Protecting Vulnerable Adults in BC: A Grounded Theory Socio-Legal Examination of Elder Abuse Laws and Response to Reports of Abuse

Joan Braun, PhD Candidate, Peter A. Allard School of Law, University of BC, Vancouver

**Purpose**: To develop an understanding of how professionals with a statutory mandate to respond elder abuse interpret the law and balance protection and autonomy. Scholars have debated how to balance the objectives of protecting vulnerable adults and preserving autonomy. This question is an important one if applied to elder abuse. Older adults experiencing abuse may not want intervention. In situations where the abused adult is perceived to be vulnerable this creates tension between autonomy and protection. British Columbia’s Adult Guardianship Act purports to balance these objectives. This statute authorizes designated responders to respond to abuse of vulnerable adults only in instances when those adults are unable to seek help and assistance on their own. This study examines elder abuse response from the perspective of the mandated responders, including how they understand the concepts of autonomy and protection.

**Method**: This qualitative study using grounded theory methods, is being conducted in two phases. Phase one is comprised of a focus group with responders who have extensive experience in the field, and a review of relevant policies and guidelines. Phase two is comprised of interviews with two groups of elder abuse responders: 1) those who work for the Designated Agency or for the Public Guardian and Trustee, and 2) those who work for Community Agencies who have referred cases to the Designated Agency or Public Guardian and Trustee. The data are being analysed, and themes are being identified in accordance with grounded theory methodology.

**Results and Discussion**: Data collection for phase one is complete, the data has been analysed and themes have been identified. Phase two is now underway. Three key issues were identified in Phase one: 1) there is dissonance between the legislation as written and as implemented. 2) responders have varying understanding of autonomy and protection, arising from personal values and other factors, and 3) social context informs how responders proceed upon receiving a report or disclosure of abuse. During initial interviews in phase two responders expanded on the importance of social context, identifying issues such as social support and family history as helpful for determining whether abuse exists, the degree of risk and the wishes of the older adult. Responder perspectives on social context will be explored further in upcoming interviews. However, the emerging theme of understanding abuse and autonomy within the social context suggest that existing literature on relational autonomy and resiliency will be very relevant in in interpreting the results of this study.

**References**:


**Keywords**: Elder Abuse, Vulnerability, Autonomy

**Email**: Joan.Braun@ulumni.ubc.ca
Social Location and Health in Middle and Later Life: Age, Gender, Immigrant Status and Social and Cultural Resources

S. Browning, M.J. Penning, University of Victoria

Purpose: Researchers have begun to assess the impact of social determinants of health in middle and later life through an intersectionality framework. Building upon our recent findings that age, gender and immigrant status intersect to impact such outcomes, this study assessed the mediating role of social and cultural resources on the relationships between these intersections and physical and mental health in middle and later life.

Method: Ordered logistic regression analyses of data from the Canadian Longitudinal Study on Aging (CLSA) baseline in-home interviews were produced to assess the impact of interactions involving age, gender and immigrant status on the physical and mental health status of a sample of middle-aged and older Canadians (n=30,097) in terms of their self-reported health and depression. Additional models assessed the role of social resources (social participation, social networks, and receipt of professional and non-professional care) and cultural resources (language) in mediating the interactions.

Results and Discussion: We found that immigrant status intersected with both age and gender to influence the self-reported physical health of middle-aged and older adults. We also found that gender intersected with both immigrant status and age to influence depression levels among middle-aged and older adults. Additionally, we found some evidence that social and cultural resources partially mediated the relationship between the intersection of age and immigrant status and self-reported health but this was not evident for gender and immigrant status. We also found no evidence that social and cultural resources mediated how gender intersected with both immigrant status and age to influence depression levels among middle-aged and older adults. Overall, these findings support the importance of adopting an intersectionality approach to understand the impact of age, gender, and immigrant status on the physical and mental health of middle aged and older adults in Canada. The findings also support the importance of social and cultural resources for older immigrants’ self-reported health.

Keywords: cultural resources, intersectionality, mental health, physical health, social resources

Email address: seandb@uvic.ca
Helping Older Offenders Endure and Recover from Isolation and Loneliness: Exploring the Role of Social Resilience

Eddy Elmer, MA, PhD Student, Gerontology, Vrije Universiteit Amsterdam & Member Correctional Service of Canada Citizen Advisory Committee

The greying of offenders in Canada’s correctional system has been well-documented [1]. Offenders aged 50+ now account for 25% of the federal prison population and about 40% of those under supervision in the community (i.e, offenders on parole, statutory release, or a long-term supervision order). Aging offenders are at increased risk for morbidity and early mortality compared to the general population. As a result, a disproportionate amount of healthcare dollars are spent on these individuals. Two key risk factors for health problems in later life are social isolation and loneliness [2]. These problems are common among aging offenders and may increase the likelihood of reoffending [3,4]. Among the risk factors for isolation and loneliness in this population are conditions of confinement, lack of social support from friends and family, and social stigma upon release. Research suggests that there may be value in promoting social resilience to help people endure, recover from, and grow as a result of isolation and loneliness [5]. Based on a review of existing literature, this presentation explores the possible value of improving key elements of social resilience among aging offenders, such as empathy, perspective-taking, co-operation, prosocial group identities, and adaptive social cognition (e.g., accurate social perceptions, interpersonal trust, and realistic relationship expectations). Aside from the benefits to aging offenders in terms of enduring and recovering from isolation and loneliness, it is likely that improving social resilience may help to reduce the burden on the correctional system and improve public safety.

References


Opinions About and Reasons for Alcohol Use in Later Life

Joe Humphries, Sarah L. Canham, Anthony L. Kupferschmidt, Emily Lonsdale,
Gerontology Research Centre Simon Fraser University

Purpose: Older adults are the fastest-growing age group in Canada and the number of older adults who drink alcohol is on the rise (1). Older adults have unique age-related physiological and psychosocial risk factors associated with alcohol use, such as reduced alcohol metabolism, decreased body water, and increased medication use (2, 3). While low-risk drinking guidelines for the general population do exist, guidelines specific to older adults do not. In response to this, Low-Risk Drinking Guidelines for Older Adults were recently developed by a group of working professionals under the leadership of the Canadian Coalition of Seniors’ Mental Health (CCSMH) to highlight the unique risks of alcohol use for older adults. Methods: A community-based participatory research (CBPR) project was designed to share a draft of the Low-Risk Drinking Guidelines for Older Adults with older adults and service providers in Vancouver, BC, with the goal of gaining the perspectives of community stakeholders for knowledge translation of the guidelines. In total, 66 older adults and service providers participated in one of three dialogue workshops, which were organized as Knowledge Cafés. Knowledge Café methodology involves bringing together a group of people to have a creative discussion on a topic of mutual interest in an informal, café-inspired setting. Results and Discussion: Through thematic analysis of the workshop data, three major categories were identified: 1) Personal experiences of alcohol use: Participants reported that alcohol use declines with age as a result of factors including increased awareness of the impact of alcohol on health, lack of affordability of alcohol, no longer enjoying the effects of alcohol, changes to health and medication use with age, and changes in socialization patterns; 2) Opinions about alcohol: Participants described both positive and negative consequences of drinking, yet the majority agreed that moderate alcohol consumption is acceptable, and that alcohol use is ultimately a personal decision; and 3) Reasons older adults use alcohol: Such reasons included habit, familial and cultural experiences, social events and pressures, and the use of alcohol to cope with stress, boredom, depression, loneliness and social isolation, mental and physical pain, and sleep problems. These findings have implications on health promotion efforts related to alcohol use among older adults and reveal that older adults’ use of and reasons for use of alcohol are different than the general population.


Keywords: alcohol use, community engagement, deliberative dialogue, older adults, community-based participatory research (CBPR)

Email address: joe_humphries@sfu.ca
Project Impact Healthy Aging: Is Resilience an Outcome of Community-Based Seniors Service Programs?

Kahil Lalji, Beverley Pitman, Bobbi Symes, Population Health, United Way of the Lower Mainland

**Purpose:** The purpose of this project is to develop the capacity of seniors program staff in B.C.’s community-based seniors service (or CBSS) sector to prove and improve the impact of their programs. Older British Columbians are increasingly turning to programs close to home for physical fitness classes, lunch and learn, I&R and other programs, as well as opportunities to socialize. BC’s Ministry of Health is encouraging older adults to age in place and supporting both the development of the CBSS sector and its capacity to conduct meaningful evaluations of its programs.

**Methods:** In 2018, United Way of the Lower Mainland partnered with Dialogues in Action to offer a new developmental evaluation course called Project Impact Healthy Aging (PIHA). Ten organizations in the CBSS sector from across B.C. participated in the graduate-level course from October 2018 to June 2019. The 2- and 3-person teams engaged in 2-day intensive sessions alternating with on-line coaching and made final presentations to the sector in B.C. Seniors Week. With Dialogue in Action’s unique approach to identifying program impacts and in-depth interview design based on Dr. Steve Patty’s ‘Heart Triangle’, students learned both how to prove the impacts of their programs and how to improve them. The types of programs evaluated included drop-in programs, outreach programs to isolated seniors, information and referral programs and physical fitness programs.

**Results and discussion:** All the organizations participating in PIHA learned that the primary reason seniors engaged in their programs was for social connections. Their reports yield compelling insights into the nature and depth of these connections, their impacts on seniors’ health and well-being, and the requirements – in terms of program design, attributes of staff and characteristics of the venue – to make a welcoming space for older adults seeking the company of others. They speak to the role and contributions of seniors themselves – as volunteers, as well connected and as isolated individuals – and the courage it takes to make the first step towards a seniors drop-in centre. All the teams also found that seniors benefited from an increased sense of community belonging from participating in the program, an increased sense of self-reliance or independence, and a renewed sense of purpose in life. The teams’ findings also pointed to the need for more capacity-building initiatives and funding for the CBSS sector (many programs operated once a week at most, some only on a monthly basis; over reliance on volunteers for core program activities was reported, as was space shortages). Last, the team from the Western Institute of the Deaf and Hard of Hearing made a compelling case for “full communication accessibility” since the prevalence of hearing loss in seniors is high, it will be “a significant barrier for any seniors program.”

**Keywords:** developmental evaluation, community programs, social connectedness, resilience

**Email:** beverley@uwlm.ca
Impact of Widowhood on Mental Health of Seniors

Gaurav Singh, University of British Columbia, Applied Science Professional Program

Purpose: The purpose of this literature review was to assess the impact of widowhood on the mental health of seniors.

Findings: Widowed individuals have an up to nine times higher likelihood of developing severe mental health disorders compared to married couples (Siflinger, 2017). This detrimental and life-changing time in a spouse’s life forces them to go through changes that they may not have anticipated. The phenomenon of the death of a partner after losing a spouse has been called ‘dying of a broken heart’ (Ramadas et al, 2013). It has been shown that the loss of the spouse increases mortality risks, alters health behaviour, and decreases well-being over time.

Discussion: Psychologically, losing a loved one can cause symptoms such as depression, anxiety and feelings of guilt. Bereavement has been associated with affecting widows’ or widowers’ physical health, mental health, and social functioning. The process of mourning is a long and often tortuous one, where grief returns again and again in cycles leaves them feeling terrible loneliness. Nurses are in a key position to identify and apply alleviation measures to enhance the mental well-being of elderly widows, who above all need love, understanding of their behaviour and being treated as equals with other women. Nurses need to increase their understanding of loneliness in elderly widows because elderly people do not disclose that they are lonely in fear of being a burden.

References:


Keywords: widowhood effect, mental health, bereavement, seniors care

Email: gaurav_pannu@yahoo.com
Promoting seniors’ resilience helping the community: Using community volunteer income tax program as an example

K. L. Y. Wong, 411 Seniors Centre, Vancouver, Canada

PURPOSE Filing income tax is crucial for many seniors to sustain their government pension and benefits. For many of them, this is survival income. There are many seniors in the community who struggle to have their income tax filed. They are not able to file by themselves for many reasons. For examples, eyesight is too poor to read and hands are too shaky to fill in the income tax form. At the same time, their limited income does not allow them to hire someone to help. Community volunteer income tax programs are an important resource for many of these seniors. This poster described a senior-led community volunteer income tax program in Vancouver. This program was one of the largest volunteer income tax programs in British Columbia in 2017 in terms of volunteer numbers and operating hours. While many seniors struggle to file their income tax, this senior-led income tax program shows how seniors can support each other.

METHOD/APPROACH A seniors lens is applied to different aspects of the program. A seniors lens refers to thinking from a seniors perspective. Services developed with this lens should be “of the seniors”, “by the seniors” and “for the seniors”. The lens should incorporate an intersectionality dimension with an understanding that seniors are a highly diverse group.

RESULTS AND DISCUSSION The program originated as a response to the request for tax service from the seniors in the community. It is “by the seniors”: It is under senior volunteer leadership and honors the principle “seniors helping seniors”. It is “for seniors”. The program is accessible to seniors (e.g. walker and wheelchair accessible location, outreach service). Volunteers have specific knowledge, skills and experience working on tax and other seniors’ issues. The dimension of intersectionality is incorporated in volunteer training that stresses that each client is served as a unique client considering that they have different identities and these identities intersect.

Keywords: community volunteer income tax program, community senior services, resilience, seniors helping seniors

E-mail: karenwonglokyi2011@gmail.com
Promoting resilience through multi-layer language policies in long-term care in Vancouver

K. L. Y. Wong, Arbutus Care Centre, Vancouver, Canada

BACKGROUND AND PURPOSE Long-term care in Vancouver is increasingly multicultural, reflecting the city’s demographic and immigration changes. Many immigrant older adults have limited or no abilities on Canadian official languages, English or French. This might be because they did not have the opportunity to learn these languages when they moved to Canada. However, the more common reason is that they have been gradually losing their abilities in English or French due to cognition decline. Moving to long-term care is a significant change for many older adults. They have to adapt to a new environment (e.g. living with staff and other residents, scheduled routines). At the same time, they are facing other challenges such as losses (e.g. decline of health and cognition, social network) and their own death and dying. In such challenging circumstances, expression of themselves is crucial to promote resilience, and language is a crucial part of their expression. It is important for them to express their needs and wants on, for examples, care and diet, to an extent which balances their safety and autonomy. It is also important for them to express their wishes, discuss with their families and the interdisciplinary health care team, give consent and / or make decisions to an extent they are still able to on, for instances, personal care and health care. This abstract suggests the use of multi-layer language policies in a long-term care setting to reduce language barriers and promote their expression.

METHOD / APPROACH This abstract is based on author’s clinical practice experience as a registered social worker in a long-term care setting collaborating with residents, families and the healthcare interdisciplinary team. It adopts a strength-based perspective with an aim that multi-layer language policies can promote residents’ resilience by better expressing themselves. It primarily adopts a social work holistic lens analyzing the situation in long-term care in Vancouver. This lens considers various aspects of an older adult including physical, cognitive and social aspects. The analysis is supplemented by gerontological, multicultural and dementia lenses.

RESULTS AND DISCUSSION

Multi-layer language policies are proposed building staff’s competence when they communicate with residents in multicultural long-term care. There are previous works on communication in long-term care but there is a knowledge gap from a multicultural perspective. Key principles include:

1. Interpretation and translation skills: If staff does not understand older adult’s language, refer to appropriate resources such as interpreters / translators and interpretation / translation tools (e.g. communication board / book, Google Translate).
2. Awareness of verbal and non-verbal languages of residents
3. Cultural sensitivity
4. Knowledge on gerontology, health, mental health, especially cognition and dementia
5. Understanding of the older adult (e.g. life history, cultural backgrounds - Connect with residents and their family and friends for better understanding)

Keywords

Long-term care, language, resilience, multicultural

E-mail: Karenwonglokyi2011@gmail.com