A Way Forward: Promising Approaches to Abuse Prevention in Institutional Settings

Final Report

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A Way Forward: Final Report

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Final Report

1. Project Title

A Way Forward: Promising Approaches to Abuse Prevention in Institutional Settings

2. Summary

2.1. Background, purpose, key activities

‘A Way Forward’, a collaborative effort of the University of Toronto (Institute for Life Course and Aging) and partners from six universities, as well as key community and long-term care stakeholders, was a two-year national project that was funded by the National Population Health Fund. The project’s main objective was to enhance the capacity of communities across Canada to better understand and respond to the complex issues of abuse and neglect of older adults living in congregate care settings. To accomplish this, the project aimed to develop information on the current state of development in preventing and addressing abuse or neglect situations that may occur in congregate settings (a national snapshot of "Where things currently stand in Canada"); and some of the emerging practices across Canada that show promise in preventing and addressing abuse and neglect in these settings.

The project involved two key activities: a National Snapshot and five Regional Forums. The National Snapshot activity involved a survey of laws, regulations, and standards currently in place to prevent and address abuse and neglect of residents and to promote safe, supportive, environments in a range of care facilities. The Snapshot also identified key issues and themes underlying abuse and neglect as identified by key stakeholders (advocates, staff, government, and industry stakeholders) across Canada. The Regional Forums activity involved day-long meetings in five regions across Canada. In small group discussion sessions, the 176 participants representing residents, family, advocacy, frontline staff, administration, operators, health authorities, law enforcement
and government were invited to share their knowledge, experience and ideas on abuse prevention in congregate care settings.

2.2. Findings

2.2.1. National Snapshot

A number of themes emerged from National Snapshot stakeholder interviews:

1. **A Shared Concern:** There was a shared concern among most stakeholders that long-term care residents’ psychological, physical and social needs were increasingly being met in a marginal manner, increasing their risk of abuse or neglect. Many of the stakeholders felt abuse and neglect of residents is not rare, and that existing statistics significantly under-represent the extent of the issue and ignore its systemic basis.

2. **Resident Vulnerability:** Stakeholders identified several characteristics among staff and residents and within the environment that heightened the risk of abuse or neglect for residents. For example, lack of supervision and role modeling of good care or good practices, as well as job insecurity left staff vulnerable, with little control over their work environment. Residents, who are physically dependent, have cognitive or communication impairments, and who are geographically or physically isolated were viewed as more vulnerable to abuse or neglect. Residents’ economic insecurity, which can limit their choice in facility and ability to change facilities, also increased vulnerability.

3. **The Emerging “Care Gap”:** The average care needs of residents across the range of facilities have increased and have become significantly more complex over the past 15 years. Yet, there is often fewer staff with the appropriate training and education and necessary time and support to meet the needs of residents with these multiple, complex conditions.

4. **The Need for a Safe Place:** The current institutional, social and political culture throughout much of the country often makes it difficult for people to talk openly about abuse and neglect of residents in institutions. Some jurisdictions have been making efforts to create a safer environment by changing the culture within facilities. Part of this includes providing training about abuse and neglect, providing supports to
staff, creating responsibilities to report, and protecting staff, residents, families and others who report from retaliation.

5. **Prevention is Possible:** Abuse and neglect of residents may be less likely to occur where residents are respected and treated as individuals, where family are involved in a meaningful manner, where there are adequate numbers of staff in the facility and an appropriate staff mix, where staff members have formal and appropriate education and training, and where there is effective external oversight of facilities’ adherence to industry standards.

2.2.2. **Survey of Laws and Regulations**

A review of existing laws and regulations revealed that each Canadian province and territory has taken a distinctive approach to abuse and neglect prevention, creating a patchwork approach across the continuum of facilities that provide care and support. Current approaches to preventing and addressing abuse and neglect include:

- Abuse Prevention Policies
- Abuse Registry
- Accreditation
- Acknowledging/ Promoting Good Care
- Administrative Approach & Environmental Culture
- Advocacy
- Bill of Residents Rights
- Coroner
- Criminal Law
- Education and Information
- Fines, Penalties
- Inspections
- Lawsuits
- Licensing and Regulation
- Long-term Care Ombudsman
- Pre-Employment Screening
- Professional Conduct Oversight
- Public Accountability
- Reporting Abuse
  - Mandatory reporting
  - Protections in reporting
- Residents’ and Family Councils
- Special Protection Legislation
- Staffing Levels and Ratios
- Staff Qualification, Training
- Zero Tolerance

Each approach has different underlying assumptions regarding who is abused or neglected, what the characteristics of abusers are, and why the abuse or neglect may occur. Each has its own strengths and limitations. No province or territory uses all of these approaches and, indeed, some of the approaches may conflict with each other.
2.2.3. Regional Forums

Four main themes emerged from the Regional Forums activity:

1. **Adequate and Appropriate Resources:** There is a need for more resources to provide better care and to reduce abuse and neglect of residents in long-term care settings. Needed resources include: more governmental funding, enough facilities, more alternatives to long-term care facilities for older adults requiring less support, more staff/better staff to resident ratios, proper staff mix, ability to access specialized care, more and better training for staff and volunteers and institutions with physical environments that are appropriate for residents.

2. **Individuality and Diversity of Residents and Staff:** Because each resident is a unique individual there is no “cookie-cutter approach” to providing good care and to addressing and preventing abuse and neglect. It is important to recognize this diversity and to consider how it may affect their care plan and how it may contribute to vulnerability and isolation. Facilities need a client-centered focus, which values dignity, flexibility, choice and resident input and which focuses on ability rather than disability. Facilities also need to recognize staff diversity.

3. **Need for Provincial and Territorial Standards:** To address and prevent institutional abuse and neglect, provincial and territorial governments should develop and promote standards in training, hiring, facility inspection and accreditation. Management, staff, residents and family need a shared working definition of abuse and neglect as well as clear standards of care.

4. **Attitudes and Values Within and Beyond the Facility:** Positive attitudes and beliefs about older adults and their right to respect, dignity and choice should be filtered down from the level of management to all levels of staff so that a high quality of life and care is experienced by residents. A positive organizational culture involves staff who are satisfied and supported in their workplace by an administration which offers a flexible work environment and opportunities to discuss concerns. Furthermore, older adults need to be viewed more positively at a societal level.
2.3. ‘A Way Forward’ Recommendations

A number of recommendations emerged from the ‘A Way Forward’ project activities, many of which recapitulate the themes presented above. Some of the recommendations pertained to efforts that can be made at the level of the long-term care institutions and others pertained to needed actions at the level of government agencies.

Recommendations to Long-term Care Institutions:

- Hold regular discussion sessions with staff, residents, and family to talk about abuse and neglect and general care issues and concerns.
- Implement efforts to change the negative culture and language that is associated with older adults in institutional settings i.e. ‘doing Mrs. Smith.’
- Hire and schedule sufficient staff to meet the needs of residents.
- Support and empower staff; promote continuing education and training.
- Respect the individuality and diversity of residents.
- Give residents choice, opportunities for activities and community involvement.
- Ensure residents have advocates to assist them and speak on their behalf.
- Ensure the transparency of facility policies and procedures such as residents’ Bill of Rights and mechanisms for reporting.
- Share and seek information about promising practices that exist and are working in other facilities.

Recommendations to provincial, territorial and federal government agencies:

- Collect more reliable information on the incidence/prevalence of abuse and neglect of older adults living in Canadian institutional settings.
- Develop provincial/territorial standards in training, hiring, reporting, facility inspection and accreditation.
- Allocate sufficient and appropriate resources to address the growing gap between residents’ increasingly complex needs and the supports available to meet them.
- Develop qualitative measurement tools for best practice.
- Implement efforts to change the negative culture and language that is associated with older adults in institutional settings i.e. ‘bed blockers.’
- Develop a central repository (“lightening rod”) where information about promising approaches across Canada (i.e. successful staff training programs, effective advocacy groups) can be collected and accessed.
- Develop and implement a far-reaching, comprehensive awareness-raising campaign about ageism, and abuse and neglect of older adults in order to change attitudes and societal perceptions about this population and about long-term care.
- Future research efforts to examine: what constitutes good quality care; how to measure effective prevention interventions.
3. Background

3.1. Sponsoring Group

The project was sponsored by the University of Toronto and administered by the Institute for Life Course and Aging. The Institute, which began in 1979, is a research and teaching centre specifically devoted to interdisciplinary research from a health and social science perspective on human development, the life course, and aging. The Institute’s research and teaching initiatives are firmly rooted in the population health approach. Much of the research at the Institute has investigated various aspects of the determinants of health to develop policies and actions that will promote health and well-being. The Institute’s activities share the following values: a commitment to theoretical and methodological development; the pursuit of multidisciplinary scholarship from a health and social science perspective; an explicit policy focus; a commitment to multiple research methods; and the development of linkages between the community and the university.

3.2. Project Partners

Lynn McDonald, Ph.D., the lead partner on “A Way Forward,” is a professor in the Faculty of Social Work and Director of the Institute for Life Course and Aging at the University of Toronto. She is the Scientific Director of the National Initiative for the Care of the Elderly (NICE) and the International Collaboration for the Elderly (ICCE), both dedicated to the inter-professional care of older adults. Her research interests include work and retirement, gender and poverty, elder abuse and the older homeless. She is a co-author of a major Canadian textbook, *Aging in Contemporary Canada* (2007), three other books including one on elder abuse and numerous articles on aging.

Dr. Marie Beaulieu, Ph.D., is a criminologist and full professor at the Department of Social Service, University of Sherbrooke. She is also a researcher at the Research Centre on Aging. Dr. Beaulieu completed her thesis on elder abuse in institutions in 1994. Enriched from her background in criminology, she has been looking at issues related to fear of crime and victimization of older adults for more than 20 years. She published
around 20 scientific articles, 20 book chapters and about as many reports related to abuse of older adults. She has interest in abuse that occurs both in the community (family) and in institutions. She has been involved in several important projects on elder abuse in institutions including the APL program.

**Michele Charpentier Ph.D., LL.M.,** is a Professor at the School of Social work, University of Quebec at Montreal (UQAM) and a researcher at the Centre for Research Expertise in Social Gerontology. Her publications reflect her interest and expertise in issues pertaining to: 1) the rights of elderly, especially those who live in long-term care facilities and 2) women and aging. Her recent publications on these issues are entitled, «Vieillir en milieu d’hébergement : le regard des résidents» and «Pas de retraite pour l’engagement citoyen».

**Joan Harbison, Ph.D.,** is an Associate Professor of Social Work at Dalhousie University. She has been engaged in research, writing and teaching about issues related to the mistreatment and neglect of older people for fifteen years. She leads an interdisciplinary team investigating legislation, policy and service delivery to mistreated and neglected older people. She was for many years a practitioner in the health field and maintains a close connection to professional practice through her students and through professional colleagues from a number of disciplines. She is chair of the social work component of the Elder Abuse Working Group within the National Initiative for the Care of the Elderly (NICE).

**Sandra Hirst,** R.N., Ph.D., GNC (C), is an associate professor in the Faculty of Nursing at University of Calgary and is currently the President of the Canadian Association on Gerontology. A gerontological nurse by training, she holds certification from CNA in this specialty. Dr. Hirst possesses both knowledge and skills specific to the understanding of elder abuse within long-term care settings. Her program of research focuses on providing an ethnographic and ethnoscience appreciation of resident abuse, from the perspective of numerous members of the long-term care culture. Dr. Hirst has served and currently sits
on many boards and advisory councils, including the Canadian Gerontological Nursing Association and the National Initiative for the Care of the Elderly (NICE).

Elizabeth Podnieks, Ph.D., has been on the faculty of nursing / community services at Ryerson University for over twenty five years where she has published both nationally and internationally on elder abuse. Her activities include; Canadian Coordinator for the WHO/INPEA research project "Missing Voices." Founding member of the International Network for the Prevention of Elder Abuse (INPEA), the Canadian Network for the Prevention of Elder Abuse (CNPEA) and the Ontario Network for the Prevention (ONPEA); Co-Chair with Minister Jackson of the Roundtable for the Ontario Elder Abuse Strategy to Combat Elder Abuse; Founder of World Elder Abuse Day (WEAAD ); Board of Directors of the National Committee to Prevent Elder Abuse (NCPEA), USA; Board of Managing Directors for the Journal of Elder Abuse and Neglect (JEAN); Awarded the Order of Canada for work in elder abuse; Principal Investigator for "WorldView on Elder Abuse Environmental Scan"; Primary Project Consultant for Archstone funded study "Enhancing the Capacity of a Diverse Faith Community to Address Elder Abuse," Santa Clara County Department of Aging and Adult Services, California. Dr. Podnieks is currently the Vice-President of INPEA. Her paper “Elder Abuse: It’s time to do something about it,” written in the early 1980s, was one of the first peer reviewed articles on elder abuse in institutions. As a nurse educator, she has expertise in both research and clinical practice. She is a member of the National Initiative for the Care of the Elderly (NICE) on the interdisciplinary Theme Team on Elder Abuse.

Charmaine Spencer, L.L.M., a gerontologist and lawyer, is an adjunct professor and research associate with the Gerontology Research Centre at Simon Fraser University. She has been conducting research in vulnerable populations of older adults for over fifteen years, including abuse and neglect of older adults living in institutions. She was author of a major English language publication on institutional abuse prepared for the federal government in the mid 1990s. She has also published plain language materials for long-term-care residents in BC to help them and their families understand their rights.
Charmaine Spencer is co-Chair of the Canadian Network for the Prevention of Elder Abuse, and has a wide breadth of knowledge on abuse issues, nationally.

3.3. Problem to Be Addressed

Canadians aged 65 and over comprise almost 14% of Canada’s population. Approximately 7 percent of these 4.4 million older adults will live in long-term care facilities and 20 to 30 percent of them will likely spend the last years of their lives in a care setting (Division of Aging and Seniors, 2006; Etkin, 2005; Murtaugh et al, 1990). As such, facilities that provide frail seniors with care and assistance are an increasingly important feature of communities throughout Canada. It is the oldest most elderly seniors, those 85 years and older, who constitute the largest age group in these long-term care settings (Public Health Agency of Canada, 2001). In addition to being older than seniors in the community, residents of long-term care settings are frailer and have more complex needs. They are also more likely to have some degree of cognitive impairment, such as dementia, or a disabling condition, such as stroke or problems with mobility than their counterparts who do not live in long-term care. Only about 12 to 13 percent of residents are married, and many others lack a close family member who lives within an hour of the facility (Hawes, 2003). Thus, residents of long-term care tend to be more dependent on others to provide care, support and assistance and are more vulnerable to abuse.

In addition to this changing demographic profile, long-term care restructuring is underway in many Canadian jurisdictions to target publicly funded long-term care only to those assessed as having the highest and most complex needs. This means that, increasingly, only those who are frail in mind and body are being placed in publicly funded, licensed, and regulated long-term care institutions. A growing proportion of older adults with significant needs, but “lower level needs” receive care, support and assistance through other types of congregate settings that may or may not have the same level of government regulation and oversight. Both groups of seniors have been identified as the most vulnerable to mistreatment and the least able to protect themselves if it has occurred (Chappell & Reid, 1999).

Abuse and neglect of older people who live in facilities is increasingly being acknowledged as an important health and social problem (Beaulieu & Tremblay, 1995;
McDonald & Collins, 1998; Spencer, 1994). While, the prevalence of abuse or neglect of residents in long-term care facilities in Canada is unknown, there is enough evidence to suggest that abusive behavior is a widespread, regular aspect of institutional life (McDonald, 2007). There have been reports of material abuse including the theft of patient’s funds and fraudulent therapy and pharmaceutical charges; physical abuse including rough handling, hitting and slapping, inappropriate medical treatment such as chemical and physical restraint; and psychological abuse including social isolation, yelling in anger and threats. Neglect often reflects deficiencies in the provision of nursing care such as inadequate nutrition and hydration, and poor oral and physical hygiene (Spencer, 1994).

The recognition of abuse and neglect of older people, who are living in a continuum of institutions, as a population health concern was demonstrated by federal, provincial, and territorial governments and related agency reports that appeared in the late 1980s and early 1990s. More recently, much of our knowledge about the existence of abuse and neglect in long-term care has come from various sources including highly publicized media accounts of abuse and of inadequate care; incident reports to government from long-term care facilities and surveys of staff (Beaulieu & Belanger, 1995; Goldstein and Blank, 1982; Hall & Bocksnick, 1995; McDonald & Collins, 1998; McDonald et al., 1991; Spencer, 1994).

Only a few Canadian studies have investigated the incidence of abuse in long-term care institutions. For instance, in the early 1990s Beaulieu (1992) documented psychological abuse towards older residents in nursing homes in Quebec. In a random telephone survey of 804 nurses and nurses aids in Ontario, Canada, 20 percent reported witnessing abuse of patients in nursing homes, 31 percent witnessed rough handling of patients and 28 percent witnessed yelling and swearing at patients (College of Nurses of Ontario, 1993). Community groups that support advocacy and empowerment through family councils have compiled their own information on abuse and neglect of older adults.

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2 E.g., Toronto Star inquiry, December 2003: patients suffer from drug errors, open sores left untreated, filthy rooms, inadequate hygiene, not enough well trained staff, injuries due to abuse incidents, improper diet causing malnutrition.
in institutional settings, based on incidents brought to their attention (e.g., Concerned Friends of Ontario Citizens in Care Facilities; FAIRE).

There are tantalizing new directions currently being initiated in some parts of Canada to empower and enhance the well-being of residents in congregate care facilities. For example, some communities in Quebec, Alberta, and Ontario are witnessing the growth of residents’ committees; the pairing of residents with community volunteers; the development of trained community advocates; government support for the development of family councils who address concerns early to avoid problem escalation; seniors’ organizations that “accredit” operators and formally recognize those operators who demonstrate positive approaches to providing long-term care (Rose d’or), etc. However, it is also recognized that these approaches themselves do not operate in a vacuum, and need proper support in order to work.

Much of the country is unaware of these localized, promising developments. Each of the approaches appears to have considerable face value as a promising practice. However, we have little information about how often they are in use, how well these developments are working, or what is needed to help them work better. The information provided by key stakeholders in the two key activities of this project will give us a better idea about the efficacy of these emerging practices.

As a result of their extensive work in aging and elder abuse issues over the last couple decades, each of the seven project partners were becoming increasingly aware of the problem of abuse and neglect of older adults in institutions. At the same time, they recognized the dearth of information about abuse and neglect in institutions including information about its prevalence, causes and risk factors as well as promising ways to prevent and address it. Given their shared interest in this important public health issue, the seven project partners worked together to develop the ‘A Way Forward’ project. ‘A Way Forward’ was intended to help provide professional staff, administration, policy makers, advocates and families and the public with a much better understanding of the kinds of approaches that are currently being taken to prevent and address abuse and neglect of older adults in institutions, along with any available evidence about how well the approaches are working. This information will help guide plans for needed action at micro, meso and macro levels by providing key stakeholders with evidence of potential
gaps and barriers that may allow abuse or neglect to continue as well as tools for discussion.

4. Project Intentions

4.1. Project Goals and Objectives:

The project’s goal was to positively affect attitudes, practices and policies related to the institutional care of older adults. ‘A Way Forward’ had two key objectives. First, it set out to determine the current state of existing and emerging promising practices for prevention and intervention in abuse or neglect situations where older adults live in congregate settings such as nursing homes, personal care homes, and assisted living. Once that information had been gathered, the project’s second objective was to enhance the capacity of communities across Canada to better understand and respond to the complex issues of abuse and neglect in long-term care. To do this, the project aimed to advance the level of knowledge among health care professionals, key community organizations and policy makers in Canada by sharing the information gathered through the course of the project.

The project goals did not change and its key objectives were met. Over the course of the project’s two key activities, 1) the national survey of key stakeholders and review of relevant laws and regulations and 2) the five regional information exchange forums, the project developed and shared baseline information about the current state of knowledge and practices for preventing and addressing abuse and/or neglect that occurs in congregate settings, as well as information about guiding principles and emerging promising practices.

5. Activities

5.1. Planned Project Activities

The two originally planned major project activities, the National Snapshot and the Regional Forums, were carried out successfully with no major difficulties or interruptions. Two unplanned changes were made to the Regional Forums activity and are explained in the appropriate section below.
5.1.1. National Snapshot of Abuse Prevention in Long-term Care: "Where Do Things Currently Stand in Canada?"

The purpose of the National Snapshot of Abuse Prevention in Long-term Care Settings was to capture a "point in time picture" of where things currently stand in Canada. It had two components: the first was to identify key issues and themes underlying abuse and neglect in the range of care facilities as identified by key stakeholders. The second was to examine relevant policies, laws, regulations, standards and practices that are currently used to: 1) prevent and address abuse and neglect of residents; and 2) promote safe, supportive, respectful environments in long-term care facilities. The intention was to introduce ideas and generate discussion across the country.

A consultant team comprised of two project partners reviewed legal documents, policy reports and institutional protocols in order to canvas the key laws and policies that are currently in place to prevent and address abuse and neglect of older adults in institutions as well as promote safe, supportive, respectful environments in long-term care facilities. Second, the partners interviewed key stakeholders in order to identify important practice issues related to abuse and neglect of older persons in institutional settings. The 65 survey participants were key stakeholders from across Canada including representatives from government, long-term care industry and related associations, unions and staff associations, and advocates. They were asked about factors underlying resident abuse or neglect, existing responses that are in place, and promising prevention approaches that exist or are in development.

5.1.2. Regional Forums: Exploring the Issues

The second major project activity involved day-long regional forums in five cities across Canada: Vancouver, British Columbia, which covered the British Columbia and Territories region; Calgary, Alberta, which covered the Prairie region; Toronto, Ontario, which covered the region of Ontario; Montreal, Quebec, which covered the region of Quebec; and Halifax, Nova Scotia, which covered the Atlantic region. The goals of the Regional Forums were to: 1) Share the findings from the National Snapshot Survey; 2)
Identify various types of safeguards against abuse and neglect currently in place for residents and staff in Canadian long-term care settings in particular regions; 3) Gain a better understanding of issues affecting abuse and neglect in institutional settings from the perspective of staff, residents, families, unions, administration, operators, academics, government representatives, private industry, and others; 4) Identify and develop needed actions and partnerships for addressing abuse and neglect in institutional settings.

The 176 forum participants included representatives from: administration and frontline staff, advocacy groups, lawyers and law enforcement, educators and researchers, seniors’ organizations, long-term care associations, the provincial seniors’ advisory councils, community partners, provincial Alzheimer’s Societies, regional health authorities, seniors and families of residents.

The day-long forums included a presentation of the project’s “National Snapshot” activity and results, two small-group discussion sessions, a guest speaker presentation and, to conclude the day, a large-group discussion. Evaluation forms were completed at the end of the day and the participant feedback in these forms was reviewed and taken into consideration for the planning of subsequent forums.

In small group discussions, forum participants were invited to respond to the National Snapshot presentation and to identify similarities and discrepancies between what was presented and what is known to be the real day-to-day experience in the region. Participants also discussed guiding principles that could help prevent and address abuse and neglect in care settings. Discussions identified characteristics of an ‘ideal’ living environment for older adults requiring long-term medical and personal care and support, and ways to achieve this ideal environment. At the end of the day, the full group of participants discussed future directions and important recommendations that should emerge from the ‘A Way Forward’ project.

5.2. Unplanned Project Activities

5.2.1. Additional Half-day Forum

In addition to the five originally planned regional forums, the project partners decided to add an additional half-day forum to coincide with the 2006 Canadian
Association on Gerontology (CAG) Conference taking place in Quebec City, Quebec, October 26-28, 2006. This abbreviated version of the day-long forums was added so that stakeholders who attended the CAG conference but who would not be able to attend one of the five regional forums could have an opportunity to participate in this project. This 3-hour workshop included a presentation about the project and findings from the ‘National Snapshot’ activity as well as one small-group break-out session. Because the participants attending this session at the CAG conference represented mainly research and academia, the questions were modified in order to focus less on practice-related issues and more on the role of research in preventing and addressing institutional abuse and neglect of older adults. As with other forums, participants were asked to describe an ‘ideal’ long-term care environment. However, unlike the other forums, participants were asked to discuss what research is needed to promote this type of environment, how achievement of the “ideal” can be measured and how the findings of this research could be implemented. Because the session was bilingual, both English and French-speaking conference delegates could participate.

The addition of this half-day forum proved to be very valuable. The project was able to reach more stakeholders in its effort to raise awareness about the issue of abuse and neglect of older adults in institutions and increase knowledge and understanding of the current and emerging promising practices for preventing and addressing this type of abuse and neglect. Furthermore, because the group mainly consisted of researchers, discussions yielded different kinds of information, which did not emerge from the other five forums, such as research priorities and ways to apply research findings and measure the success of interventions.

5.2.2. Addition of Guest Speakers to Forum Agenda

Fairly late in the forum planning process, the project partners decided to include a guest presentation in the agenda for each forum. Partners felt the inclusion of a stakeholders’ perspective or experience would inform and ignite small group discussion sessions and potentially broaden the range of issues that were discussed. The regional partner selected and invited a registered participant to give a guest presentation to the group. The guest speakers chosen were people who had positive experiences and ideas
related to addressing and preventing abuse and neglect in institutions. Partners looked for speakers who might have been involved in the development and/or implementation of a successful prevention program or advocacy initiative or speakers who might have specialized knowledge that many participants would not have, or speakers who might have new and interesting ways of thinking about the issues.

The guest speaker at the British Columbia and Territories forum was Dr. Elizabeth Drance, a Physician and the Program Director in Elder Care, at Providence Health Care. Her presentation, entitled "Culture Change in Residential Care as Abuse Prevention - the Benefits & the Limitations" suggested that culture change is one of the ways to improve relationships between residents, families, and staff; address imbalances; create a sense of community; and create quality of life for all its members.

The guest presentation at the Prairies forum was given by Pam Peters, a Nurse and an administrator of a long-term care facility. Her presentation, entitled “Reshaping Caring within Long-term Care”, focused on how caring is being reshaped within in long-term care settings in light of emerging knowledge about resident abuse.

There were two guest presentations at the Ontario forum. The first was given by Judith Wahl, a lawyer with the Advocacy Centre for the Elderly who specializes in issues related to institutional abuse. Her presentation, entitled “Bill 140 - Long-term Care Homes Act: An Introduction Based on First Reading,” described the key items in Ontario’s new Bill 140 Long-term Care Homes Act that are related to abuse and neglect of older adults. The second presentation was given by Lois Dent and Freda Hannah of Concerned Friends of Ontario Citizens in Care Facilities. Their presentation traced the evolution of Concerned Friends - a volunteer advocacy organization established in 1980, which is dedicated to improving the quality of care for residents in long-term care homes in Ontario - and highlighted some key developments over the years, and described current issues and challenges.

The guest speaker at the Atlantic region forum was Susan Dempsey, the Senior Director of Long-term Care and Assisted Living at Northwoodcare in Nova Scotia. Her presentation described Northwoodcare’s Abuse Prevention Initiative, which is developing effective practices for response to abuse allegations and ensures that employees and volunteers are knowledgeable of what constitutes abuse and understand their individual
role and responsibility to report. She described an education program that was developed and recently piloted and the plans to take the education program facility wide.

There was no guest speaker at the Quebec forum. After a project presentation and small group discussions, the group devoted the remaining time to developing a common declaration to be signed by the regional partners and forum participants and to be shared with members of the media and appropriate government representatives.

Guest presentations were a key feature of the forums’ success. The presentations built on or illustrated some of the points that had been made in the National Snapshot presentation where participants heard about Canada’s current state of knowledge and development in preventing abuse and neglect in institutions. Speakers’ descriptions of local programs, which they developed or are a part of, prompted group discussions about various programs, and characteristics of those programs, that show promise. The presentations were very positive examples of how abuse and neglect can be prevented; they illustrated that it is possible to make changes at the local, facility level, often without additional funding, to prevent abuse and neglect of residents.

5.3. Difficulties

5.3.1. National Snapshot

Preparation of the National Snapshot and the overview of the laws and regulations in Canada for institutional care was somewhat more exciting and challenging than anticipated. A number of difficulties were encountered:

**Range of Institutions:** The wide range of long-term care facilities in Canada with different sources of funding, mandates, models of care and so on, made the process of a review extremely complex. We endeavored to describe publicly and privately funded as well as for-profit and non-profit institutions. While these institutions have some similarities in terms of to whom they are providing care and services, they have different frameworks. Also, in addition to reviewing the publicly-funded, licensed, and regulated long-term care homes, which provide higher levels of care to more medically complex residents, we also reviewed "lower care" settings. This is a major undertaking, and, to the best of our knowledge, this is the first time this has been done, particularly in
the context of an abuse protection analysis. This is an important inclusion because, in many jurisdictions, the “lower care” settings are increasingly being used in place of the skilled nursing care facilities. Yet, policy-wise, there has been little acknowledgement of issues in the "lower care" settings to date.

**National Diversity:** Conducting the national review of laws and policies was further complicated by the fact that each province and territory takes a unique approach to preventing and addressing institutional abuse and neglect. Because we were dealing with thirteen jurisdictions, each with its own distinctive approach and models, we ended up preparing twelve mini-reports, one for each province and territory, outlining what is currently in place and what is in development in terms of laws and regulations. Nunavut has no law in this area. This was an extremely tedious and time-consuming process as it required great attention to detail.

**Language and Terms:** The snapshot required a lot of inter-provincial "translation"; we had to present the information so that it is understandable to people outside the jurisdiction being reviewed. Even basic terms such as "personal care homes" and "special care homes" mean very different things in neighboring provinces. In Saskatchewan, for instance, a personal care home refers to a privately operated, for-profit, "lower care" setting. But, in Manitoba, the term refers to skilled nursing care facilities.

**Availability of Information:** The review was particularly challenging for the jurisdictions that do not have much publicly available materials such as basic administrative data. This may explain the challenges that residents and families face in trying to find information and answers to their concerns and questions. The elusive nature of this information made the search in these jurisdictions very time consuming.

**Keeping up with Change:** Finalizing an accurate and up-to-date snapshot review was difficult because in the past two and half years there has been rapid development and change in the laws and regulations related to institutional abuse and neglect. In light of
these changes, several sections of the snapshot had to be re-written in order to keep it current. Some of the changes include:

- brand new supportive living standards in Alberta (2006-7);
- a new, comprehensive nursing home law in Ontario (2007, not yet in force);
- certification of *residences privées* in Quebec (2006-7), which was initially voluntary but is now mandatory;
- orders to improve some laws’ processes (Protection for Persons in Care, Alberta);
- ministerial/health agency/health region restructuring-- jurisdictions in several parts of Canada have been developing large health regions, so lines of responsibilities are constantly changing;
- new Protection for Persons in Care law in Nova Scotia (2007) (other jurisdictions eg. Saskatchewan, put the idea forth, took it back and are now reconsidering it);
- new policy manuals with standards for jurisdictions with laws / regulations;
- new processes- inspection reports made available online in Ontario;
- rapid growth and changing numbers;
- new associations, loss of associations, and new names of associations due to mergers and development.

**Growing Concern:** The workload for the review grew as dozens of new provincial agency reports (ombudsman, human rights, auditors general) on various aspects of problems in the range of institutional care settings as well as labour market reports on working conditions i.e. nursing shortages, were published between 2004 and 2007.

**Multiple Jurisdictions:** Within each province and territory, there are typically multiple jurisdictions and agencies with an interest in and responsibility to prevent and address institutional abuse and neglect. The Department of Health is only one of these jurisdictions. Others include departments of family and community services, departments of justice and so on. These systems tend to operate in silos and all needed to be explored individually for evidence of approaches dedicated to ensuring the health and well-being of older adults in institutional settings.
**Depth of Information:** Determining the amount of detail about various laws and policies that should be presented in the snapshot review was challenging. We found that quoting a law verbatim was fairly easy but explaining the way it actually functions and "who really does what" in plain language was much more difficult. Nevertheless, we were able to provide such detail so that it is accessible to the average reader.

**French Language Documents:** As part of the review, numerous French language documents associated with laws, regulations and policies in French speaking and bilingual provinces had to be translated. The literal English translations then had to be verified to ensure the underlying concepts were accurate, the meaning of the original French document was preserved and the information was understandable to English readers.

**5.3.2 Regional Forums**

Overall, the regional forums were planned and implemented without any major problems. In most regions, stakeholders were very eager to participate and the number of participants well exceeded what we originally planned to recruit. While we made efforts to recruit participants from every province and territory that was included in each forum’s region (E.g. Saskatchewan and Manitoba as well as Alberta for the Prairie region) by offering funds for travel and accommodation, the majority of participants came from the province in which the forum was held. Similarly, despite efforts to recruit participants from rural areas most participants came from more urban areas, mainly the city in which the forum was held. We did manage, however, to get participants from almost every province and territory in each region and several participants at each forum came from communities outside the forum city.

We were very pleased with the diverse groups of stakeholders that were represented at each forum and feel that all the key players had an opportunity to participate; to learn about the issues related to abuse and neglect in institutions and the existing approaches for preventing and addressing it and to share their own knowledge and experience with others in their region. We acknowledge, however, that the
population we ultimately aim to affect – older adults living in institutions – did not participate in the forums. We recognize the value of residents’ perspectives and the importance of including their voice in research of this type and we considered the possibility of having residents attend the forums. We attempted to recruit residents for the first forum in Vancouver, B.C., but were unsuccessful. We decided that because many residents may have loss of autonomy as well as cognitive and/or mobility impairments, it would be difficult to have them attend a forum in their area. We also believed that if some residents had been able to attend the forums, they would be the residents in better physical and mental health and the perspective of those in poorer health, who are often the most vulnerable to abuse and neglect, would still not be represented. We determined that the most feasible way to access their perspective is to visit residents in their care settings, as Kozak and his colleagues have already done (Kozak, 2001). It was not within the scope of the ‘A Way Forward’ project to seek out the residents’ perspectives as the main objective was to document and raise awareness about promising approaches for abuse and neglect prevention. Future projects of this sort should factor in the necessary time and budget to consider ways to access this population’s perspective.

6. Participation of Population Group

The population group of key stakeholders (older adults and their families, health care professionals, key community organizations and policy makers), whose awareness and understanding of abuse and neglect issues we hoped to positively affect, were involved in every component of this project. They participated via membership on the project Advisory Committee; through participating in key stakeholder interviews or regional forums; through completing evaluation forms pertaining to the regional forums and advisory committee experiences; and through assisting the project partners to develop and disseminate accurate and useful project materials such as the Resource Inventory and “Where to Get Help” reporting abuse booklet.

In addition to governance provided by the Steering Committee, which was comprised of the seven project partners, the project’s planning, implementation, evaluation and dissemination activities were also informed by the opinions and suggestions of an Advisory Committee. The Advisory Committee consisted of nine key
persons who have extensive experience and knowledge on one or more aspects of abuse and neglect prevention in institutional care. The Advisory Committee brought ideas to the table and broadened discussions; helped develop project definitions of ‘abuse’, ‘neglect’ and ‘institution’; identified key contacts for both project activities; reviewed and commented on various project documents and materials; and, very importantly, helped the process of building links and partnerships in preventing and addressing abuse and neglect in institutional care for longer term sustainability of the project. The Advisory Committee met by teleconference and email two to three times a year to discuss various project activities and issues.

The Advisory Committee had good national and senior representation. The members had diverse professional backgrounds and personal experiences and they brought a number of important issues to the fore. Their expertise and passion was an invaluable contribution to the development and implementation of this project. The nine members of the committee were:

**Freda Hannah**, a senior and retired R.N. living in Toronto, Ontario, Freda is a Past President and advocate with Concerned Friends of Ontario Citizens in Care Facilities and a Board Member of ONPEA (Ontario Network for the Prevention of Elder Abuse).

**Heather Praught** is a Coordinator with the Senior Citizen’s Secretariat, Nova Scotia.

**Jackie Doran-MacLeod** is an Adult Protection Consultant, Prince Edward Island.

**Lise Bélisle**, now retired, Lise worked in long-term care facilities for 20 years and is a member of various elder abuse committees. She is a board member of CAG and President of QAG. Lise worked on the Kozak and Lukawiecki APL study.

**Mary Beck**, working as a program coordinator, teacher and clinical instructor, Mary has been involved in the area of Gerontology and LTC for 25 years. Mary developed the Health Care Support Worker Program for Douglas College in British Columbia.

**Susan Barrie** is a Liaison Officer with Nursing Home Services, New Brunswick.
Lorraine Best is a senior and a board member of the Seniors Resource Centre of Newfoundland and Labrador, Newfoundland and Labrador.

Madelaine D’Arpino, a Nurse at Baycrest in Toronto, Ontario, Madelaine is also a Baycrest representative for a Community Outreach Team and a member of an elder abuse committee, which is part of a regional geriatric program.

Key stakeholders, including the members of the Advisory Committee, were also involved through their participation in the National Snapshot interviews and the regional forums. Stakeholders participating in the interviews and forums were identified by the Steering and Advisory committee members as people who were believed to have valuable experience and knowledge related to abuse and neglect of older adults in institutions. In many cases, the selected stakeholders helped the project partners identify other interview or forum participants who would be appropriate and interested in these project activities.

Stakeholders helped with project evaluation by completing evaluation surveys, either after their participation in the regional forums and or the end of their membership on the project’s advisory committee. Both evaluation forms asked about the stakeholders’ experience as participants in the project and what they learned from it.

Finally, stakeholders have played an important role in developing project documents and materials and they will continue to play a key role in the dissemination of those materials. In addition to the information they provided as participants in the National Snapshot interviews and regional forums – key findings which were incorporated into project reports - stakeholders also provided valuable information which assisted the project partners to develop materials for wide distribution. Advisory committee members, and other stakeholders who they identified, were instrumental in the development of the “Where to Get Help” reporting abuse booklet - a list of phone numbers for each province and territory which victims of abuse or their family members can call for advice or to make an official report or complaint. Advisory Committee members as well as participants in the National Snapshot key interviews suggested a number of resources and references for inclusion in the Resource Inventory. Advisory members and a select group of other stakeholders will be involved in the distribution of both the ‘Where to Get Help” booklet, the Resource Inventory booklet and other project
materials such as executive summaries and postcards (described in dissemination below) in their respective regions.

As mentioned above, older adults residing in long-term care institutions, whose institutional living experience and well-being we ultimately hope to improve, were not involved in the project’s planning, implementation and dissemination. Again, because these older adults may be unable to voice their perspective due to cognitive and physical impairments, we believed it would be more feasible, given the parameters of this project, to access the perspective of family members and advocates who are intimately aware of the concerns residents’ have.

7. Partnerships and Intersectoral Collaboration

By working closely with the population group of key stakeholders who participated in the National Snapshot and Regional Forum project activities and who comprised the project’s Advisory Committee, the project partners have forged partnerships with various organizations across a range of sectors. Throughout the course of the project and its two key activities we built interest, shared information, and facilitated dissemination, by developing ties with:

- **regional and national professional nursing and social work organizations, health employee unions;**
- **interested seniors’ organizations** at provincial, national and international level such as the National Center in Elder Abuse (US), Canadian Association of Retired Persons (CARP), Canadian Pensioners Concerned, Coalitions of Seniors Citizen Organizations, Concerned Friends of Ontario Citizens in Care Facilities, Seniors Resource Centre of Newfoundland and Labrador; as well as key representatives for specific groups of seniors in care, such as provincial and national Alzheimer Societies;
- **regional, national and international senior abuse prevention networks** such as the International Network for the Prevention of Elder Abuse (INPEA), Canadian Network for the Prevention of Elder Abuse (CNPEA), the National Initiative for the Care of the Elderly (NICE), Quebec Elder Abuse Awareness Network, Ontario Network for the Prevention of Elder Abuse (ONPEA), Alberta Abuse Awareness Network, Nova Scotia’s Elder Abuse Strategy Committee;
- **gerontological centres,** such as McGill’s Centre on Aging Studies, which engages in work in long-term care education issues;
- **advocacy and policy development** groups including health coalitions (e.g. BC Health Coalition, Canadian Coalition on Seniors Mental Health), and disability groups;
- **provincial and national industry representatives**, e.g. organizations that represent congregate setting operators such as Ontario Association of Non Profit Homes and Services for Seniors, Ontario Retirement Communities Association (and its provincial equivalents where they exist) and the Assisted Living Centre for Excellence (BC)
- **Interested legal groups and law enforcement Agencies** such as the Advocacy Centre for the Elderly, the Edmonton Elder Abuse Prevention Team and the Ontario Provincial Police Senior Assistance Team.

Each of these groups were involved with the project in different ways, including participating as stakeholders in interviews and forums and suggesting other participants who have important experience and knowledge to contribute. Some partners offered in-kind contributions such as the use of their facility to hold regional forums (E.g. Ontario Seniors Secretariat Conference space in Toronto, meeting rooms at the Strafford Foundation’s Wentworth Manor in Calgary, hotel space arranged for the CAG Annual Conference) and the use of conference translating equipment for our 3-hour bilingual workshop at the CAG conference. Many of the stakeholders with whom we partnered also devoted a great deal of time to help us develop project materials. A representative with Aging and Seniors Division, Department of Health and Community Services, Government of Newfoundland and Labrador was very helpful in developing a list of phone numbers for Newfoundland and Labrador agencies which can assist older victims of abuse and neglect. Similarly, a representative with Adults with Disabilities and Senior Services, Department of Family and Community Services, Government of New Brunswick helped develop a list of contacts for New Brunswick.

The biggest contribution that stakeholders and partners have made to helping us achieve the goals of this project is their help with spreading the word about the ‘A Way Forward’ project and their offer to help widely disseminate the project’s findings and materials. In fact, the project coordinator was contacted by several stakeholders and groups who were interested in partnering and were eager to receive and share project findings and materials with their colleagues. Some of those stakeholders were representatives from:

- Faculty of Medicine, Memorial University of Newfoundland
- Maimonides Geriatric Centre, Quebec
- Placement Services and Elder Abuse Resource Committee, Sarnia, Ontario
- Victoria CRN (Community Response Network), Victoria, British Columbia
Each of these organizations, along with many others (including those that were represented at the regional forums), were recently contacted and notified of the project’s completion and the availability of project reports and materials for their own use and for distribution to other interested parties.

8. Results

8.1 Major Accomplishments

This project has made an important contribution to an area that has received relatively little attention to date. This project has developed a “Snapshot” of where Canada currently stands in terms of its approaches to preventing and addressing abuse and neglect of older adults in long-term care institutions. This snapshot provides a detailed description of the laws, regulations, standards and policies, which are in place in each individual province and territory. It also provides a higher-level stakeholder perspective on what some of the key issues and barriers are to promoting residents’ health and well-being. The project has also lead to increased awareness among stakeholders of the population health issues of abuse and neglect of older adults in institutions and the current types of approaches that are being used to prevent and address it. This project gives Canadian communities a basis from which to measure/gauge their own progress in preventing and addressing abuse and neglect in institutional settings.

Through both the “Where We Are” report (national snapshot) and the information that is shared in and developed from the Regional Forums, which has been and will be
disseminated widely through the sharing of project reports and summaries via the project website and emails to stakeholder groups, and mass distribution of project materials (E.g. recommendations postcards, Resource Inventory and “Where to Get Help” booklets), stakeholders have become more aware of, more sensitive to, and more knowledgeable about abuse and neglect in long-term care facilities, the social determinants of health and their potential effects on seniors’ well-being, and promising approaches to promoting and supporting seniors’ well-being in long-term care. We anticipate that this new knowledge will “move people to action,” and help them to be more sensitive to and aware of what is being used and what is being considered in practice and at a policy level.

As a result of the project, seniors’ organizations, health care organizations, and advocacy groups can use the information as a means to measure progress being made and as a way to critique program/government policies affecting the well-being of older adults in long-term care. In the longer term, it is anticipated that the well-being of seniors in long-term care will be enhanced and the potential for abuse and neglect will be reduced. Seniors, service providers, policy makers, and the public will have a much broader understanding of the determinants for abuse and neglect in institutional settings, which may involve moving from focusing on individual pathology to more comprehensive structural approaches. The project will lead to the acceptance of positive approaches to policy and program development for long-term care services across sectors and throughout Canada.

Over the much longer term (that is, well beyond the two years of the project), additional expected outcomes of this work are: enriched relationships between the resident and family groups, health sector unions, long-term care institutions and their communities, and academics; increased understanding of each others’ experiences and positions; increased knowledge about abuse and neglect in institutions; and a model and guidance for new and effective ways of working together. Again, in the long-term, we anticipate that the project and its activities and the dissemination of its various materials (recommendations postcards, Resource Inventory, Reporting Abuse Contacts booklet) will also lead to the development of much needed critical thinking about abuse and neglect in institutions, new theoretical approaches, innovative approaches for policy
development, advancing ‘institutional abuse and neglect’ as a broadly conceived societal and population health issue.

8.2. Experience and Knowledge Gained (Influence on Determinants of Health)

It may be too early to tell if and which health determinants were influenced by this project. We did, however, learn a great deal about the health determinants that are most important in preventing and addressing abuse and neglect of older adults. We also learned that these important determinants affect the health and well-being of both residents and staff in long-term care facilities. Long-term care facilities have a dual personality in that they are “my home, and your workplace”. The key themes, which emerged from the two project activities, reflect the health determinants perspective on issues of institutional abuse and neglect that the stakeholders appear to have. Several of the project recommendations for preventing and addressing abuse and neglect call for changes or actions that are related to these determinants of health.

**Income and Social Status:** Socio-economic status is one of the most important determinants of health. Studies show that health status is positively related to income and social hierarchy; It is thought that higher income and status generally result in more control and discretion whether the older adult is in the community or in a long-term care facility. The degree of control people have over their lives and their discretion to act are key influences in their health. There is constellation of challenges that older adults face which often revolves around poverty and is compounded by histories of abuse, low self-esteem, powerlessness and health problems caused by the abuse. The low incomes and social status of the elderly make them more vulnerable to abuse and, in turn, acts as a barrier to escape abusive situations. Project findings suggest that limited finances appear to play a role in some abusive situations and this is compounded for those living in LTC. Furthermore, systemic abuse is primarily due to the inadequate funding of the facility.

**Personal Health Practices and Coping Skills:** Findings suggest that, in the case of preventing and addressing abuse in institutions, the staff’s responses (their coping skills) in dealing with complex care needs or a resident’s difficult behavior are often contingent
on the training and education they received before and since being hired. Staff is also
dependent on the tangible support they receive in the course of their day-to-day work. In
the absence of proper training, care aides and other supports, staff may do whatever they
feel is necessary to manage situations and problems, including restricting rights and
inappropriately using medical and physical restraints.

**Social Support Networks:** The extent to which a long-term care facility is integrated and
part of a community, as opposed to isolated from it, was cited as an important factor in
the incidence of abuse or neglect within that facility and was believed to be positively
associated with residents’ overall well-being. Findings suggest that older adults in long-
term care who have the support and presence of family, a friend or an advocate are
treated better and may be less likely to experience harm from staff than residents who are
alone and isolated. Forum discussions also indicated that older adults who remain active
and involved in the community tend to experience a higher quality of life and are less
vulnerable to abuse and neglect.

Support groups that are created for people with shared issues and concerns are an
important aspect of social support networks and appear to be an important element in
preventing and addressing abuse and neglect of residents in institutions. Family councils,
for instance, provide a supportive environment for family and residents to raise issues
with the facility administration, so that emerging problems are addressed early and do not
deteriorate and become abusive. The extent to which the institution is a supportive
environment for residents, family and staff can significantly influence whether they feel it
is safe to report concerns or problems such as abuse and neglect.

**Education:** Research has shown that health status improves with level of education. In a
health determinants framework, it is recognized that education increases opportunities for
income and job security and gives people a sense of control over their lives - key factors
which influence their health. This project determined that staff, administration, residents
and their families and others need the proper education and training in order to have
control over their lives and work and in order to provide and receive the highest level of
care. As reflected in a regional forum theme regarding attitudes and values within and beyond the facility, training needs to go far beyond providing information about laws, regulations and acceptable behavior; it requires consideration and understanding of aging, ageism, and whether and how we value persons and personhood in later life, particularly when the person is dependent or severely mentally or physically disabled. It requires understanding and responding appropriately to behaviors caused by health conditions. It also requires consideration of how best to deal with the values, perspectives and feelings experienced by residents, staff and other constituencies with regard to abuse, either as perpetrators, victims or witnesses.

Physical Environment: As forum discussions indicated, institutional factors in the human built environment, such as the physical environment and workplace safety, also can have important influences on staff and residents’ health. An “ideal” physical environment was described as home-like, safe, appropriately accessible for residents, and as having a small community atmosphere. In designing facilities, it is important to consider the appropriate balance between providing a “homelike environment” and meeting older adults’ needs, as well as the risks and benefits of a medicalized environment.

Employment and Working Conditions: Unemployment, underemployment, and stressful work are associated with poorer health. Forum discussions indicated that long-term care occupations are undervalued and under-paid, making such jobs unappealing and/or dissatisfying. Furthermore, in many long-term care facilities, significant proportions of the staff are hired on a casual or part-time basis and/or lack support due to insufficient staff and inappropriate staff mixes. Staff, then, have few opportunities to bond with residents and get to know them on a more personal level. In this environment, older adults living in long-term care become depersonalized “jobs”, “tasks”, or “required duties” rather than persons with individual needs. This working environment creates stress both for the staff and the residents. Staff report that the administrative perspective tends to place less value on the interpersonal aspects of care (i.e., talking, spending time with residents) than the functional aspects (i.e., the bath).
**Culture:** Institutions are recognized as a special culture in and of themselves. People living and working in the institutional culture and those outside of it may have differing perceptions about what is or is not abusive or neglectful. Nevertheless, there may be broad areas of consensus about the purpose of the facilities, the physical, psychological, spiritual, and cultural needs of the persons residing there, and what is required to assure those needs are met. Forum discussions indicated that a positive institutional culture, which needs to be developed and modeled at the level of administration and management, is extremely important in long-term care settings.

**Gender:** Gender as a determinant of health is very evident in long-term care facilities. Women, on average, live longer than men and as a result, they represent two-thirds of those over 80 years of age (Statistics Canada, 2005). Accordingly, in Canada, gender differences exist, with more females hospitalized (National Advisory Council on Aging, 1999) and institutionalized than males (Statistics Canada, 2003a). Long-term care facilities, then, are primarily female environments with a preponderance of both female residents and female staff. This high proportion of females in long-term care was reflected in the gender composition of the groups attending the regional forums, where a very small percentage of participants were male. Males are usually found only in administration. The relative power and influences that society assigns to the two sexes is quite evident in institutional settings. Older women can experience devaluation as persons because of their gender and their age. Here, “isms” including ageism, sexism, racism, and able-bodiedism may intersect to create an environment that fails to be supportive.

### 8.3 Activities Continuing Beyond the Project

The information developed and the various issues raised through the course of this project will be prepared for publication and submitted to a range of journals such as *Journal of Elder Abuse and Neglect*, disability journals, health and other policy journals such as the *Canadian Journal of Public Health* (which has made policy statements on violence in 1994 and 2003), or *Canadian Journal of Social Policy*, nursing and social
work journals, as well as long-term care journals. The project partners plan to do this during the months following the project’s completion.

Additionally, various partners have presented and will continue to present on one or more aspects of the project at appropriate professional and community conferences such as the Canadian Association on Gerontology’s annual meeting, World Elder Abuse Awareness day, IFA’s (International Federation on Aging) Global Conference on Aging, Ontario Network for Prevention of Elder Abuse conference, Canadian Conference on Elder Law, the Gerontological Society of America’s (GSA) annual meeting, and other elder abuse conferences and appropriate venues.

Dissemination of printed and electronic project materials will continue well beyond the life of the project funding period. Materials to be disseminated and the strategy for dissemination are described below.

8.4. Dissemination

A number of project materials have been developed and printed for distribution.

8.4.1. Full Project Reports:

Findings from the National Snapshot activity have been incorporated into fourteen reports: 1) a “Where Things Currently Stand” report, which introduces the scope of the project, the range of institutions being considered, the definitions of abuse and neglect being used and the key issues and barriers to preventing and addressing abuse that were identified by key stakeholders; and 2) twelve separate “Laws and Regulations” documents which describe the laws, regulations, policies and standards in place in each of the country’s provinces and territories (except Nunavut, which has no related laws) to prevent and address abuse and neglect of older adults in institutions. The format of and the key themes emerging from the regional forums are described in a full report, “Regional Forums: Exploring the Issues.”

These full reports will be posted on the project website and stakeholders, both those who participated in the study and others that we can access with the help of our community partners (CAG and CGNA membership, announcements on CNPEA and INPEA websites) will be notified by email or website announcement of their availability.
for download. The project coordinator will mail hard copies of the full reports to stakeholder participants, such as retired seniors, who cannot access or print them from the web.

8.4.2. Project Report Executive Summaries:

Executive summaries of the full reports described above (a single summary for the 12 mini reports), which are much shorter in length and therefore more accessible to a wider audience, have been developed and translated into French. Both English and French versions will also be posted on the project website for download. These summaries will also be printed and distributed to project participants and to other stakeholders at appropriate conferences and meetings (E.g. WEAAD).

8.4.3. Postcards

As a means of raising awareness and disseminating project findings and recommendations as widely as possible, the project developed two project postcards and has made them available in English and French. One postcard is meant for a government audience and it lists several key actions (e.g. allocate sufficient and appropriate resources, develop standards for training, inspections and accreditation, etc) the provincial, territorial and, where appropriate, federal government agencies can take to prevent abuse and neglect and improve the overall quality of life experienced by older adults in institutional settings. The second postcard lists key guiding principles for organizations and groups directly associated with long-term care facilities (i.e. long-term care associations, advocacy organizations, training programs and colleges); it highlights the characteristics that long-term care facilities and the people associated with them must possess. On the back of each card is a statement encouraging readers to visit the project website to learn more about projects findings and other reports and materials and to access, on the site, a list of mailing addresses should they wish to mail the card onward to an interested group such as a government agency in their region, in the case of the first card, or a long-term care affiliated group in their region, in the case of the second card. Mailing lists for each postcard have been created and are posted on the project website. To get the postcards in the hands of interested stakeholders, stacks of them have been
sent to each of the advisory committee members, project participants and other selected stakeholder groups with a request to distribute them. Project partners will also distribute them through their respective networks and at various conferences and meetings. Also, the electronic PDF versions of the postcards will be posted and available for download on the project and other stakeholder websites (E.g. Canadian Network for the Prevention of Elder Abuse) for a year following the project end date.

8.4.4. Poster

The second postcard described above, which lists key guiding principles for organizations and groups directly associated with long-term care facilities (i.e. long-term care associations, advocacy organizations, training programs and colleges) was also developed into a poster. As with the postcards, both an English and French version has been printed for distribution. The poster will be distributed with the postcards. It is our hope that stakeholder partners will display the poster in their respective offices and meeting spaces so that an even larger audience can be reached.

8.4.5. Inventory of Resources Booklet

Through the course of the project, the partners have compiled a list of references, resources, materials and websites related to the abuse and neglect of older adults in institutional settings. This list has been developed into a booklet for wide distribution. As with the postcards, the Resource Inventory booklet will be sent to each of the advisory committee members, project participants and a selection of other stakeholders groups with a request to distribute through their networks. Project partners will also distribute these booklets as described above. Additionally, the electronic PDF version of the Inventory booklets will be available for download on the project website.

8.4.6. “Where to Get Help” Reporting Abuse Booklet

In early stages of the project, the partners felt it would be appropriate to include a section on the project website which advises older adult victims of abuse and their loved ones what to do and who to call in order to get help or make an official report or complaint. We quickly learned that, because our project has a national scope, no single
group or agency could be contacted. And, even at the provincial and territorial level, no single phone number or agency existed which would address all the potential needs of a caller. So, a “Where to Get Help” reporting abuse booklet became an important project deliverable. The book lists 5-8 key contacts in each of the thirteen provinces and territories, which older adults and their families can call to report abuse or seek advice. As with the Inventory booklet, the contacts list was developed into a small booklet for wide distribution. It dissemination was similar to that of the postcards and resource inventory booklet. It is also available in electronic format online.

9. Evaluation

The original evaluation plan had three main foci:

9.1. The Project Deliverables:

We had planned to make project materials (i.e. inventory of resources, fact sheets, and background document from the National Snapshot) available through the project website and through emails to stakeholders (and regular mail of hard copies to stakeholders who could not access the electronic versions). We planned to invite users of these materials to complete a short evaluation form that would have been attached to both the online and print versions of the materials. The form was meant to measure the quality and clarity of the materials’ content as well as the usefulness and accessibility of the materials. However, due to various delays in completing the materials (described in section 9.4. below) they were not ready to be shared with stakeholders until very late in the project – too late to carry out a formal evaluation of the materials in time for the preparation of this final report. The seven project partners will informally solicit feedback from colleagues and other stakeholders as the materials are disseminated so that changes or notations can be made, where possible.

9.2. Forum Participants’ Knowledge/Satisfaction after the Forums:

At the end of each of the day-long forums (except the Montreal forum), participants were asked to complete a Workshop Evaluation Form. This form measured participant’s perceived knowledge gain as a result of attending the workshop as well as
their satisfaction with the workshop format, discussion groups, and other workshop related activities. Because these evaluations were completed and submitted in person, response rates were very good. The evaluation information collected after each forum was analyzed and used to inform the planning of subsequent forums. In a few cases, comments provided on these forms led us to change various aspects of the forum agenda. For example, after participants indicated that they were overwhelmed by the volume of information provided in the Snapshot presentation, we divided it in half and scheduled a break in between to allow participants time to digest what they’d heard and ask questions. Also, based on participant feedback, we rephrased the small group discussion questions to improve clarity and elicit different kinds of responses. The forum evaluation form and a summary of the forum evaluation findings are included in the Appendix.

9.3. Advisory Committee Perspective.

Advisory Committee members were asked to complete a short survey asking what they feel they have both gained from and contributed to the project as a result of their participation on the Advisory Committee. Unfortunately, reflective of the gradual weakening of committee interest and involvement in the project (described in section 9.2. below), only four of the nine members completed and returned this survey. Again, because the project materials were finalized relatively late, the committee had very little time to review or use them prior to submitting the evaluation survey.

The feedback from those who responded, however, was positive. The four respondents felt that a climate suitable to freedom of expression was maintained throughout their involvement with the Advisory Committee. All four also felt their suggestions and advice regarding project materials/resources and key partnerships were heard. Three felt that they were able to use the information learned through the project in their own practice, that the project materials (E.g. postcards, Resource Inventory and “Where to Get Help” booklets) will be useful to interested stakeholders, and that they would be interested in participating in similar projects in the future. The fourth member explained that, while she feels the accomplishments of the project are “fantastic”, she cannot use the information in her practice and would not be interested in future involvements in similar projects because she is retired and has gradually become less
interested and less involved in this kind of work. As we explain in section 9.2. below, we regret the attenuation of the Advisory Committee’s interest and involvement during the final months of the project and would make more effort to build and maintain members’ interest in future projects as their contribution has been instrumental to the project’s success.

10. Recommendations

Over the two and a half year life of this project we learned a great deal about important decisions we made; the useful and valuable aspects of the project as well aspects of the project that we would change or do differently in the future. Much of what we learned would be helpful to other researchers doing projects related to the abuse and neglect of older adults in institutions.

10.1. Residents’ Perspective

As mentioned in earlier sections of this report, we recognize and appreciate the value of the resident’s perspective in fully understanding the problem of abuse and neglect in institutional settings. The value of residents was echoed by some of the stakeholder participants who expressed concern about the exclusion of residents from the forums and their suggestion that we consider ways to include them. However, because the project’s key objective was to synthesize and share information about existing and promising practices for addressing and preventing abuse and neglect, the additional time and effort required to access the resident’s perspective was not factored into the originally proposed timeline or budget. Future work in this area, either by this project team or others, should consider ways to access this very important stakeholder group. We believe the most feasible way to do this is to visit residents and their families in their living environment.

10.2. Advisory Committee

The members of the Advisory Committee were invaluable in terms of the experience and knowledge they contributed to this project. They advised the project team on several aspects of the project’s activities and deliverables and raised concerns and
issues that otherwise would not have been raised. Unfortunately, while the committee was fairly active in the early days of the project, interest grew weaker during the final months and response to email queries and requests for feedback on project materials was scattered, despite the project coordinators efforts to keep them involved on a regular basis. A core of three or four Advisory Members continued to participate while the remaining four or five became uninterested or unavailable. Because the Advisory Committee was comprised of stakeholders from across the country and only met by phone or email, it is possible that the distance and lack of face-to-face time hampered their feeling of connection and responsibility to the project. This attenuation of the committee’s interest and involvement may have been prevented if we held an initial, early-project planning meeting so that all the Advisory Committee members and the seven project partners could meet face-to-face to discuss the project’s goals and activities as well as clarify the roles of the committee and each of the partners. This may have served to forge a connection between each of the committee members and partners - to each other and to the project itself.

10.3. Clear definitions and scope

It was extremely important that we established definitions of abuse and neglect at the very beginning of this project. Because so many definitions exist, the seven project partners needed to agree on a definition that would suit the project’s objectives and scope. We also wanted to ensure that the project participants had a shared understanding of the definition used by the project as they discussed the various issues. We defined abuse and neglect as:

Abuse and neglect is defined as an action or inaction by a person in a position of trust or power (either formal or informal) that jeopardizes the health, well-being and/or dignity of the resident (older adult). This abuse and neglect can happen in a number of relationships including those between the resident and staff or administration, the resident and other residents, and the resident and family members. Types of abuse and neglect include: physical, financial, psychological, medical, systemic, sexual, and civic and human rights.
We decided, for the purposes of the project, to focus solely on staff-to-resident abuse. We realize other kinds of abuse exist in institutions such as resident-to-resident, resident-to-staff and family-to-resident, but we needed to set parameters to make the project activities manageable. Future work in this area may want to include the other types of abuse relationships as they may have different risk factors and solutions.

Similarly, we needed to determine the range of institutions that would be included in the project’s conception of institutional abuse and neglect. We defined an institution as:

1) a collective or a congregate setting,
2) for elderly people with limitations,
3) privately or publicly funded, and
4) a setting which provides care and services on-site including assistance with ADL and/or medical care.

The project’s law and regulations review covered a wide range of institutions including private and public, licensed and non-licensed, and higher and lower level care facilities. Future work on this issue may want look more closely at specific kinds of institutions for problems that are unique to them. Residents in private versus public facilities, for instance, may have different reasons for not wanting to report abuse and neglect.

10.4. Delays and Flexibility

As mentioned earlier in this report, the ever-changing long-term care climate in each province and territory of Canada requires that the project team remain up-to-date on related events as well as flexible in how and when they collect and synthesize data. The completion of the National Snapshot’s laws and regulation review was associated with numerous delays because of changes to long-term care related legislation, definitions, protections, etc. in various provinces. The reports for several provinces required multiple revisions over the course of the two and half year project. Similar attempts to document existing and promising approaches should be aware of the constant flux in this area and build in the extra time required to ensure final syntheses are as up-to-date and accurate as possible.
11. References


Murtaugh, C.M., Kemper, P.M., Spillman, B. (1990)."The risk of nursing home use in later life". Medical Care, 28 (10): 952-962.


12. List of Appended Documents

1) Project Evaluation Form (28 pages)

2) Full reports:

1. National Snapshot: Preventing Abuse and Neglect of Older Adults in Institutions

2. Twelve Provincial and Territorial Laws and Legislation Reports
   a. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Newfoundland and Labrador
   b. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Nova Scotia
   c. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Prince Edward Island
   d. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: New Brunswick
   e. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Quebec
   f. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Ontario
   g. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Manitoba
   h. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Saskatchewan
   i. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Alberta
   j. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: British Columbia
   k. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Yukon
1. An Introduction to Canadian Laws and Regulations to Protect Adults in Institutional Care Settings from Abuse and Neglect: Northwest Territories

3. Regional Forums: Exploring the Issues

3) English Executive Summaries:
   1. Executive Summary: National Snapshot – “Where Things Currently Stand”
   2. Executive Summary: Canadian Care and Protection Laws and Regulations
   3. Executive Summary: Themes from Regional Forums

4) French Executive Summaries:
   1. Résumé général : Lois et Règlements canadiens relatifs aux soins Soins et à la Protection
   3. Résumé général : Thèmes des Forum Régionaux

5) Materials for Dissemination:
   1. Postcard to Government agencies (English and French)
   2. ‘Principles’ Postcard to long-term care affiliated groups
   3. ‘Principles’ Poster (English and French)
   4. Institutional Abuse and Neglect: A Canadian Resource
   5. La Maltraitance en institution : Une ressource canadienne
   6. Reporting Institutional Abuse : Where to Get Help

6) Forum Evaluation: Evaluation Form and Summary of Findings