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Chair

Ms. Niki Ashton

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● (1605)

[*English*]

The Chair (Ms. Niki Ashton (Churchill, NDP)): Good afternoon.

I'd like to begin on behalf of the committee by welcoming our two witnesses here today. We have Marla Israel, acting director general, Centre for Health Promotion. I should preface that both witnesses are from the Public Health Agency of Canada. Our other witness is Cathy Bennett, acting director for the division of aging and seniors, also at the Centre for Health Promotion at the Public Health Agency.

I would like to remind our witnesses that together you have ten minutes to present. And I would remind our whole committee that the witnesses will be here for one hour.

With that, I would like to ask our witnesses to present.

Ms. Marla Israel (Acting Director General, Centre for Health Promotion, Public Health Agency of Canada): Thank you so much, Madam Chair and members of the committee.

[*Translation*]

I'm very pleased to be here with you.

[*English*]

My name is Marla Israel. I am the director general, acting—this is day seven for me on the job—for the Centre for Health Promotion at the Public Health Agency of Canada, and Cathy Bennett is acting director. We're going to tag team between the two of us to answer your questions today.

I am very pleased to be here to discuss an issue that has received increased attention in recent years and one that will likely continue to gain greater attention as the number of Canadian seniors continues to rise.

I know you'll agree that abuse in any form is unacceptable in Canadian society, particularly abuse against older women, who, due to age, disability, income status or family situations, are the most vulnerable. Sadly, the abuse of older adults remains somewhat of a hidden social problem that affects the lives of many seniors. Victims of abuse and their families experience intangible social costs that include adverse health consequences that can undermine or destroy an individual's well-being.

Clearly, there is a strong role for the Public Health Agency to play in addressing elder abuse. We work towards promotion of better health outcomes for all populations, but in particular for the most vulnerable.

Society may not be fully aware of the vulnerabilities that affect different segments of the population, but seniors, in particular, are vulnerable to emotional and physical abuse, especially given the physical effects of weakening health or disease and the challenges associated with placement in an institutional setting.

The definition that the Public Health Agency employs to define elder abuse comes from the World Health Organization: "a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person".

Elder abuse takes many forms. It can be physical, psychological, financial, and neglect. It is somewhat difficult to know the full extent of this problem in Canada, since the data is somewhat under-reported. But data obtained from Statistics Canada indicates that approximately 8% of seniors were victims of abuse between 1994 and 1999.

When this percentage is applied to the current population, it's estimated that as many as 300,000 seniors are victims of abuse.

It has been also been estimated that only one in five incidents of elder abuse may come to the attention of those who can help. Of particular interest to this standing committee, it is estimated that four out of ten older adult women who were victims of violence were victimized by a member of their own family.

Actions may include pushing, slapping, and threatening to apply force. Even more disturbing is that among solved homicides between 1994 and 2003, more than two-thirds of older adult women were killed by a family member.

The challenges of addressing elder abuse are compounded by rapidly changing demographics. So while the rates of elder abuse may not change, the absolute numbers of seniors affected by abuse definitely will.

[*Translation*]

The Government of Canada is committed to addressing these pressing and complex issues, and has done so for several years through the Family Violence Initiative and more recently through the Federal Elder Abuse Initiative.

The Family Violence Initiative is led and coordinated by the Public Health Agency of Canada. Through the initiative, targeted investments and the collaborative efforts of 15 federal departments, agencies and crown corporations are leveraged in an effort to bring greater attention to the issue of family violence in Canada. The leadership and coordination role of PHAC focuses largely on:

Federal-provincial-territorial coordination, to ensure that the policy approach to family violence is shared and that we are not working at cross-purposes. For example, through collaboration with Status of Women Canada, we developed a policy brief entitled *Engaging Men and Boys to Reduce and Prevent Gender-Based Violence*.

This brief examined historical efforts to address violence, the deep-rooted causes that may precipitate men to be more violent, identified gaps and challenges and shared best practices that could be considered in program development at the provincial and territorial level.

[*English*]

Secondly, through the National Clearinghouse on Family Violence, the Public Health Agency of Canada plays the role of knowledge broker on behalf of the partners to health and social service providers, the general public, academia, and NGOs.

And thirdly, through data collection, research, and evaluation the Public Health Agency of Canada is better able to support policy-to-practice efforts.

In 2006 the federal government created the National Seniors Council, and in so doing began to address the complex issue of elder abuse in more detail. I understand that the NSC will be testifying later on, so I will defer any detailed descriptions to that body. But in 2008 the federal government launched the federal elder abuse initiative, a three-year, $13 million initiative to raise awareness of elder abuse among seniors, their families, and key professional groups, and to develop resources and tools to support them in responding to elder abuse.

Our public health action relied upon scientific evidence to identify the risk factors for elder abuse in order to determine which interventions work best to prevent that abuse or reduce its impact.

As I mentioned earlier, reliable information on elder abuse was limited. Part of the problem lay in the need to develop better guidance and information for public health professionals to recognize the emerging signs of abuse. For medical professionals, tracking abuse statistics begins with recording the tell-tale signs of abuse, and making a determination that abuse exists in the first place.

As a result, the Public Health Agency examined the quality and availability of resources available to physicians and other medical professionals to identify and respond to the suspicion of elder abuse and improve the guidance available to practitioners. I should say that work is still in progress, and we can address that. A lesson learned through this exercise is that solid clinical knowledge is a prerequisite for good screening and assessment. Similar work was done in first nations communities. The conclusion was the development and adaptation of learning tools and resources for first nations community health workers.

The Public Health Agency also developed other knowledge tools and resources for front-line professionals such as pharmacists and social workers, who deal with and support seniors on a daily basis. As well, the agency examined other facets of elder abuse in more detail. For example, we looked at elder abuse through the lens of gender-based analysis. This perspective recognizes that treating women and men identically may be beneficial in some ways, but ineffective in other ways. For example, compared to older women, older men were more reluctant to go for help; outreach interventions provided at home on their own turf are particularly effective for them.

The federal elder abuse initiative ended in March 2011; however, we continue to focus on preventing elder abuse as part of our work to foster inclusive, accessible, age-friendly communities. Many communities are improving the information they provide to seniors about available community support services—for example, access to transportation for medical appointments.

In closing, the devastating impact of elder abuse on our older Canadians cannot be overstated. It needs continued action from all sectors of government and society as a whole. As a result of our collective efforts we have a better understanding of the tools needed for health professionals to be better equipped to identify, assess, and take action on elder abuse.

There is also a need to have current and comprehensive data on elder abuse, particularly for older women. Good and reliable data is the foundation for developing strong public health policy and program directions that support seniors' health and well-being.

Thank you so much for your attention. We would be pleased to answer any questions you have.

● (1610)

The Chair: Thank you very much.

We will now have seven minutes for each party, and the order will be Conservative, NDP, Conservative, Liberal.

For the first seven minutes we'll go to Ms. Truppe.

Mrs. Susan Truppe (London North Centre, CPC): Thank you for your time in coming here. We were all looking forward to this, and I do have a few questions.

You spoke about producing numerous analytical reports on elder abuse prevention and intervention under the federal elder abuse initiative, and mentioned that the reason for the Public Health Agency's development of several examinations and analyses on elder abuse was an essential starting point, because very little available and up-to-date published information existed on elder abuse in Canada. You mentioned that statistics specifically about older women's experience of elder abuse are somewhat scarce.

Were there recommendations made to improve the availability of statistics and knowledge specifically geared to research gaps in that area? And what new knowledge did it make available on the abuse of older women in Canada?

Ms. Marla Israel: Thank you so much for your question. It really does draw attention to some of the challenges associated with gathering statistics as a whole. I say that from the perspective of public health information.

In the context of public health professionals, as I said, information starts with being able to recognize the signs of abuse and being able to track that abuse. So for specific questions with respect to the types of reports, we did undertake a gender-based analysis of existing evidence that led to several recommendations, including data to analyze trends by culture, by aboriginal identification, by immigrant status, or socio-economic status.

In the Public Health Agency, part of our responsibility is to be able to work closely with professionals and be able to acquire the information that is charted by those public health professionals. When we are able to undertake that kind of work, then the type of information and the type of guidance and the type of reporting will improve.

All of this is really important to understanding women's experience of abuse. There will be differences with an individual's desire or reluctance to share information about abuse. For example, women who are in certain communities may be very reluctant to question or challenge authority in any form, because of the way they were raised. We have to be mindful of that in working not only with public health professionals, but when working with other organizations at the community level, so they're aware that the tracking of that information is very, very important.

As a result of the analysis that we've undertaken, we've also come to understand—which we apply in our policy work—that disability is a risk factor for abuse in older women. That may seem obvious, but, again, I think we make several generalizations about seniors, whether it be older women or not, and we have to break that down and start to understand the effects that abuse may have, depending on the population of where the person comes from.

Simply to give you statistics, women live longer with more disabling conditions such as arthritis, osteoporosis, and women with disabilities are 1.5 to 10 times more likely to be abused. This information coming to light and being able to report it will have the impact of being able to change public policy and to be able to be more mindful of that.

● (1615)

Mrs. Susan Truppe: Thank you.

You also mentioned that the Public Health Agency of Canada produced a number of public health-related resources and knowledge products under the federal elder abuse initiative. Could you describe the purpose of these tools and the target audience?

Ms. Marla Israel: I'll ask Cathy to respond.

Ms. Cathy Bennett (Acting Director, Division of Aging and Seniors, Centre for Health Promotion, Public Health Agency of Canada): That's a good question.

Under the public health component of the federal elder abuse initiative, we did undertake to develop a number of resources. I'll break them down into two categories.

One is tools or resources that could help a front-line worker such as a doctor or a social worker be able to better identify what the risks of abuse are and what it looks like. Once they know that, what do they do about it? How do they connect the abused to services and support in their community, and how do they have that discussion with them? So there were resources that are for those folks.

We've also developed resources that are for the community at large, such as looking at the issue of elder abuse as a societal responsibility. For example, how would a neighbour be able to address a concern that Mrs. Jones next door may be experiencing some form of abuse or neglect? How would I as that neighbour be able to address that? What information do I need? That's very intimidating. It's scary. You're worried about repercussions. How could I navigate that to best support my neighbour? At the end of the day, what you're trying to do is help the senior who is potentially going through that issue. We've developed resources that would look to support that.

Those are the resource types and the audiences—if you will—that we've targeted. We've also worked with health professionals and, more to the point, key researchers in the field, such as Dr. Mark Yaffe from McGill University, to help develop better screening tools to support our front-line workers, in particular physicians, in being able to identify their suspicion of abuse. He's come up with a very clever indicator of six questions called EASI, which is elder abuse suspicion index. You may have heard of it.

It's six or seven key questions that a physician can ask a patient very gently and very quickly to get a sense of whether that person is in a position of risk. There's that, and then as mentioned and alluded to by Marla, we have also done some work that looked at the gender-based analysis, because if you're going to target resources you need to know something about the population you're targeting. It's extremely important, because depending on the type of abuse you're dealing with and the sex being abused, the type of thing that you develop becomes very different. It can take very, very different forms.

That's the overall range of the issues we looked at. Over a very short period of time we tried to focus on key targets, and again, on health professionals and other front-line workers—the way I would describe it—who would be in a place to see abuse happening. We also looked at societal role and responsibility.

● (1620)

The Chair: Thank you, Ms. Truppe. Thank you, Ms. Bennett.

We move on to Madam Hassainia.

[*Translation*]

Mrs. Sana Hassainia (Verchères—Les Patriotes, NDP): I would like to thank the witnesses for coming here.

How much money does the Government of Canada allocate annually to the various elder abuse prevention programs or to assist elder abuse victims? Since the percentage of elders in the population is growing, so should our efforts to deal with abuse be growing. Is that the case?

Ms. Marla Israel: Thank you for your question.

Balancing allocations and priority spending, including efforts to eliminate violence, etc., is always a challenge. Over the past three years that this program has been in effect, it has received $13 million. This involved four departments. At PHAC, we allocated $1.4 million to this initiative. The other part of this amount, or budget, was allocated to the Department of Human Resources and Skills Development, Justice Canada and the RCMP. A total of $13 million was therefore allocated. We always have to strike a balance between the targeted group in Canada and the amount of money required to deal with the problems.

As far as I am concerned, the main responsibility of the federal government with respect to these initiatives is to work together with other departments to ensure that more attention is paid to this issue.

My colleague may have additional information.

[*English*]

Ms. Cathy Bennett: Just to add another piece to that, you were asking about what's currently happening. While the federal elder abuse initiative sunsetted in 2011, HRSDC continues to support elder abuse initiatives through their "New Horizons for Seniors" program and through ongoing research. I'm sure when they are invited to this table they will tell us more, and I believe some of them will be with us shortly. I'm just letting you know that there continues to be federal support in the area of elder abuse.

[*Translation*]

Mrs. Sana Hassainia: Since we are talking about funding, I would point out that the programs were primarily awareness campaigns. However, unless I am mistaken, these campaigns are over. I would like to know whether or not the government intends to repeat or enhance the funding of these awareness campaigns to fight senior abuse and assist victims. If the answer is yes, I would also like to know which programs these campaigns will come under.

Ms. Marla Israel: Thank you very much.

Questions on funding or federal government plans for future expenditures must really be addressed to those people who look after this area. As government officials, we are responsible only for those plans and programs that are currently in effect. This is why I cannot talk about specific future plans.

However, as my colleague alluded to earlier, even if it were decided to give greater priority to public campaigns, so as to better inform people about elder abuse, it would still be important to proceed with this work. This is not only a federal responsibility, it is also a matter that comes under the jurisdiction of provinces, territories and communities. It is really important that we work with communities, with professionals.

As far as I'm concerned, timely initiatives involving the media or newspapers are very important, but I also think it is just as important to draw on the skill and expertise of doctors and other professionals, in order to develop a relationship of trust with the seniors and to ensure that the family participates in the discussions with a professional.

● (1625)

The Chair: We have one minute remaining.

Ms. Hassainia, if you have no further questions, perhaps you could share your time and allow another NDP colleague to ask a brief question.

Ms. Mylène Freeman (Argenteuil—Papineau—Mirabel, NDP): I think that we can continue.

The Chair: Fine. Thank you.

We will now go to Ms. O'Neil Gordon.

[*English*]

Mrs. Tilly O'Neill Gordon (Miramichi, CPC): Thank you, Madam Chair.

First of all, I want to thank you both for being with us this afternoon and sharing your ideas and thoughts. This is a very important topic, one that's dear to our hearts. That's why I'm so proud to say that I'm part of a government that took the initiative to see that the federal elder abuse initiative became a reality. This helped seniors and made Canadians aware of the signs and symptoms of elder abuse. It also raised awareness about where to get help, which was an important part of the whole picture.

We know that it can happen in homes, communities, and institutions. We can see symbols and signs of it in the home and in the community. I'm wondering if you could elaborate on some of the things you see as signs of abuse in an institution. What are the common ones?

Ms. Marla Israel: That's a great question. We're pleased as officials to be able to talk about it, because the more we talk, the more people become aware—at every level.

In our experience, one has to tread carefully about being able to recognize the signs, because you can present signs that could be something else. Oftentimes people are looking for the physical signs —a scar or a bruise—and it may not always happen that way. In fact we have come to discover that emotional abuse is sometimes as destructive, if not more destructive, as physical abuse of the elderly population. They're so much more susceptible to abuse because of their physical limitations, especially when they get into their eighties.

We have to be mindful, which is why we work with public health professionals to recognize the signs earlier on, so they can have a conversation in a way that is very respectful and that develops a relationship of trust. A person can get very silent, very isolated. Suddenly a person who was quite sociable is not as sociable. Suddenly a person who was able to go out is not able to go out. Suddenly that person is being accompanied by a caregiver and the relationship might appear to be somewhat suspicious. There are analogies to be drawn between child abuse and elder abuse, because oftentimes the abuse is done by someone they know.

It's important for us in the Public Health Agency to work with our partners even within the federal family—there is Veterans Affairs, the RCMP.... The reach of the federal family into the lives of individuals directly—sometimes the role is not that direct, but in this case it is—is an opportunity to use our mechanisms to share information with the networks so they are aware; they don't just think, oh, that person is just old, or that person is just suffering from dementia, or it's natural to be subject to these kinds of signs. It's not. A person can be very, very productive into their much later years, and that needs to be fostered.

Quality of life needs to be fostered, even into a person's nineties. This is what the work has focused on.

● (1630)

Mrs. Tilly O'Neill Gordon: I think I brought that to your attention as well because this summer I had a lady come to my office. She was not from my constituency but she wanted to talk to me, nobody else. She had a husband and he was a veteran—you know, with veterans, they do get extra money and all this—and she had to put him in a home because he was not able to manoeuvre and she wasn't able to take care of him. But he was very bright, she said.

One thing led to another. It was a long story; it was a heartbreaking story. It ended up that he fell in love with a nurse and the nurse took him out of the home to live with her.

The lady who came to see me lost everything. They even went ahead and took $25,000 out of the account. She was a lady from the old school. She never had her name on anything. She never had her name on the hydro bill. They shut the power off. She never had her name on their bank account. They took $25,000 out of the account. It just went on and on and on; it was very heartbreaking.

I'm just wondering if you see much of that, and what are the signs?

Mrs. Cathy Bennett: You've touched on a heartbreaking story, but what you've touched on is financial abuse, which is one of the more insidious forms of abuse against seniors. A lot of the initiatives, the federal elder abuse initiative and some of the ongoing work at Human Resources and Skills Development Canada, are looking at increasing awareness, not just for those looking for signs that someone they care about is being financially abused, but also teaching people themselves that they are being subjected to financial abuse. Knowledge is power, right?

I'm aware that Human Resources and Skills Development Canada has developed a series of pamphlets for seniors, to explain in a way they can understand and relate to that financial abuse is a crime. It's a serious issue. People have rights and there are things they can do.

Mrs. Tilly O'Neill Gordon: But she gave me to understand, and I believe her too.... I mean, she was 82, but she had her caregiver with her, and she wouldn't be telling this story if it wasn't true. Anyway, she went on to say that someone told her she had to go and see a lawyer. God love her, she was 82 years old. She said she did go to see the lawyer and she said "Glory be to God, you know what he wanted me to do?" And I said "What?" and she said, "She wanted us to get a divorce. Sixty-two years married we are," she said. She was heartbroken.

The last and most important thing she said when she called my office and wanted to speak to me and nobody else was that she wanted me to be sure to let other MPs know this. She said she was going to tell her story to every MP across Canada. I don't know how she'd do it.

Ms. Marla Israel: If there's time I'll add one more thing to that. It's a critical issue.

The Chair: Go ahead if it's just a quick thought.

Ms. Marla Israel: It's a quick thought.

The Chair: We're actually past the seven minutes. Perhaps you could add it later in your conversation.

Ms. Marla Israel: Yes, we'll come back.

The Chair: Thank you very much.

We'll move to Ms. Sgro.

Hon. Judy Sgro (York West, Lib.): Thank you very much, Madam Chair.

To our witnesses, thank you very much for coming and for the good work you do and for your commitment.

You mentioned earlier that there were six questions asked that helped to define whether a person was suffering from violence or abuse. Do you know what those six questions are?

Ms. Cathy Bennett: I could check to see if I actually brought them with me. I'm not sure that I have.

● (1635)

Hon. Judy Sgro: As my colleague mentioned, we meet with an awful lot of people in our offices and we hear horrendous stories like that. Given our commitment and the fact that we interact so much with the community, it's very helpful for us to start to get an idea of some of those signs that we might be seeing. It might be helpful to all of us if we had an idea of what those questions were.

Ms. Cathy Bennett: I'm sorry, I don't have that in front of me, but it's something I would be happy to table. I would say, though, that those six questions I'm talking about as part of that suspicion index are really for physicians talking to their patients.

We do have a resource I could direct you to. It's called “It's Not Right!” That's one of the things about societal communities taking a look at the issue and about how you address the issue. There is a pamphlet that accompanies it, as well as a presentation. We'll give you the link. It gives you very clearly and very quickly some things to look for. If you see these kinds of signs, this is what you need to consider doing.

It's very informational. It gives you solid information upon which to base your comments, your concerns, and your observations—and, more importantly, it tells you what to do with them, and that's really key.

Ms. Marla Israel: I think that's where the reluctance is. That's where society's awareness is growing. We've all been taught to definitely respect our elders and we've been taught that for a reason, but in so doing we sometimes give too much deference to seniors and we do not want to intervene because of that deference. I think there's a fine line, and one should err on the side of caution when presenting suspicions, or at least raise them in a way that's not going to be confrontational, but in a way that's going to facilitate a conversation.

Cathy's right. The tools that were developed were for physicians, towards screening and awareness in an office, but I do believe that document, which is available in English and French, is something to help society start to recognize the signs.

Ms. Cathy Bennett: If there's time and if it would be helpful, I can certainly give you what this document indicates very clearly are some of the warning signs.

The first one, and it's pretty straight-forward, is if an older adult tells you they're being abused, believe them. If they've come forward and said it, chances are pretty good that it's true.

Look for physical signs of abuse, such as bruises, sprains, broken bones, of course, and scratches, especially if the explanation of the injury doesn't fit. They've said how they've gotten this broken arm and it just doesn't make sense to you.

Another one would be observable changes in their behaviour, such as depression, withdrawal, or fear.

Look for changes in regular social activity, such as missing church or other social events. If they start withdrawing socially, this could be an indicator they are experiencing some form of abuse.

Are there changes in living arrangements, such as relatives who were previously uninvolved are now becoming more involved, in particular with their financial affairs? That's a sign, as is a change in the financial situation, such as cancellation of services, for example television, Internet, or phone, because the bills are not paid, or things disappearing from the house.

These are signs of abuse of a senior living in their home, in their community, not within an institutional setting.

Look for signs of neglect, and this is a big one. For example, there are no signs of food in the house or there is limited food. Being left alone for long periods of time, not having glasses or hearing aids that are needed, not having proper clothing, not having a walking cane, and not having a walker in good repair are all examples of neglect.

This is suspected abuse. Then there's suspected abusive behaviour and there's a whole list for that as well. By illustration, we're trying to make the public aware of those signs of abuse.

Ms. Marla Israel: One can listen to that list and assume that several things may be the cause. If a person stops eating, maybe that's a cause of disease or there's illness. It's a little bit like detective work. That's why I say it's a relationship of trust. Oftentimes I find, especially for professionals, that if their instincts are up, they should be aware of those instincts, because people have a lot of experience, and if it doesn't fit the norm it usually is not the norm.

● (1640)

Hon. Judy Sgro: There's that whole issue of providing information so that as people get older they themselves are aware of the opportunities for abuse, whether you're talking financially or emotionally. I would suggest that your relationship with the provinces, the work that you're doing on distributing information well before someone gets into their eighties, and from a funding perspective as well, all this would be part of where we need to be going. So what's going on there with that relationship with the provinces?

Ms. Marla Israel: I want to talk a little bit about that, because it is an important relationship, but there's a relationship as well at the community level. Public health really happens locally, and public health prevention and promotion happen through an unbelievable network of people who may be located in individual provinces and territories but who have links with community organizations.

While I don't want to discount at all the roles and responsibilities of the federal government in linking directly with provinces and territories, I also don't want to understate the important role that communities play, which is why we deal with a number of stakeholders. We deal with non-governmental and community organizations because oftentimes they're the ones who have the relationship. While the federal government sometimes sets policy for health promotion and prevention of chronic disease, and so too do the provinces and territories, local public health and local communities are the ones dealing with seniors. A lot of our efforts are focused on sharing information using those networks.

Cathy can talk about one of the documents that was prepared about upstream prevention and promotion to try to avoid elder abuse by even young children, to expose them to positive health messaging and positive health promotion.

The Chair: We're over time, so maybe we can pick up on that one, if it's pertinent, in response to another question.

We're now moving on to the five-minute segment and Ms. Ambler.

Mrs. Stella Ambler (Mississauga South, CPC): Thank you to our witnesses today, especially Madam Israel, for appearing here on day seven of your new job and for your very thoughtful comments.

Continuing along the lines we were just on, I'd like to ask you what kinds of community programs you think make the most difference and are the most beneficial. I'm thinking specifically of the New Horizons for Seniors program. Do those locally based, on-the-ground types of programs help?

I'm thinking also that when we talk about related issues like, for example, youth delinquency or crime, we always get into prevention and we talk about after-school programs and community programs. Are there parallels with senior abuse? If the more vulnerable in our society—widows and older women—are more active and involved in their community, are they less likely to be abused? Have you found that? Do you believe that?

And do you believe that these local groups, which are funded through programs like the New Horizons program, are helpful in that regard?

Ms. Marla Israel: That's a great question. I don't want to pass any bucks, because I will hate myself for doing that, but the New Horizons initiative is the responsibility of the Minister of Human Resources and Skills Development, so they will come here and talk about New Horizons.

I would like to talk about something similar, which is age-friendly communities. That's something that is within the purview of the Public Health Agency, and Cathy can elaborate on it.

Mrs. Stella Ambler: That's great, because that was actually my follow-up question.

Ms. Marla Israel: Well, let me talk about communities generally. Definitely, communities in general are very much part of the initiative. New Horizons, as well, looks at the voluntary sector and looks at developing a solid infrastructure at the community level so that seniors don't feel isolated, that they have an out.

I will talk about something that is predominantly within provincial and territorial jurisdiction, but that I think is important in answering your question. What happens is that in a number of provinces you have community supports in the health sector combined. So you have not only doctors, but also nurses, social workers, psychologists, physical therapy—all housed within the same rubric. It doesn't always happen in each province and territory, but it does happen in many. That is a community of support that is very helpful. Because if a physician feels that there may be signs of abuse, he or she can go into the social support system and be able to direct the senior accordingly.

This was something the honourable member raised as well, the importance of professionals. Seniors trust professionals. They may not always trust their family, and I really want to stress that it's not because of abuse, it's because the relationship between parent and child at an older age is sometimes very difficult. The intentions may be somewhat different. Children are looking at trying to do their best and want what's best for their mother or father, and the mother and father may be fighting them because they want to keep their independence. So professionals can then intervene. If a child fears for their parent, then that can happen.

As well, I think it's really important—as Cathy was talking about—for a neighbour, etc., in the community to have the right support to be able to address that.

● (1645)

Ms. Cathy Bennett: Yes, and we've talked about the expression "age-friendly communities". What that means, quite simply, is that many communities are not designed to take into consideration the needs of an aging population, and that's what age-friendly communities are about. It's looking at what a community that would support seniors as they age would look like. It includes things like public transportation, access to health care, having a doctor—those kinds of issues.

What are those elements that can make a community better and safer for a senior? It includes things like road design. How wide is that sidewalk? What is the gradient on that sidewalk for rain runoff? Is it too much for somebody who has a walker or a cane? Is it too slippery? The grade is too steep when slippery. We have winters here, and that's a problem. A lot of seniors fall in winter.

Ms. Marla Israel: And if seniors have access in their communities to feel safe out the door, then if they are suffering from abuse they can go out of their door and seek help.

Ms. Cathy Bennett: Exactly right. We are very involved in this at the Public Health Agency at this point, the age-friendly communities. We're looking at how the issues we deal with.... And elder abuse is very much one of those issues that fits quite well. I think you can see that some of the risk factors for elder abuse that we've talked about—social isolation, safety issues, community support issues—can also be addressed with an age-friendly approach or context. So we're very much looking at how that can happen, what those intersections are.

The Chair: Thank you very much.

We will move on to the next member. Ms. Borg.

[*Translation*]

Ms. Charmaine Borg (Terrebonne—Blainville, NDP): Thank you.

You mentioned that elderly women are more likely to be abused than elderly men. From what I gleaned in the report, it is primarily because of health reasons, because women live longer and are more prone to certain diseases.

I am wondering whether sexism plays a certain role in that.

Ms. Marla Israel: Agency analysts observed the differences between men and women. This is very important, because women have a life expectancy of 83 and men have a life expectancy of 78.

For women who are now 80 years and older, men played a very important role, because they were responsible for finances. It is therefore very important that we truly understand these differences and develop policies for women and for men. My colleague could provide you with more details about a report prepared for the agency. This was an analysis of the differences between the two genders. Professionals have to adapt and act differently with seniors, depending on whether they are dealing with men or women.

● (1650)

[*English*]

Ms. Cathy Bennett: Yes, that's definitely true.

Part of this report we did on gender-based analysis also looks at the elder abuse of men. They are also subjected to it. They also live with it. It's important to know what the differences are in terms of what kinds of interventions work best with either sex within a particular culture—there are many cultural differences in how you interact—and also within potential level of disability in which you find that senior also dealing with that issue. So you begin to see that it's a very complex, multi-layered issue. And you begin to appreciate how difficult it is to assess it, and then look for all of those potential services within a community to address it. It's very large and encompassing.

But the point of the gender-based analysis was exactly to try to distill out those specific points between men and women in terms of how they experience the issue of abuse and what interventions work best. Then you further parse that down and you begin to look at whether you are talking about the younger old or the older old. These distinctions are extremely important. What might work for a 65-year-old woman as an appropriate intervention for elder abuse may not work for an 85-year-old woman. You have to understand these nuances and differences. You also have to understand what cultural perspective they bring. What is the particular cultural context in which they live? That's extremely important. You have to understand that if you're going to engage them and gauge the community in providing those services.

[*Translation*]

Ms. Marla Israel: That is accurate. There is a way to communicate. Professionals know exactly how to communicate with senior men and senior women, because the interaction is very different.

[*English*]

Ms. Cathy Bennett: If you gear interventions that are misplaced, you will not succeed. That is key.

A clear example is women's shelters. Those have not been found to be effective for senior women. One of the main reasons is accessibility to the building and accessibility within the building. If they have particular disabilities or limitations that prevent them from being able to access and move around freely within the building, it's....

Ms. Marla Israel: Yes, and just to sum that up,

[*Translation*]

as soon as we pay attention to the factors involved with these challenges, changes will be made in order to adapt to the people.

Ms. Charmaine Borg: Just—

The Chair: I am sorry, Ms. Borg, your five minutes are up.

I would like to ask the witnesses a question.

[*English*]

If you could please provide the gender-based analysis to which you referred to the clerk of our committee, it would be much appreciated.

Going on to the next member, we have Mr. Holder.

Mr. Ed Holder (London West, CPC): Thank you, Madam Chair.

I would like to thank our guests for being here today.

I would like to share my time with Ms. Young. She has a specific question she would like to ask, and with your indulgence, I'd like to ask her to start, please.

Ms. Wai Young (Vancouver South, CPC): Thank you so much, Mr. Holder. I appreciate that.

I have a specific question because my own mother experienced financial and senior abuse. It was not just financial, but physical as well, from my brother. This is a very personal and deep family situation that happened about four years ago, just before all of these preventions we are hearing about and all of the new funding and everything. I personally took her to many different agencies, both public health and the police, because it did become a police incident. At every single level she was not believed. Your step one, in terms of senior abuse—in my culture, a Chinese woman coming out at the age of 75 to say "I am being abused by my son," and not being believed by all of these officials that I personally took her to.... In meeting after meeting, the police actually said "because it's your own son, we cannot charge him". If he had been a stranger, and not our own family, they can charge these people. Since it is our own family, we were told they cannot.

I come at this with a great amount of interest, obviously, and with a whole bunch of questions that we will be exploring in the next couple of weeks and months to come. I think the work you are doing is amazing and fabulous. With the 15 agencies you are coordinating, we absolutely need to have a coordinated response to this issue, which I think is going to grow in our country. I was particularly thrilled by your comment that public health happens locally. It is through the local networks and everybody's education and information that we will combat what is going to become a huge community issue.

My question to you is this. On the other side of that, now that we have implemented this plan and highlighted this approach, and now that our government has put funds, efforts, and priorities to this, what program evaluations and outcomes are you using to measure how effective this has been? What more can we do? At this side of the table, now and three years later, I want to ensure that those measures are in place. I want to ensure that no other senior is put in the situation of going to somebody and not being believed and not getting help.

I know you have outlined a whole series of measures and steps. I want to know what is being anticipated or will be implemented to measure these steps, and to know what more we need to do.

● (1655)

Ms. Marla Israel: First, thank you so much for sharing that with us. It informs our work to know that in the Chinese community, a woman at the age of 70-odd years was feeling so bad that she felt the need and did feel the need and thankfully told people about it. I'm sorry; I feel very bad that people did not believe her. I think that's what we're all trying to combat today, in the work that we're undertaking.

With respect to program evaluation, definitely within the Public Health Agency what we're trying to achieve is knowledge of how these initiatives have made a difference and how they can be measured going forward. I have to be honest with you and say that it would be very easy for us to be able to tabulate what has been done under the initiative by being able to tell you about the number of reports that have been published and the number of meetings we've had and the number of interactions we faced, but that doesn't get at the actual outcome around the initiative.

As I said, it's day seven for me, so one of the things that's on my agenda is being able to speak with my colleagues and be able to determine what the best approach is with respect to evaluating where we've come to date. Is it the appropriate time now to be evaluating that? Or is there value in being able to wait until the full effects of some of the federal initiatives have gone forward? Then, prescriptively—in other words, not just five years from now, but say within 12 to 24 months—we'll be able to better assess the value of the initiatives and how those tools are being used. That's what I would like to get at. So those discussions will be forthcoming.

The Chair: Okay, thank you very much.

We have our last question, and that would go to Ms. Freeman.

Ms. Mylène Freeman: Thank you very much for coming.

I'm going to be rather brief. You mentioned that reliable information on elder abuse was limited because data is under-reported and that most of the problem is that professionals aren't necessarily reporting it. Now, I understand that's probably the majority of the problem, but are there other systemic problems? Is there anything else the government could do in terms of going in to get more accurate numbers?

● (1700)

Ms. Marla Israel: A great question, and thank you so much for it.

Right now I should elaborate on that, because you're quite right that it does start with the professionals being able to report not only that incidents of abuse have been reported and either the police have been involved or others. A person has presented with signs of abuse and as a medical professional I'm recording that as part of my notes and I've referred this individual to social services, etc.

So part of the challenge with respect to an issue like this is first you need to raise attention, then you need to get the guidance out so that people understand the kinds of questions they need to be asking, and then that's followed with being able to make the determination and record it.

I would say we're in the process of working with provinces and territories and with other professionals to be able to, on the surveillance front, ensure better surveillance of these issues. Because it's not a Statistics Canada responsibility; it's a combined responsibility of being able to recognize the signs and then report on those signs.

I would say that's really where the core of the work is focused, an effort to be able to draw attention through those clinical practice guidelines in ways that physicians will then be more apt to report it.

Ms. Mylène Freeman: Just based on the federal elder abuse awareness initiative, one of the recommendations was that the federal government work with the provinces and post-secondary institutions to encourage curriculum development. This seems to me that it would be part of awareness, but I don't know.

Do you know if there are provincial curriculums being developed, if there are provincial health providers who are implementing it, or is there any kind of work being done here?

Ms. Marla Israel: On that specifically, I don't know offhand. We would have to go individually by province and territory to be able to ascertain what kinds of tools within the curriculum are being developed. That really would be within the responsibility of education ministers, so I'm not familiar with that personally.

I can say that one of the tools we did develop in the Public Health Agency was directed at younger people—grade six students—so that, for themselves.... This gets back to Ms. Sgro's question with regard to the impact of health promotion at younger ages, of being able to reach populations of youth at younger ages so that they know that kind of behaviour in older life is not acceptable, and of having the conversations with parents. Kids are very astute. Kids, if they sense that something's not right, have a tendency to speak up.

This is part of the tool we've tried to develop to reach those populations of youth through their communities to be able to bring greater attention to the issue.

Ms. Cathy Bennett: If I could just add quickly, the program you're referring to, Across the Generations, was actually a Government of Manitoba health department tool they had developed a number of years ago. In collaboration, through the federal elder abuse initiative, we looked to make that a national resource—to update the components of it, to update the information, to bring in more partners, and to turn it into a nationally adapted document, which we have done.

That is out and available, and it is being used.

Ms. Mylène Freeman: So that has happened?

Ms. Cathy Bennett: Yes, that has happened.

Ms. Mylène Freeman: Okay. That's good.

You seem to have done a lot of great work with your awareness campaign. Obviously the effects are yet to be measured, but perhaps you could speak to any other ways that we could address upstream causes, based on having done the work.

The Chair: You have thirty seconds.

Ms. Marla Israel: As with many other issues in the health sector, it's not solely a health issue, as you can appreciate. I would say that with the efforts of the federal government, or at least at the federal level, and in consultation with the provinces and territories, to the extent that we can improve, as I said, the guidance and the recording of statistics, that is when society starts to take note of the depth of the problem.

I do feel that having the RCMP at the table, having others at the table, and being able to be aware of the signs are the best upstream measures we can take to bring attention before abuse happens. These are the tools that are necessary for an individual to use different means to communicate intent as opposed to the physical violence.

I didn't have a chance to talk to the National Clearinghouse on Family Violence, but that's how the elder abuse initiative and the federal clearinghouse work together, on the upstream measures.

● (1705)

The Chair: Great, thank you very much.

Thank you very much, Ms. Israel and Ms. Bennett, for joining us here today and for all of your answers and also the work you're doing.

That brings our discussion to an end. Unless there are any further comments, that's the end of the work we have to do and we can wrap up the meeting.

We'll see you on Thursday.

Mr. Ed Holder: You can use the gavel here.

The Chair: Yes, I have one, but I like alternate modes.

Thank you.

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