

## **NSHRF PROJECT FACT SHEET**

### **Offering the Help that's Needed: Rural Responses to the Mistreatment and Neglect of Older People**

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In 2001, four million Canadians – 13 percent of the population – were 65 or older. By 2026, eight million – 21 percent of the population – will be in this age group. This aging population makes Dr. Joan Harbison's research in social work practice and health service delivery, health and aging, ageism, and the mistreatment of older people especially relevant to individuals and all levels of government.

Dr. Harbison led researchers in a two-year study explore the extent to which professionals and volunteers offer and deliver assistance to mistreated and neglected older people in Nova Scotia. Patterns of helping have emerged from the analysis which suggests a number of clear implications for policy development and service delivery to these hard-to-reach, vulnerable people.

Help is being offered through many remarkably dynamic but informal networks of services, involving a wide range of professionals and volunteers, which in many instances successfully reaches out to meet the needs perceived by mistreated older people themselves. The flexibility that comes with this diversity in service options, and the collaborative relationships among individuals within them, is a key component of success in providing help. These efforts are enhanced by a strong commitment to provide assistance that is acceptable to the older person involved.

These informal networks face a number of challenges. There is a perception by professionals and volunteers that centralizing policy-making and administration may threaten this flexible style of providing help. Such centralization can undermine the establishment of locally-based informal relationships and communications and discretionary decision-making that are essential to the success of this work. Many of the formal and informal agencies and groups that offer help do not include providing responses and solutions to "elder abuse and neglect" in their official, documented mandate. Nevertheless the issues of mistreatment are being addressed. The creativity and commitment to finding solutions usually comes from the efforts of specific individuals within these organizations rather than the agencies themselves. However, when these helpers retire, are transferred, or their positions or programs cut, lack of alternative resources means that there is an impact on providing the continuing and consistent assistance that seniors want. Dr. Harbison suggests that more support for locally generated initiatives addressing mistreatment and neglect in ways that are acceptable to those older people in these situations is strongly warranted.

Seniors suffering abuse and neglect, but who are mentally competent and physically able to care for themselves, do not come under the provisions of Adult Protection Services – the only agency mandated to address potential or actual situations of abuse. However, Adult Protection social workers are highly valued by other helpers as they provide consultation and assistance to those who reach out to help this group. The role of Adult Protection workers in rural communities, both as educators about mistreatment and neglect, and as consultants to a great many professional and lay helpers, needs to be formally recognized in personnel and resource planning.

Dr. Harbison worked with colleagues from Dalhousie and Saint Mary's Universities, with backgrounds in law, social work and sociology. They interviewed members of many disciplines and professions, faith communities, seniors' organizations and other volunteer groups. Further research is needed on community-based, formal and informal networks of help for mistreated and neglected seniors to determine how we can build effective models of service delivery to hard-to-reach older people experiencing neglect and mistreatment.

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