

PREVENTION  
OF  
ELDER  
ABUSE  
POLICY  
AND  
PROGRAM  
LENS

PREVENTION OF ELDER ABUSE  
WORKING GROUP

ELDER HEALTH COALITION



The Prevention of Elder Abuse Policy and Program Lens (PEAPPL) was developed by the Prevention of Elder Abuse Working Group. The views expressed in this document do not necessarily reflect the position of a particular Working Group member organization and should in no way be construed as official or unofficial policy of the Government of Ontario or member organizations.

Please see the appendix for a full list of Working Group members.

This document is available on line at: [www.ontarioseniors.ca](http://www.ontarioseniors.ca)

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# PREVENTION OF ELDER ABUSE POLICY AND PROGRAM LENS

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## **EXECUTIVE SUMMARY**

The Prevention of Elder Abuse Policy and Program Lens is an analytical framework, that has been developed to assess policies, programs and practices (in place or proposed) from the perspective of preventing, detecting and responding to elder abuse.

The Policy and Program Lens was developed through a partnership between the Ontario Seniors' Secretariat and the Elder Health Coalition. The Prevention of Elder Abuse Policy and Program Lens is an initiative of the Prevention of Elder Abuse Working Group, which is co-chaired by the Ontario Seniors' Secretariat and the Elder Health Coalition. Membership of the Working Group includes representatives from older persons and their advocates, service providers, health professionals, and the provincial government, specifically the Ontario Seniors' Secretariat and the Ministry of Health and Long-Term Care. Please see the attached appendix for a full list of Working Group members.

The Prevention of Elder Abuse Policy and Program Lens has been adapted from the Seniors Mental Health Policy Lens that was developed for the B.C. Psychogeriatric Association by Penny MacCourt, PhD. The Mental Health Lens has been adapted to focus specifically on the issue of elder abuse. An article published in the Canadian Journal of Community Mental Health, Vol. 24, provides a thorough examination of the conceptual framework and consultation process behind the Seniors Mental Health Policy Lens.

The Policy and Program Lens is designed to strengthen the capacity of government, non-government organizations and service providers to prevent, detect and respond to elder abuse. It provides a method for identifying the negative effects of current and planned policies, programs and practices on those impacted by elder abuse.

This draft document outlines the purpose of the Policy and Program Lens, provides the conceptual framework for its development, and explains the basis for the questions that are used for the analysis. This document states who the intended users are, and how they can apply and implement this lens.

## **PREFACE**

The Elder Health Coalition was formed out of discussions held at the Second Invitational Elder Health Think Tank (October 2003) to work on a framework that would identify essential elements that had to be addressed in future provincial policies.

The Elder Health Coalition includes participants from a range of backgrounds and expertise- including consumers, advocates, research, policy, practice, administrative, and educator experts, and associations. All share a commitment to the health and wellbeing of older people in our communities.

The Prevention of Elder Abuse Working Group was formed as a key initiative of the Elder Health Coalition's work. The purpose of the Working Group is to address the prevention of elder abuse in health care with the aim of moving forward the development of policy and integrated services for older persons in Ontario.

The Prevention of Elder Abuse Working Group has a vision for a health system that identifies, develops, and delivers programs and services that respect, promote and support the rights and dignity of older persons and that prevent and detect elder abuse.

In working towards achieving this vision, the Working Group has focussed on the development of a policy "lens" through which multiple audiences can establish and evaluate policies, programs and practices aimed at preventing, detecting and addressing elder abuse.

## INTRODUCTION

Elder abuse refers to actions that harm an older person or jeopardize the person's health or welfare. Preventing elder abuse is one of the key concerns for older persons and the organizations that support them. Elder abuse can take many forms including; physical, emotional, sexual and financial. Neglect is another form of abuse. Elder abuse can exist in any setting where a person lives. It can also be a determinant that increases an individual's risk of becoming a victim of other forms of abuse.

The Prevention of Elder Abuse Policy and Program Lens can be used by public policy makers, the community and community institutions as an assessment tool for new and existing policies, programs, and practices, to guide research and evaluation studies of the impact of policies, programs and practices, to promote the development of policy, program and practice responses to an issue or need, to evaluate the potential impact of policy on prevention, detection and response to abuse, and to educate key stakeholders.

The Policy and Program Lens has been developed to ensure that policies, programs and practices are being developed and critiqued based on the correct input and feedback. The Lens stresses the importance of talking to older persons about policies, programs and practices that directly affect older persons. Policy makers, program managers, service delivery organizations, researchers and evaluators, clinicians, and older persons' advocacy groups are encouraged to use the Policy and Program Lens to evaluate the strengths and weaknesses of their policies, programs and practices, and to determine what implications they have upon older persons. The Lens also emphasizes the need to develop and maintain a supportive and positive work culture and appropriate hiring practices, which can influence the level and quality of care provided to older persons. Moreover, the Lens stresses the importance of making older persons part of the solution when seeking to address the implications of policies, programs and practices and making improvements. Finally the Lens, in the Advocacy section, is a reminder that policies, programs and practices must be drafted and designed to comply with the legal framework of the jurisdiction in which the programme, policy, or practice is used.

## APPLICATION AND IMPLEMENTATION

The Policy and Program Lens is comprised of two parts. Before using the Policy and Program Lens, you may want to read through the document in its entirety to familiarize yourself with each section and how they are connected.

### PART 1: CHECKLIST QUESTIONS

Part 1 is made up of a series of questions that are meant to guide your assessment of the policy/program/practice in question. The checklist questions are divided into two sections. In Section A of Part 1, questions are based upon a series of nine guiding principles, which are outlined below. These guiding principles incorporate values and priorities that are integral to the success of a policy/program/practice that aims to prevent, detect and address elder abuse.

#### GUIDING PRINCIPLES<sup>1</sup>

**Collaboration:** The process of developing, implementing and evaluating policies, programs, and practices emphasize collaboration and partnership between the full range of stakeholders and the people affected.

**Diversity:** Policies, programs, and practices recognize diversity and address the diverse needs, circumstances, and aspirations of marginalized/vulnerable sub-groups within the older persons' population.

**Accessibility:** Policies, programs, and practices enable participation and/or accommodate the unique needs of older persons, consider accessibility and promote the full engagement of older persons in all stages of the policy, program or practice.

**Social Inclusiveness:** Policies, programs, and practices promote, provide, and support older persons' social participation and/or relationships.

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<sup>1</sup> These Guiding Principles were adapted from the *Principles of the National Framework on Aging: A Policy Guide* (1998) and research completed by Penny MacCourt, (2004; see also MacCourt & Tuokko, 2005).

**Independence/Self-determination:** Policies, programs, and practices support and encourage older persons' independence, and acknowledge and promote their right to self-determination.

**Respect and Dignity:** Policies, programs and practices acknowledge that all individuals are inherently valuable members of society, and therefore, deserve to be treated with respect and esteem.

**Fairness and Equity:** Policies, programs and practices be free from bias, dishonesty and injustice.

**Security:** Policies, programs and practices support older persons' sense of security, reducing their susceptibility to risk, danger, doubt, anxiety and fear.

**Advocacy:** Policies, programs and practices reflect the rights and duties of all parties as described in the applicable legal framework. Policies, programs, and practices should reflect compliance with the applicable legal frameworks

Although the first eight principles and the questions to guide the assessment in accordance with these principles may be used in any jurisdiction, the questions in the Advocacy section are directed only to Ontario and the legislative framework in that province. For an effective review, users of this tool in other provinces should ask legal counsel to redraft the questions in this section to reflect the legislation in the province in which this tool is being used.

In Section B of Part 1, users are asked to examine their policy/program/practice in the context of the determinants of elder abuse.

## **DETERMINANTS OF ELDER ABUSE**

Incorporating the multiple determinants and factors that contribute to the incidence of elder abuse into the Policy and Program Lens ensures that both individual and societal factors, singly and in combination, that can impact the occurrence of elder abuse, are taken into account.



The determinants of elder abuse that are addressed in this Policy and Program Lens include: physical health, mental health, the existence of social support networks, social environments, safety, income status, personal health practices, coping skills, access to appropriate health care and support services, a sense of personal security, independence, housing status, knowledge of own rights, the ability of the individual to raise concerns, spiritual beliefs, immigration status, family relationships, past history of abuse, personal lifestyle choices, personal beliefs and understanding of abuse, and sexual orientation and/or gender identity.

## **PART 2: CREATING AN ACTION PLAN**

Part 2 of the Policy and Program Lens asks you to take the information gleaned through the checklists in Part 1, and work towards creating an action plan. Part 2 begins with a thorough examination of the responses elicited by the checklist questions of Part 1.

## PART 1: CHECKLIST QUESTIONS

### A. GUIDING PRINCIPLES

#### 1. COLLABORATION

Did the process of developing, implementing and evaluating the policy/ program/practice emphasize collaboration and partnership between the full range of stakeholders and the people affected?

	YES	NO	NOT SURE	N/A
a) Has the policy/program/practice been developed in collaboration with those who will be most affected?				
b) Does the policy/program/practice emphasize partnership and collaboration?				
c) Are older persons/older persons' organizations consulted?				
d) Are older persons/older persons' organizations involved?				
e) Are other relevant organizations, sectors and/or Ministries engaged?				
f) Is this policy/program/practice based on current research on collaboration?				
g) Has the policy/program/practice been developed so that it can be evaluated for process and outcomes?				

COLLABORATION ACTION NOTE:

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## 2. DIVERSITY

Does the policy/program/practice recognize diversity and address their diverse needs and circumstances? Does it also address the aspirations of marginalized/vulnerable sub-groups within the older persons' population, within the law and the rights of the individual?

	YES	NO	NOT SURE	N/A
a) Does the policy/program/practice provide the organization and its workforce, its practitioners and service providers, with an understanding of abuse in different cultures and diverse settings?				
b) Does the policy/program/practice include the diversity of both the providers and recipients of the service?				
c) Are older persons/organizations that represent diversity and specific cultural and linguistic needs consulted? Involved?				
d) Is this policy/program/practice based on current diversity trends/issues/evidence?				
e) Does your policy/program/practice take into consideration and address the impact of diversity on the workforce and staff <sup>2</sup> and their own understanding of elder abuse?				
f) Does the policy/program/practice recognize/address diverse needs and circumstances of service providers?				
g) Are other relevant organizations sectors and Ministries engaged?				
h) Has the policy/program/practice been developed so it can be evaluated for meeting the needs of diverse populations and individual sensitivities?				

<sup>2</sup> Throughout this document, the term "staff" includes paid staff, volunteers and students.

Does this policy/program/practice prevent and detect abuse among the following older persons?

	YES	NO	NOT SURE	N/A
Aboriginal				
Francophone				
Ethnocultural minorities				
Religious minorities				
Women				
Members of the Lesbian, Gay, Bisexual, Transgendered, Queer (LGBTQ) Community				
People with physical disabilities				
Cognitively impaired				
Mental health issues				
Developmentally disabled				
Caregivers (formal and informal)				
Those who have financial difficulty (poor, etc.)				
Socially isolated				
Those aged 85 years and older				
Chronically ill				
Homeless				
Those who have personal experience with trauma				
Those who have personal experience with abuse				
Those who have addictions				

Does the policy/program/practice look at populations living in different settings?

<i>ELDER PERSONS LIVING IN:</i>	YES	NO	NOT SURE	N/A
Homeless				
Own home/apartment				
Living with family member				
Congregate Living Environment (i.e. retirement home, assisted living residence, group home, supportive housing, etc)				
Long-Term Care Home <sup>3</sup>				
Hospital				
Transition from one setting to another				
Living in a shelter				
Boarding home				

DIVERSITY ACTION NOTE:

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<sup>3</sup> Depending on the jurisdiction, long-term care home may be referred to by a different name, i.e. nursing home, home for the aged, personal care home, etc. This is accommodation that is subject to provincial health facility regulation and that receives health funding as distinct from other accommodation with care services in which care services may not be funded or covered by provincial health dollars.

### 3. ACCESSIBILITY

Does the policy/program/practice enable participation and/or accommodate the unique needs of older persons?

DOES THE POLICY/ PROGRAM/PRACTICE ENABLE PARTICIPATION AND/OR ACCOMMODATE FOR UNIQUE NEEDS ASSOCIATED WITH:	YES	NO	NOT SURE	N/A
Staffing				
Transportation				
Communication (language, disability, e.g. hearing)				
Cultural "norms"/ practices				
Literacy				
Stereotyping				
Pertinent information readily available				
Affordability				
Sufficient resources available in timely manner				

ACCESSIBILITY ACTION NOTE:

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#### 4. SOCIAL INCLUSIVENESS

Does the policy/program/practice promote/provide/support older persons' social participation and/or relationships?

	YES	NO	NOT SURE	N/A
a) Does the policy/program provide opportunity for the older person to access needed social support within their social network of chosen family and friends?				
b) Does the policy/program provide opportunity for the older person to access needed social support within their community?				
c) Does the policy/ program/practice reduce loneliness, and/or social and spiritual isolation?				
d) Does the policy/ program/practice promote/support a sense of belonging/ self-importance?				
e) Does the policy/ program/ practice support quality of life?				

SOCIAL INCLUSIVENESS ACTION NOTE:

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5. INDEPENDENCE/SELF-DETERMINATION

Does the policy/program/practice support older persons' independence, and right to self-determination?

	YES	NO	NOT SURE	N/A
a) Does it ensure the right to make informed choices?				
b) Is information, encouragement and support provided to facilitate choices?				
c) Does it build on the capacity of older persons and adjust to different circumstances/environments?				
d) Does it promote coping skills?				
e) Does the policy/program/practice reduce loneliness and or social and spiritual isolation?				
f) Does it value and respect different value systems?				
g) Does it take into account and support a sense of self?				

INDEPENDENCE/SELF-DETERMINATION ACTION NOTE:

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## 6. RESPECT AND DIGNITY

Does the policy/program/practice support the principles of respect and dignity?

	YES	NO	NOT SURE	N/A
a) Does it acknowledge the uniqueness of each individual?				
b) Does it promote self-esteem?				
c) Does it consider individual needs?				
d) Is it respectful of older persons' privacy?				
e) Are there mechanisms in place which support older persons' dignity?				

*RESPECT AND DIGNITY ACTION NOTE:*

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7. FAIRNESS AND EQUITY

Does the policy/program/practice support fairness and equity?

	YES	NO	NOT SURE	N/A
a) Is the policy/program/practice fair to those affected by it?				
b) Does the policy/program/practice take into account the costs and benefits of supporting older persons?				

FAIRNESS AND EQUITY ACTION NOTE:

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8. SECURITY

Does the policy/program/practice support older persons' sense of security?

	YES	NO	NOT SURE	N/A
a) Does the policy/program/practice support older persons' sense of physical security?				
b) Does the policy/program/practice support older persons' sense of economic security?				
c) Does the policy/program/practice support older persons' sense of emotional security?				
d) Does the policy/program/practice support older persons' sense of belonging?				
e) Does the policy/program/practice support older persons' opportunity to plan for the future (such as appropriate housing and services; death)				

SECURITY ACTION NOTE:

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9. ADVOCACY (BASED ON ONTARIO LEGISLATION) \*EXPLAINED IN INTRODUCTION

Does the policy/program/practice reflect the rights and duties of all parties as described in the applicable legal framework? Does the policy/program/practice comply with the applicable legal framework?

	YES	NO	NOT SURE	N/A
a) Does the policy/program/practice support the right of a mentally capable older person to make his or her own decisions about the abuse response?				
b) Does the policy/program/practice assist staff working with older persons in understanding decision making capacity and how it should affect their response to abuse?				
c) Does the policy/program/practice assist staff in working with older persons understand the role and authority of a SDM <sup>4</sup> and the limits on that authority?				
d) Does the policy/program/practice assist the older person in safety planning to prevent abuse or to respond to an abusive situation?				
e) Does the policy/program/practice respect the privacy of the older person, both in general and in respect to health information?				
f) Does the policy/program/practice assist staff and the older person in understanding appropriate options to respond to abuse?				
g) Does the policy/program/practice assist staff and the older person in knowing when to contact resources in the criminal justice system?				

<sup>4</sup> In Ontario, a Substitute decision maker (SDM) is the person that has the legal authority to make either property or personal care decisions or both for a person that has become mentally incapable for particular decision making. Property decisions are anything relating to money, banking, and assets. Personal care decisions are any decisions relating to shelter, health care, hygiene, nutrition, safety or clothing. SDMs for property may be an attorney in a Power of attorney for Property, a Statutory Guardian or a Court Ordered Guardian of Property. A Personal SDM may be an attorney in a Power of Attorney for Personal Care or a Court Ordered Guardian. For Health care decisions, an SDM is the highest ranking person in the following hierarchy in the incapable person’s life – a Court ordered Guardian, an Attorney in a POA personal Care, a Representative appointed by the Consent and Capacity Board, a spouse or partner, a child or parent, a brother or sister, any other relative. If the incapable person has no one on this hierarchy list, then the Public Guardians and Trustee would act as his or her SDM for health care.

ADVOCACY (continued)

Does the policy/program/practice reflect the rights and duties of all parties as described in the applicable legal framework? Does the policy/program/practice comply with the applicable legal framework?

	YES	NO	NOT SURE	N/A
h) If the policy/program/practice is in a long-term care home, does it meet the requirements of provincial legislation, regulations, and standards with respect to abuse?				
i) Does the policy/program/practice create an environment in which issues and concerns about abuse can be easily raised?				
j) If the policy/program/practice is in a long-term care home, does it provide for appropriate reporting to the Ministry of Health and Long-Term Care, as required by legislation?				

ADVOCACY ACTION NOTE:

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**B. DETERMINANTS OF ELDER ABUSE**

Does the policy/program/practice acknowledge the multiple determinants/ contributing factors of elder abuse?<sup>5</sup>

	YES	NO	NOT SURE	N/A
Access to appropriate health care and support services				
Coping skills				
Existence of social support networks				
Family relationships				
Housing status				
Immigration status				
Income status				
Independence				
Knowledge of own rights				
Mental health				
Past history of abuse				
Personal beliefs and understanding of abuse				
Personal health practices				
Personal lifestyle choices				
Physical health				
Safety				
Sense of personal security				
Sexual Orientation and/or Gender Identity				
Social environments				
Spiritual beliefs				
The ability of the individual to raise concerns				
Other				

<sup>5</sup> The list of determinants of elder abuse are based on a review of current literature, and not intended to be exhaustive. Other determinants can be added.

Does the policy/program/practice avoid negative effects on the following factors?

	YES	NO	NOT SURE	N/A
Access to appropriate health care and support services				
Coping skills				
Existence of social support networks				
Family relationships				
Housing status				
Immigration status				
Income status				
Independence				
Knowledge of own rights				
Mental health				
Past history of abuse				
Personal beliefs and understanding of abuse				
Personal health practices				
Personal lifestyle choices				
Physical health				
Safety				
Sense of personal security				
Sexual Orientation and/or Gender Identity				
Social environments				
Spiritual beliefs				
The ability of the individual to raise concerns				
Other				

ACTION NOTE:

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## **PART 2: CREATING AN ACTION PLAN**

**The creation of an Action Plan - strategies to address and remedy negative implications identified in assessment**

The Policy and Program Lens is made up of a set of questions that are intended to guide the user's analyses of policies, programs and practices from an older persons' elder abuse perspective and raise user awareness about the factors that impact the experience of older persons.

By answering the Policy and Program Lens questions, the user is prompted to consider how a policy, program or practice may impact abused older persons in general and specific groups of older persons with special needs in particular. By employing the Policy and Program Lens, users are able to identify unintended negative implications/effects of policies, programs and practices and identify actions that could correct/offset these.

Throughout the evaluation process, users are encouraged to "go to the source" when seeking solutions to the negative implications/effects they have identified in their policies, programs and practices. By collaborating with the older persons for whom these policies, programs and practices have been developed, users can best address their needs and avoid unintended negative implications/effects.

### **A. ADD UP THE COLUMNS- HOW ARE WE DOING? WHERE CAN WE IMPROVE?**

**YES is greater than NO?** You are well on your way to a positive policy/program practice. But look for some ways it could be improved. Go back and determine if there are any changes that will yet increase the number of "Yes" responses.

**NO is greater than YES?** Your policy/program practice should be re-examined for content and overall intent. Many needs, wants, and concerns of older persons are not being met. A good source of input is from older persons themselves- ask them!



**NOT SURE is greater than Either YES or NO?** You need to gather more information before proceeding with your policy/program practice. It is not comprehensive or holistic.

**NOT APPLICABLE is greater than Either YES or NO?** Go back and critically examine your policy. Are there this many categories that do not apply to your policy /program/practice? Or does much of the policy/ program/ practice not apply to the needs, wants, and concerns of those for whom it is intended?

**B. DISCUSSION QUESTIONS**

1. What are the short, medium and long-term implications of policies, programs and practices in supporting older persons to prevent, identify and respond to elder abuse?

2. What are the short, medium and long-term implications of policies, programs and practices in preventing, identifying and responding to elder abuse in providing support to older persons? Explain.

3. Is consideration given to the cumulative impacts on later life of policies, programs and practices targeted at earlier life stages?

4. Negative implications identified:

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5. Suggested remedies:

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6. Partnerships, collaborators required:

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**C. SUMMARY OF DISCUSSIONS**

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**D. ACTION PLAN**

After having reviewed your responses and holding a discussion around the strengths and weaknesses of your policy, program or practice, it is important to take timely action. As the purpose of this Lens is to help you with evaluation and not to serve as a “quick-fix”, we are encouraging leaders within organizations to develop their own action plans. Action plans will differ from organization to organization, but they will all look towards policy, program or practice improvement as a common goal.

There are a number of resources which may assist you in developing an action plan, including your regional abuse prevention networks.

There are also a number of questions you can ask yourself to kick start the development of your action plan. This includes:

- How are you going to create and sustain organizational capacity?

Developing an action plan tailored to your program and your needs is critical.

## REFERENCES

Health Canada. (1998). Principles of the National Framework on Aging: A Policy Guide. Ottawa, ON: Division of Aging and Seniors.

MacCourt, P., for the B.C. Psychogeriatric Association. (2004). Promoting Seniors Well Being: A Policy Lens.

MacCourt, P. & Tuokko, H. (2005) Development of a Seniors' Mental Health Policy Lens: An Analytical Tool to Assess Policies and Programs from a Seniors' Mental Health Perspective. Canadian Journal of Community Mental Health.,Vol. 24, No.2, Fall.

## APPENDIX

### Prevention of Elder Abuse Working Group

#### Co-Chairs

Elizabeth Esteves - Ontario Seniors' Secretariat (OSS)

Margaret Ringland - Ontario Association of Non-Profit Homes and Services for Seniors (OANHSS)

#### Members

Margaret Allore - Ministry of Health and Long-Term Care (MOHLTC), Long-Term Care Homes Branch

Charles Clayton - Ministry of Health and Long-Term Care (MOHLTC), Population Health Policy Unit

Nancy Cooper - Ontario Long-Term Care Association (OLTCA)

Doris Grinspun - Registered Nurses Association of Ontario (RNAO)

Gerda Kaegi - Canadian Pensioners Concerned (CPC)

Teri Kay - Ontario Network for the Prevention of Elder Abuse (ONPEA)

Bea Levis - Care Watch Toronto / Older Women's Network (OWN)

Christine Paramonczyk - Ontario Seniors' Secretariat (OSS)

Stephanie Vasos – Ministry of Health and Long-Term Care (MOHLTC), Health Program Policy and Standards Branch

Judith Wahl - Advocacy Centre for the Elderly (ACE)

## PREVENTION OF ELDER ABUSE POLICY AND PROGRAM LENS (PEAPPL) FEEDBACK FORM

**We want to hear from you!** We would greatly appreciate your feedback, which will help to make future improvements to the PEAPPL.

Please send your completed form to:

Ontario Seniors' Secretariat

777 Bay Street, Suite 601C

Toronto ON, M7A 2J4

Fax: (416) 326-7078

	YES	NO
Is the Policy and Program Lens useful to your organization?	<input type="checkbox"/>	<input type="checkbox"/>
Was the Policy and Program Lens easy to use?	<input type="checkbox"/>	<input type="checkbox"/>
Would you recommend it to colleagues/other organizations?	<input type="checkbox"/>	<input type="checkbox"/>
Were you able to determine steps required to improve your policy/program/practice?	<input type="checkbox"/>	<input type="checkbox"/>
Did the lens help (or prompt) you to put in place practices that promote the prevention, detection and response to elder abuse?	<input type="checkbox"/>	<input type="checkbox"/>
Did the lens increase your capacity to prevent, detect and respond to elder abuse?	<input type="checkbox"/>	<input type="checkbox"/>
How could the lens be improved?		

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Further comments/feedback:

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Please tell us about yourself:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Policy/Program/Practice being reviewed: \_\_\_\_\_



