

# **Outlook 2007**

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

November 7, 2007



**Project funded by:  
Public Health Agency of Canada**

**Prepared by:  
Canadian Network for the  
Prevention of Elder Abuse (CNPEA)**

## Table of Contents

<b>1. Background.....</b>	<b>4</b>
PURPOSE OF THE OUTLOOK 2007 PROJECT .....	4
METHODOLOGY .....	4
SCOPE OF THE REPORT AND DEFINITIONS .....	5
Literature Search - Areas of Focus.....	5
Defining 'Abuse and Neglect of Older Adults' .....	5
Defining and Assessing 'Promising Approaches' .....	6
<b>2. Promising Approaches.....</b>	<b>11</b>
CRITERIA FOR INCLUSION OF INITIATIVES IN THIS REPORT .....	13
POSSIBLE PROMISING APPROACHES CRITERIA .....	16
PROMISING APPROACHES .....	12
The Biggest Picture - The World Scene.....	12
The Canadian Picture.....	13
Promising Approaches by Jurisdiction that Can Be Spread.....	16
Promising Approaches Identified by Types of Activities.....	17
<b>3. Future Directions.....</b>	<b>21</b>
SUGGESTED STARTING POINTS.....	21
Guiding Principles.....	21
A Need for Increased Leadership.....	21
PHASE 1 - INITIAL RESPONSES.....	22
PHASE 2 - RECOMMENDATIONS FOR 'NEXT LEVEL' RESPONSES .....	25
OVERARCHING CONSIDERATIONS.....	26
<b>Conclusion.....</b>	<b>29</b>
THE STATE OF THE FIELD.....	29
ISSUES OF DEVELOPMENT.....	29
RECOMMENDATIONS.....	30
<b>Reference List .....</b>	<b>32</b>
<b>Appendices List .....</b>	<b>37</b>
<b>7. Endnotes.....</b>	<b>.64</b>

## Acknowledgements

I would like to thank Alison Leaney, Susan Crichton and Catherine (Kip) Veale of the Project Advisory Committee (Canadian Network for the Prevention of Elder Abuse - CNPEA) for their assistance in steering the project, as well as their very useful ongoing advice on sources of information for this project.

I would also like to thank other CNPEA Board members who were generous with time and information for this project, especially Charmaine Spencer. Francine Cytrynbaum was also a critical contributor to organizing and conducting/ transcribing and translating the French face-to-face meeting and the teleconference of Quebec colleagues.

This report is dedicated to older adults and those who serve them.

----- April Struthers, Principal Researcher and Writer

---

The Board of the CNPEA would like to thank everyone across Canada who contributed to this important project. We are very aware that this document represents a “**snapshot**” only of some promising approaches to preventing senior abuse in Canada. We’re looking forward to finding ways to continue the conversation so our examples and illustrations in the snapshot become more detailed and inclusive over time. Thanks also to April Struthers for her thoughtful and scholarly approach to this initiative.

----- Board of the Canadian Network for the Prevention of Elder Abuse

# 1. Background

## **PURPOSE OF THE OUTLOOK 2007 PROJECT**

---

The purpose of this project has been to provide a **snapshot** on ‘promising approaches’ in the prevention of abuse/neglect of older adults in community settings in Canada.<sup>i</sup>

The project was conducted by the Canadian Network for the Prevention of Elder Abuse (CNPEA) and funded by the Public Health Agency of Canada.

The project included a number of steps – literature review, collection of contacts and stakeholder information, teleconferences, analysis of approaches, report writing, and framework development.

This paper constitutes the compilation of ‘promising approaches’ and links to the *Draft Framework for a National Strategy to Prevent Abuse and Neglect of Older Adults in Canada* (in a separate document).

## **METHODOLOGY**

---

Methods used to gain and compile information included a literature search (and web search) and guided conversations on various aspects of senior abuse with informants across Canada by teleconference. The Project Advisory Committee members reviewed the resulting information and conclusions and advised on how to fill gaps or omissions.

### **Conversations**

The following conversations were held with self-selected and invited key contacts as identified by the Canadian Network for the Prevention of Elder Abuse (CNPEA) and others:

1. Six teleconferences across selected topics as recommended by CNPEA contacts and Board members;
2. One teleconference across all topics for French speakers;
3. One face-to-face meeting with French researchers in Montreal;
4. A face-to-face meeting with the BC Adult Abuse/Neglect Prevention Collaborative (convened by the Public Guardian and Trustee of BC);
5. Individual interviews with selected contacts; and
6. Three Board meetings with CNPEA.

See Appendix 1 for details of the methodology and Appendix 2 for teleconference questions by topic.

## **SCOPE OF THE REPORT AND DEFINITIONS**

---

### **Literature Search - Areas of Focus**

Several areas of the literature were explored throughout this project. We have focused most heavily on those offering:

- information on promising approaches not specific to the field;
- overviews of the senior abuse field;
- overviews of evaluation of senior/older adult abuse prevention programs;
- suggestions of strategic directions to discern development of the field and identification of promising approaches in the future;
- lenses to use for the future; and
- strategies for advancing the science of prevention (prevention research).

In 2003, researchers Beaulieu, Gordon and Spencer<sup>ii</sup> conducted an environmental scan of approaches in use in Canada to prevent and address abuse and neglect of older adults. The current project builds on that work, looking to other recent publications with a focus on general prevention of violence, as well as looking at

- senior abuse prevention and health promotion,
- coordinated interventions/coordinated community initiatives, and
- community capacity building initiatives.

The more recent inclusion of the issue of abuse of older adults into initiatives combating family and domestic violence was recognized and that literature was also explored.

### **Defining ‘Abuse and Neglect of Older Adults’**

Although many jurisdictions still use the term ‘elder abuse’ to refer to the issue, this paper uses the term ‘abuse and neglect of older adults’.

There is no agreement on definitions of abuse and neglect of older adults, nor is there agreement on definitions, for that matter, of the terms ‘older’ or ‘seniors’.

The definition of abuse used in this paper is taken from the Prince Edward Island Association of Social Workers:<sup>iii</sup>

“Abuse is any action by someone in a position of trust which causes harm to an older person. Neglect is any inaction, either intended or unintended, by someone in a position of trust which causes harm to an older person.”

The World Health Organization furthers the notion of ‘relationship’ to link it to interpersonal violence as integral to its definition:<sup>iv</sup>

"a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person".

Types of abuse covered by these definitions include:

Physical abuse  
Sexual abuse

Psychological abuse  
Financial abuse

## **A Multi-Faceted Problem**

Elizabeth Podnieks describes abuse and neglect of older adults as 'a multi-faceted social problem that must be addressed by all segments of society'.<sup>v</sup> This recognizes the complexity of the problem and the various forms of abuse. This definition implies that there are many ways to combat abuse and produce appropriate responses. This broad definition enables the inclusion of all those who should be involved in developing responses. A promising way of thinking about the issue is through the use of a social inclusion lens.<sup>vi</sup> Basically, it is a way for governments, non-government organizations, and community groups to examine whether legislation, policies, and programs and practices they use exclude or include people in vulnerable situations.<sup>vii</sup>

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.<sup>viii</sup> The multi-faceted problem is then considered in a multi-faceted way.

Other lenses, such as the gender lens<sup>ix</sup> and gender mainstreaming, (which is a precursor to Federal Government work, and means looking at projects, programs and policies for the impact on differing genders), might also be useful to understand the differing impact on older men or on older women.

## **Defining and Assessing 'Promising Approaches'**

### **A Continuum of Standards of Practice**

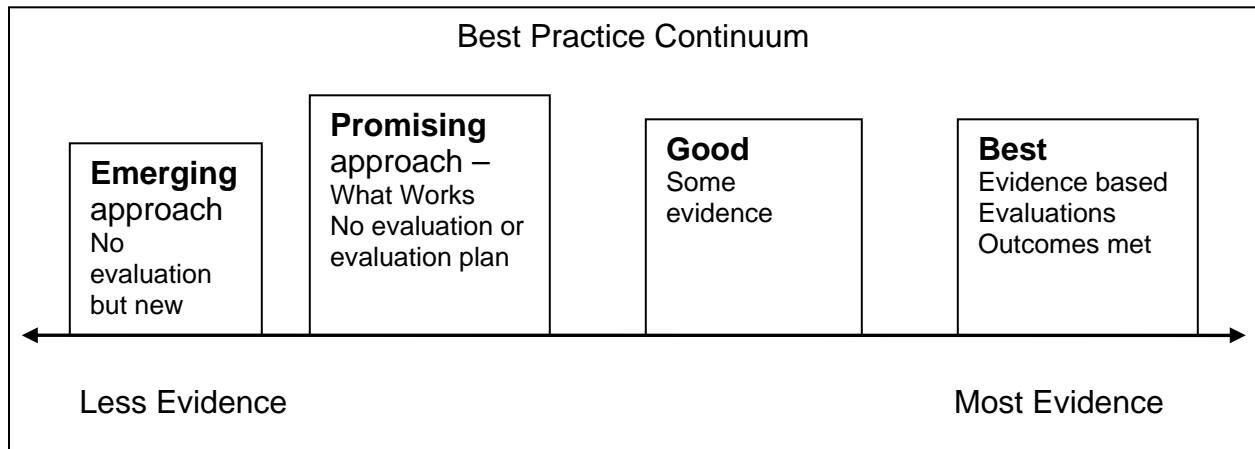
The notion of 'promising approaches' is situated on a continuum of standards of practice specific to any given field. 'Promising approaches' are one step toward 'best' practices, which are 'best' because evaluation demonstrates that this is so.

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 qualify. Categories on the continuum include practice that is:

- **emerging** as good but which has no evidence to support it;
- practice which shows **promise** for effectiveness;

- practice which has more evidence of effectiveness (labelled **good** practice); or
- practice that is of the highest standard (or is '**best practice**') supported by a lot of evidence.

This implies that if practitioners know these categories, they can identify their own practice and try to improve it towards the '**best practice**' end of the continuum.



The above is a simplistic representation of the idea of “best practice”, which place points on the continuum relative to the amount of evidence upon which each is based. 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. The Interactive Domain Model describes in detail all the components that could be considered in developing practices for health promotion, population health, and public health.<sup>x</sup>

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

Review of Canadian and American literature revealed that promising approaches have been identified in a few sources as those ‘that work’. The National Centre on Elder Abuse in the USA has a compilation of many projects labeled as ‘promising approaches’, which are mostly self-identified as ‘promising’. The body of literature dealing with standards of practice is very limited for older adult abuse prevention, with few examples that are actually described as ‘promising approaches’.

#### No Definition

There is no agreed-upon definition of ‘promising approaches’ or criteria for using the label ‘promising approaches’. There is no system yet to identify effective programs in Canada in the field of prevention of abuse and neglect of older adults. (See Appendix 3 and 4 for more information on limits to research and an example of defining promising and best practice)

Because the evaluative aspect of the field is so underdeveloped, there is little or no evaluative data attesting to the effectiveness of ‘promising approaches’. Before the conversation on criteria for levels of practice can begin for older adult abuse, prevention programs need to include evaluation components. This requires that they be funded well enough so that they can assess effectiveness in addition to delivering services.

#### A Working Definition

In the face of no definition being found of promising approaches in the literature (other than ‘what works’), for the purposes of this project, the definition used is:

**promising approaches** are those that practitioners and researchers in the field feel are effective, but which have not been evaluated.

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

Abuse and neglect of older adults is subsumed in the World Health Organization’s (WHO) typologies 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<sup>xi</sup>.

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 the problem can be affected by using the same approach as other health challenges (i.e., 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 is appropriate. It also supports targeted root cause primary prevention.

A number of initiatives used in Canada are labeled as **promising** in the WHO *Implementing Recommendations* document. They include:

- 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.<sup>xii</sup>

See Appendix 5 for details of effective programs across the lifespan.



## Implications for Developing Canadian Practice Standards

In addition to these promising approaches identified globally, some of which do have a presence in Canada, the WHO report states that prevention programs are also not necessarily visible and lack documentation and evaluation. It therefore suggests a number of steps that are promising approaches in terms of changing this. These include adopting a public health approach in the context of large, integrated strategic plans, and beginning a documentation program. Details of these steps are outlined in Appendix 6.

### Promising Approaches Must Match Types of Abuse

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 contributors see prevention and support and assistance as being joined. For example, giving information on abuse types and indicators without giving indications of how to report, or how to access resources to support or intervene, is impractical and irresponsible.

The type of activity or approach depends on the type of abuse being dealt with and the level of prevention being attempted (e.g., preventing abuse from happening at all, engaging early in abuse situations to minimize problems, or treating abused people and those who are abusive). Promising approaches in one area of abuse would not necessarily make sense for another (physical/financial/ sexual/emotional abuse).

### Defining Levels of Prevention Activity

Prevention can be divided into levels of activity<sup>xiii</sup>. The field of population health sees 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 World Health Organization reports to clarify and categorize different approaches in regard to an ecological model of roots of violence (all violence including interpersonal / abuse of older adults).

These three levels can be applied to prevention of abuse of adults, as was done by the BC Association of Community Response Networks in its 2006 “Gathering Wheel ‘Best Practices’ in Prevention Project”.<sup>xiv</sup> BC’s Community Response Networks were seen to operate mainly in the primary level and somewhat in the secondary level of prevention.

Primary prevention activities include community/social/agency development, addressing root causes, education to change systemic or social norms, ongoing outreach, and keeping track of the response at a community level.

Secondary prevention activities include developing referral systems, creating agency, interagency and community protocols, intervening early in abusive situations, or improving existing support and assistance generally.

Tertiary prevention activities include involving the criminal justice system or treatment systems in addressing specific situations. (Appendix 7 links specific activities and levels of prevention from a Community Response Network point of view.)

#### Types of Approaches Differ by Type of Abuse and Level of Prevention

Different levels of prevention might suit particular types of abuse. Primary prevention might involve education, while tertiary might involve services like safe houses. Promising approaches would need to be defined differently for each level.

Further, promising approaches in one occupational area (for instance, social work) do not necessarily translate to another occupation (for instance, policing) because they may have different standards for identifying these or social workers might see approaches as promising for different reasons from their police colleagues.

Because the issue crosses occupations and fields and types, there is complexity to sort out. Once there is a definition(s) of promising approaches and criteria for identifying these, each area of activity will have its own separate set of approaches that are labeled as effective and worthy of spreading. These could be couched within the differing levels of prevention.

## 2. Promising Approaches

### **CRITERIA FOR INCLUSION OF INITIATIVES IN THIS REPORT**

---

As already highlighted, this field does not have:

- Definitions of promising approaches
- Criteria for promising approaches
- Identification in the literature of promising approaches
- Projects clearly labeled as promising approaches
- Evaluations of many projects
- Evaluations that show outcomes which might be labeled as promising.

In the absence of a developed approach to identifying and agreeing on promising approaches, initiatives included as examples of promising approaches are 'best guesses', based on practitioner experience, view of the field, and opinions on 'what works' (and often it is easier, especially in complex partnered approaches, to identify what doesn't work). 'Promising Approaches' then, have been identified through the perceptions and expertise of those providing services who participated in our six teleconferences/meetings or in the review of the literature.

### **POSSIBLE PROMISING APPROACHES CRITERIA**

---

Informants labeled some approaches and practices as promising (they think they work) because they:

- are innovative,
- constitute a breakthrough in activity which has a history of struggle for visibility or resources,
- provide focus or coordination to the field,
- raise the profile of the issue and of older adults in a positive manner,
- exemplify principles of 'good' social work or health practice,
- show significant grassroots / community involvement, and/or
- fill the context of 'needs' of older adults well.

Some activities are promising in their context, but can only be transferred if all the same variables from one location occur in another location. Some are universal – they can be implemented anywhere because they are basic (e.g., public education) and some are illustrative of principles which can be used anywhere.

There are also promising approaches which are very local or individual, or of very small scale. They may not come to the attention of researchers or practitioners and so often are not part of the conversation. For example, this would include the many creative

approaches mentioned by those working in very remote areas or First Nations or Inuit communities. These approaches are characterized by extreme resourcefulness, often in the face of great challenge. These need to be identified, perhaps in a separate project. These may seem deceptively simple, and may not be able to be replicated in other locations, but reflect an ethical and pragmatic primary prevention response to need by community members or isolated practitioners doing what is 'right' and locally appropriate.<sup>xv</sup>

There may also be potentially promising approaches which require more exploration, discussion, consultation and careful development to fit the above selection criteria. An example would be restorative justice approaches to abuse and neglect of older adults. This approach has some interesting alternative ideas which may be appropriate to use with some of the population who have experienced abuse and neglect, although there is a great deal of debate in the field about this. The Elder Abuse / Restorative Justice Project in Waterloo is an example of pioneering work in this regard. Their work has been evaluated but with small sample sizes.

## **PROMISING APPROACHES**

---

For simplicity of presentation, this paper lists promising approaches that are global and national, then general or overall. Then it lists promising approaches by type. Lastly, it lists promising approaches as revealed by the teleconferences, with a few examples given from each as highlighted on the table on page 20.

### **Cautions**

For this report, people identified approaches but noted that they must be used carefully and assessed for impact, because what may happen in implementation may be quite different from the intended result. Implementation problems can occur in terms of being incomplete, no one knowing about the new initiative, or having negative unintended consequences that can be abusive in nature.

There are also many gaps in terms of 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 suffer huge access to justice issues via both the civil and criminal justice systems because of the cost and responsiveness of these systems.

### **The Biggest Picture – The World Scene**

There has been considerable activity on the world stage in terms of recognizing violence as a critical 21<sup>st</sup> Century issue. Canada has been part of some significant studies; and some lengthy national studies have surfaced approaches which might be useful to adopt in Canada.

## **World Health Organization (The WHO Reports): Violence and Health and the Guide to Implementing Recommendations**

These documents offer a global/national/regional approach that offers promise, at the very least because it knits together the 'big picture'.

## **Handbook for the Documentation of Interpersonal Violence Prevention Programmes (2004)**

It would seem that a logical first step in this field is to decide whether to adopt this kind of a documenting system, do some 'field trials' of it, and if adopted, start documenting programs and then categorizing as to level of evidence-based effectiveness shown by each.

## **Women, Aging and Health**

This separate WHO report (World Health Organization, 2005) offers clues to possible promising approaches in terms of dealing with different cultural viewpoints and multiple ethnicities. The report says, in the face of uncertainty in how to address multi-cultural situations, to take direction from WHO and other world organizations in adopting a health promotion and a human rights orientation.

## **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 world-level activities and initiatives. It was an important catalyst for the establishment of the inaugural World Elder Abuse Awareness Day in 2006. The INPEA is currently constructing an Elder Abuse Bibliography – a promising approach. INPEA's **Worldview Environmental Scan on Abuse and Neglect of Older Adults** is nearing completion, with preliminary results for Phase 1 available – another helpful resource. Conducting a 'scan' (exploring quickly but systematically to discover what is currently going on) is a promising approach in itself.

## **World Elder Abuse Awareness Day - June 15 Annually**

The institution of a World Day to mark awareness and to generate activities around prevention of abuse and neglect of older adults is a huge step forward. Informants noted that this has galvanized activity at all levels, has become a vehicle for more awareness by governments, has sparked all sorts of related activities, and allowed creation of new alliances and the strengthening of existing partnerships. This is a 'promising approach' that has been a major catalyst in the field.

## **The Canadian Picture**

There are a number of 'larger approaches' in Canada that are aimed at preventing abuse and neglect of older adults. These are 'larger' because they cover the whole country and provide examples of coordinated, 'overview' activity focused on the issue.

In addition, they are building a platform for good practice, countering ageist attitudes, sharing information and positioning the field for good work in the future.

### **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 country-wide 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. Overall, this kind of network is promising. Members were enthusiastic about being involved in this “Outlook 2007: Promising Approaches Project”.

### **Federal/Provincial/Territorial Working Group on Safety and Security of Seniors**

This is a national-level and inter-governmental effort at coordination and collaboration. Its checklist (Appendix 11) suggests some of the same activities as this report, including ‘coordination’ and ‘sharing best practices’.

### **The Family Violence Initiative (FVI)**

The Public Health Agency of Canada (PHAC) leads and coordinates the FVI on behalf of the Government of Canada. The FVI is managed horizontally to ensure a shared federal government perspective, as well as to foster collaboration, create partnerships and provide opportunities for joint action. The FVI is a collaboration of fifteen federal partner departments. The FVI promotes public awareness and involvement in addressing family violence in relationships of kinship, intimacy, dependency or trust; strengthens the ability of the criminal justice, health and housing system to respond to family violence; and supports research to identify effective interventions.

Under the FVI, PHAC operates the **National Clearinghouse on Family Violence (NCFV)**. The NCFV collects, develops and disseminates publications and resources on behalf of the Government of Canada’s Family Violence Initiative. This is Canada’s resource centre for information on violence within relationships of kinship, intimacy, dependency or trust. Resources are free of charge and available in French and English. The NCFV resources include a directory of services and programs addressing the needs of older adults who are victims of violence in Canada, as well as an inventory of training resources available in Canada that address the issue of abuse of older adults.

### **The Canadian Centre for Elder Law Studies**

The Centre is a non-profit organization, a division of the British Columbia Law Institute, which informs the lives of older adults in their relationship with the law, educates, conducts research, and is a focal point for the emerging field of elder law. It offers conferences annually. It offers a chart on its website that compares legislation (Legislating Against Elder Abuse – Canadian Trends) which has been identified as a ‘promising approach’, and has a newly published paper, *A Comparative Analysis of Adult Guardianship Laws in BC, New Zealand and Ontario*. The Centre also uncovers “hidden issues”, engages the larger community in identifying problems and developing

solutions, and is “reform-minded” - seeking better laws, policies and systems nationally and internationally.

### **211 Telephone System**

Available in parts of Ontario and Alberta, 211 is a non-emergency number that provides **quick access** to information and referral to community, health, government and social services, 24 hours a day, 7 days a week. It is free, available in a number of languages and in TTY format. The needs of each caller are assessed by qualified specialists (Certified Information and Referral Specialists) and linkages are made to the most appropriate services. It streamlines the need to remember a number of 1–800 numbers, or government program telephone numbers. It addresses the need for qualified, knowledgeable staff that is provided with specialized training in abuse dynamics.

In the US, almost half the population now has access to 211. In Canada, the United Way is working to make access available to 30% of Canadians by next year and to all Canadians by 2011.

### **Coordinated Approaches / Community Responses**

A number of provinces and territories are developing coordinated approaches/ community responses. These are generally promising in working to increase capacity of groups and communities to deal with the issue of abuse and neglect of older adults. Informants used the two phrases – coordinated approaches and/or community responses – to refer to the following several distinct kinds of approaches:

1. Interdisciplinary team approaches
2. Expanded interdisciplinary team approaches with community aspects (agencies or partnerships)
3. Wider interagency approaches which may be cooperative, general interagency initiatives (e.g. we will all cooperate on this issue through a project or short term initiative) from all agencies locally or regionally, whether or not their individual focus is usually on issues of abuse
4. Coordinated sector approaches based on the ‘Duluth’ coordinated community approach to the issue (In the case of the Duluth model, this is a way for the criminal justice system and other agencies to deal with domestic violence from enforcement to treatment.)
5. Whole community coordination approaches

Activities undertaken by these approaches vary by level of prevention. The interdisciplinary team largely does secondary and tertiary level prevention while whole community coordination approaches mostly engage in primary prevention activities.

These five approaches are explored more fully in Appendix 8, which includes an accompanying comparative table.

## Promising Approaches By Jurisdiction That Can Be Spread

The following approaches can work anywhere in Canada:

- Working from explicit and espoused principles (having guiding principles which have high visibility and which have regular reviews to see if activities are congruent with them).
- Furthering the work of the Canadian Network for the Prevention Elder Abuse (CNPEA). This network is focused on the field of prevention of abuse and neglect of older adults, and has a cross section of academics, practitioners, legal, health, and social work researchers and practitioners.
- Raising awareness of abuse and neglect of older adults; the need for documentation of projects and programs and for adequate resources.
- General guidelines relating to cross-cultural working and preservation of traditional practices as detailed in the National Inuit Strategy could be applied to many First Nations, and Inuit communities.
- Some agencies working with the issue of abuse and neglect of older adults have identified best practices for multi-cultural engagement and these can be used more widely.
- All front line workers trained in recognizing abuse, dynamics of abuse and procedures if detected.
- The generation of provincial/territorial strategies by **Ontario, Manitoba, Nova Scotia, and Nunavut** are overall promising approaches. A companion document to the Nunavut strategy produced by the Nuluaq Project identifies promising practices in a number of areas of prevention of abuse and in support and assistance.
- Coordinating in particular ways such as:
  - Coordinated and integrated programs/interventions,
  - Coordinated community approaches ('whole community' and other coordinated agency approaches),
  - Access to consultation for complex cases for interveners (interdisciplinary team approach to individual situations).
- Making full use of a broad range of legislation to protect people – suiting the laws used to the particulars of individual situations.



- Providing a substantial block of funding over a sustained period of time (e.g. Ontario).
- Dedicated Service Approach
  - Dedicated workers in organizations to deal with senior abuse issues
  - Centres specializing in problems of seniors (such as the Advocacy Centre for the Elderly in Toronto).
- Continuing to promote World Elder Abuse Awareness Day nationally, provincially and locally.
- Working to ensure access to information and referral by telephone (similar to the 211 system).

### **Promising Approaches Identified by Types of Activities**

#### **Public Sensitization Programs**

- Public Education – many levels and delivery styles to different audiences. Done in a way to combat and not reinforce ageist attitudes (e.g. BC Coalition to Eliminate Abuse of Seniors, Community Response to Abuse and Neglect of Elders – Medicine Hat, Alberta).
- Professional theatre troupes that use non-verbal and other messages to cross-cultural and language lines (e.g. BC and Manitoba; Quebec has several who tour). Also:
  - HATS (Health Action Theatre) in Ontario does this and has scripts and resources online so people can develop their own community work in using this approach. Produced by volunteer seniors with handbooks to accompany in English, Vietnamese and Portuguese.
  - Intergenerational theatre project with Quebec high schools and older adult groups.
- Social marketing campaigns done with careful consultation with workers and researchers in the field, to make very sure a positive, high impact message is being disseminated (e.g. Toronto Police Project).

#### **Senior (Older Adult) Sensitive Programs**

- Seniors-directed approach (e.g. BC Coalition to Eliminate Abuse of Seniors, BC CEAS – modifying products to make sense to seniors, not have project dictate what is developing and adapting to needs as they arise).
- Multicultural approaches (BC CEAS) that are senior-sensitive across cultures.
- Information for the public and older adults which is not Internet-based.
- Research and development of models for how best to support abused older women (e.g. BC Yukon Society of Transition Houses).

### **Dedicated Personnel – Justice System**

- Because of the complexity of the issue and cases and application of law, specialist personnel are needed. These could include police, and Crown Attorneys (e.g. Waterloo and Guelph, Ontario).

### **Dedicated Personnel – Public Guardian and Trustee**

- To allow time to determine what is actually happening, the ability to freeze assets and prevent the sale of property in situations where there is reason to believe an adult may be mentally incapable and their assets are at risk (BC)

### **Education of Elected Officials**

- Cross agency and community Working Committees that recommend legislative initiatives and amendments at the Ministerial level (e.g. Saskatchewan). Often involves lengthy and thorough consultation at all levels.

### **Education of Professionals**

- Professional education (e.g. Ontario Network for the Prevention of Elder Abuse e-tool).

### **Coordination of Information**

- Coordination of information/updating (e.g. Quebec Network Against Elder Abuse-RQCAA, Alberta Elder Abuse Awareness Network).

### **Research/Leaders/Centres**

- Gerontology Research Centre – Simon Fraser University – BC
- University of Toronto Institute for Life Course and Aging – home of the National Institute for the Care of the Elderly
- University of Sherbrooke (work of Marie Bealieu)
- Ryerson University (work of Elizabeth Podnieks)
- Dalhousie University (work of Joan Harbison)
- University of Northern British Columbia (work of Dawn Hemingway)
- Research and Education for Solutions to Violence and Abuse (RESOLVE) – Winnipeg, Manitoba (Kirsten Rogers)
- Canadian Institutes of Health Research – Institute of Aging
- Canadian Research Institute for Law and the Family – CRILP (Monica Pauls)
- CSSS Cavendish CREGES – Montreal Quebec

### **Grass Roots Organizations and Projects**

- Producing guiding principles for community initiatives to allow appropriate local development (e.g. BC, Newfoundland).
- Individual approaches (door-to-door visiting such as in PEI and Nova Scotia).
- Peer or older adult-to-older adult approaches that take real care in approach and engagement (e.g. Guelph/Wellington Senior Association, Ontario; Seniors Resource Centre of Newfoundland and Labrador in St. John's, Newfoundland).

- Edmonton Community Action Committee on Elder Abuse (e.g. Edmonton, Alberta)

### **Inter-sectoral Collaborative Programs**

- Dedicated Community Development position to develop partnerships, to develop 'whole' community approaches, to broker relationships amongst professions and occupations, to embed healthy attitudes and actions in community, to engage community at all levels (e.g. Edmonton Elder Abuse Intervention Team, Alberta).

### **Whole Community Approaches**

- Network Building – could be interagency networks or whole community approaches (e.g. BC Association of Community Response Networks, Quebec, Nova Scotia, Ontario; First Nations network building in BC and Alberta; Manitoba has been working for four years and is experiencing growth in numbers of networks; Nova Scotia is beginning the process).
- Regional coordination similar to Ontario's regional consultants or the BC Association of CRNs' regional mentors who support coordinated community approaches throughout the province. Can contribute to regional planning for responses as well as response at the local level.
- Elder Abuse Consultation Team – Edmonton, Alberta

### **Provincial/Territorial Government Strategies**

- Nova Scotia, Ontario, Manitoba, Nunavut
- National Inuit Strategy for Abuse Prevention – community based, integrates traditional and non-traditional approaches, honours strengths, linked to Guide to 'how to do'.

### **Centres of Specialized Activity**

- Advocacy Centre for the Elderly, Ontario; Canadian Centre for Elder Law Studies, BC; Kerby Center, Alberta
- Safe Houses or Safe Accommodation for older adults (e.g. Edmonton, Calgary, Winnipeg, BC and Yukon Society of Transition Houses – building awareness of needs of older women and supporting safe home systems in rural communities)
- Seniors Abuse Helplines (Edmonton, Alberta and Winnipeg, Manitoba)

### **Systems Adaptations**

- Justice systems adaptations (e.g. family violence courts, Manitoba, Ontario, Yukon, Alberta).
- Detection of abuse - Physicians Suspicion Index – simple tool to be used by physicians to detect abuse in patients visiting them (e.g. Quebec and World Health Organization).

**Promising Approaches as identified by Topic in Teleconferences**

Research	Community Responses	Interventions (Support and Assistance)	Criminal Justice System	Legislation and Policy	First Nations, Inuit and Metis
<ul style="list-style-type: none"> <li>▪ Comparable data sources</li> <li>▪ Awareness of research underway and sharing results</li> <li>▪ National Institute on Care of the Elderly (NICE) type organizations</li> <li>▪ Larger scale projects where results have potential to be generalized to benefit many</li> <li>▪ Long term initiatives</li> <li>▪ Evaluation</li> <li>▪ Regular conversations among researchers (page18) and input to other levels</li> <li>▪ Coordination and leadership</li> </ul>	<ul style="list-style-type: none"> <li>▪ Guiding principles</li> <li>▪ Housing as an issue</li> <li>▪ Public education</li> <li>▪ Community Response Networks</li> <li>▪ Other networks</li> <li>▪ Coordinated Interventions</li> <li>▪ Difference between coordinated interventions and whole community approach</li> <li>▪ Case conferencing</li> </ul>	<ul style="list-style-type: none"> <li>▪ Assessing</li> <li>▪ Risk management</li> <li>▪ Intake</li> <li>▪ Referral</li> <li>▪ Range of need</li> <li>▪ Early intervention</li> <li>▪ Physician's Suspicion Index</li> <li>▪ Reference Guide –Flow Chart (Hamilton Council against Abuse of Older Persons,</li> <li>▪ Halton Elder Abuse Prevention Committee, adapted by the Advocacy Centre for the Elderly)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Family Violence courts</li> <li>▪ Safe Houses</li> <li>▪ Dedicated personnel</li> <li>▪ Advocacy Centre for the Elderly</li> </ul>	<ul style="list-style-type: none"> <li>▪ Principles</li> <li>▪ Chart / reports from Canadian Centre for Elder Law Studies and grant proposal to examine/evaluate use of planning tools in facilities</li> <li>▪ Provincial strategies</li> <li>▪ Elder law specialty</li> <li>▪ World law reform website</li> <li>▪ www.bcli.org</li> <li>▪ New legislation</li> <li>▪ Project of BC Adult Abuse and Neglect Prevention Collaborative to analyze impact of legislation and policy, and suggest changes</li> </ul>	<ul style="list-style-type: none"> <li>▪ Language (using First Nations language in preventing and intervening)</li> <li>▪ First Nations and Inuit workers</li> <li>▪ Community capacity building</li> <li>▪ Healing Circles</li> <li>▪ National Inuit Strategy</li> <li>▪ Combination of traditional and mainstream</li> </ul>

## 3. Future Directions

At present, there are no rigorous and agreed criteria anywhere in the world for promising approaches to prevent and address abuse or neglect in later life. However, this investigation very clearly revealed several kinds of existing Canadian needs which, if met, could lay the foundation for guiding communities and governments as they develop and enhance their approaches in this area.

The following issues – presented in phases – will need attention to enable the field to move forward.

### **SUGGESTED STARTING POINTS**

---

#### **Guiding Principles**

A set of guiding principles for prevention will need to be developed for the Canadian context. These principles need to stress the importance of abuse and neglect of seniors as a social, health and legal issue; emphasize respect for older adults as adults and value their contributions; reflect the country's diversity and offer direction in ways that will help prevent the problem as well as address its underlying causes.

At a systems level, it may be useful to draw on some principles or starting points similar to those developed in the US strategic plan for preventing violence of women. Although concerned about addressing/preventing all forms of abuse/neglect of both men and women, these provide a platform that may help place community action on a more formal, evidence-based foundation than so far exists in Canada.

Drawing from that strategic plan, it is recommended that future strategies in Canada for addressing abuse and neglect in later life:

- emphasize primary prevention;
- advance evidence-based knowledge in prevention;
- recognize the important role of older adults in identifying needs and approaches;
- focus on practical application of these evidence-based approaches and advances;
- are committed to making the best use of resources at all levels.

#### **A Need for Increased Leadership**

This project has underscored the need for more national leadership to develop and strengthen existing networks. The Canadian Network for the Prevention of Elder Abuse

(Réseau canadien pour la prévention des mauvais traitements envers les aîné(e)s) is a national organization which exists to<sup>xvi</sup>:

- Raise awareness
- Share information
- Stimulate research
- Facilitate review of national policy
- Support network building and development at the national, regional, provincial and local levels
- Support capacity building
  - With a shared vision
  - With participation at many levels
  - Facilitating communication and leadership
  - Builds knowledge, skills
  - Support ongoing learning and critical reflection.

CNPEA has the ability and interest to take on many of the recommendations for development of the field under its present mandate. This would require organizational capacity building and an increased level of resources.

## **PHASE 1- INITIAL RESPONSES**

---

The following recommendations can be implemented with a moderate level of financial support. Each is “doable” and would have an immediate effect.

The items are divided into three categories: those which cut across jurisdictions to serve to develop and organize the field of prevention of abuse and neglect for older Canadians; those specifically applicable to First Nations communities; and those which apply to the Canadian North.

### **Across Jurisdictions**

These are grouped according to who could play a leadership role:

#### **At Federal/Provincial/Territorial Levels**

- Consider proactively encouraging coordination mechanisms at local, regional, provincial / territorial and national levels.
- Consider developing a cost sharing funding formula for the development and implementation for a national strategy among Federal/Provincial/Territorial governments.

- Support CNPEA to collaboratively and consultatively develop a national strategy based on the beginning framework proposed by CNPEA. Follow the Inuit model in making sure that front line workers, seniors, communities, and policy makers have major input into developing it.
- Share the current status of implementation of the recommendations and strategies in the WHO Prevention of Violence publication (Guidelines to Implementation) with CNPEA and other regional players so they can identify how they can be supportive in taking next steps regarding researching violence in later life – its causes, consequences and prevention; promoting gender and social equality and equity to prevent violence; strengthening care and support services for victims, and developing a national plan of action.
- Jointly with CNPEA, share this document with the Federal/Provincial/Territorial Working Group on Safety and Security of Seniors and those assembled at the Elder Abuse Working Forum it is sponsoring on November 8, 2007 in Vancouver, partners in the federal government’s Family Violence Initiative and related funders as a document that lays the ground work for what is needed to develop this field.
- With regard to research:
  - Provide sufficient funding and project timeframes to enable outcome evaluation in research and projects.
  - Develop mechanisms to ensure that good research guides policy development (research results must reach policy makers). Create mechanisms to make sure this can happen.
  - Coordinate data collection as a result of consultation. Researchers spoke of the need to have ‘good’ data (both reliable and valid); and data that can be compared because of some standardized way of collecting. If a public health approach is adopted, a ‘health surveillance’ system to track and define interpersonal violence can be incorporated in the same way it would for any health issue, whether it is a tropical disease or smoking cessation. <sup>xvii</sup>

## **CNPEA**

- Continue to find and celebrate champions, advocates and change agents to help develop the field.
- Inclusively facilitate the development of a national strategy grounded in agreed-upon guiding principles (see accompanying project deliverable “Draft Framework for a National Strategy to Prevent Abuse/Neglect of Older Adults in Canada” for more details).
- Examine general approaches in the prevention of abuse and neglect of older adults such as coordinated or comprehensive community approaches from crime

prevention, health promotion, and public health ecological fields. There may be a hierarchy of approaches or a way to combine them that makes sense in relation to the needs of this field.

- Think strategically about how learning and knowledge transfer can help this field develop. See Appendix 10 for more details on operationalizing this recommendation and develop learning and knowledge transfer systems including, at a minimum, regular national teleconferences.
- Building on this snapshot, more completely and systematically map the current activity in the field of prevention of abuse and neglect of older adults. This could include mapping current partnerships linked to major initiatives in the country.
- Identify the kind of public information campaigns that would be effective and co-create with federal, provincial and territorial governments. Link to World Elder Abuse Awareness Days and other relevant opportunities.
- Learn about and support coordinating and community response approaches. Offer skills building and mentoring to groups learning to collaborate. This requires high level skills and lots of support.
- With regard to research:
  - Pull together those working in the field to discuss exploring and adopting principles of prevention research as an overarching umbrella to unify the practice and theory of all the disciplines working on abuse of older adults.
  - Establish a national research agenda (suggested topics are listed in Appendix 9).

## **Regionally**

- Develop widespread education on the dynamics of abuse and neglect in later life along with available community resources. Deliver this not only to professionals but to the wide variety of service providers who have contact with older Canadians such as financial institution staff, dentists, optometrists, and pharmacists.
- Continue and expand the idea of professional education and information sharing opportunities such as 'Stakeholder Days', which was developed by the Ontario Network for the Prevention of Elder Abuse and sponsored with funding from the Ontario Strategy.
- Increase stakeholder access to education on all coordinated approaches and relationship development/collaboration skills.



## **PHASE 2 NEXT LEVEL RESPONSES**

---

The following recommendations require more time, and agreement from diverse disciplines and professions.

### **At Federal/Provincial/Territorial Levels**

- Strategically fund research to encourage social work and graduate students from other disciplines to do research on issues in prevention of abuse of older adults. A five-year commitment would lead to a major repository of information and a cohort of future researchers. (This is a recommendation of the WHO Report on Implementing Recommendations of the Preventing Violence Report) xviii.
- Enhance clearinghouse type initiatives (e.g. National Clearinghouse on Family Violence, Ontario Network for the Prevention of Elder Abuse, and Canadian Network for the Prevention of Elder Abuse websites) and aspire to a Woodbridge type resource. xix (Woodbridge/American Society of Adult Abuse Professionals and Survivors monitors publications and websites on adult abuse from a wide variety of disciplines and perspectives -- new training materials, public awareness pieces, new ideas, developments, keeping up on new research to translate ideas and thinking in a way that can be applied to work in the field. It is a catalyst across systems -- to build bridges of understanding and collaboration among adult protection workers, law enforcement and criminal justice domestic violence programs, aging services, law and policy makers, disability organizations, health and mental health care, lawyers and others.)
- Implement the use of the World Health Organization documenting system for programs to address the invisibility in this field (Handbook), WHO (2004).

### **CNPEA**

- Encourage professional organizations and associations to develop standards for work in the area of abuse and neglect of older adults. Establish minimum knowledge bases, protocols and procedures<sup>xx</sup>. Establish best practice evaluations.
- Invite each jurisdiction to select the promising approaches which have been identified elsewhere, that would be most appropriate to adopt in each area. This could include coaching each other, knowledge transfer to make program development faster and to avoid the first generation pitfalls that occur in projects.
- Develop a framework, definitions and criteria for a continuum of practice that suits this field.

## **In First Nations Communities**

The most effective abuse prevention programs in First Nations communities appear to be those that:

- are offered in the context of the whole family,
- contribute to capacity building in the community,
- use approaches such as healing circles, for dealing with abuse of older adults as well as other social issues,
- bring the issue to higher visibility through approaches such as public campaigns (as in most Canadian communities it is still a hidden issue),
- build on community knowledge and insights,
- ask communities what will work.

## **In the Canadian North**

Useful strategies include:

- Aboriginal language training of government personnel in the North who deliver service to aboriginal and Inuit people to improve communication and break down isolation.
- Accelerated professional training of Inuit workers and others in the North.
- Family strengthening approaches (see Appendix 3 for a description).

## **OVERARCHING CONSIDERATIONS**

---

Two areas in particular could benefit from careful consideration for this field to develop and reach its fullest potential in communities and in Canadian society.

These are discussed in more detail in the following section and in the appendices (8 and 10). They are: knowledge transfer and the gathering and dissemination of ongoing learning; and the coordination of prevention activities.

### **Learning and Information Sharing (Knowledge Transfer)**

This project revealed a very clear need from informants for more opportunities to share, inform, discuss and dialogue around topics in this field.

The field could benefit not only from more teleconferences, but also from other opportunities for consolidation and the applications of accelerators (ways to quicken

learning), escalators (smooth progression from basic to more advanced learning), and catalysts of learning.

Accelerators provide a multi-dimensional and multi-layered approach to presentation and engage all learning styles, use group intelligence and encourage learners.

Catalysts could include colloquiums of all the centers for anything to do with aging; where think tanks could convene, research results could be shared, research agendas could be proposed, and consensus on priorities could be found.

Given the challenges of the rapidly approaching population 'age wave' on the horizon for Canada, any fast tracking of response would be strategically sound.

Specific methods for creating opportunities for learning include:

- Conferencing of all kinds at local, regional, provincial and federal levels (video conferencing, teleconferencing and face-to-face conferencing).
- Creating directories of programs and exploration and consolidation of models (including criteria for effectiveness).
- Incorporating curricula for the prevention of abuse and neglect of older adults at all levels of programmed learning (pre-service and in-service).

Topics for learning can include comparative studies of Canada and other jurisdictions, examinations of the role of sustainable non-government organizations, reviews of research, and reflection on practice. A list is included in Appendix 10 of topics suggested by informants during teleconferences.

## **Coordination**

Coordination is defined as:

- 'Organizing or integrating diverse elements of responses'<sup>xxi</sup>
- 'Increasing compatibility of individual plans allowing activity to reach a superior level'<sup>xxii</sup>
- 'An organized working together of individuals and groups of individuals aimed at creating a purposeful movement'<sup>xxiii</sup>

Other jurisdictions, for instance the European Union, have put significant efforts into coordinating approaches to combating social issues.<sup>xxiv</sup>

Developing coordinating mechanisms to combat social problems is a key response which moves individual and group efforts to a wider level regionally, provincially/territorially and nationally. If done consistently, coordinating mechanisms

can lead to greater social impact because it makes the best use of resources at potentially all levels and maximizes the opportunity to share eventual best practices.

The following levels are where more coordination would be beneficial:

- Coordination of Government Efforts – increased coordination of strategies, policy and delivery methods related to recommendations of the *WHO Guide to Implementing Prevention of Violence*. This is within each level of government as well as cascading from and connecting with international, national, provincial/territorial, regional and local governments.
- Regional Coordination Using Whole Community Approaches and Coordinated Community Responses
- Community Development Work: Coordination of Communities
  - Collaborative skills building
  - Defining community and organizational capacity building
  - Public awareness campaigns
  - Public education
- Groups of Agencies Working Together: Coordination Within and Among Agencies (i.e. protocols)
- Front Line Casework: Coordination of those offering support and assistance
  - Collaborative skills building
  - Multi-disciplinary teams
  - Consultation teams for complexity
  - Developing ‘clinical’ judgment
  - Training

## 4. Conclusion

### THE STATE OF THE FIELD

---

This project, *Outlook 2007: Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada*, set out to compile a national snapshot of promising approaches in the field of prevention of abuse and neglect of older Canadians.

The field of prevention of abuse and neglect of older adults in Canada is lagging behind other areas of family violence prevention. It is largely the case that multiple small-scale projects and a few noteworthy larger programs exist in a patchwork of service delivery and under-coordinated effort. It is also far from being able to use practice standards such as are available for other fields (e.g. health).

The project found that there is no formal way to identify, select, or assess promising approaches. In addition, projects and programs in Canada are largely unevaluated for outcomes, and criteria used for identifying effective programs based on evaluation are non-existent in this field.

In the absence of agreed-upon definitions and criteria of promising approaches, informants suggested various approaches along with some rationale for selection. No more systematic way will exist to work with 'promising approaches' until the field develops.

The field merits resources and development to capitalize on the efforts of committed work of practitioners, researchers, legal specialists, educators, family members, volunteers and older adults.

Promising approaches provided mainly by conversations with those across Canada who work in the field have been gathered and reflected in a number of ways. These promising approaches warrant close attention in order to determine if they are appropriate in other places, settings, or can provide a bit of a road map for differing levels of prevention. The concepts that surround prevention also bear scrutiny and discussion in light of a sense that people across the country want to learn more and support continuous improvement in the practice of prevention.

### ISSUES OF DEVELOPMENT

---

Development is difficult because of the nature of the issue, the diversity of types of abuse and of populations to distinctly serve, the number of disciplines involved, and the

number of systems to navigate. The challenges of geography only escalate the difficulties. The approaches listed within this report reflect some of the complexity to be addressed.

A specific impetus for development of this field and the work within it is the 'age wave' Canada is expecting. More development, more quickly to combat the pressures of demographics on services would be beneficial.

Development of the field has been boosted by the establishment of some provincial and territorial strategies and as well as legislation. Another general promising approach is the application of capacity building and coordinated approaches at the community level. The landscape, however, is largely one in need of information sharing, learning, and awareness raising. At the same time, the meaningful, pervasive participation of older adults in all areas of work would be ethical and valuable.

## **RECOMMENDATIONS**

---

The document titled, 'Enhancing Safety and Security for Canadian Seniors: Setting the Stage for Action'<sup>xxv</sup>, includes a chapter on abuse and neglect of older adults. It addresses action that would enhance the overall safety and security of older Canadians with government, organization and community level strategies. It states that Canada has a body of 'excellent reports' on the subject of elder abuse, but that there have not been subsequent new policies, programs and research initiatives. It recommends a coordinated effort at all levels of intervention to implement needed policies and share 'best practices' that exist. It provides a checklist for action (Appendix 11).

Ways to accelerate change and to build on current work have been suggested in this Outlook 2007 Project report. The latter part of the paper details what issues need to be considered and the first steps required to address those issues.

Knowledge transfer and learning, selecting an overall approach, and coordination are keys to developing this field.

Key recommendations include:

- ▶ Developing a national strategy and supporting one or more organizations (which may already exist, such as the Canadian Network for the Prevention of Elder Abuse) to aid implementation of the strategy.
- ▶ Explore public health, population health, crime prevention through social development, ecological and systems approaches at the level of a meta-approach.

- ▶ Ensure regular and systematic “meetings of minds”. This is important in four areas:
  1. Systematic mapping of what exists in the field.
  2. There are effective, creative, careful, cross-discipline efforts available in Canada, with practitioners attesting to their effectiveness (although unevaluated). Either the principles or the projects themselves could be used in other places in Canada. Workers in the field need to examine these, evaluate them, standardize where possible, and use ecological principles to use them more widely (re-cycle, re-use, reduce, etc.).
  3. Research needs better dissemination and application.
  4. Education and awareness-raising is needed nationwide. There is a lot of material available from across Canada.
  
- ▶ Further develop the notions of ‘promising approach’ or ‘best practice’ in a non-medicalized model, with attendant rigorous definition and selection of examples. At that point, and perhaps in conjunction with a documenting system similar to the World Health Organization classification scheme, a formal repository of evidenced ‘promising approaches’ and ‘best practice’ can be produced.

A systematic, strategic effort to embed some of these recommendations would result in a very different snapshot of the field in the future.

## 5. Reference List

\_\_\_\_\_ (2006). *Abuse and neglect of older adults: International and Cultural Perspectives - An Update of the Literature*. Annotated Bibliography. The National Center on Elder Abuse, (NCEA). Online at <http://www.elderabusecenter.org/default.cfm>

\_\_\_\_\_ (2004). *Abuse Prevention Services in Inuit Communities: Analytical Report, The Nuluaq Project*. National Inuit Strategy for Abuse Prevention.

\_\_\_\_\_ (1999). *A Public Health Approach to Violence Prevention*. Ontario Public Health Association, A position paper and resolution adopted at the 1999 OPHA Annual General Meeting.

Atlantic Evaluation Group Inc. (2005). *A Review and Analysis of the Social and Economic Costs Of the Abuse of Older Adults Final Report*. Prepared for: Federal / Provincial / Territorial Committee of Officials (Seniors).

Beaulieu, M, Gordon, R, Spencer, C. (2003). *An Environmental Scan of Abuse and Neglect of Older Adults in Canada: What's Working and Why*. Prepared for the F/P/T Ministers Responsible for Seniors.

\_\_\_\_\_ (2004). *Best Practices*. Association of Maternal and Child Health Programs website: Issues Areas. On line at <https://www.amchp.org/policy/bestpractice-definition.htm>

\_\_\_\_\_ (2002). *Best Practice Guidelines and Implementation Checklist*. Ontario: Woman Abuse Council of Toronto.

Bracht, N. (1999). *Health Promotion at the Community Level 2: New Advances*. Newbury Park, CA: Sage Publications.

Canadian Centre for Justice Statistics (2006). *Family Violence in Canada: A Statistical Profile 2006*. National Clearinghouse on Family Violence. Statistics Canada.

Canadian Centre for Justice Statistics (1994). *Ursel, E.J. The Winnipeg Family Violence Court. Juristat, Vol. 14, No 12*. Statistics Canada. On line at [http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvwinnipeg\\_e.html](http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/fvwinnipeg_e.html)

Couture, J., Parker, T., Couture, R., Laboucane, P. (2001). *A Cost -Benefit Analysis of Hollow Water's Community Holistic Circle Healing Process*. Ottawa: Aboriginal Corrections Policy Unit, Solicitor General Of Canada.



Dahlberg, L.L., Krug, E.G. (2002). *Violence: a global public health problem\** *Violência como um problema global de saúde pública*. Atlanta, Georgia: Division of Violence Prevention, National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (WHO).

Dusenbury, L., Falco, M., Lake, A., Brannigan, R., & Bosworth, K. (1997). Nine critical elements of promising violence prevention programs. *Journal of School Health*, 67(10), 409-414.

\_\_\_\_\_ (1999). Enhancing Safety and Security for Canadian Seniors: Setting the Stage for Action. Federal/Provincial/Territorial Ministers responsible for Seniors. On line at [http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap4\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap4_e.htm)

European Monitoring Centre for Drugs and Drug Addiction (2003). *Coordination-A Cornerstone of Effective Drugs Policy*. Lisbon: Bulletin No 5, European Monitoring Centre for Drugs and Drug Addiction. On line at <http://www.inicri.it/min.san.bollrtino/dati/46en.pdf>

Fazzone, P., Holton, J., Reed, B. (1997). *Substance Abuse Treatment and Domestic Violence*. Treatment Improvement Protocol (TIP) Series 25. Rockville, MD: U.S. Department of Health and Human Service, Public Health Service. On line at <http://www.kap.samhsa.gov/general/order.htm>

\_\_\_\_\_ (2003). Final Project report: "*Taking Action Against Abuse of Seniors*" Canadian Association for Community Care. Online at [www.ccac-acssc.com](http://www.ccac-acssc.com)

Impink, R. V. (2006). Community Plans to Address Domestic Violence: An Overview of Domestic Violence within the Context of Family and Community Violence. *Richmond Journal of Law and the Public Interest*, Winter/Spring.

Jamieson W., and Hart, L. (2003). *Compendium of Promising Crime Prevention Practices in Canada*. The Caledon Institute of Social Policy, Online at <http://www.caledoninst.org>

Kahan, B., Goodstadt, M., Rajkumar, E. (!999). *Best Practices in Health Promotion: A Scan of Needs and Capacities in Ontario*. Toronto, ON: Health Canada: Centre for Health Promotion. Excerpted at <http://www.ohpe.ca/bulletin/FullFeature.cfm?ID=217>

Kinnon, D. (2001). *Community Awareness and Response: Abuse and Neglect of Older Adults*. Health Canada: Family Violence Prevention Unit, Health Canada. Online at [www.pch.gc.ca/progs/multi/assets/pdfs/sen-pub1\\_e.pdf](http://www.pch.gc.ca/progs/multi/assets/pdfs/sen-pub1_e.pdf)

Krug, E.G et al., eds. World Health Organization (2002). *World report on Violence and Health*. (Geneva, WHO).

Graffunder, C., Noonan, R., Cox, P., Wheaton, J. (2004). Through a Public Health Lens. Preventing Violence against Women: An Update from the U.S. Centers for Disease Control and Prevention. *Journal of Women's Health* Jan 2004, Vol. 13, No. 1: 5-16. Online at [http://www.medscape.com/viewarticle/471011\\_3](http://www.medscape.com/viewarticle/471011_3)

Linden, R. (2006). *Evaluation of the Waterloo Restorative Justice Approaches to Abuse and Neglect of Older Adults Project*. Report prepared for the Law Commission of Canada, unpublished.

McDonald, L. & Collins, A. (2000). *Abuse and Neglect of Older Adults: A Discussion Paper*. Ottawa: Health Canada: Family Violence Prevention Unit. Online at [www.pch.gc.ca/progs/multi/assets/pdfs/sen-pub1\\_e.pdf](http://www.pch.gc.ca/progs/multi/assets/pdfs/sen-pub1_e.pdf)

Meier, D., Gill, M.J. (1989). Accelerated Learning Takes Off. *Training and Development Journal*, January. Online at <http://www.alcenter.com/takesoff.html>

Merzel, C., D'Afflitti, J. (2003). Reconsidering Community-Based Health Promotion: Promise, Performance, and Potential. *American Journal of Public Health*, Vol.93 (No.4), 557-574.

Nation, M., Keener, D., Wandersman, A. and Dubois, D. (2003). *Applying the Principles of Prevention: What do Prevention Practitioners Need to Know about what Works?* Excerpted from Nation, M., Crusto, C., Wandersman, A., Kumpfer, K. L., Seybolt, D., Morrissey-Kane, E., & Davino, K. (2003). What works in prevention: Principles of Effective Prevention Programs. Prepared for Centers for Disease Control and Prevention, Division of Violence Prevention, *American Psychologist*, 58, 449-456.

National Advisory Council on Aging. (2006). *Seniors in Canada 2006 Report Card*. Ottawa: Minister of Public Works and Government Services Canada, 2006. Online at [www.naca.ca](http://www.naca.ca)

\_\_\_\_\_ (2005). *National Strategy to Prevent Abuse in Inuit Communities/and Sharing Knowledge, Sharing Wisdom: A Guide to the National Strategy*, Ottawa: Pauktuuit Inuit Women of Canada. 2005. Online at [http://www.pauktuuit.ca/pdf/publications/abuse/InuitStrategy\\_e.pdf](http://www.pauktuuit.ca/pdf/publications/abuse/InuitStrategy_e.pdf)

\_\_\_\_\_ (2000). *Our Aging Population: Promoting Empowerment, Preventing Victimization, and Implementing Coordinated Interventions*. Washington, DC: A National Symposium Sponsored by the U.S. Department of Justice and the U.S. Department of Health and Human Services, A Report of Proceedings, Office of Justice Programs.

Pauls, M., MacRae, L. (2006). *The Response to Abuse and Neglect of Older Adults in Alberta: Legislation and Victim Focused Services Final Report*. Canadian Research Institute for Law and the Family. Online at <http://www.ucalgary/~crif/publications/ElderAbuseFinalReport-June2006.pdf>

Perkins, H. (2005). *Coordinated Community Response Agreement, Abuse and Neglect of Older Adults In Peterborough County and City*, Abuse Prevention of Older Adults Network, National Crime Prevention Strategy Final report.

Podnieks, E. (2002). *Raising Awareness of Abuse of Older Persons; Faith Communities Response to Abuse and neglect of older adults*. Conference Proceedings, McMaster Divinity College, Centre on Religion and Aging, Hamilton, ON.

Podnieks, E. (2006). Social Inclusion: The interplay of the determinants of health – new insights into Abuse and neglect of older adults. *Journal of Gerontological Social Work*, 46 (3-4): 57-79.

\_\_\_\_\_ (2005). *Preventing abuse and neglect of older adults through the health sector*, a background paper by the Victorian Community Council Against Violence, Victoria, Australia.

Ross, R. ( ). Discussion Paper-Exploring Criminal Justice and the Aboriginal Healing Paradigm. Online at [www.lsuc.on.ca/media/thirdcolloquium\\_rupert\\_ross.pdf](http://www.lsuc.on.ca/media/thirdcolloquium_rupert_ross.pdf)

Ross, R. (1996). *Returning to the Teachings*. Toronto, ON: Penguin Books Canada.

Smith, A. (2006). *The Status of Policy development on Abuse and neglect of older adults: A Pilot Project*. International Federation on Aging. Online at [www.ifa-fiv.org/en/accueil.aspx](http://www.ifa-fiv.org/en/accueil.aspx)

Spencer, C. (1995). New Direction on Research on interventions with abused older adults. In M.J. MacLean (Ed.), *Abuse and Neglect of older Canadians: Strategies for Change* (pp. 143-155). Toronto, ON: Thompson Educational Publishing Inc.

Statistics Canada. (1998). Family violence in Canada: a statistical profile. Statistics Canada. Also available at <http://www.statcan.ca/bsolc/english/bsolc?catno=85-224-X>

Struthers, A., Leaney, A. et al (2006). *Gathering Wheel Best Practices Final Report*. Vancouver: BC Association of Community Response Networks. Online at [www.bccrns.ca/projects/gathering\\_wheel.php](http://www.bccrns.ca/projects/gathering_wheel.php).

Swanson, S. (1999). *Abuse and Neglect of Older Adults - Overview Paper*. Ottawa: Health Canada: Family Violence Prevention Unit. Online at [www.hc-sc.gc.ca/nc-cn](http://www.hc-sc.gc.ca/nc-cn)

Status of Women Canada. (2001) Canadian Experience in Gender Mainstreaming. Online at [http://www.swc-cfc.gc.ca/pubs/0662667352/200112\\_0662667352\\_3\\_e.html](http://www.swc-cfc.gc.ca/pubs/0662667352/200112_0662667352_3_e.html)

World Health Organization. (1996). Violence: a public health priority. WHO Global Consultation on Violence and Health. Geneva: World Health Organization, (Geneva, WHO).

World Health Organization. (1997). *Violence against women: a priority health issue*. Information pack. (Geneva, WHO).

World Health Organization. (2001). *Putting women first: ethical and safety recommendations for research on domestic violence against women*. (Geneva, WHO).

World Health Organization. (2000). *Women, ageing and health*. Fact sheet No. 252, World Health Organization, (Geneva, WHO).

World Health Organization. (2001). *The world health report 2001. Mental health: new understanding, new hope*. (Geneva, WHO).

World Health Organization / International Network for the Prevention of Abuse and neglect of older adults. (2002). *Missing Voices: Views of Older Persons on Abuse and neglect of older adults*. (Geneva, WHO). Online at [www.who.int/hpr/ageing/MissingVoices.pdf](http://www.who.int/hpr/ageing/MissingVoices.pdf)

World Health Organization. (2003). *Social determinants of health: the solid facts*. 2<sup>nd</sup> edition. Ed by Richard Wilkinson and Michael Marmot. On line at [www.euro.who.int/document/e81384.pdf](http://www.euro.who.int/document/e81384.pdf)

World Health Organization, Pan American Health Organization (2003). *Impact of Violence on the Health of the Populations in the Americas*. Washington, DC: 44th directing council, 55th session of the regional committee.

World Health Organization. (2004). *Preventing Violence A guide to implementing the recommendations of the World report on violence and health*. (Geneva, WHO). Online at [http://www.who.int/violence\\_injury\\_prevention/media/news/08\\_0\\_2004/en/index.html](http://www.who.int/violence_injury_prevention/media/news/08_0_2004/en/index.html)

World Health Organization. (2004). *Handbook for the Documentation of Interpersonal Violence Prevention Programmes*. Injuries and Violence Prevention Department. (Geneva, WHO) Online at [http://www.who.int/violence\\_injury\\_prevention/publications/violence/handbook/en/index.html](http://www.who.int/violence_injury_prevention/publications/violence/handbook/en/index.html)

World Health Organization. (2005). *Milestones of a Global Campaign for Violence Prevention 2005: Changing the face of violence prevention*. World Health Organization. (Geneva, WHO).

World Health Organization. (2005). *WHO multi-country study on women's health and prevalence, health outcomes and women's responses*. World Health Organization, (Geneva, WHO).

## 6. Appendices

- Appendix 1 Methodology
- Appendix 2 Teleconference Interview Guides 1 - 6
- Appendix 3 Limits of Research
- Appendix 4 Definition of Promising and Best Practice – An Example
- Appendix 5 Programs to Combat Violence By Age and Effectiveness
- Appendix 6 Public Health Approach
- Appendix 7 Levels of Prevention Used by BC's CRNs
- Appendix 8 Coordinated Approaches
- Appendix 9 Research Agenda Suggestions – Research Teleconference
- Appendix 10 Learning
- Appendix 11 Checklist for Preventing Elder Abuse

## Appendix 1: Methodology

---

### 1. Literature Search

- literature search
- web search, database sites (ERIC, PubMed), National Clearinghouse on Family Violence, Public Health Agency of Canada, etc., regional, national and international sites
- polling researchers for important documents
- search for unpublished material

### 2. Conversations with self-selected and invited key contacts as identified by CNPEA and others

- a. Six teleconferences across selected topics as recommended by CNPEA
- b. One teleconference across all topics for French speakers

Date	Topic	Number of Informants
November 14	Research	13
December 18	Legislative and Policy	17
January 9	Community responses –involving the whole community	21
January 17	Interventions/programs related to financial, physical, sexual, emotional abuse (community and government programs)	12
January 30	First Nations, Inuit and Métis	9
February 6	French - all topics	11
February 12	Criminal Justice System Responses	12

- c. One face-to-face meeting with French researchers in Montreal
- d. One face-to-face meeting with BC Adult Abuse/Neglect Prevention Collaborative (convened by the Public Guardian and Trustee of BC)
- e. Individual interviews with selected contacts
- f. Two CNPEA Board meetings

### **3. Review by Advisory Group and Board Members**

CNPEA Advisory Committee

The following people provided leadership and direction as well as ongoing advice on the project:

Susan Crichton  
Elder Abuse Consultant  
Manitoba Seniors and Healthy Aging Secretariat  
822-155 Carlton Street  
Winnipeg MB R3C 3H8  
[Susan.Crichton@gov.mb.ca](mailto:Susan.Crichton@gov.mb.ca)

Alison Leaney  
Adult Guardianship Community Development Coordinator,  
Public Guardian and Trustee of BC  
and  
Executive Director, BC Association of Community Response Networks  
700 – 808 West Hastings St.  
Vancouver, BC V6C 3L3  
[aleaney@trustee.bc.ca](mailto:aleaney@trustee.bc.ca)

Catherine (Kip) Veale  
Seniors Services Liaison  
ASU (Adult Services Unit)  
YTG. H-4 PO Box 2703  
Whitehorse, YT. Y1A 2C6  
[Catherine.Veale@gov.yk.ca](mailto:Catherine.Veale@gov.yk.ca)

Charmaine Spencer, Gerontology Research Centre, Simon Fraser University and Dr. Mark Yaffe of McGill were generous with time and information for this report. Francine Cytrynbaum was critical to organizing, conducting, transcribing and translating the French face-to-face meeting and teleconference of Quebec colleagues. In addition, all Board members have been involved and consulted about the project.

### **4. Details of Methodology**

#### Questions

Questions were generated by the consultant and Advisory Group and then circulated before the teleconferences to the informants. There was some anxiety on behalf of informants that they would not be adequately prepared for the calls. (See Appendix 2 – Teleconference Interview Guides.)

### Informants in Conversations

The Advisory Group sought a geographic and occupational spread in its respondents. Contacts from membership lists and conference and professional activities were followed up on in a very deliberate form of networking.

There were a total of 104 informants. About 30 of these took part in more than one teleconference. About 30% of the informants had not been known to the CNPEA before the project.

Informants included seniors (older adults) representatives, practitioners in a number of occupations, researchers, government consultants, policy makers, cross-ministry and cross-government workers (planner for Federal/Provincial/Territorial Ministers events).

The enthusiasm of informants to take part in teleconferences and to talk on a number of levels about the field of prevention of adult abuse was noteworthy. Most informants indicated they would like to have regular conversations about issues in the field, probably by teleconference.

### Teleconferencing System

The Public Guardian and Trustee of BC's access to the BC government teleconferencing system was made available for this project.

### Nature of the Research

This project was, by nature, largely a qualitative research approach based on the experience of teleconference informants (anecdotal research similar to the Appreciative Inquiry model). Implicit and explicit knowledge was gained through a series of incisive questions for each topic.

Transcripts were then analyzed for possible promising approaches identified by informants and other possible promising approaches were identified from the literature.

The Project Advisory Group reviewed the analysis for accuracy and completeness.

Trends, issues and interesting observations outside of the identification of promising approaches were also noted.

Data was primarily collected by teleconference. The data was actually information provided through the filters of those heavily and deeply involved in the field.



---

## Appendix 2: Teleconference Interview Guides 1 to 6

---

### Promising Approaches to Addressing/Preventing Senior Abuse in Canada

Interview Guide for Teleconference 1:  
Promising Approaches in Research  
Friday, November 17, 2006  
12 noon - 2:00 Pacific

#### Preamble

This project of the Canadian Network for the Prevention of Elder Abuse, funded by the Public Health Agency of Canada, is to compile addressing promising approaches in the addressing and prevention of abuse of older adults.

Promising approaches is taken to mean: practices which do not quite qualify as best practices because of lack of evidence or evaluation but which seem to be effective, or worth pursuing further.

This is the first of about half a dozen national teleconferences. This one is about promising approaches in research in the senior abuse field. Both research which gathers data to show the extent of the problem, or solutions; and evaluative research (what we can say about the value of what we have been doing); is included.

1. What research has been done so far in jurisdictions across Canada?

- Probes:
- measuring the magnitude of the problem
  - intervening in cases
  - community building
  - prevention (add prevention definitions here)
  - outcomes of interventions
  - other or neglected areas?

2. What research should be done in the categories above, or otherwise?

- Probes
- hot spots

3. What are some promising approaches in research and why?

4. Who else knows something about this topic we should be in touch with?

Outlook 2007 -  
A National Survey of Promising Approaches to Prevention of  
Abuse and Neglect of Older Adults in Community Settings

Interview Guide for Teleconference 2:

Legislation and Policy

Monday December 18, 2006

12 noon - 2:00 Pacific

Preamble

This project of the Canadian Network for the Prevention of Elder Abuse, funded by the Public Health Agency of Canada, is to compile promising approaches in the addressing and prevention of abuse of older adults.

Promising approaches is taken to mean: practices which do not quite qualify as best practices because of lack of evidence or evaluation but which seem to be effective, or worth pursuing further.

This is the second of about half a dozen national teleconferences. This one is about promising approaches in legislation and public policy in the senior abuse field. Future teleconferences will collect promising approaches in the criminal justice system, interventions in specific situations, and in coordinated community responses.

**Questions:**

1. What legislation exists in your jurisdiction for the prevention of abuse and neglect of older adults? Specific laws, and more general legislation used for this purpose?
2. How long have these laws been in existence and are there any evaluations of how well they are working? How would we go about obtaining evaluative data?
3. Are there areas where new legislation is being developed? What are legislative gaps re: addressing senior abuse?
4. What are the main provincial/territorial public policies in your jurisdiction for the prevention of abuse and neglect of older adults or that are related to senior abuse prevention, e.g. domestic violence policies.
5. How well are public policies related to the legislation if it exists? Have any policies been evaluated?
6. Other?

Outlook 2007 -  
A National Survey of Promising Approaches to Prevention of  
Abuse and Neglect of Older Adults in Community Settings

Interview Guide for Teleconference 3:  
Promising Approaches in Community Responses to Prevention

Tuesday, January 9, 2007  
12 noon - 2:00 Pacific Time

Preamble

This project of the Canadian Network for the Prevention of Abuse and neglect of older adults, funded by the Public Health Agency of Canada, is to compile promising approaches in the addressing and prevention of abuse of older adults.

Promising approaches is taken to mean: practices which do not quite qualify as best practices because of lack of evidence or evaluation but which seem to be effective, or worth pursuing further.

This is the third of seven national teleconferences. This one is about promising approaches in community responses, particularly those called 'whole community approaches' to prevention.

The call will have 20 people on it due to the enthusiastic response of those across the country who are engaged in this work. We ask that, as a courtesy, you remember to stick to the questions and share air time with your colleagues. There will be a few minutes at the end of the call for more general discussion.

Questions for the call:

1. What kinds of community response approaches are you involved with or do you know about?  
What works well from your point of view?
2. What principles guide your activities and how much is your group able to operationalize these principles?
3. Many community responses build capacity amongst agencies. To what extent does your response involve older adults and others concerned with the issues?
4. Which activities or approaches would you see as promising approaches and why?
5. Which activities, approaches or projects have been evaluated?

Outlook 2007 -  
A National Survey of Promising Approaches to Prevention of  
Abuse and Neglect of Older Adults in Community Settings

Interview Guide for Teleconference 4:  
Promising Approaches in 'Interventions'  
Friday, January 17, 2007  
12 noon - 2:00 Pacific

Preamble

This project of the Canadian Network for the Prevention of Elder Abuse, funded by the Public Health Agency of Canada, is to compile addressing promising approaches in the addressing and prevention of abuse of older adults.

Promising approaches is taken to mean: practices which do not quite qualify as best practices because of lack of evidence or evaluation but which seem to be effective, or worth pursuing further.

This is the fourth of seven national teleconferences. This one is about promising approaches in 'Interventions' in the abuse of older adults field. This would include interventions by professionals, practitioners and also volunteers or community members in particular programs. 'Interventions' usually means actions taken to restore a situation after some kind of abuse has occurred.

The tele-conference considers the questions following. We will reserve a few minutes at the end for discussion. For purposes of transcription and with your permission, the call will be taped.

**Questions:**

1. What kinds of interventions do you do and in what area of abuse situations?
2. Are your interventions driven by a particular kind of legislation (i.e. Adult Protection, Adult Guardianship)?
2. What types of interventions are in your opinion most successful?
3. What of all the interventions or approaches you might use, would you label as 'promising approaches' (effective but not perhaps evaluated or scientifically proven)?
4. Have any of your projects / programs been evaluated / published/ researched?

Outlook 2007 -  
A National Survey of Promising Approaches to Prevention of  
Abuse and Neglect of Older Adults in Community Settings

Interview Guide for Teleconference 5:  
Promising Approaches in 'The Criminal Justice System'  
Monday, February 12, 2007  
12 noon - 2:00 Pacific

Preamble

This project of the Canadian Network for the Prevention of Elder Abuse, funded by the Public Health Agency of Canada, is to compile addressing promising approaches in the addressing and prevention of abuse of older adults.

Promising approaches is taken to mean: practices which do not quite qualify as best practices because of lack of evidence or evaluation but which seem to be effective, or worth pursuing further.

This is the final in a series of seven national teleconferences. This call covers promising approaches in the 'Criminal Justice System' in addressing and preventing abuse of seniors.

The teleconference considers the questions following; with a few minutes at the end for discussion. For ease of transcription and with your permission, the call will be taped.

**Questions:**

1. What is your role or the role of your program in the criminal justice system?
2. What legislation and/or provincial policies guide your work?
3. How much of your role relates to abuse of older adults?

Who in your jurisdiction lays the charges in cases of abuse of older adults?

4. What in your opinion are the most successful interventions; where do things work well?
5. What of all the interventions or approaches you might use, would you label as 'promising approaches' (effective but not perhaps evaluated or scientifically proven)?
6. Have any of your projects / programs been evaluated / published/ researched?
7. Who else do you think we should talk to?

Outlook 2007 -  
A National Survey of Promising Approaches to Prevention of  
Abuse and Neglect of Older Adults in Community Settings

Interview Guide for Teleconference 6:  
Promising Approaches in 'First Nations, Inuit and Metis Programs/Communities'  
Tuesday, January 30, 2007  
12 noon - 2:00 Pacific

Preamble

This project of the Canadian Network for the Prevention of Abuse and neglect of older adults, funded by the Public Health Agency of Canada, is to compile addressing promising approaches in the addressing and prevention of abuse of older adults.

Promising approaches is taken to mean: practices which do not quite qualify as best practices because of lack of evidence or evaluation but which seem to be effective, or worth pursuing further.

This is the sixth of seven national teleconferences. This one is about promising approaches in 'First Nations, Inuit and Metis programs/communities' in the prevention of abuse of older adults. This would include interventions by professionals, practitioners and also volunteers or community members in particular programs.

The teleconference considers the questions following. We will reserve a few minutes at the end for discussion. For purposes of transcription and with your permission, the call will be taped.

**Questions:**

1. Where are you located and would you describe where you live and work as rural, remote or urban?
2. What kinds of things do you do in response to or to prevent the abuse of older adults in your community?
  - (services offered by the Band on reserve, by Federal Health or INAC on reserve, services from off reserve-aboriginal or non-aboriginal, services you might bring in occasionally from outside your community).
  - Do you operate with protocols?
3. What in your experience works really well in dealing with this issues?
4. What of all the interventions or approaches you might use, would you label as 'promising approaches' (effective but not perhaps evaluated or scientifically proven)?
5. Have any of your projects / programs been evaluated / published/ researched?

---

## Appendix 3: Limits of Research

---

There were a number of issues that emerged throughout the project.

### **Promising Approaches in Older Adult Abuse Prevention**

The state of development of use of the concept ‘promising approach’ and agreed protocols for its use in this field is not yet on par with areas such as health promotion, substance abuse prevention (particularly in the USA), or other areas. Those fields have clearly identified levels of evidence base for programming and stringent, structured criteria against which to judge them (see Appendix 4).

The medical/nursing fields – and to some extent health promotion – in Canada (most often in chronic and acute health issues, some of which may apply in abuse situations) have well developed definitions and protocols around best practice, but not specific to the prevention of abuse of older adults.

### **Absence of Pathways of Causality and Implications for Abuse Prevention**

Some prevention research in the USA has revealed clear pathways for the social/psychological/environmental ‘causes’ of substance abuse, and the implied methods to combat it at individual, family, and community levels, as well as indications of which areas will respond with the most change with targeted prevention activities.

A review of the literature in Canada and the United States did not reveal an identified pathway for abuse and neglect of older adults, likely because the field is not yet at a stage to be able to develop one.

Discussion with practitioners and researchers, and a review of the Nunavut National Strategy to Prevent Abuse in Inuit Communities (Abuse Prevention Services), implies that there may be promise in general family strengthening programs that help create conditions for less symptomology (addiction, abuse, depression, conduct disorder and other behaviors) by strengthening attachment, social norms, and modeling acceptable behavior. This would also combat ageism. If these programs go on for some time, then community capacity is built at the same time as the incidence of symptoms is dramatically diminished. An example in terms of relations between young children and parents is the Strengthening Families Program; a well researched and evaluated program. Equivalent programs aimed at strengthening families around intergenerational relations, and relations between adult children and older adult family members might be promising.

---

## Appendix 4: Definition of Promising and Best Practice – An Example

---

The American Association of Maternal and Child Health Program's definition of promising practice has features that could be adapted as standards for the prevention of abuse and neglect of older adults.

The definition is nested within a philosophy of "best practices" which is seen as a continuum from less to more evidence-based programming in any area. The idea of assessing practice can be applied to health, mental health, data and assessment, financing, or program integration.

The definition also defines what it means to apply continuous quality improvement to a promising approach, and how to transfer knowledge about the practice and its updates.

This is not to suggest that older adult abuse and neglect and issues for maternal and child health programs should be linked, or for that matter that a medical model of best practices is what the field needs. The intention is simply to illustrate possible ways of thinking about levels of practice.

### Promising Practice Criteria

A promising practice is defined by the Association as one that:

- incorporates the philosophy, values, characteristics, and indicators of other positive/effective public health interventions.
- is based on guidelines, protocols, standards, or preferred practice patterns that have been proven to lead to effective public health outcomes.
- is a process of continual quality improvement that:
  - accumulates and applies knowledge about what is working and not working in different situations and contexts,
  - continually incorporates lessons learned, feedback, and analysis to lead toward improvement/positive outcomes, and
  - allows for and incorporates expert review, feedback, and consensus from the public health field.
- 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.

American Association of Maternal and Child Programs Center for Best Practices  
(2004) <http://www.amchp.org/policy/bestpractice-definition.html>



## Appendix 5: Programs to Combat Violence By Age and Effectiveness

World Health Organization. (2004). *Preventing Violence A guide to implementing the recommendations of the World report on violence and health*. (Geneva, WHO). pp. 54-55.

### Life Span Primary Prevention

Age – Birth to childhood (to 11 years old) Promising Programs to combat violence	
<u>Community Level</u>	
<ul style="list-style-type: none"> <li>Community policing</li> <li>Improving emergency response and trauma care</li> <li>Services for treating and identifying elder abuse</li> <li>Services for perpetrators of violence</li> </ul>	
<u>Society Level</u>	
<ul style="list-style-type: none"> <li>Strengthen police and judicial systems</li> <li>Reduce media violence</li> <li>Public information campaigns to promote pro - social norms</li> </ul>	

Age – Adolescence to Adulthood (20 years +)	
<u>Community Level</u>	<u>Community Level</u>
<ul style="list-style-type: none"> <li>Recreational program</li> <li>Reduce alcohol availability</li> <li>Train health-care professionals to identify and refer high risk youth and victims of sexual violence</li> </ul>	<ul style="list-style-type: none"> <li>Adult recreational programs</li> <li>Shelters and crises centres for victims of domestic violence and elder abuse</li> <li>Criminal justice reforms to criminalize intimate – partner abuse</li> <li>Train health-care professionals in identifying and referring battered women and victims of elder abuse and sexual violence</li> <li>Services for treating and identifying elder abuse</li> </ul>
<u>Society Level</u>	
<ul style="list-style-type: none"> <li>Community policing</li> <li>Improve emergency response and trauma care</li> <li>Coordinated community responses /interventions for violence prevention</li> <li>Prevention and educational campaigns to increase awareness of youth violence, intimate-partner violence and elder abuse</li> </ul>	

## Appendix 6: Public Health Approach

---

### Public Health and Violence Prevention

The World Health Organization promotes a public health approach to the prevention of violence overall (as does the Canadian Public Health Association). WHO includes abuse of seniors as a sub-category of interpersonal violence.

The health system is seen as a natural leader in involving all the sectors required to prevent violence and offer care to those affected by violence.

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

- Define the problem through collecting information.
- Identify and research risk and protective factors that increase or reduce the possibility of violence.
- Determine what works in prevention with careful 'tailored' interventions to all sub-groups of the population.
- Implement, monitor and evaluate effective and promising interventions in a wide range of settings.

See

[http://www.who.int/violence\\_injury\\_prevention/media/news/08\\_09\\_2004/en/index.html](http://www.who.int/violence_injury_prevention/media/news/08_09_2004/en/index.html)


From the World Health Organization Injuries and Violence Prevention website:

### Canada

- In May 2003, the Canadian national launch of the *World report on violence and health* took place during the third Child and Youth Conference. Ethel Blondin-Andrews, then secretary of State for Children and Youth, described the Report as a blueprint for violence prevention and stated that Canada fully endorsed its nine recommendations.
- In June 2004, the Canadian Public Health Association (CPHA) adopted a violence prevention resolution that acknowledges the *World report on violence and health*, endorses the World Health Assembly Resolution 49.25 "Preventing violence: a public health priority" and endorses WHO's Global Campaign for Violence Prevention. The Resolution is intended to deepen and reinforce CPHA commitment to and activities aimed at developing a national public health strategy on violence prevention.

[http://www.who.int/violence\\_injury\\_prevention/violence/national\\_activities/can/en/index.html](http://www.who.int/violence_injury_prevention/violence/national_activities/can/en/index.html)

**An Example of a National Strategic Plan Using the Public Health Approach**  
 Graffunder, C., Noonan, R., Cox, P., Wheaton, J. (2004). *Through a Public Health Lens. Preventing Violence Against Women: An Update from the U.S. Centers for Disease Control and Prevention.* Journal of Women's Health Jan 2004, Vol. 13, No. 1: 5-16. [www.medscape.com/content/2004/00/47/10/471011.fig1.gif](http://www.medscape.com/content/2004/00/47/10/471011.fig1.gif)

 <a href="http://www.medscape.com">www.medscape.com</a>			
<b>At-a-Glance Strategic Plan for Violence Prevention</b>			
<b>Mission</b>	Prevent violence-related injuries and death through surveillance, research and development, capacity building, communication and leadership		
<b>Guiding Principles</b>	<ul style="list-style-type: none"> <li>•An emphasis on primary prevention</li> <li>•A commitment to advancing the science base for the field and basing everything we do on sound science</li> <li>•A focus on the practical application of scientific advances thereby translating science into effective programs and policies</li> <li>•A commitment to avoid duplication by complementing and building on the efforts of others and by addressing gaps or needs</li> </ul>		
<b>Activity Areas</b>	<b>Current action steps</b>	<b>Objectives for the next two to five years</b>	<b>Goals for ten or more years</b>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>•Evaluate current surveillance methods to identify gaps</li> <li>•Begin implementing National Violent Death Reporting System</li> </ul>	<ul style="list-style-type: none"> <li>•Collect high-quality data on fatal, nonfatal and related behaviors</li> <li>•Pilot test National Violent Death Reporting System in three to four states</li> </ul>	<ul style="list-style-type: none"> <li>•Develop a high-quality, comprehensive surveillance system using uniform definitions</li> </ul>
<b>Research and Development</b>	<ul style="list-style-type: none"> <li>•Implement key research studies consistent with CDC's <i>Injury Research Agenda</i></li> </ul>	<ul style="list-style-type: none"> <li>•Understand modifiable risk factors</li> <li>•Develop and evaluate interventions based on modifiable risk factors</li> <li>•Improve dissemination and implementation of proven interventions</li> <li>•Understand the impact and cross effects of interventions and policies</li> </ul>	<ul style="list-style-type: none"> <li>•Understand modifiable risk factors</li> <li>•Identify effective programs through evaluation</li> </ul>
<b>Capacity Building</b>	<ul style="list-style-type: none"> <li>•Identify high-priority training information needs at state and local levels</li> </ul>	<ul style="list-style-type: none"> <li>•Support and expand state and local violence prevention capacity</li> <li>•Respond to identified training and information needs</li> </ul>	<ul style="list-style-type: none"> <li>•Develop a frontline violence prevention infrastructure across the country</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>•Develop specific communication strategies, including messages, channels, partners, products and goals</li> </ul>	<ul style="list-style-type: none"> <li>•Continue to disseminate effective violence prevention programs</li> <li>•Achieve measurable changes in knowledge, beliefs, and attitudes about violence prevention</li> </ul>	<ul style="list-style-type: none"> <li>•Understand and disseminate information on risk factors</li> <li>•Shift social norms about violence</li> <li>•Widely disseminate information, tools and resources to support the adoption of effective programs</li> </ul>
<b>Partnership</b>	<ul style="list-style-type: none"> <li>•Work with partners to implement and disseminate research agenda</li> <li>•Assess current partnerships and identify opportunities</li> </ul>	<ul style="list-style-type: none"> <li>•Collaborate effectively with new partners</li> </ul>	<ul style="list-style-type: none"> <li>•Public health is a well-recognized partner in violence prevention</li> <li>•Collaboration is routine</li> <li>•Reduce duplication of effort</li> </ul>
<b>Leadership</b>	<ul style="list-style-type: none"> <li>•Identify specific initiatives, partners to achieve them and next steps</li> </ul>	<ul style="list-style-type: none"> <li>•Work with partners to achieve specific initiatives</li> <li>•Convene violence prevention community to review progress and gather input on future initiatives</li> </ul>	<ul style="list-style-type: none"> <li>•Create consensus about effective approaches to violence prevention</li> </ul>

Source: J Womens Health © 2004 Mary Ann Liebert, Inc.

The categories and interlocking aspects of the plan could act as a blueprint for developing a Canadian approach to older adult abuse prevention.

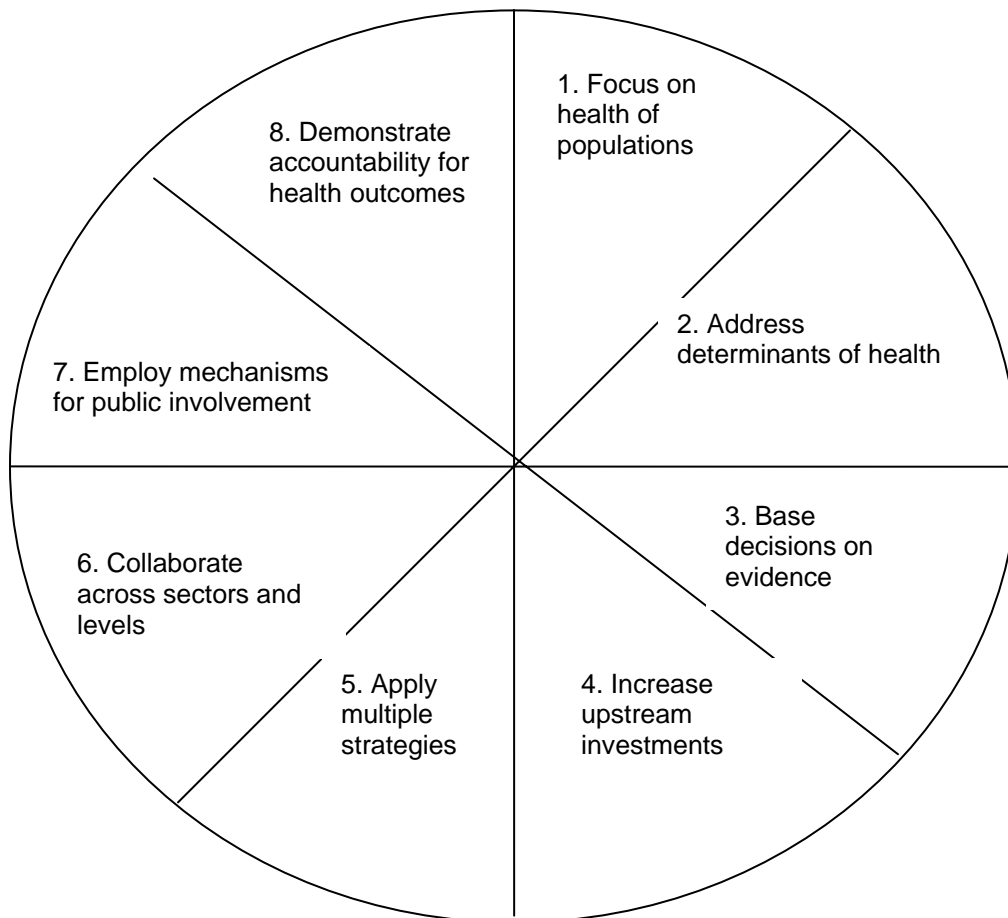
## The Population Health Approach

Within the public health approach, the population health approach gives more detailed steps to systematic planning to deal with issues like interpersonal violence.

### Steps to Planning

The *Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention* is part of the Canadian Best Practices system.

The Canadian Best Practice Portal states, “Identifying and using best practices is one part of delivering effective initiatives. The Population Health Approach shown in the pie type figure below, provides a systematic approach to planning.”



The Canadian Best Practices Portal for Health Promotion and Chronic Disease Prevention <http://cbpp-pcpe.phac-aspc.gc.ca/>

## **Public Health Surveillance**

This kind of surveillance means an agency monitors the population for certain trends and issues developing in that population's health. This refers to systematic monitoring, collecting and interpreting data, and making changes to health systems based on that analysis. Canada has some sophisticated approaches to health surveillance for issues such as food security, flu, diseases such as heart disease, and cancer, and health of pregnant women. The *WHO Report on Violence* suggests public health surveillance will move the prevention field further along. This paper suggests a system that is not solely based on a medical model but one that includes social information and dynamics that suit the issue of abuse and neglect of older adults.

## Appendix 7: Levels of Prevention as Used by British Columbia's Community Response Networks

In a recent project (Gathering Wheel 2006), BC's Community Response Networks (CRNs) used this table to distinguish the preventative work of CRNs from other programs. This project took some preliminary steps to developing criteria for 'best practice' in CRN activity.

<b>Prevention Activity</b>	<b>Amount of Risk of Adults</b>	<b>Community Response Network Involvement</b>
<b>Primary</b> (creating conditions)	Lowest	Awareness, education, communication, look at root causes, coordination, cooperation, advocacy for services generally (not on individual case basis)
<b>Early Detection/Intervention</b> (minimize problems)	Higher	Referral, coordination, protocol development No intervention by CRN in 'cases' Keeping track of the community's response, but no watch dogging of service levels or situational responses by mandated agencies
<b>Tertiary</b> (treatment, rehabilitation, return to community)	Highest	Support Designated Agencies (Health Authorities) No intervention by CRN in 'cases' No watch-dogging

---

## Appendix 8: Coordinated Approaches

---

### Coordinated Approaches/Community Responses

Informants saw these as promising, but meant several distinct approaches.

#### 1. **Interdisciplinary or team approach**

Approaches are inter-disciplinary or team based, and often are driven by medical models, although several systems of care may be involved. Specialities may be involved. Team members could be physicians, nurses, social workers, and legal representatives. These are case-based.

#### 2. **Expanded interdisciplinary team**

This allows rapid mobilization to intakes and to appropriate referral and service provision. Has community partners – may include not for profit and mandated government services. May include community-based programs and community development strategies. These are high-level cooperative interagency approaches to case management to deal with the complexity of cases in the field. These generally coordinate services in the field along with enforcement and justice responses. There may be ‘dedicated’ roles as part of these – e.g. Crown Attorneys, specialist police officers, or stand alone response teams, with non-government organizations and mandated services. These may include any of the range of interaction from cooperation to collaboration. These agencies may be co-located. There is generally a protocol or series of protocols to ensure complete and accurate, effective response by services.

#### 3. **Wider inter-agency approaches**

Cooperative, general inter-agency initiatives on a temporary basis (i.e. ‘we will all cooperate on this issue through a project or short term initiative’).

#### 4. **A coordinated sector approach**

Based on the ‘Duluth’ approach to the issue of domestic violence; usually involving the response of the criminal justice system. This is a multiple system response based on applying principles developed over some time. Requires high levels of coordination and dedicated coordinator(s).

#### 5. **Whole community coordination approaches**

Involve anyone in the community who wants to examine effective responses to the social issue of abuse. Based on the notion ‘all of us’ can play a part in prevention. Uses community development principles, sees gaps or recommends developing services to fill gaps. This is primary prevention, that is, no case involvement. Provides an overview mechanism of work in the community. Member agencies, businesses, informal networks of concern, family members, churches, individuals do their normal in work in the community in parallel to this.





	Support and assistance	partnerships Protocol development	(information and presentations) Track trends Identify gaps May be linked to social planning function		High collaborative Changing social norms and ageism Protocol development
<b>Location</b>	Meet	Likely co-located	Meet	Likely co-located	Meet
<b>Operate on community development principles</b>	Not likely	Use some and integrate community based programs	Not likely	Possibly	Yes
<b>Level of Prevention</b>	Secondary, Tertiary	Primary, Tertiary	Primary	Primary, Secondary Tertiary	Primary
<b>Example</b>	CLSC Rene Cassin, Montreal	Edmonton Abuse Intervention Team Edmonton Community Action Committee on Elder Abuse (advisory)	Local Inter-agencies Regional Inter-agencies		BC Association of Community Response Networks' CRN model

## **Appendix 9: Research Agenda Suggestions – Research Teleconference**

---

*From teleconferences*

### **Topics**

- Root causes of abuse/neglect
- Consequences of prevention
- Discharge from hospitals or other facilities
- Abuse and neglect in the context of diversity in Canada
- Use of and extent of use of physical / chemical restraints
- Access to justice for older adults
- Consumer protection against fraud
- Sexual assault of older adults in housing
- Homelessness and older adults
- Guiding principles in all areas
- Systems planning versus actual working in systems
- Supporting advocacy
- Evaluate interventions
- What makes effective public awareness building
- Cross discipline team working research
- Systemic abuse
- Interdisciplinary practices
- Government resourcing of older adult issue: how many Ministries Responsible for Seniors are there in Canada and what are their budgets? Structural analysis of systems (justice, medical, social) as to where the education, resources to support practices are
- Catalogue where there are funds for research
- Exploring the differences in profile between male/female victims abusers
- Lack of resources as a contributor to abuse
- Further exploration of Restorative Justice approaches
- Evaluating effectiveness of community approaches

### **Additional Points:**

Researchers and practitioners believe it is important for research to involve older adults (not just on Advisory Committees). This could be in community participatory research or having subjects who are recipients of services and programs. There are indications that whatever practitioners say about how well services and practices meet needs, consumers have a very different view.

Ethical issues in identifying, locating, interviewing and using information for those who have been abused or neglected is an issue for this field.

Participants identified a great need to reflect on practice.

---

## Appendix 10: Learning

---

*From Meier and Gill*

### **'Basic Principles and Guidelines'**

Accelerated learning provides effective training in a short time; with interactive methods and offering learning as a collaborative relationship of peers, rather than a hierarchical relationship between teacher and pupil. The development of climate and environment are key for this kind of learning and include:

- being face to face,
- being positive and accepting,
- providing a natural, comfortable, and colorful setting.

In addition, Meier and Gill describe this kind of learning as serving to:

- 'Exalt' rather than diminish the trainees
- Helping reduce fears or anxiety
- Be supportive of both trainer and trainee
- Provide a multidimensional approach to learning
- Accommodate different learning styles, speeds, and needs
- Make learning fun rather than serious and overbearing
- Provide for group-based learning
- Present material pictorially as well as verbally'

*(Principles in "Accelerated Learning Takes Off")*

### **Specific Methods for Creating Opportunities for Learning**

- 'Overview' conferencing to locate the landscape of the field of prevention research relating to abuse of older adults.
- Conferencing of all kinds:
  - Video
  - Telephone
  - Web casting
  - Face to face
  - Links to networks and organizations like NICE.
- Consistent conversations with researchers, practitioners in all occupations, community and family members.
- Directories
  - of programs and projects
  - of ongoing services
  - of demonstration projects.
- Consolidation of models.
- Criteria for success for models and their application.
- Agreement on standards for best, promising and emerging approaches.
- Incorporating curricula on prevention of abuse of older adults into University faculties of nursing, social work, theology and other programs.

- Support for practitioners and front line workers to combat compassion fatigue and vicarious traumatization, management support for professional judgment development, supervision, advanced case conferencing and clinical skill development through consortiums of colleagues across the country. The extent of the complexity of cases came up repeatedly in teleconferences across the topic areas.
- Inviting funders into conversations such as the teleconference series that has been part of this project.

## **Who Can Do the Learning?**

- Policy makers
- Front line workers (police, social workers, home support workers, nurses, care workers, community resource people, victim service workers, transition house and shelter staff)
- Those serving older adults in commercial and professional roles such as banks, financial institutions, notaries, lawyers, dentists, optometrists, pharmacists, family physicians.

Financial institutions have a special role to play because of the vulnerability of older adults to financial abuse.

Tailoring learning opportunities and materials to each kind of application and level of detail required is a necessary step. 'One size does not fit all'. People intervening in complex cases need a higher level of training and also skills building in collaboration, professional relationship building, and working across professions and occupations due to the requirement for careful and high level teamwork. In this case, learning escalators (where each level of skills is mastered before going on to the next) would be most useful in equipping people with knowledge, methods, relationships, and understanding of each others roles, so as to be effective in the real world. Skills then need to be tested on the front line, with results debated and situations de-briefed.

Where collaborative relationships exist between organizations and other groups, training in relationship building skills is required to start to develop seamless operations.

## **Topics for Learning**

- What works in Canada and other countries
- Comparative studies of Canada and other countries
- Knowledge transfer on any aspect of any kind of abuse or prevention of abuse experience
- Information gathering/sharing – enhanced role for clearinghouse type operations
- Outcome measurements which are appropriate for showing impact and effectiveness of programs and projects

- Examining the role of non-profit organizations and other non-government organizations in the field, and determining what level of funding will allow their sustainability
- What media will have the most impact with older Canadians? Research shows that older Canadians do not use the Internet, which is increasingly being used as a vehicle for informing about resources and information on abuse (CNPEA website).
- Examination of how legislation is being used and how it is working from older adults and practitioners points of view
- Examination of new tools under legislation such as Advance Directives
- Reviews of research and findings
- Reflection on practice through meetings of communities of practice or Action Learning sets

## Appendix 11: Checklist for Prevention of Elder Abuse

---

### Checklist for Preventing Elder Abuse

#### Government Level

- Information about the National Clearing House on Family Violence is made available at all levels throughout Canada.
- A coordinated effort at all levels of intervention (e.g. national, provincial/territorial, regional/community, agency and personal) is undertaken to implement needed policies and establish and share “best practices” to prevent abuse.
- Support is provided for a National Network for the Prevention of Elder Abuse.
- Elder abuse legislation which defines abuse and specifies jurisdictional responsibility is in place, where appropriate.
- Mandatory reporting exists in situations where elders live at risk or are not free to move or make decisions, such as persons in a care facility:
  - Residents are informed, where possible, of their rights.

#### Community Level

- Enhanced public awareness is undertaken concerning signs of elder abuse and community resources:
  - Local media are provided with accurate background information;
  - Media present news about abuse in ways that are sensitive, accurate and get across important messages;
  - Awareness campaigns are targeted to particular members of the public who have regular contact with seniors (e.g. pharmacists, bus and taxi drivers, hairdressers and mail delivery persons);
  - Neighbourhood watch programs are instituted for seniors.
- Regional planning and integration of services in relation to abuse are in place:
  - Existing services and service gaps are identified;
  - Coordination involves a wide variety of potential stakeholders: seniors, physicians, nurses, social workers, bankers, police, lawyers, regional health authority board members and others with a vested interest in this issue.
- Communities are proactive in identifying conditions contributing to abuse of older persons (e.g. poverty and unemployment, isolation, alcohol and drug use, illiteracy, poor transportation) and are working to address these wider social problems.
- Efforts are being made to reach out to particular populations at risk because of culture or language barriers.

- Regional planning groups reflect the cultural make-up of the population for/with whom planning is being undertaken.

#### **Organizations level**

- Professional associations and organizations have in place ethical and legal standards related to abuse of older persons.
- Professional practice guidelines provide for a minimal knowledge base about the following:
  - nature and types of abuse;
  - guidelines for ethical conduct which preclude abusive behaviour on the professional's part;
  - risk factors and signs of abuse;
  - protocols for reporting abuse;
  - strategies for reporting and dealing with staff members suspected of or found to be abusive; and
  - the legalities involved in abuse situations.
- Professions provide education and support for members who are called as witnesses.
- Lead agencies are in place for coordinating abuse prevention and treatment efforts and for delivering or designating a range of services such as:
  - community surveillance and case-finding;
  - assessment, counseling, and referral;
  - dispute resolution;
  - relocation assistance;
  - victim as well as perpetrator programs;
  - advocacy for needed resources; and
  - establishment of quality assurance programs in partner agencies serving the elderly.
- Communities provide coordinated educational and provider support programs:
  - Input into high school and college curricula exist;
  - Seniors actively participate in these efforts;
  - Examples of innovative "best practices" are documented and shared widely across Canada.
- Every agency that serves seniors has clear policies and procedures for handling cases of suspected or confirmed abuse.

*Enhancing Safety and Security for Canadian Seniors: Setting the Stage for Action.*  
Provincial / Territorial Ministers Responsible for Seniors. 1999.

[http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap6\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap6_e.htm)

---

## 7. Endnotes

- i. The type of legislation that applies to situations of abuse and neglect for older adults is considered to be relatively complex and to require specialized knowledge to ensure accuracy in discussion or interpretation. While the topic of legislation and policy was explored in a teleconference and some overall promising approaches identified, the advice of legal practitioners in this field was that separate compilation in a separate report was needed. This current report concerns itself with only general approaches in legislation and legal approaches. The reference to promising approaches in the **community** is only to differentiate this project from another which is looking at promising approaches in facilities.
- ii. Beaulieu, M, Gordon, R, and Spencer, C. (2003). *An Environmental Scan of Abuse and Neglect of Older Adults in Canada: What's Working and Why*. Prepared for the F/P/T Ministers Responsible for Seniors.
- iii. *Learning Today for a Better Tomorrow* (Charlottetown: Tea Hill Press, 1991), p. 11
- iv. World Health Organization website  
[www.who.int/entity/ageing/projects/elder\\_abuse/en/](http://www.who.int/entity/ageing/projects/elder_abuse/en/)
- v. Podnieks, E. (2002). *Raising Awareness of Abuse of Older Persons; Faith Communities Response to abuse and neglect of older adults*. Conference Proceedings, McMaster Divinity College, Centre on Religion and Aging.
- vi. Podnieks, E. (2006). *Social Inclusion: The interplay of the determinants of health – new insights into Abuse and neglect of older adults*. *Journal of Gerontological Social Work*, 46 (3-4): 57-79.
- vii. Spencer, C. Conversation (2007)
- viii. Spencer, C. Conversation (2007)
- ix. Status of Women Canada. The Canadian experience with gender mainstreaming. [http://www.swc-cfc.gc.ca/pubs/0662667352/200112\\_0662667352\\_2\\_e.html](http://www.swc-cfc.gc.ca/pubs/0662667352/200112_0662667352_2_e.html)
- x. The Centre for Health Promotion. Department of Public Health Sciences, University of Toronto, <http://www.utoronto.ca/chp/website>. And [www.bestpractices-healthpromotion.com/](http://www.bestpractices-healthpromotion.com/). Companion website for Interactive Domain model of best practices, [www.idmbestpractices.ca](http://www.idmbestpractices.ca)



---

xi. *World Health Organization. (2004) Preventing Violence: A Guide to implementing the recommendations of the World report on Violence and Health.* (Geneva, WHO) World report on Violence and Health. (Geneva, WHO).

xii. Ibid

xiii. Public Health Agency of Canada. <http://www.phac-aspc.gc.ca/phsp/phdd/implement>

xiv. Final Report, Gathering Wheel, (2006). BC Association of CRNs.

xv. Conversation with C.Veale, Whitehorse, Yukon, (2007)

xvi. CNPEA website, C. Spencer

xvii. Public Health Agency of Canada. [http://www.phac-aspc.gc.ca/surveillance\\_e.html](http://www.phac-aspc.gc.ca/surveillance_e.html)

xviii. WHO (2004), endnote xi.

xix. Adult Abuse Review (2002) [www.wordbridges.net/elderabuse/AAR/](http://www.wordbridges.net/elderabuse/AAR/)

xx. Enhancing Safety and Security for Canadian Seniors: Setting the Stage for Action. Federal/Provincial/Territorial Ministers Responsible for Seniors. On line [http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap4\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap4_e.htm).

xxi. Wikipedia, May 7, 2007. [www.en.wikipedia.org/wiki/Main\\_Page](http://www.en.wikipedia.org/wiki/Main_Page)

xxix. Wikipedia, May 7, 2007

xxiii. The American Heritage® Dictionary of the English Language, Fourth Edition copyright ©2000 by Houghton Mifflin Company, May 7, 2007.

xxiv. \_\_\_\_\_ (2003) Coordination - A Cornerstone of Effective Drugs Policy. Bulletin No 5, European Monitoring Centre for Drugs and Drugs Addiction. On line at <http://www.inicri.it/min.san.bollrtino/dati/46en.pdf>

xxvi. Enhancing Safety and Security for Canadian Seniors: Setting the Stage for Action. Federal/Provincial/Territorial Ministers Responsible for Seniors. On line [http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap4\\_e.htm](http://www.phac-aspc.gc.ca/seniors-aines/pubs/enhancing/chap4_e.htm)