

# PREVENTION OF ELDER ABUSE POLICY AND PROGRAM LENS

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AN ADAPTION OF THE SENIORS MENTAL  
HEALTH POLICY LENS

CREATED BY  
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Adaptation by  
The Prevention of Elder Abuse Working  
Group of the Elder Health Coalition, Ontario

# The Elder Health Coalition

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- The Coalition is composed of a wide range of associations of service providers to seniors, researchers and seniors themselves.
  - EHC, with special support from RNAO, the MOHLTC and the Ontario Seniors' Secretariat, have organized yearly Think Tanks focusing on different aspects of public policy and service provision affecting seniors in Ontario.
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# The Elder Health Coalition (EHC)

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- Elder Health Coalition formed in 2003
  - Developed an Elder Health Framework – 2004
  - Identified elder abuse as a priority action area
  - Working Group formed 2006
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# Working Group Membership

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- Older persons
  - Seniors advocates
  - Service provider associations
  - RNAO
  - Ontario Seniors' Secretariat
  - Ministry of Health and Long-Term Care
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# The Purpose of the Lens

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## 1. Capacity Building

Strengthen the capacity of government and service providers to: prevent, detect and respond to elder abuse.

## 2. Research and Evaluation

a) To guide research and evaluation studies of the impact of policies, programs and practices.

b) Act as an assessment tool to identify the negative effects of current and planned policies, programs and practices on seniors.

c) To determine what implications policies, programs and practices have upon seniors.

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# Purpose of the Lens

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## **3. Education**

Educate key stakeholders

## **4. Develop and Improve Policies, Programs and Practices**

a) Promote the development and evaluation (based on correct input and feedback) of policy, program and practice responses to abuse.

b) Stress the importance of talking to seniors about policies, programs and practices that directly affect them and ensure that seniors are part of the solution when making improvements

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# Process

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1. Agreed that the SMHPL would be used
  2. Decided that the original policy lens needed to be adapted to tackle Elder Abuse
  3. Had to get agreement from the different members/constituencies as to the key issues, concerns to be covered by the lens
  4. Many revisions were made through the process
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# Process, cont.

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4. Final draft version agreed to in October 2007
  5. Sent out for pilot testing in August 2007, with feedback required by December 2007
  6. February 2008 Revised the lens based on the feedback
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# Process, cont.

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7. Final Revisions agreed to in March 2008
  8. Agreed on Action Plan to achieve formal “buy in” from ministries and service provider organizations and seniors groups who participated
  9. Launch to occur at International Conference on Elder Abuse in October 2008
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# Evaluation Process

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- Representatives of twenty-three organizations provided feedback, including:
    - Long term care homes and an independent living and retirement home
    - Health organizations (e.g. health science and rehabilitation centres)
    - Social service organizations
    - Government ministries
    - Community-based elder abuse associations and programs
    - Police
  - Organizations ranged from institutions consisting of over 10,000 employees to small community-based volunteer groups
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# Evaluation Process, continued

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1. The evaluation consisted of a checklist and open-ended questions
  2. All feedback attained was reviewed by the Working Group
  3. Checklist questions were tabulated
  4. Responses to open-ended questions were grouped by evaluation question. Sub-categories based on general themes were also created
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# Findings

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1. Strong interest among community and health services providers.
  2. Some initial fear of apparent complexity of the Lens – needed re-assurance.
  3. Need to stress value for the provider, planners to improve the quality and effectiveness of their work.
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# Value of Lens

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1. The adaptability of the SMHPL to different program, planning and policy issues.
  2. Brought together very different actors on an agreed upon process and outcome.
  3. Has great potential to improve the policies, programs and practices targeted to program, planning and policies affecting older persons.
  4. It can be adapted to be used across different cultural communities and potentially other legal and political systems.
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