or discipline will fine-tune this further for their own purposes, potentially at all three levels of prevention.

**Defining Levels of Response/Prevention Activity**

Prevention can be divided into levels of activity\(^\text{v}\). The field of population health views prevention of **health problems** (injury, disease) occurring at three levels:
Primary prevention involves activities aimed at reducing factors leading to health problems.
Secondary prevention activities involve early detection of and intervention in the potential development or occurrence of a health problem.
Tertiary prevention is focused on treatment of a health problem to lessen its effects and to prevent further deterioration and recurrence.

These levels of activity are utilized throughout the two WHO reports referred to above, to clarify and categorize different approaches to addressing all violence including interpersonal violence and the abuse of older adults.

These three levels were utilized by the BCACRN in its “Gathering Wheel ‘Best Practices’ in Prevention Project” (2006) and are used as a framework for presenting the snapshot of promising approaches in Canada in the next chapter.
2. A SNAPSHOT OF PROMISING APPROACHES

This chapter lists and briefly describes promising approaches geographically and to some extent, by level of prevention. Specifically this section includes a snapshot of:

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<td>Overarching national approaches</td>
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<td>Primary Prevention</td>
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This method of presentation was chosen to reinforce the crucial contribution made by individuals and organizations at all levels (geographically and with regard to prevention) and the importance of utilizing a comprehensive and coordinated approach to this complex social, health and justice issue. See also Appendix 1 for promising approaches presented in chart format.

Cautions

Many involved in identifying promising approaches for this report noted that the approaches must be assessed for impact; what actually takes place in implementation may have unintended consequences.

There are also many gaps in promising approaches. For example, while access to legal representation is possible for low-income seniors in Toronto through the Advocacy Centre for the Elderly, seniors in most other parts of Canada experience major access to justice issues in both the civil and criminal justice systems because of the cost and responsiveness of these systems and the lack of support to navigate them. There is also a vast rural/urban divide.

The International Scene

Considerable activity has taken place world-wide to acknowledge and recognize violence as a critical issue of the 21st Century. International level promising approaches specific to abuse of older adults include:

- **International Network for the Prevention of Elder Abuse (INPEA)**
  
  Canada is a member of and has contributed significant activity towards the development of this organization. INPEA is aligned with the United Nations and has
contributor status, which gives important entry to global activities and initiatives. INPEA was an important catalyst in the establishment of the inaugural World Elder Abuse Awareness Day in 2006, has prepared an Elder Abuse Bibliography and has recently completed a World Environmental Scan on Abuse and Neglect of Older Adults.

- **Annual World Elder Abuse Awareness Day (WEAAD) - June 15**

  The institution of a World Day to mark awareness and to generate older adult abuse prevention activities has been resoundingly acclaimed as a huge step forward. Informants noted that WEAAD has galvanized activity at all levels including: becoming a vehicle for more awareness by governments; sparking various related activities; and creating new alliances/strengthening existing partnerships. 2010 is the 5th anniversary of World Elder Abuse Awareness Day.

In addition, Canada has contributed to some significant international studies which have revealed approaches that might be useful to adopt in Canada to assist in preventing abuse of older adults.

- **Crossing Sectors - Experiences in Inter-sectoral Action, Public Policy and Health**

  This report was prepared by the Public Health Agency of Canada in collaboration with the Health Systems Knowledge Network of the World Health Organization's Commission on Social Determinants of Health and the Regional Network for Equity in Health in East and Southern Africa (EQUINET). Lessons learned in this document may be applied to the inter-sectoral action required at all levels (levels of policy and decision making – global, national, and sub-national so both geographic and different government levels) to address abuse of older adults (Public Health Agency of Canada 2007).

**The National Scene**

- **Overarching Guiding Principles and Approaches**

  The following guiding principles have emerged as some beginning common themes integral to fostering quality practice in Canada:

  - viewing abuse is a ‘human rights’ issue – we need to name abuse as such
  - being concerned for seniors in care as well as in the community
  - importance of intervening at the individual, family, community, and societal levels to have a truly comprehensive and integrated approach to dealing with this issue
  - recognizing older adults for the unique and distinct assets they bring
  - remembering the importance of early intervention
• being guided by the wishes of the senior to the greatest extent possible
• linking to related fields/issues such as domestic violence and bullying can assist responders to see the commonalities
• considering and addressing the impact of cultural aspects and health literacy
• collaborating cross disciplinarily or inter-professionally is necessary at all levels to address this multi-faceted problem – locally, provincially/territorially, nationally
• building relationships, teams and community are of paramount importance in assuring an effective response
• addressing the needs of the alleged abuser also helps the older adult who is being harmed
• modeling non-violence - how we treat one another in the field is as important as what we do

**Possible Overarching Promising Approaches in Canada**

There are a number of nationally coordinated initiatives across Canada that either are, or could be aimed at preventing abuse and neglect of older adults. Together they contribute a national platform for good practice in order to counter ageist attitudes, share information and position the field to intervene at primary, secondary, and tertiary levels of prevention.

1. **The Federal Elder Abuse Initiative (FEAI)**
   Following a report by the National Seniors Council, 2008 saw the establishment of the Federal Initiative with four partners: Human Resources and Skills Development Canada, the Public Health Agency of Canada, Department of Justice, and the RCMP. A significant allocation of funding ($13 million) over 3 years has thus far resulted in a substantial public awareness campaign, grant funding and specialized projects. (A more detailed description of the Initiative is contained in Appendix 2.)

2. **Multiple Intervention Framework/Program (MIP)**
   Multiple intervention programs use multiple strategies aimed at multiple levels of the socio-ecological system and delivered to multiple target audiences, for any health programming. (Edwards, Mill and Hothari 2004). The Ontario Ministry of Health, which is promoting this approach has program planning tool kits [http://www.miptoolkit.com](http://www.miptoolkit.com).

3. **First Nations Wholistic Policy and Planning Model: Discussion Paper for the WHO Commission on Social Determinants of Health**
   This Assembly of First Nations document (Reading, Kmetic, Gideon 2007), offers a culturally appropriate conceptual framework of how First Nations generally conceive of health and health determinants that could be very helpful in the abuse of older adults field.
4. **The Nuluaq Strategy**

This family violence prevention strategy being implemented throughout the North and Eastern Arctic is based on Inuit healing principles and cultural assets; it presents recommendations and guidelines for community mobilization (Pauktuutit Women's Association of Canada).

5. **Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities: A Critical Analysis and Environmental Scan of Tools and Approaches**

This report, noted earlier, completed for the First Nations and Inuit Health Branch of Health Canada and the Division of Aging and Seniors at the Public Health Agency of Canada gathered tools and approaches from aboriginal contexts for intervening at all levels of prevention. It is one of the many products of the Federal Elder Abuse Initiative – see Appendix 3 for a response flow chart from this report that integrates tools and approaches.

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**Primary Prevention**

Primary prevention is aimed at preventing abuse from occurring in the first place; activities include community/social/agency development, addressing root causes, education to change systemic or social norms, ongoing outreach, and keeping track of the response.

**A. National Primary Prevention Promising Approaches**

- **Canadian Network for the Prevention of Elder Abuse (CNPEA)**
  
  CNPEA is a force for connection, communication, and sharing. CNPEA has an overview of what is happening countrywide through its members and a sole focus on abuse and neglect of older adults. It plays an important role internationally by raising awareness from a Canadian point of view. It examines issues at a national level, aiming for national representation while having an understanding, too, of issues at regional and community levels.

- **The National Seniors Council**
  
  Established in March 2007, this council advises the federal government on current and emerging issues, commissions research, convenes expert panels and round tables, and holds consultative meetings. It takes into account the views of experts, seniors, organizations serving seniors and provincial/territorial advisory bodies addressing seniors issues.

- **Native Women’s Association of Canada**
  
  This organization is currently undertaking a research project to learn the views and experiences of older aboriginal women who have or are being abused. This
promises to be a crucial piece of work given the importance of hearing directly from older adults, in this case older women, to direct services appropriately.

• **Evaluated Practice and New Research**  
  There will be a knowledge exchange supported by the Public Health Agency of Canada, linked to the project producing this paper, which will feature presentations (possibly on private web based television broadcasts) on current/recent research.

• **Federation des aînées et aînes francophones a Canada**  
  The FAAFC is developing a national initiative on the prevention of abuse of older adults for all francophone elder associations across Canada. Resources under development include a workshop for volunteers and professionals, a virtual game, and a public awareness campaign.

**B. Provincial/Territorial Primary Prevention Promising Approaches**

• **Strategies for Awareness Raising and Coordination**  
  Manitoba, Nova Scotia, Ontario, Newfoundland and Labrador, and Quebec (pending 2010)

• **Awareness Networks/Committees**  
  BC, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Newfoundland and Labrador, Prince Edward Island

• **Primary Care Networks**  
  These Alberta initiatives are designed to prevent abuse situations by offering support, education and service connection to both potential abusers and potential victims.

• **Legislative Approaches**  
  The Adult Guardianship Legislation in BC includes a reference to supporting networks of support, thereby enshrining the need for community development in conjunction with the designating of agencies with a legal mandate to respond, to most effectively address abuse of older and other adults in law.

• **Policy Approach**  
  Prevention of Elder Abuse Policy Lens – Ontario

**C. Local Primary Prevention Promising Approaches**

• **Whole Community Approaches, or Community Response Networks (CRNs)**  
  BC, Manitoba, Ontario, Newfoundland/Labrador
Typical activities include:

- Community awareness raising using Gatekeeper Programs, Senior Fraud Stoppers, mime (SATS), interactive theatre (e.g., Thunder Bay, Montreal, Waterloo), videos, rights or safety focus around key days/weeks/months – WEAAD, etc.
- Examining and addressing root causes –
  - Inter-generational approaches –
    - “Across the Generations”, Seniors Are Cool, Girl Guide badge – Manitoba
    - I2I Intergenerational Society – BC
    - Intergenerational approaches are inherent in many aboriginal communities throughout Canada including Thunder Bay, various locations in BC
    - Yukon Council on Aging – Music, Art, Drama Program
  - Other – tackling health and social determinants and other “isms” beyond ageism

These whole community approaches or CRNs are guided by community development principles of: broad inclusion – (seniors, responders, business, faith, service clubs); meaningful participation; power sharing; and assuming capability/building capacity.

For a comparison of various types of coordinating mechanisms including whole community approaches, see Appendix 4.

Secondary Prevention

Secondary prevention is aimed at early intervention in potential or actual abuse situations before they become more serious and entrenched; activities include developing referral systems, creating agency, interagency and community protocols, intervening early in abusive situations, or improving existing support and assistance generally.

A. National Secondary Prevention Promising Approaches

- National Initiative for the Care of the Elderly (NICE)
  Elder Abuse Knowledge to Action Project Screening Tools available in English and French:
  - Elder Abuse Suspicion Index – EASI
  - Indicators of Abuse – IOA
  - Caregiver Assessment Screen – CASE

- Family Service Toronto Ethno-Cultural Project
  “If I’d Only Known Project”: This new national project, just begun is involving recent Immigrants in speaking to newcomers about abuse in close personal relationships.
B. Provincial/Territorial Secondary Prevention Promising Approaches

- **Phone Lines for Information and Referral**
  These are in many jurisdictions in Canada and are either specific to abuse of older adults (e.g. Senior Safety Line in Ontario) or more generalized to anyone who has been victimized (e.g. VictimLink in BC).

- **Multi-Service Organizations Serving Seniors**
  Many health, social service and seniors serving organizations and agencies provide services to seniors generally and become aware of possible situations of abuse in the course of their work.

- **Inter-Governmental Protocol**
  New Brunswick has a protocol involving a number of provincial ministries that helps coordination of responses at local levels.

- **Provincial Specialized Educational Initiatives**
  - New Brunswick – Provincial Adult Abuse Prevention Program for Adult Residential Facilities and Nursing Homes
  - Alberta – train the trainer pilot project to educate employees of one of the financial institutions in Alberta

C. Local Secondary Prevention Promising Approaches

- **Seniors Organizations Providing Peer Support**
  - NWT Seniors Society, Seniors Resource Centre of Newfoundland and Labrador
  - A number of such organizations provide senior to senior information and support through phone lines, buddy systems, community presentations, and a Seniors Knowledge Checklist for screening publications for appropriateness for older adults (Seniors Resource Centre of Newfoundland and Labrador).

- **Drop in Support Groups – Relationships With Your Adult Children**
  While this Edmonton initiative is not focused on abuse issues the group serves as a safe place for abuse issues to arise where participants can get support from each other. Facilitation is shared by a number of local abuse response agencies.

- **Orientation to Practice**
  - Approach being developed by Lindsay Neufeld and April Struthers in BC for respectfully connecting with Aboriginal communities on and off reserve.
• Police Agencies with Involvement of, or Focus on Older Adults
  • RCMP in Nova Scotia and PEI have affiliated seniors workers that proactively visit seniors to build relationship between seniors and police, involve seniors in training members and on advisory committees.
  • The Toronto Police Service and Ontario Provincial Police have a Seniors Assistance Team/Seniors Issues Officers – educators and networkers to support police members.
  • Halifax Regional Police has a Seniors Safety division that includes many community based safety initiatives with a senior abuse component being added. There is also a high commitment to incorporate training on senior abuse at all levels of training in the organization from cadet on forward.

• Various Types of Coordinating Mechanisms (Networks, Committees, Task Forces) at the Local Level
  Typical activities include:
  • Advertising numbers to call for help in community
  • Education of responders
  • Protocol development based on working relationships
  • Keeping track of how the response is working – gaps and overlaps

• Ethno-Cultural Programs
  • Lower Mainland Multicultural Family Services Society (BC) – family violence videos in Chinese; Punjabi, Spanish and counseling in different languages
  • Culturally Responsive Pathways Program - Edmonton (AB)
  • Calgary Chinese Elderly Citizens Association (AB) – works very closely with the Kerby Centre so the Chinese community can access the centre
  • ONPEA Toronto Regional Consultant
  • St. Clair West Services for Seniors – outreach to diverse ethno-cultural seniors including a theatre group - SATS
  • Family Service Toronto

• Community Based Research
  Laurentian University in Ontario is validating and adapting the expanded Indicators of Abuse (IOA).

Tertiary Prevention

Tertiary prevention is aimed at actively intervening in serious abuse situations; activities include involving the criminal justice system or treatment systems in addressing specific situations that are by now fairly entrenched.
A. National Tertiary Prevention Promising Approaches

• National Initiative for the Care of the Elderly – Intervention Tools available in English and French
  o Elder Abuse Assessment and Intervention Reference Guide – a police tool – Hamilton/Ottawa/Toronto collaboration
  o In-Hand – An Ethical Decision-Making Framework

• Legislative Overviews
  o Vanguard Project – on abuse/neglect laws in Canada – compiled by Canadian Centre for Elder Law on behalf of the BC Adult Abuse/Neglect Prevention Collaborative
  o A Way Forward – a national project that reviewed legislation and practices in facilities for older adults across Canada

B. Provincial/Territorial Tertiary Prevention Promising Approaches

• Differing Legislative Models to Address Abuse of Older Adults
  • Specifically abuse/neglect – BC, Yukon
  • Adult guardianship/protection – most jurisdictions, some of which include asset freezing powers – PGTs in BC, SK
  • Domestic violence legislation and policy in many jurisdiction and tailoring orders to fit circumstances - NWT

• Provincial Approaches to Responding Mandated by Legislation
  BC Re:Act Adult Abuse and Neglect Response Resource:
  • Provides consultation, training, manual & materials to health staff responding to reports of abuse & neglect
  • Created by Vancouver Coastal Health Authority
  • VCH has 1 Regional Lead, 2 Consultants and 60+ Designated Responders
  • Now adopted by 4 of BC’s 5 regional health authorities
  • Also a First Nations Re:Act – online training tool of interest nationally

  Yukon Seniors’ Services/Adult Protection Unit:
  • Established in 2006 by the Decision Making, Support and Protection to Adults (DMSPA) Act
  o Manager supervises 3 social workers in Whitehorse mandated to respond to reports of abuse and self neglect and oversight to 10 regional Yukon offices
  o Work with the community and adult to provide the least intrusive and most effective intervention
  o Conduct all levels of prevention through education and holistic planning (various planning tools) for “Aging Well” in all domains (legal, financial, personal & health)
- Provide training, consultation and support to the public, NGOs and allied professionals

- **Domestic Abuse and Sexual Assault Care Centres**
  Ontario and BC and likely other provinces have these programs located locally throughout their jurisdictions. These programs do in depth physical assessment, documentation of injuries, forensic photography, collect other forensic evidence and present their findings in court. They work collaboratively with police, health and other social agencies.

  **C. Local Tertiary Prevention Promising Approaches**

  - **Justice System Specializations**
    - Specialized Police/Social Work or Victim Service Worker Units – VPD, New West Police Service (BC), Ottawa, Hamilton, Halton
    - Intervention and Consultation Teams or Case Review (more than police and psychosocial) – Edmonton, Waterloo, Guelph
    - Dedicated Crowns – Waterloo
    - Dedicated Courts for Domestic Violence – Yukon, Edmonton, Calgary, Winnipeg
    - Specialized Legal Clinics –
      - Age and Opportunity – Winnipeg
      - Advocacy Centre for Elderly - Toronto
      - BC Centre for Elder Advocacy and Support – Vancouver

  - **Housing Programs**
    - Age & Opportunity’s Safe Suite Initiative - Winnipeg
    - Edmonton Seniors’ Safe Housing - a program of the Seniors Association of Greater Edmonton – men and women, 7 suites in a seniors housing complex
    - Kerby Shelter, Calgary – men and women, stand alone residence attached to the Kerby Centre
    - Pat’s Place – for older adults who are abused, operated by Family Service Toronto
    - Atira Women’s Resource Society (BC) - Ama Transition House – for women 55+
    - Victoria Women’s Transition House Society (BC) - Harrison Place – second stage housing - in process – for 45-60 year old women
    - Safe home network development and transition house outreach worker pilot sites integrated with local Community Response Networks, e.g. Penticton, Victoria (BC)
3. KEY THEMES FOR HOW WE THINK ABOUT DOING THE WORK

Initiatives over the last two years have resulted in a number of additions to the Snapshot of Promising Approaches section of this report. This section focuses on the key themes that emerged during this time as well.

Looking at Abuse as a Human Rights Issue

A central theme emerging from the “Seniors’ Learning and Knowledge Exchange – A National Senior Abuse/Response Prevention Project” is the importance of understanding abuse of older adults as an abuse of human rights. Further it needs to be championed under the ‘banner of human rights’.

This is recognized internationally – in the words of the New Zealand Human rights Chief Commissioner, speaking on World Elder Abuse Awareness Day in 2009:

Older people who suffer physical, psychological or financial abuse are denied basic human rights
(Human Rights Commission 2009)

Research and discussions as part of the Seniors Learning and Knowledge Exchange Project also raised the importance of using a bias-free/diversity len which flows from universal human rights in looking at and assessing the issue of abuse of older adults. The use of human rights as a foundational approach combined with the use of bias and diversity policies resonated highly with practitioners in several fields.

It has also been identified as a ‘promising approach’ for outsiders invited into aboriginal communities to address the issue of abuse of older adults; casting the issue in the framework of rights has been a ‘way in’ to talk about the issues, which is accepted and appreciated by Elders and other older aboriginal adults.

Burke and Eichler talk about using a rights-based approach to health for the following reasons:

- Health policies, programs and practices have an impact on human rights.
- Violations or lack of fulfillment of human rights have negative effects on health (physical, mental, social and spiritual well-being).
- Health and human rights act in synergy. Promoting and protecting health requires explicit and concrete efforts to promote and protect human rights and dignity; greater fulfillment of human rights necessitates sound attention to health and its societal determinants. Paying attention to the inter-relationship between health and human
rights may help to re-orient thinking about major global challenges to health and to broaden human rights thinking and practices.

Use of Lenses

Social inclusion lenses help look at the cultural, economic, functional, participatory, physical, political, structural, and relational underpinnings for abuse and neglect in later life, or the things that reinforce it once it occurs. The multi-faceted problem is then considered in a multi-faceted way.

A significant addition for this update is in identifying and exploring further lenses and their use in the abuse of older adults field.

Bias and Diversity Framework

Recent work by Burke and Eichler (The Bias Free Framework: A practical tool for identifying and eliminating social biases in health research 2006) has produced a framework to use in considering inclusion in any policy, program, legislation; or in particular-health research. A simple but elegant diagram, a ‘triangle’ of bias, can be used to analyze endeavors; and seems a reasonable method to check for factors like ‘ageism’ creeping in to the design of programs, public awareness campaigns, or treatment regimes (Burke and Eichler 2006).

A recent presentation as part of the Knowledge Exchanges for this project (Snapshot 2009), by Mark Yaffe, (Leaney et al 2009) showed differential treatment afforded older adults based on the gender both of physicians and their senior patients. This illustrates how important this theme (bias and diversity and using lenses) is for older adults.

Gender Based Analysis

Peggy Edwards’ recent document (2009) focuses on the field of abuse of older adults and provides guidelines for developing ‘bias-free, gender- and culturally-relevant’ policies and research. Further, it provides gender-based indicators for incorporation into all aspects of the Federal Elder Abuse Initiative. This is a valuable resource; the fact that it is being employed in programming and policy matters for the Federal Initiative is in itself a promising approach.

- A Culturally Relevant Gender Based Analysis

The Native Women’s Association of Canada states that the gender based analysis lacks some of the dimensions which impact First Nations women. The Association has produced a culturally relevant analysis, which recognizes historic impacts and the situation facing First Nations women and children today (NWAC 2007). It further suggests policy and legislative level interventions which need to occur to enable an equitable response to the realities of life for native women generally in Canada. This too is a promising approach.
Cultural Safety

Fundamental to the experience of cultural safely is:

- respectful relationships
- equitable partnerships so all may influence terms of engagement and
- quality of engagement contributes importantly to outcomes  (Ball 2007)

The relationship can be guided by the following, with the work for non-aboriginal partners growing out of the left hand side of the matrix:

<table>
<thead>
<tr>
<th>Cultural Perspectives</th>
<th>Practitioner Implications (of those being served)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Goals for development</td>
<td>1. Goals for program, services, or intervention</td>
</tr>
<tr>
<td>2. How to support optimal development</td>
<td>2. Conceptual understandings and quality of life</td>
</tr>
<tr>
<td>3. How to respond to development or life problems</td>
<td>3. Choice of program activities, service method, intervention strategy</td>
</tr>
<tr>
<td>4. Who is best positioned to help</td>
<td>4. Capacity development and deployment, recruitment, training, staff assignment</td>
</tr>
</tbody>
</table>

With these steps, each culture is fulfilling its role without power-based impacts on the other (Ball 2007).

For more detail about how relationship-building between “insiders” and “outsiders” is key to addressing and preventing abuse of older adults in aboriginal communities at all levels, see Appendix 3, excerpted from “Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities: A Critical Analysis and Environmental Scan of Tools and Approaches”

Although the concept of cultural safety noted here arose from an aboriginal context it may have some applicability in other cultural contexts as well.

Health Literacy and Mortality

Research conducted in conjunction with the Seniors Learning and Knowledge Exchange Project revealed that lack of literacy is a hidden but ever-present barrier to older adults receiving information, direction, or resources to resolve health issues and very likely abuse issues. No doubt this is further complicated by a cultural overlay. The Canadian Council on Learning ties the lack of health literacy (cited at 60% of adults); to mortality; in this regard lack
of literacy is a life and death issue (Rootman 2009). Awareness of how to communicate with older adults, and how to engage with the written word; is foundational to successfully preventing abuse of older adults. See the Key Themes from the Seniors Learning and Knowledge Exchange Project, for connecting with older adults about abuse issues in Appendix 5.

**Seniors Learning and Effective Communication**

Despite health literacy and mortality issues though, several other major insights were revealed in the Seniors Learning and Knowledge Exchange Project:

1. People over the age of 55 likely have a unique and mature style of cognition which means they have the capacity to engage with complex problems, in a way not accessible to less mature thinkers
2. There are particular ways to communicate about abuse that are more likely to engage and connect with older adults (i.e. using ‘safety’ as a topic, not ‘abuse’, making activities not solely senior focused, adding other age groups to the mix)
3. Older adults are more aware of and wanting to connect more with other generations (generativity)

When these facts are combined – the potential for targeted, effective activities all along the continuum of prevention is significant. Examples of creative promising approaches might be to engage older adults (both those with higher and lower literacy), along with other age groups – youth perhaps, in oral thinking groups around approaches to abuse prevention or evaluation of existing programs.
4. ANALYSIS AND RECOMMENDATIONS

Issues arising and related Recommendations will be presented in the following groupings:

A. Problems associated with lack of practice standards
B. Promising approaches in Canada
C. Key themes for how we think about the work
D. Ongoing major issues

A. Problems Associated with No Agreement on Practice Standards

The Issue
The problems associated with a lack of agreed upon criteria for what constitutes emerging, promising, good or best practice by different disciplines and for the various types of abuse has been well described earlier. Levels of prevention, primary, secondary and tertiary could likely benefit from being more clearly defined as well.

Recommendation #1
Undertake a process comprised of diverse viewpoints to deal with these definitional issues using more detailed examples from other fields if they seem relevant – e.g. American Association of Maternal and Child Programs Center for Best Practices

The Issue
Until more recently there have been very few avenues in Canada, for responders to abuse of older adults to connect to learn about programs/services

Recommendation #2
Continue implementing the public health approach to documenting programs and services to facilitate a more shared picture of initiatives taking place across the country.

The Issue
One of the biggest challenges in recognizing an approach as a best practice is the lack of evidence for “what works” in this field.

Recommendations #3 and #4
Establish an explicit national research agenda that is widely known, building on the work of the Research Roundtable that set and is now acting on priorities identified in June 2008 in Ottawa so others can consider filling the gaps.

Evaluate the following programs and services in Canada, (possibly by selecting a few as pilots) that are recognized by the WHO as promising:
• community policing
• coordinated community initiatives for prevention (including the various types of coordinating mechanisms identified in “Outlook 2007”
• prevention and educational campaigns
• public information campaigns to promote pro-social norms
• training health-care professionals to detect and refer abuse victims, and
• shelters for abuse victims.

They need to be resourced to deliver the program/service as well as conduct a meaningful evaluation.

B. Promising Approaches in Canada

The International Scene

The Issue
Despite the fact that older adults benefit the most when they are supported interdisciplinarily as needed in a coordinated way, and despite the fact that responders from many different disciplines are hungry for opportunities to connect in this field, and despite the buzz about interprofessionalism, getting people working together can be challenging.

Recommendation #5
Explore “Crossing Sectors - Experiences in Intersectoral Action, Public Policy and Health” for clues as to how to better achieve inter-sectoral action

The National Scene

Emerging Canadian Overarching Principles

The Issue
While a number of emerging principles emerged over the last couple of years, it is likely not an exhaustive list and is not organized in any logical way.

Recommendation #6
Develop consensus on guiding principles for the field possibly articulated as part of the Standards of Practice discussion, and possibly in keeping with the levels of prevention typology and criteria once defined as well.

Overarching Promising Approaches in Canada

The Issue
The Federal Elder Abuse Initiative partners have made significant contributions to moving the field forward for which they are to be commended. It appears though that there is a lot of activity taking place of which others outside government might inadvertently not be aware.
Recommendations #7 and #8
Devise a mechanism to systematically let others not officially part of the FEAI know about the initiatives being undertaken by each partner as this will enable greater coordination of a national strategy, even if it is not co-created by a diverse group of government and non-government players.

Utilize the “Draft Framework for a National Strategy to Prevent Abuse and Neglect of Older Adults in Canada” to help inform the components of a more explicit national strategy.

The Issue
A number of the other overarching national promising approaches were included in this paper even though they are not specific to preventing abuse of older adults, because they are so all encompassing, and have the potential to affect abuse of older adult prevention at all levels, and throughout Canada.

Recommendation #9
Determine how learnings from these approaches can be incorporated into a national approach to preventing abuse of older adults, not only in aboriginal contexts but more broadly as well.

Primary Prevention

The Issue
There has been very little activity in the way of evaluated practice and new research beyond research initiatives being undertaken by Human Resources and Skills Development Canada. This could be because there is not much research happening in Canada or because what is happening is not easily visible. The third Knowledge Exchange supported by the Public Health Agency of Canada as part of this project will bring researchers together to discuss their work, but this is a very preliminary first step.

Recommendation #10
Beyond program evaluation, develop a list of researchers who do research in this area and bring them together to assist with the development of a research agenda, and to share their learnings among themselves as well as with abuse responders.

Key Themes for How We Think About the Work

The Issue
Very little systematic education has been consistently available to abuse responders of various disciplines across Canada on the topic of abuse of older adults, on the use of lenses, diversity frameworks, cultural safety, health literacy and seniors learning.

Recommendation #11
Develop training modules covering these themes for use across Canada.
The Issue
While many programs/services across Canada are meaningfully including the voices of older adults it seems apparent that we are not reaping the benefits of their full potential by involving them more systematically in problem solving tough issues in the field.

Recommendation #12
Identify topics for Action Learning Sets that involve older adults at different levels of education to problem solve some of the toughest issues.

The Issue
While important work has begun in the realm of preventing abuse of older adults in aboriginal communities by local communities on and off reserve, and by the federal government, there are additional recommendations in the “Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities: A Critical Analysis and Environmental Scan of Tools and Approaches” to be implemented.

Recommendation #13
Continue to act upon the recommendations in the report, “Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities: A Critical Analysis and Environmental Scan of Tools and Approaches”

D. Ongoing Major Issues

Learning and Information Sharing (Knowledge Transfer)

The Issue
This project revealed a very clear need from informants for more opportunities to share, inform, discuss and dialogue around topics in this field, despite the increased number of opportunities supported by the Federal Elder Abuse Initiative to connect over the last year or so.

The Public Health Agency of Canada has commissioned a Knowledge Exchange Framework along with this snapshot of promising approaches. A matrix of possible formats and technologies that can be used to facilitate different degrees of exchange has been completed. Three knowledge exchanges are being undertaken through 2009-2010 to pilot various types of technologies and the types of interchange they enable.

Recommendation #14
Continue to support knowledge exchange and further, knowledge transfer opportunities and mechanisms such as:

• Conferencing of all kinds at local, regional, provincial and federal levels (video conferencing, teleconferencing and face-to-face conferencing). (The recent ONPEA conference made national, is an example of this)
• Creating/updating directories of programs and exploration and consolidation of models (including criteria for effectiveness).
• Establishing and maintaining a central clearinghouse of material covered by this report.

Conclusion

The closing plenary at the recent national Ontario Network for the Prevention of Elder Abuse conference in Toronto in November 2009 involved participants in identifying where resources should be allocated in the abuse of older adults field. The general consensus was to split funds between support/resourcing front line workers (whose case loads are increasing due to increased visibility of the issue with successful public awareness campaigns); and applied research.

This update of “Outlook 2007” and the associated recommendations are consistent with this general agreement.

With the Federal Elder Abuse Initiative in place, opportunities to make huge inroads to prevent abuse of older adults have never been greater or more likely. We are at a pivotal moment in Canada.
5. APPENDICES

Appendices List

1. Chart: Snapshot of Promising Approaches in Canada
2. Federal Elder Abuse Initiative
3. Flow Chart – When Concern Arises About Possible Abuse – Action Internal to a First Nations Community
4. Coordinated Approaches/Community Responses: Comparison of Coordinated Approaches
5. Themes of Senior Knowledge Exchange Project
### Appendix 1

**CHART: SNAPSHOT OF PROMISING APPROACHES IN CANADA**

<table>
<thead>
<tr>
<th>National Level</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• HRSDC</td>
<td>• Elder Abuse Suspicion Index – EASI ©</td>
<td>• police tool – Hamilton/Ottawa/Toronto to collaboration</td>
</tr>
<tr>
<td></td>
<td>• PHAC</td>
<td>• Indicators of Abuse – IOA</td>
<td>• En Main – ethical decision-making tool – Sherbrooke, Quebec</td>
</tr>
<tr>
<td></td>
<td>• Justice</td>
<td>• Caregiver Assessment Screen – CASE</td>
<td></td>
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<td></td>
<td>• RCMP</td>
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<tr>
<td></td>
<td>2. Canadian Network for the Prevention of Elder Abuse (CNPEA)</td>
<td>2. If I’d Only Known Project: Newcomers speaking to newcomers about abuse in close personal relationships – Family Service Toronto</td>
<td>2. Legislative Overviews/Comparative Analyses</td>
</tr>
<tr>
<td></td>
<td>3. National Inuit Strategy – Pauktuutit Women’s Association</td>
<td></td>
<td>• Vanguard Project – Canadian Centre for Elder Law –</td>
</tr>
<tr>
<td></td>
<td>4. 2 national aboriginal projects underway right now:</td>
<td></td>
<td>• A Way Forward</td>
</tr>
<tr>
<td></td>
<td>• Native Women’s Association of Canada – hearing the voices of older women</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• BC Association of Community Response Networks – promising approaches for addressing/preventing abuse of older adults at all levels of prevention</td>
<td></td>
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</tbody>
</table>
5. Federation des ainees et aines francophones a Canada - developing a national initiative on the prevention of abuse of older adults for all francophone elder associations across Canada. Resources under development include a workshop for volunteers and professionals, a virtual game, and a public awareness campaign.
<table>
<thead>
<tr>
<th>Provincial/Territorial Level</th>
<th>Primary Prevention</th>
<th>Secondary Prevention</th>
<th>Tertiary Prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Strategies – awareness raising and coordination - Manitoba, Nova Scotia, Ontario, Newfoundland and Labrador, Quebec (pending 2010)</td>
<td>1. Phone lines for information and referral in many jurisdictions</td>
<td>1. Legislation to address abuse of older adults – Specifically abuse/neglect – BC, Yukon &lt;ul&gt;&lt;li&gt;Adult guardianship/protection – most jurisdictions, some of which include asset freezing powers – PGTs in BC, SK&lt;/li&gt;&lt;/ul&gt;</td>
<td></td>
</tr>
<tr>
<td>2. Awareness Networks/Committees – BC, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Newfoundland and Labrador, PEI</td>
<td>2. Many health, social service and seniors serving organizations and agencies provide services to seniors generally and become aware of situations in the course of their work</td>
<td>2. BC Leg &lt;ul&gt;&lt;li&gt;Re:Act Adult Abuse and Neglect Response Resource&lt;/li&gt;&lt;li&gt;provides consultation, training, manual &amp; materials to health staff responding to reports of abuse &amp; neglect&lt;/li&gt;&lt;li&gt;Created by Vancouver Coastal Health Authority&lt;/li&gt;&lt;li&gt;VCH has 1 Regional Lead, 2 Consultants and 60+ Designated Responders&lt;/li&gt;&lt;li&gt;Now adopted by 4 of BC’s 5 regional health authorities&lt;/li&gt;&lt;li&gt;Also a First Nations Re:Act – online training tool of interest nationally&lt;/li&gt;&lt;/ul&gt;</td>
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<tr>
<td>3. Legislative Approach - noting community development in law – Adult Guardianship Legislation in BC</td>
<td>3. Inter-governmental protocol – New Brunswick</td>
<td>3. Yukon Leg Seniors’ Services/Adult Protection Unit established in 2006 by the Decision Making, Support and Protection to Adults (DMSPA) Act</td>
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Manager supervises 3 social workers in Whitehorse mandated to respond to reports of abuse and self neglect and oversight to 10 regional Yukon offices
- Work with the community and adult to provide the least intrusive and most effective intervention
- Conduct all levels of prevention through education and holistic planning (various planning tools) for “Aging Well” in all domains (legal, financial, personal & health)
- Provide training, consultation and support to the public, NGOs and allied professionals

| • Have affiliated seniors workers that proactively visit seniors to build relationship between seniors and police |
| • Involve seniors in training members and on advisory committees |
| • Toronto Police Service and Ontario Provincial Police - Seniors Assistance Team – educators and networkers to support members |

4. Domestic Abuse and Sexual Assault Care Centres – Ontario and BC and likely other provinces have these programs located locally throughout their jurisdictions. These programs do in depth physical assessment, documentation of injuries, forensic photography, collect other forensic evidence and present their findings in court. They work collaboratively with police, health and other social agencies.
5. Primary Care Networks - These Alberta initiatives are designed to prevent abuse situations by offering support, education and service connection to both potential abusers and potential victims

5. Provincial Specialized Educational Initiatives
   - New Brunswick – Provincial Adult Abuse Prevention Program for Adult Residential Facilities and Nursing Homes
   - Alberta – train the trainer pilot project to educate employees of one of the financial institutions in Alberta

<table>
<thead>
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<th>Local Level</th>
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<tbody>
<tr>
<td><strong>Primary Prevention</strong></td>
</tr>
</tbody>
</table>
| 1. Whole community approaches, or Community Response Networks (CRNs) – BC, Manitoba, Ontario, Newfoundland/Labrador | 1. Seniors Organizations Providing Peer Support
   - senior to senior information and support through phone lines, buddy systems, community presentations
   - NWT Seniors Society, Seniors Resource Centre of Newfoundland and Labrador (Seniors Knowledge Checklist) | 1. Specialized Police/Social Work or Victim Service Worker Units – VPD, New West Police Service (BC), Ottawa, Hamilton, Halton |

2. Typical activities
   - Community Awareness using Gatekeeper Programs, Senior Fraud Stoppers, mime (SATS), interactive theatre (e.g., Thunder Bay, Montreal, Waterloo), videos, rights or safety focus around key days/weeks/months – World Elder Abuse Awareness Day, etc.
   - Examining and addressing root causes –
   - Inter-generational approaches

2. May be conducted by a variety of different types of coordinating mechanisms at local level
   - Advertising numbers to call for help in community
   - Education of responders
   - Protocol development based on working relationships
   - Keeping track of how the response is working – gaps and overlaps

2. Intervention and Consultation Teams or Case Review (more than police and psychosocial) – Edmonton, Waterloo, Guelph

Compiled by the BC Association of Community Response Networks
February 2010
• “Across the Generations”, Seniors Are Cool, Girl Guide badge – Manitoba
• I2i Intergenerational Society – BC
• Inherent in many aboriginal communities throughout Canada including Thunder Bay, various locations in BC
• Yukon Council on Aging – Music, Art, Drama Program

Other – tackling health and social determinants and other “isms”

3. Guided by Community Development Principles
• Broad inclusion – seniors, responders, business, faith, service clubs
• Meaningful participation
• Power sharing
• All have something to learn and to teach – assume capability/build capacity

3. Ethno-Cultural Programs
• Lower Mainland Multicultural Family Services Society (BC) – family violence videos in Chinese; Punjabi, Spanish
• Culturally Responsive Pathways Program - Edmonton (AB)
• Calgary Chinese Elderly Citizens Association (AB) – works very closely with the Kerby Centre so the Chinese community can access the centre
• ONPEA Toronto Regional Consultant
• St. Clair West Services for Seniors – outreach to diverse ethno-cultural seniors including a mime group
• Family Service Toronto

3. Dedicated Crowns – Waterloo


4. Dedicated Courts for Domestic Violence – Yukon, Edmonton, Calgary, Winnipeg
While this Edmonton initiative is not focused on abuse issues the group serves as a safe place for abuse issues to arise where participants can get support from each other. Facilitation is shared by a number of local abuse response agencies.

5. Halifax Regional Police has a Seniors Safety division that includes many community based safety initiatives with a senior abuse component being added. Also a high commitment to incorporate training on senior abuse at all levels of training in the organization from cadet on forward.

5. Specialized Legal Clinics—
   - Age and Opportunity - Winnipeg
   - Advocacy Centre for Elderly - Toronto
   - BC Centre for Elder Advocacy and Support – Vancouver

6. Community Based Research - Laurentian University in Ontario is validating and adapting the expanded Indicators of Abuse (IOA)

6. Housing Programs
   - Age & Opportunity’s Safe Suite Initiative - Winnipeg
   - Edmonton Seniors’ Safe Housing - a program of the Seniors Association of Greater Edmonton – men and women, 7 suites in a seniors housing complex
   - Kerby Shelter, Calgary – men & women, stand alone attached to the Kerby Centre
   - Pat’s Place – for older adults who are abused, operated by Family Service Toronto
   - Atira Women’s Resource
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<tr>
<td>• Ama Transition House – for women 55+</td>
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<td>• Victoria Women’s Transition House Society (BC)</td>
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</tbody>
</table>

**Source:** the content for this chart relies heavily upon a plenary presentation entitled, *From Sea to Sea to Sea: A Showcase of Canada’s Promising Approaches to Senior Abuse Response/Prevention*, made to the Ontario Network for the Prevention of Elder Abuse annual conference, November 2009
Appendix 2

BACKROUNDER - Federal Elder Abuse Initiative

The Government of Canada Launches Elder Abuse Awareness Initiatives  The Government of Canada has demonstrated a strong commitment to seniors and to combating elder abuse in all its forms. In March 2007, the Government created the National Seniors Council (NSC) to assist in identifying areas for federal action. On October 16, 2007 the Speech from the Throne indicated that the Government would introduce new measures to address elder abuse as part of its commitment to a safe and secure Canada.

Budget 2008 announced $13 million over three years to help seniors and others recognize the signs and symptoms of elder abuse and to provide information on what support is available. The Government of Canada established the Federal Elder Abuse Initiative (FEAI) to help seniors and others recognize the signs and symptoms of elder abuse and to provide information about support that is available. Human Resources and Skills Development Canada (HRSDC) leads the development and coordination of the FEAI, in partnership with the Department of Justice Canada, the Public Health Agency of Canada, and the Royal Canadian Mounted Police.

World Elder Abuse Awareness Day (WEAAD)
World Elder Abuse Awareness Day was first declared by the World Health Organization (WHO) and the International Network for the Prevention of Elder Abuse (INPEA) to “reflect the need for people to understand what abuse and neglect of older adults is and how it can be prevented.”

The first INPEA World Elder Abuse Awareness Day was held at the United Nations in New York in 2006. The INPEA is promoting a global recognition of World Elder Abuse Awareness Day 2009 at the 19th annual International Association of Gerontology and Geriatrics (IAGG) conference on July 5-9, 2009 in Paris, France.

Elder Abuse Defined
In 2002, the World Health Organization defined elder abuse as: “Single or repeated acts, or lack of appropriate action, occurring within a relationship where there is an expectation of trust, which causes harm or distress to an older person.” Abuse can be physical, financial, psychological and sexual. Neglect may also be considered abuse.

Financial abuse is considered the most common form of abuse of older adults. Seniors who are dependent on others can be more vulnerable to abuse.

For more information on the Government of Canada’s Elder Abuse initiatives visit seniors.gc.ca or contact 1-800-O-Canada (1-800-622-6232).

Appendix 3

Source: “Promising Approaches for Addressing/Preventing Abuse of Older Adults in First Nations Communities: A Critical Analysis and Environmental Scan of Tools and Approaches”, BCACRN

Compiled by the BC Association of Community Response Networks
February 2010
## Coordinated Approaches/Community Responses:
### Comparison of Coordinated Approaches

<table>
<thead>
<tr>
<th>What</th>
<th>Inter-disciplinary Team</th>
<th>Inter-disciplinary Team with community aspects</th>
<th>Inter-agency Approach</th>
<th>Coordinated Community Approach (Inter-agency)</th>
<th>Whole Community Approach</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordinating method for complex cases</td>
<td>Coordinating method for issue Interdisciplinary tea partners with allied networks, service providers Electronic mechanism to highlight issue (Province wide)</td>
<td>Coordination of mandated agencies</td>
<td>Sector approach Based on Duluth model Proactive domestic assault intervention</td>
<td>Coordinate formal and informal approaches Whole community involvement (each part of community contributes) Coordinate awareness Piggyback on resources already being used Track trends, identify gaps May incubate services Create microcosm of non abusive community</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kinds of Cases</th>
<th>Complex</th>
<th>All kinds from general inquiries to complex cases</th>
<th>No case work Information Or community initiative support General approaches All agencies taking on project for short term</th>
<th>Information Person or situation centered casework</th>
<th>No casework. Support mandated agencies Create on going community norm building and activity around issue</th>
</tr>
</thead>
</table>

| Oriented to | Abuse of older adults | Prevention of abuse/support / assistance of older adults | Preventing violence | Family violence | Vulnerable adults BC), older adults, issue in community |

Compiled by the BC Association of Community Response Networks
February 2010
<table>
<thead>
<tr>
<th>Who</th>
<th>Often health workers, physicians, social workers. Legal, police, domestic violence workers</th>
<th>Police, social workers, domestic violence, safe houses</th>
<th>Agency workers in any sector, can be of formal or informal agencies, mandated or not mandated</th>
<th>All workers in one sector and range of service providers i.e. Criminal Justice system</th>
<th>Anyone in community, health authorities, police, social workers, care workers, family members, older adults, businesses, faith communities</th>
</tr>
</thead>
<tbody>
<tr>
<td>When</td>
<td>On referral, post intake</td>
<td>Consultation Onward referral within team/ partners</td>
<td>Regular meetings to share information on methods and resources and referrals</td>
<td>On referral, when in system</td>
<td>Coordinating meetings, planning activities jointly</td>
</tr>
<tr>
<td>Post abuse</td>
<td>Pre and post abuse</td>
<td>Short term projects/special events</td>
<td>Post abuse</td>
<td>Pre abuse/improving interventions</td>
<td></td>
</tr>
<tr>
<td>How</td>
<td>Inter-disciplinary focus on problem solving Support and assistance</td>
<td>Community developer for outside agencies partnerships Protocol development</td>
<td>Information consultation Prevention (information and presentation s) Track trends Identify gaps May be linked to social planning function</td>
<td>Protocol development</td>
<td>High levels of citizen participation, power sharing, inclusion High collaborative Changing social norms and ageism Protocol development</td>
</tr>
<tr>
<td>Location</td>
<td>Meet</td>
<td>Likely co-located</td>
<td>Meet</td>
<td>Likely co-located</td>
<td>Meet</td>
</tr>
<tr>
<td><strong>Operate on community development principles</strong></td>
<td>Not likely</td>
<td>Use some and integrate community based programs</td>
<td>Not likely</td>
<td>Possibly</td>
<td>Yes</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
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</tr>
<tr>
<td><strong>Level of Prevention</strong></td>
<td>Secondary, Tertiary</td>
<td>Primary, Tertiary</td>
<td>Primary</td>
<td>Primary, Secondary Tertiary</td>
<td>Primary</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>CLSC Rene Cassin, Montreal</td>
<td>Edmonton Abuse Intervention Team Edmonton Community Action Committee on Elder Abuse (advisory)</td>
<td>Local Inter-agencies Regional Inter-agencies</td>
<td>BC Association of Community Response Networks’ CRN model</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Outlook 2007 – Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada. CNPEA
## Appendix 5

### Seniors Learning and Knowledge Exchange Project – Key Themes

<table>
<thead>
<tr>
<th>Overarching Themes</th>
<th>Practice Examples/Approaches</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Themes</strong></td>
<td></td>
</tr>
<tr>
<td>1. Senior abuse/neglect is a human rights issue – seniors have a right to not be abused. In engaging seniors and their supporters, we must focus on rights, and link to principled anti-oppressive, bias-free policy and practice</td>
<td>• Halifax Police Service – bias and discrimination policy used</td>
</tr>
<tr>
<td>2. Seniors are a distinct and particular asset – we must more effectively utilize their wisdom and capacity for complex conceptual thinking to guide us in all aspects of addressing and preventing senior abuse.</td>
<td>• The value of peer to peer work by seniors - ask seniors to advise, direct or partner, pull into organizations, i.e. respond to peer support phone lines, deliver workshops to other seniors. Halifax Police Service has invited seniors onto their premises to get their advice on how they do things. Police report that many seniors organizations have shown police how to adapt</td>
</tr>
<tr>
<td>3. Literacy is a hidden accessibility challenge across the country</td>
<td>• Culturally competent workers and culturally sensitive programs exist and are needed</td>
</tr>
<tr>
<td>• Cultural literacy must be improved with all cultures and in particular, with first people’s culture – First Nations, Inuit and Métis. Cultural competency must be a goal</td>
<td>• Tools that are produced should be made available and easy to access so others can use them as they see fit – i.e. FN Re:Act from Vancouver Coastal Health and BC Ass’n of CRNs <a href="http://www.vchreact.ca">www.vchreact.ca</a></td>
</tr>
<tr>
<td>• Health literacy must be improved by enhancing how we connect and communicate with seniors about what they need to know. Research by the Canadian Council on Learning indicates that this is a life and death issue.</td>
<td>• Checklist developed by seniors subcommittee of the Seniors Resource Centre of Newfoundland &amp; Labrador is used to screen all publications inside and as requested from outside the organization for literacy issues for seniors</td>
</tr>
<tr>
<td>• NWT Seniors Society board is reflective of who they serve, aboriginal people</td>
<td>• Anything that increases communication and information accessibility</td>
</tr>
<tr>
<td>• Anything that increases communication and information accessibility</td>
<td>o skits</td>
</tr>
<tr>
<td></td>
<td>o storytelling</td>
</tr>
<tr>
<td></td>
<td>o a program that includes fun – i.e. Sister Agnes Sutherland’s</td>
</tr>
<tr>
<td>4.</td>
<td>There is a need for cross systems, and cross disciplinary follow up and learning at all levels – locally, provincially/territorially and nationally. This is true with regard to follow up in individual cases, in understanding how our systems impact people and in terms of making further improvements in service delivery</td>
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<tr>
<td></td>
<td>• This issue was raised on all teleconferences and there was frustration at the inability to do all kinds of follow up</td>
</tr>
</tbody>
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<thead>
<tr>
<th>5.</th>
<th>Understanding that shame and stigma are twin enemies of abuse awareness and action, a proactive approach that names abusive behaviours, but delivers information in a way that people can hear, is imperative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• It is difficult to understand how to get the message across to break stigma-how do we get people’s attention so people recognize abuse, without calling it that. Using what we know works as a basis for design is one way to proceed. Seniors will respond to hearing about ‘abuse’ in the context of safety, but not to approaches using the term directly (instead of “Stop Abuse”-say “Keep Safe”)</td>
</tr>
<tr>
<td></td>
<td>• Messages from peers are more likely to be heard</td>
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<tr>
<th>6.</th>
<th>The senior abuse response/prevention field is ripe for more knowledge exchange opportunities to further develop communities of practice (one discipline) and knowledge communities (multi-discipline) using a variety of technologies</th>
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<td></td>
<td>• Keeping contact happening – teleconference participants asked for a follow up call once they’ve read the Project’s final report.</td>
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<tr>
<th>7.</th>
<th>Long-term relationship building is a foundational ingredient to</th>
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<td></td>
<td>• Committees being as diverse as possible-NFLD and Elder Strategy</td>
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</tbody>
</table>
addressing and preventing senior abuse

- Coordinated networks are used at a number of levels – locally regionally, provincially, by professional discipline and mixed
- Collaborating on committees leads to joint learning and knowing how to approach seniors
- Power is shared and equalized among participants

Secondary Themes

| 8. Legislation directs practice but legislative options across Canada are not collectively known about or understood | Many teleconference participants were interested in legislative options in operation in different parts of Canada |
| 9. Seniors organizations play a crucial role in informing and influencing government ministries and other agencies in the field senior abuse response and prevention. | E.g. National Seniors Council wrote a report on the need for increased awareness of senior abuse |
| 10. The involvement of seniors organizations in processes that work and listening across occupations and disciplines is maturing and resulting in improved response/prevention strategies | Combining the resources of large organizations who have good practices in responding already, with good practice for seniors results in huge movement in this field i.e. police depts. who have good response systems incorporating Elder Abuse units |
| | Use concept of vulnerability rather than term ‘abuse’ (with citizens). Use concept of vulnerability as a way of considering the risk and positive factors in an individual’s environment |
| | Carefully thought through and designed programs which take into account dynamics of abuse, human relations, how best to communicate and are driven by principles, client centered |
| | Early training of responders – i.e. police cadets |
| | Design programs to have a complete learning loop-build in time for action/reflection/learning and adjust programs based on what is learned. It is worth doing less service delivery to allow resources to be used for the learning piece as this is what makes a difference over time –especially with pilot projects. In some police programs a strong emphasis on being reflexive- |
| Evaluate, review operations, link police approach and system and needs of client together, tell others about practice etc. Anything that encourages or captures learning is important.  
- Use concepts of intergenerational work, and wellness, as springboards. Embedding of message in a more general SAFETY approach to prevent stigma |
<table>
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<tr>
<td><strong>11.</strong> Many traditional barriers to accessing service by abused seniors or those vulnerable to abuse are still in existence</td>
</tr>
<tr>
<td>- Vulnerability or lack of access to help is exacerbated by barriers such as limited or no transportation in rural areas. Being addressed throughout the Atlantic provinces by having workers go to seniors homes. Many of the workers don't only have a victim service mandate which helps not raise curiosity among neighbours as to the reason for the visit</td>
</tr>
<tr>
<td><strong>12.</strong> World Elder Abuse Awareness Day must continue to be utilized as a vehicle for legitimizing the abuse response/prevention field, for shedding light on an otherwise hidden issue, and for celebrating the progress being made often by people working without much support</td>
</tr>
<tr>
<td>- Practitioners and seniors groups spoke about the importance of raising the visibility of the issue and the impact that events, campaigns, public service announcements, and targeted activities have across the country</td>
</tr>
</tbody>
</table>

**Source:** "Seniors' Learning and Knowledge Exchange – A National Senior Abuse/Response Prevention Project". BCACRN
6. ENDNOTES


iii. Ibid


vi. Spencer, C. Conversation (2007)


7. REFERENCE LIST


