Elder Abuse Reduction Education Deliverable 1:

Environmental Scan Final Report

**Submitted by:**

Kathleen Cunningham, BComm, LLB, MPS, TEP

So Han Yip, MSW, RSW

**Submitted to:**

M Glubke, Manager, Collaborative Services, BCcampus

**Date:**

March 6, 2014 (Version 1.1)

# 

Copyright © 2014, Province of British Columbia

Macintosh HD:Users:michelleglubke:Desktop:88x31.png The contents of this Guide are licensed under Creative Commons [CC BY-NC-SA 3.0](https://creativecommons.org/licenses/by-nc-sa/3.0/) unless otherwise specified. This content can be: used without permission as long as attribution is provided to the copyright holder, the Province of British Columbia; copied and redistributed in any format; and remixed, transformed and built upon as long as contributions are licensed under the same license. This license does not allow use for commercial purposes. Please see the link above for further details on this license and providing proper attribution.

# Document Revision History

| Version | Author | Date | Details |
| --- | --- | --- | --- |
| V1.0 | Kathleen Cunningham | December 31, 2013 | Final Report |
| V1.1 | Kathleen Cunningham | March 6, 2014 | * Revisions to incorporate information received post December 31, 2013 from contacts established prior to December 31, 2013. * Substantive edits include:   + Edits to final report text and figures to update numerical data presented as a result of follow up information received after Dec 31, 2013.   + Footnote under “Background” section noting that the federal department of the HRSDC is now ESDC (Employment and Social Development Canada).   + Amendments and additions to Appendix A items: PA7; B30; B31; J3a; L6; M3; O13a and related data sheets as applicable   + Addition to comments column in Appendix A where data sheets were not completed   + Updates to Appendices D-G to reflect new data * Clarification edits to Executive Summary * Update references to legislative changes expected in 2014 announced March 3, 2014. |

**Table of Contents**

Document Revision History 3

Executive Summary 7

Background: Setting a context for post-secondary elder abuse education in British Columbia 9

The international and national context 9

Provincial strategies 9

The legislative context 9

The history of adult guardianship legislation in BC 9

Guiding Principles and Presumption of Capability in BC’s Adult Guardianship Act 10

Current status of adult guardianship laws in BC 11

Other provincial legislation, privacy law and the Criminal Code of Canada 12

Educational efforts in Canada and BC 12

“Together to Reduce Elder Abuse – BC’s Strategy” and the environmental scan 13

Research Methodology 14

Project requirements 14

Preliminary identification of resources 14

Master Inventory 15

Interviews and email communications 15

Website searches 15

Post-secondary educational institution research (BC Only) 16

Publicly funded institutions 16

Communication with Deans of BC post-secondary institutions 16

Private post-secondary education institutions 17

Professional and occupational requirements and guidelines 17

Data Collection 17

Data Organization 18

Master inventory – Appendix A 18

Data Sheets 19

Research limitations 20

Findings 22

Competency-based resources 22

Lack of standardized competencies and varied educational needs 22

Learner specific resources 22

Learner roles and responsibilities vary 22

Professional and occupational requirements 22

Post entry to practice curricular resources 23

Recertification and mandatory professional development 23

Range and quality of delivery methods 23

General content found in most resources 23

Topics addressed 23

Topics not addressed 24

Content themes 25

Adult Guardianship Act (BC) definitions 25

The use of language 26

Ageism and other forms of oppression 27

Barriers to reporting 27

Capability assessments and stereotypes of “incapable” adults 28

Communication with older adults 29

Community engagement 29

Cultural sensitivity including First Nations and Aboriginal populations 29

Ethical considerations 29

Guiding principles 30

Barriers to inter-professional collaboration 30

Safety Planning 31

Identifying resources for further review and consideration in phase 2 31

Quality assessment criteria 32

Resources on the best practices continuum 32

Potential resources – a fourth category on the continuum 32

Additional resources to be considered for further inquiry 34

Supplementary materials to support curricular resources 34

Resources under development 35

Reusability and adaptability 35

Adaptability/reuse rating scale 36

Adaptability/reuse rating scale scoring guide 36

Gaps 39

Sector Gaps 39

Content Gaps 39

Additional considerations arising from research 40

Delivery methods 40

Realities of the challenges accessing the health care system 40

Use of publicly available resources 40

Positioning or framing student learning outcomes and objectives 40

Opportunities 41

General comments 41

Additional observations and opportunities for consideration 42

Potential directions for a curricular resource 43

Appendix A – Master Inventory 43

Appendix B – Semi-structured Interview Guide 44

Appendix C – Data Sheet Template with Guide for Completion 47

Appendix D – Potential, Emerging, Promising & Best Practice Resources/Practices 51

Appendix E – Supporting Data for Resource Adaptability/Reuse Rating Scores 54

Appendix F – Additional Resources to be Considered for Further Inquiry 57

Appendix G – Supplementary Materials to Support Curricular Resources 59

**Table of Figures**

**Figure 1 Summary of Institutions and Organizations Reviewed 19**

**Figure 2 General Content Found Across Resources 24**

**Figure 3 Content Themes 25**

**Figure 4 Quality Assessment Definitions 33**

**Figure 5 Potential, Emerging, Promising and Best Practices/Resources 34**

**Figure 6 Adaptability/Reuse Rating Scale 36**

**Figure 7 Resource Adaptability/Reuse Rating Scale Scoring Guide 37**

**Figure 8 Number of the 45 Resources that do NOT cover each of the 12 content themes 38**

## Executive Summary

A number of provincial governments have developed provincial strategies for addressing elder abuse. BC released its strategy *Together to Reduce Elder Abuse – B.C’s Strategy* (the TREA strategy) in March 2013. The strategy identified the need to strengthen elder abuse prevention, detection and response in BC and includes a commitment to increase and enhance education and training across sectors in order to improve the ability to recognize abuse and take appropriate action. This project – an environmental scan of post-secondary entry to practice and post entry to practice education within BC and across Canada – is the first step towards delivering on this commitment. It has been funded by the Ministry of Advanced Education and is being directed by BCcampus.

The second step of this commitment (Phase 2 of the Project) is to determine the competencies and learning outcomes that might be addressed in an open online curricular resource to be developed and made available through BCcampus. The goal of the resource is to support educational efforts in the health, social science, legal and financial sectors.

Phase 2 includes development of the resources and begins in January 2014. It is expected to be concluded by September, 2014.

The research for this scan was conducted between October 17, 2013 and December 31, 2013. A master inventory was created and documents the identification and research into over 162 institutions and organizations and 330 programs, courses, units, resources and occupational competencies. 141 data sheets were completed documenting resources that were identified as having content dealing with the prevention, detection and response to elder abuse. While the focus of the research was on post-secondary institution programs and professional training and continuing education, a number of community focussed projects and resource materials were also identified.

The research was constrained by a number of limitations including the limited time available to conduct the research, the limited availability of sufficient information to accurately summarize and assess the educational resources, and challenges identifying the existence of elder abuse related content in courses and programs that did not specifically mention elder abuse or related terminology in course titles and descriptions.

Despite these limitations, educators in this field were found to be passionate about the issue and many were generous with their time and information. 45 resources have been identified as potential, emerging, promising or best practice resources which will inform decisions during Phase 2 of this Project. It is anticipated that a number of these resources might be reused or adapted (with appropriate licencing) in the development of the planned open online curricular resource.

Six recurring topics were identified in most of these resources. They are:

|  |
| --- |
| 1. Prevalence/Statistics on elder abuse and neglect, and statistics on reporting, gender differences, etc. Canadian or American studies are usually cited. |
| 1. Definitions of abuse and neglect – cited from literature, World Health Organization(WHO) or BC’s *Adult Guardianship Act* |
| 1. Types of abuse, neglect and self-neglect; e.g. physical, sexual, financial, emotional (psychological), spiritual, institutional |
| 1. Signs for each type of abuse and neglect |
| 1. Risk Factors of elder abuse: e.g. isolation, physical dependency, financial dependency, etc. |
| 1. Profession-specific roles, responsibilities, and/or practice standards – response and follow-up to situations of abuse and neglect |

In addition, twelve content themes emerged as important areas for exploration in education on elder abuse prevention, detection and response. Some or many of these themes were identified in the 45 resources. The content themes are:

|  |
| --- |
| 1. *Adult Guardianship Act* (BC) definitions |
| 1. (Use of) Language |
| 1. Ageism and other forms of oppression |
| 1. Barriers to reporting by older adults, others, and professionals |
| 1. Capability assessment and stereotypes of “incapable” individuals |
| 1. Communication with older adults |
| 1. Community engagement |
| 1. Cultural sensitivity including aboriginal |
| 1. Ethical considerations regarding duty to protect vs. respect for the right to autonomy |
| 1. Guiding principles from the *Adult Guardianship Act* or other sources |
| 1. Inter-professional collaboration |
| 1. Safety planning |

An additional 33 resources were identified where insufficient information was available to assess the material for this project. A number of current projects that will be completed in 2014 and 2015 were also identified. Finally, 24 supplementary resources were identified as important supporting information that could be incorporated into curricular resources. Many are publicly available.

This report describes the methodology used for carrying out the research, the nature of the data collected, and how the data was organized. It then provides a discussion of the findings and observations. The methods used to conduct the quality assessment are explained. It was this assessment that led to the identification of the 45 resources noted above. The project requirements requested a rating of the adaptability and reusability of these 45 resources. This posed a research challenge and the strategy for developing a methodology for this assessment, although somewhat arbitrary, is explained. The report concludes with a discussion of the gaps and opportunities identified by the researchers.

## Background: Setting a context for post-secondary elder abuse education in British Columbia

### The international and national context

The United Nations endorses the principles of independence, participation, care, self-fulfilment, and dignity for older persons. These principles are to be incorporated in all government programs whenever possible. Older person are entitled to live in dignity and security, be free of exploitation or physical or mental abuse, and to be treated fairly regardless of age, gender, race, ethnicity, disability, economic, or other status.[[1]](#footnote-1)

The Canadian government launched the Federal Elder Abuse Initiative in 2008. The overarching objective was to raise awareness about elder abuse throughout society, including professional groups, and to ensure related information, resources, and tools are available.[[2]](#footnote-2) The department of Human Resources and Skills Development Canada (HRSDC)[[3]](#footnote-3) has funded hundreds of local, provincial and pan Canadian projects to achieve this objective through the New Horizons funding. Many of the projects were completed in 2011 when the federal initiative officially concluded. However new projects continue to be funded by the New Horizons for Seniors program.[[4]](#footnote-4)

### Provincial strategies

A number of provincial governments have developed provincial strategies for addressing elder abuse.[[5]](#footnote-5) BC released its strategy *Together to Reduce Elder Abuse – B.C’s Strategy* (the TREA strategy) in March 2013.[[6]](#footnote-6) The strategy identified the need to strengthen elder abuse prevention, detection and response in BC and includes a commitment to increase and enhance education and training across sectors in order to improve the ability to recognize abuse and take appropriate action.[[7]](#footnote-7) This project is the first step of delivering on this commitment.

### The legislative context

#### The history of adult guardianship legislation in BC

In 1993 BC introduced a package of proposed legislation often referred to collectively as the “adult guardianship legislation”. The proposals included new and/or modernized laws that allow for adults to appoint a trusted person to assist adults to make financial, personal and health decisions in the event of future incapability. The individuals appointed to carry out these functions are generally referred to as substitute decision makers. Given concerns about the potential abuse and misuse of the authority granted to these substitute decision makers, a number of safeguards were incorporated into the legislation ranging from how the documents are prepared, to who is permitted to be a substitute decision makers and clear statements of duties and responsibilities.

The 1993 proposal also proposed to replace the legislation governing the appointment of committees (known as guardians in many jurisdictions) and introduced a rights based approach to assessing whether or not an adult is incapable of making personal, health care or financial decisions. This legislation is found in the *Adult Guardianship Act*.

In recognition of the need to address the abuse, neglect and self neglect of vulnerable adults in BC, the proposed *Adult Guardianship Act* introduced new laws to facilitate the reporting and investigation of these concerns for adults living in BC. These investigations are carried out by designated agencies.[[8]](#footnote-8) The *Adult Guardianship Act* also provided a framework for providing support and assistance to adults who are experiencing abuse and neglect and granted emergency powers to designated agencies in order to facilitate taking steps to protect a vulnerable adult in certain circumstances.

The package of legislation included a new statute known as the *Health Care (Consent) and Care Facility (Admission) Act*. This legislation deals with obtaining a patient’s consent to treatment, rules for obtaining substitute consent, and rules for consent to care facility admission.

Finally, the *Public Trustee Act* was replaced with the *Public Guardian and Trustee Act* which, among other things, granted powers to the Public Guardian and Trustee of BC to investigate reported concerns of financial abuse or neglect and to take steps to steps in urgent situations to protect financial assets.

#### Guiding Principles and Presumption of Capability in BC’s Adult Guardianship Act

The *Adult Guardianship Act* established guiding principles and presumptions which govern all activities carried out under the *Adult Guardianship Act* and the related legislation. They are worth noting:

**Guiding principles**

2 This Act is to be administered and interpreted in accordance with the following principles:

(a) all adults are entitled to live in the manner they wish and to accept or refuse support, assistance or protection as long as they do not harm others and they are capable of making decisions about those matters;

(b) all adults should receive the most effective, but the least restrictive and intrusive, form of support, assistance or protection when they are unable to care for themselves or their financial affairs;

(c) the court should not be asked to appoint, and should not appoint, guardians unless alternatives, such as the provision of support and assistance, have been tried or carefully considered.

**Presumption of capability**

3 (1) Until the contrary is demonstrated, every adult is presumed to be capable of making decisions about the adult's personal care, health care and financial affairs.

(2) An adult's way of communicating with others is not grounds for deciding that he or she is incapable of making decisions about anything referred to in subsection (1).[[9]](#footnote-9)

#### Current status of adult guardianship laws in BC

After seven years of debate and amendments to the proposed 1993 legislation, the investigation provisions found in Part 3 of the *Adult Guardianship Act* came into force in 2000, as did the investigation powers of the Public Guardian and Trustee which are found in sections 17-19 of the *Public Guardian and Trustee Act*. The *Representation Agreement Act* also came into force allowing adults to name representatives to assist adults with making financial, personal and/or health care decisions. In addition, the health care consent provisions of the *Health Care (Consent) and Care Facility (Admission) Act* came into force.

A further seven years of discussion and debate culminated in late 2007 with the announcement of amendments to existing and yet to be proclaimed provisions of the foregoing legislation. Some of these amendments, primarily the personal planning legislation dealing with powers of attorney, representation agreements and advance directives, came into force on September 1, 2011. Provisions dealing with the process of issuing incapability assessments and appointing the Public Guardian and Trustee as statutory property guardian (committee of estate) are expected to come into force on December 1, 2014.

However, the *Adult Guardianship Act* provisions that would replace the current court process for appointing a committee under the *Patient’s Property Act* have not been implemented; nor have the care facility admission provisions of the *Health Care (Consent) and Care Facility (Admission) Act* as amended at the time of the 2007 announcement.

This 20 year history of partial implementation has caused confusion in many sectors about the current state of the law on the many issues the statutes address. It has also complicated educational efforts insofar as limited resources have been applied to stakeholder education pending clarity about whether or not, and when, the remaining *Adult Guardianship Act* and *Health Care (Consent) and Care Facility (Admission)* provisions will come into force. This in turn has affected the breadth and depth of content of elder abuse education that seeks to address both the tools for prevention of abuse and the options for response.

With the full implementation of the personal planning legislation in September 2011, and the pending implementation of the 2014 amendments with respect to incapability assessments for the appointment of the Public Guardian and Trustee as a statutory property guardian, there is an opportunity to bring more consistency and depth to education on elder abuse and neglect, particularly with respect to educational content related to prevention and response.

#### Other provincial legislation, privacy law and the Criminal Code of Canada

Legislative responses to elder abuse and related laws are a matter of provincial jurisdiction. As a result, while there are similarities, there are unique differences between provinces. These differences range from whether or not public agencies have a power to investigate reports of abuse, agency options for response, whether or not there is mandatory reporting in certain sectors and/or environments such as residential and long term care facilities, and the governing legislation that may or may not set out the duties and responsibilities of substitute decision makers.[[10]](#footnote-10)

Privacy laws are found at both the federal and provincial levels. While similar, there are differences. Questions remain and debates continue about whether or not and when financial institutions and others can report concerns of abuse or neglect. Proposed amendments to federal legislation that may resolve these questions continue to be debated.

Many types of elder abuse and neglect also fall under the *Criminal Code of Canada*. Although this is not necessarily well known, and/or prosecutions present new challenges, in many cases the application of the criminal law may not be the best solution for the adult who is a victim of the abuse or neglect. Alternatively, the adult may not wish to pursue criminal sanctions.

These jurisdictional differences and the range of relevant laws complicate education efforts generally and more specifically any cross jurisdictional educational efforts relating to elder abuse and neglect.

### Educational efforts in Canada and BC

Over the years, dedicated professionals in various sectors have developed their own educational or training resources for their students and agency staff. Professional and occupational organizations have initiated projects and/or introduced professional development and continuing education programs. Some are offered regularly. Others are more ad hoc and/or are offered as one time learning events.

While there is a growing number of resources and educational activity related to elder abuse, content is often focussed on only one or two audiences. It varies in terms of the duration of the education, the scope of the topics covered and the depth of discourse as observed in the following examples:

* the Re:act Curriculum on adult abuse and neglect, developed in 2011, is the first provincially standardized curriculum for designated responders responsible for investigating and responding to adult abuse and neglect under the *Adult Guardianship Act*
* a number of post-secondary health care sector courses include a 3 hour unit on elder abuse
* professional development seminars typically offer 1-2 hour lectures or panel discussions on one or more issues related to elder abuse. This is particularly evident in the financial and legal sectors which offer post entry to practice continuing education and professional development

### “Together to Reduce Elder Abuse – BC’s Strategy” and the environmental scan

“Together to Reduce Elder Abuse – BC’s strategy” (TREA) reflects the BC government’s commitment to preventing abuse and neglect by promoting awareness and supporting the identification, recognition, and report of elder abuse and neglect. Funding was allocated by the Ministry of Advanced Education through BCcampus to develop an open online curricular resource (the Project) to support post-secondary entry to practice[[11]](#footnote-11) education and ongoing continuing education/professional development.

To ensure the quality of this new resource, this environmental scan has been conducted to identify existing curricular resources in BC, and across Canada, that address elder abuse and neglect in post-secondary entry to practice curricula. The scan has also identified post-secondary curricula and courses delivered outside BC, pan Canadian resources, post entry to practice resources (including continuing education and professional development offerings), and a number of community based resources that may support curricular resource development.

This scan has led to the development of an inventory which will be used to:

* identify gaps and opportunities that might be addressed in the curricular resource to be developed;
* consider whether or not existing resources might be adapted or reused, with appropriate licencing, in the development of the new curricular resource; and
* avoid duplication of curricular resources already in place.

## Research Methodology

### Project requirements

The high level requirements for this environmental scan were to:

2a.1 Research existing curricula on the prevention, identification and response to elder abuse within BC post-secondary, Aboriginal and private career-training institutions (entry-to-practice, continuing education/professional development).

2a.2 Research existing curricula on the prevention, identification and response to elder abuse within other provinces, non-profit organizations, health authorities, agencies and professional associations (entry-to-practice, continuing education/professional development).

2a.3 Create an inventory of the curricular resources and conduct a quality assessment for re-usability or adaptability.

2a.4 Identify & document gaps in training and education.

2a.5 Identify & document opportunities for enhancement.

This report describes the methodology adopted to conduct the research as set out in 2a.1 and 2a.2. It outlines how the data was gathered, summarized and documented for the master inventory, including a preliminary assessment of the quality and reusability/adaptability of the resource for purposes of the Project.

The report also:

* Identifies content themes that emerged during the research process, often reflecting the experience of experts who have been providing education for over a decade
* Identifies curricular resources that address content themes identified and may be reusable or adaptable with appropriate licencing (see 2a.3)
* Identifies other resources that can be used as supplementary material to support curricular resources
* Identifies and reviews observed gaps in education and training (requirement 2a.4) and
* Identifies opportunities for a new online curricular resource to support post-secondary education requirement 2a.5)

### Preliminary identification of resources

Educational resources in the field of elder abuse are scattered and often owned by the institution or educational provider. A purposive snowball sampling method was used for the preliminary research. Forty clinical, educational, academic and professional experts in the field of abuse and neglect were first identified through personal contacts, including the members of the Working Group and the Advisory Group. These identified contacts, and a preliminary scan of information on the internet using keyword search for elder abuse on the websites of organizations and institutions known to be active in this field, produced an initial list of approximately 50 potential resources and new contacts.

Using a snowball sampling strategy in addition to further review of websites for identified organizations and institutions, additional experts and resources were identified. The initial list was expanded to a total of 163 potential organizations or contacts with relationships to one or more organizations.

### Master Inventory

The organizations and contacts were grouped into one of 16 categories or one of 4 categories reflecting province wide or occupation related groupings. Each was listed in Appendix A, the Master Inventory, under the applicable category. All subsequent findings were added to this inventory. Where sufficient information was available, individual data sheets were prepared summarizing the resource. See section on data collection below for details.

Figure 1 (see discussion under data organization below) provides a high level summary of the inventory categories, the number of programs, organizations and institutions reviewed, and the volume of data summarized.

### Interviews and email communications

Where possible telephone interviews were conducted with initial contacts and new contacts identified during interviews and through research. Where telephone communications were not possible, communications occurred by email.

The inventory components identified in the project requirements document informed the development of a semi-structured interview guide. This guide was used where possible to encourage interviewees to narrate their stories of teaching and learning. The guide can be found at Appendix B.

### Website searches

Institution and organization websites identified by interviewees, as well as those known to the researchers, were reviewed in order to gather information on specific courses or programs. Online word searches for elder abuse and related terminology were used to seek out additional courses that might include a module or some content on elder abuse and related topics.

Searches included post-secondary institutions outside of BC identified through the interview process, professional training organizations and professional licencing bodies, pan Canadian and BC specific New Horizons for Seniors funded projects, aboriginal organizations, academic research centres, and provincial agencies and organizations with community service mandates. The organizations considered and/or reviewed are identified in the Master Inventory.

### Post-secondary educational institution research (BC Only)

#### Publicly funded institutions

The Ministry of Advanced Education oversees 25 publicly funded post-secondary institutions.[[12]](#footnote-12) Potential additional curricular resources at these post-secondary educational institutions were identified through more detailed online searches for course information. The search encompassed all 11 universities, 11 colleges and 3 institutes. These institutions are identified in categories A, B and C respectively in Appendix A.

Keywords in website and online searches included elder abuse, neglect, guardianship, violence, aging, legal, law, and mistreatment.

Website and online sources included:

* Educational institution websites
* Websites of faculties, schools, departments, and programs connected to three of the four sectors of interest: health services, social sciences, and law. Business faculties (the financial sector) were not included at the post-secondary level but were included in a review of professional accreditation and professional development/continuing education programs
* Links to course descriptions in the respective faculties, schools, departments, and programs
* Course calendar sites
* Course outlines located online

While these searches revealed additional potential resources it is worth noting that while searches often identified courses that referenced aging, many did not provide more specific reference to elder abuse or older adult abuse.

#### Communication with Deans of BC post-secondary institutions

Fifty-one emails were sent to Deans in the health science, social and human science, and law faculties of the 25 BC post-secondary institutions identified above.[[13]](#footnote-13) The email explained the project, identified instructors who had been interviewed to date as well as any courses identified. Deans were asked whether or not there were any courses or units within courses that might have been missed and were encouraged to consult with faculty as required.

Twenty responses were received providing more detailed content or suggestions on possible resources. Four recipients have confirmed that there are no courses and/or that the list is complete. Follow up emails to the remaining deans were not sent given the time constraints of the project.

#### Private post-secondary education institutions

The Ministry of Advanced Education website indicates that there are currently 19 private and out-of-province institutions offering degree programs in BC.[[14]](#footnote-14) Category D in Appendix A identifies these institutions. Websites for these institutions were reviewed to identify programs offered in the health, social, legal or financial sector that might include courses or modules on elder abuse.

The ministry website also notes that there are approximately 340 private career training institutions registered with the Private Career Training Institutions Agency (PCTIA). The BC Care Aide & Community Health Worker Registry lists institutions authorized to provide the Health Care Assistant Program. A list downloaded October 24, 2013 was used to identify institutions that might offer additional courses that include curricular resources on elder abuse.[[15]](#footnote-15) These institutions are included under Category E in Appendix A. In consultation with the BCcampus project manager, six of these institutions were contacted to determine whether or not additional courses not already identified should be documented. The results are noted in Appendix A.

### Professional and occupational requirements and guidelines

In addition to post-secondary institution programs and courses, a number of professional and occupational training requirements or guidelines were identified including the BC Provincial Competencies and Curricula for Health Care Assistants (HCA) and Licensed Practical Nurses (LPN).[[16]](#footnote-16)

The HCA competencies (and supporting curriculum) and the LPN curriculum formed the basis of all HCA and LPN offerings identified in Appendix A. Accordingly, research focussed on additional curricular resources used to support the required education and/or additional courses or modules within the faculty or school. It is important to note that the Health Care Assistant competencies are being updated and are expected to be available in the first quarter of 2014. The curriculum requirements will follow and elder abuse is expected to be included. BCcampus will monitor the progress of the project.

Competencies were also located for five licencing bodies in the health sector. These are noted in Appendix A under the category grouping “AL”.

Finally, six occupation based curricular resources and/or supporting resources were also identified. These have been documented under category grouping PA in Appendix A.

### Data Collection

The use of personal contacts, internet searches, and a snowball sampling strategy yielded over 300 potential resources and contacts. While some contacts shared information and resources, it was necessary to search for the majority of content details electronically through institutional and organization web searches. Where possible and/or permitted confidential information collected or reviewed has been provided to BCcampus to assist with decisions about the development of a curricular resource in phase 2 of the Project.

Sources of data describing the curricular resources identified included one or more of the following:

* Information provided by telephone contact
* Information provided by email
* Websites: general course descriptions
* Websites: learning goals or objectives
* Websites: information on target students
* Course outlines including student assessment criteria
* PowerPoint presentations
* Videos
* Resources, guides or other accompanying learning aides or support for instructors
* Quizzes, tests, assignment details

Due to time constraints, efforts focussed on identified resources. Follow up on initial email enquiries and phone messages was limited.

### Data Organization

#### Master inventory – Appendix A

A master list of all organizations and institutions identified and considered or researched was created and is found in Appendix A. The inventory is organized by category. Individual entries for each resource identified are noted under the applicable category. The entries include programs, courses, and modules or units within courses. Entries also include resources that could support entry to practice and post entry to practice education.

Where there was sufficient information about a program, course, module or unit, or a resource, or there was specific reference to elder abuse, a data sheet was prepared summarizing the resource details. See *Data* Sheets discussion below. Figure 1 provides a high level summary of the data reviewed.

Given the limitations of the research findings (see below) much of the research findings documented in this environmental scan and the resulting inventory require qualifications and cautions. Accordingly a detailed explanation of Appendix A and Figure 1 follows:

* Appendix A is comprised of 20 categories. Each category was assigned an alpha code for ease of reference for data sheet files and supporting documentation.
* The first four categories ( PC, DR, AL and PA) identify provincial and/or occupational requirements or recommended competencies
* Within each category, a number of organizations and institutions are listed in alphabetical order. The total number of organizations and institutions researched or considered for each category is indicated on Figure 1.
* For each organization or institution researched there is an “entry” which is assigned a numeric identifier for ease of reference within the category. The “entry” identifies the existence of a potential curricular resource by noting the faculty or school if applicable, the name of the resource and course with hyperlinks if available. For each entry, further effort was made to review the resources online and/or contact the institution/organization to determine if there is relevancy to elder abuse education
* Where there was sufficient or relevant information to warrant completion of a data sheet (see data organization discussion below), a data sheet was completed to summarize the information obtained about the curricular resource. 141 data sheets were completed and have been provided to BCcampus to assist with phase 2 of the Project (see Figure 1). Due to the confidentiality of content shared the data sheets are not publicly available.
* Where additional curricular resources were provided by contacts or obtained from the internet (including content, presentations, outlines, reading materials and videos), they have been collected and coded as attachments, cross referenced to Appendix A and the individual data sheets as applicable. These attachments have also been provided to BCcampus to assist in Phase 2 of the Project. All attachments are confidential unless publicly available for free.

**Figure 1 Summary of Institutions and Organizations Reviewed**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category**  **Code** | **Category Name & Description** | **# of Org’ns in Category** | **# of Entries** | **# of Data Sheets Completed** |
| PC | BC Provincial curricula | n/a | 2 | 2 |
| DR | Degree Requirements | n/a | 1 | 0 |
| AL | Professional Competency Requirements for Accreditation/Licencing | n/a | 5 | 1 |
| PA | Professional Associations – Competencies & Guidelines – Health & Mediation (excludes financial; all other legal) | 8 | 9 | 6 |
| A | Post-secondary - BC Universities | 11 | 76 | 42 |
| B | Post-secondary - BC Colleges | 11 | 55 | 15 |
| C | Post-secondary - BC Institutes (Including JIBC) | 3 | 11 | 1 |
| D | Post-secondary - BC Private Institutions | 19 | 19 | 1 |
| E | BC Private Career Training Institutes ( HCA & PN) | 27 | 27 | 1 |
| F | Canadian Law Schools (outside BC) | 5 | 6 | 7 |
| G | Other Canadian post-secondary Universities & Colleges | 4 | 7 | 5 |
| H | BC Designated Agencies and Public Guardian & Trustee | 7 | 18 | 10 |
| I | Emergency First Responders (non JIBC) & Justice System | 7 | 11 | 7 |
| J | Community Focused including HRSDC Projects with Education Focus (BC Only) | 8 | 14 | 7 |
| K | Academic & Research Organizations | 5 | 10 | 4 |
| L | Financial & Legal Educators and Organizations | 15 | 19 | 7 |
| M | Aboriginal/First Nation | 3 | 3 | 5 |
| N | Private Educational Institutions & Providers | 6 | 10 | 7 |
| O | Other Canadian National & Provincial Resources including HRSDC Projects with Education Focus | 21 | 28 | 11 |
| P | International Resources | 3 | 3 | 2 |
|  | **Totals** | **163** | **334** | **141** |

#### Data Sheets

In order to capture the inventory components and elements set out in the project requirements document, the original table of inventory components and elements contained in the project requirements document was reorganized and additional entry lines were added to help organize the information and assist with assessments and future reference. Appendix C sets out the revised table of Inventory Components and Elements. This table formed the template for completing each “data sheet”.

Although best efforts were made to complete the data sheets, a number of limitations and notes are worth noting:

* In many cases, data sheets were completed based on the limited information available from websites and/or interviewees. As a result, the breadth and quality of the resource could not be considered or assessed. See also discussion of research limitations below.
* As noted above, competencies and learning objectives were often not clearly evident or available
* Information with respect to evaluation of the course and/or student learning was often limited or not available
* Some resources were combined into one entry/data sheet while others were recorded as independent resources that could be considered as stand-alone resources
* In some cases data sheets were completed for resources which, although not independent educational courses/units, have been used to support educational courses

### Research limitations

The results of this environmental scan are subject to a number of limitations. These include:

1. ***Time constraints***

The time period for the research and preparation of final report was limited (Oct 17 – Dec 31, 2013). While pan Canadian and non BC specific resources were identified, time did not permit as comprehensive a review as might have been possible. This time period also presented a particular challenge for faculty deans in gathering information from their faculty within the post-secondary organizations to assist with the project as the time frame coincides with term final assignments and examinations.

1. ***Proprietary content***

The extent to which the scan was able to locate and uncover materials was limited to what could be identified in the public domain due to proprietary and licensing requirements. Where personal and professional contacts were in place, additional information was often provided, although in many cases, on a confidential basis to facilitate documentation of the existence of the resource.

1. ***Language barriers, Informal education and alternate ways of knowing***

Resources available in languages other than English have not been reviewed. One video resource included subtitles and could be documented. French language resources have not been reviewed. Where resources are available in both languages and/or other languages, this has been noted on the data sheets.

This project also attempted to draw on the informal and alternate ways of knowing by inviting the interviewees to share their personal experience and stories as educators. Constraints in time and resources limit the sample size and the efforts to interview educators with aboriginal or other ethnic backgrounds. Consistent with the emerging themes in the findings, this limitation is of particular relevance to the development of a future online resource and requires further attention.

1. ***Embedded content:***

The research suggests that there are courses where the topic of elder abuse is raised in lectures, presentations, or group discussions. Capturing this educational activity requires one on one conversations with each instructor and was not possible within the time and budget constraints of the project.

1. ***Lack of “elder abuse” language in course titles and course descriptions:***

Course titles and brief course descriptions rarely reference elder abuse or older adult abuse. Further efforts to make personal contact and to search for detailed course outlines have been unsuccessful and/or were beyond the scope of this project. It is interesting to note however that the lack of use of language around elder abuse in course descriptions reflects that discussions on this topic may be obscured in some academic communities and educational offerings.

1. ***Inconsistent use of learning taxonomies and terminology***

The resources reviewed were inconsistent in the use of terminology describing learning competencies and learning objectives. In many cases competencies and objectives could not be located or did not exist. For purposes of the inventory, a best effort was made to record data in accordance with the following hierarchy:

* + Learning Competencies or Outcomes - statements that suggest an overarching learning outcome or objective
  + Learning Objectives - statements that articulate a learning outcome for a particular activity (a subset of a competency)
  + Topics - statements that identify the learning topic/theme to be addressed (a subset of a learning objective)

## Findings

The research conducted during this project revealed a number of findings and observations. These have been grouped into themes or topics and are discussed in the sections that follow.

### Competency-based resources

A majority of the curricula reviewed did not have documented learning competencies/outcomes and/or evidence of the measurement or evaluation of the learning competencies was not available. A relatively small number of resources were found to be competency-based. See also the discussion under *Research Limitations* above.

### Lack of standardized competencies and varied educational needs

#### Learner specific resources

Many dedicated professionals in the field of education or clinical work on elder abuse have developed their own resources for specific audiences. Their resources often rely on literature reviews and existing publicly available resources. While there is often overlap on general content (see discussion below), the educational focus often depends on the target audience and available time.

Where articulated, the stated learning outcomes or objectives are driven by participant learning needs. These needs are informed by the learner’s occupation, responsibilities and/or the time allocated to the topic in a particular curriculum. For example, the knowledge required of a social worker in a designated agency in BC tasked with ensuring appropriate assessments and interventions is vastly different from a social worker working in a community centre; the expectations of a residential care aide in terms of knowledge and competencies will vary significantly from the expectations of a practical nurse or a physician; and the learning needs of professionals working in the financial and legal sectors are different again.

#### Learner roles and responsibilities vary

While individuals in many occupations need to be able to recognize, identify, and act on abuse and neglect, their responsibilities vary significantly depending on roles and professional affiliation. Some of the higher quality and more comprehensive curriculums are customized resources for those with clear organizational responsibilities to report or to investigate concerns of abuse or neglect. As a result, these resources may not be appropriate for broader audiences. This poses a challenge for the development of an open online curricular resource. In spite of these differences, there are elements of elder abuse education which cross boundaries and this report has attempted to identify these topics and themes. See *general content* and *content themes* below.

#### Professional and occupational requirements

With some exceptions the competencies or standards of practice for each profession are not always well defined or monitored. This has implications for both the comprehensiveness and generalizability of content for each profession as well as the format and structure of the delivery of the learning.

#### Post entry to practice curricular resources

There appears to be a limited number of curricular resources designed for formal post entry to practice training and education. While many occupations and professions have annual professional development or continuing education requirements, no required education in this field was identified and the educational events documented tend to be ad hoc. Programs offered in this environment also tend to not have learner assessments. Evaluation data that may exist to document participant feedback and learning effectiveness was not available.

What these learning events do illustrate, particularly in the financial and legal sectors, is that there is a demand for knowledge and information. They also suggest that education in some sectors may not be appropriate or necessary for entry-to-practice curricula. However, it may be appropriate to develop and deliver more specific training post entry to practice. A review of professional development and continuing education offerings offered some insights into the potential needs. See categories PA and L on the master inventory (Appendix A).

#### Recertification and mandatory professional development

The research was unable to identify any annual re-certification requirements. In addition, no mandatory professional development modules/courses were identified that would assist to maintain competencies.

### Range and quality of delivery methods

Delivery methods ranged dramatically depending on the sector, audience, duration, instructors and funding available for curriculum development and delivery. Delivery methods include:

* in class discussions and presentations, often (but not always) supported by a PowerPoint presentation
* video vignettes with video or paper based guidelines for in class debrief discussions
* video presentations on you tube
* video recordings of presentations and/or panel discussions
* sophisticated online/distance educational programs incorporating videos, on line assessments and other student interaction opportunities
* references to written resources available electronically

Where video content was used, there was, once again, a significant range in quality.

### General content found in most resources

#### Topics addressed

Although curricular resources varied in duration, objectives and depth of content, a number of recurring topics were noted in many resources, particularly the higher quality ones and are identified in Figure 2.

**Figure 2 General Content Found Across Resources**

|  |
| --- |
| 1. Prevalence/Statistics on elder abuse and neglect, percentage reporting, gender differences, etc. usually cited from Canadian or American studies |
| 1. Definitions of abuse and neglect – cited from literature, World Health Organization(WHO) or BC’s *Adult Guardianship Act* |
| 1. Types of abuse, neglect and self-neglect – physical, sexual, financial, emotional (psychological), spiritual, institutional |
| 1. Signs for each type of abuse and neglect |
| 1. Risk Factors of elder abuse – isolation, physical dependency, financial dependency, etc. |
| 1. Profession-specific roles, responsibilities, and/or practice standards – response and follow-up to situations of abuse and neglect |

This finding suggests that there may be an opportunity to develop a common baseline resource to ensure consistency of definitions and understanding.

#### Topics not addressed

It is widely acknowledged that financial abuse is one of the most common forms of abuse and it is often perpetuated by family and close friends. In addition, where there is financial abuse, research suggests that other forms of abuse are occurring. Financial abuse often arises from the misuse of a power of attorney or inappropriate joint accounts. These legal arrangements, as well as other financial arrangements, are not well understood. [[17]](#footnote-17)

A limited number of resources appear to explain these legal personal planning tools and how they can be used to perpetuate abuse, or can used to help prevent abuse in the future.

BC has a number of ways that provide for someone to assist an incapable person when personal, health care or financial and legal decisions are required. Unfortunately, there is significant confusion within the public about these options and many professionals are also not up to date on the options available since the recent amendments that came into force on Sept, 2011. See discussion under the legislative context above.

A limited number of the identified resources attempt to address this concern. This gap suggests a potential opportunity for BCcampus to bring some consistency and coordination to education on these topics. Publicly available resources that can support a curricular resource have been identified. See Appendix G.

### Content themes

In addition to the general topics identified above, a number of additional important content themes emerged during the interview process. They are listed in Figure 3. A brief summary of the research findings on these themes is set out below. The resources listed in Appendices D, E and F often address a number of these themes.

**NOTE:** The descriptions that follow draw on interview comments and/or content reviewed. Research and sources supporting the statements in the sections that follow have not been identified in this report. The comments are offered for the Project’s consideration and further investigation and follow up for validation if appropriate or necessary.

**Figure 3 Content Themes**

|  |
| --- |
| 1. Adult Guardianship Act (BC) Definitions |
| 1. (Use of) Language |
| 1. Ageism and other Forms of Oppression |
| 1. Barriers to Reporting by Older Adults, Others, and Professionals |
| 1. Capability Assessment and Stereotypes of “Incapable” Individuals |
| 1. Communication with older adults |
| 1. Community engagement |
| 1. Cultural sensitivity including aboriginal |
| 1. Ethical considerations regarding duty to protect vs. respect for the right to autonomy |
| 1. Guiding principles from the *Adult Guardianship Act* or other sources |
| 1. Inter-professional collaboration |
| 1. Safety planning |

#### Adult Guardianship Act (BC) definitions

Definitions of abuse and neglect in the resources reviewed draw on the literature, organizations such as the World Health Organization (WHO), the Federal Government fact sheets (adopted by the BC Government), and the *Adult Guardianship Act*. This can be confusing, particularly when the different definitions are not acknowledged.

While some content uses the definitions from the WHO or other literature, fewer resources refer to the definition in the *Adult Guardianship Act*. This is most evident in the more general and the pan Canadian/non BC specific resources.

Use of these other definitions in a curricular resource may present a challenge when applying theoretical or academic discussions to clinical practice and interventions in BC under the *Adult Guardianship Act*. The reference to the *Adult Guardianship Act* also brings up the role of Designated Agencies in BC in responding to reports of abuse and neglect. Most importantly, the importance of respect for autonomy, which is well defined in the guiding principles of *Adult Guardianship Act*, can be lost or buried when other definitions are used. See discussion of guiding principles below.

#### The use of language

**“Elder” v “Older adult”**

The word “elder” carries different meanings and implications for roles and responsibilities in aboriginal and certain religious communities. An elder is a well-respected member of a community who is knowledgeable about the history, traditions, and values unique to the community and provides guidance, mentorship, leadership, and stewardship to other members. An elder is an experienced, but not necessarily an older person.

While the use of terminology to describe an older adult is often explicitly discussed in resources with aboriginal focus, others may use the words interchangeably or define the word “elder” within their particular context to avoid confusion. A number of newer resources are beginning to use the language of “older adult”.

**“Abuse”, “Conflict” and other language**

Similar to the use of the words “elder” and “older adult”, the word “abuse” carries such negative and alienating allegations that it has the potential of making conversations difficult, if not entirely impossible, in certain cultural or ethnic groups. Other words such as “conflict” may be less confrontational and therefore more effective in helping professionals develop a trusting rapport with an older adult to encourage conversations and disclosure. The word “assault” is another example of confrontational wording.

Some may argue that using alternative words to “abuse” is a failure to identify and name the abuse and further justifies abusive behaviour and disempowers the older adult. However, keeping in mind that each older adult has a unique life experience, the naming of abuse must also be client-centered. For instance, if the older adult recognizes the abuse and the rationalization the alleged abuser is using to justify the abuse, naming the abuse is more likely to support the older adult in making changes in their lives.

On the other hand, if the older adult is so protective of the alleged abuser or rendered such a submissive status in their culture that speaking badly of anyone is considered culturally unacceptable, the older adult might be put more at ease if less negative and blaming terms are used in the beginning stage of conversations.

The switch in the use of the language becomes a tool in the process of supporting positive changes, not a standard imposed on the older adult. Language is a means of communication and a reflection of approach to care and must be client-centered and culturally sensitive. See also discussion cultural sensitivity below.

The implications of this issue is that while the language of “abuse” may be appropriate during the entry-to-practice learning, or in continuing education contexts, the importance of language and positioning with clients should be addressed.

#### Ageism and other forms of oppression

Unfortunately erroneous assumptions about the productivity, intellectual capabilities, judgment, and cultural upbringing of older adults entirely based on age often affect how older adults are spoken to, treated, or involved in decision making and care planning. Many of the more promising materials reviewed pay special attention to this issue.

Elder abuse victims are not a homogenous group. Elder abuse is not just a continuation of domestic violence when the victims grow old. Other theories behind the causes of abuse and the dynamics between the abused and abuser include situational, social transaction, feminist, and a proposed environment-in-person model. Respecting and understanding the unique experience of each older adult instead of making generalized assumptions is imperative.

There are other marginalized groups who may have received less attention. This includes people with intellectual disabilities who are aging, older women, immigrants, and older adults in the LGBT community. Again, their experiences are unique and their ability to give a voice to their stories and to seek help can be compromised due to ageism, sexism, and other forms of oppression.

#### Barriers to reporting

Mandatory reporting of elder abuse is found in a limited number of circumstances in some Canadian jurisdictions. The model in most jurisdictions is a voluntary reporting model which includes protections for the individual who makes a report. In the USA a number of states have mandatory reporting. The merits of the two models have been debated. There is generally a bias for voluntary reporting in Canada at this time for a number of reasons beyond the scope of this project. However, given that reporting is generally voluntary, education on the options for assisting an adult and reporting concerns is even more critical. A number of resources address the reasons for the failure to report concerns of elder abuse and neglect.

**Anonymous reporting and maintaining confidentiality as a legal responsibility**

While a number of educational resources are designed to raise awareness about elder abuse and neglect and note the agencies where concerns can be reported, significantly fewer resources highlight the option of anonymous reporting under the *Adult Guardianship Act* and *Public Guardian and Trustee Act*, and/or fail to note that the agencies are under a legal requirement to not disclose the identity of the individual making the report. These resources also do not explain what may happen if a report is made.

**Barriers to self-reporting**

Older adults are often reluctant to report experiences of abuse or neglect. Reasons include fear of retaliation, lack of understanding of abuse/neglect, lack of access to support and resources, and fear of losing important relationships. This concern is covered in many, although not all, of the resources.

**Barriers to reporting by others and professionals**

Elder abuse is under-reported by the older adult, the public, and professionals. Whether or elder abuse is viewed as a private family concern or a broader social issue will influence one’s attitude and comfort level with identifying and reporting concerns of abuse. Fears and concerns about reporting need to be named and addressed in educational resources. They include:

* Fear that therapeutic relationship with client will be compromised
* Concern about breach of confidentiality or privacy laws
* Lack of clear understanding of roles, responsibilities, and accountability
* Concern about negative labelling of the situation before any evidence is collected, which may lead to family members/alleged abuser being treated with distrust
* Historical reliance on the use of the Mental Health Act as the “default” tool in assessing situations of abuse/neglect in terms of “need for protection of self”

The resources that address this issue do so in different ways. For example, one resource devotes a specific section to cover the barriers to reporting elder abuse when observed by a member of the public such as neighbours, friends, and families. Another supplementary resource has documented the laws governing reporting of abuse and neglect across Canada, including privacy laws.

#### Capability assessments and stereotypes of “incapable” adults

Determination of capability (or capacity) to make decisions, and/or the ability to refuse support and assistance, is a key consideration when investigating abuse and neglect under the *Adult Guardianship Act*, making decisions about interventions and balancing ethical principles.

While ageism is a recognized bias, the effects of the stereotypes of individuals who are assessed to be “incapable” are not always articulated and more difficult to understand, even among the professionals. “Incapable” individuals can be easily deprived of their chance to make decisions or even to be involved or to be heard in the decision-making process. Curricular resources need to reflect this stereotype at all levels to help people understand that capability is a specific concept. It is not a global concept and it should not dictate intervention without regard for the individual’s wishes.

Related are the two presumptions about capability set out in the *Adult Guardianship Act* which are arguably not well understood within the general population and many of the occupations and professional sectors reviewed. These are set out under the legislative context above. Understanding the implications of these presumptions is key to any discussion about the detection or response to concerns about abuse, neglect or self neglect. Similar to the *Guiding Principles* discussed below, these presumptions, and an accompanying discussion, are not found across the resources.

Finally, a number of resources reinforce that determination of capability fluctuates depending on the older adult’s health and other factors. Determinations of capability are also decision specific. Attention to this aspect of capability is an important concept for inclusion in a curricular resource.

The lack of emphasis on understanding capability and how it is determined when educating and raising general awareness about detecting and responding to elder abuse risks responses that may be over-protective and/or paternalistic. It also can lead to unrealistic expectations by family, the public and professionals as to when the investigation agencies should use intrusive interventions such as placement in a residential care facility or taking control of an adult’s financial affairs. See also comments on guiding principles below.

#### Communication with older adults

Older adults often grew up in cultures where expectations about gender roles, social norms and family relationships differ from those of younger generations who come into contact with them as neighbours, volunteers, and professionals.

In addition to physical changes such as speech difficulties, cognitive decline, and visual and hearing impairment, older adults may be more accustomed to a different set of vocabulary or use of language. The experience of abuse and neglect and the lack of access to resources can further compromise their ability to speak up about the abuse they experience.

While communications with older adults is likely covered within the broader curriculum of a university or college course on aging, the specific discussion of communication regarding an older adult’s experience with abuse and neglect appears to occur less frequently. Furthermore, a positive and fruitful learning experience about communication comes from not only a discussion, but also the practice of communication skills with older adults, which is mentioned even more rarely in the resources reviewed. See also the comments on cultural sensitivity below.

#### Community engagement

Working with community partners, including members of Community Response Networks and various seniors’ services, is considered to be an integral component for successfully addressing the prevention and recognition of elder abuse. This reflects the more general theme in the TREA strategy that prevention of elder abuse is a shared responsibility that cannot be left to a few agencies or professions. This theme was identified in a number of the resources reviewed.

#### Cultural sensitivity including First Nations and Aboriginal populations

References to cultural awareness or sensitivity are sometimes minimal or difficult to locate within the curricula and materials reviewed. Where included in a course or curriculum description, it is rarely indicated in the context of elder abuse specifically.

Education that addresses unique considerations for specific cultural and ethnic groups (including First Nations and Aboriginal communities) in different languages and with a particular focus on cultural awareness and a respectful approach, is limited. Most educational work in this area appears to focus on abuse within First Nation communities although some public information resources have been identified for seniors in immigrant communities.

#### Ethical considerations

While often linked to the issues of ageism, barriers to communication, and capability, ethical issues can arise in a variety of contexts ranging from the application of professional codes of conduct to decisions that require a clear sense of the reasons for pursuing a specific intervention, or deciding to not intervene. Ethical decision making models exist within the health sector and efforts have been made to provide resources to support ethical decision making in the context of responding to elder abuse. While many resources, particularly in the health or social sectors address ethics, an almost equal number do not.

#### Guiding principles

Although the *Adult Guardianship Act* is sometimes included in curricular resources, the guiding principles and presumptions that govern the *Adult Guardianship Act* are not commonly referenced.[[18]](#footnote-18) Some resources use guiding principles found in resources created by the Canadian Centre for Elder Law[[19]](#footnote-19) and two resources cite the United Nations Principles for Older Persons.

Understanding the guiding principles of the *Adult Guardianship Act* is essential in responding to situations of abuse and neglect in BC. Failure to follow these guiding principles when the older adult is able to make decisions constitutes a violation of rights and a form of abuse and exploitation. The *Adult Guardianship Act* specifies clearly that the Act is to be administered and interpreted in accordance with the guiding principles. In many situations where there is an ethical dilemma about providing more intrusive interventions and staff are experiencing moral distress, the guiding principles provide the foundation and direction for respectful discussion and consensual decision-making.

#### Barriers to inter-professional collaboration

Professionals working in the field of elder abuse response have identified long-standing challenges and barriers to inter-professional collaboration. These arise from, among other reasons, a lack of understanding of respective roles and responsibilities and a lack of opportunities for dialogue.

It has been observed that ambiguity in legislation, where for example clinical practice Intersects with the law, as well as the ongoing “grey” areas in the legislation itself, exacerbates the confusion, uncertainty and lack of confidence in the exercise of legal responsibilities and legal tools in clinical practice.

Unlike the *Mental Health Act,* the *Adult Guardianship Act*, is relatively new, and there is no provincial guide in place to help interpret the Act and to give some direction and guideline in clinical practice.[[20]](#footnote-20) This presents additional challenge in providing education and accurate information for various clinical professionals (such as social workers, nurses, and physicians) and law enforcement agencies who are involved in investigations and interventions. For example, the issue of appropriate use or interpretation of the *Adult Guardianship Act* and associated concern about liability can create further confusion and discomfort in the use of legal tools such as the emergency powers found in the *Adult Guardianship Act*.[[21]](#footnote-21)

#### Safety Planning

A recurring theme with interviewees was the need to consider the safety of not only older adults, but also students and professionals. A number of the more in depth resources pay some attention to this area. Safety arises in three contexts.

**Safety of vulnerable older adults**

When a person, whether a friend, neighbour or professional, seeks to assist a vulnerable older adult who is or may be experiencing abuse, it is important to be alert to the potential risks that may arise from a person’s actions. While these risks which may be the cause for a barrier to reporting or taking steps to assist an older adult, failure to pay attention to them can escalate the situation and have serious consequences for the adult and/or the adult’s safety and/or relationship with the person.

**Emotional safety of students and professionals**

The emotional and psychological impact of certain educational resources on students can be profound. Vignettes and discussion can raise memories of personal experiences or evokes strong emotional reactions. Skilled facilitators are able to manage these incidents as and when they arise by providing a safe space for dialogue and self-care and encouraging the use of appropriate debriefing services.

**Safety of Professionals**

Staff may be exposed to heightened risks during an investigation into an abuse/neglect situations due to factors related to the environment, the older adult, and the alleged abuser, e.g. unsafe location, confusion, substance use and mental health issues. It is important to follow organizational safety precautions and to learn strategies for de-escalating a situation.

### Identifying resources for further review and consideration in phase 2

The Project requirements document required that the resources identified in the inventory be assigned a quality assessment rating for reusability and adaptability. In the sections that follow, the criteria for conducting the quality assessment and considering reusability and adaptability are discussed.

### Quality assessment criteria

#### Resources on the best practices continuum

The project requirements document established a quality assessment framework based on a best practice continuum in order to identify a way to clearly describe the continuum of practice in the approaches to the prevention of elder abuse and neglect.[[22]](#footnote-22) The continuum was adapted for this project in order to describe the quality of curricular resources that range from new resources not yet through an assessment process to resources that are supported by substantial evidence indicating that the curricular resource meets identified course outcomes or competencies. See Figure 4 for the definitions used for this best practice continuum.

If a resource received a Promising or Best descriptor, details regarding the evidence, assessment process and outcomes or competencies were to be provided.

Given the limited information available for many resources, applying the continuum was not always an easy fit. However, when applying this framework, 21 resources were identified for review and consideration for reuse or adaptation.

#### Potential resources – a fourth category on the continuum

The best practices continuum framework excluded resources that:

* address educational needs
* appear to have potential to be considered emerging resources, and/or
* may be appropriate for reuse or adaptation.

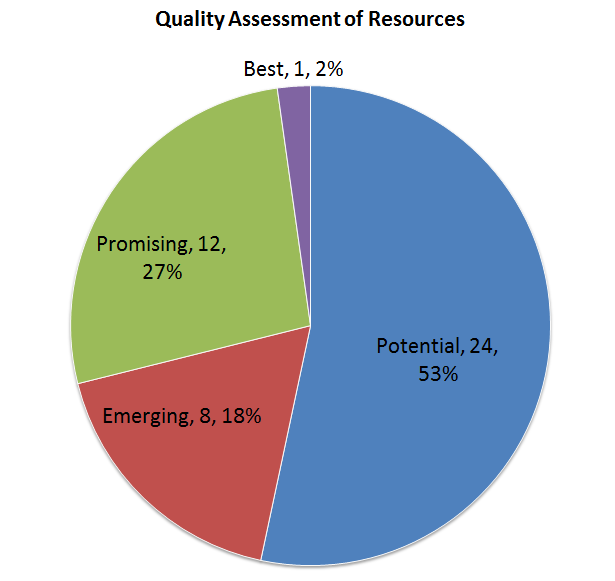
In consultation with BCcampus, a fourth category was added to the continuum – Potential Resources.

As a result of this change, the list of identified resources to review and consider for reuse or adaptation increased from 21 to 45. See Appendix D – Potential, Emerging, Promising and Best Practices/Resources for a listing of these resources. Figure 5 shows the respective number and percentage of identified potential, emerging, promising, and best resources out of a total of 45.

**Figure 4 Quality Assessment Definitions**

|  |
| --- |
| **An Emerging Practice/Resource:**   * A resource that incorporates philosophy, values, characteristics and indicators of other effective resources. * Is based on guidelines, protocols, standards, or preferred practice that have been proven to lead to effective outcomes. * Has an evaluation plan in place to measure outcomes, but does not have the data available to demonstrate effectiveness. |
| **A Promising Practice/Resource:**   * A resource showing promise for effectiveness, and often practitioners and researchers in the field feel are effective, but which does not yet have enough research to support generalizable effectiveness. * Has strong, but limited quantitative and qualitative data showing that outcomes have been met. |
| **A Best Practice/Resource:**   * A resource of the highest standard where assessment resulted in a lot of evidence for effectiveness, including all identified outcomes or competencies having been met. * Has been reviewed and substantiated by experts according to predetermined standards of empirical research. * Is replicable, and produces desired results in a variety of settings. * Clearly links positive effects to the resource/practice being evaluated and not to other external factors. * This status may also be given to resources for which evidence-based research has taken place and provided evidence for effectiveness. |

**Figure 5 Potential, Emerging, Promising and Best Practices/Resources**



#### Additional resources to be considered for further inquiry

The best practice continuum framework also excluded recognition of curricular resources that have potential to meet one of the four ratings on the continuum but there was insufficient information to properly review the resource. The preliminary research suggested that while the resources might be limited in content or scope, they had strengths in at least one of the content theme areas identified as important for curricular resources in this field (see *Content Themes* above). These resources, and potential content areas covered are captured in Appendix F – Additional resources to be considered for further inquiry.

#### Supplementary materials to support curricular resources

Research also revealed that there are a number of informational resources and tools that are being used by educators to complement or support their curricular resources. A number of valuable resources were identified during the research process. They were often prepared by academics and/or research bodies. Many were funded by HRSDC. Most have been field tested and were often evaluated. Data sheets were prepared for these resources wherever possible. These resources are listed in Appendix G – Supplementary Materials to Support Curricular Resources. Copies of the information, most publicly available, were provided to BCcampus.

Appendix G also includes publicly available resources produced by the BC Government, the BC Ministry of Health, the Public Guardian and Trustee, and public education resources available from the Nidus Personal Planning Resource Centre and Registry. These materials are also often referenced in the resources reviewed.

#### Resources under development

There are a number of resources under development that will not be available in time for the Project deadlines. These resources are identified in the Appendix A – Master Inventory but have, by necessity, been excluded from Appendix D as they will not be available before the Project is concluded.

### Reusability and adaptability

The project requirements sought an assessment of whether or not the curricular resources identified during the environmental scan might be reused or adapted when developing the curricular resource in Phase 2 of the Project.

From a research perspective, an assessment of a particular curricular resource’s reusability and adaptability is highly subjective unless clear criteria have been established. The Project intends to review the environmental scan to identify gaps in post-secondary education and opportunities for development of a curricular resource. The next step (in January 2014) is to identify competencies and learning objectives for the curricular resource to be developed by July 31, 2014. An argument can be made that an adaptability and/or reusability assessment should only occur after audience, competencies and learning objectives have been defined.

From a research perspective a decision was required – should the researchers address this rating requirement by:

* Providing detailed comments for each resource identified in the inventory or Appendix D?
* Providing a subjective rating using a predefined scale?
* Developing an arbitrary set of criteria in order to establish a quantitative rationale for a rating based on a predefined scale?

Time did not permit a meeting with the Working Group to address this question. A decision was made to apply the rating to the resources identified in Appendix D and to use an arbitrary set of criteria to establish a quantitative rationale for the rating.

**Caution – Before reviewing and interpreting the ratings, the following should be noted:**

* All resources included in Appendix D have met a “quality” threshold as noted in the resource’s quality assessment rating. These quality assessments focussed on the content provided to the intended audience within the time allotted. It is assumed that the resource meets the needs of the learners for the context and purposes for which it was developed. They do not account for whether or not more depth or breadth is required or desirable.
* The data sheets for resource included on Appendix D include an adaptability/reuse rating based on an arbitrary set of criteria informed by the content themes discussed above and listed in Figure 3.
* It is important to note that these adaptability/reuse ratings do NOT reflect an assessment of the quality of the resource out of context. As noted above resources range in duration from one hour to thirty hours. Audiences and learning requirements vary widely.
* In general each resource in Appendix D covers the general content as set out in Figure 2 and represents a solid foundational curricular resource to which some or all of the content themes may be added or enhanced as needed for a particular audience within available time limits.
* The ratings are only applied to resources listed in Appendix D.

NOTE: adaptability/reuse ratings provided on data sheets for resources not included in Appendix D are subjective and do not use the criteria described below.

#### Adaptability/reuse rating scale

As noted above, rating a curricular resource for adaptability and/or reuse potential in the absence of defined competencies and learning objectives is inherently subjective. In order to guide the initial analysis, a rating scale of 1-5 was adopted as set out in Figure 6.

**Figure 6 Adaptability/Reuse Rating Scale**

|  |
| --- |
| 5 – Reusable without adaptation |
| 4 – Reusable with minor adaptation |
| 3 – Reusable with some adaptation |
| 2 – Reusable with major adaptation |
| 1 – Not recommended for reuse |

#### Adaptability/reuse rating scale scoring guide

A research decision was made to develop a methodology that would acknowledge the importance of the 12 content themes identified above in Figure 3 and provide a quantitative result to support the rating scale in Figure 6.

**Caution:** As noted above, it is important to acknowledge that the Adaptability/ Reuse rating is NOT a measurement of the quality of the resource. All resources identified in Appendix D have met minimum quality requirements. However, they range in duration, audience and format. The adaptability/reuse rating score is arbitrary and the underlying considerations may not be appropriate for the decisions required in the next phase of the Project. Once competencies are determined and the scope and depth of the curricular resources are determined, the scoring guide will assist in identifying resources that may be considered for reuse or adaptation.

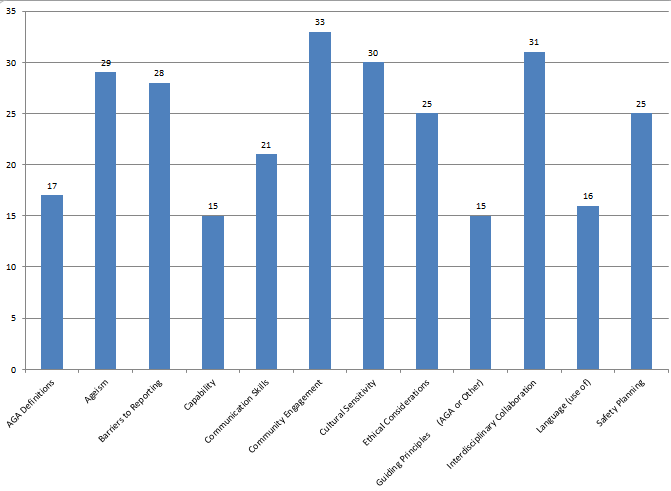
**Figure 7 Resource Adaptability/Reuse Rating Scale Scoring Guide**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Score Range\*** | **Resource Adaptability/Reuse Rating Scale** | | | **Total # of Resources for each Score** |
| NA | 1 | not recommended for reuse | | 0 |
| 9/12 - 12/12 | 2 | reusable with major adaptation | | 8 |
| 5/12- 8/12 | 3 | reusable with some adaptation | | 29 |
| 1/12 - 4/12 | 4 | reusable with minor adaptation | | 8 |
| 0/12 | 5 | reusable without adaptation | | 0 |
|  |  |  | **Total Resources** | **45** |
| \* The total score for each resource is found in Appendix E. The score reflects the number of content themes from Figure 3 that may need to be added or addressed if the resource was to be reused in a new curricular resource. | | | | |
|

The results of the rating are found on Appendix D and based on the results set out in Appendix E. Appendix E identifies those areas where adaptations may be required if the resource was to address each of the 12 content themes in Figure 3. The total of these “required adaptations” (indicated with an “x”) was used to assign an adaptability/reuse rating score for each resource. Note that the blank cells against each resource in Appendix E provide a snapshot of the resources which do include the identified content themes.

Figure 7 provides a summary of the number of resources (out of the total of 45) where those content theme areas are not covered. It is of interest to note that the top 3 theme areas not covered are: community engagement (33 or 73%), cultural sensitivity (30 or 67%), and interdisciplinary collaboration (31 or 69%). See Appendix E for the details.

**Figure 8 Number of the 45 Resources that do NOT cover each of the 12 content themes**



### Gaps

#### Sector Gaps

The research suggests that health and social science sectors have curricular resources that address a number of learning needs in this area. However, a number of gaps or weaknesses were observed. These include:

* The depth and level of education is constrained by the number of hours allocated within defined curricula.
* With the exception of the resources guided by prescribed learning competencies, content for curricular resources in all sectors tends to be guided by the interests and knowledge of instructors. For example, while there may be a short unit on elder abuse, the topic is raised indirectly and/or revisited in other units that may address occupational skills or other relevant topics.
* No “entry to practice” curricular resources were identified for the financial sector but professional development offerings suggest a learning need in the financial and estate planning sectors.
* The entry to practice curricular resources in the legal sector are optional and are not widely available. Again, the professional development/continuing education opportunities for the legal profession suggest a learning need.
* The entry to practice requirements within the judicial and emergency responder sectors do not officially address the topic although continuing education opportunities exist within the policing sector and one nationally available online program has been identified as a promising practice resource.

#### Content Gaps

As noted above, there are a limited number of curricula that include a review of the substitute decision making roles that exist in BC, including how different substitute decision makers are appointed, who can act, and the duties and responsibilities that come with the role. There are however, numerous public education resources that attempt to address this knowledge area. Many of these resources were created or updated after new and amended legislation came into force on September 1st, 2011. See Appendix G.

In addition, as noted above a number of *content themes* emerged from the research as critical to a quality resource. This report has attempted to identify resources in Appendices E and F where adaptation would be recommended to ensure inclusion of all content themes if time allowed and if deemed appropriate for the audience.

### Additional considerations arising from research

Interviews generated feedback and observations that did not neatly fit within the report headings and deliverables but were worth noting. These are noted below.

#### Delivery methods

As noted under the findings above, much of the education being delivered today involves face to face instruction and/or workshops and many include case studies, vignettes and scenarios. The content may be supported by specific readings, or materials publicly available from government and service agencies.

Almost all of the resources identified rely on or include an inter-active component. There was a strong sense among the interviewees that education on the issues of abuse, neglect and self neglect requires a knowledgeable facilitator. The role of the instructor/facilitator includes:

* drawing out themes and directing discussion
* addressing ageism and other social and cultural issues
* managing conversations and discussions that have the potential to become difficult for the learner personally, and/or where learners bring situations to the learning environment at inappropriate times
* familiarity with the legislation and how it relates to practice
* encouraging the practice of effective communication skills with seniors
* dealing with the questions and issues that arise.

Finally, it is worth noting that it was also suggested that educational resources, particularly for post entry to practice should, where possible, be organized into smaller sections/modules that accommodate the busy work schedules.

#### Realities of the challenges accessing the health care system

A number of resources identify or mention options for reporting suspected abuse or neglect. Learners and practitioners often noted to the researchers that the public resources referred to are not always funded and/or do not have sufficient resources to respond. While these realities are a political issue, participants in the research reinforced the importance of not creating unrealistic expectations in the educational resource to be developed. The importance of using other community resources should not be ignored.

#### Use of publicly available resources

A number of resources reviewed and documented rely on publicly available materials. These have been identified in Appendix G. This represents an opportunity to bring some coordination to the use of these materials.

#### Positioning or framing student learning outcomes and objectives

Elder abuse and related topics are not a high priority for a number of professional and occupational groups. The legal information can be overwhelming. Where learning is mandatory, in order to be effective, the learner needs to recognize the value in the education and how it will assist in delivering client service/patient care. Failure to do so will result in the value of the learning being dismissed. Similarly where education is elective, it will only be taken where the value to the learner is clearly articulated. This observation has implications for the title, description and positioning of curricular resources.

By way of example, two financial education resources have positioned their learning resources on the topic of financial abuse as necessary for risk management. An alternative positioning is to ensure that the professional has the information and knowledge required to improve the services to a client, and offer solutions that may avoid abuse from occurring, or redirect the client to support services. Two other resources adopted the latter positioning.

## Opportunities

#### General comments

Opportunities can be observed along four themes. They are:

1. **Bringing consistency of information for use across sectors:**

As discussed above, in addition to the general content common to many resources and identified in Figure 2, the identified resources and many key respondents during the interview process identified content themes that require serious consideration in the development of a new curricular resource. These have been discussed and are listed in Figure 3. An opportunity exists to ensure consistent information is made available on both the general content, as well as these twelve theme areas. Gaps in education on the legal relationships and related matters for substitute decisions makers might also be addressed.

1. **BCcampus to enter follow up discussions**

As has been noted, in many cases, the curricular materials were not available for review. Opportunities for BCcampus to enter into institution to institution discussions to facilitate sharing of information may exist and/or be possible with more time.

1. **Consider adapting and/or reusing some or all of the identified resources (with applicable licensing)**

Given that the resources range in duration, focus, audience, and content, decisions on competencies and learning outcomes are required. As anticipated, a number of existing curricular and supporting resources were identified during the scan and could be reused or adapted once decisions are made. The most promising resources have been identified in Appendices D, E and F.

1. **Leverage momentum from interest generated during the environmental scan**

Six faculty members who responded to requests for information have indicated that they are interested in knowing more about resources that could enhance their existing curricula and/or advised that they are planning to add the topic of elder abuse to their curricula. This suggests that the environmental scan has generated some momentum and offers opportunities to continue the discussion and build support for the use of the planned curricular resource.

#### Additional observations and opportunities for consideration

The following comments are offered for additional consideration and discussion:

1. **Profession-specific content**

Content needs to be standardized and appropriate for each profession with attention to the occupational responsibilities and related knowledge. Resources have not been documented from this perspective. Categories that might be considered are:

* 1. By occupation/learner: beginner, intermediate or advanced
  2. By nature of learning: recognition, prevention, reporting, responding

1. **Community engagement**

Partnership with other agencies is the key to providing education, support, and assistance for older adult in their preferred home and community environment. A curricular resource might explore ways to foster this cross pollination by ensuring the resource acknowledges the role of community partners.

1. **Interdisciplinary Collaboration**

Responding to situations of abuse and neglect require thinking outside-the-box in a health care service system plagued by limitation of manpower, resources and program mandate. This entails better understanding of the roles and responsibilities of different disciplines and professions and creative collaboration leading to a client-focused, flexible and responsive approach to empowering and protecting vulnerable older adults. A curricular resource might consider ways to encourage or support interdisciplinary learning.

1. **Cultural Sensitivity**

It is important to note that language is a significant process of communication, meaning-making, and construction of social and personal experience. Therefore, consideration of the use of appropriate language acceptable to and respectful of particular cultural and ethnic groups at the receiving end of the communication experience is essential regardless of the intent or efforts at defining/redefining terms at the starting point. A culturally respectful and sensitive approach is more than the mere use of appropriate language. It encompasses a shift in attitude, an “other-focused” approach, a sense of self-humility, and efforts to engage, collaborate and learn from each other.

## Potential directions for a curricular resource

In closing, some preliminary thoughts are offered for consideration on options that might be explored further in 2014. These include:

1. Focussing on one or two priority sectors and ensure the resources are complete and comprehensive
2. Developing a more introductory resource that can form the skeleton or starting place for more customized learning. This option might focus on establishing a resource that ensures consistent use of terminology and introduces the key content themes.
3. Developing a resource comprised of a series of small units or modules that may or may not include advanced topics, in order for educators to customize the use of the resource for the learning priorities and time available. This option might also focus on ensuring the consistent use of terminology and availability of content on the key content themes.

## Appendix A – Master Inventory

Please see separate companion document for the master inventory of organizations and institutions contacted and/or reviewed online for the research period October 17, 2013 to Dec 31, 2013.

Note that the completed data sheets referenced in the inventory have been provided to BCcampus.

Please see the main body of the report for an explanation of the structure of this inventory.

## Appendix B – Semi-structured Interview Guide

The following interview guide was used where possible to guide interviews and the review of material.

1. Are you aware of/do you deliver any training or education opportunities that address the identification, prevention or response to elder abuse? Can you describe it for me?   
   (Use the following prompting questions if needed.)
   1. Structure and Delivery:
   2. What is the format of the […] e.g. Course/workshops/lectures/seminars/tutorials/presentations?
   3. Delivery Methods –– Please circle: online/face-to-face/classroom/webinar/  
      video-conferencing/DVD/audio CD/printed materials/readings
   4. What is name of the course/workshop/seminar?
   5. Which organization(s) offer the course?   
      (Note which sector the organization belongs to – financial/legal/social/health/aboriginal/others)
   6. Who is the target audience?
   7. When was the course/workshop started and is it still ongoing? If not, when was it ended and why?
   8. How long is the course/workshop (days/hours) and how often is it being offered? (Schedule/Frequency – ongoing/monthly/semi-annually/on-demand)
   9. Is the course/workshop accredited? If so, explain/where is accreditation recognized?
   10. Is the training mandatory or elective?
   11. Are there pre-requisites for the course?
   12. How much does the course cost?
   13. Who teaches the course (professor/instructor/train-the-trainer/other)?
   14. If taught by instructors –
       1. What is the qualification/professional background of the instructor?
       2. If `train-the-trainer` model is used, what training is available for instructors?
   15. What kinds of instruction techniques are used?   
       e.g.: case studies/vignettes/PowerPoint presentations/music/poetry/self-assessment/role-plays/group discussions/debates
   16. In what language(s) is the training offered?
   17. Are there written materials you can share? For example, handouts, course outlines, online link
   18. Content:
       1. Can you provide an outline of the contents e.g. topics/modules?
       2. What kinds of theoretical framework were used to inform the development of the course/workshops? (e.g. systems theory, respect for autonomy, critical theories, etc.)
       3. Do curricula/materials incorporate guiding principles of BC Adult Guardianship Act or other legislation?
       4. Do curricula/materials use vocabulary consistent with BC legislation and/or with other materials?
       5. Does the course address any prescribed learning competencies?
       6. Who sets these competencies and what are they?
       7. Do materials include content addressing diversity, cultural awareness, and experiences of specific populations? Or: How do the materials address the issue of cultural sensitivity?
       8. Are there stated learning objectives?   
          Can you provide these?
   19. Evaluation/Resource Assessment
       1. Is there an evaluation plan?
       2. How do you know if education objectives are being met?   
          e.g. participant survey/post-class feedback form
       3. How do you measure learning competencies? Which competencies have been met?  
          e.g. tests/quizzes/exams/journal writing/essays/practicums?
       4. Is there any data/report available on course evaluation?
       5. Is there any formal evaluative research study completed?
       6. Has it been adapted by other organizations?
       7. What kind of impact on the learners have you observed in terms of their values, attitudes, assessment skills and responses to elder abuse prevention?
       8. Is there anything you want to add regarding the effectiveness of the course or impact on the organization? For example: increase in the number of inquiries/self-initiated learners activities such as invitation to other speakers on topics related to elder abuse, organizing a response to world elder abuse awareness day?
2. Do you find any gaps in the training? What is missing?
3. If there is an opportunity to enhance the training resources, what changes would you like to see or make?
4. Do you know of anyone else I can talk to who may have more information on training on elder abuse?
5. Are you able/willing to share the materials? [explain BCcampus policies]
6. Is there any further information you would like to provide?

## Appendix C – Data Sheet Template with Guide for Completion

*Note: Data sheets were prepared to compile a comprehensive summary of the information gathered. Much of the information was received in confidence to assist the project researchers.  Accordingly due to copyright and ownership issues data sheets cannot be shared publicly.*

**Educational Resource:**

**Online Link:**

**Interviewee (date):** [confidential – for BCcampus purposes only]

|  | COMPONENTS | ELEMENTS – Guide to completion |
| --- | --- | --- |
|  | **Structure and Delivery** |  |
| 1 | Title | Course/resource name |
| 2 | Owner | Resource owner |
| 3 | Format | Examples: course, lecture, tutorial, seminar, workshop, self-study |
| 4 | Delivery Method | Examples: online, face-to-face, in-person training, video conferencing, DVD, CD (audio only), printable materials, large-print materials, adaptable content |
| 5 | Sector | Financial, Legal, Social, Health, Other (with detail) |
| 6 | Target Learner | Indicate target learner |
| 7 | Status | Indicate if course is available and start/end dates |
| 8 | Duration | Indicate number of hours, days, months required to complete training |
| 9 | Frequency | Offerings: indicate if course is scheduled, self-paced, on demand |
| 10 | Accreditation | Indicate if course is accredited or part of an accredited program |
| 11 | Mandatory/Elective | Indicate if course is mandatory (e.g. in a curriculum) or elective |
| 12 | Pre-requisite(s) | Indicate any pre-requisites indicated |
| 13 | Cost | Indicate fees/cost of course where available  (note: Where course is a post-secondary course with standard tuition fees, the fees were not determined) |
| 14 | Instructor(s) | Provide names of provider or individual and/or type of instructor – e.g. professor, instructor, train the trainer |
| 15 | Instructor’s qualification | Indicate any professional or education qualifications identified |
| 16 | Training for Instructors  (for train-the-trainer model) | If a train the trainer model is used, indicate if there is training for the instructors |
| 17 | Instructional Methods | Include instructional method. E.g. Case studies, vignettes, music, poetry, modular, self-assessment etc. |
| 18 | Instructional Language | Indicate language that instruction or resource is provided in. |
|  | **Contents** |  |
| 19 | Topics | Describe or list content topics identified |
| 20 | Theoretical Framework | Indicate theoretical framework guiding education where available or provided. Examples: systems theory, respect for autonomy, critical theories, etc. |
| 21 | Guiding Principles of AGA or other legislation | Indicate whether or not AGA or other guiding principles are referenced |
| 22 | Competencies/Outcomes set by | Include competencies or outcomes identified here where the resource has not been rated as a promising or best practice  If rated promising or best, include at Component#32  Example of a competency: “student will be able to ….”  Note: effort will be made to include statements of outcomes or objectives where the substance appears to be a competency, even if not identified as such. For all other learning lists identified, see line 23 - Learning Objectives |
| 23 | Learning Objectives | Describe or list learning objectives identified  Note: for purposes of this scan, objectives are intended to be a more specific subset of a competency. Some may call these outcomes. For purposes of this scan, capture here all stated objectives or lists of topics to be covered as found in the material reviewed (website, course description, course slides or other presentation materials including videos) |
| 24 | Cultural Competencies | Indicate whether or not cultural competencies are addressed and briefly describe. |
|  | **Evaluation/Resource Assessment** | |
| 25 | Evaluation Plan | Summarize any information obtained on how the course or module is evaluated by the instructor for effectiveness, including student feedback sheets, results of assessments (tests, assignments etc.), and any other evaluation techniques that may have been/are being used. |
| 26 | Measurement of Competencies/Outcomes | Include the learner assessment strategies and weightings where available. E.g. quizzes, tests, take home paper, research paper, participation, etc. This is intended to capture student assessment methods only. Do not include other measurement tools related to the course/module evaluation identified in line 25 above. |
| 27 | Evaluation Report/Data Available | Indicate whether or an evaluation report has been completed and, if so, if available. If no information was obtained, indicate reason why: n/a, None, Not available, Not requested. This section is intended to capture the results of line 25 evaluation planning. |
| 28 | Formal research study completed | Indicate: No; In process; Yes; or Do not know |
| 29 | Impact on attitude/ practice | Indicate “n/a” if no information offered or not requested  If information obtained, briefly describe |
| 30 | Other Indicators of Effectiveness | Indicate “n/a” if no information offered or not requested  If information obtained, briefly describe |
| 31 | Quality Assessment | Select if applicable:   * Emerging Practice/Resource   + A resource that incorporates philosophy, values, characteristics and indicators of other effective resources.   + Is based on guidelines, protocols, standards, or preferred practice that have been proven to lead to effective outcomes.   + Has an evaluation plan in place to measure outcomes, but does not have the data available to demonstrate effectiveness. Example: a new course that does not have a history of repeated offerings. * Promising Practice/Resource   + A resource showing promise for effectiveness, and often practitioners and researchers in the field feel are effective, but which does not yet have enough research to support generalizable effectiveness.   + Has strong, but limited quantitative and qualitative data showing that outcomes have been met.   + Assumption: if the course/module has an exam or assignment that is graded, then competency is assumed. * Best Practice/Resource   + A resource of the highest standard where assessment resulted in a lot of evidence for effectiveness, including all identified outcomes or competencies having been met.   + Has been reviewed and substantiated by experts according to predetermined standards of empirical research.   + Is replicable, and produces desired results in a variety of settings.   + Clearly links positive effects to the resource/practice being evaluated and not to other external factors.   + This status may also be given to resources for which evidence-based research has taken place and provided evidence for effectiveness.   Comments:   * Include additional category “Potential” if applicable. “Potential” resources are educational resources for which content, evaluation, measurement of student learning and/or other relevant information was not available and the resource could not be fairly assessed. However, based on information obtained, the resource may be useful and/or should be considered when developing the curricular resource on BCcampus. * Add any other comments to explain quality assessment. * For purposes of the final report two other assessments are noted. Capture these here as applicable. They are:   + “Resources for which there is insufficient information”. These are educational resources that could not be adequately reviewed for a variety of reasons, but there is reason to believe that, if reviewed, they might be assessed as potential, emerging, promising or best practice/resource   + “Supplementary Curricular resources”. These are more general resources that have been developed for multiple purposes and for a variety of reasons have been incorporated into learning programs identified during the environmental scan. The resources are of a high calibre and/or have been evaluated during the development. This may also include documents made available by government agencies. |
| 32 | Learning Competencies/ Outcomes | Include learning competencies or outcomes, if known, and where the Quality Assessment above was “promising” or “best practice”. If not rated, see line 22 above. |
| 33 | Reusability | Scored \_\_\_\_\_\_\_\_on a scale of 1 – 5:  [See final report for explanation of scoring system applied]  5 – Reusable without adaptation  4 – Reusable with minor adaptation  3 – Reusable with some adaptation  2 – Reusable with major adaptation  1 – Not recommended for reuse  Indicate if rating is based on subjective rating only. |
| 34 | Adaptability | Provide comments on reuse/adaptability |
| 35 | Additional Notes | Include any other additional comments or notes |
|  | ***BC Campus Notes*** | Indicate if additional attachments/resources were collected and will be submitted with the final report for BC Campus.  **Note:** resources are publicly available (e.g. on a website), are noted. All other documents received and provided to BCcampus are for BCcampus and the project/project SMEs only pursuant to commitments made to interviewees and respondents during the research process. |
|  | **Attachments – Public** | Includes website pages, posted course outlines, posted content |
|  | **Attachments – Confidential** | Includes presentations, outlines, videos – generally everything that is not freely available in the public domain |

## Appendix D – Potential, Emerging, Promising & Best Practice Resources/Practices

Note: This table must be read in conjunction with Appendix A in order to match resource codes to each entry. See also Appendix E for the background leading to the Adaptability/Reuse score. For an explanation of the rating scale and scores, please see the main report for a detailed discussion, including important cautions on the interpretation of these ratings.

| **App A Ref #ID** | **Education Sector** | **Profession / Occupation** | **Duration (hours)** | **Outline reviewed** | **Content reviewed** | **Quality Assessment** | | | | **Adaptability/ Reuse Rating (1-5)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Potential Resource** | **Emerging Practice** | **Promising Practice** | **Best Practice** |
| A6 | Health Sciences | Nursing |  | 1 | 1 |  |  | 1 |  | 3 |
| A25 | Health Sciences | Medicine | 2.8 | 1 | 1 |  |  | 1 |  | 3 |
| A26 | Health Sciences | Psychiatry |  |  | 1 | 1 |  |  |  | 3 |
| A29 | Health Sciences | Nursing | 1.5 | 1 | 1 | 1 |  |  |  | 3 |
| A40 | Social Sciences | Gerontology | 1.5 | 1 | 1 |  | 1 |  |  | 3 |
| A46 | Health Sciences | Nursing/Law | 3.0 | 1 |  |  |  | 1 |  | 3 |
| A52 | Health Sciences | Nursing/Law | 3.0 | 1 |  |  |  | 1 |  | 3 |
| A60 | Legal | Cont Ed/Law | 1.5 | 1 |  |  |  | 1 |  | 3 |
| B16 | Health Sciences | Psych Nursing | 4.0 | 1 | 1 |  |  | 1 |  | 2 |
| B17 | Health Sciences | Psych Nursing | 2.0 | 1 | 1 |  | 1 |  |  | 3 |
| B41 | Health Sciences | Nursing/Law | 1.5 | 1 |  |  |  | 1 |  | 3 |
| G3 | Social Sciences | Social Work | 4 | 1 | 1 |  | 1 |  |  | 3 |
| G4 | Social Sciences | Social/Legal | 6 | 1 |  | 1 |  |  |  | 3 |
| G5 | Social Sciences | Social/Legal | 6 | 1 |  | 1 |  |  |  | 3 |
| H1 | Health Sciences | SW/CM/MH | 35.5 | 1 | 1 |  |  | 1 |  | 4 |
| H2a | Health Sciences | First Nations | TBD | 1 | 1 |  | 1 |  |  | 4 |
| H2b | Health Sciences | First Nations | TBD | 1 | 1 |  | 1 |  |  | 4 |
| H3 | Health Sciences | HA staff | TBD | 1 | 1 | 1 |  |  |  | 2 |
| H10 | Health Sciences | HA staff | 2 - 3 | 1 | 1 | 1 |  |  |  | 3 |
| H11 | Health Sciences | HA staff | 2.0 | 1 | 1 | 1 |  |  |  | 3 |
| H13 | Health Sciences | SW/MH | 38.5 | 1 | 1 |  |  | 1 |  | 4 |
| I2 | First Responders | Police | 2.0 | 1 | 1 |  |  | 1 |  | 3 |
| I6 | General/All | All | TBD |  | 1 | 1 |  |  |  | 4 |
| I11 | First Responders | RCMP | 0.2 |  | 1 | 1 |  |  |  | 2 |
| J1 | Community/Seniors | Seniors/Others | 1 |  | 1 | 1 |  |  |  | 3 |
| J2 | Community/Agencies | All | TBD |  | 1 | 1 |  |  |  | 3 |
| J5 | Community/Seniors | Seniors/Others | 6 |  | 1 | 1 |  |  |  | 3 |
| J6 | Financial | Financial/Seniors | 4 |  | 1 | 1 |  |  |  | 2 |
| K2 | Community/Agencies | Volunteers | TBD |  | 1 | 1 |  |  |  | 2 |
| L4 | Legal | Notaries | TBD |  | 1 |  |  | 1 |  | 3 |
| L11 | Financial | Financial sector | 1 |  | 1 | 1 |  |  |  | 2 |
| M1 | Community/Agencies | All | TBD |  | 1 | 1 |  |  |  | 3 |
| M3 | Community/Agencies | All | 2.0 | 1 | 1 |  | 1 |  |  | 3 |
| N1 | Financial | Professionals | 1 | 1 |  | 1 |  |  |  | 3 |
| N2 | Financial | Professionals | TBD |  |  | 1 |  |  |  | 3 |
| N5 | Legal | Legal & Professionals | 8 | 1 |  | 1 |  |  |  | 2 |
| O4 | General/All | All | TBD |  | 1 | 1 |  |  |  | 4 |
| O6 | Community/Seniors | Community | TBD |  |  | 1 |  |  |  | 4 |
| O17 | Community/Agencies | All | TBD |  | 1 | 1 |  |  |  | 4 |
| O27 | Community/Agencies | All | TBD |  | 1 | 1 |  |  |  | 3 |
| P1 | Health Sciences | APS | TBD | 1 |  |  |  |  | 1 | 2 |
|  |  |  |  |  |  |  |  |  |  |  |
| PA1 | Health Sciences | Health | TBD |  | 1 | 1 |  |  |  | 3 |
| PA7 | Health Sciences | Health | varies |  | 1 |  |  | 1 |  | 3 |
| PA4a | Health Sciences | Dental Hygienists | 2hr10min |  | 1 |  | 1 |  |  | 3 |
| PC1 | Health Sciences | Practical Nursing | TBD |  | 1 |  | 1 |  |  | 3 |
|  |  |  |  |  |  | **Potential** | **Emerging** | **Promising** | **Best** |  |
|  |  |  |  | **Total** | **45** | 24 | 8 | 12 | 1 |  |

## Appendix E – Supporting Data for Resource Adaptability/Reuse Rating Scores

Note: This table must be read in conjunction with Appendix A in order to match resource codes to each entry. See also Appendix D.

For an explanation of the rating scale and scores, please see the main report for a detailed discussion, including important cautions on the interpretation of these ratings. An “x” indicates that the content theme was not observed in this resource. The total number of “x” = the “score” in the final column. If the cell is blank, the content theme was observed.

| **App A Ref #ID** | **Education Sector** | **Profession / Occupation / Audience** | **Adaptability/ Reuse Rating (1-5)** | AGA Definitions | Ageism | Barriers to Reporting | Capability | Communication Skills | Community Engagement | Cultural Sensitivity | Ethical Considerations | Guiding Principles (AGA or Other) | Interdisciplinary Collaboration | Lan**g**uage (use of) | Safety Planning | **Score = total # of x. See Scoring Guide for Adaptability Rating\*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A6 | Health Sciences | Nursing | 3 |  | x |  |  | x |  | x |  | x | x | x | x | 7 |
| A25 | Health Sciences | Medicine | 3 |  | x |  |  | x | x | x | x |  | x |  | x | 7 |
| A26 | Health Sciences | Psychiatry | 3 |  | x | x |  | x | x | x | x |  | x |  | x | 8 |
| A29 | Health Sciences | Nursing | 3 |  | x |  |  | x | x | x | x |  | x | x | x | 8 |
| A40 | Social Sciences | Gerontology | 3 |  | x | x |  | x | x | x | x |  | x |  | x | 8 |
| A46 | Health Sciences | Nursing/Law | 3 |  | x | x |  | x | x | x |  |  | x |  | x | 7 |
| A52 | Health Sciences | Nursing/Law | 3 |  | x | x |  | x | x | x |  |  | x |  | x | 7 |
| A60 | Legal | Cont Ed/Law | 3 |  | x | x |  | x | x | x |  |  | x |  | x | 7 |
| B16 | Health Sciences | Psych Nursing | 2 |  | x | x |  | x | x | x | x |  | x | x | x | 9 |
| B17 | Health Sciences | Psych Nursing | 3 |  | x |  | x | x | x | x | x |  | x |  | x | 8 |
| B41 | Health Sciences | Nursing/Law | 3 |  | x | x |  | x | x | x |  |  | x |  |  | 6 |
| G3 | Social Sciences | Social Work | 3 | x |  | x |  | x | x | x |  |  | x |  |  | 6 |
| G4 | Social Sciences | Social/Legal | 3 | x |  | x |  | x | x | x | x |  | x |  |  | 7 |
| G5 | Social Sciences | Social/Legal | 3 | x |  |  |  | x | x | x |  | x |  |  |  | 5 |
| H1 | Health Sciences | SW/CM/MH | 4 |  |  |  |  |  | x |  |  |  |  | x |  | 2 |
| H2a | Health Sciences | First Nations | 4 |  | x |  |  |  |  |  |  |  |  |  |  | 1 |
| H2b | Health Sciences | First Nations | 4 |  | x |  |  |  |  |  |  |  |  |  |  | 1 |
| H3 | Health Sciences | HA staff | 2 |  | x | x | x | x | x | x | x |  | x |  | x | 9 |
| H10 | Health Sciences | HA staff | 3 |  | x | x | x | x |  | x | x |  | x |  | x | 8 |
| H11 | Health Sciences | HA staff | 3 |  | x | x |  |  | x | x | x |  | x | x | x | 8 |
| H13 | Health Sciences | SW/MH | 4 |  |  |  |  |  | x |  |  |  |  | x |  | 2 |
| I2 | First Responders | Police | 3 | x | x | x | x |  |  |  | x | x |  |  |  | 6 |
| I6 | General/All | All | 4 |  | x |  | x |  |  |  | x |  |  | x |  | 4 |
| I11 | First Responders | RCMP | 2 |  | x | x | x | x | x | x | x |  |  | x | x | 9 |
| J1 | Community/Seniors | Seniors/Others | 3 |  | x | x |  |  | x |  | x |  | x |  |  | 5 |
| J2 | Community/Agencies | All | 3 |  | x | x | x |  |  | x |  |  | x | x | x | 7 |
| J5 | Community/Seniors | Seniors/Others | 3 |  | x |  |  | x | x | x | x |  | x |  | x | 7 |
| J6 | Financial | Financial/Seniors | 2 | x |  | x |  |  | x | x | x | x | x | x | x | 9 |
| K2 | Community/Agencies | Volunteers | 2 |  | x | x | x | x | x | x | x |  | x | x | x | 10 |
| L4 | Legal | Notaries | 3 |  | x |  |  |  | x | x |  | x |  | x | x | 6 |
| L11 | Financial | Financial sector | 2 | x | x | x | x |  | x | x | x | x | x |  |  | 9 |
| M1 | Community/Agencies | All | 3 | x | x | x | x |  |  |  | x | x | x |  | x | 8 |
| M3 | Community/Agencies | All | 3 | x | x |  | x |  | x |  |  | x | x |  |  | 6 |
| N1 | Financial | Professionals | 3 | x |  | x |  |  |  | x |  | x | x |  |  | 5 |
| N2 | Financial | Professionals | 3 | x |  | x |  | x | x | x |  |  | x |  | x | 7 |
| N5 | Legal | Legal & Professionals | 2 | x |  | x |  | x | x | x | x | x | x |  | x | 9 |
| O4 | General/All | All | 4 |  |  |  |  |  |  |  |  |  | x |  |  | 1 |
| O6 | Community/Seniors | Community | 4 | x |  | x |  |  |  |  | x |  |  |  |  | 3 |
| O17 | Community/Agencies | All | 4 | x |  |  |  |  |  |  |  |  |  | x |  | 2 |
| O27 | Community/Agencies | All | 3 |  |  |  | x |  | x | x | x | x | x |  | x | 7 |
| P1 | Health Sciences | APS | 2 | x | x | x | x |  | x | x | x | x | x |  |  | 9 |
| PA1 | Health Sciences | Health | 3 | x |  |  |  |  | x | x | x | x |  | x | x | 7 |
| PA7 | Health Sciences | Health | 3 | x | x | x | x |  | x |  |  | x |  | x | x | 8 |
| PA4a | Health Sciences | Dental Hygienists | 4 | x |  | x |  |  |  |  | x |  |  |  |  | 3 |
| PC1 | Health Sciences | Practical Nursing | 3 |  |  | x | x |  | x |  |  |  | x | x |  | 5 |
|  |  | **Total gaps (not observed)** | | 17 | 29 | 28 | 15 | 21 | 33 | 30 | 25 | 15 | 31 | 16 | 25 |  |

## Appendix F – Additional Resources to be Considered for Further Inquiry

Note: This table must be read in conjunction with Appendix A in order to match resource codes to each entry. Please see the body of the report for an explanation of the purpose of this table, the content themes listed and guidance on the interpretation of the information contained.

| **App A Ref #ID** | **Owner** | **Education Sector** | **Profession / Occupation / Audience** | **Duration (hours)** |  |  | **Observed Potential Strengths/Focus (="1")** | | | | | | | |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGA | Ageism | Barriers to Reporting | Capability | Communication Skills | Community Engagement | Cultural Sensitivity | Ethical Considerations | Guiding Principles (AGA or other) | Interdisciplinary Collaboration | Use of language | Safety Planning | Other | **Comments** |
| A13 | SFU | Social Sciences | Gerontology |  |  |  |  |  |  |  |  |  |  | 1 |  |  |  | Consider follow-up to learn more about interdisciplinary focus |
| A19 | UBC | Social Sciences | Health Disciplines | 3 |  |  |  |  |  |  | 1 |  |  | 1 |  |  |  | interdisciplinary focus |
| A20 | UBC | Social Sciences | Health Disciplines | 3 |  | 1 |  | 1 | 1 |  |  | 1 |  | 1 |  |  |  | interdisciplinary focus |
| A22 | UBC | Health Sciences | Dentistry | 1.25 |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| A28 | UBC | Health Sciences | Occupational Therapy | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| A31 | UBC | Social Sciences | Social Work | 3 |  |  |  | 1 |  |  |  |  |  |  |  |  |  | practice focus |
| A32 | UBC | Social Sciences | Social Work |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| A33a | UBCO | Health Sciences | Nursing | 1 |  |  |  |  |  |  |  |  |  |  |  |  | EAI | practice focus |
| A33b | UBCO | Health Sciences | Nursing | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| A39 | UFV | Social Sciences | Social Work |  | 1 |  |  |  |  |  | 1 | 1 |  |  |  |  |  |  |
| A40 | UFV | Social Sciences | Social Work |  |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| A48 | UNBC | Social Sciences | Social Work |  |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| A49 | UNBC | Social Sciences | Social Work |  |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| A61b | VIU | Social Sciences | Social Work | 1.6 |  |  | 1 |  | 1 |  |  |  |  |  |  |  |  | practice focus |
| A67 | VIU | Social Sciences | Sociology | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  | Sociological perspective |
| B11a | COTR | Social Sciences | Child, Youth, Family Studies |  |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| B11d | COTR | Health Sciences | HCA |  |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| B11e | COTR | Health Sciences | HCA |  |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| B12b | COTR | Health Sciences | Practical Nursing |  |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| B14 | Douglas | Social Sciences | C&Y counsellors | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  | Child & youth |
| B18 | Douglas | Social Sciences | Nursing |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  | Emergency MH nursing |
| B21 | Douglas | Social Sciences | Psychology |  |  |  |  |  |  |  |  |  |  |  |  |  |  | psychological perspective |
| B31a | N Lights | Social Sciences | Social Work |  |  |  |  |  | 1 |  | 1 |  |  |  |  |  |  | cultural & aboriginal awareness; practice |
| B43 | VCC | Social Sciences | Nursing | 3 |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| B47 | VCC | Social Sciences | Rehab. Assistant | 0.5 |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| E24 | St Elizabeth | Social Sciences | HCA | 2 |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| G2 | U Man | Social Sciences | Interdisciplinary |  |  | 1 |  |  | 1 |  | 1 |  |  | 1 |  |  |  | practice focus |
| I1 | BCEHS | First Responders | Paramedics | 0.5 |  |  |  |  |  |  |  |  |  |  |  |  |  | practice focus |
| J3a | BCCEAS | Legal | Legal advocates | 8 wks |  | 1 |  | 1 |  |  |  |  |  |  |  |  | 1 | includes legal planning tools; responding |
| L13 | CUT | Financial | Bank - mgr/staff | 1 |  |  | 1 | 1 |  |  |  | 1 |  |  |  |  |  | Consider follow-up; Insufficient information |
| N9 | MM | Legal | Mediators | 16 |  | 1 |  | 1 |  | 1 | 1 | 1 |  |  |  |  |  | Consider follow-up |
| N10 | MM | Legal | Mediators | 24 |  |  |  | 1 | 1 |  | 1 | 1 |  |  |  |  |  | Consider follow-up |
| PA4b | CDHA | Health Sciences | Dental Hyg |  |  |  |  |  | 1 |  |  |  |  |  |  |  |  |  |
|  |  | **Total Potential Content Themes Identified** | | | **2** | **3** | **2** | **4** | **5** | **1** | **5** | **4** | **0** | **1** | **0** | **0** | **1** |  |

## Appendix G – Supplementary Materials to Support Curricular Resources

Note: This table must be read in conjunction with Appendix A in order to match resource codes to each entry. Please see the body of the report for an explanation of the purpose of this table and guidance on the interpretation of this information contained.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **App A Ref #** | **Owner** | **Name/Type** | **Field / Audience** | **Profession / Occupation** |
| A23 | UBC | Succession Law | Legal | Law students |
| H16 | PGT | Who to Call - Decision Tree BC | General/All | All |
| H17 | PGT | PGT Publications | General/All | All |
| H18 | BC Gov’t | Advance Planning ; Elder Abuse Prevention information | General/All | All |
| J7 | BCSTH | Silent and Invisible Video & Handbook | Community/Agencies | All |
| J11 | Nidus | Public education materials | General/All | All |
| J13 | MFSS | Elder Abuse Videos | Community/Seniors | All |
| K3 | BCCEAS/CCEL | Financial Literacy 102 | Financial | Financial sector/others |
| K4 | BCLI | A Practical Guide to Elder Abuse & Neglect Law in Canada | General/All | All |
| K5 | CCEL | Counterpoint Project resources | Health Sciences | Health, Social, Legal |
| L6 | Cdn Bk Assn | Red Flags and Common Scenarios | Financial | Financial sector/others |
| M2 | NWAC | Grandmother's Spirit Project guide and video | General/All | First Nations and all |
| N7 | Finding Home | Elder Financial Abuse Awareness Project | Community/Seniors | Immigrant seniors |
| O1 | AEAAN | Alberta Elder Abuse Awareness Network Community Kit | Community/Agencies | All |
| O10 | NICE | Being Least Intrusive manual | First Responders | All |
| O12 | NICE | In-hand video/guide | General/All | All |
| O13a | NS Dept of Srs | Understanding Senior Abuse: toolkit for community champions | General/All | All |
| O18 | ONPEA | Emotional & Financial Abuse e-tools | General/All | All |
| O19 | ONPEA | PSA and elder abuse videos | General/All | All |
| O25 | TPS | PSA video | General/All | All |
| P2 | API | Stop Asian Abuse Training Curriculum | Community/Agencies | All |
| P3 | MBP | Massachusetts Banking Project | Financial | Financial sector |
| PA6 | CRNBC | Duty to Care presentation - residential care | Health Sciences | HCA/nursing |
| PA8 | EMIN | Elder mediation standards | Legal | Mediators |

1. United Nations, Implementation of the International Plan of Action on Ageing and Related Activities. <http://www.un.org/documents/ga/res/46/a46r091.htm> [↑](#footnote-ref-1)
2. See Program description, including participating agencies here <http://www.tbs-sct.gc.ca/hidb-bdih/initiative-eng.aspx?Hi=89> [↑](#footnote-ref-2)
3. The federal department known as HRSDC (Human Resources and Skills Development Canada funds the New Horizons for Seniors projects across Canada. The ministry is now the Ministry of Employment and Social Development Canada (ESDC). [↑](#footnote-ref-3)
4. See link for more information about the FEAI and a selection of more recent New Horizons projects <http://www.actionplan.gc.ca/en/backgrounder/backgrounder-new-horizons-seniors-program-3> [↑](#footnote-ref-4)
5. For example, Alberta released “[Addressing Elder Abuse in Alberta: A Strategy for Collective Action](http://www.health.alberta.ca/documents/ElderAbuse-Strategy.pdf)” in 2010. Ontario announced annual funding to [ONPEA to support its strategy to Combat Elder Abuse](http://www.seniors.gov.on.ca/en/elderabuse/strategy.php) in 2009. [↑](#footnote-ref-5)
6. The TREA strategy is available on the Government of BC website at <http://www2.gov.bc.ca/gov/topic.page?id=31E45F6D04A74FBF96C37540B2B4E483> [↑](#footnote-ref-6)
7. Elder Abuse Reduction Education Project Requirements Document version 1.4 dated October 4, 2013 at p. 9. [↑](#footnote-ref-7)
8. BC’s designated agencies are appointed by the Public Guardian and Trustee of BC. As at Dec 31, 2013, they are: Vancouver Coastal Health, Providence Health Care, Fraser Health Authority, Interior Health Authority, Northern Health Authority, Vancouver Island Health Authority, and Community Living BC (CLBC). [↑](#footnote-ref-8)
9. *Adult Guardianship Act* RSBC 1996 c.6 <http://www.bclaws.ca/Recon/document/ID/freeside/00_96006_01> [↑](#footnote-ref-9)
10. For example, see the Canadian Centre for Elder Law pan Canadian resources: The Counterpoint Project; Elder Abuse and Neglect, What Volunteers Need to Know; A Practical Guide to Elder abuse and Neglect Law in Canada. These resources can be located on the centre’s website at <http://www.bcli.org/ccel-projects/completed> [↑](#footnote-ref-10)
11. For purposes of this scan, “entry to practice” includes all post-secondary education (required or elective) to earn a university degree and all professional or occupational accreditation exams, required or elective courses. “Post entry to practice” education includes any occupational/professional continuing education or professional development offerings, mandatory or elective and graded or ungraded, offered to occupation/professional audiences. [↑](#footnote-ref-11)
12. See Ministry website for listing at <http://www.aved.gov.bc.ca/publicpsed/welcome.htm> [↑](#footnote-ref-12)
13. Business schools were not contacted. A research decision was made to focus research on financial sector education at the post entry to practice level (e.g. continuing education and professional development) [↑](#footnote-ref-13)
14. See ministry website at <http://www.aved.gov.bc.ca/privatepsed/welcome.htm> [↑](#footnote-ref-14)
15. This list is no longer available. According to the website it is being updated. [↑](#footnote-ref-15)
16. See category PC in Appendix A for entries regarding the curriculum and competency requirements for these two programs. [↑](#footnote-ref-16)
17. Qualitative data gathered from learners of FH Re:act Curriculum confirms the observations of the researchers that many learners find the topic confusing and continue to seek simple, plain language explanations and summaries. [↑](#footnote-ref-17)
18. See background discussion above. [↑](#footnote-ref-18)
19. These include the Practical Guide to Elder Abuse and Neglect Law in Canada, The Counterpoint Project Tools, and the Vanguard project report supplementary publication *Tips for Good Practice for Legal Professionals Vulnerability and Capability*. See completed projects on the website here: <http://www.bcli.org/ccel-projects/completed> [↑](#footnote-ref-19)
20. For example, some practitioners reference the BC Guide to the Mental Health Act found on the [Ministry of Health website](http://www.health.gov.bc.ca/mhd/mentalhealthact.html). To date, one text has been published about BC’s adult guardianship legislation. It provides a history of the development of the adult guardianship legislation in BC and includes annotated versions of the legislation currently in force, as well as the provisions of the legislation which are not yet in force. Legal commentary is provided and over the years, relevant case law has been added. The latest edition is [*The 2012 Annotated British Columbia Incapacity Planning Legislation, Adult Guardianship Act and Related Statutes*](http://www.carswell.com/product-detail/the-2012-annotated-british-columbia-incapacity-planning-legislation-adult-guardianship-act-and-related-statutes/). Author: Robert M. Gordon. Publisher: Carswell [↑](#footnote-ref-20)
21. See s.59 Provision of Emergency Assistance [↑](#footnote-ref-21)
22. See section 4a of the project requirements. The continuum draws on criteria used in a Nov. 2007 report prepared by the Canadian Network for Prevention of Elder Abuse: "[Outlook 2007: Promising Approaches in the Prevention of Abuse and Neglect of Older Adults](http://www.cnpea.ca/Promising%20Approaches%20Final%20%202007.pdf)." [↑](#footnote-ref-22)