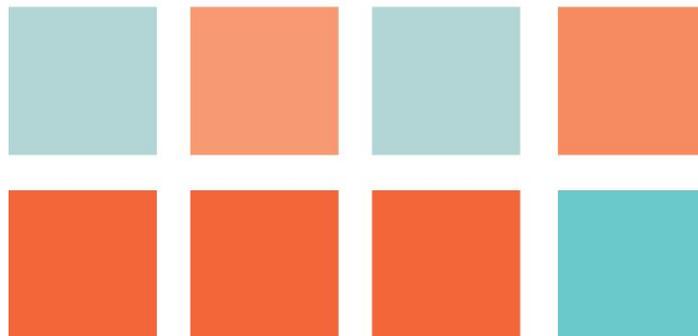


Speaking Notes Registered Nurses' Association of Ontario Bill C-36, *Protecting Canada's Seniors Act*

Standing Committee on Justice and Human Rights

October 16, 2012

The Registered Nurses' Association of Ontario (RNAO)



Good afternoon. My name is Josephine Santos. I am here today representing the Registered Nurses' Association of Ontario, often known as RNAO. I am a registered nurse and the lead manager for RNAO's work on the prevention of elder abuse. Elder abuse has always been a priority for our association and we appreciate the opportunity to provide feedback to the Standing Committee on Justice and Human Rights on Bill C-36. Nurses know in the core of our being that no person ever deserves to be abused or neglected. All seniors should be able to live out their final years and enjoy a sense of respect, dignity, safety, and security. And, as individuals and as a society we must deliver on our duty to protect and fully eliminate elder abuse.

RNAO fully supports the amendment of the *Criminal Code* to include age and other personal circumstances such as health and financial situation. In itself, however, this amendment will not produce the changes needed to end elder abuse and neglect.

Given that many instances of elder abuse and neglect go unreported, RNAO urges a multi-faceted approach that also includes effective prevention of the root causes that make people more vulnerable to elder abuse and neglect such as poverty, discrimination, social isolation, and lack of affordable housing. RNAO's recommendations on addressing these social determinants of health are available in more detail in our formal written submission to this committee.

From November 2011 until April 2012, I had the privilege to represent RNAO on Ontario's Long-Term Care Task Force on Resident Care and Safety. This task force was created in response to media reports of incidents of abuse and neglect, some of which were unreported, in long-term care facilities. In 2011 alone, there were more than 3,200 incidents of abuse and neglect reported to Ontario's Ministry of Health and Long-Term Care. That works out to about 3.5 cases per 100 nursing home beds.

What we learned through surveys, submissions, and a review of the evidence is that the top factors leading to abuse and neglect in this sector include staffing issues. For example, not enough staff, heavy workload, inadequate training and skills. Factors such as dementia, mental health and addiction linked with responsive behaviours such as being aggressive or violent was another factor. A resident may sometimes be a victim of abuse and sometimes represent a danger to themselves, other residents, or staff. In fact, about half of the incidents reported in 2011 were resident-to-resident abuse. This means that residents with specialized needs must be better supported to ensure safety for themselves and all others in that environment. Areas that need to be addressed for improved safety include funding for specialized facilities, dedicated specialized units within long-term care homes, appropriate physical plant conditions, specialized programs, and appropriately skilled and knowledgeable staff in sufficient numbers to care for vulnerable residents with high needs.

In May of 2012, the Long-Term Care Task Force on Resident Care and Safety released its report along with a list of 18 actions to improve care and safety--actions not only relevant to Ontario but of value from coast to coast to coast. In addition to supporting these action items, RNAO recently submitted feedback to our provincial government to help inform Ontario's Seniors' Care Strategy. RNAO has brought along copies of this submission for the Standing Committee because it includes our evidence-based recommendations on how to improve seniors' health, health care, and safety across sectors, including minimum standards of nursing care in long-term care.

With funding from the federal government, RNAO and the Canadian Nurses Association launched the Prevention of Elder Abuse Centres of Excellence (PEACE) in 2010 in 10 long-term care homes across the country. Positive outcomes of the PEACE initiative included behavioural

changes and increased confidence of staff in responding to instances of abuse. Building on the success of this project, RNAO, through federal funding, is now developing a best practice guideline that will focus on addressing awareness, prevention, identification, and strategies for intervention when instances of abuse or neglect are known or suspected. This guideline will complement other evidence-based RNAO clinical best practice guidelines such as client-centred care, screening and caregiver strategies for older adults with delirium, dementia and depression, promoting safety: alternative approaches to the use of restraints, and preventing and managing violence in the workplace.

All of these evidence-based guidelines, as well as implementation resources, are available to be downloaded from the RNAO website, without charge, along with information on RNAO's Long-Term Care Best Practices Initiative.

Thank you once again for the opportunity to be here today and I look forward to answering any questions that you might have.