

Several groups within the older population were seen as requiring particular attention: older people in aboriginal communities, seniors in institutional care, and those who are physically or emotionally isolated and hard to reach. Dennis Lewis of the Native Canadian Centre of Toronto confirmed that, in a feasibility study to determine what services were available for off-reserve native people, major communities where native people live in Canada including Vancouver, Edmonton, Winnipeg, Montreal and Halifax had no services targeted at the native senior.<sup>14</sup>

The major activity to date has taken place among professionals and at the local level. One witness spoke for many when she pointed out: "...it still appears today, that the response to elder abuse across Canada is really on an ad hoc basis; it's fragmented and it's generally at the community level."<sup>15</sup> Several witnesses noted that there are barriers among the various service providers. They emphasized that the use of existing health and social and legal services to respond to the elderly must ensure that the approach will not be restricted to one type of response, ie medication by a physician or intervention by the police without backup or complementary support from other sectors.

While the need for multisectoral involvement among service providers was stressed, witnesses were equally emphatic that everyone can help in some way. "Police officers, doctors, nurses, lawyers, social workers, teachers, all of us whose working lives bring us into contact with victims and offenders must play a role. In our personal lives, we can also make a difference. We can no longer look the other way when someone is being threatened or hurt. When we do, we become part of the problem."<sup>16</sup>

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<sup>14</sup> Dennis Lewis, Presentation of the Native Canadian Centre of Toronto, Elder Abuse Program, Appendix "Seci-3", 6A:14.

<sup>15</sup> Scott, 1:9.

<sup>16</sup> Scott, Presentation, p. 6.