

REGIONAL MUNICIPALITY OF OTTAWA-CARLETON
MUNICIPALITÉ RÉGIONALE D'OTTAWA-CARLETON

REPORT
RAPPORT

Our File/N/Réf.
Your File/V/Réf.

DATE 6 May 1998

TO/DEST. Co-ordinator
Community Services Committee

FROM/EXP. Medical Officer of Health

SUBJECT/OBJET **ELDER ABUSE INITIATIVES
(RESPONSE TO INQUIRY NO. CSC 08(98))**

DEPARTMENTAL RECOMMENDATION

That the Community Services Committee receive this report for information.

INTRODUCTION

At the Community Services Committee meeting of 02 April, 1998 Chair Alex Munter made the following inquiry:

“What programs exist in Ottawa-Carleton to deal with the issue of elder abuse, particularly elder abuse in the ethno-cultural communities? Are these programs sufficient?”

BACKGROUND

Elder abuse has been defined as any harm, including physical, financial, psychological abuse or neglect, to an older person caused by someone in a position of trust or authority. This could be a family member, neighbour, landlord or professional person.¹ Several factors may influence the risk of elder abuse: decreased community services, early discharge from hospital, lack of long-term care beds, health care provider expectations of family involvement, availability of caregiver(s) and caregiver stress.

Current and projected demographic and societal changes suggest that abuse of older adults will become a greater problem in the future. Ottawa-Carleton has the fastest growing elderly population in the province. About 70,000 residents, or 11% of the population, are over 65, the proportion is expected to increase to 15% by 2011. The critical age group, those over 85, most at risk for elder abuse is expected to double between 1992 and 2011.² As well, the emphasis on

non-institutionalization and the restructuring of health services has resulted in increasing numbers of older adults continuing to reside in their own homes in the community, to a more advanced age and in frailer health.

Few studies substantiating the scope of the elder abuse issue have been done. In 1990, a National telephone survey of 2,000 randomly selected older Canadians living in private homes, suggested that at least one in twenty-five people aged 65 and older may have recently suffered from one or more forms of abuse. Financial abuse was found to be the most prevalent type of abuse.³

In the Ottawa-Carleton region, a survey of elder abuse cases encountered by service providers in a broad range of agencies revealed a total of 93 cases of suspected abuse during a twelve week period (Council on Aging-Ottawa-Carleton - 1994). No studies of the prevalence of elder abuse in ethno-racial communities are known to have been conducted in Canada.⁴

Since 1986, the Council on Aging-Ottawa-Carleton (COA) responded to community concerns around the growing problem of seniors at risk of abuse. The Health Department maintained a very active role on the Elder Abuse Task Force which was led by the COA. The Task Force was active from 1986 to 1989, then resumed its activities in 1993 when a grant from the Ontario Trillium Foundation was obtained. Its mandate was to create awareness among professionals and seniors on the subject of elder abuse. The project included the development of a resource document to provide information about the issue of elder abuse, intervention strategies and tools for identifying abuse cases. A recommendation was made that all agencies providing services to seniors develop protocols providing guidelines to staff for response to cases of suspected or actual abuse.

CURRENT COMMUNITY INITIATIVES

Council on Aging Initiatives

The Council on Aging has implemented and supported the Elder Abuse Network. The Network has been meeting every second month since 1995. Membership includes health and social services professionals from a wide range of community agencies including the CCAC, OCHD, Community Agencies, the Ottawa-Carleton Regional Police Services, Sisters of Charity of Ottawa Health Services, the Red Cross and the Senior Citizens Council. The objectives of the Network are:

- To heighten awareness of the elder abuse issue among professionals, front-line workers, volunteers and the senior community;
- To improve the ability of professionals to assess and intervene;
- To assist in the development of agency protocols through the sharing of information, and;
- To act as an advocacy and public information group.

The Elder Abuse Directory was first printed in 1995 as a result of a joint project of the Council on Aging - Ottawa-Carleton and the Senior Citizens Council of Ottawa-Carleton. The Directory provides a detailed list of agencies available in the region to assist in situations of Elder Abuse. Over 200 copies of this Guide have been sold in Canada and marketing efforts continue. The Directory needs to be updated and re-printed, however no funds are available.

The Sisters of Charity of Ottawa Health Services continue to explore the possibility of establishing an elder abuse shelter. Budget constraints are impeding planning.

Other Community Initiatives

Listed below, are some of the activities occurring in Ottawa-Carleton which focus on Elder Abuse:

1. The Family Service Centre of Ottawa-Carleton, the Jewish Family Services, and Catholic Family Services of Ottawa-Carleton have received United Way funding for one year (1998-1999) to partner and offer support groups to older adults who are being abused. Within each of the Family Service Agencies a counselor is assigned to deal with elder abuse.
2. An Education Program and Response Protocol Model for Police Officers was developed in 1993 by the Queensway-Carleton Hospital and Nepean Police Service with the support of Solicitor General Canada and Health Canada.
3. The Distress Center of Ottawa and Region and Tel-Aide Outaouais have included elder abuse in the training of their volunteers to help them respond to telephone calls about elder abuse.
4. In 1995, a video entitled: "The Wall of Silence" was produced in collaboration with Gloucester Centre for Community resources, the Gloucester Police and Rogers Ottawa and was made possible through funds provided by Community On Display.
5. The Township of Osgoode Home Support Program produced a 30 minute video and guidebook entitled: "Elder Abuse - A Portrait" which was funded by the Trillium Foundation. The impetus for this project came from one senior who decided her peers should be made aware of elder abuse. Her consultations with the Public Health Nurse and the Home Support Program inspired the video. "Elder Abuse - A Portrait" is a teaching tool for seniors, their families, caregivers, educators and the general public. The Home Support Program is now pursuing ways to market the video both provincially and nationally, but lack of funding impedes the process.
6. Immigrant and Visible Minority Women Against Abuse provides crisis intervention services, short and long-term counseling and support groups for women of diverse cultural backgrounds who are experiencing abuse, however services are not specifically directed toward elder abuse.
7. Community Health Centres and Home Support Agencies offer a range of services for persons of all ages. Although there are no specific "elder abuse" programs as such, services are available to clients accessing these agencies. It has been reported that typically a senior will come to these community agencies with a specific requirement, e.g., a place to live away from abuse. Unlike younger individuals experiencing abuse, counselling is often not the first priority. Seniors are therefore supported in their search for housing options. Many of these community agencies, which are aware of abuse issues, offer service through cultural interpreters when language and cultural needs must be met.

8. The Victim Services Section within the Ottawa-Carleton Regional Police Services works in a distinct but professional partnership with police officers and civilians to ensure optimum service is provided to victims of crime, tragic circumstances and critical incidences through the provision of crisis intervention, assessment and referral to appropriate community resources. The Victim Services Section can be contacted directly without reference to police investigation or follow-up.

Community Partnership Initiatives on Elder Abuse

As previously mentioned, the Health Department has maintained a long standing partnership with the Ottawa-Carleton's Council on Aging on the issue of Elder Abuse. The Health Department was a main partner and active member on the Elder Abuse Task Force.

In 1997, an Elder Abuse Protocol was developed for Health Department staff based on the guidelines of the Council on Aging. Staff from the Caregiver Support Program attended a working session led by the Council on Aging and "One Voice" Seniors' Network (Canada) Inc. to provide input into the Community Action Kit for Elder Abuse. The Older Women's Network of Ontario conducted focus groups in which the Health Department also participated to discuss elder abuse shelters.

The Caregiver Support Program, in partnership with The Office of the Solicitor General of the Province of Ontario, the Ottawa-Carleton Police Services, the Queensway-Carleton Hospital and the Council on Aging, developed educational in-service training on elder abuse. It was presented to 300 front-line officers in the Fall of 1997.

Health Department Activities

Elder Abuse is now a component of the Caregiver Support Program of the Adult Health Division. The Caregiver Support Program provided input for the development of the Guide of Elder Abuse Prevention and Support Projects in Ontario done by Michael J. MacLean & Associates, Research and Education for Positive Aging.

A University of Ottawa Nursing Student of Vietnamese origin worked with the Caregiver Support program to develop fact sheets on elder abuse in the Vietnamese language. Presentations were given to 3 Vietnamese women's groups.

The program is presently in the process of developing a presentation: "The Informal Caregiver and Elder Abuse" to be given to formal care providers within the Chinese community.

A French video addressing the elder abuse issue was produced with the collaboration of Rogers French Community Television and presented as a short segment on a show targeting older adults.

In 1997, the staff responded to 5 telephone contacts of suspected abuse cases. After an initial assessment, public health nurses refer clients to appropriate community agencies for involvement or follow-up.

COMMUNITY CONSULTATION

The following were consulted during the preparation of the report: Council on Aging, Sandy Hill Community Health Centre, Barbara Burns, Family Service Centre of Ottawa-Carleton, Jewish Family Services, Catholic Family Services, Nepean Community Resource Centre, Ottawa-Carleton Immigrant Services Organization, Women's Place, Gloucester Centre for Community Resources, Township of Osgoode Home Support Program, Immigrant and Visible Minority against Abuse, Ottawa-Carleton Police Service.

FINANCIAL IMPLICATIONS

There are no financial implications for the RMOC associated with this report.

CONCLUSION

In recent years there has been increased concern about the issue of elder abuse and neglect, especially since legislation for mandatory reporting of elder abuse has not yet been developed in Ontario. In the ethno-racial community this issue is perhaps more prevalent and problematic. Elder abuse is not being reported due to language barriers, cultural and custom differences, financial concerns, and the lack of understanding of the legal system. It is essential that elder abuse in ethno-racial communities be addressed by service providers who are fluent in the specific language and knowledgeable about custom and culture needs.

The Health Department must work closely with the Council on Aging and other community agencies to ensure there is community awareness and education around the issue. Continued support should be provided to the abused older adult and all agencies within the region of Ottawa-Carleton must advocate for emergency shelters for abused seniors and a coordination of services.

This problem tends to be of a silent nature. Feelings of guilt, shame, embarrassment, fear of retaliation and loss of a support system keep many older persons helpless and silent. The issues and concerns raised by elder abuse, however, must remain a health priority.

Approved by
Robert Cushman, MD, MBA, FRCPC

-
- ¹ Kartes, L., (1993 December). Senior Abuse: An Education Program and Response Protocol Model for Police Officers, Nepean Police Service, Queensway-Carleton Hospital.
- ² Regional Municipality of Ottawa-Carleton Planning, 1991 Census of Canada.
- ³ Podnieks, E. & Pillemer, K., (1990). National Survey on Abuse of the Elderly in Canada. Toronto: Ryerson Polytechnical Institute.
- ⁴ Canadian Association of Social Workers, (March 1995). Summary Report: Elder Abuse in Ethnocultural Communities, An Explanatory Study with Suggestions for Interventions and Prevention.