

NEGLECT OF OLDER ADULTS



Elder Abuse Ontario

Stop Abuse - Restore Respect

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WEBINAR PRESENTATION

JULY 19, 2018

Welcome to EAO's Webinar!

- All attendees will be muted during the webinar. This session is being recorded and will be posted on EAO website.
- If you are experiencing issues, please type into the CHAT/QUESTION BOX and send message to Mary Mead/**Candielya Jackson**.
- There will be 15-20 minutes allocated at the end presentation for QUESTIONS AND ANSWERS.
- You will be prompted to fill out an EVALUATION FORM once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- Speaker CONTACT INFORMATION will be provided at the end of the presentation to connect directly if you have further questions.

Learning Objectives

1. Recognize active, passive and self-neglect of older adults;
2. Be familiar with safety planning when dealing with all forms of neglect;
3. Be able to recognize the indicators, risk factors, and barriers to reporting neglect;
4. Be aware of current legislation

Elder Abuse Ontario (EAO)

- ✓ Not-for-profit charitable organization
- ✓ Established in 1992
- ✓ Funded by the Province of Ontario, under the Ministry of Seniors Affairs

Mission: Create an Ontario where all seniors are free from abuse through awareness, education, training, collaboration, service co-ordination and advocacy.

EAO oversees the Implementation of Ontario's Strategy to Combat Elder Abuse

The information and opinions expressed here today are not necessarily those of the Government of Ontario

Ontario's Strategy to Combat Elder Abuse

Comprised of 4 Major Priorities

Community
Coordination
& Response

Training

Public
Awareness

Research
&
Evidence



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Elder Abuse Ontario (EAO)

EAO has seven Regional Consultants serving the province of Ontario, offering organizations customized training and education for their staff. Regional Consultants also perform outreach activities for seniors' groups and further the cause of abuse prevention at conferences and events.

- **7 Regional Consultants in Ontario** (office locations: Thunder Bay, Sudbury, Woodstock, Toronto, Peterborough and Ottawa)
- Francophone (East and North East Consultants)
- Key resources for providing consultation on elder abuse cases to review options and resources for intervention.
- Consultants DO NOT act as case managers for cases of abuse.
- Support over 40 local Elder Abuse Committees/Networks
- Strengthen partnerships between these committees and other health/social service agencies to enhance the response to elder abuse.
- Develop and implement training materials, tools and resources for elder abuse prevention and intervention.



Let's Talk about Abuse



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What is Elder Abuse?

Elder Abuse can take various forms. Learning about Elder Abuse is the first step in prevention.

World Health Organization (WHO, 2004) defines elder abuse as:

“a single or repeated act, or lack of appropriate action, occurring in any relationship where there is an expectation of trust that causes harm or distress to an older person”.

Despite what many think, elder abuse is more than hitting a senior. It is a multi-faceted problem and very complex. It encompasses a broad range of behaviours, events and circumstances.

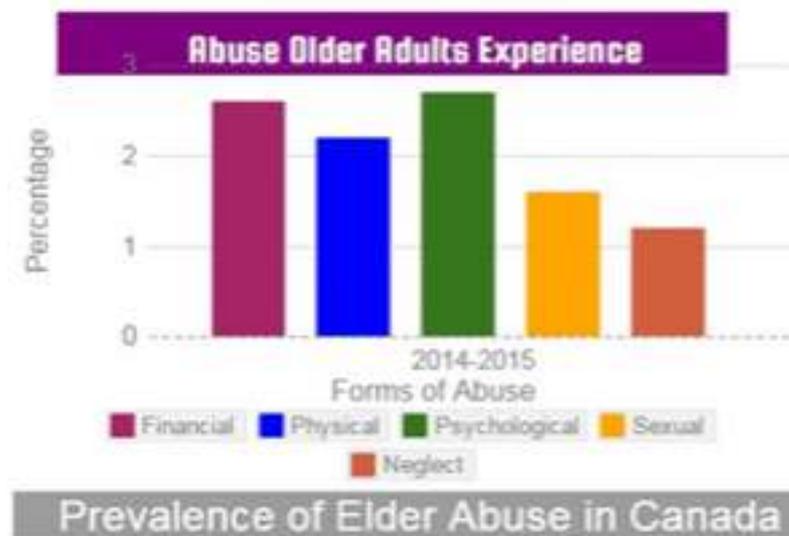
Types of Elder Abuse

- ✓ **Physical**
- ✓ **Sexual**
- ✓ **Psychological**
- ✓ **Financial**
- ✓ **Neglect**
- ✓ **Systemic**



Elder Abuse Statistics

- 8,163 older Canadians completed the survey
- largest study of the prevalence of elder abuse ever in Canada
- **8.2%, prevalence**
- The most common form of abuse was **psychological or emotional abuse**



Source : National Initiative For the Care of the Elderly, 2016 Canadian National Survey on the Mistreatment of Older Adults in Canada.



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What Is Ageism?

Ageism is a factor in abuse.

Ageism happens when you make up your mind about what a group of people are like because of their age.

We all have ageist attitudes.

What do we know?

Ageism the most tolerated form of social prejudice

- 6 in 10 (63%) of seniors say they have been treated unfairly / differently because of age
- 8 in 10 (79%) agree seniors are seen as less important
- 1 in 5 (21%) see older Canadians as a burden



Who Is at Risk of Abuse?

Abuse can happen at any age to any person.



Why Are Some People More at Risk?

Some of the most common risk factors
2015 Canadian study

Depression

Previous abuse as a child,
youth or adult

Being female



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Why Are Some People More at Risk?

Intersections of discrimination

LGBTQ seniors may face social discrimination due to their age as well as their sexual orientation or gender identity

20% of Trans seniors have been physically or sexually abused for being Trans

women with disabilities are 4x more likely to be sexually assaulted

Ongoing legacy of residential schools and colonization - places Indigenous people more at risk



Who behaves abusively toward older adults?



Most often, it is family members
...adult children or grandchildren.

In LTC or Retirement Homes resident
to resident abuse is also common.

People who behave abusively can
also be other relatives or friends,
paid/unpaid caregivers, landlords,
financial advisors or anyone in a
position of power, authority or trust.

Stats Canada



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Let's Talk about Neglect



Guiding Principles When Responding to Elder Abuse

1. Talk to the older adult.
2. Respect personal values, priorities, goals and lifestyle choices of the older adult.
3. Recognize the right to make decisions.
4. Seek consent or permission.
5. Respect confidentiality and privacy rights.
6. Avoid ageism.
7. Recognize the value of independence and autonomy.
8. Know that abuse and neglect can happen anywhere and to anyone.
9. Respect rights.
10. Get informed.



Defining Neglect

Active Neglect: whether physical or psychological, is deliberate, intentional behaviour towards an older adult, like withholding basic necessities of life and/or failing to provide emotional support that may result in physical and/or psychological harm. Neglect is often caused by ageism, the abuser's need to exercise power and control, wanting to create a dependency or from a sense of entitlement to the assets of the older person.

Defining Neglect

Passive Neglect occurs when there is a failure to provide proper care, because the caregiver lacks knowledge, skills or resources to provide the care required by the older adult. It should be noted that the caregiver may not have consciously decided to inflict distress but instead may be unaware of how to access resources and information or they are receiving misguided or inaccurate information.

Active or Passive Neglect?

An older woman caring for her spouse with dementia locks him in the bedroom at night to prevent him from wandering. She is concerned that he may wander while she is asleep and wants to keep him safe. She cannot afford to pay for private in home care or overnight respite at a day program. **She has no knowledge of any other option.**

Poll question: Is this active or passive neglect?

Active or Passive Neglect?

An older woman caring for her spouse with dementia locks him in the bedroom at night to prevent him from wandering. She is concerned that he may wander while she is asleep and wants to keep him safe. She cannot afford to pay for private in home care or overnight respite at a day program. **The older woman has met with the LHIN home and community care case manager, and a counselor with the Alzheimer Society and they have recommended, door, bed and seat alarms that can notify her if her spouse wanders. They have discussed the risks of keeping her spouse in a locked room that include, falls, fire and medical emergencies. They have provided her with information on how to obtain these devices and the costs. The older woman can afford the door alarms but does not want to be woken up at night so she has decided to keep her spouse locked in the spare bedroom while she sleeps.**

Poll question: Is this active or passive neglect?

Case in York Region

Two men charged after woman, 69, suffers serious injuries caused by 'severe neglect'



A York Regional Police car is seen in this undated photo.



Is neglect a Crime?

Poll question:

Is Neglect a criminal offence?

Is neglect a Crime?

Duty of persons to provide necessaries

215 (1) Every one is under a legal duty

(a) as a parent, foster parent, guardian or head of a family, to provide necessaries of life for a child under the age of sixteen years;

(b) to provide necessaries of life to their spouse or common-law partner; and

(c) to provide necessaries of life to a person under his charge if that person

(i) is unable, by reason of detention, age, illness, mental disorder or other cause, to withdraw himself from that charge, and

(ii) is unable to provide himself with necessaries of life.

Defining Neglect

Self-Neglect, while not deemed abuse, occurs when the older adult fails to care for themselves and their own needs, which may lead to greater vulnerability for abuse by others. An older adult living in an unsafe environment or unhealthy manner however, if competent, has the right to make their own choices and decisions about their lifestyle.

Expanding on Self Neglect

- “Competent older adults, – able to exercise their rights – including those who live in situations of self-neglect, have the right to decide the risks to which they want to expose themselves and the right to refuse assistance and care.
- Older adults who neglect themselves are more likely to live alone. They are also more likely than others to suffer from mental illness or physical illnesses, decreased physical abilities, and/or alcohol and drug problems.
- More women than men neglect themselves, but this may be because more women than men live alone.
- Concern of those who are trying to prevent self-neglect is how to balance the independence and well-being of self-neglectful older adults” . Health Canada

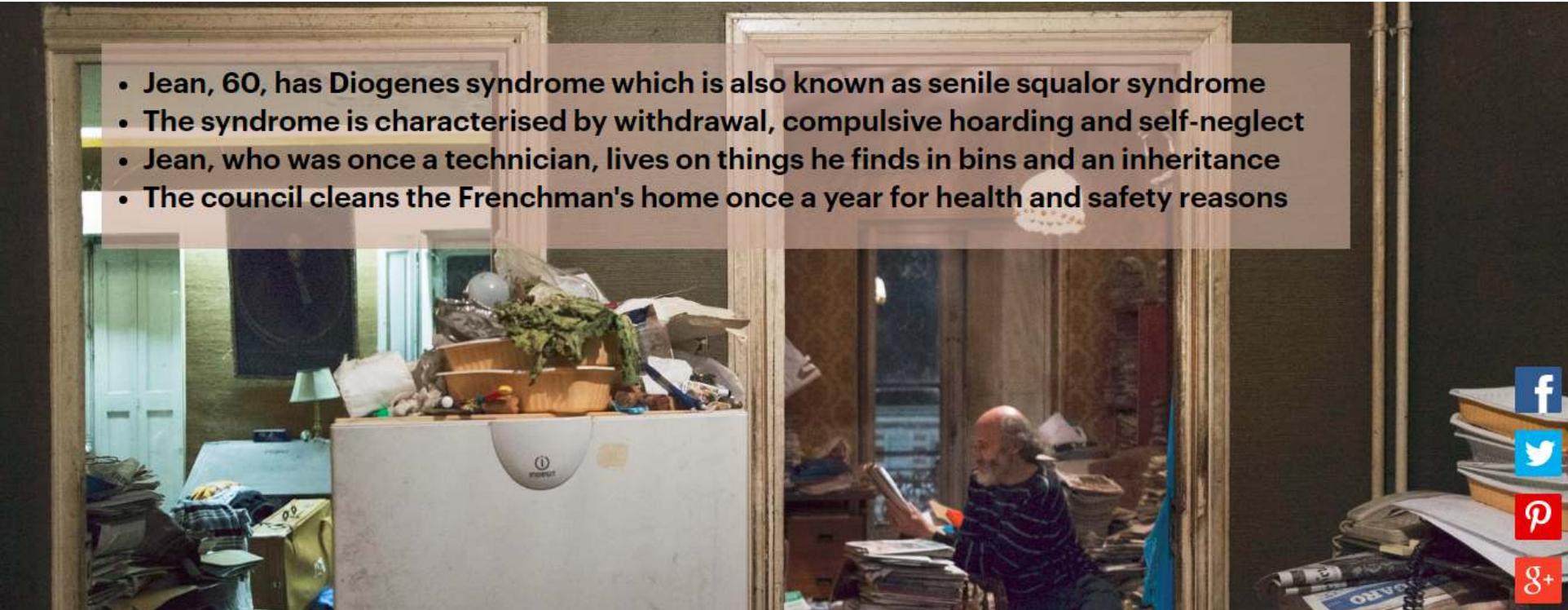


Diogenes Syndrome

Diogenes syndrome (DS) is a behavioural disorder characterized by domestic filth, or squalor, extreme self-neglect, hoarding, and lack of shame regarding one's living condition [1]. The approximate annual incidence of Diogenes is 0.05% in people over the age of 60 [2]. Affected individuals come from any socioeconomic status, but are usually of average or above-average intelligence [3]. It is often associated with other mental illnesses, such as schizophrenia, mania, and frontotemporal dementia [4]. While no clear etiology exists, it is hypothesized that it may be due to a stress reaction in people with certain pre-morbid personality traits, such as being aloof, or certain personality disorders, such as schizotypal or obsessive compulsive personality disorder [5,6]. There are suggestions that an orbitofrontal brain lesion may lead to such behaviours [7], while others state that chronic mania symptoms, such as poor insight, can lead to such a condition [4]. Although DS is not uniquely recognized in the Diagnostic and Statistical Manual (DSM) of Mental Disorders, the fifth version of the manual now identifies hoarding (sylllogomania), as a psychiatric diagnosis [8].

Diogenes Syndrome

- Jean, 60, has Diogenes syndrome which is also known as senile squalor syndrome
- The syndrome is characterised by withdrawal, compulsive hoarding and self-neglect
- Jean, who was once a technician, lives on things he finds in bins and an inheritance
- The council cleans the Frenchman's home once a year for health and safety reasons



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Diogenes Syndrome: Protective factors



A Multi Service Agency
Serving Hamilton and Area



[About](#) [How You Can Help](#) [Community Education and Events](#) [Employment & Volunteers](#) [Internships](#) [St. Martin's Manor](#) [Contact Us](#)

Gatekeepers Program - Hamilton/Halton

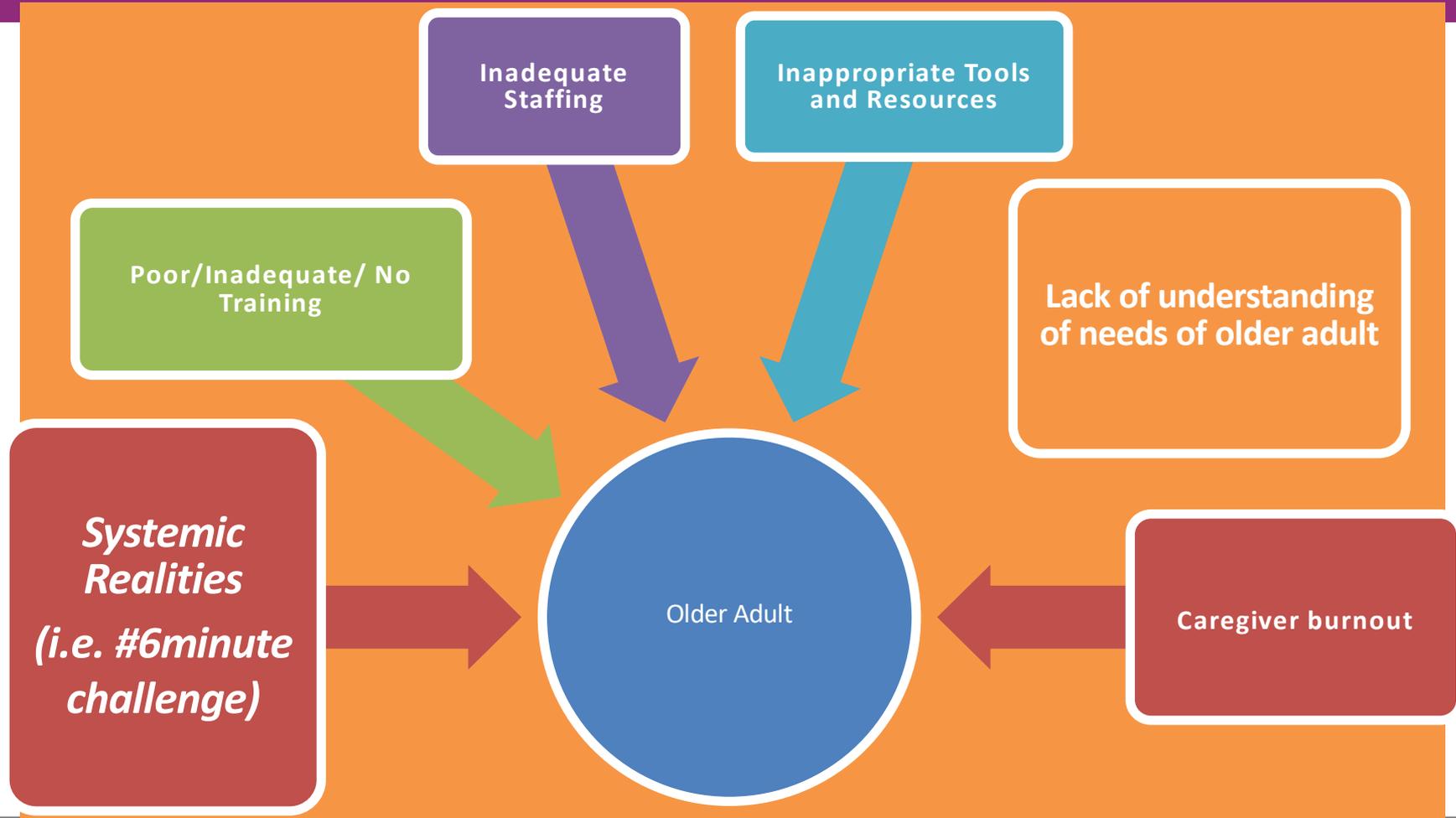
[Gatekeepers Program Referral Form - Click HERE](#)

Fill out this Referral Form and fax to:
Hamilton Local: 905-546-5779
or Halton Long Distance: 1-905-546-5779

Factors that Contribute to Neglect



Factors that Contribute to Neglect (In Care Settings)



Factors that Contribute to Neglect (In Care Settings)

Protective Factors: Creating Healthy Work Environments

- Manageable work load
- Flexibility of schedules
- Availability of continuing education
- Freedom to make independent decisions
- Inter-professional team work is supported
- Positive relationships with colleagues
- Effective communication among team and throughout organization

Protective Factors: Trying Innovative Programs like the “Butterfly Project” at the Redstone LTCF

Chapter 1

Chapter 2

Chapter 3

Chapter 4



Kenroy’s epiphany is one of hundreds of small but momentous changes inside the Redstone unit at Peel Region’s Malton Village long-term care home. They could transform the way Ontario cares for its aging population, proving that a warm, lively nursing home is not that difficult to create.

Odds are that anyone of a certain age with serious cognitive or medical decline will end up in long-term care.

Ontario’s 630 homes are controlled by 300 provincial regulations that keep staff focused on the tasks of feeding, scheduling and cleaning, all documented for government collection. It’s a detached,



Kenroy Foxe works in Malton Village’s Redstone unit, the site of a year-long pilot program called the Butterfly program, which aims to transform care in nursing homes.
Randy Risling/Toronto Star

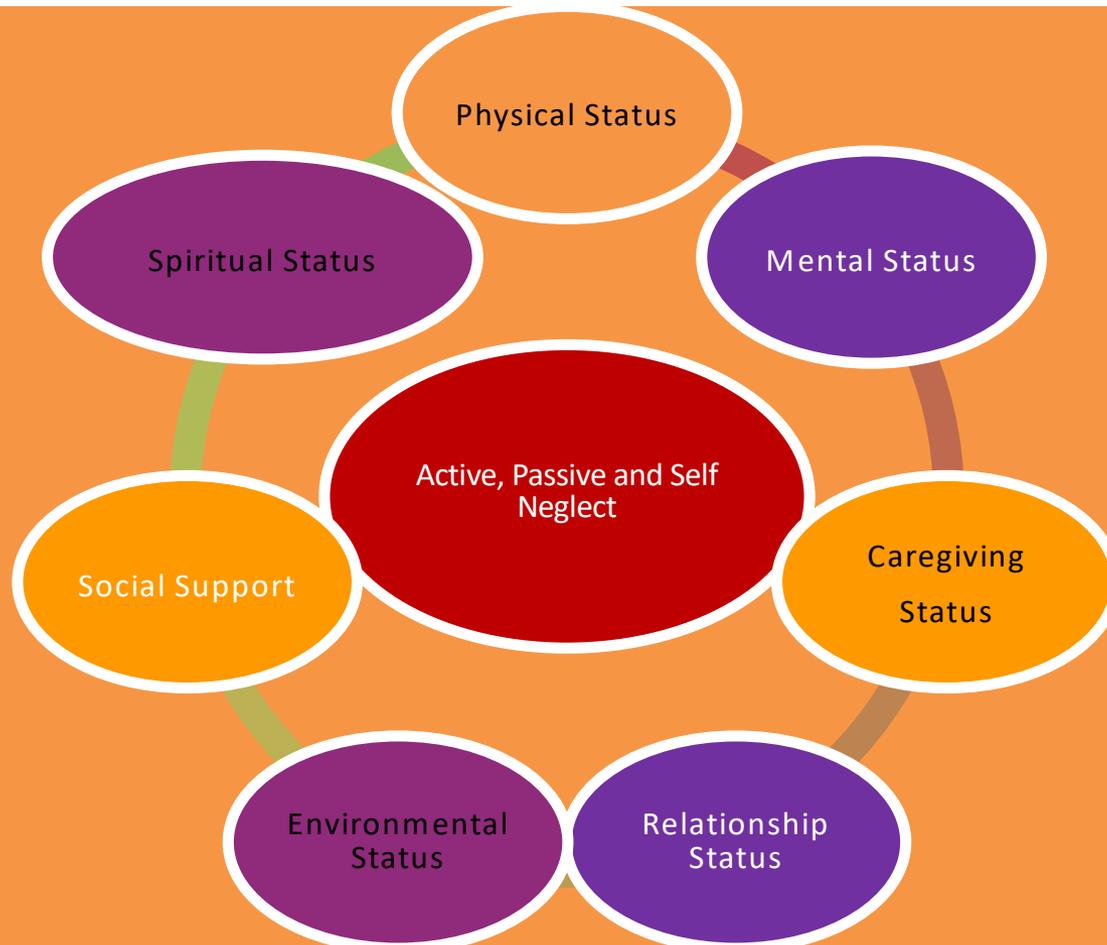
Indicators of Neglect

- Absence of necessities including food, water, heat
- Untreated or unexplained worsening of medical or mental conditions
- Inadequate living environment evidenced by lack of utilities, sufficient space, and ventilation
- Animal or insect infestations
- Signs of medication mismanagement, including empty or unmarked bottles or outdated prescriptions
- Housing is unsafe as a result of disrepair, faulty wiring, inadequate sanitation, substandard cleanliness, or architectural barriers
- Unexplained injuries or unlikely explanations for injuries
- Dehydration or malnutrition (often evidenced by loss of weight, or extreme thirst, low urinary output, dry fragile skin, dry sore mouth, apathy, lack of energy, and mental confusion)

Indicators of Neglect con't

- Poor personal hygiene
- Untreated bedsores
- Unclothed, or improperly clothed for weather
- Extreme withdrawal or agitation
- Absence of needed dentures, eyeglasses, hearing aids, walkers, wheelchairs, braces, or commodes
- Confusion
- Depression
- Has nightmares or difficulty sleeping
- Exhibits regressive or self-destructive behavior
- Exhibits emotional distress
- Ambivalent feelings toward caregivers or family members

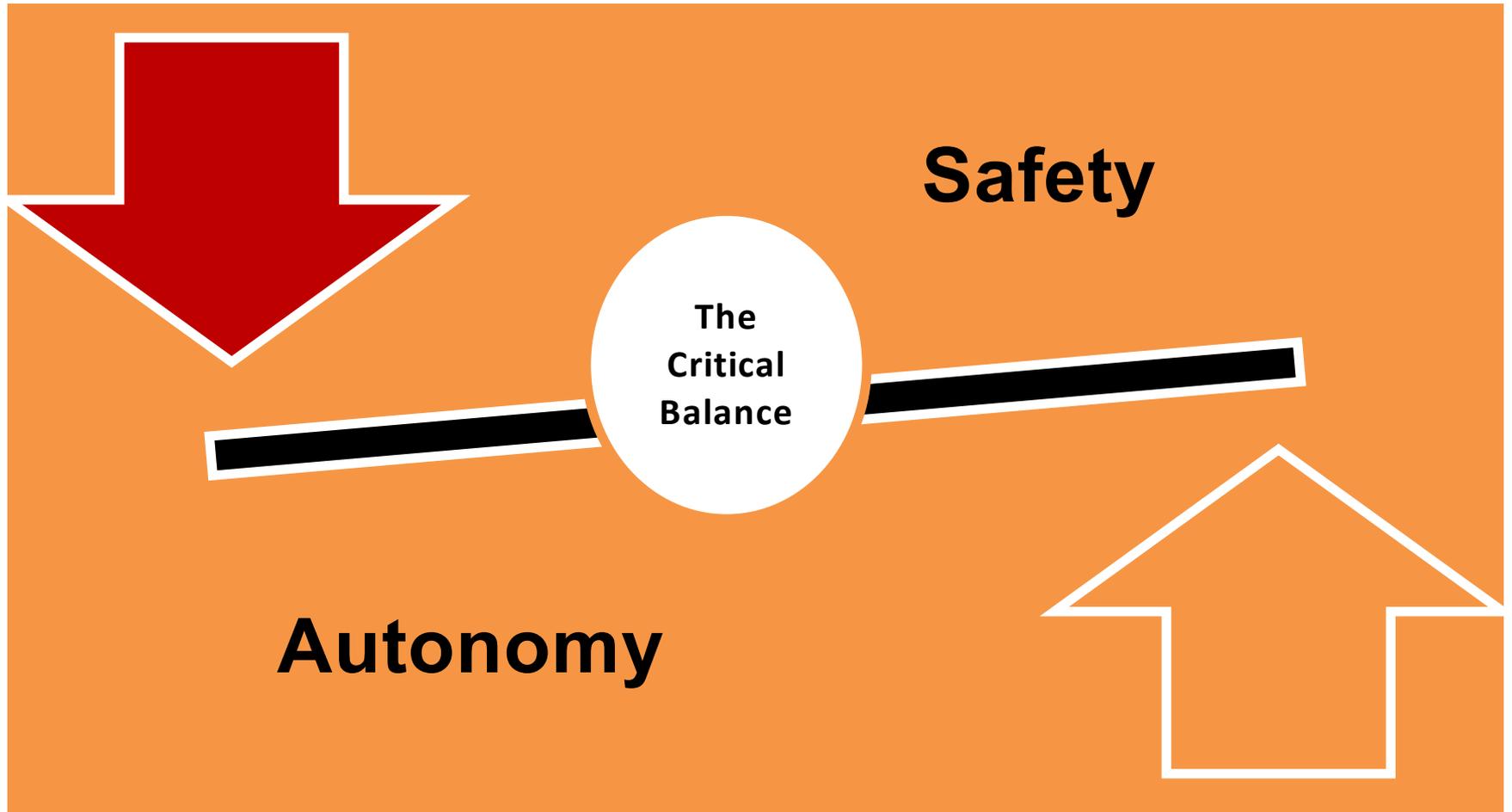
Status Clues as Indicators of Neglect



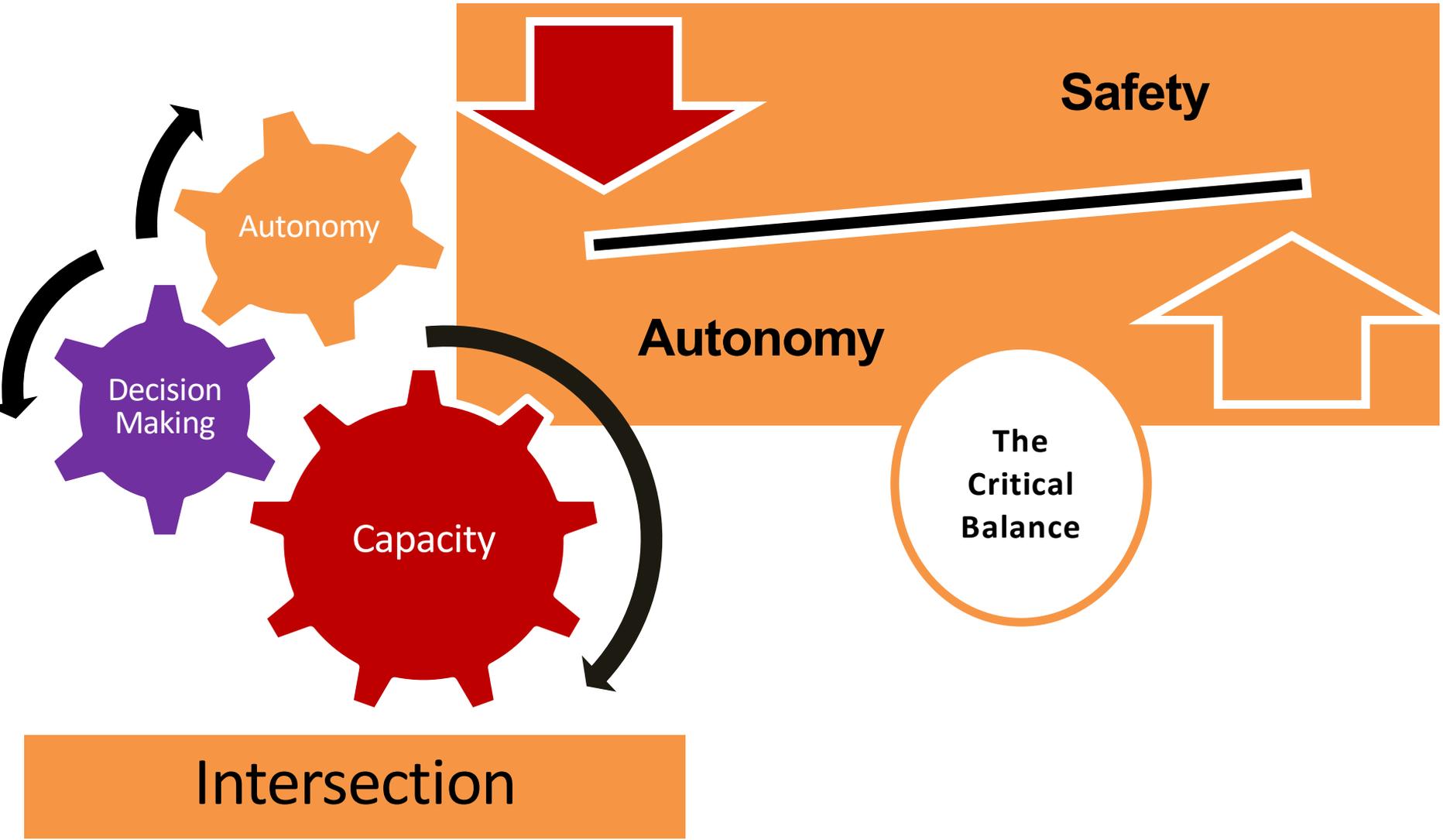
Potential Behaviours of Abuser

- Refuses to permit hospitalization, diagnostic tests or assessment by a health care provider
- Ignores the older adult's hospital admission or never visits
- Is always there so the senior cannot speak to a health care provider
- May refuse to take part in discharge planning to take senior home
- Impatient with staff and procedures, appears fatigued and stressed
- Blames the senior for the neglect such as incontinence, wandering, etc.
- Treats senior like a child or object of care

Balance Between Safety and Autonomy



Capacity and Decision-Making



The Concept of Capacity

Understand & Appreciate

What is Capacity?

Capacity is the ability to both understand information relevant to a decision and appreciate the consequences of a decision

Understand

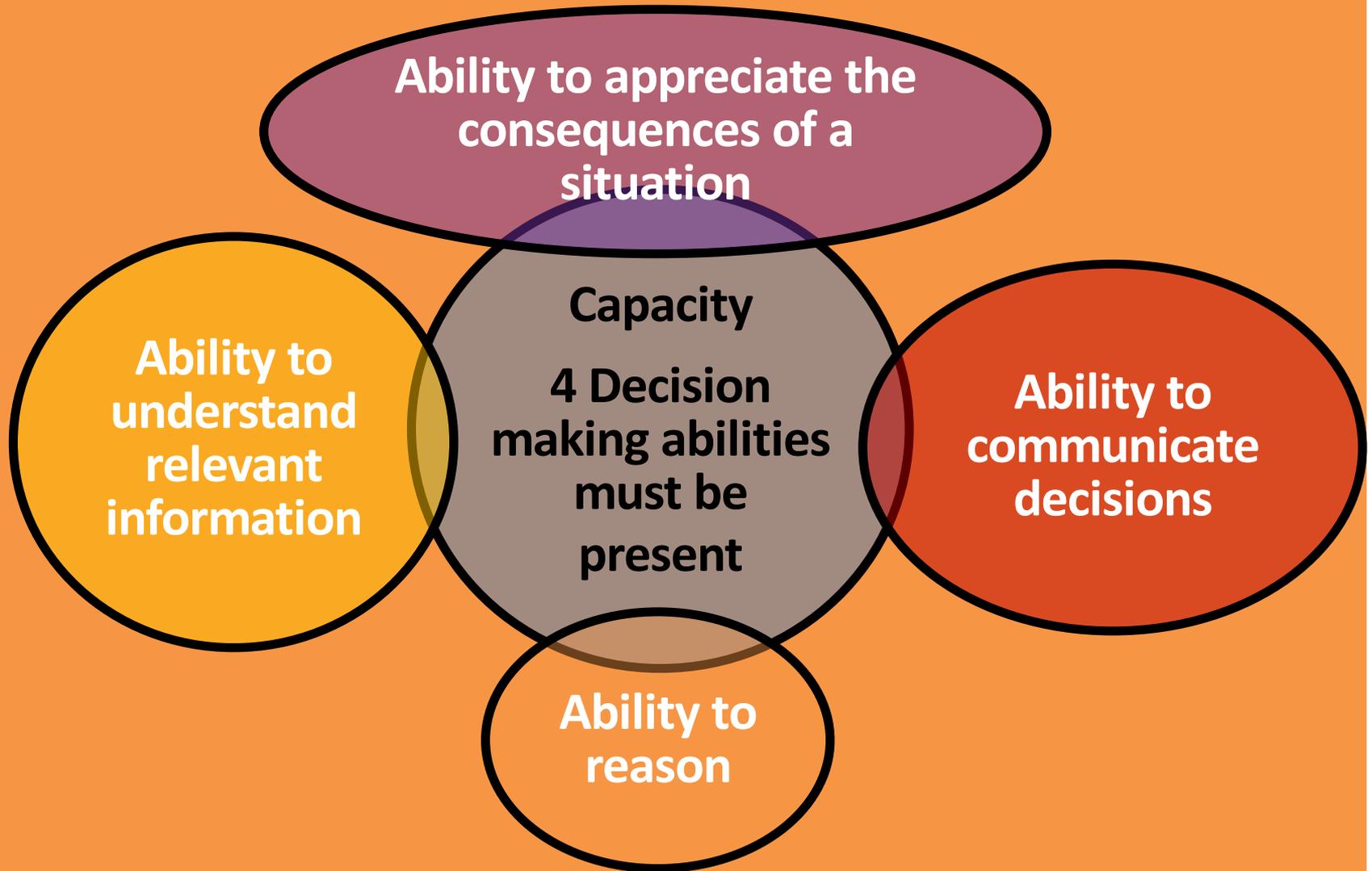
Ability to focus on facts
Ability to grasp and retain information
Ability to process information regarding options and risk

Appreciate

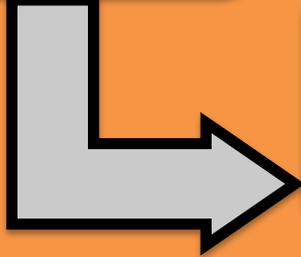
Ability to reason and attach meaning to the decision
Ability to understand possible outcomes
Ability to make and justify a choice

Understand + appreciate + reason + ability to communicate decision = Capable to make decision

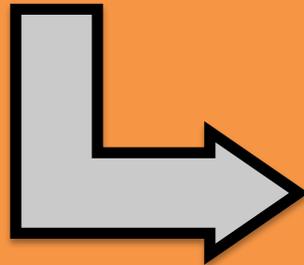
Decision Making Criteria for Capacity



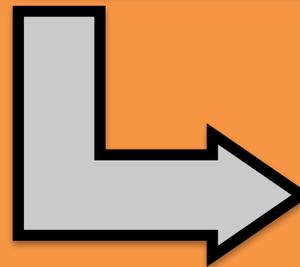
Always Presume Capacity



Illness can temporarily impair capacity



If older adult appears incapable, check for reversible factors such as UTI, pneumonia, pain, influenza



When loss of capacity and decision-making is temporary, important decisions should be delayed

Understanding Capacity to get to the best intervention

Role and Function of the OPGT

How are they relevant to Neglect Interventions?



Mandatory Reporting



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Why We Should All Be Concerned

- No legislated agency is specifically dedicated to responding to the mistreatment of older adults in the community similar to those targeted at child abuse
- Currently, elder abuse responses vary considerably within regions in Ontario



✓ Because older adults do not usually self-report instances of elder abuse, *the responsibility for identification, reporting, and intervention rests largely with healthcare professionals, social service agencies, and police departments*

Mandatory Reporting

Mandated legislation for Long-Term Care homes:

Section 24 (*LTCH ACT*) States that anyone who sees/suspects abuse in LTC homes is legally obligated to report immediately to Director at

MOHLTC 1-866-434-0144

Mandated legislation for Retirement Homes:

Section 75 (1) States that anyone seeing or suspecting abuse in a retirement home is legally obligated to report to

RHRA 1-855-275-7472



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Ontario

Duty to Report

Anyone who has reasonable grounds to suspect that abuse may or has occurred

- Includes staff, MD's, social worker, regulated practitioners
- Only residents are excluded; can report but not required to
- Front Line Staff have a duty to report abuse immediately to their supervisor.
- The Supervisor reports the abuse to **the Director (person at MOHLTC) not director or administrator of LTC home/Retirement Home Regulatory Authority**

Other Options for Intervention

- Police wellness check
- Referral for gatekeepers program/or alternate for self neglect
- Referral for family counseling, elder mediation
- Referral for LHIN Home and Community care for in home supports/caregiver respite/caregiver education
- Referral to agencies that support caregivers who are caring for a person with a specific illness
- Look into volunteer visiting programs/ social programs being offered in the community to reduce isolation
- Private in home supports or companionship

Barriers to Reporting for Service Providers

- Sense of loyalty
- Fear of withdrawal of client from service
- Feelings of hopelessness and powerlessness
- Fear of retaliation and/or bullying by other staff or family member
- Fear litigation or complaint to their professional college

Why is Abuse Under-Reported By Seniors or Family?

- Fear of retaliation
- Sense of dependence on staff
- Pride, embarrassment, shame
- Feelings of hopelessness and powerlessness
- Inability to communicate
- Literacy levels
- Intergenerational trauma
- Guilt about how they parented (if it is their child doing the abuse)
- Fear of being institutionalized or being forced to leave their community

How Can We Protect Ourselves?

- ✓ Stay connected
- ✓ Stay active and involved
- ✓ Get to know your neighbours
- ✓ Plan for the future, how & where you want to live
- ✓ Designate your powers of attorney
- ✓ Assert your right to be treated with dignity & respect
- ✓ Learn how to manage your own Banking
- ✓ Understand before Signing Documents
- ✓ Written Plan before Moving/Living with Children

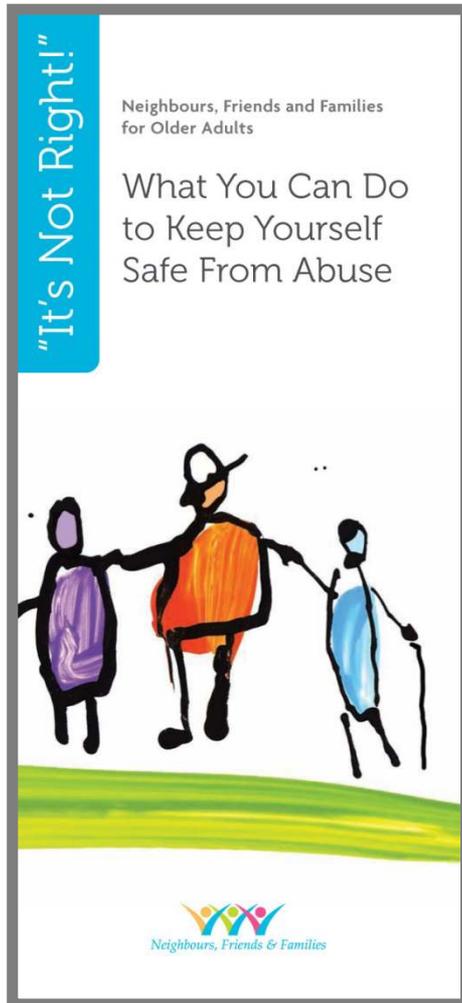
People to Empower Versus Objects of Care

The Frameworks Institute (2017):

- The general public view aging as a process of deterioration, decline, and increasing dependency.
- People consistently treat older people as objects to be cared for and protected rather than as people to be empowered and engaged
- While experts acknowledge that older age can include distinctive vulnerabilities, they emphasize that aging is different for different people and is influenced by a wide variety of social factors. Moreover, they do not equate aging with decline.
- Combatting elder abuse requires treating older people as equals in society rather than as objects of care. This is especially important when we start to think about how to prevent abuse of seniors grieving the loss of a loved one.



If you are the one being hurt or neglected



- Tell someone you trust
- Make a safety plan that includes where you can go in an emergency and what you will take with you.
- You are the expert in your own life and the best person to decide what you can do to set limits and to increase your safety.

Seniors Safety Line – Ligne Aînés Sécurité

**Get Help
Now**

Call the Seniors Safety Line

1-866-299-1011

Free to call
Confidential
24 hours a day
7 days a week



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Other Great Resources

www.advocacycentreelderly.org



www.nicenet.ca



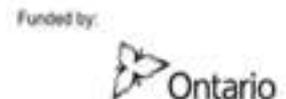
www.cleo.on.ca



www.antifraudcentre-centreantifraude.ca



www.rnao.ca



Provincial Information and Support

Elder Abuse Ontario

www.elderabuseontario.com/

(416) 916-6728

Ontario Provincial Police

www.opp.ca

1-800-310-1122

Ministry of Health LTC-Action Line

1-866-434-0144

www.ontario.ca/page/long-term-care-home-complaint-process

Retirement Homes Regulatory Authority

www.rhra.ca/en/

1-855-275-7472

Senior's Safety Line

1-866-299-1011

Senior Crime Stoppers

<http://ontariocrimestoppers.ca>

1-800-222-TIPS (8477)

Office of the Public Guardian and Trustee

www.attorneygeneral.ius.gov.on.ca

1-800-366-0335

Canadian Anti-Fraud Centre

<http://www.antifraudcentre-centreantifraude.ca>

1-888-495-8501

Provincial Information and Support

Consent and Capacity Board

www.ccboard.on.ca

1-866-777-7391

Alzheimer Society of Ontario

www.alzheimer.ca/en/on

1-800-879-4226

Behaviour Support Ontario (BSO)

www.behaviouralsupportsontario.ca/

1-855-276-6313

Victim Support Line

[www.attorneygeneral.ius.gov.on.ca/
english/about/vw/vsl.asp](http://www.attorneygeneral.ius.gov.on.ca/english/about/vw/vsl.asp)

1-888-579-2888

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satcontario.com/en/home.php

(416) 323-7518

Ontario Coalition of Rape Crisis Centres

www.sexualassaultsupport.ca/

Assaulted Women's Helpline

www.awhl.org

1-866-863-0511

Fem'aide

www.femaide.ca/

1-877-336-2433

Provincial Information and Support

Support Services for Male Survivors of Sexual Abuse

http://www.attorneygeneral.ius.gov.on.ca/english/ovss/male_support_services/

1-866-887-0015

TALK4HEALING

<http://www.talk4healing.com/>

1-855-554-HEAL (4325)

Rainbow Health Ontario

www.rainbowhealthontario.ca/

(416) 324-4262

LHIN Home and Community Care

<http://healthcareathome.ca/>

310-2222

Advocacy Centre for the Elderly

www.advocacycentreelderly.org

1-855-598-2656

Legal Aid Ontario

<https://www.legalaid.on.ca>

Law Society Referral Service

www.lsuc.on.ca/lrsr/

1-855-947-5255

Questions and Answers



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416-916-6728

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[ElderAbuseOntario](https://www.facebook.com/ElderAbuseOntario)



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