

You Are Not My Mother!

**The Right for Seniors to
Live At Risk**

Developed by Henry Kielley, MSW, RSW and
Cassandra Holloway, BSW, RSW

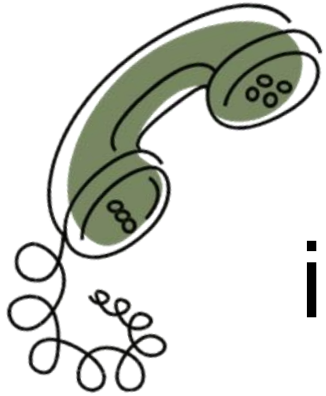
Who we are...

Formerly the Seniors Resource Centre NL...

SeniorsNL is a provincial, not-for-profit organization. Our mandate is to promote, enhance and support the well-being of older adults throughout the province.



RESOURCES • INFORMATION • CONNECTION



We do this through
information and referral!

- **Community Peer Support Volunteers**
- **Our toll-free line (1-800-563-5599)**
 - ✓ Open from 8:30am to 4:30pm,
Monday to Friday
 - ✓ Confidential



RESOURCES • INFORMATION • CONNECTION

Other ways we share information...

- NL Network for the Prevention of Elder Abuse
- Education and Outreach
- <https://twitter.com/SeniorsNL>
- www.facebook.com/SeniorsNL/



Presenters

Lorraine Best has been an Information & Referral Line Peer Support Volunteer with SeniorsNL since 1994. That role involves responding to calls from older adults and others requesting information on issues that impact seniors. In 1996, Lorraine started giving presentations on elder abuse, bringing a unique perspective to her audiences, having responded to elder abuse calls on the Information Line. Lorraine's repertoire broadened to include Falls Prevention, Healthy Aging, The ABCs of Frauds and Scams, Ageism, and more. Lorraine, is in demand in the St. John's area and throughout the province; often working with colleagues from SeniorsNL and its partners. Recently she presented with Memorial University during a national nursing conference (Ottawa).

Presenters

Cassandra Holloway is the Adult Protection (AP) Coordinator with Central Regional Health Authority. She graduated from Memorial University's School of Social Work with her BSW in 2014. Since that time, Cassandra has worked largely with the Community Supports Programs of both Western and Central Health. Cassandra worked as a front-line Community Support Social Worker until December 2016, before starting in her position of AP Coordinator. She serves as a regional consultant for Adult Protection matters within Central Health and continues to provide direct intervention in Adult Protection cases throughout the region. Cassandra represents the Central Regional Health Authority on various provincial and regional committees. She provides education and training in relation to the Adult Protection Act to Central Health staff, key stakeholders, and community groups.

Presenters

Henry Kielley is a social worker from St. John's. He graduated with his BSW in 2000, and his MSW in 2008, both from Memorial University. He spent 10 years with Eastern Health working front line in mental health and community supports, but mainly in long term care. Henry managed the long term care single entry program for a number of years before joining government in 2010. In 2013-14, he worked as the manager of Social Work and Spiritual Care in a long term care facility in Manitoba. He now works as the acting director of the Seniors and Aging Division of the Department of Children, Seniors and Social Development, as well as Acting Provincial Director of Adult Protection. Henry is also president-elect of the NLASW Board of Directors.



Seniors and Aging Division (CSSD)

- Our goals: create a more age-friendly province; protect vulnerable adults; and, eradicate ageism.
- Provides a seniors' lens on legislation, policies, and programs.
- Works with other government departments and agencies to promote healthy aging across the lifespan.
- Administers the Adult Protection Act.

Objectives...

- Aging and Seniors Terminology
- Aging and Rights Context
- Exploring the Idea of Living at Risk
- Perceptions on Aging
- Ageism and Paternalism
- Capacity
- Case Example
- Senior's Perspective
- So what now?!

Terminology

- Senior
- Older adult
- Older person
- Elder
- Senior Citizen
- Elderly
- 50+, 55+, 60+, 65+...

Aging and Rights - Context

- The human rights of all people, including older persons are protected in the UN Bill of Rights but with no legal obligations for countries.
- The Canadian Charter of Rights and Freedoms, the Canadian Human Rights Act, and the provincial human rights codes prohibits discrimination based on age.

What does living at risk look like

- You tell me...
- Perception creates reality
- Autonomy vs. protection from harm
- The notion that our right to live at risk should diminish as we get older is ageist
- This notion sometimes comes from concern and sometimes from ignorance
- Where does the ageist attitude come from?
- Where does any attitude come from?

Our Perceptions of Age and Aging



Where do our perceptions come from?

- Advertising
- Family life
- Societal norms
- Culture
- Beliefs about end-of-life
- Lack of understanding
- Fear

deaf blind
happy adorable
dear patriarch
sick interesting cute wise
set-in-ways leader
target antisocial rich
slow lovely abled

wise
wrinkly socialabled
blind lovely antisocial sweet rich
horny stress-free adorable senile
set-in-ways deaf dirty-old-mansick
dear poor experienced interesting
patriarch slow crooked worried
religious target leader
racist happy cougar cute

blind senile
lovely adorable social
leader worried patriarch disengaged
slow stress-free wrinkly set-in-ways sleepy
deaf cougar bingo-player dirty-old-man
experienced horny health-resource-sucker poor
racist homogenous cute interesting religious
bed-blocker conservative teacher
abled happy antisocial target
sick wise crooked disabled rich
sweet grumpy
dear

**DO NOT TREAT
RESIDENTS AS
OBJECTS OR
FURNITURE**

Ageism

The stereotyping and discrimination against individuals or groups on the basis of their age; ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.

World Health Organization



1. A socially constructed way of thinking about older persons based on negative attitudes and stereotypes about aging and
2. A tendency to structure society based on an assumption that everyone is young, thereby failing to respond appropriately to the real needs of older persons.

Paternalism



The policy or practice on the part of people in positions of authority of restricting the freedom and responsibilities of others in their supposed best interest

Paternalism

Is

it

so

wrong?

People too
often forget
that it is your
own choice
how you want
to spend the
rest of your
life.

AUTHOR
RACHEL WOLCHIN
THEGOODVIBE.CO

Author Rachel Wolchin

What does Paternalism look like?

- Treating as if they were a still a child
- Speaking for someone else
- Equating reduced cognition with incompetence
- Equating some deficits with global deficits
- Equating diagnosis with deficits
- Assuming what someone else wants
- Choice versus options
- Making choices for other without involvement

Sources of Paternalism

- Individual beliefs and values
- Societal attitudes towards aging
- Lack of formalized training for practitioners on seniors and aging
- Family conflict
- Changing roles for family members
- System demands and resources

Capacity and APA

- Capacity is directly linked to paternalism and the right of an individual to live at risk
- Living at risk does not mean the person lacks capacity
- Taking over (doing) vs. Working together (assisting)
- Review indicators of capacity with the person
- Capacity is not all or nothing
- Capacity can change over time

Capacity and APA

- Key principles of the APA coincide with an individual's right to live at risk
- “An individual has the right to the most effective but least intrusive means of support”
- “An individual has the right to live their lifestyle of choice”
- “An individual has the right to be heard and to participate to the greatest possible extent in decision-making”
- “An intervention to assist or protect an adult should be designed specifically for the needs of that adult

Adult Protection Act

To contact your Regional Health Authority to report an adult who may be at risk of abuse or neglect and who does not understand or appreciate that risk, please call:

1-855-376-4957

(no long distance charges will apply)

Case Example



- Joe arrived by ambulance very confused /very ill
- Lives an hour away from the nearest Hospital
- Admitted to the ICU - complications with advanced COPD - Chronic Obstructive Pulmonary Disease
- Once medically treated, he begins to improve

Case Example

Once Joe started to feel better:

- NO question of his capacity.
- Clear that he has advanced chronic lung problems.
- Staff wanted him to see Respiratory Therapist, he may need home oxygen.
- He demanded to go home.



Case Example

- Staff tried to explain the importance of this respiratory assessment.
- Joe stated he did not want home oxygen if he had to wait.



Case Example

Joe made travel arrangements to leave the hospital in a few hours. The Respiratory Therapist, saw him and strongly recommended the use of home oxygen.



Case Example

Joe:

- lives in a rural area
- would not have access to oxygen in a timely manner if he became unwell again.
- refused to wait to have the home oxygen set up and signed himself out of the hospital against medical advice.



Case Example. What to do?

How would you feel if you were Joe`s front Line staff, family member, Neighbour, Social Worker, or Respiratory Therapist ?

Cassandra Holloway

Case Example. What to do?

How would you feel if you were Joe`s front Line staff or Respiratory Therapist ?



Seniors Perspective

- Lorraine Best
- SeniorsNL
Information and
Referral Line Peer
Support Volunteer
- Presenter on seniors
and aging issues
- Right to live at risk



What can we do?

- Ask
- Listen
- Inform
- Support
- Elusively simple concepts yet it takes relationship with the individual to achieve any of them properly
- The platinum rule

What can we not do?

- Decide for the person
- Impose our values and risk tolerances
- Dismiss the other's values and wishes
- Dismiss the other's dignity and worth
- Dismiss the other's right to live at risk
- Lose sight of our desire to maintain control over our lives for as long as possible

And when we can't maintain control?

- Advance care planning
- Powers of attorney
- Wills
- Advance health care directives
- Substitute decision makers

- A lack of decision is still a decision
- Think about how you will have your say

So What Now What?!

- Respect
- Teach
- Walk the talk
- Ask
- Listen
- Include
- Give credence
- Challenge stereotypes
- Check Labels at the door

HOW?

Final Thoughts

- Each person has a story
- Relationships take time
- People are experts in their own lives
- All adults are presumed to have full capacity unless proven otherwise
- We all want the right to live at risk
- Each of us want choice and control in our lives
- Information on everything discussed today is readily available and we need to educate ourselves
- Remember the platinum rule

References

- Rights of Older Persons
<http://policyoptions.irpp.org/magazines/march-2017/protecting-the-rights-of-older-persons/>
- United Nations Open-Ended Working Group on Ageing (OEWGA) <https://www.un.org/development/desa/ageing/>
- Violence Prevention Initiative <https://www.gov.nl.ca/vpi/>
- Violence Against Older Persons
<http://www.respectaging.ca/>
- Advance Care Planning Canada
<http://www.advancecareplanning.ca/>
- Capacity – Dr. William Molloy
<http://www.letmedecide.org/about-us>
- Validation – Naomi Feil <https://vfvalidation.org/>

Resources

- SeniorsNL 1.800.563.5599 or 709.737.2333

info@seniorsnl.ca

<http://www.seniorsnl.ca/>

<https://www.facebook.com/SeniorsNL/>

- Seniors and Aging Division, CSSD
1.888.494.2266

aging-and-seniors@gov.nl.ca

http://www.cssd.gov.nl.ca/department/contact_seniors.html

Resources

- Adult Protection 1.855.376.4957
<http://www.cssd.gov.nl.ca/apa/index.html>
- Mental Health Crisis Centre NL 1.888.737.4668
<http://www.yourlifecounts.org/crisis-lines/mental-health-crisis-centre-newfoundland-and-labrador>
- PLIAN 1.888.660.7788 or 709.722.2643
<http://publiclegalinfo.com/>
- NL Legal Aid Commission 1.800.563.9911 or 753.7860 <http://www.legalaid.nl.ca/index.html>

Community Supports for Seniors:

■ Eastern Health:

- Bonavista – 709.468.1001
- Clarenville – 709.466.5700
- Grand Bank – 709.832.1602
- Marystown – 709.279.7900
- Rural Avalon – 709.786.5217
- St.John's – 709.752.4835 (seniors over 65)
- St.John's – 709.752.4717 (under 65)

Community Supports for Seniors:

- Central Health: 709.651.6503
- Western Health: 709.637.2280
- Labrador-Grenfell Health: 709.897.3121