

A Draft Framework for a National Strategy for the Prevention of Abuse and Neglect of Older Adults in Canada

A Proposal

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Prevention of Elder Abuse (CNPEA)

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1. Introduction

The Canadian Network for the Prevention of Elder Abuse (CNPEA) was commissioned by the Public Health Agency of Canada (PHAC) to develop a Draft Framework for a National Strategy for the prevention of abuse and neglect of older adults in Canada.

For the purposes of this paper, we are defining “framework” as:

“an underlying set of ideas - a set of ideas, principles, agreements or rules that provide the basis or the outline for something that is more fully developed at a later stage” (Encarta Dictionary)

and “strategy” as:

“planning in any field – a carefully devised plan of action to achieve a goal or the art of developing or carrying out such a plan” (Encarta Dictionary)

This Draft Framework and beginning set of ideas of possible national strategy content includes a specification of key issues/topics to be addressed, key stakeholders and their roles and relationships and identification of essential organizational components.

Key issues/topics, stakeholders, roles and relationships were identified through conversation with key informants in the field of prevention, research and intervention in abuse and neglect of older adults in Canada. Information on ‘promising approaches’ in the prevention of abuse and neglect of older adults has been drawn from the document, “Outlook 2007: Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada” (part of the overall project commissioned by the PHAC).

Background

A survey of the prevention literature was conducted to identify examples of relevant strategies. Examples from the World Health Organization Guidelines to Implementing Recommendations of the Violence and Health Report, which includes a number of strategies at differing levels (global to local); the National Strategy to Prevent Abuse in Inuit Communities, a US prevention of violence against women strategy and a National Strategy for the Prevention of Suicide in New Zealand; were examined.

In addition, provincial strategies in Canada from Manitoba, Ontario, and Nova Scotia were reviewed (see Appendix 1: Summaries of Provincial Strategies) as was the strategy of the Canadian Caregiver Coalition. The National Framework on Aging was also reviewed.

Essentials in Strategies

Review of the various strategies mentioned above, reveals the following common elements:

Vision

Particular to the area, addressing the largest issues and providing something to which to aspire over time.

Principles

Four or five principles of healing and cooperation, equity / inclusion, rights and responsibilities, and collaborating within whole communities

Goals

Reducing violence and abuse and increasing an atmosphere of care(ing)

Objectives are sometimes spelled out, and often include partnering, capacity building, coordinating and implementing appropriate resources, as well as giving a voice to older adults and their families.

Priorities

All include areas of priority which some label strategic priorities. Making abuse a priority issue at the community level is frequently mentioned.

Specific Appropriateness/Unique Circumstances

The National Strategy to Prevent Abuse in Inuit Communities reflects the issues of sparse population, large land mass, a special relationship to the landscape, historic negative impacts, and the need to use traditional wisdom, intervention and healing methods. It was also developed in consultation with front line workers in communities across the North.

Other Tools

Some strategies use particular tools to aid in their development or implementation. The National Inuit Strategy has an accompanying guide to community mobilization and interventions: Sharing Knowledge, Sharing Wisdom: A Guide to the National Strategy (Pauktuuit Inuit Women of Canada, Ottawa, 2005), with other resource information attached.

The National Framework on Aging was developed from and uses a series of policy questions that evolved from broad consultation throughout Canada.

The New Zealand Suicide Prevention Strategy has a cultural declaration to support the recognition and use of aboriginal tools, information and traditional wisdom.

Common Issues

Most strategies recognize that violence needs a multi-sectoral approach (which goes beyond a multi-disciplinary approach in intervention), coordination of existing efforts, an evidence base for what works best, and use of strengths that exist at any level. All speak of the need for a systematic and coordinated approach. There is general recognition that coordinated action with integrated delivery systems will result in increased economies in prevention/intervention. Most strategies also recognize that the best way to counter ageism is at the local level, using education, and mobilizing engagement and ownership of issues. The need for heightened visibility of the issue is also acknowledged as key.

Some provincial strategies give ‘financial abuse’ a high priority and visibility because it requires a specific approach and partnerships outside of the traditional social service/ criminal justice/ health arena. Financial institutions can play significant roles in financial abuse prevention.

All strategies acknowledge that prevention can make a difference but will require sustained considerable effort, adequate resources and 10 or 15 years to have a maximum impact. There is also a sense of urgency; so as not to lose perceived gains where things work well, to keep trained and committed staff in place, and to respond completely and quickly to the demographic ‘age wave’.

Most strategies locate themselves within a health determinant approach. This implies that there are complex conditions at work in determining how healthy an individual is and that changing some basic root causes will improve health (including freedom from abuse). Please see Appendix 2: Health Determinant Framework.

Some strategies advocate a basic public health approach. Some link research and policy-making. Most mention monitoring the implementation of strategic action to gauge results over time. Please see Appendix 3: Public Health Approach.

Key Issues to be Included in a Framework/Strategy

The following issues were identified through the ‘Promising Approaches’ Project teleconferences convened by CNPEA in late 2006/early 2007. A framework and strategy could include any or all of the following:

National Leadership

- At some point in the strategy development process, determine the leadership and collaboration model between national non-profit organizations such as

CNPEA and federal government ministries such as PHAC and the other Family Violence Initiative partners

Overall Philosophical Orientation to the Problem of Abuse of Older Adults

- Determine which approaches or combination of approaches will guide the work: public health approach, population health, crime prevention through social development, ecological, systems, integral

Guiding Principles – 2 Aspects

- Can cover principles guiding how to intervene in abuse/neglect situations and how to support community capacity building, including:
 - Encourage early intervention, reduction of risk factors
 - Least intrusive interventions
 - Familiarity with different types of abuse and neglect and their associated dynamics
 - Recognize complexity and the need for team approaches
 - Include National Framework on Aging principles (see Appendix 4)
 - Evidence based activity where possible
- Can cover how partners or collaborators and other participants will work together throughout the development and implementation of the strategy

Collaboration and Coordination

- Coordination of delivery
- Move coordination to collaboration
- Create whole community coordinated approaches

Knowledge Issues / Learning Issues

- Clearinghouse issues – augment current National Clearinghouse on Family Violence
- What knowledge is out there, how can it be disseminated?

Development of the Field

- Map activity by type and locale, trends, advances

Raising Profile of Senior Abuse Within Services

- Have services dedicate roles to abuse and neglect of older adults i.e. police, Crown, and community development social workers (to develop community and cross agency relationships)

Spread Promising Approaches

- Develop criteria for the various standards of practice continuum in this field (emerging, promising, good, best) and work out whether and how to spread them to other locales in the country

Create ‘Whole’ Community Ownership of the Problem

- Recognize complexity and the need for team approaches

Grapple With Ageism

- Find ways to combat pervasive negative social attitudes towards older adults

Research

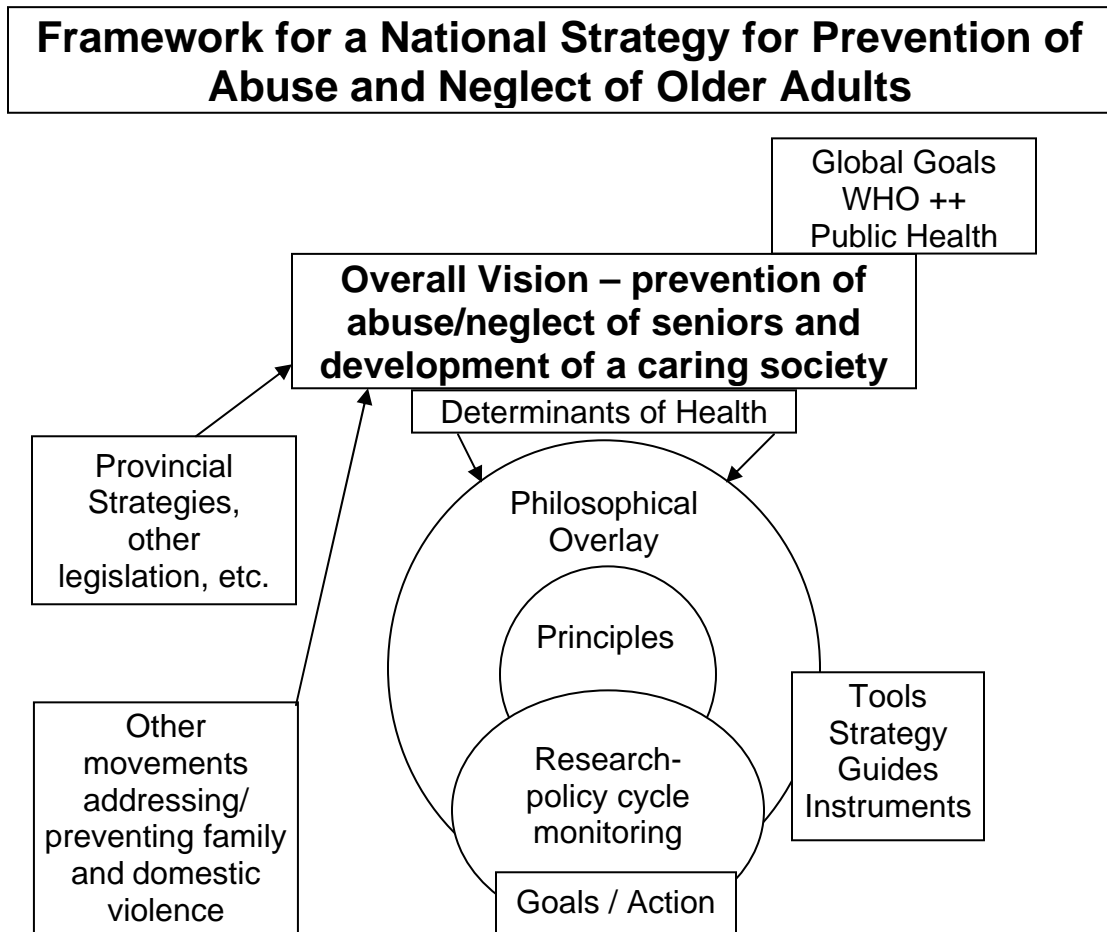
- Identify research priorities, fund large scale studies, develop and make use of 'good' data, share findings and evaluation of current work around the country. A list of research topics has been identified by the CNPEA, see Appendix 9: Research Agenda Suggestions – Research Teleconference in Outlook 2007: Promising Approaches document)

Public and Practitioner Education

- Large scale and cyclic campaigns

Legislative Evaluations

- Many jurisdictions do not know if legislation is doing what it was designed to do, and how it is being used in the field.



2. Possible Process for Developing the Strategy

The following are the main development steps. Both phases require additional resources for whoever undertakes them.

Research/Consultation Phase

Considerable research and consultation is needed. That work includes:

- Researching/Documenting the nature of the various philosophical approaches to guide this field, including public health, population health, crime prevention through social development, ecological, systems, integral and what they each have to contribute
- Researching/Documenting possible links between this strategy and others in the same field provincially, territorially, nationally in Canada and abroad (for example Canada may have more in common with Australia than the US in terms of national infrastructure, programs, etc., and in related complementary fields
- Consulting with a whole range of stakeholders, using this document as a starting point, who will be assembled in Vancouver November 7 – 10, 2007 in conjunction with the F/P/T by invitation event and the Canadian Centre for Elder Law annual conference. Consultation using an “open space” or “world café” approach could enhance this framework by getting participants to:
 - Assess current environment (political and public) for the issue of abuse and neglect of older adults
 - Develop a beginning shared conceptual framework on the dynamics of abuse using the research/documentation of the various overarching philosophical approaches
 - Discuss guiding principles to guide the development and implementation of the strategy as well as those to guide supporting abused seniors and building community capacity
 - Specify possible partners and lead agencies – their roles and responsibilities for strategy development and implementation
 - Plan how and who will offer ‘fellowships and scholarships’ in strategizing in order to support and recognize people who are skilled and passionate in this field and how to solicit the help of students in various relevant disciplines as one avenue for succession planning in the field
 - Prioritize the major issues the strategy should address
 - Develop an implementation and monitoring plan for the strategy that links research – policy – implementation – evaluation and back to research
 - Develop a beginning work plan that includes timelines and identifies work groups for follow up

Participants could be many of the same as in the CNPEA's recently completed series of teleconferences, with the addition of technical experts in some areas where key issues have been identified.

If this consultation cannot be carried out in November 2007, it can be begun via a series of teleconferences and provincial/territorial in person workshops

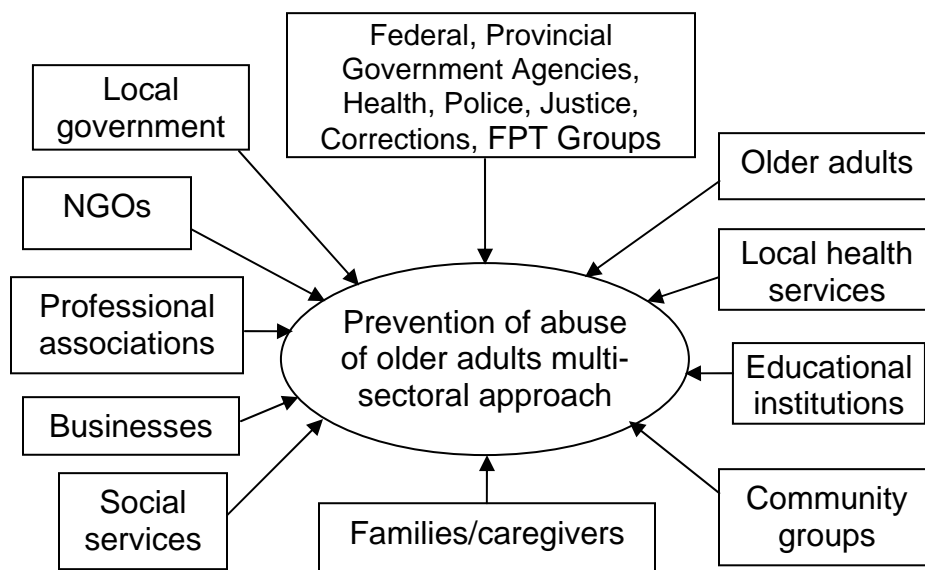
Strategy Drafting Phase

Once the initial research/consultation work has been completed, strategy drafting can begin. This could be done during a face-to-face meeting of 20-30 key individuals with administrative support, facilitation, and some technical experts in an accelerated learning setting.

This could be followed up with working groups as identified in Vancouver to modify a draft, identify next steps/missing elements.

Key Stakeholders

Key stakeholders might be any of the participants on the CNPEA "Promising Approaches" teleconferences who contributed to the compilation of information for the Promising Approaches portion of this project. In addition seniors of diverse ethnicity, gender, sexual orientation, faith orientation and geographic location (rural, remote and urban), should be included.



Essential Organizational Components in the Development of the National Strategy

1. Partnership of Ministries and national networks such a CNPEA for leadership and implementation
2. Adequate financial resources
3. Link to Public Health (Public Health Agency of Canada)
4. Abuse and neglect of older adults consultants (experts in the field)
5. Regional community consultants (experts in community and social change projects)
6. Trainers and educators
7. Adjunct researchers and academics
8. Administrative, facilitative and technical support services including communications to support 'distance' and face to face conferencing

3. Appendices

Appendix 1: Summaries of Provincial Strategies and the US Strategic Plan for Preventing Violence Against Women

Appendix 2: The Health Determinant Framework

Appendix 3: The Public Health Approach to Violence

Appendix 4: Policy Questions – National Framework on Aging

Appendix 5: Beginning Framework Content Leading to the National Strategy

Appendix 1: Summaries of Provincial Strategies

The Manitoba Elder Abuse Strategy includes:

- Elder Abuse Consultant - for education, awareness and training presentations about the issue of abuse and neglect of older adults with many different groups including, seniors, students, and professionals. Works with communities and regions throughout the province to develop community response/monitoring teams to ensure that resources and supports are available and accessible to older adults affected by abuse and neglect. Acts as a consultant to other government departments and community groups.
- Resource Coordinator - main responsibility is responding to calls to the Seniors Abuse Line, and arranging for the dissemination of senior abuse publications.
- Seniors Abuse Line - A confidential information service that provides seniors and others with a one-stop information resource on abuse and neglect of older adults. The abuse line staff provides information on community resources that are available to help.
- Education and awareness - includes presentations and the dissemination of publications (pamphlets and posters geared towards seniors, one pamphlet geared towards professionals, and a fact sheet) aimed at the broader community to increase awareness of the issue.
- Consultation with communities/regions - to ensure that supports are connected. Several regions are involved in developing “community maps” and resource guides
- Support for an elder abuse counseling and safe suite program
- Research
- Support for development of a provincial elder abuse network

Manitoba Seniors and Healthy Aging Secretariat (2007)

Ontario Strategy to Combat Elder Abuse

Ontario has a five-year, \$4.3 million Strategy to Combat Elder Abuse. Ontario's Strategy focuses on three priorities: coordination of community services, training for front-line staff who work with seniors on a daily basis, and education to raise public awareness about abuse and neglect of older adults. The strategy also has

regional consultants around the province to aid communities and professionals in coordinating efforts.

The Ontario Network for the Prevention of Elder Abuse (ONPEA), the Ontario Seniors' Secretariat, the Ministry of Citizenship and Immigration, and the Ministry of the Attorney General are partners in implementing Ontario's Strategy to Combat Elder Abuse.

Ministry of Citizenship, Ontario, April 2003

Nova Scotia Elder Abuse Strategy: Towards Awareness and Prevention

The ultimate goal of this strategy is to promote the health and well-being of older Nova Scotians through the prevention and awareness of abuse. The four strategic areas within the strategy focus on the key areas believed to have the greatest opportunity for impact:

- education and awareness
- prevention of financial abuse
- community-based networks
- resources and supports.


Each strategic area identifies initial and future actions that will move Nova Scotia closer to becoming a province where older adults are protected, know their rights, how to act on them, and are aware of available resources.

The strategy is supported through the guiding principles of:

- Capacity building
- Collaboration and coordination
- Cultural diversity
- Understanding individual context
- Inter generational relationships

Nova Scotia Elder Abuse Strategy 2005; Nova Scotia Seniors Secretariat
www.gov.ns.ca/scs/pubs/ElderAbuseStrategy.pdf

An Example of a National Strategic Plan Using the Public Health Approach

 www.medscape.com			
<h3>At-a-Glance Strategic Plan for Violence Prevention</h3>			
Mission	Prevent violence-related injuries and death through surveillance, research and development, capacity building, communication and leadership		
Guiding Principles	<ul style="list-style-type: none"> •An emphasis on primary prevention •A commitment to advancing the science base for the field and basing everything we do on sound science •A focus on the practical application of scientific advances thereby translating science into effective programs and policies •A commitment to avoid duplication by complementing and building on the efforts of others and by addressing gaps or needs 		
Activity Areas	Current action steps	Objectives for the next two to five years	Goals for ten or more years
Surveillance	<ul style="list-style-type: none"> •Evaluate current surveillance methods to identify gaps •Begin implementing National Violent Death Reporting System 	<ul style="list-style-type: none"> •Collect high-quality data on fatal, nonfatal and related behaviors •Pilot test National Violent Death Reporting System in three to four states 	<ul style="list-style-type: none"> •Develop a high-quality, comprehensive surveillance system using uniform definitions
Research and Development	<ul style="list-style-type: none"> •Implement key research studies consistent with CDC's <i>Injury Research Agenda</i> 	<ul style="list-style-type: none"> •Understand modifiable risk factors •Develop and evaluate interventions based on modifiable risk factors •Improve dissemination and implementation of proven interventions •Understand the impact and cross effects of interventions and policies 	<ul style="list-style-type: none"> •Understand modifiable risk factors •Identify effective programs through evaluation
Capacity Building	<ul style="list-style-type: none"> •Identify high-priority training information needs at state and local levels 	<ul style="list-style-type: none"> •Support and expand state and local violence prevention capacity •Respond to identified training and information needs 	<ul style="list-style-type: none"> •Develop a frontline violence prevention infrastructure across the country
Communication	<ul style="list-style-type: none"> •Develop specific communication strategies, including messages, channels, partners, products and goals 	<ul style="list-style-type: none"> •Continue to disseminate effective violence prevention programs •Achieve measurable changes in knowledge, beliefs, and attitudes about violence prevention 	<ul style="list-style-type: none"> •Understand and disseminate information on risk factors •Shift social norms about violence •Widely disseminate information, tools and resources to support the adoption of effective programs
Partnership	<ul style="list-style-type: none"> •Work with partners to implement and disseminate research agenda •Assess current partnerships and identify opportunities 	<ul style="list-style-type: none"> •Collaborate effectively with new partners 	<ul style="list-style-type: none"> •Public health is a well-recognized partner in violence prevention •Collaboration is routine •Reduce duplication of effort
Leadership	<ul style="list-style-type: none"> •Identify specific initiatives, partners to achieve them and next steps 	<ul style="list-style-type: none"> •Work with partners to achieve specific initiatives •Convene violence prevention community to review progress and gather input on future initiatives 	<ul style="list-style-type: none"> •Create consensus about effective approaches to violence prevention

Source: J Womens Health © 2004 Mary Ann Liebert, Inc.

Graffunder, C., Noonan, R., Cox, P., Wheaton, J. (2004). *Through a Public Health Lens. Preventing Violence Against Women: An Update from the U.S. Centers for Disease Control and Prevention*. Journal of Women's Health Jan 2004, Vol. 13, No. 1: 5-16. www.medscape.com/content/2004/00/47/10/471011.fig1.gif

Appendix 2: The Health Determinant Framework

This approach takes into account that there are many variables and determining factors in an individual's health. Working on any one of these will alter a person's well being. It is a holistic approach that goes beyond seeing health as the absence of disease; or the health care system as meaning only 'acute' care.

Key Determinants as listed on the Public Health Agency of Canada website include:

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture

Attention to these factors, which is focused in the following way (called a population health approach):

- efforts to prevent the problem
- improving aggregate health status of the whole society, while considering the special needs and vulnerabilities of sub-populations
- a focus on partnerships and intersectoral cooperation
- finding flexible and multidimensional solutions to complex problems
- public involvement and community participation

and on the complex interactions between them, will improve health.

See <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html> for a full explanation.

Appendix 3: The Public Health Approach to Violence

The World Health Organization (WHO) promotes a public health approach to the prevention of violence overall as does the Canadian Public Health Association. WHO situates abuse of seniors as a sub-category of interpersonal violence.

The health system is seen as a natural leader in involving all the sectors required to prevent violence and offer care to those affected by violence.

The public health approach to preventing interpersonal violence has four steps:

- Defining the problem through collecting information
- Identifying and researching risk and protective factors that increase or reduce the possibility of violence
- Determining what works in prevention with careful 'tailored' interventions to all sub-groups of the population
- Implementing, monitoring and evaluating effective and promising interventions in a wide range of settings

See the following link for more information.

http://www.who.int/violence_injury_prevention/media/news/08_09_2004/en/index.html

From the World Health Organization Injuries and Violence Prevention website

Canada

- In May 2003, the Canadian national launch of the *World report on violence and health* took place during the third Child and Youth Conference. Ethel Blondin-Andrews, then secretary of State for Children and Youth, described the Report as a blueprint for violence prevention and stated that Canada fully endorsed its nine recommendations.
- In June 2004, the Canadian Public Health Association (CPHA) adopted a violence prevention resolution that acknowledges the *World report on violence and health*, endorses the World Health Assembly Resolution 49.25 "Preventing violence: a public health priority" and endorses WHO's Global Campaign for Violence Prevention. The Resolution is intended to deepen and reinforce CPHA commitment to and activities aimed at developing a national public health strategy on violence prevention.

http://www.who.int/violence_injury_prevention/violence/national_activities/can/en/index.html

Appendix 4: Policy Questions – National Framework on Aging

Principles of the National Framework on Aging

3. Policy Questions

3.1 Questions Common to all Principles

Policy questions that relate to the National Framework on Aging Vision as a whole:

- Does the policy/program address the diverse needs, circumstances, and aspirations of various sub-groups within the seniors population (e.g., age, gender, family status, geographic location, Aboriginal status, official language minorities and ethnocultural minorities, income status, health status, etc.)?
- Is consideration given to the cumulative impacts on later life of policies/ programs targeted at earlier life stages?
- Is the policy/program inclusive in nature, or does it separate and isolate seniors from the rest of society?
- Does it take into account the full costs and benefits of supporting the aspirations of society, including those of seniors? What is the cost or consequence of not responding?
- Does it adequately consider the diversity among various age segments of older Canadians (e.g., those who lived through the Great Depression, wars, linguistic or cultural differences, etc.)?
- Does it build on the capacity of seniors and adjust to different circumstances?
- Does the policy/program actively engage the commitment and support of all relevant sectors of society for the achievement of the Vision and Principles (governments, industry, service providers, the private and voluntary sectors, etc.)?
- Does it consider individual versus collective needs?

3.2 Specific Questions Related to each Principle

These questions can be used to determine if and how a policy or program supports each of the Principles of the National Framework on Aging. These are general and are not program-specific. Specific sectors may require additional questions

Policy and program responses that reflect the application of principles are shown to illustrate how they can impact policy development.

- Dignity
- Independence
- Participation
- Fairness
- Security

Specific questions related to these principles are available on line at http://www.hc-sc.gc.ca/seniors-aines/nfa-cnv/nfaguide5_e.htm

Appendix 5: Beginning Framework Content Leading to the National Strategy

Possible content, based on the Outlook 2007: Promising Approaches in the Prevention of Abuse and Neglect of Older Adults in Community Settings in Canada, the review of components and intentions in other strategies, could include: any of the following:

1. Vision

- 'All Canadians should live free from abuse'

Or

- 'This strategy is to prevent abuse of all Canadians and to develop a strategy respectful of all ages'

2. Overarching Philosophical Orientation/Approach

- Public health, population health, crime prevention through social development, ecological, systems, integral
- Are there issues the strategy should not address because the matters fall within provincial or territorial jurisdiction? (examples might include mandatory or voluntary reporting, what should/shouldn't be in legislation, etc)

3. Principles – of Supporting Seniors and of Working Together to Develop and Implement the Strategy

- An understanding that abuse is preventable
- Capacity building / whole community approaches are valued
- Diversity respected
- Coordinated efforts leading to collaborative multi-sectoral and multi-disciplinary efforts are necessary
- Research emphasis is necessary to establish an evidence base, linked to public policy development, best practice identification evaluation standards and sharing information
- Adequate resources and supports available to support the work and the response
- Equal participation of older adults in development and implementation of strategies, responsiveness to older adults and their needs
- Sustainability and long term commitment
- Link to global concepts (World Health Organization research where appropriate)
- Healing and cooperation, equity / inclusion, rights and responsibilities
- Dignity
- Independence
- Participation Fairness
- Security

4. **Trends of Abuse and Neglect** (as much as we can say)
5. **Summary of Evidence for what is and what works** (as much as we can say)
6. **Goals**

Goals could be similar to those on the CNPEA website:

- Informing, and raising people's awareness of the issues, resources, and implications of abuse of older persons.
- Sharing information (conferences, stakeholder days, teleconferences). Educating people on how to recognize abuse of older persons.
- Stimulating research into abuse, neglect and exploitation of older adults.
- Collaborating on development of tools that increase individual and societal capacity to advocate for the cessation of abuse and neglect of older persons.
- Facilitating review of public policy.
- Developing partnerships for financial support

Alternatively, goals could be similar to those in the Nova Scotia strategy:

- Raise awareness
- Provide education to the public and professionals about abuse
- Focus on 'financial abuse'
- Do community capacity building

Goals could also be as per the US Center for Disease Control's Violence Against Women Strategy:

- Surveillance
- Research and Development
- Capacity Building
- Communication
- Partnership
- Leadership

Goals need to flow from the principles, and any evidence for effectiveness that can be gathered. Regardless of which goals scheme or combination of schemes is selected the Key Issues to be included from pages 6-7 need to be considered for inclusion. Timelines are needed as well.

7. **Special Considerations**

There may be special considerations in a strategy; such as honoring and protecting traditional First Nations, Inuit and Métis research, practices and

knowledge. As well, the needs of ethno cultural seniors need to be taken into consideration in a strategy

First Nations, Inuit and Métis Use of the Strategy

Aboriginal peoples may elect to use a national strategy or may follow one such as the Inuit National Strategy or may develop their own. If they do elect to use this template, then there needs to be a section on use of traditional forms of knowledge, research and healing. A section from the New Zealand Prevention of Suicide Strategy speaks to a way to think about this for Maori peoples; the same kind of considerations may be appropriate in a Canadian First People's context:

■ Mātauranga whakairo (honoured knowledge)

It is important to strengthen the evidence base in order to inform practice and policy. Given the high overall Māori rate of suicide and the need to reduce inequalities, it is essential that research and intervention approaches are designed to be effective for Māori. A consensus about effectiveness needs to result from a convergence in interpretation of evidence of different kinds, from different places, generated by different researchers (WHO 2004).

There is an urgent need to increase and build on existing evidence based research relating to Māori suicidal behaviour, and the inclusion of other forms of evidence is seen as critical by Māori. These might include:

- research that helps inform on both the risk and protective factors of Māori suicidal behaviour
- qualitative studies and evaluations using Māori research frameworks
- comparative research from other indigenous populations
- accounts of the impacts of suicidal behaviour on whānau, hapū and iwi
- acknowledging the importance to whānau, hapū and iwi, of the historical and cultural knowledge of suicidal behaviour captured through appropriate and relevant mediums of communication, for example, kōrero (stories), whaikōrero (formal oratory), waiata mōteatea (traditional songs), karakia (spiritual dedications), whakapapa (geneology)
- building on and strengthening the gains made from *Kia Piki te Ora o te Taitamariki*, the Māori specific component of *The New Zealand Youth Suicide Prevention Strategy*.

The ongoing need to develop appropriate programmes and services to reduce Māori rates of suicide and suicide attempts remains a high priority for this strategy.

New Zealand Suicide Prevention Strategy 2006.

The following reflects the way in which Inuit people would like their healing practices recognized although it does not go as far as the New Zealand example in asking for specific action to protect traditional knowledge.



APPLYING INUIT PRINCIPLES OF HEALING	
1. Piliqiqatigiinniq – working together for the common good.	
<p>This principle implies knowing one's role within a family, community or organization and making judgments and decisions that benefit everyone rather than a few.</p>	<p><i>Individuals</i> can resolve personal grievances in order to work better with others. <i>Community agencies</i> can clarify mandates then find ways to complement each other. <i>Community and regional organizations</i> can be of service to all members of communities. <i>Governments</i> can develop policies that help heal communities.</p>
2. Avatikmik Kamattiarniq – environmental wellness.	
<p>This principle can be interpreted as a balanced and healthy interconnectedness of the mental, physical, and spiritual dimensions of the individual, the family, and the community.</p>	<p><i>Individuals</i> can strive for personal wellness and balance in their lives. <i>Community agencies</i> can develop programs that nurture all aspects of clients and support staff. <i>Community and regional organizations</i> can address violence prevention as a part of economic, social, and political development. <i>Governments</i> can promote holistic programs.</p>
3. Pijittsirarniq – service to others and leadership.	
<p>These concepts together contribute to the common good and are not mutually exclusive, but inherently part of the same ideal of wisdom in Inuit culture.</p>	<p><i>Individuals</i> can speak out against violence and support victims. <i>Community agencies</i> can enforce zero tolerance toward abusive behaviour. <i>Community and regional organizations</i> can publicly declare abuse prevention a priority issue. <i>Governments</i> can lead by example.</p>
4. Pilimmaksarniq – empowerment.	
<p>Inuit can and should use all sources of appropriate information, gathering it and using it to right social and spiritual wrongs, and to work toward a balanced and strong Inuit society.</p>	<p><i>Individuals</i> can educate themselves about abuse. <i>Community agencies</i> can raise awareness and help foster people's strengths. <i>Community and regional organizations</i> can develop capacity in communities. <i>Governments</i> can work closely with Inuit to develop funding priorities.</p>

8. Implementation Accountability and Monitoring

It needs to be clear who has responsibility for what, at each level of activity, who will take the lead and who reports to whom.

There also needs to be a monitoring system put in place to track what is happening after the strategy is implemented. There needs to be an evaluation system and a review mechanism for the strategy.

9. Attachments

Tools, resources or additions to aid development of the strategy may be attached (see Appendix 4 - Policy Questions).

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