A Community Response to Elder Abuse

A Model for Newfoundland and Labrador

Developed by the Elder Abuse Committee of Newfoundland and Labrador (EACNL), in conjunction with the Seniors Resource Centre of Newfoundland and Labrador

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A Community Response to Elder Abuse: A Model for Newfoundland and Labrador

BACKGROUND INFORMATION

What is Elder Abuse?

Elder abuse is any act or failure to act, within a relationship where there is an expectation of trust, that jeopardizes the health or well-being of an older person. Types of elder abuse include physical abuse, psychological or emotional abuse, financial abuse, and neglect.

What is the purpose of this Model?

The model contained in this report was designed to provide the Government of Newfoundland and Labrador and its community partners with a structure for a coordinated, seamless community response to help meet the needs of abused seniors in this province and those that support them – regardless of the time, location, or nature of the circumstances.

This elder abuse community response model will involve the cooperation of agencies/organizations such as the Royal Canadian Mounted Police (RCMP), the Royal Newfoundland Constabulary (RNC), the Regional Health Authorities, the Violence Prevention Initiative (VPI), the Aging & Seniors Division (Dept. of Health and Community Services), departments of the Nunatsiavut government, and other community groups. The use of a structured and coordinated response model will help ensure agencies and organizations work together to provide an efficient, appropriate response to reports of elder abuse in all areas (both rural and urban) of our province.
Why Is this Model Needed?

Presently there is no designated, central (provincial) body to receive reports of elder abuse in Newfoundland and Labrador and the level of services and support provided to seniors experiencing abuse vary widely from region to region. Until Spring of 2008, there was no central regional phone number for abused seniors to call and it could take up to ten phone calls before a senior was connected with an appropriate service provider.

In addition, there is no wide-reaching, official mechanism for organizations (both within government and the community) to work together to support an abused senior. A coordinated response will strengthen and build on existing systems to ensure an abused senior is offered all existing services and resources and does not “fall between the cracks” when moving between organizations or departments or from government to the community (or vice versa). For a brief overview of existing services, please see Appendix A.

The need for a coordinated community response was identified by participants at the Faces of Elder Abuse Conference 2004 and in the 2005 Strategic Plan to Address Elder Abuse in Newfoundland and Labrador.

Who Developed this Model?

The initial draft of this model was developed by the Elder Abuse Committee of Newfoundland and Labrador (EACNL) as part of the “Creating a Community Response to Elder Abuse Project” coordinated by the Seniors Resource Centre of Newfoundland and Labrador (SRC). This final model reflects the input and direction from over twenty key stakeholders and over four hundred seniors, service providers, and citizens.

Funding for the “Creating a Community Response to Elder Abuse Project” came from the Community Mobilization Program, National Crime Prevention Strategy, Government of Canada. Additional money for community consultations in Labrador was provided by the Public Health Agency of Canada. The Labrador Métis Nation, Violence Prevention Labrador, and the Nunatsiavut Government were vital partners in the work in Labrador. In addition, we are grateful for the support provided to us by the Mushuau Innu Health Commission and the Sheshatshiu Innu Health Commission when we visited their communities.

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2 Available online at: http://www.seniorsresource.ca/docs/StrategicPlan.pdf
3 See Appendix B for more information on EACNL
How was this Model Developed?

The experience and expertise of the members of EACNL drove the development of this model. In addition, a Seniors Advisory Committee made up of four seniors with experience in seniors organizations and/or long-term care provided additional input and guidance. Work on the model began in January 2006. At that time, EACNL members participated in the review of other existing elder abuse models. From this research, the Committee selected several components that they felt would be important in a model for our Province. In two, two-day workshops, these elements were expanded upon and fit into an overall model structure.

The proposed model was then shared with over 60 stakeholder organizations/ agencies in a written report and over 400 seniors, service providers, and citizens in a series of over 35 community consultations in 26 communities across Newfoundland and Labrador. In addition, EACNL shared its work on the model with an interdepartmental Committee led by the provincial Department of Health and Community Services that is in the process of looking at a new legislative and policy framework regarding the long-term care and community support services sector. These requests for stakeholder input and community consultations reflect EACNL’s belief that it is important for the model to represent the expertise and needs of all who may be affected by its implementation.

The input from stakeholders and these consultations resulted in many changes. This revised model was approved by EACNL in February 2008. A draft of the model was then distributed to stakeholders for further input and a financial analysis of the model was completed.

PROPOSED ELDER ABUSE RESPONSE MODEL

An Overview

This proposed model has components at the provincial, regional, and community level. In addition, the system is designed to work in collaboration with long-term care institutions and

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4 Please see Appendix C for more information on other models reviewed.
5 Please see Appendix D for more in-depth information on our community consultations.
6 Please see Appendix E for financial analysis of the model.
facilities and other outside organizations/agencies such as the Royal Newfoundland Constabulary and Royal Canadian Mounted Police. This is to ensure all possible resources and supports are utilized to assist an abused senior. It also facilitates statistics gathering, sharing of resources, evaluation, and follow-up of all reports.

The following values are intrinsic to our model. We believe an elder abuse response must:

• Be non-intrusive
• Be accessible to all
• Include the coordinated involvement of many professionals and organizations
• Empower a senior to make his/her own choices
• Make seniors/service providers aware of services available
• Ensure seniors experiencing elder abuse are not “lost in the cracks”
• Recognize existing work/expertise

It should be noted that this model dictates what structures and functions are required in a coordinated community response to elder abuse. For the most part, it does not dictate which branch of government or organization/agency is responsible for each function. While the model presents each structure/function as distinct entity, EACNL recognizes that in many cases existing entities/structure may be able to take responsibility for the suggested functions. (For instance, during our consultations it was suggested that the elder abuse resource line should be run by the Seniors Resource Centre of NL or be part of an existing phone service; the regional elder abuse consultants should be connected with or part of the Regional Coordinating Committees of the Violence Prevention Initiative; etc.)

Accordingly, the financial analysis of this model (included in Appendix E) is based on the model being an independent structure. However, the implementation cost of the model will be reduced significantly if some existing structures took over some of the model’s functions.

Likewise, while the model seeks to ensure a certain standard of service and supports for abused seniors are met in all regions of our province, it recognizes that how these are delivered may vary. It is expected that each region of the province will adapt the components to meet its specific needs and take advantage of existing structures and resources.

The following diagrams show the overall model structure and how an elder abuse report will be handled within it. This is followed with a more indepth description of each model component.
Elder Abuse Response Model

Provincial Office (2 staff)
- Handles crisis line (intake/referral/follow up)
- Coordinates provincial MDT; liaises with regions; handles education efforts

Provincial Multi-Disciplinary Team (MDT) (available to all regions)
- Education materials/data flows both ways

Regional Multi-Disciplinary Team available to support local service provider if needed

Senior
- A senior may enter the response system by calling the Provincial Elder Abuse Resource Line or by contacting a local Service Provider or Senior Navigator who would then notify the Provincial Office

Elder Abuse Client Coordinator*
- Assigns nearest service provider to support senior

Nearest Service Provider to senior (SW, nurse, etc.)

Regional EA Consultant
- (one staff per region)**
- Coordinates Senior Navigators program (provides training and support to Navigators) and works on community awareness and education efforts

Senior Navigators available in communities for seniors to contact if they are being abused. They would also support seniors as they go through the system (if required) and do elder abuse education in their communities.

Office of the Seniors’ Advocate
- Available if a report needs independent investigation outside of the system, esp. those within LTC institutions
- Examines systemic problems within government that affect seniors
- Helps seniors with issues outside of the government system
Flowchart of an Elder Abuse report within the model structure

A Senior Navigator in the community

Senior
A senior would have several options of who they could contact to report abuse

Local service provider

Provincial Elder Abuse Resource Line

Provincial office
EA Intake Coordinator answers call at the Provincial Office. Determines details, especially senior’s location. Refers case to Elder Abuse Client Coordinator at Regional Health Authority.

Regional Health Authority
EA Client Coordinator assigns nearest SW or Public Health Nurse to support senior (plus calls police if it’s a crisis). Continues to monitor situation and act as a resource, if needed.

Health Authority staff

SW/Public Health Nurse contacts senior. Depending on situation, calls in other partners (police, community supports). If required, can also consult with Regional Elder Abuse Consultant and/or local Senior Navigator and/or refer case to regional MDT to help find needed resources/supports. (Provincial MDT also available if further expertise is needed.) Reports on the resolution of the situation to the EA Client Coordinator. Keeps in contact with senior as needed.

Regional Health Authority

Elder Abuse Client Coordinator completes a report on how the situation was handled and captures relevant statistics. (Also keeps senior on books for future followup if required.) At set time periods (possible quarterly), sends intervention statistics/reports back to Provincial Office.

Provincial Office
Provincial Office contacts senior (or a family representative) to ensure no further follow-up is needed. Captures statistics; evaluates procedures; follows up with individual cases if required.
Process if a senior wishes to make an abuse complaint in a Long-Term Care Institution

Senior
A senior would have several options of who they could contact if they were being abused

Rights Advisors

Provincial Elder Abuse Resource Line

Provincial Elder Abuse Office

Call registered with Provincial Office to ensure statistics are captured and proper evaluation and followup of situation will occur

Management at LTC institution or health authority

Abuse report goes back to management at LTC institution to see if situation can be rectified within the institution

LTC institution reports back to the Provincial Office about how the situation was resolved

Provincial Elder Abuse Office

Provincial Office contacts senior (or a family representative) to ensure no further follow-up is needed

If situation has not been resolved, it is forwarded to the Seniors Advocate Office for further action

Seniors Advocate Office

Elder Abuse Response Model
**Elder Abuse Resource Line**

An Elder Abuse Resource Line will be available toll-free, 24 hours/day, seven days a week. This Line will have TTY and multi-language support (including Innu-aimun and Inuttitut).

**Staffing:** This line would be coordinated by one of the two staff of the Provincial Office (see below). Additional support would be required to answer the line outside of regular business hours. During our consultations, it was suggested that this line be answered by seniors with specialized training.

**Role/Responsibility:** This line would enable an abused senior to receive support by making just one phone call.

**Provincial Office**

The Provincial Office will be the central coordination point for elder abuse reports. It will handle the resource line and forward all elder abuse reports to the Elder Abuse Client Coordinator in the appropriate Health Authority. It will also ultimately be responsible for ensuring that all possible measures have been taken to support a senior experiencing elder abuse.

**Staffing:** The Provincial Office will be staffed by two full-time staff: One staff person will coordinate the resource line (intake/referrals/follow-up), plus overall evaluation, statistics, and system administration. The other staff person will coordinate the provincial multi-disciplinary team, take care of education efforts (including developing training and awareness materials and managing an elder abuse website and/or listserv), and support the Regional Elder Abuse Consultants.

**Roles/Responsibilities:** The Provincial Office will:

- Coordinate all elder abuse reports – both by directing reports to the appropriate Elder Abuse Client Coordinator and by following up with each senior (or family representative) to ensure the situation has been resolved.
• Run the Elder Abuse Resource Line.
• Develop and coordinate a provincial database of professional contacts and supports for abused seniors.
• Capture statistics for all elder abuse calls. This includes calls that are taken care of within other agencies/organizations (eg. RNC, RCMP, other community organizations).
• Coordinate the Provincial Multi-Disciplinary Team.
• Develop and oversee provincial elder abuse awareness and education efforts.
• Support Regional Elder Abuse Consultants.
• Evaluate the system, identify gaps within the model and other service systems, and bring this information forward to the Seniors Advocate Office.
• Provide input into and information on new legislation, regulations, etc. that affect seniors experiencing abuse.

**Provincial Multi-Disciplinary Teams**
A Provincial Multi-Disciplinary Team will be developed and supported through the Provincial Office. This team will involve people with core skills, such as training/education; experience with seniors, communications/PR; policy and planning; evaluation; gerontology; social work; mental health; law, etc. This team will be on call for service providers and seniors who need resources and support beyond what is available in their area. The team will also have a consultative role for the entire elder abuse response system and look at ways to improve its operation.

**Staffing:** This team would be coordinated through the Provincial Office (see above). The members of the team would already be on staff with other organizations, agencies, and businesses. Partnership agreements with these employers would help ensure team members would be available for an agreed upon period of time.

**Roles/Responsibilities:** Individual team members would be available (upon request through the Provincial Office) to support service providers helping seniors in particularly difficult situations requiring expert advice not otherwise available. In addition, the entire team would meet as a group a few times a year to help the Provincial Office evaluate and improve the system.
**Seniors Advocate Office**

This office will act as a general advocate for seniors on a wide range of issues, including reports of elder abuse that have not been rectified within the response system (especially with regards to long-term care). The office will have to be independent of and at arm’s length from other government departments and will require legislation to give it authority.

**Staffing:** Further investigation is required to determine the staffing needs of this office. However, the Office of the Child and Youth Advocate and/or the Citizen’s Representative Office might serve as models.

**Roles/Responsibilities:** The Seniors Advocate Office will:

- Intervene on behalf of a senior whose report of elder abuse has not been rectified within the response system. This could involve an independent investigation of the elder abuse report in the case of long-term care facilities.
- Act as an individual advocate for seniors experiencing problems within the government system.
- Assist with other individual senior’s concerns outside of government when other avenues have not worked (for instance, in cases when a senior has a problem with a business).
- Examine systemic problems, concerns, and issues affecting seniors and make recommendations to government on how to rectify them.

**Regional Components**

**Elder Abuse Client Coordinator**

The Elder Abuse Client Coordinator is the central contact in each Health Authority for any elder abuse report in the region.

**Staffing:** This function currently exists (or is in the process of being implemented) in each Health Authority.

**Roles/Responsibilities:** The Elder Abuse Client Coordinator will:

- Assign the nearest appropriate service provider to support a senior involved in a report of elder abuse.
• Provide guidance to the service provider supporting the senior as required.

• Ensure the situation has been resolved and report back to the Provincial Office with the details. This will help ensure each senior’s situation is properly resolved and no senior “falls through the cracks”.

**Regional Elder Abuse Consultants**

The Regional Elder Abuse Consultant will be the “regional expert” on elder abuse supports, regulations, etc. He/She will also coordinate the regional elder abuse awareness and education efforts and administer the Senior Navigators program within the region.

**Staffing:** This model has six full-time Regional Elder Abuse Consultants: One in the Western Health Authority Region; one in the Central Health Authority Region; one in the Eastern Health Authority Region; and three in the Labrador-Grenfell Health Authority Region – with one each to service the Grenfell area/Central Labrador; Northern Labrador; and Southern Labrador.

**Roles/Responsibilities:** The Regional Elder Abuse Consultant will:

• Work within individual communities to develop alternatives where services do not already exist for seniors experiencing abuse. (For instance, arrangements for emergency shelter for an abused senior might be provided for by making advance arrangements with a local hotel to provide a room as needed.) These alternatives would be recorded with the Provincial Office so that a provincial database of services could be developed.

• Support the Regional Elder Abuse Client Coordinator and/or local service providers if needed.

• Organize regional educational/public awareness activities about elder abuse.

• Coordinate the Regional Multi-Disciplinary team.

• Develop and maintain a network of Senior Navigators in the region. This will involve ongoing recruiting of and training and support for these volunteers.

**Regional Multi-Disciplinary Teams**

Regional Multi-Disciplinary Teams will play a similar role to the provincial multi-disciplinary team, but with a regional emphasis. These teams will also likely have a smaller membership than the provincial teams. Potential members of a regional team
might include Victim Services, Adult Mental Health professionals; lawyers; peace
officers; physicians/nurses; and appropriate community resources as needed (shelters,
clergy, family caregivers, etc.)

It should be noted that details of individual elder abuse reports would only be shared with
regional teams if the senior in question gives permission.

**Staffing:** This team would be coordinated by the Regional Elder Abuse Consultant (see
above). The members of the team would already be on staff with other organizations,
agencies, and businesses. Partnership agreements with these employers would help
ensure team members would be available for an agreed upon period of time.

**Roles/Responsibilities:** Individual team members would be available (upon request
through the Regional Elder Abuse Consultant) to support service providers helping
seniors in particularly difficult situations requiring expert advice not otherwise available.
In addition, the entire team would meet as a group, if required, to act as a consultative
team for a particular situation.

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**Community Components**

**Senior Navigators**

Senior Navigators are volunteer, trained community contacts, who are available in each
community to support seniors who are experiencing elder abuse. Navigators will help
increase awareness of elder abuse in the community, act as an advocate for individual
seniors, and help make people aware of available services.

A possible model for this role is the Senior Resource Centre of NL’s Peer Advocate
Program.

**Staffing:** Senior Navigators are volunteers within a formal program that is coordinated
by the Regional Elder Abuse Consultants.

**Roles/Responsibilities:** Senior Navigators will:

- Organize community educational/public awareness activities about elder abuse and
  the services available to seniors experiencing abuse.
• Be available to abused seniors who wish to go for help within their community but who did not feel comfortable in calling a 1-800 elder abuse resource line. A Senior Navigator would then connect the senior with the response system and its supports.
• Visit personal care homes and long-term care facilities to make themselves available to seniors there.
• Act as a navigator for seniors within the response system who wish to have the additional support.

Long-Term Care Components

Long-Term Care (LTC) Facilities

Elder Abuse reports within long-term care and other institutions will also feed into the Elder Abuse Response Model. LTC or healthcare facilities (including personal care homes) will be required to notify the Provincial Office whenever an instance of elder abuse is reported. (Ideally this will be supported by legislation.) The Provincial office will then notify a Rights Advisor (see explanation below) to connect with the senior involved in the elder abuse case (or a family member representing the senior) to determine if he/she needs any additional support with navigating through the system as the complaint is investigated.

The report of elder abuse will still be investigated within the institution (following provincial policies at the Board Level in accordance with provincial standards). However, this system will help ensure that the report was investigated and resolved and that statistics and evaluation data are captured. If a report of elder abuse is not resolved, the Provincial Office will refer it to the Seniors’ Advocate Office where an independent investigative process would be initiated.

As personal care homes are private businesses, it should be noted that legislation and/or licensing regulations will have to be created to ensure they participate in the elder abuse response system – that is, that they register all reports of elder abuse with the Provincial Office and ensure all residents connect with Rights Advisors when requested.

In addition, Elder Abuse Prevention Education programs aimed specifically at employees and residents in LTC will be supported by both Regional Elder Abuse Consultants and the Provincial Office.
**Rights Advisors for Long-Term Care**

Rights Advisors for seniors entering into Long-term Care will be a necessary support to ensure this model works in long-term care facilities and personal care homes. These Rights Advisors are professionals who will be available by request to seniors (or their family members) who are entering into long-term care (either a personal care home or institution). A Rights Advisor will advise a senior of his/her rights and options in his/her new environment and act as a personal representative whom the senior could call in the future if he/she felt their rights were being ignored. In addition, a Rights Advisor would help support a senior who has made an elder abuse report while the report is being investigated and resolved.

Part of the rationale behind this role is that seniors in long-term care will have another choice about who to contact if they feel they are being abused. This contact will be facilitated by the fact that a senior will have met the Rights Advisor before being in crisis and had a chance to develop a relationship with him/her. It should be noted, however, that a senior’s concerns about issues that don’t directly affect their rights or safety will still be expected to go through the management and existing structures in place at their long-term care facility.

A similar Rights Advisors role currently exists within the mental health system in our province.

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**OTHER CRUCIAL NOTES ON MODEL STRUCTURE**

**Appropriate Staffing Levels for Front-Line Service Providers**

This model will improve the efficiency of front-line staff in their role of supporting a senior who has been abused. However, successful implementation of the model will still be dependent on appropriate staffing levels for front-line service providers. Throughout our community consultations, existing service providers who deal with seniors reiterated that they do not presently have enough capacity to support seniors experiencing elder abuse and to ensure the seniors receive appropriate follow up. They emphasized that any positions dictated by the model will have to be *new staff* as existing service providers are unable to take on any additional functions.
In addition, it was suggested by several service providers that new positions be created to administer to personal care homes. These positions would fill a recreational/social function for personal care home residents and serve as support to personal care home operators. Having a worker (who is independent of the personal care home) visit a personal care home for several hours a week will provide personal care home residents with a connection to the outside world and an additional way to report elder abuse if it occurs.

**Agreements/Partnerships with Other Service Agencies**

In order for this model to be a truly seamless coordinated response, it is necessary that formal partnerships/agreements are developed with other service agencies/organizations, such as the RCMP and the RNC. This would ensure that if one of these agencies received an elder abuse complaint, it would be reported to the Provincial Office. It would also enable the keeping of accurate statistics and ensure that the senior involved has the opportunity to avail of all the services and supports available in his/her community. These partnerships would also provide additional supports to the peace officers/professionals handling the elder abuse report.

**Supports**

It will be the job of both the Provincial Office and the Regional Elder Abuse Consultants to work with the appropriate government and community organizations to ensure that the following emergency and longer-term services/supports were available (as a bare minimum) to a senior affected by elder abuse. How these supports are delivered might vary from region to region. For instance, emergency housing might be a seniors’ suite in a senior’s complex in one area and a spare bed in a personal care home in another. Emergency supports will include:

- Assistance for a senior to remain at home if this is the senior’s first choice. This might include safety supports (for example, establishing a safety plan) and on-call home support if needed to ensure basic needs are met. Supports will be available in the appropriate language and also be available to seniors with differing abilities and needs.

- Assistance in accessing safe housing if the senior doesn’t wish to stay at home. This might include the provision of accessible transportation; money for basic needs; emergency alert if feasible; safety supports (protection); etc.
Longer term services/supports will include:

- Permanent safe housing that is accessible/adaptable to the senior’s needs
- Home support if needed
- Counselling (also family counselling if requested)
- Legal advice
- Other empowerment supports (eg financial advice, long-term safety support, alarm/emergency alert)

**OTHER ISSUES**

Throughout our community consultations, we had the opportunity to hear about other issues of concern to seniors. Many of them would potentially impact an elder abuse victim – such as a shortage of home support. Others were outside of the scope of this model, but still significant. A summary of these issues has been captured in Appendix F as seniors expressed their desire to have these concerns brought before the public and government.

**NEXT STEPS**

This report will formally be presented to the Provincial government in May 2008. Following this, a press release will be made to make the media and public aware of the model’s completion. In addition, a full report will be sent to key stakeholders and those involved in the community consultations. The Elder Abuse Committee of Newfoundland and Labrador will monitor the Government’s response to the report and follow up as needed.
Appendix A

A Brief Overview of Existing Services for Seniors Experiencing Abuse

A coordinated response will strengthen and build on existing systems to ensure an abused senior is offered all existing services and resources and does not “fall between the cracks” when moving between organizations or departments or from government to the community (or vice versa). The following list is designed to be a brief overview of existing services for seniors who are experiencing abuse. Please note that this list is not exhaustive. However, it should serve to demonstrate many of the services and organizations that will benefit from participating in a coordinated response.

PROVINCIAL LEVEL

Information and Referral Line for Elder Abuse and other Seniors’ Issues
The Seniors Resource Centre of NL has a toll-free information line that is answered by trained senior peer advocates. They listen and provide support to abused seniors and/or those concerned about possible elder abuse or neglect. Referrals can be made to appropriate agencies if callers wish.

Caregiver Support
The Seniors Resource Centre of Newfoundland and Labrador’s Caregiver Line provides support and information to unpaid caregivers. (In addition, their website has a downloadable “Caregiver Directory” that lists specific community resources available to caregivers.)

Legal Information
Public Legal Information Association of Newfoundland will answer general legal questions. They also offer a lawyer referral service. Seniors will be given the name of three lawyers. They can choose one of these three lawyers and get a 30-minute consultation for $25.00 that will advise them what can be done and what their future legal fees will be.

Mental Health Crisis Line
This line, run by Health and Community Services St. John’s Region, provides provincial 24-hour support to help callers who are feeling stressed and overwhelmed by their situation.
**Sexual Assault Crisis Line**
The Newfoundland and Labrador Sexual Assault Crisis and Prevention Centre provides “non-judgmental support and essential services to anyone impacted by sexual violence.”

**Credit Counselling Service**
The Credit Counselling Service of Newfoundland and Labrador (CCS) is a charitable organization that provides free credit counselling services to financially burdened individuals, including victims of financial abuse. (The service is located in St. John’s, however, out-of-town telephone counselling services are also provided.)

**Provincial Program to Help Victims of Violence**
The Department of Human Resources, Labour and Employment has provisions for a “Start-up Allowance” to assist victims of violence to move to new accommodations, if necessary.

**REGIONAL LEVEL**

**Regional Health Authority Services**
If a senior is being abused in his/her home, an institution, or a personal care home (or if a person wishes to report the neglect of a senior), he/she may call their Regional Health Authority to be connected with a social worker, public health nurse, or manager. Until recently there was no central contact in any of the health regions for elder abuse calls. The location and/or type (within the community or an institution or personal care home) of the abuse would determine to whom the call was referred. However since the Spring of 2008, the Health Authorities have designated one professional in each region to coordinate the response to elder abuse calls.

**Royal Newfoundland Constabulary/Royal Canadian Mounted Police**
If the abuse of a senior is breaking the Criminal Code, a senior (or a third party) may call their local police force for assistance.

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7 Current legislation makes the reporting of a neglected senior mandatory under certain conditions, but does not necessarily cover all cases of elder abuse.
**Violence Prevention Initiative (VPI), Regional Coordinating Committees**
The VPI is a government/community partnership “to develop and implement long-term solutions to the problem of violence against those most at risk in our society.” It works through a Provincial Coordinating Committee that is made up of ten Regional Coordinating Committees (RCCs). In addition to their policy and program activities, the RCCs are a good source for information about local resources and programs for victims of violence.

**Housing**
The Newfoundland and Labrador Housing Corporation provides information about low-cost and subsidized housing. They have seven offices serving different regions of the province.

**Legal Aid**
The Legal Aid Commission provides legal representation to people with limited financial means (must meet certain eligibility requirements). They have nine offices serving different regions of the province.

**Support if Pressing Charges**
Victim Services provides support to people who are going (or considering going) through the criminal justice system. They have twelve offices serving different regions of the province.

**COMMUNITY LEVEL**

**Emergency Shelters**
There are currently eleven emergency shelters in nine communities available to abused female seniors. There are only two emergency shelters (Shanawdithit Shelter and the Wiseman Centre in St. John’s) that takes men.
Appendix B: Elder Abuse Committee of Newfoundland and Labrador (EACNL)

History
In 1992, the Seniors Resource Centre brought together expertise from government and the community to form a committee to raise awareness of elder abuse and to share information about referral and intervention services.

The role of this committee, then called the Interagency Elder Abuse Committee, evolved to include overseeing the Senior Resource Centre’s Elder Abuse projects. This included the development of the Strategic Plan to Address Elder Abuse in Newfoundland and Labrador presented to government in June 2005. This plan makes recommendations to both government and community around six key provincial elder abuse issues: elder abuse legislation; community response to elder abuse; public awareness and education; training and screening for service providers; caregiver support; and research.

In 2006, the Interagency Elder Abuse Committee changed its name to the Elder Abuse Committee of Newfoundland and Labrador (EACNL) to reflect its expanded membership, provincial structure and revised mandate (as below). This mandate is focused on the recommendations within the Strategic Plan and projects that will build directly on these recommendations.

Mandate
The mandate of EACNL is to:
1) Raise public awareness of elder abuse through the provision of information and by supporting activities associated with World Elder Abuse Awareness Day;
2) Share information about referral and intervention services and promote discussion on elder abuse issues amongst its members and the community;
3) Ensure the recommendations within the Strategic Plan to Address Elder Abuse in NL are implemented with the Violence Prevention Initiative and other associated initiatives within government and the community;
4) Oversee the development of specific projects to address the recommendations contained within the Strategic Plan to Address Elder Abuse in NL, including the Creating a Coordinated Community Response to Elder Abuse project;
5) Oversee other Senior Resource Centre elder abuse initiatives and support other initiatives that address elder abuse.

This mandate will be reviewed on an annual basis.
Vision
The vision of EACNL is the same as that of the Strategic Plan to Address Elder Abuse in Newfoundland and Labrador: Older persons will live in safe, caring communities where there is zero tolerance of abuse. This will be fostered by community awareness, protective legislation, and coordinated, responsive programs and services aimed at preventing abuse and providing a range of options for those who experience abuse and the individuals who support them.

Values
EACNL believes that: Older adults should be respected and valued and have the opportunity to be engaged in all aspects of society. This can be achieved through supporting respectful relationships, choice, collaboration and lifelong learning.

Membership
EACNL members are representatives from government and organizations, agencies, and associations that have a direct interest in the implementation of the Strategic Plan to Address Elder Abuse in Newfoundland and Labrador. This includes representation from the four health authority regions in the province. (See next page for more information.)

Chairperson
The Chairperson of the EACNL is the Chair of the Board of the Seniors Resource Centre. This will be reassessed in June 2008.

Meetings
EACNL meets on the last Thursday of every month except in July, August, and December. Minutes are recorded and circulated. A quorum of 50% of the members plus one, is required for each meeting.
EACNL Membership

The following organizations/professions have representatives on the Elder Abuse Committee of Newfoundland and Labrador:

**Organizations, Government Agencies, Departments, etc.**

- Central Health
- Council for Licensed Practical Nurses
- Dietitians of NL
- Division of Aging and Seniors, Dept. of Health and Community Services
- Eastern Health
- Independent Living Resource Centre
- Iris Kirby House
- Labrador Friendship Centre
- Labrador-Grenfell Health
- Labrador Métis Nation
- Labrador South Home Care
- Labrador West Status of Women Council
- Newfoundland & Labrador Housing Corporation
- Nunatsiavut Government, Department of Health
- Public Legal Information Association of NL (PLIAN)
- Royal Canadian Mounted Police (RCMP)
- Royal Newfoundland Constabulary (RNC)
- Seniors Resource Centre of NL
- Seniors Wellness Committee, Western Newfoundland
- Victim Services
- Violence Prevention Initiative
- Violence Prevention Labrador
- Western Health

**Professions represented include:**

- Community Worker
- Dietitian
- Licensed Practical Nurse
- Nurse
- Peace Officer
- Physician
- Religious Provider
- Social Worker
Appendix C: Other Elder Abuse Response/Awareness Models Reviewed

This development of this elder abuse response model was driven by the experience and expertise of the members of the Elder Abuse Committee of NL. In addition, a Seniors Advisory Committee made up of four seniors with experience in seniors organizations and/or long-term care provided additional input and guidance. Work on the model began in January 2006. At that time, EACNL members participated in the review of other existing elder abuse models. Following is a list of the models that were reviewed and from which components were adapted.

<table>
<thead>
<tr>
<th>Location of model</th>
<th>Name/Type of model</th>
<th>Components that were adapted for the Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>Community Response Networks (CRNs)</td>
<td>• CRN mentors (provided a model for our Regional Elder Abuse Consultants)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provincial Association to manage CRNs (Provincial Office)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community Development to develop services/resources</td>
</tr>
<tr>
<td>Quebec (Montreal and Quebec City)</td>
<td>Réseau québécois pour contrer les abus envers les aînés and CLSC René Cassin</td>
<td>• Multidisciplinary teams</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Elder Abuse Information Line</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Elder Abuse Strategy managed by the Manitoba Seniors Secretariat</td>
<td>• Provincial Seniors Abuse Line</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Elder Abuse Consultants</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Community Development to develop services/resources</td>
</tr>
<tr>
<td>Edmonton</td>
<td>Elder Abuse Intervention Team</td>
<td>• Multi-Disciplinary team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Seniors’ Abuse HelpLine</td>
</tr>
<tr>
<td>San Francisco</td>
<td>Adult Protective Services and the Consortium for Elder Abuse Prevention, Institute on Aging</td>
<td>• Elder Abuse Multi-Disciplinary Resource Team</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Elder Abuse Crisis Line</td>
</tr>
<tr>
<td>Location of model</td>
<td>Name/Type of model</td>
<td>Components that were adapted for the Model</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Haldimand-Norfolk County (Ontario)| Haldimand-Norfolk Community Response Network                 | • Coordinated Elder Abuse Public Awareness effort  
• Community Development to develop services/resources                                                   |
| Wellington-Dufferin County (Ontario) | Guelph Wellington Seniors Association and Wellington Dufferin Seniors Services Network | • Seniors Support Line  
• Coordinated Elder Abuse Public Awareness effort  
• Community Development to develop services/resources                                                   |
| Ontario                           | Ontario Network for the Prevention of Elder Abuse            | • Coordinated Elder Abuse Public Awareness effort  
• Community Development to develop services/resources  
• Elder Abuse resource web site  
• Regional Elder Abuse Consultants                                                                 |
| Wisconsin                         | Wisconsin Adult Protective Service Modernization Project     | • Coordinated Elder Abuse Public Awareness effort  
• Community Development to develop services/resources  
• Elder Abuse Multi-Disciplinary Resource Team  
• Abuse Hot Line  
• List Serve for exchange of information on elder abuse.                                                    |

In addition, the Peer Advocate program of the Senior Resource Centre of NL was considered as a possible model for the Senior Navigators program and the Rights Advisor role in our province’s mental health system was reviewed as a possible model for the Long-Term-Care Rights Advisor role.
Appendix D: Summary of Community Consultations

<table>
<thead>
<tr>
<th>Consultation Location</th>
<th>Type of Group</th>
<th>Date</th>
<th># of people</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forteau</td>
<td>Public Meeting</td>
<td>May 14, 2007</td>
<td>10</td>
</tr>
<tr>
<td>West St. Modeste</td>
<td>Public Meeting</td>
<td>May 14, 2007</td>
<td>2</td>
</tr>
<tr>
<td>Mary’s Harbour</td>
<td>Public Meeting</td>
<td>May 15, 2007</td>
<td>5</td>
</tr>
<tr>
<td>Red Bay</td>
<td>Public Meeting</td>
<td>May 15, 2007</td>
<td>5</td>
</tr>
<tr>
<td>St. Lewis</td>
<td>Public Meeting</td>
<td>May 16, 2007</td>
<td>7</td>
</tr>
<tr>
<td>Port Hope Simpson (2 mtgs)</td>
<td>Public Meeting</td>
<td>May 15, 2007</td>
<td>12</td>
</tr>
<tr>
<td>Pinsent’s Arm</td>
<td>Public Meeting</td>
<td>May 17, 2007</td>
<td>6</td>
</tr>
<tr>
<td>Charlottetown (2 meetings)</td>
<td>Seniors group/ Public Meeting</td>
<td>May 17, 2007</td>
<td>6</td>
</tr>
<tr>
<td>Cartwright (2 meetings)</td>
<td>Public Meetings</td>
<td>May 18, 2007</td>
<td>18</td>
</tr>
<tr>
<td>Peterview</td>
<td>Seniors group</td>
<td>June 18, 2007</td>
<td>26</td>
</tr>
<tr>
<td>Bonavista</td>
<td>Group interested in LTC issues</td>
<td>Aug 17, 2007</td>
<td>8</td>
</tr>
<tr>
<td>Labrador City (rep)</td>
<td>50+ Club president (personal interview)</td>
<td>Sept 11, 2007</td>
<td>1</td>
</tr>
<tr>
<td>St. John’s</td>
<td>Independent Living Resource Centre</td>
<td>Sept. 13, 2007</td>
<td>7</td>
</tr>
<tr>
<td>St. John’s</td>
<td>NL Public Sector Pensioners Conference (display booth)</td>
<td>Sept. 18, 2007</td>
<td>35</td>
</tr>
<tr>
<td>Harbour Breton</td>
<td>50+ Club, + service providers</td>
<td>Sept. 24, 2007</td>
<td>18</td>
</tr>
<tr>
<td>St. John’s</td>
<td>ARNNL</td>
<td>Oct. 15, 2007</td>
<td>14</td>
</tr>
<tr>
<td>St. John’s</td>
<td>Eastern Health social workers</td>
<td>Oct. 19, 2007</td>
<td>13</td>
</tr>
<tr>
<td>Nain</td>
<td>Public Meeting</td>
<td>Oct. 22, 2007</td>
<td>15</td>
</tr>
<tr>
<td>Makkovik</td>
<td>Service Providers</td>
<td>Oct. 24, 2007</td>
<td>3</td>
</tr>
<tr>
<td>Hopedale</td>
<td>Public Meeting</td>
<td>Oct. 25, 2007</td>
<td>9</td>
</tr>
<tr>
<td>Natuashish</td>
<td>Seniors Group</td>
<td>Oct. 26, 2007</td>
<td>11</td>
</tr>
<tr>
<td>NWR</td>
<td>Public Meeting</td>
<td>Oct. 29, 2007</td>
<td>8</td>
</tr>
<tr>
<td>Sheshatshiu</td>
<td>Public Meeting</td>
<td>Oct. 29, 2007</td>
<td>4</td>
</tr>
<tr>
<td>Happy Valley-Goose Bay</td>
<td>Public Meeting</td>
<td>Oct. 30, 2007</td>
<td>7</td>
</tr>
<tr>
<td>St. John’s</td>
<td>Peer Advocate Network Conference</td>
<td>Nov. 1, 2007</td>
<td>30</td>
</tr>
<tr>
<td>St. Anthony</td>
<td>Seniors Group</td>
<td>Nov. 21, 2007</td>
<td>26</td>
</tr>
<tr>
<td>Gander /Grand Falls</td>
<td>Central Health Social Workers</td>
<td>Nov. 28, 2007</td>
<td>8</td>
</tr>
<tr>
<td>Corner Brook (2 meetings)</td>
<td>Public Meeting + Western Health staff</td>
<td>Jan. 3, 2008</td>
<td>45</td>
</tr>
<tr>
<td>Deer Lake</td>
<td>Western Health + general public</td>
<td>Jan. 4, 2008</td>
<td>8</td>
</tr>
<tr>
<td>Stephenville</td>
<td>Southwestern Coalition to End Violence + general public</td>
<td>Jan. 7, 2008</td>
<td>18</td>
</tr>
<tr>
<td>St. John’s</td>
<td>Personal Care Home reps</td>
<td>Feb. 7, 2008</td>
<td>4</td>
</tr>
<tr>
<td>St. John’s</td>
<td>Avalon chapter of CARP</td>
<td>April 22</td>
<td>56</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>439</strong></td>
</tr>
</tbody>
</table>
Appendix E:
Financial Analysis of Costs Associated with the Elder Abuse Response Model

Assumptions:

- This budget is presented with full costs being provided to the sponsoring agency. Should circumstances arise whereby any of the costs (e.g. rental space) are provided gratuitously or cost-shared then appropriate adjustments can be made to the respective regional or provincial office budget.
- A provincial office will be set up with two (2) professional staff members. As well there will be established at this office an elder abuse crisis line that will be operational on a 24/7/365 basis.
- There will be six (6) Regional Office operations across the province with locations as specified in the project details.
- Each Regional Office will have one (1) professional full-time contractual staff member. (Note that should a decision be made to have the regional office consultant be a salaried employed rather than contractual position, twenty percent (20%) will have to be added to the base salary to cover benefits such as EI, CPP, payroll tax, vacation pay and WHSCC.)

ELDER ABUSE CRISIS LINE

1. The responsibility for the crisis line will rest with one of the consultants at the provincial office. That person’s annual cost is shown under the Provincial Office heading which follows.

2. Because the operation will be 24/7/365 there will need to be additional support staff hired. The cost of these staff will be $99,800 (See the notes below)

3. The cost of the telephone line, related equipment and long distance charges are estimated at $5,400 (rounded)

4. To account for the possible need for translation services in Labrador for Innu-aimun and Inuititut a yearly fee of $10,000 will be required. This figure is very fluid and can only be firmed up based on usage. However it must not be forgotten.

5. All phone services associated with the Elder Abuse project must have TTY feature.

TOTAL COST FOR THE ELDER ABUSE CRISIS LINE  $115,200
NOTES – ELDER ABUSE CRISIS LINE

• Support staff - The EA consultant at the provincial office will handle the line from Monday to Friday – 40 hours/week. There remains 128 hours/week @ $15/hour for 52 weeks. $99,800 The rate of $15/hour reflects the nature and quality of the people required for these positions.

• The crisis telephone line will cost the same as a regular telephone connection (approx. $60/month). There will be a charge of $5/month for the 1-800 number and all long distance charges will be billed at $.05/minute. There is no way to estimate usage without a history but if we assume 25 calls per day, each of 10 minute duration for 365 days, that will cost $4,600. Adding the charge for the telephone ($65x12=$780) the total cost will be $5,400.

• Provision will have to be made for contractual translation services especially in Labrador and this is estimated to cost $10,000.

Total Cost Elder Abuse Crisis Line $115,200

PROVINCIAL OFFICE MODEL

<table>
<thead>
<tr>
<th>NOTE</th>
<th>PROVINCIAL OFFICE MODEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Two contractual professional people $94,000</td>
</tr>
<tr>
<td>2.</td>
<td>Office space rental $36,000</td>
</tr>
<tr>
<td>3.</td>
<td>Office equipment $6,200</td>
</tr>
<tr>
<td>4.</td>
<td>Yearly operating costs $8,480</td>
</tr>
<tr>
<td>5.</td>
<td>Training allowance for all contractual staff $15,000</td>
</tr>
<tr>
<td>6.</td>
<td>Advertising/brochure development $15,000</td>
</tr>
<tr>
<td>7.</td>
<td>Staff travel, plus MDT support $5,000</td>
</tr>
</tbody>
</table>

TOTAL COST- PROVINCIAL OFFICE $179,680
NOTES – PROVINCIAL OFFICE MODEL

1. This figure reflects the professional nature of the position and is based on an equivalent position within the provincial government (GS 41). There will have to be a position profile developed with qualifications and responsibilities outlined.

   (2x$47,000) $94,000

2. As there will be two people in the office, space requirements are based on 300 sq. ft. at a rental rate of $10/sq.ft.

   (300x$10x12) $36,000

3. Office equipment requirements are as follows:

   • laptop computers 2@$1,000 each $2,000
   • desks and chairs 2@$1,200 each $2,400
   • file cabinet $ 200
   • fax machine $ 200
   • printer/copier plus one printer $1,200
   • display board $ 200

   TOTAL OFFICE EQUIPMENT $ 6,200

4. Yearly operating costs

   • Telephone packages with message manager, cell phone connection, TTY etc. are available for $70/month x 12 x 2 $1,680
   • High speed internet, cell phone, fax line package will cost $100/month x 2 x 12 $2,400
   • Heat/light for office - $200 x 12 $2,400
   • Consumables for the office (paper etc.) $2,000

   TOTAL OPERATING COSTS $8,480

5. Training allowance for all staff $15,000
   (This will cover travel and initial training for all staff including the development of the training material. This is a best guess scenario)

6. Advertising/brochure development $15,000
(This will allow for the advertising of the services of the EA offices and provide for the development and production of appropriate brochures and pamphlets)

7. Staff travel and support of the provincial multi-disciplinary team $5,000  
   (This again is a estimate because there is no history, but there may be meetings with similar organizations across the country to attend as well as with the regional offices)

TOTAL COST - PROVINCIAL OFFICE MODEL $179,680

<table>
<thead>
<tr>
<th>REGIONAL OFFICE MODEL</th>
<th>NOTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contractual professional person</td>
<td>$47,000 1</td>
</tr>
<tr>
<td>2. Office space</td>
<td>$24,000 2</td>
</tr>
<tr>
<td>3. Office equipment</td>
<td>$ 3,500 3</td>
</tr>
<tr>
<td>4. Yearly operating costs</td>
<td>$ 5,040 4</td>
</tr>
<tr>
<td>5. Emergency fund</td>
<td>$ 1,000 5</td>
</tr>
<tr>
<td>6. Supports, training, workshops, and materials for Senior Navigators</td>
<td>$10,000 6</td>
</tr>
<tr>
<td>7. Staff travel and MDT expenses/mtgs</td>
<td>$ 5,000 7</td>
</tr>
</tbody>
</table>

TOTAL ANNUAL COST FOR EACH OFFICE $95,540

NOTES – REGIONAL OFFICE MODEL

1. Contractual professional consultant (see Provincial Office) $47,000
2. Office space is based on 200 sq. ft. at a rate of $10/sq. ft. $24,000
3. Office equipment requirements:
   - computer laptop $1,000
   - desk/chair $1,200
   - file cabinet $ 200
   - fax machine $ 200
   - printer/copier $ 700
   - display board $ 200

TOTAL EQUIPMENT $ 3,500
4. Yearly operating costs
   - Telephone packages with message manager, cell connection, TTY etc. ($70 x 12) $ 840
   - High speed internet, cell phone, fax line Package – $100/month x 12 $1,200
   - Heat/light for office - $150 x 12 $1,800
   - Consumables for the office $1,200
   TOTAL YEARLY OPERATING COSTS $5,040

5. Emergency fund $1,000
   - Each office will have an emergency fund to assist seniors who need emergency/short-term assistance. This fund may be distributed by the Regional Elder Abuse Consultant and/or Senior Navigators

6. Senior Navigator support, training, etc. $10,000
   - This fund will assist with training, workshops, materials, etc., and other to-be-identified needs that the Navigators may have.

7. Staff travel around region $5,000
   TOTAL COST OF THE REGIONAL MODEL $95,540
   TOTAL COST FOR THE 6 REGIONAL OFFICES $573,240
CREATION OF A DATABASE FOR ELDER ABUSE

At this time there is no central repository for the capture of information regarding elder abuse in the province. Therefore it seems appropriate that this project include this activity as part of its mandate.

There is much work to be completed before this can happen including, but not restricted to: what will be captured, how will this be done, access to the system, where will it be based, what reports will be needed--- and the list goes on.

To cost this at this time would be premature. However a system such as Microsoft ACCESS may be the answer and will be worth pursuing with the Microsoft people in the province.

OFFICE OF THE SENIORS’ ADVOCATE

The creation of a Seniors’ Advocate Office will be an important piece of the elder abuse response model. However, its services will also be used by seniors who are not experiencing elder abuse. Thus, the budget for this office has not been included in our total proposed budget for the response model. However, assuming the structure of the office was similar to that of the Citizen’s Representative, one might assume that the total budget for the office would run at approximately $566,000.

PROPOSED BUDGET FOR THE ELDER ABUSE RESPONSE MODEL

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>ELDER ABUSE CRISIS LINE</td>
<td>$115,000</td>
</tr>
<tr>
<td>PROVINCIAL OFFICE</td>
<td>$180,000</td>
</tr>
<tr>
<td>REGIONAL OFFICE OPERATIONS</td>
<td>$575,000</td>
</tr>
<tr>
<td><strong>TOTAL BUDGET</strong></td>
<td><strong>$870,000</strong></td>
</tr>
</tbody>
</table>

—Financial analysis prepared by Robert Young, B. Comm, MBA
APPENDIX F: OTHER ISSUES OF CONCERN TO SENIORS

Throughout our community consultations, we had the opportunity to hear about other issues of concern to seniors. Many of them would potentially impact an elder abuse victim – such as a shortage of home support. Others were outside of the scope of this model, but still significant. This Appendix contains a summary of the issues that seniors and stakeholders requested we bring forward to government.

**Issues/Recommendations raised**

- **Lack of basic services, especially in rural areas.** Many seniors and community members, especially in some of the Southern Labrador communities, reported that they do not even have a social worker or public health nurse in the community. Some communities noted that some areas do not even have a RCMP presence.

- **Lack of long-term-care options available within the community.** In many communities, especially rural areas, seniors spoke of having to leave their community to find long-term care. This separates them from their personal support system, their community, and sometimes even their culture.

- **Difficulty in obtaining home support.** In many communities, there was no home support options available and/or no night home support. In addition, where there was home support, many seniors spoke of not being able to afford the services and the lack of regulations around the training and standards of home support workers.

- **Other Services not available,** such as 911 and Emergency Alert.

- **There is a lack of housing options for seniors.** Housing designed specifically for seniors would help keep them independent and in their own communities.

- **Lack of recreational facilities and transportation for seniors.** This increases their social isolation and the possibility of abuse. There also needs to be recreation activities within long-term-care facilities.

- **Many seniors have a low literacy level.** This leaves them open to potential fraud and makes accessing services more difficult.

- **Lack of respite care and other support services for caregivers in the community.**

- **Seniors struggle with snow clearing and home repair issues.** It was suggested that even a small amount of support with this would keep seniors in their homes longer.
• **Some seniors need support with navigating government and public services** – especially when there are language or literacy issues. This includes completing government forms and dealing with agencies/companies that provide basic services (eg. banks, phone companies).

• **Seniors sometimes are responsible bringing up their grandchildren and need more support with this.**

• **Seniors are not always aware of what services are available to them.** There needs to be better information delivery about services.

• **Organizations dealing with seniors do not always know what other organizations are doing so cannot take advantage of partnerships and services.**

• **Many services are located only in St. John’s (such as certain medical treatments).** This puts additional health and financial strains on seniors.

• **Many long-term-care facilities do not have enough resources and staff.** Basic needs (such as ensuring patients eat/are fed and bathed regularly) are not being met.

• **Family-Resident Councils should be mandatory in long-term-care facilities.**

• **A social worker should be assigned to spend a few hours in a personal care home every week so it’s easier for seniors to report abuse.** This would need to be a new position/resources as existing social workers do not have the capacity to do this.

• **There should be counselling services available specifically for seniors** – perhaps delivered by peers with training.

• **Abuse of seniors can also occur when they are patients in hospitals.** Changes have to be made at the policy level to ensure proper treatment of hospital patients.

• **Seniors in hospitals, personal care homes, and LTC institutions are often isolated** and should be given cell phones so they can call for help if needed.

• **Education on elder abuse should be mandatory for all government employees** (even people like wildlife officers) as sometimes they are the only people that come into contact with seniors.

• **Each Regional Health Authority/region should have a Seniors’ Liaison Officer.**

• **There is a need for creating an elder abuse response system** – but there is no point in doing it if there is not the staff to provide follow-though and supports (especially housing and home support) to enable abused individuals to move to a better situation.

• **There are not enough social workers to do long-term follow up with seniors who have experienced abuse.** There is no ceiling on professionals’ caseloads and they are overtaxed.
• **Professionals need more training about how to deal with seniors with dementia** and there needs to be more community supports for these seniors.

• **There needs to be new legislation to replace the Neglected Adults Act** and new supports for service providers to help them determine a senior’s capacity.

• **Emergency shelters need to be equipped to deal with seniors’ needs** and there needs to be shelter available for male seniors experiencing abuse.

• **There needs to be public awareness campaigns about elder abuse.**

• **Some communities in Southern Labrador raised the concern that unpaved roads produce massive amounts of dust that cause health concerns.** This prevents seniors from being able to walk around the community.

• **Some seniors raised the concern that the water in their community is unsafe to drink.**