The Action Group on Elder Abuse Initiative: Building Capacity to Respond to the Abuse of Older Adults – An Evaluation of Phase 1

by

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Report Prepared for the
Action Group on Elder Abuse

September 2006

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Executive Summary

The purpose of this research was to evaluate the activities of the Action Group on Elder Abuse (AGEA). AGEA was formed in January 2004 and is a collaborative network of senior serving organizations who are concerned about seniors experiencing abuse in family, community, or institutional settings, including representatives from family violence, seniors, disability and law enforcement sectors. AGEA works in partnership with the Action Committee Against Violence (ACAV) and receives organizational and staff support from ACAV.

This evaluation provided the opportunity for one of the first studies of the efficacy of such community initiatives to further the awareness of the abuse of older adults. The interviews with 14 AGEA committee members provide an in-depth view of the strengths and challenges of developing AGEA. The feedback spans the agency's 2½ year history documenting several significant shifts in providing training and support as well as feedback with respect to AGEA's newsletter and website.

The Action Group on Elder Abuse (AGEA) formed to collaborate in addressing older adult abuse in Calgary. AGEA was initiated in January 2004 from a partnership between ACAV (Action Committee Against Violence) and the City of Calgary Senior Services Division. It consists of a network of seniors and organizations that have a mutual concern for older adult abuse in the family, community or institutional settings. AGEA developed to examine strategies to effectively engage the community in addressing older adult abuse.

The goals of AGEA are 1) to increase awareness of abuse of older adults among seniors, professionals and the general public; 2) to enhance and coordinate services provided to older adults experiencing abuse; and 3) to increase awareness at local, provincial and federal levels of needs of older adults experiencing abuse and gaps in services and protection.

AGEA obtained a grant from FCSS and hired a part-time Community Development Coordinator, Linda White, for six months from June to November in 2004. AGEA has drafted terms of reference and created a strategic plan. Rob Wiles of the City of Calgary serves as Chair of the group. In the short time period of just over a year, AGEA has been successful in the following endeavours:

- Submitted a brief to the Alberta Roundtable on Family Violence and Bullying;

- Funded a 6-month coordinator position (June-November 2004);

- Obtained funding for a conference in November 2004 for front line service providers;

- Completed resource mapping, identified gaps in service, collected research and best practice literature;

- Contacted service providers to initiate protocol writing, and;

- Drafted terms of reference, logic model and strategic plan.

The Evaluation Process and Results

The evaluation assessed the extent to which AGEA is meeting its objectives, what is working well and what challenges have arisen, as well as assessing whether the project is achieving early outcomes. The research methodology was qualitative, conducting semi-structured telephone interviews with 14 AGEA committee members. The interviews were 20 to 45 minutes long and focused on the interviewee perceptions of whether AGEA is delivering its activities as intended, what is working well and what challenges have arisen, as well as assessing whether the project is achieving early outcomes.

An ethics application was reviewed by the University of Calgary Conjoint Faculties Research Ethics Board. The interviews were conducted by telephone and took approximately 45 to 60 minutes to complete. Notes were taken of each interview and standard social work qualitative research methods were employed in data analysis that allowed themes to emerge (Patton, 1990; Tutty, Rothery & Grinnell, 1996).

Fourteen members of the AGEA committee were interviewed in May to July of 2006 for the current study. The interview respondents were all current or previous members of AGEA's Steering Committee.

The interviewees identified a number of strengths of the AGEA process. AGEA is notable for utilizing the best practices of organizational processes and tools such as community facilitators from Alberta Community Development, strategic planning, developing logic models and the Delphi process, consistent with other initiatives affiliated with the Action Committee Against Violence. Further, ACAV has consistently conducted process evaluations of their community. Such attention to ensuring that the processes utilize the recommended organizational development tools is reflected in the numerous positive comments about most aspects of AGEA.

Successes of the AGEA initiative included considerable work by the committee chairs and committee members in instituting and supporting the continuation of the work, especially in the absence of or during gaps in the presence of paid staff. The original committee was kept relatively small (15 members), yet included some diversity of agencies with differing roles and responsibilities. The committee chose to keep its objectives relatively focused, choosing not to address some other important issues such as the abuse of seniors in institutions or legislation. Such focus allowed the committee to develop plans and objectives that were attainable.

One of the tasks of the initial part-time funded AGEA Coordinator was to write proposals for a full-time position. Hiring a full-time coordinator was vital to continuing with the momentum developed from the successes of the early group such as the November 2004 conference.

While the work of the coordinator is seen as facilitating AGEA's activities, the committee members remain actively involved in a number of task teams addressing membership, advocacy, evaluation and service enhancement. As such, the workload of AGEA, described as relatively heavy, continues, but in more focused small teams, each with a particular focus and concrete tasks. The role of the coordinator becomes just that, facilitating the task teams in functioning effectively, without duplicating effort and

ensuring that information about the activities of each is frequently shared. The current configuration was perceived by most as working well.

Throughout the process, AGEA continued to review and prioritize what issues it would address. The outcomes chosen were action-oriented activities such as developing protocols, training professionals, providing conferences; ones that provided concrete tools to address elder abuse. The current task teams are good examples of this action-oriented process, each with clear attainable goals and activities.

While relatively few conflicts with respect to AGEA's functioning were mentioned, those that were (decisions about membership, what agency should become the fiscal agent) were addressed openly and transparently in full committee meetings. Such attention to managing conflict is notable and may be one reason that the majority of AGEA committee members have been with the group from its early beginnings.

The AGEA comments about its priorities were congruent with Pauls' (2005) conclusions about how communities address the issues. Pauls' concerns about the need to promote awareness and understanding of the issues, help agencies strategize about how to better facilitate disclosures, involve seniors in the process were certainly noted by the AGEA committee member, perhaps not surprisingly, since Ms. Pauls is active on the committee.

One significant challenge, mentioned already, was accessing on-going funding for a full-time coordinator, ultimately resolved, at least for the near future, through the NCPC funding. The lack of sustainable funding certainly impacted the first several years, during which a part-time coordinator accomplished a number of tasks. With the hope of continued funding for the next several years, that barrier will be less a concern. However, shifts in leadership in small community organizations can be critical. The AGEA committee members mentioned that the three coordinators had differing styles and background knowledge that impacted the functioning of the organization. In small community development groups, hiring a coordinator that fits with the committee's purpose are essential, but often difficult to maintain. The AGEA committee membership is pleased with the current coordinators' style and priorities.

In summary, both from the perspectives of the AGEA committee members that were interviewed for the current study and considering the recommended best practices in developing effective community development initiatives, AGEA is working well and meeting its objectives.

Recommendations for Consideration by AGEA

As is clear from the detailed interview comments, through their strategic planning, the Dephi process and task team development, AGEA has already identified issues and priorities for further consideration. Additionally, in most cases, the group has identified solutions, if not already implemented them. As noted by several committee members, the group is conscious of process and able and willing to handle situations as they arise.

With the change to bi-monthly Steering Committee meetings and more focus on work in the task teams, coordination and communication between the Steering Committee and task team members will be key to maintaining the sense of working

together. As one respondent commented, the staff person will play a key coordinating role.

Some committee members recommended that AGEA broaden its membership to include the Calgary Health region and multicultural groups. Importantly, finding a way to include the voices of seniors is also critical and an identified priority for the organization. Some also suggested keeping size in mind to avoid getting too big and including people on task teams rather than asking them to join the Steering Committee.

The interviewee comments included some suggestions to improve the newsletter and web page. Several committee members were not familiar with the newsletter and most were not familiar with the web page. With both, one or two respondents questioned whom AGEA is targeting. One respondent suggested that the web page needs updating.

The serious nature of the abuse of older adults and the need to facilitate disclosures and provide interventions was validated both in the literature review and the interviews with the 14 committee members from the AGEA initiative documented in this report. As mentioned previously, little research has addressed the process of the development of such community agency initiatives. As such, this research has the potential to highlight key steps and strategies that could facilitate the strengths of similar groups. The challenges of a small group of interested individuals engaging community members and stimulating changes to address problems such as the abuse of older persons must not be underestimated.

In summary, community initiatives such as AGEA benefit from strong organizational support and strategies. The interviews with the AGEA committee members clearly endorse the value of the initiative. AGEA could easily serve as a role-model for similar small community-driven organizations to develop in ways that most likely result in successful change. The current research highlights the importance of AGEA in raising awareness of and supporting the development of mechanisms to screen and intervene with older adults that have been abused.

Chapter One: The Abuse of Older Adults

Older adult abuse or elder abuse, as it is referred to in the literature, was identified as an issue and brought to the forefront in the 1980's. Since then, an increased awareness about older adult abuse is apparent in journal articles, newspapers, government, and university studies (Schlesinger & Schlesinger, 1999). Elder abuse includes abuse by caregivers and providers, in homes or institutional settings. It occurs in the forms of emotional, physical and financial abuse and neglect. Older adult abuse is difficult to detect and often goes unnoticed by the community due to reluctance to report and the lack of coordinated efforts to screen, identify and intervene in these cases.

This chapter provides a literature review reflecting what we currently understand about the issue, how commonly it occurs, theories that explain why it occurs and ways of intervening. This background is useful in contextualizing the need for community organizations such as AGEA, and in interpreting the research findings.

While only a small percentage of older adults are abused, the abuse is potentially more harmful given the greater propensity of older adults to be poor, live in isolation after retirement, and to have generally poorer health due to the aging process. Also, with the increase in the population of older adults in the coming years, the incidence of abuse will likely increase as the number of older adults increases.

Seniors are one of the fastest growing groups in Canada. In 1998, an estimated 3.7 million Canadian's were aged 65 or over, an increase of 57% from 1981. The proportion of older adults compared to younger age groups is expected to grow more rapidly in the next decades. In 1998, those 65 and older comprised 12% of the population and in 2041 is estimated to be 23%, nearly doubling. The fastest growing number of seniors is in the older age groups as the number of people over the age of 85 has doubled since 1981 (Kinnon, 2001).

As the population of seniors grows, increased numbers of adult children will have to care for their parents and juggle their own families and work responsibilities to do so. In 1996, 93% of seniors lived in a private home, most likely with family members (including spouses), 58% lived with a spouse, 7% lived with other family members and 29% lived alone. Because a significant number of victims are abused in their own homes by their spouses or children, interventions appropriate to this situation are required. Also, older adults living alone may be particularly isolated and at risk for abuse by caregivers and friends (Kinnon, 2001).

In 1996, 84% of people aged 65 or older received some kind of assistance with household work and other personal chores. In 1997, 10% received support from a home case service (Kinnon, 2001). Since the number of older adults are living longer, remaining in the community longer and accessing formal support, there is a need for screening and protocols for detecting abuse by professionals working with older adults. These professionals have the opportunity to detect and intervene in older adult abuse cases.

The term "abuse of older adults" is used in this evaluation instead of "elder abuse" or "abuse of seniors." The term "older adult" is broader than "senior," which in the past has referred to those over the age of 65 and in many communities, abuse and

neglect programs and services have focused on adults aged 50 or 55 and older (Kinnon, 2001).

Definitions of Older Adult Abuse

A family member is the most common perpetrator of abuse against older adults, including spouses, adult children, grandchildren or other family member (Wahl & Purdy, 2002). Who most often perpetrates abuse against older persons varies across different studies. The Kerby Centre, a seniors' agency in Calgary, obtained information on 130 clients who were abused by family members and found that the spouse committed 42% of older adult abuse and 32% were children for a total of 74% (Boyack, McKenzie & Hansell, 1995). A similar study in British Columbia examined 542 cases of elder abuse (Pittaway & Gallagher, 1995) finding that spouses committed 24% of older adult abuse and adult children perpetrated 38% of the cases for a total of 62%. A study in Quebec at three community/social service centres focused on 128 couples (Lithwick, Beaulieu, Gravel, & Straka, 1999) where nearly half of the abuse was committed by spouses (48%). The most common types of abuse in the above studies were psychological, with 87% of cases reported in the Quebec study and 41% reported in the B.C. study (Kinnon, 2001).

Older adult abuse is categorized in a variety of ways and is generally defined by the nature of the abuse. The following categories of abuse, which are not legal definitions, are intended to help service providers working with older adults to recognize abuse and neglect.

Physical abuse involves the use of physical force resulting in pain, discomfort or injury. It includes such behaviours as slapping, hitting, beating, burning, sexual assault, rough handling, and restraining individuals by tying them up, for example.

Psychological or emotional abuse weakens the identity, dignity and self-worth of the older person and may also provoke intense fear, anxiety or debilitating stress. Psychologically or emotionally abusive acts includes forcing older people to do degrading things, controlling their activities, treating them like children, attacking their self-esteem and intentionally frightening them.

Financial abuse or exploitation involves frauds, scams and the misuse of money or property, including convincing the person to buy a product or give away money, stealing money or possessions, misusing bank or credit cards, or joint banking accounts, forging a signature on pension cheques or legal documents and misusing a power of attorney.

Sexual abuse involves unwanted sexual activity, such as verbal or suggestive behaviour, not respecting personal privacy, fondling and sexual intercourse.

Medication abuse is misusing an older person's medications and prescriptions, by withholding medication, over-medication or not complying with prescription instructions.

Neglect involves the failure or refusal of a caregiver to meet the needs of an older adult who is unable to meet those needs on her or his own. It includes behaviours such as denying food, water, clothing, shelter, social contact, personal care and

hygiene, medical treatment and health aids (Boyack, 1997; Lukawieki, 1998; Murphy, 1994; Swanson, 1998; Wahl & Purdy, 2002).

There are no standard definitions of older adult abuse. Provinces in Canada vary in their definitions, as well as agencies within the same city. Pillemer and Finklehor (1988, cited in McDonald & Collins, 2000) propose that the differing definitions exist because they have been developed from different perspectives including health, justice, social work and policy makers, to name a few.

Definitions are important when working within a particular geographic area. Agencies must agree on and utilize similar definitions of abuse because the definition determines who is eligible for services, types of interventions that can be offered as well as to ensure consistency and accuracy of screening, assessment and appropriate interventions.

The Prevalence of Older Adult Abuse

Limited information is available on the incidence of older adult abuse. The reasons for this are that research methods vary; researchers utilize various definitions of abuse; a lack of public awareness and; a reluctance or inability by older adults to recognize or report abuse against them (Kinnon, 2001). In 1999, 7% of seniors in Canada reported experiencing some form of emotional or financial abuse in five years preceding the survey (Statistics Canada, 1999).

The most extensive Canadian study on abuse and neglect of older adults, the National Survey on Abuse of the Elderly (Podnieks, Pillemer, Phillip, Shillington & Frizzel, 1990) was a national survey of telephone interviews with 2008 older adults. A summary of the findings follows:

- 40 out of 1000 or 4% of respondents reported experiencing some form of abuse
- 3% of respondents in the prairie provinces reported having been abused
- Financial exploitation was the most common form of abuse involving 2.5% of respondents
- The second most common form of abuse was psychological abuse or chronic verbal aggression comprising 1.4% of the sample
- Physical violence affected 0.5% of the sample. Most of these cases involved severe physical violence (pushing, shoving, grabbing, slapping, hitting or threatening with a weapon)
- Six percent reported financial exploitation by a stranger
- Victims of psychological abuse were more likely to be married
- Compared to non-victims, victims were more likely to report that their lives were unhappy and that they wished their lives would end
- The presence of health conditions that limit daily activities appeared to significantly increase risk of abuse and neglect, particularly in cases of financial abuse
- 19% were victims of more than one form of abuse

The most prevalent form of abuse in the study was financial abuse where older adults were persuaded or coerced to give money or relinquish control of their finances (2.5% or 60,000). Men were equally as likely to be victims of material abuse. In one

study over 60 percent of financial abusers were distant or non-relatives of the older adult: 40% of abusers were friends, neighbours or acquaintances; 24% were more distant relatives and only 29% were sons or daughters (Schlesinger & Schlesinger, 1999).

In comparison, another study conducted in British Columbia, called the Notary Study, reported on a random sample of 200 seniors selected from a provincial enumeration poll and found that one in 12 (8%) of the respondents had been financially abused since the age of 60 (Spencer, 1996, cited in McDonald & Collins, 2000). Financial abuse was the most common and was usually committed by their child. It consisted of the abuse of power of attorney and real estate transactions, particularly signing over the older adults' house title. Among cases of financial abuse, two thirds involved other types of abuse. Physical dependence was related to a higher likelihood that other forms of abuse were also occurring and that the abuse would be more severe.

Physical violence occurred less frequently (0.5% or 12,000) and older adults reported being pushed, grabbed, shoved, or assaulted with or without a weapon. In the majority of cases, the abuser was a spouse. Although men were as likely to be physically abused as women, the severity of the abuse suffered was greater for women than men (being threatened with a knife). As in the case of verbal abuse, the victims tended to blame themselves for the abuse (Schlesinger & Schlesinger, 1999).

Theories of Older Adult Abuse

Developing a theory about the causes of older adult abuse has been difficult due to the lack of comparable data sets or studies, differing definitions of abuse employed by various studies and a lack of normative data on behaviour towards older adults (Ansello, 1996). Theories are important as they provide explanations of why abuse occurs, which consequently guide our interventions and service referrals.

"Risk factors" rather than "causes" is the terminology used in research on older adult abuse because there is no empirical evidence to demonstrate cause and effect (Ansello, 1996, p. 14). Risk factors involve characteristics of the older person, caregiver and the environment and the most commonly known and investigated with respect to the abuse of older persons are as follows:

- A history of substance abuse or mental pathology in either the older person or the caregiver
- A previous history of older adult abuse in the caregiving context
- Financial dependence of the caregiver upon the older adult
- Chronic illness or impairment affecting the older person who lacks informal support
- Chronic illness or impairment affecting the older person, which exceeds the capacity of the caregiver (e.g. family member, paid assistant) to help (Ansello, 1996, p. 15).

Current explanations for older adult abuse include theories of the psychopathology of the abuser, transgenerational violence, exchange theory (social exchange and symbolic interaction), vulnerability/impairment of the older adult, excessive situational demands (Ansello, 1996) and feminist theories (Brandl, 2000).

Psychopathology theories examine mental health problems of caregivers who abuse older adults, locating the problem solely in the caregiver. Ansello (1996) concludes that while, this theory is appealing, it probably accounts for few cases and can distance health professionals from those needing intervention. Abusers with mental illnesses are difficult to work with and the only intervention may be psychiatric treatment of the abuser or removal from the abusive situation.

The theory of transgenerational violence perceives abuse as a learned behaviour in which the abuser has witnessed or was abused. The abuse is cyclical in nature. This theory posits that violence can be substituted and appropriate behaviours can be learned in a supportive environment. Intervention from this perspective focuses on the both the person abusing the person being abused and involves learning more appropriate behaviours and ways of interacting (McDonald & Collins, 2000).

Exchange theories suggest that the dependency of an older adult by the person who is committing the abuse is related to family dynamics that have existed for a long time (McDonald, 1996; McDonald & Collins, 2000). Social exchange theories identify social interactions as involving the exchange of rewards and punishments and that individuals seek to maximize rewards and minimize punishments. This theory proposes that we provide resources to others because we expect them to reciprocate. When the distribution is unequal, resentment, anger and violence can occur. This approach does not suggest ways of intervening in cases of older adult abuse, however, supports may include values clarification, economic supports to the abuser (Ansello, 1996) or an outside investigative party (through legislation) that monitors and ensures that the abuse stops. This theory does not account for abusers that are dependent upon those whom they are abusing and it has been suggested that abuse arises out of the abuser's frustration about their lack of power (Pillemer, 1986, cited in Ansello, 1996).

Situational theories claim that an overburdened caregiver, who cannot keep up with demands of care giving, produces an environment in which abuse occurs. This theory is also known as vulnerability of the elder and postulates that the characteristics of the older person render them vulnerable to abuse by others, particularly when the older adult has impairments and is difficult to care for and the caregiver reacts by abusing them. Excessive situational demands theory claims that there are characteristics of older adults, such as dementia, cancer, stroke, and chronic mental illness that place excessive demands upon caregivers and can lead to abuse (Ansello, 1996). Using this theoretical perspective, interventions could include lessening or moderating the dependency (using assistive devices or in home support services), interventions to improve the reciprocity of the caregiver-care receiver through counselling. Overall, this theory suggests providing supports to the caregiver to lesson the demands placed upon them and to increase their ability to deal with the demands of caregiving (Ansello, 1996).

From a feminist perspective, many abusers exert power and control over older individuals to meet their own needs and abuse the older adult to meet their goals. Concepts of power imbalance are used in feminist theory and can be applied to understanding why older adult abuse occurs (Brandl, 2000). Brandl states that the "dynamics of abuse is grounded in the abuser's need to gain and maintain control over the victim-dynamics similar to those seen in cases of spouse abuse involving younger adults" (p. 39). Brandt (2000) claims that the emphasis on the caregiver stress model,

which describes abusive caregivers as well meaning individuals, can excuse the behaviour of the abuser and lead to inappropriate interventions that do not address the needs of the older adult and can lead to further abuse.

Theories of older adult abuse are important as they shape interventions. The theory that appears to be most supported in the literature involves situational and excessive situation demands theory as interventions focus on meeting the needs of either the caregiver or care receiver through supportive services. It is important that programs and services are coordinated and provided based upon the context in which the abuse is occurring. For example, cases involving financial abuse by an acquaintance are different from emotional abuse that occurs between spouses or physical abuse by an overburdened adult child. The different contexts and dynamics involved in these various types of abuse require different interventions and approaches. Therefore, the theoretical underpinnings are important as they shape the programs, services and ultimately intervention efforts.

How is the community responding to cases of elder abuse? In 2005, Monica Pauls interviewed 41 stakeholders from identified key seniors and antiviolence agencies located in seven Alberta municipalities. From these initial interviews, four main concerns were identified. First, seniors need to have a voice in the process and be participants on all levels of change, giving them a voice and lending credibility to the process. This is considered a best practice when working with any marginalized population.

Secondly, awareness and education are needed for all segments of the population (seniors, professionals and the overall community) on the issue of elder abuse, on what services are available (and where) and on what role legislation, the courts and the police service play in the abuse of older adults. The idea of educating family members who were taking on guardian roles was also suggested as a means for preventing the abuse of older adults.

The interviewees perceived the current system as failing when abuse is reporting and when support systems are accessed. The key informants identified a number of solutions, such as legislating the removal of the perpetrator from the home, which would better address the needs of seniors.

Finally, the interviewees raised concerns about the limitations of current legislation. While those interviewed wanted to emphasize education over legislation, it was recognized that changes to existing laws were needed to address the needs of seniors. For example, the current Emergency Protection Order system and the Protection for Persons in Care Act both need to be adapted to meet the unique needs of older adults. Legislative issues around the competency of older adults and discussion around what role punitive measures should play in abuse situations is also needed.

Barriers to the Older Adult Reporting their Abuse

Abused adults have many reasons why they may not report their abuse. Older adults often believe that being abused by a relative is a "family problem", and they are ashamed to disclose that a family member has abused them (Kinnon, 2001). The older person may deny that the abuse has occurred (Quinn & Tomita, 1997; Marshall, Benton & Brazier, 2000), particularly when the abuser is a family member or caregiver (Anetzberger, 2001), or if the victim fears their abuser (O'Brien, 1996). Older adults may

also fear reporting due to potential retaliation from their abuser such as being admitted to an institution or having their access to family members such as grandchildren restricted (Boyack, 1997). Some may fear that others will judge them for enduring the abuse (Fulmer, 1989, cited in Antezberger, 2001) while others believe that it is a private family matter, not to be shared with strangers.

Additionally, older adults may be socially isolated and not identify that they are being abused. They may be unable to connect with community resources due to geography or mobility or the abusers' control over them. Some may not be aware of community resources that can help stop the abuse (Ward-Hall, 1999).

Barriers to Detecting Older Adult Abuse

Like other forms of family violence, the abuse of older adults has been veiled in silence. Service providers and community members do not readily identify abuse and neglect of older adults. Unlike younger adults who attend school or work, older adults often remain at home where abuse or neglect goes undetected, particularly after retirement (Kinnon, 2001).

Many barriers exist to detecting cases of older adult abuse. Some service providers are not aware that older adults can be abused or the abuse is not identified as abuse (Lithwick, 1999; Antezberger, 2001; O'Brien, 1996). This may be due to being a new member of the profession or having received little or no education about the abuse of the older adult (O'Brien, 1996).

Negative attitudes and myths about older people and family violence can shape service providers' personal and professional values (Kinnon, 2001). Service providers have varying tolerance for family violence and may assess abusive and neglectful situations using their own personal values. For example, past exposure to violence may make some helpers more tolerant of certain types of mistreatment or more unforgiving toward certain abusers (Murphy, 1994). Individuals working with older adults must identify their personal values toward aging and family violence and how these values may influence their delivery of professional services.

Also, the forms of older adult abuse are not all equally recognizable. Service providers tend to identify forms of abuse with which they are more familiar and are the easiest to assess. For example, physical abuse is more easily detected than neglect or emotional abuse (Fulmer, 1989, cited in Anetzberger, 2001). Signs of older adult abuse may be subtle (Fulmer, Street & Carr, 1984) or can be mistaken for chronic illness-related or other problems (Lachs & Fulmer, 1993; Ramsey-Klawsnik, 1996; Anetzberger, 2001). For example, bruises may be the result of a fall or other illnesses that cause weakness and lead to a fall. If there are no witnesses to the event and the older adult is isolated and has little contact with professional services, the abuse may never be detected by others (Pillemer & Finkelhor, 1988; Lachs, Williams, O'Brien, Hurst & Horwitz, 1997).

Barriers to Reporting Older Adult Abuse by Professionals

A common barrier to reporting older adult abuse is a lack of knowledge about the issue (Griffin & Aitken, 1999). Front line workers such as police officers or public health

nurses may not know about older adult abuse and protocols for screening, detection or intervention may not exist within their work places or community.

Service providers' attitudes may also hinder reporting older adult abuse. For example, reporting apparently decreases when it is believed to breach client confidentiality or could lead to court proceedings (Macolini, 1995; Moskowitz, 1998). Additionally, service providers may not report if they have little faith that the authorities will deal with the issue or that they may lose contact with their client as a result of reporting (Anetzberger, 2001). Also, attitudes around the sanctity and privacy of the family may inhibit reporting older adult abuse (Anetzberger, 2001).

Researchers have identified that service providers do not report older adult abuse if the victims are seen as precipitating the abuse or the abuser is cooperative, frail or older as well (Lithwick, 1999; O'Brien, 1996). Service providers may not report if they fear offending the victim or that the abuse occurs infrequently (Anetzberger, 2001; Jones, 1994). Lastly, the abuse may not be reported because it may cause caregivers to withdraw from their roles, which could devastate their social support system (Fulmer, Guadagno, Dyer & Connolly, 2004). Brandl (2000, p. 43) suggests that:

> Asking the victim about abuse can be the first step in breaking their isolation. Many older victims do not seek services because they have never been asked about abuse. While some victims are not willing to talk about "private family matters", many are looking for a caring person who will listen to them and direct them to available services.

As mentioned previously, at times older adult abuse is difficult to identify. Lithwick, Beaulieu, Gravel and Straka (1999) examined the dynamics of mistreatment and how these dynamics impact the practitioner's ability to identify and intervene in these cases in Quebec. First, in cases of abuse by a spouse, practitioners had difficulty defining a case as abusive when it involved a caregiver's need for services, for example, if the caregiver was stressed and asking for respite support. Likewise, many practitioners were reluctant to define a person as an abuser because of aggressive behavior as a consequence of dementia in that they cannot control their aggressive behavior and the caregiver becomes understandably defensive.

In cases where the abuse was caused by an adult child and there was a history of complex family dynamics, practitioners claimed that it was difficult to identify as older adult abuse, particularly when the abuse was mutually initiated and ongoing.

Interventions for Older Adult Abuse

Many approaches to intervention have been developed to help assist older adults who are abused. No one model works best for the different kinds of older adult abuse. Intervention approaches may involve protection and criminal justice, rights and advocacy, family/group counselling and therapy (McKenzie, 1999).

The protection approach to intervening is employed when the person being abused lacks mental cognizance and intervention to report cases is mandated by legislation. In Canada, legislation related to older adult abuse has been introduced in Newfoundland and Labrador, Prince Edward Island, Nova Scotia and New Brunswick (Schlesinger & Schlesinger, 1999). Such legislation provides a legal framework for service providers to

intervene in cases of older adult abuse and allows for emergency crisis intervention and early intervention, which serves to reduce the amount of harm caused.

In Alberta, the *Protection for Persons in Care*, Alberta Community Development (non-crisis) is part of the Ministry of Seniors and Community Supports that investigates reports of abuse or safety concerns for adults in publicly funded care facilities including hospitals, nursing homes, seniors' lodges and nursing homes. The *Protection for Persons in Care Act*, enacted in 1998, makes it a mandatory that any suspicion of abuse be reported using a toll-free reporting telephone line or to local police authorities, however this *Act* only applies to those in publicly funded facilities.

The protection approach tends to focus on safety and protection rather than self-determination to make decisions and choices. Cases in which this approach would be useful involve individuals who are disabled or lack mental cognizance. This approach has been criticized as being paternalistic and can be conceptualized as intervention that is applied "to" rather than "with" the older adult (McKenzie, 1999; Schlesinger & Schlesinger, 1999). The specific criticisms of adult protection legislation raised by Schlesinger and Schlesinger (1999, p. 287) are as follows:

- The legislation resembles child protection statutes
- Intervention criteria are too broad
- The courts may order the removal of a victim from his or her home. Consequently, an adult is in effect blamed and punished
- No statutory provision is made for support services sufficient to deal with abuse and neglect cases
- The legislation to deal with abuse and neglect in private nursing homes and government facilities is confusing.

The criminal justice response involves policies that direct police officers to initiate a charge if there is evidence of an assault. This response is deterrence-based and sends a message that society does not allow this behavior and offenders will be restrained or punished from continuing, thus, preventing further assaults. However, after the criminal justice system becomes involved, the case is often driven not by the needs of the older adult, but by mandated legal responses (McKenzie, 1999). Also, this response is more applicable to cases of physical abuse in which evidence exists that an assault has occurred.

The rights and advocacy approach emphasizes the need to shift from the protection of older adults to protecting their rights. This model espouses that the older adults' rights are upheld and that they can make their own decisions about their needs. Using this model, the person who is abused is provided information and options thereby placing control and decision-making in the person's hands. McKenzie (1999, p. 437) states, "Advocates try to create a safe environment that supports decision making, builds capacity and enhances a person's ability to make sound decisions. By doing this, they are upholding the importance of basic rights and reinforcing responsibility for action". This model is particularly useful in dealing with financial or material abuse where an intervener could propose options but at the same time, support older adults' informed decisions to allow the abuse to continue.

A family counselling or therapy approach can help older adults feeling guilt or shame about their abuse, to better understand their feelings and regain emotional strength. This can occur through peer counselling, support groups and individual therapy (McKenzie, 1999). Some groups also provide peer support for older adult women who are dealing with the affects of abuse. The Older Women's Long-term Survival (OWLS) at Calgary Emergency Women's Shelter in Calgary, offers four different group experiences to women 50 years of age and older. OWLS help women deal with the long-term effects of domestic violence, which may be recent, ongoing or occurred previously in their lives. Three of the groups meet weekly and the fourth is offered once a month. The latter group incorporates a support component and brings in guest speakers from various community-based agencies.

Lithwick (1999) stated that the goals for intervening in older adult abuse cases are to attempt to either stop or reduce the risk of abuse. Lithwick, Beaulieu, Gravel and Straka (1999) conducted a study in Quebec, on the dynamics of senior mistreatment and how practitioners identified and intervened in older adult abuse cases. The study examined how successful the interventions were in reducing or stopping the abuse. The researchers concluded that interventions were successful in addressing neglect and physical abuse (usually physical abuse by a cognitively impaired person) by spouses. These involved medical care, home care services and support services, which played an important role in reducing or stopping the neglect.

Interventions to reduce or stop psychological and financial abuse were not as effective. Lithwick et al. (1999) suggested that many of these couples had a long-standing history of poor marital relations and the behaviours may have been too deep-seated to alter with interventions from the service agency. Of significance is that the interventions provided where this study took place, focused on caregiving issues or reducing stress associated with caring for the cognitive and or physical needs of the dependent older adult; however, other interventions could have been useful in dealing with the abusive relationship issues.

With respect to abuse by adult children, the most success was noted in cases of neglect. Physical and financial abuse ceased in less than one quarter of the cases and psychological abuse was reduced in one third of cases. But there was no change in nearly half of the cases. The researchers commented that the high success in neglect cases is as a result of services and interventions in the community that work with individuals who have lost their autonomy and provide resources to help the caregiver. The finding of no changes in a large percentage of financial exploitation cases is explained by the difficulty of older adults to stop relationships with children for whom they wished to continue financially providing, at times, to their detriment.

In general, the most effective interventions were when the abuser was an acquaintance, which stopped in 65% of the cases compared to 21.7% of abuse by an adult child and 14.3% by a spouse. The success was largely due to interventions (public curatorship) utilized by practitioners. Also, compared to abuse by a child, the relationship between a non-relative may make it easier to stop the abuse.

In summary, interventions have been developed to provide assistance in all types of older adult abuse. The intervention are guided by the type and context of abuse and at times, geographical locations where reporting is mandated through protective legislation.

Services for Abused Older Adults in Calgary

In Calgary, services for (abused) older adults include education, information and referral, counselling, advocacy and emergency crisis/non crisis intervention and consist of the following:

- 13 FCSS Outreach Services for Seniors are located all over Calgary that provide information, referral, assessment, individual and group counselling, advocacy and education
- Calgary Police Service, Seniors Liaison Unit provides crime prevention information and advice on all forms of abuse of seniors and offers educational lectures on elder abuse and fraud
- Kerby Rotary House Shelter for Abused Seniors provides emergency shelter and 24-Hour Crisis Line for information, support and crisis intervention
- Kerby Centre Money Matters for Seniors offers an educational program to prevent seniors from being a victim of financial abuse
- SeniorConnect 24-Hour Help line provides crisis intervention and support
- Protection for Persons in Care, Alberta Community Development (non-crisis) is part of the Ministry of Seniors and Community Supports and investigates reports of abuse or safety concerns for adults in publicly funded care facilities including hospitals, nursing homes, seniors' lodges and nursing homes. The Protection for Persons in Care Act requires mandatory reporting of any suspicion of abuse using a toll- free reporting line or local police authorities
- Calgary Seniors Resource Society ABC's of Fraud provides education on ways to prevent fraud including identity theft, mail fraud, telephone fraud and home renovation scams
- Calgary Health Region Seniors Health- Community Geriatric Mental Health Service and Mental Health Counselling provides assessment, treatment and support services for persons 65 years and older who require specialist psychiatric services
- Calgary Family Services provides caregiver services on a temporary basis for light housekeeping and personal care (Seniors Directory of Services, 2006).

The above services cover the spectrum of services needed to address financial, physical and psychological needs of older adults in Calgary and AGEA's goal is to develop a more coordinated response to identification and intervention with older adult abuse cases.

Educating Professionals

Ongoing education and training to detect, assess and provide intervention to older abused adults is critical for all those involved with older adults. Such training typically examines attitudes and practices, developing knowledge, skills and providing the necessary foundation for dealing with older adult abuse. Both professional and non-

professional service providers need to become familiar with the signs of abuse and neglect of older adults. When service providers are sensitized to the issue, they can appropriately identify abuse and neglect, handle cases more effectively and refer to appropriate agencies. The training needs to be ongoing to reach new staff members and to provide up-to-date knowledge and skills as innovations develop in research and program/services.

A number of authors describe the shame, guilt and fear of reporting that victims experience but fail to discuss the practitioner's fears and denial (Baron & Welty, 1996, cited in McDonald & Collins, 2000). Strong feelings may arise in practitioners and need to be dealt with in training and supervision. British training specialist, Annie Zlotnick (1993, cited in McDonald & Collins, 2000, p. 55) states that, "a purely didactic approach to the topic of older adult abuse is inappropriate because the intense nature of the issues where emotions play so central a role" and that the "cruelty of abuse could easily cloud the issues of even the most level headed approach to best practice and decision making". McDonald and Collins (2000) comment that an older adult abuse training program used by the New York City Department for the Aging, assisted professionals in identifying and accepting the negative feelings that can emerge when they work with abused older adults.

Lithwick et al. (1999) purport that when older adults refuse services, it raises ethical issues for the practitioner who must balance the right of the self-determination with the right to live an abuse-free life. These issues need to be addressed in training to ensure that practitioners are aware and know their roles and responsibilities when dealing with older adult abuse.

During the last decade, an increasing awareness of older adult abuse has resulted in the development of numerous training programs, manuals and workshops designed to educate professionals in this area. Several Canadian training manuals are geared to educating professionals about older adult abuse. Murphy's *Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults* (1994) offers trainers valuable tools for raising awareness among service providers on the issue of elder abuse. The presentations include a "Note to Trainer" section, with suggested print and audio-visual resources, casework scenarios with ideas for discussion, handouts, and summaries.

Another resource is *Abuse of Older Adults: Canadian Education Resources* (Chaulk, Parriag, Cormier, Bryanton & McQuaig, 2004), which describes all of the training resources currently available in Canada for the abuse of older adults. This inventory will be helpful to professionals and volunteers that wish to support or upgrade training efforts in this field and thereby help to prevent and/or respond to abuse of the elderly.

RESOLVE Alberta conducted an evaluation of a training workshop held by AGEA in January 2005. The report, *Evaluation of Training to Address Family Violence and the Older Adult* (Jesso & Tutty, 2005), details the results of interviews with workshop participants, primarily front-line workers, before, after and two months after training. The interviews and scale, developed by Bonnie Jardine, measured the care-givers' understanding and awareness of the abuse of older adults and the effectiveness of the training offered. While the majority (88%) of participants found the workshop useful, nearly half (48%) noted that the workshop had emphasized education without practical

intervention strategies. Nearly two thirds (64%) desired more practical strategies and knowledge of screening and intervening in situations in which the abuse of older persons was occurring.

Almost half (48%) of workshop participants requested more training and tools to address the abuse of older adults. Jesso and Tutty (2005) compiled several recommendations for further training programs, including:

- protocol development and training needs to occur simultaneously and with the involvement of and suggestions from the outreach workers

- information materials need to be specific to older adult abuse, such as utilizing the Power and Control Wheel specific to older adult abuse

- training needs to be ongoing and perhaps provided in module form to address the various levels of experiences of workers

Protocols for Responding to Abused Older Adults

A growing trend towards a more collaborative community response from different professions in dealing with older adult abuse cases (Pence & McDonnell, 1999) includes initiatives from justice, domestic violence serving agencies, older adult serving organizations, and health programs. The goals of collaboration are to coordinate efforts to identify and intervene with older adult abuse using screening tools, guidelines and protocols.

A protocol is an in-depth description of procedures to follow in a given situation Protocols guide front-line service providers by setting out a framework for action, and clarifying roles, expectations and responsibilities and assists in decision making about interventions (Kinnon, 2001). Protocols are usually depicted as flow charts for problem identification, reporting and referral and include strategies to screen for abuse using standardized questions and policies regarding such actions. Screening tools assist the practitioner in making decisions regarding presence or absence of abuse using protocol guidelines. Questions that guide development of a protocol are as follows:

- What principles will guide interventions?
- What are the policies of the organization or inter-agency group related to client services, inter-agency collaboration, reporting and documenting situations, family violence and abuse and neglect, and now will these affect action on abuse and neglect of older adults?
- What definitions will the protocol include?
- What reporting structure will be used (within and outside of the agency, including any mandatory requirements for reporting)?
- What roles will different staff assume, and how will they work with each other?
- How will emergency and/or criminal situations be handled?
- What intake/documentation procedures are needed?
- What interventions will be made in different situations?
- What referrals will be made to other organizations and services?
- How will situations be followed up?
- What case review process will be used? (HomeSupport Canada, 1993).

Protocols help professionals determine which agency is appropriate for attending to older adult abuse. They assist professionals in determining their roles in reporting and courses of action to take (Braun, Lenzer, Schumcher-Mukai & Snyder, 1993). Protocols are particularly useful when a variety of service providers exist in multiple locations that may address older adult abuse.

Protocols are important because they increase the likelihood that abuse will be detected and responded to appropriately. Also, given the potentially serious and even lethal consequences for victims and the fact that older adults rarely disclose their abuse or are unable to, protocols are considered valuable (Lachs, Williams, O'Brien, Pillemer & Charlson, 1998).

Lithwick et al. (1999) concluded that it was not difficult to identify cases of older adult abuse when practitioners ask questions and look for signs and symptoms of mistreatment. In three quarters of 128 cases involving older adult abuse, the practitioners reportedly found it easy to identify abuse either because the older adult self reported, another person reported or the description of the situation made is easier to identify that abuse was occurring.

Community Coordination to Address the Abuse of Older Persons

While no empirical studies of community coordinated responses within the domestic violence sector have been completed, the literature suggests that they could be more effective than traditional forms of service delivery. Cooper, Warthe and Hoffart (2004) noted that community-based coordination projects that bring together agencies and individuals from various sectors have been more effective than traditional or patchwork approaches to domestic violence. Bringing together agencies from a variety of sectors is not without its hurdles. Kinnon (2001) notes:

> Groups and individuals beginning to work together often find there is a lack of commonly accepted definition of abuse and neglect, and what types of experiences should be included in the term. These differences can make it difficult to obtain accurate information on how much and what kinds of abuse are occurring. This in turn, can affect a community's ability to act. Often one of the initial tasks of a group is to agree on what is meant by the abuse and neglect of older adults (p. 56).

A coordinated community response, while improving victim responses and safety, increasing the accountability of offenders and reducing violence overall, can also have secondary impacts such as improved accountability and outcomes reporting to funding bodies and other investors, increased resources and a stronger infrastructure for agencies involved (Cooper, et al., 2004).

A number of models of coordination exist in Canada, particularly in British Columbia, where eleven communities developed coordinated approaches to help abused and neglected older adults. A manual from this project, *Developing Community Response Networks: A Guide for Communities,* identifies steps for coordinating services including developing criteria for procedures of involvement; profiling the community inter-agency training goal setting (local community, individual/work group action and provincial

goals); leadership development action and planning organizational design/development evaluation (Holland, 1994, cited in Kinnon, 2001).

In Calgary, as in other communities, services are accessed through a number of entry points, including violence prevention agencies and senior serving agencies. Bringing agencies together around violence prevention means better service, increased funding opportunities and collaboration between agencies that may not have worked together previously. In its brief to the Alberta Roundtable on Family Violence and Bullying, AGEA calls for a "Comprehensive and Coordinated Response" to the abuse of older adults, including "change at the policy and legislative level, at the organization and community level and at the community level" (p. 4).

Summary of the Literature Review

Overall, the literature review clarifies that older adult abuse is difficult to detect, seldom self reported, is perpetrated by a family member and primarily entails financial and psychological abuse. The theories of abuse center on the characteristics of the older adult, their caregivers and the relationship/factors between the two that sometimes create a context in which abuse can occur, such as overburdened caregivers or high needs of the older adult needing care.

Because of the many barriers to the older adults reporting their abuse, it is imperative that service providers and professionals working with older adults understand the dynamics of older adult abuse, as well as their own values and attitudes. Training in how to respond, and having the opportunity to explore their fears and concerns around asking the questions and intervening is important. Training should also provide professionals with the information, knowledge and tools to respond appropriately.

Older adult abuse cannot be addressed unless it is detected and reported (Ramsey-Klawsnik, 1996) and interventions cannot occur unless detected abuse is reported to those who can intervene or refer to other agencies (Utley, 1999). It is essential that screening tools and protocols be developed to detect abuse and refer cases that are suspected or reported (Anetzberger, 2001). Workers who see older adults as part of their professional responsibilities need training in older adult abuse so that they will screen for abuse and know what to offer if a senior discloses. Without such interventions, abuse and neglect will continue undetected and further harm cannot be prevented.

How well do coordinated community responses facilitate greater awareness and more appropriate responses to the issue of the abuse of older adults? Little has previously been written about the efficacy of such initiatives, supporting the focus of the current research.

<center>**Chapter Two: AGEA and the Evaluation Methodology**</center>

This chapter introduces information about the Action group against Elder Abuse that will be necessary background to interpreting the evaluation interview comments. The chapter concludes by describing the research methodology utilized in the current evaluation.

Calgary's Action Group on Elder Abuse

As previously stated, an important approach to a more effective response to older adult abuse is community coordination of services, which is one of the goals of the Action Group on Elder Abuse (AGEA). Informal conversations between service providers at agencies working within the domestic violence and seniors sectors, and a community consultation in the fall of 2003, led to the creation of AGEA from a partnership between the Action Committee Against Violence (ACAV) and The City of Calgary Senior Services Division in January 2004.

AGEA is similar to other Calgary initiatives such as FaithLink, Action Group on Bullying and Harassment, Safety under the Rainbow, in that it is designed to meet the needs of a marginalised population within the broader violence prevention response. It brings together two sectors, those working in senior service agencies and those working in domestic violence agencies, to develop services and best practices to better address abuse faced by older adults. AGEA has three main goals:

- to increase awareness of abuse of older adults among seniors, professionals and the general public

- to enhance and coordinate services provided to older adults experiencing abuse

- to increase awareness at local, provincial and federal levels of needs of older adults experiencing abuse and gaps in services and protection

Currently, AGEA is governed by a steering committee, which has the responsibility to provide leadership and coordinate activities. There is also an executive committee, comprised of several steering committee members, and a number of task teams comprised of steering committee members and other individuals that work around specific issues or activities. AGEA staffing began with a part-time coordinator (Linda White, June-November 2004), with funding for a full-time coordinator secured from May 2005 - May 2007. Kevin Midbo was the first full-time coordinator, followed by Eva Chan who commenced her position in spring of 2006. AGEA also receives administrative and organizational support from the Action Committee Against Violence (ACAV), a coordinating body which works with agencies and services in the violence prevention sector. AGEA strives to give a voice to the population it works with, including making increased involvement of older adults its top priority. One proposed strategy is to form an older adult advisory committee to give seniors a vehicle for input and feedback, whose members will join task teams as needed. AGEA community partners include:

- Calgary Catholic Immigration Society
- Calgary Chinese Elderly Citizens Association
- Calgary Counselling Centre

- Calgary Family Services
- Calgary Health Region
- Calgary Police Service
- Calgary Seniors Resource Society
- Calgary Women's Emergency Shelter
- Canadian Research Institute for Law and the Family
- City of Calgary
- Jewish Family Service Calgary
- Kerby Centre
- Kerby Rotary Shelter
- Office of the Public Guardian, Government of Alberta
- Persons with Disabilities
- Violence Information & Education Centre

Since its inception, AGEA has completed many initiatives, such as developing a terms of reference, logic model and strategic plan, completed resource mapping and identified gaps in service, conducted a best practices literature review and supported a research project examining protective legislation in Alberta. They developed or participated in several educational opportunities for service providers, including hosting conferences in November 2004 and October 2005. They identified 10 priorities for their activities in the near future, which are:

- Increased involvement of older adults in AGEA's activities. [Number 1 priority]

- The identification and sharing of best practices related to elder abuse.

- The development of a comprehensive education strategy

- A high-profile public awareness campaign. [of ageism and abuse and where to get help]

- Activities leading to increased collaboration in services.

- Actions to address gaps in services.

- Protocol development and training to relevant service providers.

- Targeted professional training.

- The development of relationships with key individuals across the socio-political spectrum to increase awareness and understanding of the problem.

- Evaluating AGEA's work since the inception of the steering committee.

The Evaluation Methodology

The current evaluation was designed to provide information on the strengths, limitations and gaps in the development of the AGEA committee. A semi-structured interview schedule was developed to ensure that feedback was obtained about all aspects of the initiative (see Appendix 1).

The interview questions asked AGEA Committee members their perceptions of whether AGEA is delivering its activities as intended, what is working well and what

challenges have arisen, as well as assessing whether the project is achieving early outcomes.

An ethics application was reviewed by the University of Calgary Conjoint Faculties Research Ethics Board. Since the interviews would be conducted by phone rather than face-to-face, verbal rather than written consent was considered sufficient.

The interviews were conducted by telephone and took approximately 45 to 60 minutes to complete. Notes were taken of each interview and standard social work qualitative research methods were employed in data analysis that allowed themes to emerge (Patton, 1990; Tutty, Rothery & Grinnell, 1996)

Chapter Three: Research Results

Fourteen members of the AGEA committee were interviewed in May to July of 2006 for the current study. This chapter presents information about who was interviewed, the history of AGEA, what is working well, the challenges and the functioning of the various AGEA task teams.

Who was Interviewed?

The interview respondents were all current or previous members of AGEA's Steering Committee. Of the fifteen committee members contacted, fourteen agreed to be interviewed. The interviews generally lasted from 45 minutes to one hour. One interviewee fit in the interview during their last two weeks on the job. Another two were interviewed just before going on holidays.

Eight of the fourteen interviewed have been involved for over two years. Four of these had attended the initial meeting in January 2004; the other four joined the committee in the first two or three months afterwards. Of the six others, two joined in the summer of 2004 and three joined in the fall of 2005. All but two of the fourteen interviewed were current members of the committee. The two respondents who had left the Steering Committee did so because of a change in their jobs. Each had been involved for just over a year.

All of the committee members worked in some capacity either with seniors or in the domestic violence area. Three committee members commented that being on AGEA is helpful to their agencies or fits with their agencies' mandates.

> *Part of our mandate and AGEA's mandate is to make the public more aware of elder abuse. It lets us see what the community is doing and makes us more visible to people who hadn't used the shelter. I wanted to increase the voice and visibility of the shelter and the Kerby Centre and have access to information from other stakeholders in the field.*

> *We come across cases and situations that are not good. I hoped to make a difference.*

Two committee members represent particular populations: individuals with disabilities and an ethnic community.

> *I bring the perspective about how to approach the Chinese people. I've been doing some promotion and awareness in the Chinese community.*

Other than the two committee members who had left the committee a year ago just as the task team structure was being implemented, the other respondents were all involved in task teams except for one. Five participated in two task teams in addition to their membership on the Steering Committee.

The History of the AGEA Initiative

According to the interview respondents, the AGEA initiative was started by a group of individuals who were concerned that relatively few initiatives have to address the abuse of older adults in Calgary.

I've been working with elderly people. I'm keenly aware of the issues and needs for support: more information about resources, problems disclosing abuse and the need for training.

Elder abuse has not been on the public agenda. Not much has been done.

Early organizers of the AGEA initiative were the Action Committee Against Violence (ACAV), the City of Calgary and the Independent Living Resource Centre. Rob Wiles described some of his work assessing needs from individuals who might be interested in working on such an initiative.

In 2002 the Alberta Elder Abuse Awareness Network was planning a social marketing campaign and wanted a focus group in Calgary. I was given the task of organizing the focus group. Through this, I became associated with the issue and people approached me, which led me to wonder if there was a need. In Spring 2003, I met with Karen Walroth and asked her if she was aware of service professionals getting together on the issue. She said they weren't. Elder abuse was on ACAV's priority list, so we strategized on how to mobilize. A student at ACAV helped. In the fall, we interviewed individuals asking them how to proceed, would it be valuable, would they attend.

Karen Walroth described the early organizing activities.

In late 2003, Mark from the Independent Living Resource Centre, Rob Wiles and I got together. The City dedicated funds for this work. We met with the key players. I brought ACAV's community development expertise with partnering. Rob had connections in the senior-serving community. Nicola Youle did her eight-month MSW placement at ACAV. She met with key players and identified gaps.

Potential stakeholders were identified and an initial meeting was held in January 2004.

In January 2004, the stakeholders met. They did brainstorming, strategic planning and AGEA emerged.

The meeting was handled well. The issues I had were the same as the issues for others in the group. It was very encouraging. There was consensus about a need for a group. That meeting led to subsequent meetings and the formation of AGEA.

In January 2004, 15 to 20 organizations were invited that were closest to the issue. We had no preconceived idea of what the group would look like. We had a facilitator from Alberta Community Development. We told the facilitator that people might decide they didn't want to proceed. We wanted that to be a clear option. The group resoundingly said it was a good idea.

The involvement of the City of Calgary and ACAV was seen as key.

Rob was in a position to organize, identify and facilitate the group. A lot of people on the committee don't have the opportunity and the flexibility in our jobs.

Out of that came the Steering Committee and the involvement of ACAV and the City, who agreed to take the chair and look for funding. Kerby offered the ongoing commitment of a place to meet. As groups defined their own interest levels, the City and ACAV were instrumental in taking it to the next steps:

developing a strategic plan, getting a staff person, identifying gaps in service. ACAV and the City had the time and commitment to pursue that community development work more than some of us who straddle frontline and administrative capacities. That was crucial to keep the momentum.

The group met again a month later and began defining goals.

We met one month later with the facilitator to look at gaps and priorities. We wanted it to be an action group, not a networking group. Networking is important but if it were just networking people would become uninterested. We wanted it to be action-oriented and the networking would happen.

Work began right away on obtaining funding to hire a coordinator.

We invited FCSS from the beginning. We were invited to submit an application for funding for a part-time coordinator.

Five committee members commented that the emphasis during the first year was on strategic planning.

Within a year we had a strategic plan and had identified priorities and started addressing those priorities.

In the first five to six months, the group was engaging, building vision, getting people committed to moving forward.

I joined in July 2004. At the time, AGEA was working on terms of reference and prioritizing exercises. We were coming up with a strategy and a logic model. That took us right through to December. The priority was education.

One respondent admitted to some frustration with this process.

There was so much to do, we couldn't do it all and we had difficulty deciding what to let go of. People were all working with seniors, but the services were disparate. There was a willingness to hear what everyone was talking about, but there were too many critically important things. That will always be a challenge.

Four respondents mentioned the Steering Committee's discussions about the membership of the committee. Three committee members were concerned that the size be kept reasonable. Several groups that had wished to be involved had interests that were different from the focus of AGEA, according to two respondents.

There was ongoing discussion of who should be involved. People participated by invitation, it was not open. We needed a committee that was small and cohesive. Some groups might have wanted to be part, but their focus was more advocating to upper levels of government. We didn't feel that was the purpose of the group. We wanted it to remain focused on what professionals in the field need to do their work effectively. Advocacy was a component, but the focus was education.

We were looking at the terms of reference and perspectives on what the group should do and who should be included. That working group (was) about 15 people.

Two committee members commented that the group debated whether to include older adults, at least at that point in the process.

We discussed whether individual seniors should be included. Including seniors invites another perspective. It could take us off task or give us a different task orientation. We discussed having a focus group with seniors experiencing abuse to talk about gaps in services. I was in favour of that.

We had some discussion about whether there were any older adults who we would include. Someone from the disabilities community was also an older adult. It was decided that we should start off small and not invite older adults at that point.

They also discussed including different cultural groups.

We became aware that different cultural groups should be included. Among some cultural groups the issue is not well known, so we targeted those groups.

The group worked well together, according to four respondents. Collaborative relationships were built.

It was a group of very interested people, committed and keenly aware of the need to address elder abuse. They were hard-working and in agreement.

The group handled any conflict situations well, according to two respondents.

Two agencies stepped forward to be fiscal agents. That was a point of conflict. FCSS said that if they received two applications for similar projects, neither would be accepted. For FCSS it was important that the work on elder abuse be collaborative. Both groups presented and the group decided. The organization that was not successful continued to play an important role. It was a significant event for the group and for group cohesion.

Rob Wiles is a very skilled facilitator, calm and focused and respectful.

One respondent questioned the decision-making process.

An advisory committee was making the higher order decisions. The working group was invited to take part in some decisions. It was not an inclusive process, not transparent. There might have been good reasons.

In the first year, AGEA accomplished a lot, noted three respondents.

It is remarkable how things happened. A lot of action in a short time.

We submitted a brief in May 2004 to the Provincial Roundtable on Family Violence and Bullying. We organized a conference in November 2004. Accomplishing some tasks helped bring the committee together.

AGEA was invited to contribute to the Provincial Family Violence Roundtable process in spring 2004.

The Calgary Domestic Violence Committee was submitting a brief to the Roundtable. They invited us to contribute because elder abuse was not covered in the CDVC brief. We came up with a document that reflected our views as a group. It was an early success. When the Roundtable came to Calgary, AGEA hosted a special sector group: the only special sector group around elder abuse in the

province. This was validating. Because we existed, we were able to organize the session and had our voices heard.

The group obtained funding to hire a part-time coordinator.

We applied for funds and through FCSS one-time only funding we hired a part-time (0.6) coordinator, Linda White. She helped develop a strategic plan and logic model, apply for funding from NCPC and started on protocol development.

Another early success of the group was a conference held in November 2004. Five respondents commented on the success of the conference.

Professionals were invited to that first conference/workshop. We pulled it together quickly and received good feedback.

We put on a conference - "Prevention of Violence" It was very successful, well attended. We had to turn people away. A variety of speakers talked about appropriate ways to deal with elder abuse.

The biggest success was the first conference. The committee arranged the conference in such a short period of time. People from numerous organizations networked together during the entire conference, not just between sessions.

One committee member commented on the value of having a staff person to help with the conference organizing.

We got additional funding to top up the part-time role. It was invaluable to have a dedicated staff. The group wouldn't have taken on the event without the staff person. Approximately 100 people attended.

Steering Committee Successes and Challenges

In the first year and a half, the groundwork was laid for AGEA's growth in the last year.

Up to May 2005, the work was preparatory, creating a cohesive, productive group and achieving some tasks, such as the 2004 conference. We had built a base and were able to go into other areas.

In May 2005, the group obtained funding from the National Crime Prevention Centre (NCPC). According to Steering Committee members, the strong beginning of AGEA has continued with a committed, talent and diverse Steering Committee, attention to group process and work on priority setting. Three respondents commented on the core group of committed people.

A strength is the commitment of a core group of people who have been there since the beginning, all knowledgeable about the issue and where we want to go.

A core group's always present at the Steering Committee. Very few have left the group. If someone can't continue, they're replaced by someone from their agency.

There has been a consistent core who have been really committed.

Five respondents perceive the Steering Committee as a strong, talented group.

I've never been in such a focused group: focused on task and inclusive. There's a tremendous amount of strength and skill and rich resources.

There are some very talented people who have experience which is critical to moving forward. We've accomplished a lot in a short time.

Another strength mentioned by six respondents was the diversity of representation on the committee.

A success is diversity around the table from various sectors and populations, so we know that whatever direction we take is grounded in the community and will fit their needs. I'm more confident about our work because the diverse voices of various sectors and populations are represented and acted upon.

We have the key people in Calgary sitting at the table.

Three respondents added that the committee regularly reviews its membership and looks for a diverse representation.

We're open to anyone who is interested. The Steering Committee as a whole has seen some changes. We've made an effort to be as inclusive as we can.

We're looking for more people interested in committee work, particularly in a specific focus. We're always looking for a diverse representation, to give us a richer outcome. We're always reviewing it. We've identified gaps and invited people to join and they have joined.

Two respondents commented about the challenges inherent in the committee getting larger.

I would like to see the Steering Committee broadened, but we run the risk of becoming too big. It has broadened a bit in the past month.

There's sometimes not enough room, sometimes people are sitting in a second row around the table. There needs to be a balance between diversity and being cumbersome. It becomes increasingly difficult to do updates. I wouldn't recommend it getting bigger. We wouldn't be able to hear everyone's voice. That's a lovely challenge, having to check growth.

The need for a slightly broader representation on the Steering Committee was noted by three respondents. Seven committee members commented on the importance of having older adults involved. The group is working on involving more seniors, according to five respondents.

This past year the plan is to have more senior involvement, more input or oversight by people over 65 so AGEA will be senior-driven.

Three committee members commented on the need to have members from diverse cultures.

[What are some of the challenges?] Getting members that bring fresh ideas or filling in pieces we don't know. We invite people with other interests, Aboriginal and ethnic groups, but they are sometimes not able to maintain an involvement.

Multicultural is not really a focus of this group. This is something we can develop in future. Now the focus is on the mainstream. We just finished the protocols. We will pilot them, then we can take them to the multicultural groups. The group is open to working with multicultural groups, but it's just been working for a year or two. We can work with Aboriginal groups too. These are really disadvantaged groups, they have barriers.

Three respondents recommended including a representative from the Health Region.

I would like to see the geriatric and mental health sector of the Health Region represented. Now it's more social agencies. We decided to let things percolate over the summer. There may be reasons why the membership is the way it is.

It's a great organization. I would like to see the Calgary Health Region working with the community agencies more effectively. There's a long history of acrimony. When the Health Region organizes something, the community agencies feel like secondary players. That's reversed in this situation, neither of which is helpful. There are such splintered services for older adults. There's a lot of history, territorialism, within the Health Region and in community settings. People have had to find ways to get services and not got help from the Health Region.

One committee member recommended that the Crown prosecutor's office be represented on the Steering Committee.

The Crown is another body we need to get on board to effect changes. To talk about the legal process, we need the prosecutor on board.

Interactions and communication between Steering Committee members were also mentioned by the respondents. Seven committee members commented that the members of the Steering Committee work well together. Several noted the skilled facilitation and the ability to deal with challenging situations.

The Steering Committee members are good and committed: there's trust and respect. People are excited by the quality and quantity of the work. From Rob [Wiles] *there's an emphasis on process. Members feel valued and important.*

No challenges that I haven't seen handled well. If a person is off on a tangent, facilitation handles that. Not everyone is governed by the same code of ethics; not all people on the committee have confidentiality in their code of ethics. Concern was raised about this. There's nothing but regard for the differences and they are respected. It's been such a positive experience. People come on time, are respectful and participate.

I've really appreciated the respect of everyone at the table and their time and making sure everyone has the opportunity to contribute.

Another success identified in the interviews was the group taking time to build relationships among committee members.

I know there were some difficulties with consensus, but I've found the process good. People are pulling together for the greater good, and that's important. It's getting better all the time.

We've become more cohesive as a group and got past some of the barriers to moving forward, like competition for scarce resources. That doesn't come up at the table. From the start we were up-front with each other about any competition with other groups. I find it quite comfortable to express an opinion.

Three committee members noted that the group has taken time to clarify its purpose and structure and how to handle challenging situations.

We have a strategic plan with agreed-upon structure and process, including how the Executive Committee operates. Setting the groundwork for the Steering Committee took a whole day. The process was new for many members. Some found it agonizing. People had ample opportunity to have input, and they were pleased with the outcome.

The Steering Committee spent a lot of time doing the terms of reference. The process is good.

One committee member was concerned about the amount of time spent on governance issues, but agreed that that work was necessary.

Sometimes we get bogged down in administrative or governance pieces like terms of reference, the structure of the committee, and how people leave and come on to the committee. It's not as exciting as the other work we do. Sometimes it felt like there was too much focus on those aspects. However, they needed to be done. Perhaps not all of the committee members needed to be as involved in this; perhaps they could have participated as their interest, skills, and time permitted.

Three committee members commented on challenges related to committee members coming from different sectors and having diverse methods of working.

In the family violence sector the strategy is often to remove the perpetrator. With seniors, the perpetrator is often the only caregiver. If that person is removed, no other services fill that gap and that creates another crisis.

Some of the challenge is to translate our different ways of working into something cohesive: crisis intervention using a psychosocial model, community development. We each come from our agenda.

One respondent noted that the domestic violence and senior-serving sectors succeeded in working together during the protocol development process.

The domestic violence and senior-serving agencies bring different perspectives. The feminist perspective of the domestic violence agencies is different from the senior-serving agencies. This became clear through the protocol development process. The two sectors have been able to come together.

Setting Priorities

Nine respondents commented on the work of the Steering Committee in setting priorities for the committee's work. Seven committee members commented positively about the planning process.

The group felt it was important to be involved in activities that were time-specific, focused on issues, and would have a lasting impact. The people hired for the

community development position have been excellent in supporting the team, developing logic models, being clear about directions. Right from the beginning we were an action group.

All have agreed on the priorities, though we sometimes move away from them. Sometimes funding directs what we do, like now with program evaluation. Sometimes we've taken them out of order, e.g. World Elder Abuse Awareness Day, so we address them as they come along.

I was surprised at how action oriented the group was. Every meeting, tasks were reported on and moved forward. The growth has been planned with visioning exercises, days for strategic planning, the Delphi process. I've seen more of these activities than with other groups and they've been instrumental in its growth.

Two committee members clarified that, while there is a long list of priorities, the group has chosen to focus on two or three.

The Delphi process was valuable for priority setting and then we picked the top three so it's not overwhelming.

We have prioritized. These are the two things we're working on now. Four other priorities we can't start until 2007. That's sensible.

Another committee member commented,

We needed to continually reinforce that this was long-term work, over a number of years, a marathon not a sprint.

In May and June of 2005, the Steering Committee went through a Delphi process, a method of prioritizing goals for the committee's work. Six committee members found this process valuable, particularly the way in which everyone was involved.

Priorities were decided on in a very effective way. It was a good process, efficient and thorough and involved everybody.

The new staff person took us through a process of setting priorities. Important that it was a collaboration, with everyone contributing. Individuals felt their voices were heard through that process.

The Delphi process was so efficient and got everyone involved.

The Delphi process was amazing. We collectively came up with priorities for moving forward. We felt that our opinions were valued, that we were shaping the committee and its work.

Two committee members commented on the amount of work involved with the Delphi process.

The Delphi process was intimidating and too long. The turnabout time was very short, sometimes two days. At least a week is needed.

Delphi was a success and a challenge. It was probably a good process, but it was squished into a short time and was stressful for me and others.

The strategic planning after the Delphi process was completed was also valuable according to three respondents.

For each priority, there's been strategic planning.

One Community Development Coordinator assisted with taking the team through a priority setting process and coordinating it into a strategic management document that was a clear directive, organized us into priority areas, primary, secondary, third and so on. We got focused with task groups, timelines.

The resulting priorities, documents, and action plans for each priority were clear, specific and helpful.

At times, agreeing on what to do has been a challenge, according to two respondents. Two mentioned that some individuals wanted AGEA to address the abuse of elders in institutions as well as abuse in the community.

Elder abuse in institutions is a significant issue and there's a debate about whether AGEA should address it. The focus of AGEA should be abuse in the community and a different committee should focus on abuse in institutions. They need to start with one or two things and do that well and then move on. It's huge issue, political, ethical, spiritual. They can't do it all.

One member wanted to deal with institutionalized abuse. Our group of core people focused more on the community-based abuse. We couldn't do everything. Not to say institutionalized abuse isn't important. Some people might be upset because we're not dealing with aspects of elder abuse they want dealt with.

One respondent noted that the group has also discussed whether to advocate for changes in legislation.

Coming to consensus as a group on what we're going to work on is a challenge. Legislation always comes up as an issue. People want to change the laws, but that's probably the hardest thing to change.

The AGEA Coordinator

As previously mentioned, AGEA received funding from FCSS to hire a Community Development Coordinator in June 2004. Linda White was initially hired part-time, but left in November 2004 to take another position. In May 2005, AGEA received additional funding from the National Crime Prevention Centre (NCPC) and another Coordinator, Kevin Midbo, was hired into and remained in the position until March 2006. A new Coordinator, Eva Chan, was hired in April 2006.

The Steering Committee members were asked about the impact of the AGEA Coordinator. Eleven committee members considered having a staff person vital to the committee's work. Nine commented on how much AGEA has been able to accomplish with a full-time Coordinator.

Having a staff person and funding freed everyone on the Steering Committee to participate at the level they could. The time commitment is sometimes concerning. I want to have input, but can't devote as much time as needed, so for me to have the staff person be the conduit makes a huge difference.

Absolutely critical to the progress. No possible way we could be at this point without that person. It's more than a full-time job.

A full-time staff person is fundamental to have it move in a meaningful way. You can do so much with volunteers and committees. What helps is a staff person who can focus attention.

You need a staff person. S/he is more focused. The Chair has their own job, so you're reluctant to call. For a project of this size and expectation, you need someone there full-time, then the work is done better. I like the staff person doing the minutes. The staff person keeps us informed. Some of the work, the details, are time-consuming.

Eva taking minutes takes a load from the committee members. We volunteer to do the minutes, but it's hard with our workload. We can't make it to all the meetings.

Paid staff get so much done. They report to the Steering Committee and we say, "You've done that too? Wow!" Each of the three has brought skills: organizational skills, knowledge of the Delphi process, computer skills, communication skills. They do the minutes and proposals and then approach us with them. How wonderful to have a person who's on top of all those details.

Without a staff person, AGEA would continue, but it would look entirely different. The momentum has been maintained at a higher level with an employee. People have buy-in to the group. Losing the staff person would be an enormous loss, could be damaging. People would have to step up and take on the workload, that's unlikely. We would have to prioritize; the scope of the work would be greatly reduced.

We wouldn't be where we are without that position, having a skilled person who keeps us organized. The current person is awesome.

Without the coordinator we wouldn't be able to do as much work at as high a quality. It is crucial to have someone able to focus, pull it together, and keep an eye on the details. It's much less stressful for committee members. I can contribute to the work, but there needs to be a dedicated resource person to move projects forward and to support the committee. It's rewarding as a committee member. I consider the coordinator a luxury and feel lucky; so many committees don't have one.

It's made a huge difference. All the things that needed to be done, that people had to volunteer for, while doing their own job full-time, are done by the staff member in a timely, orderly fashion. It's a necessity. If we lost our funding, which allows us to have a paid staff person, none of us would have the time to complete the tasks required.

Seven stakeholders commented on the role the staff person has in coordination and communication.

Coordination and communication are functions of the staff person. Information from the subcommittees gets back to the Steering Committee through the staff.

The employee knows what is going on at a micro-level, because they're part of each group and can feed back between the groups and avoid duplication. Without

an employee, the Chair has the hub role, but with an employee, they take the hub role. It's easier to ask someone to take on the Chair if there's an employee.

That is such a key position in our group. A lot of the little things would fall by the wayside if we didn't have a staff person. Eva has done an amazing job. Just keeping people connected is huge, and that paid position is so important for that.

Without the assistance of a coordinator, two committee members commented that some tasks would not have been accomplished. Two mentioned the protocol document and one mentioned the statement for the group to use with the public and the media.

From the dialogue on the committee, the staff person developed the protocol document into something readable, transferable.

The public statements, cohesive statements that we want to give the community on elder abuse, came from dialogue in the committee, but would have remained there if there had not been a staff person.

One committee member commented that the family violence background of one of the coordinator's impacted their effectiveness in dealing with representatives from the senior's sector.

We want to help seniors outreach agencies develop protocols, but some of them were not all that interested. Many seniors' clubs didn't see abuse as an issue. The people directing the staff person were not involved with front-line work. The person hired came from family violence. She went into the senior sector without really understanding that sector. There are two groups at the table, family violence and senior-serving agencies. They sometimes have a different understanding of how to deal with the issue.

A second committee member was not certain that a staff person was needed.

It looked like it would be important if we were going to go for a well-structured organizational approach, but it would not be necessary if we were pursuing some of the group's interests and working more slowly.

As mentioned previously, since AGEA received funding to hire a coordinator, there have been two periods without a staff person, from November 2004 to May 2005 and six weeks in the spring of 2006. Nine Steering Committee members commented that this gap negatively impacted the work of AGEA.

The glitch with change of the staff person had some impact on the speed of the project. Without the staff person, work still happened, but probably slower.

There was no staff from November to May 2005. The group wasn't dormant. We met and planned, but it was more difficult to move forward. Not a lot tangible was achieved.

It is a challenge having different coordinators each with their own style and way of working. Any transition is a challenge. There have been times without a coordinator. Some things we placed temporarily on hold.

It took time for the hiring process. That meant extra committee meetings. The Steering Committee reviewed resumes.

Challenges in staff management took a lot of time for the Executive committee and the co-chairs to manage effectively. It took time and energy away from other things, so we didn't move forward as quickly.

Three committee members commented that the challenges with staff have been handled well.

In the six week gap between coordinators, Rob and I split the responsibilities for the public awareness campaign and the protocol development.

A challenge for the Executive is how do we manage an employee knowing ACAV has the day-to-day supervision. It's been successful with us meeting after the Steering Committee meetings and getting into nuts and bolts with the staff person. Karen has been the leader on employee issues. The Executive is very valuable.

Speaking about the Service Enhancement task team, one committee member commented that losing the staff member who had played a critical role assisting the committee was a "challenge", but, "*We handled it well.*" A consultant was contracted to help with the final stages of putting the protocol document together.

Committee Workload

The Research Advisory Team also wanted to assess what the committee members thought about the workload. The workload is heavy according to six committee members. Three commented that work they do for AGEA is in addition to their jobs.

If I were involved in everything I wanted to, that would be impossible. I only find it manageable to provide the time I do provide. With this group and others, time is always difficult. Anything you're doing is in addition to your job. You've got to spend the time to have your voice heard. In its current form, I don't know what could be done differently to make it more manageable.

The expectations are quite high, sometimes to a point where I can't do it. I'm very open. I tell the Chair I can't do it. There are times when we're really busy with our own work. More people are needed to help with some of the heavy loaded jobs. People might get to the point where they can't do it and then they walk out. We don't want that to happen.

One challenge was having the time to participate. There were other task teams I wanted to participate in. People are pressed for time, they have to choose.

When it's a committee that's beyond your normal workload, people get stretched. That's always going to be a challenge. We tend to rely on some of the key people, like Rob and Karen, maybe more than we should.

To devote the time, with everybody trying to do their regular jobs, is very hard.

The other challenge is some of us non-profits have contributed a lot of our own time that we haven't been remunerated for. We've developed protocols, that's taken time. How do you get remunerated? The agencies never get anything back - well we do in the sense of the community well-being - but it's always time out of our day. I haven't counted the hours. It's far more than I want to know. You can only do so many of these pieces. You have to say no sometimes.

Two committee members commented on how much work was involved in producing the protocols document. One committee member suggested that more people are needed to help with the more time consuming projects. Two interview respondents found the workload heavy but manageable.

> *I agreed to be as involved as I can manage. I was listed for five task teams as part of the action plans, but I'm going to be part of three If it can be prioritized lower, if we can do it in a year, then maybe I can take part. For the ones I committed to, it's been fine. At times it's more intense and I book more time, then it levels off.*

Another commented on what AGEA is doing to ease the workload for members.

> *Some people are feeling taxed. We respect people's need to pull back. Networking is also valuable so we want them to continue to be involved. People have stepped back and then re-engaged when they've had more time.*

One respondent was pleased that accommodations have been made to make it easier for her to take part.

> *Some have time restraints like me, but that's accommodated. The task groups I'm on have meetings on my lunch hour at my workplace. So far I can work within the parameters of my job.*

The AGEA Task Teams

As AGEA's work progressed, task teams were developed to handle specific priority areas. More emphasis will be placed on the task teams in the future, according to two respondents.

> *We will be reducing the number of Steering Committee meetings in the fall so people can focus on their work on the task teams. The new staff person, Eva, has taken on a coordinating role. We want more of a focus on the task teams. The Steering Committee's role is more the large vision piece.*

Four respondents commented positively about the task teams and how useful they are in focussing energy and getting work done.

> *The Steering Committee, the Executive Committee and the task teams all serve unique purposes. The Executive Committee does the background work. The Steering Committee provides guidance and input. The task teams work on the details and really move the work forward. The sheer volume of work that gets done by the task teams is stunning once you can split up the work and get focused.*

> *A really good thing that happened was the development of task teams. That has helped in terms of focussing our energy on one specific area, so it's more manageable. We're able to do things more effectively.*

> *Each group reports to the Steering Committee. They're excellent. People can align with a task that they're interested in.*

The increasing focus on task teams allows AGEA to broaden its membership, according to two committee members.

We're looking at mechanisms to draw people in. Let's involve them at the task team level and through the task team they can feed into the Steering Committee.

People are joining task teams, focusing on areas in which they're interested, reported three respondents.

People are identifying areas of particular interest and where they have strengths. Committees often reflect passions of people working on them.

Four committee members commented that their choice of task team was related to their role in their jobs.

I'm interested in the Service Enhancement committee because that's the area I work in.

One of my roles in the police service is to train our members. The work of this committee is aligned to that role.

One committee member would like more clarity on what decisions the Steering Committee makes and what decisions are the responsibility of the task teams.

There should be clearer divisions between the Steering Committee and the task teams. Perhaps the task teams should have specific things to ask us. I've seen that work well on other committees. I'm not sure if that format would work for this committee, but it might be a point to consider. If there's an event, the Steering Committee may decide what topics, what angle, what messages.

More information about the task teams would be useful, according to two committee members.

Task team representatives report at Steering Committee meetings. I know roughly what the task teams' goals are. It would be great to have the action plans, progress, and timelines of the task teams in written format. I wouldn't want it verbally at the Steering Committee meetings; we don't have enough time. I'd like a way for people to support a task team but not be on the team. If there were specific tasks -- promoting the protocols, booking space -- that might increase participation on the task teams. That would definitely increase my involvement.

The Community Development Coordinator plays an important role in coordinating the work of the task teams, one respondent noted. The employee attends all of the task team meetings and can inform the teams about any possible duplication of work. More people are needed on the task teams, according to one respondent.

There aren't enough people for the task teams. People are not burnt out, but if there were more people it would spread the work and more would get done

The AGEA Executive Team

Four of the interview respondents commented on the Executive team. All were positive about the contribution of the Executive.

We take on the big topics, break them down and find what the issues are. We always take it to the Steering committee and say, "Here's what we considered" and ask them what they think. The Steering Committee appreciates the work we've

done. It can take such a long time to get into the issues and people have told us they don't want the meetings to drag on. We have good representation. We have a strategic plan with agreed upon structure and process, including how the Executive Committee operates. All that groundwork was done.

The Executive Committee is a strong group.

The Steering Committee has strong transparent communication. The Executive Committee reports to the Steering Committee. The Executive Committee minutes are circulated.

Two respondents commented on changes to the membership of the Executive being positive.

We've had good rotation through the Executive, rotations of half the committee, so different viewpoints. Karen and I have said that we're looking for successors.

One committee member who had been a member of the Executive Committee suggested targeted recruitment for the Executive.

Being on the Executive Committee didn't meet my needs as a service provider. I didn't feel that I had a lot to contribute due to my lack of knowledge in the area. Possibly there were too many individuals on the Executive. That's a challenge to ensure people are involved at the right levels. Maybe I could have benefited from training or for our agency to know what goals could be met at what level of AGEA. I would like to see more targeted recruitment.

Through the priority setting process, the group decided to focus its efforts in a few areas. As a result, some of the teams have been more active than others.

We've been more active in the awareness and protocol development because we're committed to do those with funders. The others will pick up.

Some committees have more members than others. If people don't want to be members of committees, there's not much you can do.

Some of the task teams are just starting up: Education and Awareness, Advocacy (part of the Executive team), Research and Evaluation, Membership, and the Older Adults Advisory Group. The Service Enhancement and Campaign task teams have achieved significant outcomes.

The Advocacy Team

The Advocacy portfolio is linked with the Executive team. Three committee members commented that advocacy was not one of the top priorities for AGEA. Two of the three noted that it is a challenge to get agreement as a group on what action to take.

With the former staff person, a document was drafted. There are many views in the group around what advocacy is. We need a strategy that the collective can endorse. We want to identify issues, but identify solutions as well with a focus on building relationships with government organizations and other organizations. We set priorities; it wasn't one of the top ones.

One of our previous board members produced a report related to the abuse of seniors with a request to the government demanding legislative changes, and he did an excellent job of it. When it was presented to the board for approval not one person could endorse it without taking it back to their respective agencies and obtaining permission. There's no way you're ever going to get approval if the board members don't have the authority to approve what we do.

The Education and Awareness Team

The Education task team is one of the teams that is just getting organized. The team is discussing which groups to target with education and training.

The broader education team has only one member. We need to populate that task team. The one member is working with the staff person on developing a document that could show others what the team hopes to do.

We've been discussing what the Education committee will do, looking at the terms of reference. We had the first meeting last month. We want to define goals clearly. How is the Education task team different from the awareness and protocol task teams? Who is our target audience for education, which professional groups? We're looking at different delivery methods that might work with different groups. We're thinking a small group rather than trying to get a large group together for meetings, with resource people attending when necessary.

The Membership Team and Older Adult Advisory Group

The Membership task team has primarily been working on finding members for the Older Adult Advisory Group.

We want a group of eight to ten; people with involvement in different areas who can give feedback to the committees and who can take on projects of their own if they identify something they want to do. We want a younger person so we can reach out to all people to raise awareness. We're looking for people who have retired but have worked in the community and can bring insights.

The primary aim of the Membership team has been to develop the Older Adult Advisory Group, that's top on the list of priorities. It's not as developed as we would like. The group isn't meeting yet. We would like their feedback/input on a number of issues. Longer term we will look more broadly at membership.

According to four committee members it has been a challenge to find members for the Older Adult Advisory Group.

Recruiting has been a challenge. We have approached our membership, our network. Not had a lot of people interested. Some people think people will think they've experienced elder abuse.

The biggest challenge is to involve older adults. This isn't a problem unique to seniors - it's hard to get volunteers. It's hard to get a committed body of older people to work on this. How rewarding is it to talk about abuse all day long?

However, three committee members commented that more recently the group has had success in recruiting members for the Older Adult Advisory Group.

We had some difficulty identifying people to be involved but that's no longer an issue.

The Research and Evaluation Team

The primary work of the Research and Evaluation team has been to support a research project conducted by Monica Pauls. Monica is a staff member with the Canadian Research Institute for Law and the Family (CRILF) and is a member of the Steering Committee. Monica described her work with AGEA.

I got funding to do a project in this area. I consulted with them [AGEA]. I was doing this as part of my job, but wanted it to be a partnership. I wanted to make sure the group's concerns or needs were met in the work and to provide them with information that they would find valuable in their work.

Four Steering committee members commented about the value of the work with CRILF. One respondent referred to working with CRILF as "mutually beneficial" and added:

At one point we might want to do our own research, but we're not researchers. We want to build the knowledge base about elder abuse but maybe we want to encourage others to do the research rather than doing it ourselves.

Three committee members also mentioned the Research team's work on evaluating AGEA's activities.

The other side of this task team is evaluation. Our group is really interested in the research: how can we do better, how far have we come.

The Campaign Team

AGEA received funding in November 2005 from Alberta Crime Prevention for a public awareness campaign. Five respondents commented positively about the work of the team and the quality of the campaign organized for World Elder Abuse Awareness Day in June 2006.

The public awareness committee is moving along well, strategically aligned with World Elder Abuse Awareness Day, but something that will progress beyond that.

The Campaign team has been meeting for six months, planning around June 15 Elder Abuse Awareness day. They've shared the workload. It's been an opportunity to involve people not on the Steering Committee. That was a success. Also a success was connecting to the larger provincial group, sharing our ideas, leveraging resources to cover costs of producing posters and bookmarks, using economies of scale and sharing costs of the design of items. We maximized resources. The provincial network produced a video PSA. It was sent out to media across the province. That saved us the cost of mailing and producing our own PSAs. The challenge is the scope. Increasing awareness is an overwhelming task. It's ongoing work, a marathon not a sprint.

I can tell the public awareness campaign group is working well by the quality of the campaign.

One respondent suggested that the Campaign task team could benefit from involving people with media experience.

We've been quite successful at the public awareness, but I'd like to see more people involved who are media-orientated. It's expensive to do this.

The Service Enhancement Team

The main focus of the Service Enhancement team has been developing a protocol document in response to requests from front-line service providers for tools they could use in their work.

Front-line workers wanted more tools, such as practice tools and techniques on how to deal with elder abuse in the field.

According to six respondents, the Service Enhancement team had a positive working relationship.

The main activity of the Service Enhancement task team has been developing protocols. The group has worked diligently. There have been differences in language, values, beliefs and the challenge in staffing. There have been some obstacles but a commitment to complete a quality document.

Even with some glitches, it was a pleasure to work with a team that were invested in producing a document that will be used into the future. I'm pleased and proud to be part of that group. They were a strong group. Sometimes that created challenges. There was a good dialogue, trying to agree on what made sense.

The Service Enhancement team is a very good team. We had a lot of disagreement. People who didn't attend some meetings would come and want to change things. It's good we talked about the disagreements.

The group developing protocols has a passion for that work and for doing it well. When needed, they bring in experts.

The people involved have been committed to doing a good job.

Several respondents mentioned how much work it was to put together the protocol document.

The Service Enhancement task team was labour intensive, like all new initiatives.

It would have been good to know ahead of time how much work was involved with protocol development. We didn't know we would have to do the protocols from scratch. People contributed a lot of time. It's a lengthy document, over 100 pages.

It was exhausting to work on the protocols. You're taking it home at night because you don't have time during the day. It was a challenge with the change of coordinators. At the beginning, people weren't that aware of the topic. It was a learning process for everyone.

Adding to the challenge was that the team had few models to use to guide them in their work, as noted by two committee members.

Doing it [the protocol document] allowed me to see what is out there. I was surprised at how uncoordinated it is nationally. We're still taking baby steps.

In the early stages, we were starting from scratch, taking parts of other protocols, one from Toronto, anywhere, pulling from different sections of their documents.

Three respondents mentioned that the coordinator person leaving during the process created challenges.

The change in Community Development Coordinator, who played a primary role with the task team, had an impact. That person had a different vision than the rest of the group. We needed someone who was working for the group. That individual lacked the initiative to become knowledgeable and clear about the issues.

One respondent thought that there was too much time pressure from funders.

The funders sometimes have deadline expectations that make it difficult for non-profits. Sometimes the time constraints are unrealistic, so then there's a lot of pressure. The downfall could be that you end up with a document that isn't as strong as it should be. Sometimes there should be some leeway from the funders.

Three committee members commented on the contributions of the staff people.

The protocol development team is very conscientious, very knowledgeable about work in the field. They're frustrated at the time it has taken, but they're producing a high quality document, that's more important. If it takes 13 months rather than 10 months that's okay. Without an employee to shepherd it, it wouldn't have happened. None of the partners thought they could shepherd it.

The new staff [Eva] was able to look at it with fresh eyes. Eva helped in the final stages. She spotted things we could do better.

Three respondents mentioned that contracting with Lee Tunstall to help with the final stages of putting the protocol document together was a good decision.

A consultant helped us in the later stages. Lee Tunstall brought other eyes to the work. We're all from the same sector. We thought a consultant would be too expensive, but she was efficient. If we can afford the money, it's worth it.

Part of the reason for the success was we ended up sub-contracting Lee. She was a good writer and came with experience and knowledge. I'm astounded at how much we did get done.

When the staff changed it produced relief and anxiety. We needed to train new people. We handled it well. Everybody was determined to get the protocol document done within the timeline. There was agreement to bring in a consultant to allow time to bring in another Community Development Coordinator and get them comfortable. It worked better than what was happening with the prior staff person. These are skilled people, the new staff person and the consultant; they're amazing and had the initiative.

The Service Enhancement task team also worked on identifying service gaps.

> *Identifying service gaps is a process, never completed. There'll be a check-in piece in the fall. We will use the gaps in looking at our priorities. Check if we're still on the right course.*

Information Flow

The interview respondents were also asked to comment on the flow of information to Steering Committee members about AGEA's activities, for example, if there was enough information or too much. Eight of the ten who responded were positive about the information flow.

> *There's a good level of communication. At the Steering Committee meetings, the staff person reports on the work of each task team plus each task team reports.*

> *With every committee we review their progress at the Steering Committee. What I don't get at the Steering Committee, I get through email.*

> *All the Chair people report to the steering committee. They send information around if it is pertinent.*

> *We get enough* (information about the other teams). *We have an update at the Steering Committee. If I ever wanted more information, I could always go to that task team. The information flow is really good. Our meetings are run well, minutes are circulated.*

Two committee members commented that discussions at meetings can be too long or gets off track. One of them expressed appreciation for the way the Chairs handled these situations.

> *At Steering Committee meetings sometimes a discussion's more involved than it needs to be. I don't know the answer. People need to be able to talk about cases. It could be the research team talking about legislation, then we get into a discussion of how difficult the legislation is. The Chairs are good at pulling people back and respectful, allowing the person some time, to feel support. That's real for them. Some are the front-line of the front-line and not able to do much.*

One had several suggestions for managing discussion at committee meetings.

> *We tend to bite off more than we can chew for some committee meetings. Perhaps we could cover fewer items in more detail or have preparatory work or reading so that it would take less time to discuss the information.*

This committee member also had recommendations about how to handle updates at committee meetings.

> *It becomes increasingly difficult to do updates, the more members of the committee there are. It is important to have updates, but we're pressed for time during the meetings. Maybe they could collect the updates ahead of time and send them out with the agenda. That would free up some time.*

One committee member commented that during the Delphi process not enough time was given to respond to emails, but added that things are better now.

If you want feedback, you need to give us time to digest and respond. If it comes by email, at least a week is needed. Sometimes we're not in the office. Sometimes we're working on our own time. You don't want people to get frustrated and quit. Now things are more stabilized.

Two committee members commented on the volume of information and having difficulty reading it all.

I have to make the commitment to open the email and read it and spend the time. It's not just the committee meetings, but the time spent looking at the information.

Often I take home the information and browse through it. I don't have time to study it. I have a belief that the people in this group are giving all they can. Maybe a different approach would work better, but I can't say what would work.

One committee member did not find that there was sufficient notice of task team meetings.

Sometimes I just found out the day before about a Service Enhancement meeting. If someone misses a meeting, someone should let the person know about the next meeting. If they don't, I feel they don't want me to be there.

Two committee members would have liked more information about the work of the task teams:

I would have liked more sharing through the process of developing protocols. They didn't talk about the content at the steering committee meetings, unless it was clear to others before I got there. I didn't ask to have it clarified.

Usually at meetings, every committee has an update, which is informative. Maybe because I came mid-way through this process, I feel vague on how the task teams are going. I'd like more information that is concise, a list of who to call, a task team summary. I need to be informed in an easy way.

This committee member added that being interviewed for the evaluation was helpful.

This interview is an excellent idea, because it helps me reflect on my own participation and how I can make my participation more worthwhile.

The AGEA Newsletter

The Steering Committee members were asked their opinions of the AGEA newsletter. Four were not familiar with the newsletter or had not seen one in a while.

The newsletter is a good idea. I haven't seen one for awhile. It's a good advertising tool. I would like to see it reinstated, but I'm also aware of all the work Eva is doing. I don't want to add more to her plate.

Nine commented that the newsletter contains good information and is a good way to communicate.

It is informative and assists in getting notices and information out in a timely matter of upcoming seminars, training and events.

The newsletter is an effective way to communicate between the task teams and the broader community.

It's a good way to get information to people and a good update on the achievements of AGEA.

Three committee members noted that the newsletter has been receiving less attention lately.

The newsletter has been quite good. It needs some attention. It hasn't had attention because of other priorities. Good that it's succinct, maximum two to three pages. Good information.

Two respondents questioned who the intended target group is for the newsletter.

The newsletter is interesting but more useful to those who aren't involved. It's all stuff I'm already aware of.

I would rather have the newsletter focus on our specific achievements and be practical to service providers: statistics, suggestions on how to respond to elder abuse, sections from the protocol manual. I care about committee structure, progress, history, etc. as an AGEA member, but as a service provider I want to know what best practices are, to whom can I refer, how diverse populations experience elder abuse. There should be a more practical focus, less a focus on the committee itself. I'd like more clarity about the purpose of the newsletter.

One committee member suggested making changes in the newsletter's format.

I don't think it's particularly user-friendly, attractive, or effective. The way that it was set up, you had to click on the story you were interested in. I would like it all in one place. It wasn't easy to read or engaging.

Another respondent noted a recent change in the format of the newsletter.

An inordinate amount of time was given to the newsletter. It was a very good newsletter, but I'm more interested in the content rather than a flashy newsletter. The AGEA piece will be part of the ACAV newsletter. We'll have to monitor how it works within the ACAV newsletter. We don't want it to get lost. As a person just working with seniors, would I read it? Will we lose our uniqueness?

The AGEA Web page

The interview respondents were asked to comment on the AGEA web page. Of the twelve who responded, two-thirds were not familiar with the web page.

I haven't visited the web page.

I looked at the web page once. I can't remember what it looks like.

I haven't actually looked at the web page very much, don't have an opinion.

I need to look at it. It's been a while. I don't know.

Three respondents commented positively about the web page.

I only visited it once, a year ago. I like the layout. You could click on the history if you wanted. There was enough information. I don't remember what else was included other than the history and contact information

[What do you think of the newsletter? The web page?] *Both are excellent tools to spread the word more broadly.*

Two other committee members suggested that the web page will be useful for posting documents.

We had a discussion about the web page this week. It will be used more as we have more products to post on it.

The web page is valuable. It will have all the documents, reports.

One respondent who was not familiar with the web page wondered how accessible the web page is and what audience it is targeting.

I looked at it very briefly. Honestly, I can't really report on that. My evaluation criteria would be how accessible it is. I'm not sure which audience they're directing it to. Is it aimed to get more seniors involved?

Two respondents had suggestions for the web page.

If there is information on the web page that would be useful, the web page should be promoted. As a Steering Committee member, I don't know if there's anything on the website not covered at the meetings. It would be great if it covered some statistics, best practices. This is the appropriate place to add more information on the committee itself and all its areas of progress.

The web page is very good in that it gives exposure about AGEA to the rest of the world, but in particular to other agencies and organizations across Canada. The one concern is that it must be updated on a continuous basis, and it is not being done at this time. Some of the information is very dated with long past events as well as incorrect contact names.

Progress towards AGEA's Goals

Though AGEA started up just over two and a half years ago, the group has achieved some significant outcomes and is on track to address additional outcomes. The majority of the committee members commented that AGEA has achieved a lot in a short time.

Definite progress has been made on priorities and goals.

It is remarkable how things have happened. Within a year we had a strategic plan, had identified priorities and started addressing those priorities. AGEA sets an excellent example of addressing a social issue effectively.

I said to the group that we will look back on 2006 and say, "Wow, look at what we've accomplished." In community development, we say the dam broke.

What we've accomplished is impressive. We're starting to make the strategic management plan happen, the goals of those task groups.

The conference in the fall of 2005 was one of the successes, according to six committee members.

Anything they put together, such as the conference last year, was very well done, a community-driven success.

The November 2005 conference/workshop was successful. We were able to give people something concrete, tools.

One of the committee members commented that the evening public education event was less successful.

Public education in the fall for professionals was successful. Less successful was an evening presentation for the public.

The protocols produced by the Service Enhancement team were another successful project. Nine respondents commented positively on the protocol document.

The protocol is splendid, they nailed it. It's been well conceived and thought out.

I hoped to have a protocol, market it and train front-line people. We've accomplished that 100%. We got a quality document, very professional, inclusive of all the research findings.

The protocol document will benefit non-profit senior-serving agencies right up to the Health Region. It's an important document for AGEA.

All the work lately has been putting the protocols together, tangible documents. This work has been excellent. It's a document you can share with a myriad of readers.

A staff person from a senior-serving agency commented:

I work with front-line workers, so I was hoping [the protocol document] would be a guideline for new people coming into the field that aren't familiar with elder abuse. Another success is more awareness ourselves of the unique aspects of elder abuse and different ways to provide service and approach seniors so you get accurate answers. My sense is that our language is less inflammatory than in the domestic violence community, i.e. not a gendered perspective. We've emphasized providing support to both men and women, and not alienating men.

One committee member mentioned that other groups were consulted to ensure that their needs were met.

We got input from the Aboriginal community, the Independent Living Resource Centre and the ethno-cultural community. The document reflects the needs of these groups.

Little has been done in Canada developing protocols for elder abuse, as the committee members noted above, which makes their achievement even more significant. Only one respondent commented on difficulties with the protocol document.

The resource and procedures manuals are good learning tools but they're way too big for someone who's front-line. There needs to be a cheat sheet, half a dozen pages.

Four committee members commented on future work with the protocol document.

Through the protocol document, our hope is that people will get something concrete, and we'll roll it out with training. This year, instead of a conference we will do training around protocol development.

The protocol has been completed, and now we're looking at training professionals in the community. This has already been scheduled.

The draft protocols are completed and a resource manual, a companion document to the protocols. There will be an information session in June, a meeting with senior-serving and domestic violence agencies to review the protocols. The staff person will work with each agency on how to implement and provide training.

AGEA has facilitated coordination between agencies, building relationships and increasing referrals, according to two Steering Committee members. A third committee member stated, "*The information sharing is invaluable.*"

FCSS offered us two years of additional funds. They saw really positive outcomes: better working relationships, referral processes and collaboration between senior-serving agencies which hadn't been happening. Major successes are referrals between agencies. OWLS and Kerby are serving the same people but providing different services. They are acknowledging the different things each other offer.

As mentioned earlier, the domestic violence and senior-serving agencies have different perspectives on how to intervene with elder abuse, which was obvious while the group worked on developing protocols. However, the two sectors were able to work together on the protocols and find common ground. One committee member commented, "*It's been wonderful foundational work.*"

The largest success since January 2004 was building relationships between individuals and organizations in the group. That's the power of the cross-sector work, with organizations serving seniors and organizations working in the family violence area. I've heard from people that they're receiving additional referrals. People can phone the shelter or OWLS and talk to someone they know about the situation and whether the referral is appropriate. This has happened outside the formal structure of the group.

This committee member gave two examples of how the coordination is working.

Organizations applying for funding use the group as a feedback loop, sharing information about where they're applying. Calgary Counselling Centre wanted to do some education around elder abuse. They came to find out what AGEA was doing around education. They didn't want to duplicate, they wanted to complement. I'm involved on the ACAV coordinating council. In the protocol development we were able to make useful links through FaithLink on spiritual abuse and through Strengthening the Spirit on abuse in the Aboriginal population. We could formalize some of those coordinating functions. I'm not sure what that would look like. It would be a communication role, a conduit, so people are aware of what other organizations are doing.

Three respondents mentioned links with other organizations. In addition to the funding from FCSS and NCPC, the United Way has requested a proposal for housing for frail elderly, noted one committee member. The group's links with the Alberta Elder Abuse Awareness Network helped with organizing the World Elder Abuse Awareness Day events on June 15, 2006. AGEA's relationship with CRILF was also an asset to the group.

CRILF heard about us. They wanted to work in the area of elder abuse and asked if we could act in an advisory capacity. I refer to the AGEA group as a lightening rod.

Supporting the research project conducted by Monica Pauls at CRILF and the information that was disseminated through that project were significant achievements for AGEA, according to four Steering Committee members.

We've just completed the research project on victim-focused services for the elderly. I benefited by getting the group's feedback and direction, by having connections to get into this component of society. The dissemination has been really key. I've presented at the conferences and the café, and tried to put AGEA on the map by highlighting the group in my presentations.

A success was the research task team and Monica Pauls' work. They presented at the conference and took information from the conference evaluations. Great to have the importance of the elder abuse issue validated. A lot of hard work has been done. They pulled together information about resources and information from interviews with elders who had been abused.

AGEA received funding from Alberta Crime Prevention in November 2005 to conduct a public awareness campaign. Events were organized to coincide with World Elder Abuse Awareness Day June 15 2006. Three committee members, interviewed after June 15, commented positively.

June 15th, international awareness day, got the word out.

The awareness campaign group with some external support put together the World Elder Abuse Awareness Day. A lot was happening June 15 to raise awareness.

Other achievements were noted by committee members. One committee member commented that AGEA has also produced a help card specific to older adults experiencing abuse. One committee member noted that AGEA's work has resulted in increased awareness of services for victims of elder abuse.

Through AGEA there has been a significant increase of awareness about what services are available. We've also made a start on making older people aware that they have options.

Another achievement, mentioned by one respondent, was producing a statement to use with media.

The statement we could use in communicating with the media and to members of the public, that all members of the group could support; that was a major accomplishment.

Committee Members' Priorities for AGEA

The interview guide asked the respondents to state their priorities for the committee. Note that each of these issues has previously been addressed.

The research participants identified two clear categories for priorities: training professionals (including the next stages of the protocol project) and public awareness. Other priorities included inviting seniors to become involved in the project, advocacy and developing services. Each will be briefly discussed.

Eight of the 14 interviewed rated education as a top priority. Many mentioned education around/ for those who would be using the documents from the protocol project as part of this overall education strategy.

> *We finalized the elder abuse protocol and resource manual through the Service Enhancement task group. We will now go into training with senior serving agencies and others.*

> *The draft protocols are completed and a resource manual, a companion document to the protocols. There will be an information session in June, a meeting with senior-serving agencies and domestic violence agencies to review the protocols and then the staff person will work with each agency on how to implement and provide training.*

One member commented that the training needed to be ongoing:

> *There's a high turnover among outreach workers. Outreach workers are social workers, but need training about elder abuse.*

Eight of the 14 interviewed perceive public awareness to be a top priority. Members mentioned the public as a target "*because the public is unaware that this is an issue*" and "[we] *need to present the issue as a reality.*" Several individuals highlighted the connections between educating professionals and raising public awareness:

> *There has been a prioritizing: seniors outreach people, people who will use the protocol and the public, because the public is unaware that this is an issue.*

Awareness was seen as a major factor in the prevention of abuse of older adults:

> *I'd like to enhance the general process in people becoming more aware of abuse, making better decisions earlier on so you're not vulnerable to abuse as a senior.*

> *There's lots of information out there, but a lot of times the information isn't reaching the victims or persons who really need help and the resources, or the ones who are unaware of what is there to help them.*

As mentioned previously, involving seniors in AGEA was mentioned by four individuals as a top priority. As mentioned previously, this has been previously identified as one of AGEA's top priority. One individual saw including older adults in the process as a part of the ongoing broadening of membership. Another identified an additional reason to recruit seniors:

> *When a senior tells a senior about elder abuse its better. If we tell them, they think, you are young workers, you don't know.*

The AGEA members mentioned several other priorities, including advocacy for legislation and development of services, which AGEA could take on in partnership with other agencies.

The big priority is to go back to our original concept of AGEA – get the legislation changed to protect seniors, whether it's in care facilities or home care.

Advocacy: reviewing the legislation that's in place. Also, we've identified gaps in service, and we need to advocate for those gaps to be filled.

Services for seniors, but that's not something AGEA would take on their own. A lot of committees in the seniors sector are working in isolation. [It is] important to stay connected with what other committees are doing, even though they may not be working in the area of violence.

Three members mentioned the original priorities (that had been set with Delphi) and that AGEA should continue to work with those priorities.

Priorities were decided on in a very effective way. I wouldn't have picked all of them, but important that we chose them as a group. It was a good process, efficient and thorough and involved everybody. I support these priorities.

What Else is Needed to Protect Older Adults from Abuse

A final interview question was an opportunity for the committee members to mention anything else that they considered could be helpful in addressing the abuse of older persons. Twelve of the 14 respondents cited more awareness and education as important pieces in addressing the abuse of older adults. Awareness was seen as information for the public, whereas education was seen as for professionals. Both were seen as equally important by many of those interviewed, or as a continuum of understanding for the Calgary community.

I've been working with elderly people and I'm keenly aware of the issues and needs for support and the need for more information about resources and access to resources.

More people would be knowledgeable; person on the streets is aware and knows resources are available. More reporting of elder abuse because people have knowledge to identify abuse. Increased ability by professional community to respond to reports of abuse.

The public would value older persons, know where to go for help, and feel comfortable accessing help that meets their diverse needs. Every service provider would know what to do to support abused older persons, especially how to recognize signs of abuse and how to respond if someone discloses abuse.

People would be aware, first of all, and invited to easily plug into services and it would be in a diverse Calgary, accessible to all.

For there to be a greater awareness of abuse, that people can speak about abuse without shame, can address needs and build resources and help people access the resources.

Many noted the need to broaden the work to include the diversity of the senior population in Calgary.

We want to work with agencies serving people with disabilities, draw them in. Those are the most marginalized people.

[We are] also looking at a strategic alliance between AGEA and FaithLink. The majority of congregants are older adults. ... Also through our alliance with the Calgary Coalition on Family Violence we can work with other ethnic communities.

At this stage we're not having anything to do with multicultural groups. We hope to have some linkages with multicultural groups. We have the contacts. We can look at how we can assist them.

We can work with Aboriginal groups too. These are really disadvantaged groups, they have barriers.

Working with older adults on getting services in place, that "with" piece is important. It may take a longer time to work with people, but it's the only way older adults are going to have a voice in our society.

Responses to the abuse of older adults, including services (8 of 14 interviewed) and legislation (5 of 14 interviewed) were seen as connected by many of the members.

Changes in legislation could improve the situation, but the social infrastructure needs to be in place to support these changes. i.e. if we have some legislation that is removing the victim from the home, we need shelters, housing programs, supports in place.

The need for services was recognized, especially housing for seniors abused by caregivers (i.e. non-family members) or those unable to leave their homes.

The only shelter in the city for seniors [Kerby Rotary House Shelter] only takes elders abused by family members and only seniors who are able to manage their own care.

Police response, some coordinated response. Adequate housing in particular for frail seniors and community-based resources. There are adequate services. We need better ways to manage. It gets complex. There are medical and psychological issues, alcohol, depression.

Individuals who are most frail, most vulnerable, [need to] receive the appropriate response. [How] can we provide for them in the environment most suitable, in their home with supports or in a shelter?

The interview respondents held a variety of views on the role of legislation.

I would hope that there'd be some action that will increase the safety of older persons. Some people think its legislation that's needed. Others say elder abuse teams through the police are the answer.

Changes in the law and support for police to be able to better and more fully prosecute elder abuse cases.

I'd like the PCC legislation altered. I believe there's a lot of abuse in organizations. We blame family all too often, but some of the largest amount of abuse tends to be from paid caregivers.

Legislative piece. I'm not convinced that protective legislation is the answer, they are not children, they're adults, some with dependencies, which we all have to a degree.

[Another member] thinks that the focus on trying to influence legislation has been lost. I don't think it's been lost. It's something we're working up to. We need to develop a credible voice. I think that will naturally come.

Several others mentioned the importance of collaboration and coordination in creating an effective strategy to address the abuse of older adults.

A lot of committees in the seniors sector are working in isolation. [It is] important to stay connected with what other committees are doing, even though they may not be working in the area of violence.

Another individual raised concerns that would need to be addressed as AGEA moved forward with its work.

There's no way you're ever going to get approval if the [committee] members don't have the ability or authority to approve what we do, without having to go back to their supervisors or agencies to obtain approval. What benefit is there if we can't develop a policy or submit proposals for legislative changes, if committee members do not have the authority to act on behalf of their respective agencies.

One person noted that more services were needed but AGEA would not be able to do this work alone. Another noted:

[A] student researcher found that enhanced community coordination is more effective than protective legislation. With advocacy we've identified strategies, we haven't identified solutions. As a group we don't have a collective view on this.

In summary, the representatives from the Action Group on Elder Abuse initiatives provided in-depth comments with respect to the successes, gaps and challenges that the organization has faced and will need to address in future as it continues to meet its objectives.

Chapter Four: Summary and Recommendations

This evaluation of the Action Group on Elder Abuse in Calgary provided the opportunity for one of the first studies of the efficacy of such community initiatives to further the awareness of the abuse of older adults. The interviews with 14 AGEA committee members provide an in-depth view of the strengths and challenges of developing AGEA. The feedback spans the agency's 2½ year history documenting several significant shifts in providing training and support as well as feedback with respect to AGEA's newsletter and website.

This chapter considers the research findings in light of the available literature on the abuse of older adults highlighting similarities and differences and what the current study has added to our understanding of providing support to this population. Limitations and strengths of the evaluation are documented. The chapter concludes with several recommendations for AGEA to consider in continuing to develop and make future plans.

The serious nature of the abuse of older adults and the need to facilitate disclosures and provide interventions was validated both in the literature review and the interviews with the 14 committee members from the AGEA initiative documented in this report. As mentioned previously, little research has addressed the process of the development of such community agency initiatives. As such, this research has the potential to highlight key steps and strategies that could facilitate the strengths of similar groups. The challenges of a small group of interested individuals engaging community members and stimulating changes to address problems such as the abuse of older persons must not be underestimated.

The interviewees identified a number of strengths of the AGEA process. AGEA is notable for utilizing the best practices of organizational processes and tools such as community facilitators from Alberta Community Development, strategic planning, developing logic models and the Delphi process, consistent with other initiatives affiliated with the Action Committee Against Violence. Further, ACAV has consistently conducted process evaluations of their community initiatives such as the Youth Violence Prevention Project (Tutty & Cavicchi, 2003) and the needs assessment to develop a family advocacy centre (Tutty, Cavicchi & Nixon, 2003). Such attention to ensuring that the processes utilize the recommended organizational development tools is reflected in the numerous positive comments about most aspects of AGEA.

Successes of the AGEA initiative included considerable work by the committee chairs and committee members in instituting and supporting the continuation of the work, especially in the absence of or during gaps in the presence of paid staff. The original committee was kept relatively small (15 members), yet included some diversity of agencies with differing roles and responsibilities. The committee chose to keep its objectives relatively focused, choosing not to address some other important issues such as the abuse of seniors in institutions or legislation. Such focus allowed the committee to develop plans and objectives that were attainable.

One of the tasks of the initial part-time funded AGEA Coordinator was to write proposals for a full-time position. Hiring a full-time coordinator was vital to continuing with the momentum developed from the successes of the early group such as the November 2004 conference.

While the work of the coordinator is seen as facilitating AGEA's activities, the committee members remain actively involved in a number of task teams addressing membership, advocacy, evaluation and service enhancement. As such, the workload of AGEA, described as relatively heavy, continues, but in more focused small teams, each with a particular focus and concrete tasks. The role of the coordinator becomes just that, facilitating the task teams in functioning effectively, without duplicating effort and ensuring that information about the activities of each is frequently shared. The current configuration was perceived by most as working well.

Throughout the process, AGEA continued to review and prioritize what issues it would address. The outcomes chosen were action-oriented activities such as developing protocols, training professionals, providing conferences; ones that provided concrete tools to address elder abuse. The current task teams are good examples of this action-oriented process, each with clear attainable goals and activities.

While relatively few conflicts with respect to AGEA's functioning were mentioned, those that were (decisions about membership, what agency should become the fiscal agent) were addressed openly and transparently in full committee meetings. Such attention to managing conflict is notable and may be one reason that the majority of AGEA committee members have been with the group from its since early beginnings.

The AGEA comments about its priorities were congruent with Pauls' (2005) conclusions about how communities address the issues. Pauls' concerns about the need to promote awareness and understanding of the issues, help agencies strategize about how to better facilitate disclosures, involve seniors in the process were certainly noted by the AGEA committee member, perhaps not surprisingly, since Ms. Paul is active on the committee.

One significant challenge, mentioned already, was accessing on-going funding for a full-time coordinator, ultimately resolved, at least for the near future, through the NCPC funding. The lack of sustainable funding certainly impacted the first several years, during which a part-time coordinator accomplished a number of tasks. With the hope of continued funding for the next several years, that barrier will be less a concern. However, shifts in leadership in small community organizations can be critical. The AGEA committee members mentioned that the three coordinators had differing styles and background knowledge that impacted the functioning of the organization. In small community development groups, hiring a coordinator that fits with the committee's purpose are essential, but often difficult to maintain. The AGEA committee membership is pleased with the current coordinators' style and priorities.

In summary, both from the perspectives of the AGEA committee members that were interviewed for the current study and considering the recommended best practices in developing effective community development initiatives, AGEA is working well and meeting its objectives.

Recommendations for Consideration by AGEA

As is clear from the detailed interview comments, through their strategic planning, the Dephi process and task team development, AGEA has already identified issues and priorities for further consideration. Additionally, in most cases, the group has identified

solutions, if not already implemented them. As noted by several committee members, the group is conscious of process and able and willing to handle situations as they arise.

With the change to bi-monthly Steering Committee meetings and more focus on work in the task teams, coordination and communication between the Steering Committee and task team members will be key to maintaining the sense of working together. As one respondent commented, the staff person will play a key coordinating role.

Some committee members recommended that AGEA broaden its membership to include the Calgary Health region and multicultural groups. Importantly, finding a way to include the voices of seniors is also critical and an identified priority for the organization. Some also suggested keeping size in mind to avoid getting too big and including people on task teams rather than asking them to join the Steering Committee.

The interviewee comments included some suggestions to improve the newsletter and web page. Several committee members were not familiar with the newsletter and most were not familiar with the web page. With both, one or two respondents questioned whom AGEA is targeting. One respondent suggested that the web page needs updating.

In summary, community initiatives such as AGEA benefit from strong organizational support and strategies. The interviews with the AGEA committee members clearly endorse the value of the initiative. AGEA could easily serve as a role-model for similar small community-driven organizations to develop in ways that most likely result in successful change. The current research highlights the importance of AGEA in raising awareness of and supporting the development of mechanisms to screen and intervene with older adults that have been abused.

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Appendix One: Interview Guide

Evaluation of the Action Group on Elder Abuse Project:
Building Capacity to Respond to the Abuse of Older Adults – Phase 1

1. From your perspective, how did the Action Group on Elder Abuse initiative develop? What have been the successes and challenges?

2. How long have you been involved with AGEA?

3. Are you a member of the Steering Committee? *[If yes]* Since May 2005 (Phase 1 of the project), how well is the Steering Committee working? What are its strengths and successes? Challenges?

4. Are you a member of a task team, a committee or the older adult advisory group? *[Service Enhancement, Older Adult Advisory group, Campaign, Education and Awareness, Membership, Executive and Advocacy, Research and Evaluation][If yes]* What did you hope to accomplish by your involvement in the task team/ committee/ older adult advisory group?

5. Since May 2005 (Phase 1 of the project), did you accomplish what you hoped through your involvement with the task team/ committee/ advisory group? What are the successes? Challenges?

6. Other than your involvement with _____, do you know about the other priorities of AGEA? *[Some of the priorities are: involving older adults in AGEA's activities, the public awareness campaign, identifying service gaps, protocol development, targeted professional training, research and evaluation][If yes]* What are the successes and challenges of AGEA's work on these priorities?

7. Do you get enough information about the other teams? Too much? *[How is the information flow? How is the workload?]*

8. What do you think of the newsletter? The web page?

9. What difference has it made having a paid staff person?

10. What do you think should be the top three priorities for AGEA?

11. If AGEA were to be successful over the next few years, what would be different in the city of Calgary?

12. What else needs to be accomplished to better protect older adults from violence and abuse?