

Together to Reduce Elder Abuse – B.C.’s Strategy

Promoting Well-Being and Security
for Older British Columbians

March 2013



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Message from Ralph Sultan, Minister of State for Seniors



As Minister of State for Seniors, protecting vulnerable seniors from elder abuse is a priority for both myself and our government. I am committed to taking a coordinated, integrated and multi-sector approach to elder abuse prevention that is based on collaboration.

Key groups from public and private sectors in addition to ministries from across government, as well as seniors, their families and caregivers have all been consulted. These groups have helped to identify strengths and challenges in the existing system and opportunities to enhance the security and well-being of all seniors throughout British Columbia.

The feedback helped shape this document entitled *Together to Reduce Elder Abuse – B.C.’s Strategy*. This elder abuse prevention strategy is one of the key deliverables in our *Seniors Action Plan*.

The launch of the elder abuse prevention strategy also supports B.C.’s 10-year mental health and substance use plan, *Healthy Minds, Healthy People*.

The goal of taking coordinated action on elder abuse prevention is to promote the health, safety and security of older British Columbians. This is integral to supporting an aging population and creating communities in which older people thrive.

Honourable Ralph Sultan
Minister of State for Seniors

Message from the BC Association of Community Response Networks



Together to Reduce Elder Abuse - B.C.'s Strategy (TREA Strategy) is a wide-ranging approach to addressing elder abuse in British Columbia and is dedicated to finding ways to prevent, identify and respond to it. The BC Association of Community Response Networks (BCCRN) works at the local community level with service providers, agencies, and committed community members to build a coordinated community response to the abuse, neglect and self-neglect of vulnerable adults. The TREA Strategy fosters capacity-building, which is an integral part of the work being done by Community Response Networks around the province. By supporting these grass-roots efforts, as well as integrating all the other stakeholders into this work, communities are in a stronger position to work toward ending elder abuse. The BCCRN applauds the Provincial Government's commitment to making communities safe for everyone.

Message from the BC Centre for Elder Advocacy and Support



The BC Centre for Elder Advocacy and Support (BCCEAS) is pleased that the B.C. government is moving forward with its initiative to strengthen the protection of older adults. BCCEAS believes that government working collaboratively with community groups will reach the largest number of seniors, and provide a comprehensive range of information, services and supports to make a greater impact. We also believe that a strong legislative framework that protects vulnerable adults plays an important role towards the elimination of elder abuse in our province. BCCEAS commends the many people who contributed to *Together to Reduce Elder Abuse - B.C.'s Strategy*.

Strategy Summary

Every day in British Columbia, thousands of older adults are subjected to some form of physical, emotional, financial or sexual abuse, and/or experience neglect. This is an unacceptable situation. Yet too often, elder¹ abuse goes unrecognized. It is often hidden, and the abuser and the victim may not even recognize the actions as abuse or neglect. Even when elder abuse is recognized, many people are unsure where to turn or how to get assistance. We can change this situation.

Recognizing elder abuse is critical. We will never be able to address elder abuse if we do not understand what it is or what the signs of abuse look like.

Once elder abuse is recognized, we must respond. Our response mechanisms need to be coordinated and as varied as the forms of elder abuse itself. And above all, our responses must respect the dignity and independence of older adults.

And we must seek to prevent elder abuse from occurring in the first place. This goal requires the participation of all British Columbians to ensure that elder abuse is prevented and, where it occurs, is addressed appropriately.

Together to Reduce Elder Abuse – B.C.’s Strategy² (TREA Strategy) is a challenge to all British Columbians around three key areas: improved **recognition** of elder abuse in all its forms; improved **response** to reports of elder abuse through awareness building and training; and **prevention** of elder abuse through an alliance to reduce elder abuse involving all members of society. These efforts will contribute to our ultimate goal of fostering a shift in societal attitudes to reduce elder abuse in our communities.

The TREA Strategy calls for stakeholders in a wide range of sectors to collaborate to improve recognition and response mechanisms, and for everyone to be involved in elder abuse prevention. Through shared leadership, where each of us plays a part in preventing elder abuse, we can shift toward more positive images of aging in our society.

¹ The terms “senior”, “older adult” and “elder” are used interchangeably throughout this document. In this document, the term “elder” refers to all older people; it is acknowledged that First Nations and Aboriginal communities may have other criteria, such as life experience and community role, which contribute to recognition as an Elder.

² Prevention, as used in this document, involves a continuum of approaches, including traditional prevention activities, as well as identification and response.

Our work will build on a strong foundation of existing support and protection mechanisms currently provided by government, organizations, communities and individuals. We must intensify our collaboration and encourage the participation of all British Columbians in this effort.

The TREA Strategy includes a number of commitments (see pages 7 to 12 for a full list and Appendix A for a summary) that will begin over the next year to focus our efforts:

BUILD AWARENESS TO RECOGNIZE AND RESPOND TO ELDER ABUSE

- **Increased access to an elder abuse phone line** will make it easier for individuals to obtain information, advice, emotional support and assistance with respect to elder abuse.
- **Information kits** to help community groups, front-line service providers and individuals recognize a situation of elder abuse and encourage individuals to have the confidence to speak out or to ask for assistance.
- Easier access to **online information** including community-level resources and contacts for assistance and information.
- **Awareness-raising opportunities** for individuals to help them recognize the signs of abuse.
- Improved **data** to help us to plan and measure the effectiveness of our efforts.

TRAIN TO RESPOND EFFECTIVELY AND PROTECT AGAINST ELDER ABUSE

- Review processes and staff training for **informed consent** to care, including moving into a residential care facility and use of restraints, to ensure that the rights of vulnerable adults are protected.
- **Training and awareness** initiatives for health professionals and others to improve their ability to recognize abuse and to take appropriate action.
- Taking steps to implement the **adult guardianship** provisions of the *Adult Guardianship and Planning Statutes Amendment Act, 2007*.

ENSURE SHARED LEADERSHIP TO INTENSIFY OUR EFFORTS

The TREA Strategy will be guided by a multi-sector **Council to Reduce Elder Abuse** (Council), supported by a central coordinating office within the Seniors' Directorate, in the Ministry of Health. This central office will also coordinate activity across government. The Council will facilitate building the foundation for the efforts to reduce elder abuse, but most importantly, will be responsible for galvanizing British Columbians to commit to taking action against elder abuse. With as broad representation as possible from sectors such as the non-profit, health, justice, financial and private sectors, among others, the approach will be comprehensive and inclusive. Individuals, organizations and agencies will all have a role to play through their sector representative.

To enhance efficiency and effectiveness, implementation of the TREA Strategy will build on the good work that has already been accomplished or is underway in other jurisdictions, including at the federal level.

We, as a province, have the capacity to reduce elder abuse. Each of us has a role to play, whether it be to increase our knowledge about elder abuse prevention, to work with a group dedicated to the effort or to ensure that public and private sector protocols are in place to prevent, identify and respond to elder abuse. The TREA Strategy will challenge all of us to think about our role, to commit to take action and to be a part of this important change.

What is Elder Abuse?

It is estimated that between four and 10 percent of seniors will experience some form of physical, emotional, financial or sexual abuse, and/or experience neglect; however, it is believed that for many reasons, abuse is significantly under reported. Both the abusers and the victims may not recognize the actions as abusive. Elder abuse is a serious issue that undermines the independence, dignity, health, and sense of security of the victim. It is wrong; a violation of the basic human rights of seniors; and in many instances, it may involve a criminal offence. The consequences of abuse for seniors and their families can be devastating.

The term "elder", when referring to an older adult, is usually interpreted to mean someone 65 years of age or older. However, aging can be unique to geography, culture and personal circumstances. Therefore, the use of "elder" in

this document is not limited by age, but rather refers to adults who are considered to be older within their own context.

Elder abuse can take place in a senior's home, a care facility and in the community, and most often involves a person in a position of trust or a situation of dependency. Some common examples include intimidation, humiliation, physical assault, sexual assault, frauds, scams, misuse of a power of attorney, over-medicating or withholding needed medication, restricting cultural or spiritual practices, censoring mail, and denying access to visitors.

It is critical that we deal with these incidents of abuse. Nobody deserves to be abused. Seniors make important contributions to their families, their communities, the economy and the province. They enrich our society with their knowledge, experience, skills and diversity. Adults over the age of 65 currently comprise 15 per cent of the total population in British Columbia and their number is expected to double within the next 20 years, making it one of the fastest growing populations of seniors in Canada.³

Preparing for an aging population is a shared responsibility involving many stakeholders (e.g., all levels of government, private and non-profit sectors, as well as individuals, families and caregivers). Confronting elder abuse is a critical part of building an age-friendly British Columbia.

Intensifying our Efforts: Together to Reduce Elder Abuse

The development of the TREA Strategy was guided by input received during province-wide consultations⁴ with the sectors and individuals involved in elder abuse prevention, as well as with seniors and their families. It helped to identify the crucial need for coordinated action across all sectors – public, private, non-profit – that prioritizes the voices of seniors and those who care for them, and is respectful of the diversity of British Columbia's communities and seniors themselves.

³ P.E.O.P.L.E. 35, population estimates, BC Stats, Ministry of Labour, Citizens' Services and Open Government. 2012.

⁴ Regional consultations with organizations and individuals working on elder abuse prevention were held province-wide in early 2012. These were followed by focus groups with seniors, their families, and caregivers.

The TREA Strategy builds on the many existing initiatives of organizations and individuals to reduce elder abuse, many of which were discussed during the consultations. It will be the foundation for an alliance of seniors, their families and caregivers, and all sectors in society; an alliance in which governments, individuals and organizations can lead together over the long term by committing to take action. It will facilitate opportunities for all members of society to play their part to reduce elder abuse.

The consultations also revealed that much more work is needed. We need to find ways to build awareness and mobilize society at all levels, to build capacity, to generate cultural and attitudinal shifts that support the dignity, self-determination, health, well-being and security of older British Columbians.

We must intensify our collaboration and encourage the participation of all British Columbians in this effort. And given the rapidly growing population of seniors in British Columbia, which presents both challenges and opportunities, we need to ensure that individuals, families, communities, professionals and service providers are able to recognize elder abuse in all of its forms, and know where to go to address their concerns. When elder abuse is uncovered, government and other sectors need to ensure that systems are in place to address the issue.

The TREA Strategy sets out a framework to foster a cultural and attitudinal shift in society that will support innovative efforts to prevent the abuse of older British Columbians. It represents a significant step forward by providing a mechanism to build on the social movement that is already under way in the province, as exemplified by the depth and breadth of the work of the organizations that participated in the elder abuse prevention consultations, as well as many others. It is a conscious effort to facilitate opportunities for collaboration among sectors, stakeholders and individuals. The TREA Strategy provides the foundation for, and enhances the adoption of, our collective efforts as we work to address the issues associated with elder abuse.

We anticipate immediate benefits from improved coordination and collaboration for all of our partners, such as greater availability of information, broader awareness and recognition of the problem and easier access to assistance in a case of abuse or suspected abuse.

A Strong Foundation to Build From

British Columbians have access to an existing network of support and protection mechanisms provided by government, organizations, communities and individuals. These initiatives (see Appendix B for details) present opportunities for expanding partnerships and increasing collaboration to be even more effective in our work in elder abuse prevention. Some current examples include:

- Victims of elder abuse are supported through **Victim Services** programs, transition housing and phone lines such as **VictimLink BC** and the **Seniors Advocacy and Information Line**.
- Information on government programs and other services can be obtained through the **Seniors Health Care Support Line**, **HealthLinkBC**, the **SeniorsBC** website, and the **BC Centre for Elder Advocacy and Support**.
- **Community Response Networks** (CRNs) work to promote a coordinated community response to adult abuse and neglect. In 2012, the B.C. Government invested \$1.4 million for the formation of more CRNs across the province. At the time of writing, there is CRN activity in almost 70 communities around the province, and this number is growing.
- Legislation (***Adult Guardianship and Public Guardian and Trustee Acts***) protects vulnerable older adults through reporting, investigation and response mechanisms carried out by the **Designated Agencies** (regional health authorities, Providence Health Care Society and Community Living BC) and the **Public Guardian and Trustee of BC** (PGT).
- The **BC Adult Abuse/Neglect Prevention Collaborative** and the **Adult Guardianship Provincial Advisory Committee** focus on the implementation of the *Adult Guardianship Act* and other related legislation, and addressing systemic issues in elder abuse prevention.
- A legislative framework also exists to promote and protect seniors' rights, health and safety, including **restrictions on gifting** to caregivers; the **Residents' Bill of Rights** for adults who live in residential care facilities; the **Assisted Living Registry**, which investigates health and safety in assisted living situations; and **Medical Health Officers**, who

have a statutory duty to respond to allegations of abuse and neglect in licensed community care facilities.

- The **BC Care Aide & Community Health Worker Registry** is helping to establish and improve standards of care in these occupations.
- The **Provincial Office on Domestic Violence (PODV)** works to strengthen services and supports available for children and families, including seniors, affected by domestic violence.
- Initiatives to foster healthy aging, such as **Age-friendly BC** and the **Better at Home** program for non-medical home support services, contribute to elder abuse prevention.
- The **BC Patient Safety Learning System** is a web-based resource to help health care providers make health care safer for patients. The **Re:Act Adult Protection Worker curriculum** for training includes resources for adult protection workers in home and continuing care, mental health and acute/residential care.
- Enhanced mechanisms for **advance care planning** and **incapacity planning** (important components of personal planning for future health care, financial and other decisions) are now available.

Taking Action: Strengthening Elder Abuse Prevention, Identification and Response

During the consultation process leading up to the TREA Strategy, as well as through written submissions, British Columbians from all sectors and walks of life talked about the many actions already under way in the province, but also about the gaps that exist and where people fall through the cracks. They brought to the table innovative ideas for improving support systems and for building more positive images of aging. People from around the province offered suggestions for concrete actions and longer-term systemic initiatives. Some of those are included below, and others will be prioritized as momentum builds.

The TREA Strategy promotes multi-sector engagement to combat elder abuse, involving government, health authorities⁵, the private and non-profit sectors and community, as well as individuals and families. It provides a forum for building on current efforts and innovative ideas, from those who have firsthand experience and knowledge of the social problem, to shape and collaborate in the process. In the coming months, the focus will be on initiatives that contribute to enhanced leadership through a Council to Reduce Elder Abuse (described below) that will spearhead a societal challenge to act, awareness-building, and training on elder abuse prevention, identification and response.

The TREA Strategy is a challenge to all British Columbians around these three key areas: improved **recognition** of elder abuse in all its forms; improved **response** to reports of elder abuse through awareness building and training; and **prevention** of elder abuse through an alliance to reduce elder abuse involving all members of society. These efforts will contribute to our ultimate goal of fostering a societal shift in attitudes to reduce elder abuse in our communities.

The TREA Strategy includes the following commitments:

❖ **BUILD AWARENESS TO RECOGNIZE AND RESPOND TO ELDER ABUSE**

Building awareness about the issues, including how to recognize and respond to elder abuse, and where to go for assistance, can make it more socially acceptable to speak out about this often hidden form of abuse, and leads to increased individual confidence to take appropriate action. How can we share best practices and build relationships, using all forms of communication, to support and learn from one another, to foster a societal and attitudinal shift? Messages must be designed for specific target audiences such as seniors, families and caregivers, professionals from a variety of sectors and disciplines, service providers and financial institutions. The approaches chosen must respect and acknowledge the cultural and linguistic diversity of British Columbia.

⁵ The term “health authorities” includes the five regional health authorities, the Provincial Health Services Authority and the First Nations Health Authority.

With funding from the province, through the Provincial Health Services Authority, BC Centre for Elder Advocacy and Support and the Government commit to:

- Improve access to assistance: Increase the hours and capacity of the Seniors Abuse and Information Line (former Seniors Advocacy and Information Line), 604-437-1940 or toll free 1-866-437-1940. Individuals will find it easier to obtain information, advice, emotional support and assistance with respect to elder abuse, from intake workers who are trained and experienced in dealing with such situations (July 2013).

Liu lives with her husband Chao, who has Alzheimer's. Their grandson John visits them occasionally. Recently, John has noticed that his grandfather looks unwashed, withdrawn and sad. John is also worried that Liu might be deliberately giving Chao too many pills, and is concerned about why she is doing that.

John called the toll-free Seniors Abuse and Information Line (SAIL). The intake worker asked John whether Chao was in any immediate danger. John said no, and continued to provide more details. Since it appeared Chao might be unable to seek support and assistance on his own, the intake worker informed John that, if he suspects abuse is taking place, he could contact a designated agency (local health authority or Community Living BC) to ask them to look into the situation. She explained the process to John and suggested sources of information and support for him and his grandfather, as well as programs and services available in the town where they live.

*This is a fictional scenario.

Government commits to:

- Information in your hand: Identify, collect and streamline culturally-appropriate resources into easily accessible information packages that can be used across the province by community groups, front-line service providers and individuals. This will help people recognize a situation of elder abuse and encourage individuals to have the confidence to speak out or to ask for assistance (March 2013).
- Better targeted planning and programming to reduce elder abuse: Work with the National Initiative for the Care for the Elderly (NICE), including

\$37,500 in funding, on the National Survey for the Mistreatment of Older Canadians to obtain specific data for British Columbia on the prevalence of elder abuse. Better data will result in more effective planning and programming to reduce elder abuse (commencing March 2013).

BC Association of Community Response Networks commits to:

- Ensure easier access to information online: The BCCRN will make available, via the web, a listing of contact information for community response networks (CRN). This will help ensure those seeking information about local community resources, including telephone helpline operators (e.g., the Seniors Abuse and Information Line, VictimLink BC, BC211, and others), have access to accurate and up-to-date CRN information (early 2013).
- Awareness training for individuals to understand the signs of abuse: The BCCRN is delivering and expanding the reach of its updated Gatekeeper Program, which enhances the ability of individuals in the community to support the safety and security of older adults (ongoing).

❖ **TRAIN TO RESPOND EFFECTIVELY AND PROTECT AGAINST ELDER ABUSE**

Training on elder abuse prevention, recognition and response, that recognizes cultural diversity, is essential for all sectors that provide care and services to seniors. Education and training must be designed to reach different individuals/groups, and the educational process should be ongoing to address staff turnover. An understanding of the respective roles and intersections among the roles of all those involved in responding to elder abuse, is crucial for an effective response to elder abuse. And provincial legislation must be continuously reviewed to ensure it supports individuals and organizations in protecting older adults.

Government commits to:

- Sharing of resources to increase awareness/training: Develop an inventory of elder abuse prevention, identification and response curricula that exist for entry into practice, and for continuing education/professional development (late 2013).

- More security for older adults: Work with health professional colleges and health authorities to ensure that front-line health care providers are aware of resources and mechanisms to report elder abuse, and have access to training and supports (commencing late 2013).
- Review processes for informed consent to care, especially for vulnerable adults: Review processes for informed consent to care, including moving into a residential care facility, particularly for vulnerable adults who do not have the capacity to make this decision themselves and where advance care planning has not occurred. This work will consider opportunities for bringing into force provisions of the *Health Care (Consent) and Care Facility (Admission) Act*, including restrictions on the use of restraints in care facilities. Health care professionals having a clear understanding of the requirements for consent supported by consistent staff training and processes are important protections for people who do not have the ability to make their own decisions due to cognitive impairments, including dementia (plan by February 2014).
- More flexibility for protection of older adults: Steps will be taken to bring into force provisions of the *Adult Guardianship and Planning Statutes Amendment Act, 2007*, relating to statutory guardianship, on or by July 1, 2014, that would provide clarification, consistency, and enhanced procedural fairness, in the certificate of incapability process. Continue to review opportunities to fully implement the 2007 legislation, including those provisions that will provide an updated framework for the court appointment of a guardian.

❖ ENSURE SHARED LEADERSHIP TO INTENSIFY OUR EFFORTS

Participants in the consultations clearly called for leadership that facilitates coordination of the multi-sector approach to preventing elder abuse. Leadership must be a shared effort, arising out of a shared purpose. A Council to Reduce Elder Abuse (the Council) will be created to engage a broad array of sectors committed to elder abuse prevention, identification and response. The mandate of the Council, of which the B.C. Government would be a member, would be to ensure the issue continues to be a priority and that action happens in a coordinated and collaborative manner. The Council would also be responsible for galvanizing society, both sectoral and individual, to commit to taking action

to prevent elder abuse, and for providing a supportive environment that would facilitate realization of those commitments. The combination of commitments from people, organizations, businesses and sectors will become an alliance to reduce elder abuse, the foundation for ensuring the well-being and security of seniors.

Government commits to:

- Facilitate and support sustainable change: Establish an Office to Reduce Elder Abuse (OREA), located within the Seniors' Directorate in the Ministry of Health, with a mandate to support and participate on the Council to Reduce Elder Abuse; and to coordinate the implementation, monitoring and reporting on the TREA Strategy, including stewarding government activity. It would also provide a repository for information and knowledge sharing, and ensure that government action truly complements local activity, rather than displacing or duplicating it (March 2013).
- Build on successes and share best practices: Work across jurisdictions, with federal, provincial and territorial partners, building on the good work already accomplished (commencing March 2013).

Olga is a volunteer with the Better at Home program in her community and provides non-medical home support to Anika, who is 68 years old. Anika has no family living nearby, but receives help from various people. Recently Olga noticed that Anika was limping and had bruises on her arms and cheek, and that Anika seemed unusually withdrawn. When Olga asked, Anika said that she had fallen on the stairs.

The organization Olga volunteers with is a member of the new Community Response Network (CRN) in the community. Therefore, the organization had access to information and was able to train its staff and volunteers on how to recognize elder abuse. Olga immediately knew there may be more to the story and knew she had a role to play in helping Anika. She knew to report her observations to her supervisor, and her supervisor knew where to look online, and who to call to confidentially discuss her suspicions and determine options to help Anika. Olga and her supervisor had a better understanding of the cultural implications and why Anika may be reluctant to report the abuse, and they were able to talk to Anika about the situation.

*This is a fictional scenario to show how increasing access to information will be beneficial.

Monitoring, Evaluation and Longer-Term Actions

The TREA Strategy is aimed at finding ways to move forward together over the longer term. Progress made in increasing supports to seniors and awareness in society will be continually monitored, evaluated, and publicly reported.

Every two years, the strategic direction will be reassessed and, based on feedback received from individuals and organizations, and in collaboration with partners, new directions will be identified to ensure that the prevalence of elder abuse decreases in British Columbia. Measuring outcomes, particularly when data is sparse, is not necessarily straightforward – it is not always easy to gauge whether or not efforts are truly making a difference.

As momentum is built, and a foundation of strong collaboration is established to foster sustainability and cultural/societal shifts in perceptions of aging, we will be in a position to prioritize longer-term actions. This does not mean delaying efforts to address elder abuse; it means recognizing that complex and deeply rooted problems have grown over time and systemic change will be gradual. These actions could be an extension or expansion of initiatives already underway. They could be ones identified through the 2012 consultations, or since then by organizations, communities, individuals and families.

During the consultations, there was broad consensus for the need to:

- Increase awareness about, and further clarify, roles and responsibilities for elder abuse prevention, identification and response for all sectors and individuals.
- Improve the ease, and the awareness of, processes for referrals and reporting of elder abuse.
- Collect data on the prevalence of elder abuse in B.C. to better inform planning and programming.
- Promote positive images of aging, planning for healthy aging/increasing protective factors, and intergenerational approaches.
- Enhance curricula and training in elder abuse prevention for professionals from various sectors.
- Ensure that actions to address elder abuse take into account the province's cultural and geographic diversity.

- Better address the need for temporary emergency shelters for older adults, and the needs of caregivers and people exhibiting abusive behaviour.

Maureen, an 83-year-old, lives alone and is partially deaf. She had a joint bank account with her son Richard, for her savings. Until Maureen became housebound due to a fall, each week she and Richard would go to her financial institution to handle her financial needs and pay her bills. Then, Richard lost his job and was struggling to make his mortgage payments. The staff at the financial institution noticed that Richard began coming alone, withdrawing larger amounts from the account and was not paying Maureen's bills. At the last visit, Richard asked to withdraw a substantial sum.

Concerned with Richard's actions, a staff supervisor followed the financial institution's updated protocols, developed in partnership with the new Council to Reduce Elder Abuse, for assisting older adults in cases of suspected financial abuse. Because Maureen could not hear well on the phone, staff made a home visit to discuss recent account activity. Maureen was shocked and worked with the institution to protect her remaining savings and pay her bills. Maureen also talked to a local seniors centre outreach worker, who was able to access new online resources and obtain a copy of *My Voice: Expressing My Wishes for Future Health Care Treatment* for Maureen so she could learn more about how to keep herself and her finances safe while planning for her future.

* This is a fictional scenario to demonstrate the benefits of cross-sector, coordinated efforts.

Coordination, Collaboration for Success

Achieving our ultimate goal of reducing the incidence of elder abuse in our communities requires a foundation of strong collaboration and coordination. The TREA Strategy reflects the reality that elder abuse prevention is multifaceted and requires a fundamental shift in cultural and societal perceptions of aging in order to foster sustainability.

The public, non-profit and private sectors, seniors, families and caregivers are doing great work already. We have an opportunity to build on this work and improve our collective ability to address the unacceptable abuse of seniors. We

can answer the call to form an alliance to reduce elder abuse by working together to harness those energies and to leverage opportunities.

This is British Columbia's first coordinated and integrated strategy for elder abuse prevention, identification and response. The ultimate goal is that coordinated action on elder abuse prevention, involving all British Columbians in the province, will promote the health and well-being, and safety and security of older British Columbians, and that a smaller proportion will experience instances of elder abuse.

Addressing elder abuse is everyone's business. We ask all members of society to commit to supporting the TREA Strategy, to contributing their expertise, energy and innovative ideas, so that we can work together as an alliance to reduce abuse. We need to change the way our society views older adults and to value their contributions. The TREA Strategy is our opportunity to increase and enhance the excellent work already underway.

Acknowledgements

The Government of British Columbia would like to thank the many people, and the organizations they represent, whose participation and work have contributed to the development of this strategy, including participants in the regional engagement sessions, and seniors and caregivers in the focus groups who came to share their experiences and provide advice for actions.

Appendix A

Commitments to Action to Reduce Elder Abuse in B.C.

BUILD AWARENESS TO RECOGNIZE AND RESPOND TO ELDER ABUSE

With funding from the Province, through the Provincial Health Services Authority, BC Centre for Elder Advocacy and Support and the Government commit to:

- Improve access to assistance: Increase the hours and capacity of the Seniors Abuse and Information Line (former Seniors Advocacy and Information Line), 604-437-1940 or toll free 1-866-437-1940. Individuals will find it easier to obtain information, advice, emotional support and assistance with respect to elder abuse, from intake workers who are trained and experienced in dealing with such situations (July 2013).

Government commits to:

- Information in your hand: Identify, collect and streamline culturally-appropriate resources into easily accessible information packages that can be used across the province by community groups, front-line service providers and individuals. This will help people recognize a situation of elder abuse and encourage individuals to have the confidence to speak out or to ask for assistance (March 2013).
- Better targeted planning and programming to reduce elder abuse: Work with the National Initiative for the Care for the Elderly (NICE), including \$37,500 in funding, on the National Survey for the Mistreatment of Older Canadians to obtain specific data for British Columbia on the prevalence of elder abuse. Better data will result in more effective planning and programming to reduce elder abuse (commencing March 2013).

BC Association of Community Response Networks commits to:

- Ensure easier access to information online: The BCCRN will make available, via the web, a listing of contact information for community response networks (CRN). This will help ensure those seeking information about local community resources, including telephone helpline operators (e.g., the Seniors Abuse and Information Line, VictimLink BC, BC211, and others), have access to accurate and up-to-date CRN information (early

2013).

- Awareness training for individuals to understand the signs of abuse: The BCCRN is delivering and expanding the reach of its updated Gatekeeper Program, which enhances the ability of individuals in the community to support the safety and security of older adults (ongoing).

TRAIN TO RESPOND EFFECTIVELY AND PROTECT AGAINST ELDER ABUSE

Government commits to:

- Sharing of resources to increase awareness/training: Develop an inventory of elder abuse prevention, identification and response curricula that exist for entry into practice, and for continuing education/professional development (late 2013).
- More security for older adults: Work with health professional colleges and health authorities to ensure that front-line health care providers are aware of resources and mechanisms to report elder abuse, and have access to training and supports (commencing late 2013).
- Review processes for informed consent to care, especially for vulnerable adults: Review processes for informed consent to care, including moving into a residential care facility, particularly for vulnerable adults who do not have the capacity to make this decision themselves and where advance care planning has not occurred. This work will consider opportunities for bringing into force provisions of the *Health Care (Consent) and Care Facility (Admission) Act*, including restrictions on the use of restraints in care facilities. Health care professionals having a clear understanding of the requirements for consent supported by consistent staff training and processes are important protections for people who do not have the ability to make their own decisions due to cognitive impairments, including dementia (plan by February 2014).
- More flexibility for protection of older adults: Steps will be taken to bring into force provisions of the *Adult Guardianship and Planning Statutes Amendment Act, 2007*, relating to statutory guardianship, on or by July 1, 2014, that would provide clarification, consistency, and enhanced procedural fairness, in the certificate of incapability process. Continue to

review opportunities to fully implement the 2007 legislation, including those provisions that will provide an updated framework for the court appointment of a guardian.

ENSURING SHARED LEADERSHIP TO INTENSIFY OUR EFFORTS

Government commits to:

- Facilitate and support sustainable change: Establish an Office to Reduce Elder Abuse (OREA), located within the Seniors' Directorate in the Ministry of Health, with a mandate to support and participate on the Council to Reduce Elder Abuse; and to coordinate the implementation, monitoring and reporting on the TREA Strategy, including stewarding government activity. It would also provide a repository for information and knowledge sharing, and ensure that government action truly complements local activity, rather than displacing or duplicating it (March 2013).
- Build on successes and share best practices: Work across jurisdictions, with federal, provincial and territorial partners, building on the good work already accomplished (commencing March 2013).

Appendix B

Some Existing Initiatives to Reduce Elder Abuse in B.C.

A) SUPPORTS FOR VULNERABLE OLDER ADULTS

- The **Adult Guardianship Act** (AGA) establishes mechanisms for reporting, investigating and responding to allegations of abuse, neglect and self-neglect of adults who are unable to seek support and assistance on their own. The AGA applies to abuse, neglect or self-neglect of adults in public places, the adult's home, care facilities or any other place except correctional centres.
- The AGA authorizes the Public Guardian and Trustee of BC to establish designated agencies to receive, investigate and respond to reports of abuse. **Designated Agencies** are the regional health authorities, Providence Health Care Society and Community Living BC.
- The **Public Guardian and Trustee of BC** (PGT) has a legislated mandate to investigate concerns regarding the abuse, neglect or self-neglect of vulnerable adults. The PGT also acts as a monitor of substitute decision-makers and as a substitute of last resort. Each year the PGT receives more than 1500 reports resulting in an average of 1100 investigations. The PGT coordinates the BC Adult Abuse/Neglect Prevention Collaborative and the Adult Guardianship Provincial Advisory Committee (Designated Agencies and PGT) (see below).
- A series of Elder Abuse Prevention health files is available online at **HealthLink BC** www.healthlinkbc.ca.
- Elder abuse prevention information and resources, such as elder abuse fact sheets and financial planning and protection brochures, are available at www.seniorsbc.ca/elderabuse.
- Support for victims of elder abuse is provided through **Victim Services** programs across the province (including two elder abuse units in Vancouver and New Westminster), the Seniors Advocacy and Information Line (to become the Seniors Abuse and Information Line, 604-437-1940 or toll free 1-866-437-1940) and VictimLink BC (1-800-563-0808), both toll-free helplines.

- **Transition housing and support services** (located in Creston, Penticton, South Surrey and Victoria) are available for older women who have experienced abuse.

B) HEALTH CARE SECTOR SUPPORTS AND PROTECTION OF RIGHTS

- The **Residents' Bill of Rights** promotes the rights, including the right to be protected from abuse and neglect, of adults who live in residential care facilities.
- **Medical Health Officers (MHO)** have a mandatory, statutory duty, under the *Community Care and Assisted Living Act*, to respond to allegations of abuse and neglect that occur or are alleged to occur in a licensed community care facility. In addition, the licensed facilities and their staff are required to immediately notify a MHO if a person in care is involved in an incident of abuse or neglect.
- The **Assisted Living Registry (ALR)** investigates complaints about the health and safety of assisted living residents and about residences that provide assisted living without registration. The ALR's role is to ensure that assisted living residences operate in a way that does not jeopardize the health and safety of residents. The Health and Safety Standards require responses to questions dealing with abuse and neglect.⁶
- The **BC Patient Safety Learning System** is a web-based resource to help health care providers make health care safer for patients.
- The **Re:Act Adult Protection Worker curriculum** for training includes resources for adult protection workers in home and continuing care, mental health and acute/residential care. This is the first curriculum of its kind in Canada.
- The **BC Care Aide & Community Health Worker Registry** is a database of credentialed, or "registered", care aides and community health workers. The creation of a central registry is helping to establish and improve standards of care in these occupations. In order to be eligible for registration, care aides and community health workers must have

⁶ www.health.gov.bc.ca/assisted/complaints.html

received training on elder abuse as part of a provincially-mandated curriculum.⁷

- The **BC Adult Abuse/Neglect Prevention Collaborative**⁸ and the **Adult Guardianship Provincial Advisory Committee** (Designated Agencies and PGT) advise on the development and implementation of the *Adult Guardianship Act* and other related legislation, as well as addressing multiple systemic and practice barriers to facilitate the most coordinated response possible for adults who are experiencing or are vulnerable to abuse, neglect or self-neglect.
- The *Community Care and Assisted Living Act* and the Residential Care Regulations contain prohibitions against abuse and neglect, and require an investigation of all allegations of abuse in licensed residential care facilities.
- To mitigate the potential for fraud or inducements, British Columbia has put in place **legal**⁹ **restrictions on gifting to caregivers**, which protect vulnerable adults from potential financial abuse.

C) **FOSTERING HEALTHY AGING**

- Through a \$15 million grant to the United Way of the Lower Mainland, the **Better at Home** program will expand the availability of non-medical home support services in up to 60 communities across the province. Opportunities exist for partnerships with the United Way, the BCCRN and government to ensure the Better at Home volunteers receive information and training on elder abuse prevention, identification and response.
- The **Age-friendly BC** program focuses on providing communities with support, information and recognition to help meet the needs of an aging population. Leveraging the work of Age-friendly BC and the Union of

⁷ www.cachwr.bc.ca/index.asp?NavPage=23&Ticket

⁸ Regular non-government members include: BC Centre for Elder Advocacy and Support, BC Association of Community Response Networks, BC Law Institute, Public Guardian and Trustee, Designated Agency key contacts (including regional health authorities, Community Living BC and Providence Health Care Society), RCMP “E” Division, Gerontology Research Centre Simon Fraser University, and Vancouver and Lower Mainland Multicultural Family Support Services Society.

⁹ *Community Care and Assisted Living Act* (and *Hospital Act*)

British Columbia Municipalities will help to build environments that contribute to the prevention of elder abuse.

D) OTHER COMMUNITY AND GOVERNMENT SUPPORTS

- **A Community Response Network (CRN)** comprises individuals, groups and agencies that work together at a community level to promote a coordinated community response to adult abuse and neglect. CRN members can be anyone in the community concerned about adult abuse and neglect including designated agencies, police, community organizations serving specific groups, faith communities, financial institutions, advocacy organizations and concerned citizens. The **BC Association of Community Response Networks (BCCRN)** has received funding from government of \$1.4 million over three years to provide for the creation of more local CRNs around the province.
- The **BC Centre for Elder Advocacy and Support** is a non-profit, charitable organization committed to protecting the legal rights of older adults; increasing access to justice for older adults; informing the public about elder abuse; and providing supportive programs for older adults who have been abused.
- The **Provincial Office on Domestic Violence (PODV)** is the government lead for strengthening services and supports available for children and families affected by domestic violence. Given the interrelationships between family violence and elder abuse, the PODV will be a partner in implementing the TREA Strategy.
- All employees working with vulnerable adults are required¹⁰ to allow their employer to carry out a **criminal record check**. This requirement helps protect vulnerable adults in British Columbia from physical, sexual or financial abuse.
- Mechanisms for **advance care planning** and **incapacity planning** (important components of personal and safety planning) have been improved and can be found at: www.seniorsbc.ca/advancecare.
- Provincial proclamation of **World Elder Abuse Awareness Day (WEAAD)**, June 15th, and distribution of posters and toolkits each year since 2006.

¹⁰ *Criminal Records Review Act*

Notes

A series of 23 horizontal lines for writing notes.



Ministry of
Health