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Introduction

As many as 95% of seniors over the age of 65 who live in our communities reside in their own homes or apartments. Most are living active, independent lives. However, the ability of these older people to maintain their independence can become compromised as they experience increasingly serious and interrelated problems in the areas of social, emotional, mental, environmental and physical functioning. These factors become even more serious when they are also subject to issues of abuse, neglect, and self neglect.

In British Columbia, an alarming number of seniors, 8%, or one in 12, will experience at least some form of abuse and/or neglect. There are significant numbers of seniors who have no support systems, such as family or friends, to act in their behalf, leaving them even more vulnerable. It has been observed that those seniors who are most at risk are also less likely to self-refer. When they are able to access assistance, it is often due to an outside source that assists in connecting the senior with community supports and services. The British Columbia Gatekeeper Program was designed with these considerations in mind.

The British Columbia Gatekeeper Program is designed to locate and identify high-risk seniors who need help, particularly those who are isolated or living alone. Support and services may be necessary to improve quality of life, maintain independence, or address issues of abuse, neglect, and self-neglect. The B.C. Gatekeeper Program was adapted to meet the criteria of the Adult Guardianship Legislation, Part 3, that protects adults who are vulnerable, and is supported by the B.C. Office of the Public Guardian and Trustee and Community Response Networks.

This manual has been designed to assist you in identifying those who may be in need of social, medical, mental health or other services. Welcome to the Gatekeeper Program and thank you for your participation!



GATEKEEPER TRAINING

Assistance programs for seniors have relied on self-referral and used public information techniques (i.e. radio, posters, brochures, community service listings) and in-system referrals to reach vulnerable community members. The expectation is that those in need will call and ask for help. These efforts have proven successful in serving seniors who have support systems in place, or are known to service organizations and agencies. However, such efforts have not been successful in reaching those most isolated in the community.

There are a variety of reasons why seniors vulnerable to abuse and neglect are reluctant or resistant to seek assistance. Reasons might include feelings of shame, suspicion, or fear; declining mental or physical functioning; fear of loss of independence or reprisal and/or lack of awareness of supportive services.

Gatekeepers are a non-traditional referral source. Gatekeepers, through the course of their daily activities, come into contact with seniors and are trained to recognize when a senior might be experiencing difficulty and to make an appropriate referral.

WHO ARE GATEKEEPERS?

An apartment house manager refers a concern about the 72-year-old single male who has been unable to pay his rent for several months.

A bank teller becomes concerned when an 83-year-old client starts withdrawing large sums of money and expresses reluctance when handing it over to a daughter.

The home support worker notices that an elderly client has bruising on her wrists that she is unable to explain. The caregiver is evasive and defensive when questioned.

A postal worker refers Mr. Jones, whose yard is scattered with garbage, when in the past it was always well maintained. His mail has been accumulating in his mailbox for three days. Mr. Jones does not answer the door after several attempts have been made.

All of these referrals have something in common. They are all participants in the Gatekeeper Program. Gatekeepers are community members, volunteers, and employees of corporations, businesses and other organizations that have contact with the most isolated in our community.

ROLE OF THE GATEKEEPER

The role of the Gatekeeper is to recognize signs and symptoms which may indicate an elderly person is experiencing abuse and/or neglect and refer that individual to the appropriate service. The gatekeeper is not expected to assume the role of a social worker or counselor. All that is required is that during their daily activities, they keep a watchful eye and be aware of potential situations that might be causing a senior harm.

SKILLS OF THE GATEKEEPER

Gatekeeper skills involve showing the same kindness, courtesy and concern that is normally extended to an elderly person during the course of your regular business activities. Education, awareness, listening and observing are the key ingredients in identifying potential problems or concerns.

ETHICAL CONSIDERATIONS AND THE ELDERLY

We believe that as a community we have an obligation to help one another. Forcing assistance is not the goal of the Gatekeeper Program. The goal is to be able to inform the adult vulnerable to abuse, neglect, or self-neglect of alternatives and options that will promote safety, preserve independence and improve quality of life. The gatekeeper approach does not interfere or violate an individual's right to privacy or ability to seek assistance. On the contrary, the role of the gatekeeper is to prove the essential link between the community member who is most at risk and the supports and services.

CONFIDENTIALITY

Maintaining confidentiality of both the person referred and the gatekeeper. This means that when one person shares and entrusts information with another person, that confidence will be protected. As a gatekeeper, you may want to remain anonymous. This will be respected. As a gatekeeper, it is expected that information shared about a senior will also be respected and held in confidence.

How to Make a Gatekeeper Referral in Victoria

If you work in an environment that has established protocols for reporting situations of abuse, neglect and self-neglect these protocols take priority.

As a community member, in the absence of established protocols, the following guidelines have been created for making referrals:

1. Call the NEED Crisis and Information Line, **386-6323**, 7 days a week, 24 hours a day;
2. Identify yourself as a gatekeeper;
3. Inform the crisis line worker of your concern. They will assist you in finding the appropriate community resource or refer your concern to a designated agency;
4. Provide the vulnerable adult's name and address, if available. You may be requested to provide your name and contact phone number if further clarification is required. This information will remain confidential between the crisis line and the designated agency.

If you are concerned about an individual it is important to share that concern with the appropriate agency. This ensures that the vulnerable adult receives the most effective and least intrusive support.

In making your report in good faith you are protected under the *Volunteer Act* and *Good Samaritan Act*. All calls will remain confidential.

South Vancouver Island Designated Agencies:

- **Ministry of Children and Families, Community Living Services (CLS)** – for adults with developmental disabilities that are eligible for these services.

South Vancouver Island Health Authority:

- **Client Relations Office** – if the suspected abuse or neglect is reported to be caused by a health care provider.
- **Community Health Program (CHP)** – for adults in the community who are unable to seek assistance on their own.
- **Psycho Geriatric Continuum of Care Core Services** – (Elderly Outreach Service (EOS) and Victoria Innovative Seniors Treatment Approach (VISTA).
- **Mental Health** – for adults who have had or who require mental health services.

Need Crisis and Information Line – one of the designated public access points for reports of concern about vulnerable adults. NEED provides a central number for reports from the community. Crisis Line volunteers provide support and referral, and/or triage the concern to one of the designated agencies within the Vancouver Island Health Authority

REASONS TO REFER

The majority of people over the age of 65 lead relatively active, happy lives. They have good support systems around them if they do encounter problems. But about 10% of seniors have no support systems to help them when they need it. It takes one phone call from a concerned citizen, and the door is opened to programs and services that the person can access. The individual can refuse help.

Observation of an older person's appearance or behaviour, and changes in routine patterns may alert you that the person is in trouble or potentially at-risk. There are a number of situations and symptoms, which would indicate a need for referral. The most common indications are listed in this section.

Personal Appearance – Neglect in the area of self-care is often a sign that the person is experiencing difficulties. Gatekeepers may notice the following:

- Unkempt appearance
- Dirty or uncombed hair
- Unshaven
- Dirty clothes
- Inappropriate clothing for weather
- Body odours

Condition of the home—The appearance of the person's residence may reflect an inability to care for self or loss of interest. Gatekeepers' may observe:

- Exterior and/or interior of home in poor repair
- Old newspapers lying around
- Calendar on wrong month or year
- Little or no food
- Strong odours
- Many pets-animals appear neglected
- Garbage or litter
- Walks not shovelled

Mental State:

- Confusion
- Disorientation
- Inappropriate responses
- Forgetfulness
- Repetitiveness while talking
- Seeing, hearing, smelling, tasting, feeling things that are not there
- False irrational beliefs which persist but are not real or true
- Suspiciousness, lack of trust
- The suspicion or unwarranted belief that one is being harmed or mistreated
- Alcohol abuse

Emotional State

- Complains of not eating
- Complains of difficulty sleeping—early morning awakening
- Exhibits anger, irritability, hostility toward you, self or others
- Appears nervous or fidgety
- Suspected abuse, neglect or exploitation of the older person
- Recently suffered a loss through separation or death from friends or family members
- Appears sad or blue—may state "I don't care anymore, there's no use going on"

Physical Losses – Physical changes or losses, and chronic or acute illnesses can sometimes affect the older person's emotional or mental status and impair ability to function. Indications may include:

- Loss of hearing or sight
- Chronic or acute physical illnesses
- Many medicine bottles
- Inability to move easily
- Loss of bowel and bladder control

Social Problems – Isolation can profoundly affect an older person's well-being. Areas of concern include:

- Homebound
- Lack of social relationships
- No mention of family or friends

Personality Changes – Personality changes may indicate the onset of physical, mental or emotional problems. Gatekeeper's may notice:

- Marked change, gradual or sudden in the person's overall ability to function
- Increased withdrawal or isolation
- Disheveled appearance
- Suspiciousness—anger
- Unusual or bizarre behavior

Economic Problems – Economic problems can create a variety of hardships for elderly people. Significant examples may include:

- Inability to manage finances
- No means of support
- Low income

Caregiver Stress – There is often a natural resistance on the part of a care giver to accept help for a spouse or relative suffering from diseases such as Alzheimer's. Trying to handle this burden and responsibility alone can be overwhelming and lead to depression or physical problems. The care giving role can be particularly difficult for older men. Indications of stress may include:

- An increase in use of alcohol or alcohol abuse by the caregiver.
- Caregivers may convey the message that a loved one's condition is getting worse in spite of their best efforts.
- Caregiver is becoming impatient, irritable and frustrated with the person they are caring for.
- Caregiver has no support system providing assistance or relief from care giving.
- 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."

Suicide – The actual number of people who complete suicide is higher in the 60 and over age group than any other group. Subtle statements or direct threats to harm one self should be reported immediately. Men over 60 and living alone are of particular concern. Indicators of risk include:

- Multiple and/or recent losses
- An elderly person may state "There's no use going on—everyone would be better off without me."
- Alcohol abuse
- Increased isolation
- Talk of giving personal possessions away
- Putting person and business affairs in order
- Exhibits any of the symptoms presented in Emotional State section.

Financial Abuse – is the misuse of a senior's funds and assets: obtaining property and funds without that person's knowledge and full consent, or in the case of a senior who is not competent, not representing or acting in that person's best interest. The abuser is usually a spouse or partner, family member (often adult children) care giver, friend or trusted person in the senior's life. Financial abuse is often accompanied by other abuses. Examples are as follows:

- Theft of cash, credit or bank cards, mail
- Unpaid loans, or repeated borrowing
- Selling seniors property or possessions without permission
- Forcing senior to change Will or Power of Attorney
- Cashing in person RRSP without permission
- Taking or withholding pension etc

- Forcing senior to sign over house/car
- Establishing "joint account" & using money without seniors knowledge/ permission
- Believing a parent's assets, money, property should be yours.

Dementia

Dementia does become more common with age, although, even in the very old, it is abnormal and pathological. According to Berger, "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." Dementia is not a mental illness.

According to Rybash, "brain chemistry is altered and brain cells die." It is important to have a medical diagnosis, to rule out any possible reversible causes of the dementia. Symptoms, may include:

- | | |
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| 1. Memory Loss | 9. Hallucinations/Delusions |
| 2. Apathy | 10. Wandering |
| 3. Here and now thinking | 11. Loss of Calculation/Abstract Thought |
| 4. Behaving in extremes | 12. Incontinence |
| 5. Depression | 13. Increased Dependency |
| 6. Anxiety | 14. Immobility |
| 7. Agitation | 15. Agnosia or Aphasia |
| 8. Paranoia | 16. Seizures or Coma |

WHAT HAPPENS TO GATEKEEPER REFERRALS?

Upon receiving your referral, a crisis line worker will contact the appropriate agency. If necessary, the person will be referred to the Continuing Care Program, so that a comprehensive assessment of the client and home can be completed. The continuing care staff is highly skilled in establishing relationships with the elderly and overcoming the initial resistance expected from many older persons who are suspicious, hostile and fearful. Cultivating rapport and trust is imperative because it provides the conduit for completing an assessment, service plan and continuity of care. If needed, psychiatrists or physicians are available to assist with the evaluation and service plan. Our goal is to involve the senior in the decision of which community supports are best for the senior. There are a number of in-home community-based services that we can utilize to maintain the older person's independence and avoid unnecessary institutionalization. These services may include home support, meals on wheels, respite services, lifeline, and transportation. When an older person is admitted to our program, we maintain primary ongoing case management responsibility to ensure continued continuity of care.

Gatekeepers' should keep in mind that serious and complex problems do not develop suddenly overnight. More often than not, multiple losses that people experience, which impair ability to function often develop slowly and gradually over the course of several years. Thus, resolving chronic and complicated problems of older people requires considerable efforts over a long period of time. Given the severity of some situations, Gatekeeper's must recognize that 100% success cannot be realistically achieved.