Coordinated Community Response Agreement

Abuse and Neglect of Older Adults In Peterborough County and City

Support for this project has been received under the National Crime Prevention Strategy of the Government of Canada
Acknowledgements

We gratefully acknowledge the generosity of many other elder abuse prevention networks that willingly shared their community protocols. These documents were used as a basis for discussion and development of this Coordinated Community Response Agreement. In particular, special thanks go to the following:

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- Seniors Resource Centre Association of Newfoundland and Labrador

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Executive Summary

Background

A network was established in Peterborough County and City in 1988 around the goal of preventing and eliminating abuse and neglect of older adults. One of the factors driving this initiative was demographics. For the last two decades, Peterborough County and City have had the third highest percentage of older adults in the province. Founding members of the network consisted of older adults, professionals and agency representatives.

From the beginning this network believed that education, awareness and a coordinated community response were needed to achieve their goal. By the end of the 1990’s, a community forum organized by the network determined that dedicated staff was needed to move the issue forward.

In 2001 the network, now know as the Abuse Prevention of Older Adults Network (hereafter called the ‘Network’, or APOAN) successfully applied for a grant to hire a coordinator to raise awareness about the issue of older adult abuse through education of all sectors including faith communities, financial institutions, police and the legal sector, health and social service professionals and workers, educational institutions, and volunteers, and to conduct public awareness campaigns.

In 2004, another grant was successfully acquired for a project coordinator to work with the community to develop a coordinated response. This Coordinated Community Response Agreement (from here on referred to as the Agreement) is the product of that effort.

From the beginning of the development of this coordinated community response, there was an inclusive invitation to all interested organizations and professionals to participate. The project coordinator met with the executive personnel of most key organizations that work with older adults to explain the grant and goal of the project. An invitation to participate resulted in approximately fifty attendees to the first meeting on December 22, 2004. Forty different organizations continued providing input into this Agreement during the subsequent months of its development. This interest reflects the perceived need on the part of those who connect with older adults for more effective ways of addressing older adult abuse in our community.

The Coordinated Community Response Agreement and the Process to Develop It

This Coordinated Community Response Agreement is a description of how our community has agreed to work together to address abuse and neglect of older adults. The purpose of this Agreement is to provide a common accountability framework that guides an inclusive network of community organizations, professionals, and others in Peterborough County and City in providing a coordinated, client-oriented, rights-based approach that is inclusive of the victim, and deals with the root cause and effects of the abuse or neglect.
Our work begins from the position that abuse is an issue of power and control. This implies that the best framework for working to prevent and respond to instances of mistreatment is one of empowerment.

Throughout the period of the grant, education sessions were carried out for volunteers and front line staff of organizations that work with older adults. In addition presentations were conducted for service clubs and other groups, and two public awareness campaigns were achieved with broad media coverage.

The committee that developed the Agreement determined that an interdisciplinary consultation team was needed to provide information about available options for addressing difficult situations of older adult abuse. The model for this aspect of the community’s coordinated response has been determined and a subcommittee is responsible for completing the planning, arranging training for members of the team, and launching and coordinating this interdisciplinary consultation service.

Next Steps Needed for Implementation

At every strategic point along the way, the community (professionals, agencies, APOAN members, and the public) have clearly indicated the need for a salaried, dedicated individual to:

• Support community organizations in implementation of the Coordinated Community Response Agreement
• Inform other organizations who connect with older adults about the Coordinated Community Response Agreement, and invite their participation.
• Provide education to front line staff of all community groups that work with older adults, and
• Coordinate the interdisciplinary consultation team.

There is a need to find stable funding to hire dedicated staff to support the community in addressing older adult abuse – to build on the investment of education, public awareness and creation of this Agreement. This is an issue that affects the whole community and an effective response requires the coordinated efforts of the community.
Coordinated Community Response Agreement
To Address Older Adult Abuse in Peterborough County and City

Introduction

All of us, who work with older adults, need to know about abuse and neglect of this population. We don’t have to be ‘experts’, but we do need to know:

- How to recognize an older adult who may be experiencing abuse
- How to relate to and support an abused older adult
- How to access appropriate community services, and
- What to do in an emergency.¹

This Coordinated Community Response Agreement (hereafter called the ‘Agreement’) was developed as a project of the Abuse Prevention of Older Adults Network on a one-year grant from the National Crime Prevention Centre – Community Mobilization Program. An inclusive group of community agencies and individuals representing a wide range of sectors from Peterborough County and City came together between December 2004 and July 2005 to create this document.

This Agreement is a description of how our community has agreed to work together to address abuse and neglect of older adults. It is a work in progress, intended to support front-line service providers and management as it . . .

- Offers information about preventing, recognizing, and responding to abuse and neglect of older adults
- Provides a framework and guidelines to help with decision-making
- Clarifies what’s expected
- Contains contact information for community resources
- Helps to reduce anxiety and uncertainty about the consequences of action or inaction.

The Abuse Prevention of Older Adults Network (hereinafter called the ‘network’) intends to review and update the Agreement to reflect new research, expressed needs of those experiencing abuse or neglect, and findings about what works in our community.

How to Use the Agreement

This agreement is intended to be applicable to a wide range of professionals, services providers and community members. For this reason, the document may not always reflect what is expected of you in your role.

Different organizational settings, mandates and professional roles may limit the role you can or should play in identifying and responding to abuse of an older adult. Specific

¹ Elder Abuse: What you need to know, Waterloo Region Committee on Elder Abuse, June 2000
expectations regarding reporting, roles and responsibilities are best defined by organizational or professional protocols.

We strongly encourage all organizations that work with older adults to have a protocol on abuse of older adults that reflects the philosophy and guidelines in the Agreement. Agency and interagency policies, procedures and training are needed to give staff and/or volunteers direction and confidence to recognize and respond to older adult abuse.

If you have no protocol, you can use this Agreement with your particular work and responsibilities in mind.

Last but not least, remember that abuse is complex - there are no easy answers or quick fixes. By working together, each of us in our own way can contribute to helping victims of older adult abuse rebuild their lives.

**Note:** Wherever in this Agreement the context so requires, the singular number shall include the plural number and *vice versa* and any gender used shall be deemed to include the feminine, masculine or neuter gender.

**Who the Agreement is Intended to Serve**

The focus of the Agreement is abused older adults. The Agreement includes younger adults in situations where their vulnerability is due to the aging process. This being said, the protocols outlined within this Agreement can be used by agencies/organizations and individuals in addressing situations of abuse of other vulnerable adults for whom the philosophical framework, guiding principles and resources apply.

**Purpose of the Agreement**

The purpose of this agreement is to provide a common accountability framework that guides an inclusive network of community organizations, professionals, and others in Peterborough County and City in providing a coordinated, client-oriented, rights-based approach that is inclusive of the victim, and deals with the root cause and effects of the abuse or neglect.

The purpose reflects the fact that adult abuse and neglect is an issue that . . .

- Affects the whole community,
- Can come to the attention of any individual or organization that connects with older adults, and
- Is usually complex and multi-faceted, resulting in a variety of issues that need to be addressed by people with different skills, knowledge and expertise.
Philosophical Framework

Our work begins from the position that abuse is an issue of power and control. This implies that the best framework for working to prevent and respond to instances of mistreatment is one of empowerment. Adopting the power and control model shifts the focus to addressing the issue of domination and subordination.

The approach of this Agreement is a rights-based approach, dealing with causes and effects, and involves:

- Establishing trust
- Taking time, and
- Moving towards long-term improvements for the individual.

The focus is from the abused individual’s perspective, wishes and needs. In some cases, the abusers are not wilfully abusive or neglectful but may lack the knowledge, skills or personal resources that may hinder or interfere with their ability to provide adequate care. Help is available to both the abused and the abuser.

Guiding Principles

The following principles that form the foundation of this Agreement are grounded in an empowerment model. They include the following:

1. Abuse is a complex issue embedded in human relationships. It is an expression of power and control exercised over another person.

2. Every individual has the right to live his/her life free of abuse.

3. Abuse of older and vulnerable adults is a societal problem.

4. It is everyone’s responsibility to end the abuse of older and vulnerable adults.

5. Social change will occur only through education and a comprehensive and diverse community response.

6. All forms of abuse, whether deliberate or inadvertent, are unacceptable.

7. Support, assistance and/or protection offered to each individual should always be in the most effective, but least intrusive form.

8. When addressing possible abuse, all aspects of the individual’s circumstances are to be taken into consideration, including, but not limited to:
   - Cultural diversity

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2 Adapted from Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults, Family Service Association of Toronto, 2004, p 10

3 Ibid, pp 11-12
9. Service providers must be committed to developing and delivering services that meet a diverse range of needs, maximize the options available to older adults, and are responsive to the needs and wishes of the abused person.

10. Until the contrary is demonstrated, each individual is presumed to be capable of making decisions regarding his/her health, personal care, legal and financial matters.

11. A capable individual is entitled to live in the manner he/she wishes, and to accept or refuse support, assistance or protection.

12. When there is reason to suspect that an individual is incapable and at risk of serious personal or financial harm and there is no Power of Attorney or it is not appropriate to involve the attorney named in the Power of Attorney, it is advisable to contact the Office of the Public Guardian and Trustee.

Rights-Based Approach

Early in the work with abused older persons, organizations, professionals and society tended to use a ‘Best Interest’ approach, acting in what they believed was the best interest of the older person. This approach often excludes the older adult and does not deal directly with the abuse or underlying problem. This approach tends to be immediate and short term and create its own abusive dynamic.

This Agreement is based on a ‘Rights-Based’ approach. It focuses on how the older adult sees the situation.

The approach used in this Agreement is a ‘Rights Based’ approach. This approach deals with causes. It involves establishing trust, taking time, and moving towards long-term improvements. The focus is on how the older adult sees the situation and what actions they want to take.

Adapted from Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults, Family Service Association of Toronto, 2004
Rights of Older Adults

Older adults have the entitlement to the following basic rights:

- **Self-determination**: The right to live their lives as they want and to make decision for themselves, provided that their actions are not against the law or that they do not infringe upon the rights and safety of others. As such, an older person is free to control her/his affairs to the full extent of her/his abilities, including residing at home for as long as possible and the right to refuse assistance, intervention or medical treatment.

- **The basic requirements of life**: These include food, shelter, clothing, social contact, and medical attention.

- **Safe and adaptable environments**: Living conditions that are safe and appropriate to personal preferences and changing abilities.

- **Informal support**: The right to benefit from family support and care consistent with the well being of the family.

- **Formal support**: The right to access social, health, housing, legal services and any other services necessary to enhance capacity for autonomy and well being. This includes the right to access services, at the same level provided for other age groups, when dealing with the implications of violence in later life.

- **Dignity**: The right to live in dignity and security and to be free of exploitation and physical, mental or financial abuse.

- **Confidentiality**: Whatever information a person chooses to share or whatever information becomes known about them remains confidential except in specific situations, as dictated by law (See Section on Confidentiality.)

The Agreement is to be used to assist organizations, individuals and agencies in working together. No one group can do everything and this Agreement allows us to work together in a more collaborative and coordinated way to address older adult abuse.
Older Adult Abuse

How big is the Problem?

Abuse of older adults isn’t a new problem, but our awareness and understanding of it is relatively recent. It was only in the late 1980’s that the first survey was done to estimate how widespread the problem is in Canada (Podnieks, 1989). The national survey of 2000 men and women living in private dwellings, age 65 and older, was conducted by telephone, using a self report questionnaire. The results showed that:

- 4% had experienced at least one form of abuse
- Most common form of abuse was financial.

The survey concluded that different forms of abuse require different intervention strategies.

Other research in the late 1990’s showed the prevalence rate to be 10%. Some think even this figure is understated because abused older adults are reluctant to identify themselves. They may be embarrassed, unsure it will do any good, unwilling to risk rejection by loved ones, or afraid of having to leave their home.

Our Aging Community

The 2001 Statistics Canada survey revealed that in Peterborough County and City:

- 29% of the population was age 55 and older (compared to 22% for Ontario)
- 18% were age 65 and older (compared to 13% for Ontario)

Peterborough County is has the third highest percentage of older adults in Ontario, after neighbouring counties Haliburton County and City of Kawartha Lakes. Northumberland County neighbouring Peterborough on the south and east is fourth.

Baby Boomers, those Canadians born between the end of the Second World War and the mid-sixties, represent the largest age group in our population. One in every three Canadians is a Baby Boomer. In 2005, Baby Boomers are those aged roughly 38-57 years. Given that age 55 is used as the definition of an older adult, over the course of the next fifty years the sheer numbers of older adults will demand that needs of older adults become a much more urgent issue. By implication this would include enhancing our ability to provide information and support to prevent and address older adult abuse.

This is a complex issue that involves the whole community, including all cultures and faiths, men and women, and all groups, organizations and businesses that are in contact with older adults. There are no ‘simple solutions’ and it will take public awareness, education and a coordinated community response to prevent and address the issue effectively.

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6 Abuse Prevention of Older Adults Network, Peterborough County and City, 2005
Types of Abuse, Indicators and Potential Responses

Types
There is general agreement on types of mistreatment of older persons. There are also several indicators that are useful in the identification of potential abuse. The following are not legal definitions; rather, they are intended to help people in the community and professionals working with older people to recognize abuse.

Indicators
It is important to note that indicators of abuse are only indicators. Listen to the explanations being given, but challenge them if what you are being told is not consistent with what you are observing. No one indicator of abuse is definitive proof that abuse exists; instead, a clustering of indicators makes abuse more likely. Don’t jump to conclusions. At the same time, don’t ignore your gut feeling that something is amiss. Instead, gather more information.

Responses that build trust
Any ‘intervention’ with an abused older person must be one that gives control and confidence to (i.e. empowers) the older person. This involves actively listening to and respecting their wishes, providing information about their rights and options, and supporting their decisions. All of these behaviours help to build trust – trust needed if the older person is going to reveal to you what is happening and make changes to improve their situation. The most important skill you have to support an abused older adult is your ability to listen. The questions and responses below are only suggestions to be used as an adjunct to personal and professional skills. Also see Chapters on Assessment and Responding.

The most important skill you have to support an abused older adult is your ability to listen.

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When asking questions, talk to the older person (alone); don’t rely on the explanation of others. Use non-threatening words and questions. Observe closely and focus on the unmet needs of the abused older person. Avoid blaming anyone – this closes the door to further information and help. *Blame, guilt and shame are barriers to disclosure.*

<table>
<thead>
<tr>
<th>Type of Older Adult Abuse</th>
<th>Abusive Behaviours Include but are not limited to:</th>
<th>Indicators of Abuse Include but are not limited to:</th>
<th>Potential Questions</th>
<th>Potential Response Options</th>
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| Physical: any act of violence or rough treatment causing injury or physical discomfort | • Rough treatment, pinching, squeezing, pushing, jerking  
• Hitting, kicking, slapping, throwing objects, choking  
• Burning, shaking, twisting  
• Confinement, restraining, use of weapons  
• Deliberate misuse of medication, including over medicating and withholding medication  
• Attempting to apply force or threatening (by act or gesture) to apply force to an individual in such a way that the | • Unexplainable physical injuries such as burns, bruises, lacerations, fractures repeated falls, rope marks, swelling, symmetrical grip marks  
• Injury for which the explanation does not fit the evidence  
• Delay in seeking treatment  
• Injury to scalp, evidence of hair pulling  
• Pain or discomfort or signs of under medicating  
• Appears ‘drugged’, unusually lethargic or shows other signs of over medicating  
• Claims of being ‘accident prone’ | • I see you have _____ (describe injury e.g. bruises, cuts). This type of injury causes me to wonder if someone has hurt you.  
• It is natural for people to get into arguments. Does this ever happen to you? What happens when you argue with ________ (suspected abuser)?  
• Has anyone tried to hurt you?  
• Has anyone ever hit, slapped, restrained or hurt you or threatened to?  
• Does anyone pull your hair? | • Provide information to the older person about the following:  
○ That what is happening is not their fault; that many older people experience this mistreatment by family members; and that there are people who can help them find ways to stop the mistreatment  
○ That abuse escalates over time and without some kind of action it’s unlikely to stop  
○ That safety planning is necessary to keep them safe when the abuse happens again (See Safety Planning in Appendix)  
• Carefully document where injuries were observed, including size of bruises, colour and location. The use of a body chart and/or pictures that are dated and signed can help guide this process if appropriate.  
• Document explanations the older person gives for injuries observed.  
• Help the victim create a safety plan |
### Type of Older Adult Abuse

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| **Sexual:** any sexual behaviour directed towards an older adult without that person’s full knowledge and consent (does not include touching, remarks or behaviour of a clinical nature that is appropriate to the provision of care) | • Inappropriate sexual comments or jokes  
• Jealousy  
• Unwanted or uncomfortable touching or kissing  
• Withholding sex or affection  
• Forcing person to strip or pose for photos  
• Promiscuity  
• Demanding or forcing intercourse with self or others  
• Sexual assault, sexual harassment | • Pain, bruises, bleeding in genital area  
• Difficulty in walking or sitting  
• Genital pain, itching or infections  
• Rope marks or other signs of physical restraints  
• Inappropriate or unwanted sexual behaviour or comments | • Have you ever been forced to eat (force-fed)?  
• Does anyone make lewd or offensive comments to you?  
• Does anyone approach you in a way that causes you to feel uncomfortable?  
• Has anyone touched you sexually without your permission?  
• (If yes) Is there a risk that you have contracted a Sexually Transmitted Disease (STD) or HIV/AIDS?  
• Provide information to the older person about the following:  
  o That what is happening is not their fault; that many older adults experience this mistreatment even by family members; and that there are people who can help them find ways to stop the mistreatment  
  o That abuse escalates over time and without some kind of action it’s unlikely to stop  
  o That safety planning is necessary to keep them safe when the abuse happens again (See Appendix: Safety Planning)  
• Communicate that any form of sexual touching is wrong when a person does not explicitly consent to it. Saying ‘no’ means ‘no’. Inability to say ‘no’ does not mean ‘yes’. Only saying ‘yes’ means ‘yes’.  
• If appropriate, recommend contacting |  

(See Appendix : Safety Planning)  
With the older person’s permission, involve police.  
Refer the older person to a medical professional for a full medical evaluation.
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<td>Financial: the misuse of an older person’s funds and assets; obtaining property and/or funds without that person’s knowledge and full consent, or</td>
<td>• Withholding money</td>
<td>• Abuser believes that older people do not need money nor have a future</td>
<td>• How do you feel about the way your Power of Attorney for Property is being used to make decisions on your behalf?</td>
<td>• Provide information to the older person about the following: o That what is happening is not their fault o That many older adults experience this mistreatment even by family members; and o That there are people who can help them find ways to stop the mistreatment o That abuse escalates over time and without some kind of action it’s unlikely to stop o That safety planning is necessary to</td>
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<td>• Critical of parents spending choices</td>
<td>• Unexplained or sudden inability to pay bills, account withdrawals, changes in will or Power of Attorney, or disappearance of money</td>
<td>• Do you control your own finances? If no, who does? How come?</td>
<td></td>
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<td>• Doling out older person’s money, withholding, or providing small sums of ‘allowance’</td>
<td>• Refusing to allow older person to spend</td>
<td>• Does anyone in the family depend on you for shelter or</td>
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<td>• Using older person’s resources, (e.g. food, alcohol)</td>
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### Older Adult Abuse

#### Coordinated Community Response Agreement

**Chapter Two – Older Adult Abuse**

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| in the case of an older person who is not mentally capable, not in that person’s best interests; or misuse of Power of Attorney for Property | without payment or permission  
• Using funds and assets for ones’ self  
• Overcharging for services  
• Unpaid loans or repeat borrowing  
• Obtaining property and funds without the person’s knowledge and full consent, or in the case of a vulnerable person who is not competent, not in that person’s best interests  
• Forced changes of a will  
• Forcing, compelling or coercing an older person to sign over Power of | their own money without approval of abuser  
• One person insists on handling or controlling finances  
• Withholding financial information  
• Refusing to use older person’s own money for things the older person needs or wants  
• Moving in or not moving out of older person’s residence against their will  
• Lack of money – unexplained discrepancy between known income and standard of living  
• Loss of assets, disappearance of possessions  
• Property sold without older person’s permission | money?  
• Have you ever been asked to sign banking papers you don’t understand?  
• Have you ever given your bank card and personal identification number to someone and they have not returned it? | keep them safe when the abuse happens again (See Appendix: Safety Planning)  
○ The older person has the right to make decisions about how their money is used  
○ Use of their money or property by someone else without their express permission is not legal  
○ The process for changing a power of attorney and the advisability of using a lawyer to do this  
• Help the older person consider the implications of not taking action  
• Let the older adult know about options and ask how you can help  
• Options could include revoking Power of Attorney, counselling; alternative housing; possibly additional financial support; legal help, involving the police |
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| Emotional: any act which diminishes an older person’s identity, dignity, or self-worth | • Insults about older person  
• Overly familiar (e.g. ‘dear’) – not using name the older person prefers  
• Habitual verbal aggression, name calling  
• Withholding affection, shunning, ignoring as punishment  
• Treating older person like a child or questioning their competency  
• Humiliating in private  
• False accusations  
• Expecting older person to look after | • Fear  
• Low self-esteem  
• Extreme passivity  
• Older person appears nervous when suspected abuser present  
• Resignation, withdrawal or depression  
• Anxiety  
• Loss of decision-making ability  
• Social isolation  
• Missed or cancelled appointments  
• Individual with older adult is verbally aggressive, insulting or threatening towards older person  
• Individual with older | • Do you sometimes feel nervous or afraid?  
• Does anyone call you names or insult you?  
• Are you able to freely communicate with your friends and/or other family members?  
• You seem tired; are you getting enough sleep?  
• Are you often yelled at by someone? Who? What do they say?  
• Does anyone threaten or intimidate you? Who? What do they | • Provide the older person with information about the following:  
• That what is happening is not their fault;  
• That many older people experience this mistreatment even at the hands of family members; and  
• there are people who can help  
• That abuse escalates over time and without some kind of action it’s unlikely to stop  
• Reinforce that name calling, threats, etc. are wrong  
• Tell the older person that such behaviours are the perpetrator’s attempt to control them  
• Ask the older person about their wishes and what is important  
• Provide options and ask the individual how you can help  
• Let the older person know the benefits of and offer supportive counselling |
| | • Attorney or give them money or possessions  
• Theft of older person’s money or possessions | • Older person has signed a document (e.g. will, property deed, power of attorney) without full understanding | | |
<table>
<thead>
<tr>
<th>Type of Older Adult Abuse</th>
<th>Abusive Behaviours Include but are not limited to:</th>
<th>Indicators of Abuse Include but are not limited to:</th>
<th>Potential Questions</th>
<th>Potential Response Options</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>grandchildren when beyond their wishes or ability</td>
<td>adult shows unusual amount of concern (too little or too much); speaks on behalf of older person; does not allow older person to make decisions; is reluctant to leave older person alone with professional or others</td>
<td>say or do?</td>
<td>• Work with the individual on ways to respond to demeaning messages from others</td>
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<td></td>
<td>• Threatening to put older person in a ‘home’</td>
<td></td>
<td>• Who makes decisions about your life, such as how or where you will live?</td>
<td>• If threatening or harassing phone calls are being made, advise the person to keep a log of date, time, content and who called (if known). Let them know this kind of behaviour is illegal and discuss benefits of involving the police.</td>
</tr>
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<td></td>
<td>• Removal from decision-making</td>
<td></td>
<td>• Can you tell me on a scale of one to ten how you would rate your self-confidence, if one is very low and ten very high?</td>
<td>• If letters or emails are sent, advise the older person to keep copies of them</td>
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<td></td>
<td>• Repeated humiliation in public</td>
<td></td>
<td>• Has anyone ever threatened to send you to a nursing home?</td>
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<td></td>
<td>• Alienating family and friends</td>
<td></td>
<td>• Has anyone ever threatened to send you back home (i.e. country of origin)? (ask when applicable)</td>
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<tr>
<td></td>
<td>• Misuse of Power of Attorney for Personal Care</td>
<td></td>
<td>• Does anyone ever tell you that you are no good?</td>
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<td></td>
<td>• Threats of violence or retaliation</td>
<td></td>
<td>• Are there times when you think of</td>
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<tr>
<td>Type of Older Adult Abuse</td>
<td>Abusive Behaviours Include but are not limited to:</td>
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<tr>
<td>Neglect: deliberate or thoughtless failure to meet the needs necessary for the older person’s physical and mental well being; may be passive neglect due to lack of experience, information or ability</td>
<td>• Failure to provide adequate o Food  o Clothing  o Shelter  o Medical care including medication  o Hygiene  o Social stimulation</td>
<td>• Unkempt appearance – dirty or inappropriate clothing  • Malnourished, dehydrated  • Missing dentures, glasses, hearing aid  • Missed or cancelled appointments  • Unattended for long periods  • Hypothermia: shivering, bluish tinge  • Untreated medical problems  • Confined to bed, chair, room or house  • Fridge and cupboards have little or no food  • Is frail or cognitively impaired and</td>
<td>• Are you getting all the help you need?  • Do you have anyone living with you?  • Do you have anyone to help you with _____?  • Ask about existence of health care aids (e.g. hearing aids, walker, cane)  • Who makes decisions about what help you receive?  • Do you get out or have people who drop by or phone you during the day or week?</td>
<td>• Provide information to the older person about the following: o what is happening wrong and not their fault; o many older people experience this treatment at the hands of family members; and o there are people who can help them  • Let the older person know they have a right to: o Live in conditions that are safe and sensitive to their abilities and needs o The basic requirements of life like food, shelter, clothing, contact with other and medical attention o Accept or refuse help  • Ask the older person about their wishes and what is important  • Provide options and ask how you can help  • Options could include counselling; in-home support through the Peterborough Community Access</td>
</tr>
</tbody>
</table>
## Abusive Behaviours
Include but are not limited to:
- Denial of privacy
- Withholding information
- Denial of visitors
- Denial of independent legal advice
- Mail censorship
- Restriction of liberty
- Restricted access – difficulty visiting, calling otherwise contacting older adult
- Older adult makes excuses for social isolation
- Inability to express opinions or vote
- Not allowed to attend faith or social gatherings
- Isolation

## Indicators of Abuse
Include but are not limited to:
- Presents alone or without regular caregiver

## Potential Questions
- Are you free to come and go as you wish?
- Do you have easy access to the telephone?
- Does anyone open your mail without your permission?
- Are you able to speak to your lawyer or doctor in private?
- Are you involved in decision making about things that affect you in a way that meets your satisfaction?

## Potential Response Options
- Centre or other local agencies; supportive housing; legal help or additional financial support
- Provide information to the older person about the following:
  - what is happening wrong and not their fault;
  - many older people experience this treatment at the hands of family members; and
  - there are people who can help them
- Let the person know they have a right to:
  - privacy & confidentiality
  - decide who they will or won’t talk with or see
  - where they go or who visits
  - how they live provided it doesn’t endanger others or themselves
  - refuse assistance and intervention
  - participate in decisions about themselves in accordance with their ability to do so
Barriers to Disclosure – Why Older Adults are Reluctant to Talk about Abuse

Older adult abuse and neglect is known as a ‘hidden crime’. The following are some explanations as to why abused older adults may be reluctant to disclose that they are being mistreated:

- Fear of exposure, family honour, embarrassment, shame
- Fear of more abuse
- Loss of the abusive person from their life
- Fear of institutionalization
- Lack of awareness about what constitutes abuse
- Parental roles – guilt, concern for abuser
- Family break-up is unacceptable
- Lack of self-esteem and assertiveness
- Believe “I deserve what I get”

Risk Factors

Who is at Risk of Being Abused?

Any older adult can become a victim of abuse or neglect. Older persons of all ages, cultures, faiths, religions, women and men, independent and dependent can experience mistreatment at the hands of family and those they should be able to trust.

One study concluded that many issues previously found important in identifying cases of abuse were not validated. Contrary to past theories, the physical or emotional impairment of a care recipient or the need of a care recipient for a great deal of help with activities of daily living does not signal risk of abuse. Nor does a situation in which a caregiver is under great stress and strain. These are important problems that may well require help and professional intervention, but are not abuse markers and should not be a focus in specifically abuse-centred assessments and interventions.

This being said, there are factors that seem to put older people at higher risk of abuse.

Current literature suggests that older persons are at higher risk when . . .

- Over age 75
- Cognitively compromised

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8 Adapted from Family Service Association of Toronto. *Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults*, p. 15, 2004
9 *Wisconsin Elder Abuse Interdisciplinary Team Manual*, Attorney Betsy J Abramson, Madison, Wisconsin, Feb 2002
Older Adult Abuse
Coordinated Community Response Agreement

• Female
• Single or widowed
• Living with family
• Victims of past abuse
• Socially isolated
• A history of family conflict.

Who is at Risk of Becoming Abusive?

Statistics Canada 2004 reports that abusers of older adults are more likely to be family members, particularly those who are financially dependent on the older adult, including spouse, adult children, grandchildren, and other relatives who are close to the older adult.

Isolation

It has been noted that isolation seems to be the single largest factor contributing to abuse of older persons. Isolation implies a lack of physical contact with the outside world. It also manifests itself in emotional isolation due to a lack of contact with supportive persons, and is often accompanied by constant verbal putdowns that result in low self-esteem.

The single largest factor contributing to abuse of older persons is isolation.

As a society, we may have inadvertently contributed to the isolation of some older adults. Factors that interfere with people gathering together easily include the fact that families often live at great distances; families are often so busy and stretched financially that these distances make ‘being there’ rare; some rural community buildings have been closed; and the layout of urban areas and reliance on the automobile require that older adults be able to drive.

To offset this, programs that link and support older adults, such as Wheels to Meals, Friendly Visiting, reassurance calls, Telecare, various faith and seniors groups, adult day programs, all play an important role in reducing isolation and the risk of abuse for older adults.

Indicators and Contributors to Isolation

One of the most significant means of active engagement in society is the telephone, particularly for older adults who may not have the transportation or mobility needed to get together with others. Isolation can result when the older person lacks access to the telephone.

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10 Adapted from Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults, Family Service Association of Toronto, 2004
The following are some observations that may indicate that the older person is being restricted from accessing the telephone:

- The older adult never answers the phone
- The older adult cannot access the answering machine
- The telephone is placed out of reach of the older adult
- The ringer is turned down or phone jack pulled out of the wall
- Call screen is in place and family, friends, etc. are being screened out.

Other indicators that the older person’s access to others is being restricted include:

- Appointments are frequently cancelled
- Necessary appointments (i.e. medical, renewing medications at the pharmacy) are not made
- Someone talks over the older adult
- Necessary health-care aids are denied or not in easy reach (e.g. hearing aid, glasses, false teeth, cane, walker, and wheelchair).

Isolation can result when the older adult speaks a different language or has speech or hearing difficulties that interfere with communication.

In some cultures, lack of access to the remote control to see TV programs in the language of choice are factors in isolation and abuse.

**Assessing for Isolation**

Some questions that might indicate whether or not isolation is contributing to abuse of an older person are:¹¹

- Are you alone a lot?
- Has anyone ever refused or not been there to help you take care of yourself if you needed it?
- Do you get to see your friends and family often?
- Do you feel isolated?
- Are you allowed to make decisions for yourself?
- Are you being deprived of contact with others?
- Does anyone accuse you of things that are not true?
- Do you have access to a phone?
- Do you have access to transportation?
- Can you phone anyone you want to phone?

¹¹ Source: American Medical Association. (1992); Manuel (2004); Clinical experiences at Family Service Association of Toronto.
Confidentiality

This is not a complete discussion on confidentiality. For the purposes of this Agreement, confidentiality is defined as follows:

Confidentiality is ensuring that personal information is not inappropriately disclosed or accessed; restricting access on a need-to-know basis.

Importance of Confidentiality

Confidentiality is essential for safety of the older adult, and for the establishment of trust – a key factor in helping the older person. If an abuser learns that a victim of older adult abuse has talked about their situation, there is significant risk of retaliation. Peterborough and area is a community in which there are many connections and revealing details of a situation, even without disclosing a name, can breach confidentiality and put the older person at risk.

Trust and Confidentiality

A trusting relationship with an abused older adult plays an important role in achieving a positive outcome. If there is not trust, the older person is unlikely to feel safe enough to disclose information important to finding workable options.

Tips for building trust and facilitating communication:

- show respect
- sit at eye-level
- remain non-judgemental
- listen to the message
- offer options, not advice
- follow the older person’s directions and pace
- be honest, and
- respect confidentiality.

Breaching (what a client understands to be) confidentiality effectively breaks trust. Offering information about confidentiality can build trust. So, whenever possible explain to the older person early in your relationship about their right to confidentiality and the limits on client confidentiality (for instance, reporting lines within an agency; being legally required to report certain types of harm or activities).
Worried about breaching confidentiality? Ask the older person.

Ask the older person if you can talk to others who may be able to help the situation. Many service providers fear breaching confidentiality, but never ask the older adult about it because they assume the client won’t give permission. In many cases, the older adult is agreeable if given support and reasonable explanations about the need to share the information.

If the older person refuses to give permission to disclose information about the abuse, it can be helpful to explore in a gentle way their reluctance so you can either ease the person’s fears or offer other ways of addressing the problem. (See Chapters 4 and 5: Guidelines for Assessment and Guidelines for Responding.)

**Personal Health Information Protection Act**

Health Care providers have always had an obligation to maintain confidentiality. Privacy legislation gives the individual rights related to how his or her personal health information is collected, used and disclosed. On November 1, 2004, the Personal Health Information Protection Act (PHIPA) came into force in Ontario.

Some professionals may have duties about confidentiality that do not apply to other people and some agencies may decide to have more stringent rules about confidentiality over and above any legal standard are required by professional standards.

**Purpose of This Law**

- Sets out the rules that health care providers must follow when collecting, using and sharing personal health information
- Gives clients the right to request access to their personal health information, the right to request corrections, the right to complain to the Information Privacy Commissioner about refusal to access, and the right to complain to the Information Privacy Commissioner about any breach of PHIPA.

**Who the Law Applies to**

This legislation applies to individuals and organizations involved in the delivery of healthcare services. Health information custodians are holders of personal health information (i.e. hospital, community care access centres). Employees of health information custodians are referred to as ‘agents’ of the health information custodians. The Act regulates how health information custodians and their agents may collect, use, retain, transfer, disclose, provide access to, and dispose of the client’s personal health information.

Health Information Custodians include:
• Healthcare providers such as doctors, nurses, dentists, psychologists, social workers, optometrists, physiotherapists, chiropractors, massage therapists, dieticians, naturopaths and acupuncturists
• Hospitals, Long-term care homes and homes for special care, Community Care Access Centres, Pharmacies, medical laboratories, local medical officers of health, ambulance service, community mental health programs, and the Ministry of Health and Long-Term Care.

What does the Law Require?

This legislation requires that health information custodians:
• Collect only the information needed to do their job
• Collect, use, or disclose a client’s personal health information only if the client has given consent to do so, or if the Act allows this without consent
• Take steps to safeguard individual’s personal health information
• Take reasonable steps to ensure health records are accurate, complete and up-to-date for the work being done
• Take reasonable steps to protect information that is transferred to others (for example include privacy clauses in contracts)
• Provide a written description of information practices, a privacy contact person, and procedures for access, correction, inquiry and complaints about your personal health information
• Identify the purposes for which personal health information is collected, used and disclosed
• Train staff, volunteers and others acting on the health information custodian’s behalf to follow the information practices and procedures.

Client Rights

This legislation provides clients with the right to:
• Give permission (consent) to how their personal health information is collected, used and shared
• Request access to their personal health information/records
• Request corrections

Clients have the right to complain to the Information and Privacy Commissioner of Ontario if they think their rights have been violated.

Types of Consent

The Act (PHIPA) allows for two kinds of consent:

• **Implied consent:** The Act permits healthcare providers to assume implied consent to collect, use or disclose health information with other healthcare providers who are involved in a client’s care unless the client states otherwise. For example, when a physician refers a client to a specialist, he or she will assume that permission is given to
share the client’s health information with the specialist – unless the client specifically refuses. Health information custodians are required to post notices describing why they collect, use and disclose PHI, and to inform clients that they can withdraw consent for implied consent.

• **Express consent**: In certain situations health care providers are required to request the client’s consent – orally, in writing or electronically – before sharing that individual’s personal health information. For example, if a healthcare provider is asked to disclose personal health information to someone who is not a healthcare provider under PHIPA, like an employer, express consent must be obtained\(^ {12} \).

The “Circle of Care”\(^ {13} \) is a term used in PHIPA. It is used to describe health information custodians and their authorized agents who are permitted to rely on an individual’s implied consent when collecting, using, disclosing or handling personal health information for the purpose of providing direct health care.

For example, in a physician’s office, the circle of care includes: the physician, the nurse, a specialist or other health care provider referred by the physician and any other health care professional selected by the patient, such as a pharmacist or physiotherapist;

• In a hospital, the circle of care includes: the attending physician and the health care team (e.g., residents, nurses, technicians, clinical clerks and employees assigned to the patient) who have direct responsibilities of providing care to the individual.

The circle of care does not include:

• A physician who is not part of the direct or follow-up treatment of an individual;

• A medical officer of health or a board of health;

• An evaluator under the *Health Care Consent Act, 1996*;

• An assessor under the *Substitute Decisions Act, 1992*; and

• The Minister, together with the Ministry of Health and Long-Term Care.

(Personal Health Information Privacy Act (2004) OHA hospital privacy toolkit can be located at: [www.ipc.on.ca](http://www.ipc.on.ca). Go to publications. It can be downloaded or copies ordered through Ontario Hospital Association website. Refer to page 51, 52, and 53 of the toolkit for 'circle of care' information.)

**Consent and Form 14 Changes**

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\(^ {12} \) Information about PHIPA is taken from *Your Health Information: Your rights. Your Guide to the Personal Health Information Protection Act, 2004*, brochure, Information and Privacy Commissioner of Ontario, Queen’s Printer for Ontario, Nov/04

\(^ {13} \) *Health Information Protection Act – Frequently Asked Questions*, 2004, Information and Privacy Commissioner of Ontario
As of November 1st 2004, the Personal Health Information Protection Act (PHIPA) amended the Mental Health Act (MHA) by repealing the access to and correction of clinical record provisions, repealing certain clinical record disclosure provisions to ensure consistency with PHIPA, and by adding some new rules for collection, use and disclosure of personal health information in psychiatric facilities in specific circumstances.

Under the previous MHA privacy rules, the disclosure or transmittal of a patient’s clinical record to or the examination of a patient’s clinical record by any person other than the team providing the patient’s treatment and care required the express authorization (authorized by the patient signing a Form 14 or by the substitute decision-maker when the patient lacked capacity) unless the disclosure was permitted without consent by MHA.

With the coming into force of PHIPA, Form 14 no longer exists as a form approved by the Minister of Health and Long Term Care. Where express consent is required for the disclosure of personal health information under PHIPA or MHA, and no exception to obtaining the required consent applies, custodians may look to the sample consent that the Ministry of Health and Long Term Care has developed, which is available at the following website: www.health.gov.on.ca.

Exceptions to Confidentiality

There are some exceptions to confidentiality. Examples of exceptions include:

- **Immediate Emergency** – Most people, when faced by an emergency where someone is at immediate risk of serious harm to life or serious risk of injury would contact the appropriate authorities, e.g. Police, Ambulance services, etc, even if the person was objecting or refusing assistance.

- **Legislated requirement to Report Harm to Residents in a Long-term Care Home** – All persons other than residents in a long-term care facility (this would include staff, visitors, consultants, volunteers, and any other persons that my go into a facility – i.e. all except other residents) are required to report any suspicions that a resident has suffered or may suffer harm as a result of unlawful conduct, improper or incompetent treatment or care or neglect to the “Director” at the Ministry of Health and Long-term Care (“Director” is defined as the person appointed by the Minister of Health for this purpose. In practice, the reports are made to the Regional Directors in the Health Care Programmes Division of the Ministry. The Ministry is required to investigate any such reports on receipt.) This requirement is the same for Nursing Homes, Homes for the Aged and Charitable Homes for the Aged.

- **Legislated requirement of Health Professionals** to report other Health Professionals if there are reasonable grounds to believe that the Health professional has sexually abused a patient/client. This is a requirement for all regulated health professionals under the Regulated Health Professionals Act.

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14 This section is taken from Abuse Education, Prevention and Response - A Community Training Manual for those who want to address the Issue of the Abuse of Older Adults in their Community. J. Preston and J. Wahl. December 2002, third edition, pp 20-21
• **Report to the Office of the Public Guardian and Trustee (OPGT) of Ontario** If you believe that a person *does not have the capacity* to manage property or to make personal care decisions, and is a *serious risk* of losing a significant part of their property or is unable to provide necessities of life to him/herself, or is at serious risk of injury or illness, or at risk of being deprived of liberty or personal security, you can call the OPGT to ask them to investigate. This report to the OPGT is *not mandatory* but is permissive and was included in the Substitute Decisions Act to facilitate assistance to persons that are not mentally capable and therefore unable to direct assistance or to take control over their own lives. (See Appendix 1: Community Resources)

Disclosing, under these circumstances, what is otherwise confidential information, is not a breach of confidentiality.

**The Issue of Mandatory Reporting - Why No Duty to Report Older Adult Abuse in Ontario?**

“There is no general legislation in Ontario that requires reporting allegations of abuse [as there is for children] of a mentally capable older person to a central agency. Some people feel that a special provincial law should be made to require reporting of elder abuse. However, a special law may be more harmful than helpful. Special laws can give the impression that resources and services exist to help victims. In fact, such services may not exist or they may not be sufficient to meet a victim’s needs... Special laws do little to stop abuse. A more effective way to prevent abuse would be to [educate older adults and the public about abuse, and] promote a better understanding of existing laws and services, and how they can be used more effectively.”

For additional information, the Education Wife Assault website contains an article by Judith Wahl that explains the case against adult protective legislation entitled “Legal Issues: The Case Against Adult Protective Legislation” at [www.womanabuseprevention.com](http://www.womanabuseprevention.com).

**Remember…**

“If you are not legally required to report information about the abuse if it is not an emergency and the individual does not live in a long-term care home. Do not report what the mentally capable older adult has told you to anyone without their full knowledge and . . . consent.

If you are required to report, you are encouraged to discuss this first with your supervisor or other member of the team if there is time and opportunity. Providing confidential information, even when it is required, can increase the risk of harm to the victim and it is useful to have others to help consider the consequences. When you do provide what otherwise might be confidential information, insure that the person is kept informed about what is happening - you are talking about their life!”

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Guidelines for Assessment

Take the Time to understand the Situation

Establish Trust

Trust is essential. You need a trusting relationship to get the information required to determine how you can help the older person and determine what options are needed.

- **‘Be in their corner’**: The older person needs to know you hear, understand and believe them.
- **Build on existing relationships**: If you have an ongoing relationship with the older person and family, you are in a fortunate position as you can build on that relationship.
- **Lay the groundwork for future contact**: If you don’t have that relationship, you must take the time to develop trust before you proceed. In this case, the goal of your initial contact may be simply reducing anxiety and mistrust associated with your visit. One of your goals is to lay the groundwork for future contact. If you lose contact, you lose the opportunity to offer information and support to the victim.

In any helping relationship it is important to establish from the outset with the older person what your role is, and the limits of your role. This also builds trust and prevents misunderstanding down the road.

Empower

Even from the first contact, the approach needs to give power (back) to the older adult victim. This approach involves respect - paying attention, listening, not judging, and not giving advice.

Beware of Ageism – a warning to clinicians

“[A]geism is evident in health care providers’ interactions with older men and women, and potentially creates negative effects on both older people’s physical and mental health. Although professional demeanour may not change overtly when dealing with older individuals, clinicians may communicate their apprehension in treating older patients in subtle ways, affecting the development of a strong therapeutic alliance with an older patient critical to mental health care. . . . [A]geist attitudes among mental health care workers. . . often shows up as a specific treatment bias based on age (as opposed to specific negative attitudes to older people). For example, the biases include recommending drugs as therapy more frequently for older patients rather than younger patients, an overestimation of Alzheimer disease in later life, under-service of older adults, failure to recognize

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17 Adapted from *Elder Abuse: What you Need to Know*. Waterloo Region Committee on Elder Abuse. Waterloo Region Committee on Elder Abuse (Sept 2000)
psychological problems among older adults, and giving them (or assuming) poorer prognoses.”

When Access is a Challenge

Gaining access to the older person in order to build that trusting relationship may be a difficult task, especially if the abuser denies entry to the home.

• It may be helpful to contact the older person by phone, arrange a meeting when the abuser is out, or arrange a meeting with the older person away from the home.
• Be cautious about leaving a message on the telephone as it may be the abuser who picks up the message.
• Remember, the older victim and/or her family have control over whether you may see them again.

Worker Safety

Worker safety and access to the older adult are issues of primary concern when planning a home assessment interview. Assessment can not be forced an older person. They must give consent for someone to visit them.

Identify barriers to accessing the older adult that may exist, for example:

• If suspected abuser lives with the older adult and is likely to restrict or deny access
• If the suspected abuser is likely to screen or withhold phone calls or mail from the older adult
• If attempts at access have been made earlier by home visit, phone, or mail, and how these attempts were thwarted by the suspected abuser.

Worker safety may be jeopardized when the older adult’s home includes:

• Individuals with a history of unpredictable, explosive or violent behaviour
• Firearms or other weapons
• Dangerous animals (e.g. dogs)
• Individuals with a history of drug or alcohol abuse
• Person with a criminal record
• Unsafe or unkempt environment

Take appropriate precautions if a potentially unsafe situation has been identified, before meeting the older person. Possible precautions may include:


19 A guide for Community Agencies in Cases of Suspected Abuse of the Vulnerable Adult & the Elderly, Updated December 2004 by the Elder Abuse Prevention Committee of Sault Ste. Marie & Area

20 Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults FAS Toronto 2004
• Enlisting the help of the worker/concerned friend relative, etc who referred the situation
• Letting someone know where you are going and the expected time of your return
• Carrying a cell phone
• Having another worker accompany the worker on the home visit to do the assessment
• Be aware of and position yourself for easy access to exit
• Requesting that the meeting take place in an alternate safer location that ensures privacy and safety
• Take hand sanitizer, gloves and something to sit on if needed.

Each agency must decide how much of the assessment it is qualified/mandated to do.

The Assessment

Information to Gather

In some cases, it will be known or suspected that abuse is occurring at the time of referral or contact. In other cases, abuse will only be identified after some time working with an older person.

If there is a request for assistance by or on behalf of an older adult experiencing abuse, get the following information from the caller at a minimum to assist in initial assessment of the situation:

• The urgency in terms of safety – is it an emergency? Does the person feel unsafe?
• The situation
• Where is the older adult? Where is the abuser?
• Who is currently assisting them?
• Is the older adult capable?
• Contact information (name, phone number of caller)

When responding to an abused older adult who has just disclosed to you that they are experiencing abuse, provide the following information (FAH) to reassure and empower:

• “What’s happening is not your Fault – abuse is never justifiable.”
• “You are not Alone – many others suffer similar mistreatment [from family].”
• “There is Help available – people who can let you know your options and support your choices.”

Ask how you can help.
Not all organizations that are partners in this Coordinated Community Response Agreement formally assess ‘clients’. It is important that each agency decide how much of the assessment it is qualified/mandated to do. (See chapter 9: Documentation, and Assessment Guidelines - Appendix 4.) If it is not the mandate of the organization to provide support and information to the older adult experiencing abuse, at a minimum, offer to connect the individual with an organization that can offer assistance.

If the older adult has not disclosed abuse, but you are screening for or suspect abuse, you can approach the issue by inquiring about aspects of the older adult’s life that may be affected by abuse rather than asking directly, particularly if you don’t have a prior trust relationship.

**Suggested Questions**

The following questions may help to uncover indicators of abuse of older adults:

- Do you see your family and friends often?
- Are there people who can help you when you need a hand?
- Do you have someone who listens to you?
- Are you free to come and go as you like?
- Do you feel safe in your ‘home’?
- Does anyone’s behaviour cause you to feel afraid?
- Do you ever feel like a burden?
- Do you have control over your own possessions and money?
- Are you being hurt by anyone?

(Also see Chapter: 2 Older Adult Abuse, the section on ‘Indicators / Specific Questions / Response Options’ for specific potential questions.)

If responses to the above questions indicate possible abuse, probe further to understand the issue and source of the concern (i.e. who causes them to feel afraid or like a burden, etc).

Once abuse is disclosed or acknowledged, gather information from the older adult in order to understand the situation and the older adult’s wishes. The older adult’s perception of the following is important:

- Identity of the alleged perpetrator
- History of abusive behaviour – type, frequency, intensity, severity of abuse, information related to previous incidents of abuse or neglect
- Strategies they have used to cope with the situation
- Hoped for outcome and specifically what this will look like.

Assess needs of the older adult in order to identify options that may be appropriate and available to them. Consider the need for:

- Medical treatment
Older Adult Abuse
Coordinated Community Response Agreement

Chapter Four – Assessment Guidelines

- Safety
- Shelter
- Control and access to finances
- Emotional and personal support
- Food.

**Common Assessment Tool: P.I.E.C.E.S.**

P.I.E.C.E.S. is a template that provides a method and approach to understanding the following:

- Why individuals behave as they do?
- What resources there are to build upon? (See Appendix 3: *P.I.E.C.E.S.* document)

P.I.E.C.E.S. is an acronym that conveys the individuality and importance of the various factors in the well-being, self-determination, and quality of life of older adults. It represents Physical, Intellectual, Emotional, Capabilities, Environment, and Social.

Members of the *Coordinated Community Response Agreement* are encouraged to use the P.I.E.C.E.S. assessment template to provide a common language for communicating and thinking through problems related to the older person with complex physical and cognitive/mental needs and associated behaviours.

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<th><strong>A Quick Reference to P.I.E.C.E.S</strong></th>
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<td>- What is the issue and/or problem now?</td>
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<td>- What is the immediate risk to self/others? What strategies need to be taken to ensure the safety of the older adult and others? Who are the partners who can help?</td>
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<td>- What is the next priority question? (Think P.I.E.C.E.S. and who are the partners who can help?) What is the immediate action?</td>
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(For more information see [www.piecescanada.com](http://www.piecescanada.com))

Once you understand the situation you can begin to work with the cognitively capable older person (and family, if appropriate) to help them help themselves. If the older adult is incapable, you will begin to work with the family (if appropriate) and/or others to take protective action. (See Chapter 6: Guidelines for Responding).

**Key points about conducting an Assessment**

Although you may be tempted at times to view an abused older person’s situation as unchangeable, there is always the potential for change. Empowerment through information, support and a respectful approach brings choice into the life of the abuse older person and lays the groundwork for change.
• Build a trusting relationship in order to be helpful to the abused or neglected older adult.

• Beware of ageist attitudes that you may hold.

• Do not talk with other family members and friends unless the older adult gives consent. Talk to the suspected abuser only if the older adult agrees with you and you have determined, to the best of your ability, this will not further imperil the older person. One way to try to connect with the suspected abuser is to tell him/her that you would like to hear what goes on at home or that you have heard that times are rough and would like to offer your assistance.

• Determine with the victim how the assessment will take place – for example alone or with others present. The assessment could include the victim, the suspected abuser as well as other family members, friends or professionals who can shed light on the family dynamics. Understanding the abuse and the family will help determine what options will best meet their needs, wants and capabilities.

• Do not act without understanding the older adult, the family and the context in which the abuse takes place, and without the older adult’s consent. To do so may cause more harm than good.

• Ideally, a full assessment is needed. This could be carried out all at once or gradually over time, depending on your relationship with the older adult and family, your mandate and the victim’s abilities and level of cooperation. If the older person’s life is in danger, the assessor will need to assess and act quickly.

• If there is a language or cultural barrier, the worker should ensure that a qualified and trusted interpreter is present to assist with the assessment interview in the older adult’s primary language. (See Appendix 1: Community Resources for Interpretation Services)

Six Guiding Questions for Workers\textsuperscript{21}

The following six self-directed questions can provide workers with direction and focus when there is concern about potential abuse of an older person.

1. Why is this situation causing concern?
2. How do I feel about his situation/the alleged abuse?
3. What are the relevant factors?
4. What are the values, wishes, goals of the client?
5. What are the options?
6. What is the response?

\textsuperscript{21} OACCAC Elder Abuse Training Initiative June 2000
Factors to Consider in Assessing Suicidal Risk

- **Age:** For older adults, there is a more serious risk, particularly for older men.

- **Gender:** The rate of suicide is higher for older men than older women. Men tend to seek help only when problems have reached serious proportions.

- **Method:** The more lethal the means, the more serious the risk (e.g. a gun indicates a more serious risk than pills); the more available the means, the more serious the risk (e.g. a loaded gun nearby.)

- **Plan:** The more specific and detailed the suicide plan, the more serious the risk.

- **Stress:** Crises are often age and gender related (e.g. for an older person, retirement and loss of income or death of a spouse/partner.)

- **Chronic versus Acute Suicidal Ideation:** A person contemplating suicide in a crisis situation may never consider suicide again; however, in this instance the risk is serious. A chronically suicidal person may present less risk in a particular instance, however is at greater risk of succeeding over the long term.

- **Resources:** The fewer a person's resources, the greater the risk. The more socially isolated the individual, the greater the risk.

- **Acuity:** An older adult who is responding to treatment for depression may be more able to carry out their plan.

Responding to a Suicidal Person

- Establish a relationship and communicate clearly that you do not want the person to take his/her own life.

- Identify the problem and help the person focus on the problem. Help the person reframe the problem, but do not offer unrealistic outcomes.

- Evaluate the reality. If the person is highly lethal, confidentiality will need to be breached. Police, a mental health team, psychiatrist, etc. must be notified.

- Assess the person's resources. A person who is actively suicidal should not be left alone.

- Establish a plan. (e.g. direct the person to a hospital or to a friend or family member who will be supportive.) Make sure the person follows through on the plan. Ways to achieve this include accompanying the person, calling 911 and following up with police and/or Emergency Medical Services (EMS) to determine the course of action taken.

- All suicidal gestures must be taken seriously, even by those with chronic suicidal ideation. When in doubt whether a situation is high or low risk the response should be in line with a high-risk possibility.

- Assessment and staff responses to a suicidal person should be documented in the case record.
It is also advisable that organizations have a process in place for staff, volunteers and/or students to notify a supervisor or manager in the event a client is suicidal. This helps to provide support to the person who has identified the situation and to ensure all appropriate and viable courses of action have been taken.\textsuperscript{22}

**Is the victim ready to act?\textsuperscript{23}**

An informed choice by a mentally competent individual to stay in an abusive situation must be respected. However, poor self esteem and a sense of helplessness often result from abuse. These undermine a person’s ability to act and change one’s circumstances.

Informed choice means . . .

- The individual understands the situation
- The options available and
- The consequences of pursuing those options, and the ability to choose freely.

If the abused older person is saying they doesn’t want things to change, but you doubt that their choice is informed, try not to accept this ‘decision’ as the final cone. You should however, refocus your intervention.

Instead of working with the older person directly on abuse issues, try to assist them in a more general way to improve their sense of worth and self-confidence if it is part of your mandate. (If it is not part of your mandate and you are unable to provide the follow-up, connect the abused older person with someone who can help.) Perhaps the older adult would like changes in their daily routine, make arrangements to get out of the house more or become reacquainted with old friends. Explore with the older adult how he or she will handle the situation the next time the abuse occurs. These smaller steps can give the older person confidence so they will be better able to take action on the abuse in the future.

If the abused older adult is declining all offers of support, leave the individual with the following:

- Express your concern for his or her well-being
- Give the individual a number to call for help
- Provide information about older adult abuse: that it’s not their fault; that they are not alone – many other older adults are mistreated in this way [by family]; that the abuse usually escalates in frequency and severity; and that there is help
- Encourage the individual to think about what he or she will do the next time it happens (See Appendix 2: Safety Planning)
- Try and arrange a follow-up visit (with yourself or refer to another agency). If refused, try a telephone contact a few weeks later.

\textsuperscript{22} Adapted from Family Service Association of Toronto, *Professional Practice Manual*. (2002)

\textsuperscript{23} *Elder Abuse: What you need to know*, Waterloo Region Committee on Elder Abuse, 2000,
When the Victim Declines Help

If the abused older person is declining help and you remain concerned, another option is to consult the interdisciplinary consultation team in our community. It is preferable to get the older adult’s permission to discuss their case to get the input of others with expertise about possible options. (Also see ‘Why do people refuse help?’ in the Chapter 6: Guidelines for Responding.)

When the abuser is the attorney for the victim, call the Office of the Public Guardian and Trustee. (See Appendix 1: Community Resources.)
Assessing Risk and Planning for Safety

When you first become aware of abuse of an older adult, ask the older adult if he or she feels at risk of harm. In most cases, the answer will be ‘no’. In some cases, there is no immediate danger but the situation is such that the risk of harm should be carefully monitored and the individual encouraged and assisted to plan for safety when the abuse happens again (see Appendix 2: Safety Planning).

The Assessment Guidelines (Appendix 4) can be used along with the response of the older adult and your own assessment to consider the degree of risk. If appropriate, encourage and support safety planning. This reinforces the information that abuse is not an isolated incident but a pattern of behaviour that is used to control the older adult.

An individual experiencing any form of abuse needs to know the following facts:

- Abuse tends to escalate over time and the risk of harm becomes greater
- The abuse will most likely happen again. Make a plan for safety for that time.
- There are community organizations that are experienced in helping abused individuals think about their options if they are choosing to stay, and support them if they choose to take action (e.g. the police, Peterborough Community Access Centre, Community Counselling and Resource Centre, YWCA for women)
- Emergency and crisis numbers are listed in the front pages of area phone books.

What is an Emergency?

The situation is an emergency when . . .

- The older person’s safety, health or well-being is in imminent and serious danger.

Serious danger may result from physical assault, the threat of imminent assault, the presence of life-threatening medical problems, when the older person is at imminent risk of losing their property/resources, or living in an unsafe environment.

Options in Emergencies

Older adults, including abused older adults, have a right to self-determination. Responses that respect this right tend to be empowering for the individual, enhancing their capacity to act. One might think of an emergency as being on a continuum of time and ability to act. On the left, there is time to consult and the older adult is capable and able to act, and on the right the harm has occurred and the older adult is not capable and unwilling or prevented from acting. Whenever possible, involve the older person in the decision to act.

Responses to emergency situations vary somewhat, depending on the circumstances. It may be helpful to seek advice or consult with others if applicable and time permits.

All organizations are encouraged to develop policy and procedures that provide direction for staff in the event of an emergency.
Guidelines for Emergencies

If Older Adult is capable and able to Act

- When there is time, talk with the older person and support them in calling for help.
- Call 911 for police and/or ambulance.
- Find a safe place, such as a shelter, a hospital, a home of a trusted friend or family member or emergency placement in a long term care facility or retirement home where the abuser will not follow.

If Client is not capable and unwilling or prevented from acting

- If harm has occurred, or there is not time and the older person is in serious danger and not capable of deciding or is prevented from acting call the police and/or ambulance.

If You are at Risk

- Leave immediately; contact the police and your supervisor if applicable – never try to break up a fight or an assault.

In an emergency, protecting the safety of the victim takes priority over other aspects of the response to abuse at that time. Once the older adult is safe, work with them to enable them to deal with the abuse and rebuild their life.

Cultural considerations

For the purposes of this document, the definition of culture has been broadened to include gender, race, age, and religion.

Role of Culture

Cultural values, beliefs, and traditions play a significant role in family life. Understanding these factors can significantly increase professionals' effectiveness (NCPEA, 2003).

They determine:
- How family members and individuals relate to one another
- How decisions are made within families and communities
- How resources are distributed, and
- How problems are defined.

Avoid the “Cultural Excuse”

However, it is of great importance that workers who are faced with potentially abusive situations with different cultural backgrounds do not apply the “cultural excuse”. We cannot accept that perhaps in some cultures it is okay to hit or otherwise abuse. Customs should be respected, but not to the extent that an older adult’s human rights are being violated.

24 Adapted from Family Service Association of Toronto. Breaking the silence: Best Practices for Responding to the Abuse of Older Adults. 2005
Importance of understanding Cultural Traditions

Sometimes cultural traditions can present as indicators of abuse. For instance, in Vietnamese culture, it is common practice to take herbs which are rubbed on the chest using willow branches. This may cause bruising which could be mistaken for an abuse injury. It is therefore important that practitioners be aware of these cultural traditions. Speaking with people from ethno-racial communities and the older adults to understand belief structures and treatments that are used is one approach that practitioners can employ.

*It is important to recognize communication as a potential barrier to identifying signs and causes of abuse.*

Even when speaking the same language, differential conceptual understandings of abuse and wordings can lead to misunderstandings of situations and client preferences.

With any approach to intervention, practitioners should be aware that some cultures may be more likely to blame the older adult as the cause of mistreatment and may not be favourable toward outside intervention. This has been found to be true among Japanese, Korean and Taiwanese cultures.

*When translating across language, interpreters may misrepresent or misinterpret what the client is saying.*

Websites, hand-held computers, and, funding permitting, translation services are some resources that can be used to overcome linguistic barriers. When translating across language, interpreters may misrepresent or misinterpret what the client is saying. Back-translate, using different interpreters, can often help in reducing such miscommunications.

Understanding non-verbal Indicators

Non-verbal and tonal indicators of anxiety and other affective states can also be an invaluable source of communication. These include:

- Social distance
- Tone of voice
- Gaze and gaze aversion (looking straight in the eye)
- Pacing
- Gestures
- Gender etiquette
- Silence

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These non-verbal indicators can be especially useful in identifying instances of abuse among cultures that may minimize the extent of abuse. For instance, among Koreans, the more fearful the victim is, the less abusive they will judge mistreatment to be. This implies that they may be reluctant to disclose abuse or unlikely to express the extent of harm. As such, non-verbal indicators of fear, such as those above, can be an important part of an assessment. However, with gaze and gaze aversion, it is important to note that some cultures purposely avoid eye contact as a sign of respect for the person that they are talking with. This is especially true among Aboriginal peoples. For others, it may be a common sign of discomfort with having eye contact for a prolonged period of time.

As such, it is important not to assume that gaze aversion is a sign of abuse. A more appropriate interpretation would involve educating oneself about cultural beliefs regarding eye contact before determining whether aversion or staring is indicative of potential discomfort in a situation.

Questions to Ask

Once the cultural rules are established, the following are some questions that can enhance your understanding of expectations and dynamics between older adults and their significant others, as well as guide your assessment when cultural values are a factor:

- What role do older adults play in the family? In the community?
- Who, within the family, is expected to provide care to frail members? What happens when they fail to do so?
- Who makes decisions about how family resources are used? About other aspects of family life?
- Who, within the family, do members turn to in times of conflict?
- What conduct is considered abusive? Is it considered abusive to use an older person's resources for the benefit of other family members? Is it considered abusive to ignore a family member?
- With immigrant older adults, when did they come to Canada and under what circumstances? Did they come alone or with family members? Did other family members sponsor them and, if so, what resources did those family members agree to provide? What is their legal status?
- What religious beliefs, past experiences, attitudes about social service agencies or law enforcement, or social stigmas may affect community members' decisions to accept or refuse help from outsiders?
- Under what circumstances will families seek help from outsiders? To whom will they turn for help (e.g. members of the extended family, respected members of the community, religious leaders, physicians)?
- How do persons with limited English speaking or reading skills get their information about resources?

Answers to the above questions can provide invaluable information to assist you in developing an approach to help the abused older adult. 27

Working with Aboriginal elders 28

Notwithstanding the importance of appropriate strategies for all cultural groups, working with Aboriginal elders requires a distinct approach that accounts for historical, physical, mental and spiritual dimensions of being. The following strategies may be appropriate:

- Build trust through a handshake, identifying their name and yours, maintaining an informal first name basis.

- Account for displaced grief, resulting from historical abuse and loss of spirit, by providing choices and options in a holistic framework that emphasizes healing through physical, mental and spiritual dimensions. The person is your guide in identifying how they want those dimensions to be addressed. This may be in the form of a story, or speaking in a roundabout way. Identifying ways of coping through the narratives of clients’ lives is critical.

- Avoid jargon and use simple wording. Aboriginal elders often define abuse as being treated in a mean way or a not so good way. It is important to work from the person’s perspective.

- Use pictures and analogies to reframe situations. For example, use a bicycle wheel with each spoke representing a support resource. The more spokes exist, the further the person can go. This picture can help the person visualize the importance of building social support.

- Enable the person to get in touch with their surroundings. An ecological perspective may be helpful and can lead to enhanced support networks.

- Avoid asking too many initial questions. You will need to spend quite a bit of time and effort at building trust during the engagement process.

- Be familiar with cultural beliefs and offer traditional methods, such as a ‘smudge’, using cedar, sage, sweet grass or tobacco. A ‘smudge’ may be a good starting point, particularly if you see that the person is having a difficult time.

- Determine the importance of spirituality.

27 Adapted from The Role of Culture in Elder Abuse (2003) from the National Committee for the Prevention of Elder Abuse (NCPEA).

• Listen to the person and identify ways in which they are coping and ways that they might be willing to try (whether it is traditional healing, church, substance use, Alcoholics Anonymous, harm reduction, or mainstream services).

• Some Aboriginal peoples who went to residential schools may prefer a mainstream approach since it may be more familiar to them.

The above strategies are not exclusive to Aboriginal elders and may also be appropriate to your work with other cultural groups. The older adult is the best resource to determine whether this is the case.

Specialized Assessment Services

Behavioural

Tri-County Community Support Services Behaviour Services Program (705) 876-9245 provides behavioural assessment, consultation and group education for intellectually disabled individuals and their care-givers, free of charge.

Psychosocial

Psychosocial assessments are part of individual, couple, and family counselling available at no charge for older adults (60 years and over) and caregivers at Community Counselling and Resource Centre (705) 742-4258. Several private counsellors are also available locally.

Mental Health

The P.A.S.E. program at Peterborough Regional Health Centre (705)-876-5076 provides assessment at no charge, as well as consultation, treatment, and limited case management service for older adults with serious mental health problems. P.A.S.E. does not do assessments for legal purposes.

Capacity Assessment (under the Substitute Decisions Act)

The Capacity Assessment Office – Ministry of the Attorney General (866) 521-1033 or (416) 327-6424 is a place for consultation when a family or agency isn't sure of the best way to proceed. They provide a list of capacity assessors in the area and offer information regarding how to work with the older person so that they agree to have a capacity assessment. Capacity assessments can be requested by the individual, family member, lawyer, facility, or Public Guardian’s Office. There are a number of useful brochures on this website including information about Capacity Assessment; a Guide to the Substitute Decisions Act; and information about the various roles of the Public Guardian and Trustee. www.attorneygeneral.jus.gov.on.ca/html/PGT/pgthome
Addiction

Assessment and counselling for individuals experiencing past or present substance abuse problems, or their family members is provided by FourCAST Addiction Services (705) 876-1292.

Geriatrician

Family physicians can refer the older adult to a geriatrician for assessment and recommendations for a capacity assessment if required.
Capacity

Does the Older Person Understand and Appreciate?

What is “Capacity”? 

In this context, capacity is the person’s ability to understand information that is relevant to making a specific decision, and the ability to appreciate the reasonably foreseeable consequences of acting on a decision, or lack of acting on a decision. (This “decisional test” was adopted into Ontario legislation following an extensive study of historical and clinical issues in assessing competency conducted by the Weisstub Commission in 1990.)

Presume Capacity

“A person is presumed to be capable to make decisions in respect of property and personal care, and others may rely on this presumption, unless there are reasonable grounds to believe that the person is not capable. ‘Capacity’ in respect to property and personal care is a legal definition, defined in the Substitute Decisions Act and the Health Care Consent Act, and is not a clinical assessment or medical diagnosis.”\(^{29}\)

The majority of older adults are capable and therefore have the capacity to make decisions for themselves. When younger adults are abused and seek assistance we do not immediately “move” to conduct a formal capacity assessment on them, nor should we with older adults – to do so is a form of ageism.

Are you guilty of Ageism? It can negatively affect your interaction with the older adult

Different Levels of understanding are Needed for Different Decisions

There are various levels of capacity. The threshold of capacity required for one decision is different from that required for another. “Capacity is ‘issue specific’ and relates to a particular task at hand. The fact that a person has been formally ‘assessed’ as incapable for some purpose does not necessarily mean that that person is not capable for other purposes. For example, a person may be incapable of handling his or her finances but be capable of making decisions about health services or treatment”\(^{30}\), or revoking and/or making a Power of Attorney, or deciding whom they want as visitors.

Capacity can also fluctuate. There may be times of day when the older person has the capacity to understand information relevant to making a decision and to appreciate the


\(^{30}\) Ibid
reasonably foreseeable consequences of acting on a decision (or not acting on it), and times of day when that individual does not have that capacity. In these situations, the older person has the right to make decisions when they have capacity. (See Maximize Capacity below)

**How do you decide if a person has ‘capacity’?**


It is important to gather good information if you suspect that the person whom you are attempting to assist lacks the capacity to make a decision(s) so that the older person’s rights are neither violated, nor their safety put at risk.

If you have concerns about the older person’s capacity to make a decision(s), you might try the following:

- Ask the same questions periodically to check for consistency in responses
- Ask questions that are designed to determine if the older person is aware of what is happening around them
- Ask them to repeat back to you their understanding of the consequences of acting, or not acting, on the options that you have provided to them

Remember two important things about assessing capacity:

- Speech difficulty does not mean that the individual is not capable. Try to understand the older person using another means of communicating
- Capacity can be “fluid” – it can be there at one time and not at another

**Maximize Capacity**

When making a judgement about an older person’s ability to understand and appreciate the choices that are before him or her, be sure to maximize their capacity. Ask yourself:

- Is this the time of day the older adult is most capable?
- Is he/she experiencing pain, anxiety, thirst, hunger?
- Does he/she have any needed aids for hearing? For vision?
- Is the environment one that maximizes his/her capacity? For example: Is there distracting noise or activity? Is the lighting such that they can see well?
- Have you been able to put the individual at ease?
- Is this an area about which the older adult has had prior experience or knowledge e.g. financial matters if recently deceased spouse made all of the decisions?

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31 This section adapted from *Elder Abuse: what you need to know*. Waterloo Region Committee on Elder Abuse. September 2002
A ‘Good’ Decision?

What you are trying to determine is whether or not the individual understands the choices that are before them and whether or not they appreciate the consequences of acting, or not acting, on these choices/decisions. This is not the same as the ability to make a ‘good’ decision, or to act in the manner that you would. People have the right to make decisions which seem ‘bad’, or at times even irrational, to you. If the older person understands the choices before them and appreciates the consequences of acting, or not acting on those choices, they are competent.

Substitute Decision Makers

The three Ontario statutes that are relevant to a discussion of capacity, consent, and substitute decision making include: the Substitute Decisions Act (1992), Health Care Consent Act (1996), and the Mental Health Act. All of these can be found on the Ontario Government’s Web Site, www.gov.on.ca by clicking on “Statutes and Regulations” and following the links from there.

The Substitute Decisions Act and the Health Care Consent Act of Ontario define persons’ Substitute Decision Makers and permit adults, while capable to name a person, or persons, they trust to act as their substitute decision maker(s) in the case they become incapable, by appointing an ‘attorney’ under a Power of Attorney. Remember: A person who has the capacity to give a Power of Attorney has the capacity to revoke a Power of Attorney.

A Continuing Power of Attorney (POA) for Property gives authority to a person, or persons, to make decisions regarding a person’s finances and property. A Continuing Power of Attorney for Property takes effect immediately unless the document itself dictates otherwise, that is, when the document states when the POA comes into effect and/or who will be the person who determines the individual’s capacity to manage their property. If the POA for Property does state who will determine the older adult’s capacity to make property decisions the person named therein does so. If there is doubt about a person’s capacity to manage their property, and the POA does not state who should determine capacity, one option is to ask a Capacity Assessor to make a decision in this regard (as per the Substitute Decisions Act; 1992, Section 49).

Remember – whoever asks for an assessment of capacity from a Capacity Assessor pays for the assessment. (There are circumstances where you may be able to apply to be reimbursed for these costs.)

A Power of Attorney for Personal Care gives authority to a substitute decision maker for all decisions, except those in respect of property only when the older adult is no longer capable of ‘understanding and appreciating’ the specific decision. Areas of personal care include: safety, shelter, nutrition, clothing, hygiene, and health care.

In the case of deciding the capacity of an older adult to make a decision regarding accepting, or denying, a treatment . . . “There is no statutory reference in the Substitute Decisions Act as to who assesses capacity for personal care in general. By common law, if there is no Guardian of the Person, the person who determines capacity is the person interacting with the alleged incapable person, for example the case manager, homemaker, social worker, long-term care facility staff, legal advisor, etc.”

Therefore, for treatment purposes, the person who is assessing the capacity of an individual regarding whether or not they can consent to treatment is the person who is proposing the treatment. If the person proposing the treatment does not believe that the older adult has the capacity to consent or not consent to a treatment, they would turn to the hierarchy of substitute decision makers as outlined in the Health Care Consent Act (see below) to ascertain who would be the person’s decision maker for treatment purposes. The assessment of a person’s capability to give, or refuse, consent to treatment must be conducted each time a treatment is being proposed. (Remember: “Treatment” includes both physical and chemical restraint.)

**Ranked List of Substitute Decision Maker** (as per the Health Care Consent Act)

- ‘Guardian of the Person’ – Court Ordered
- ‘Attorney’ in Attorney for Personal Care
- Representative appointed by Consent and Capacity Board
- Spouse or partner
- Child, parent or CAS
- Parent with right of access
- Brother or sister
- Any other relative
- Office of the Public Guardian and Trustee, Treatment Decision Consultant

Capacity Assessors, as defined under the Substitute Decisions Act do not determine an individual’s capacity to make a treatment decision. That decision is made by the person proposing the treatment as per the above.

If, in the opinion of the person proposing the treatment, the individual lacks the capacity to make a treatment decision, there is no Guardian of the Person but there is a Power of Attorney for Personal Care, the health care practitioner feels that the Power of Attorney for Personal Care needs to be activated and the POA for Personal Care document is silent as to how it is to be activated, one could ask a Capacity Assessor to assess the person’s capacity. Again, whoever asks for this assessment pays for the assessment.

**Who Evaluates Capacity for Admission to Long-Term Care**

Occasionally one may be determining an older adult’s capacity to make a decision, and/or act on a decision to move into a Long-Term Care Home (Nursing Home, Home for the

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33 Wahl, J.: Capacity and Authority of Decision Makers; Advocacy Centre for the Elderly; February 2001
Aged or Charitable Home for the Aged). In the case of admission to Long-Term Care, an Evaluator, as defined in Legislation, makes this determination. The Evaluator of capacity for this decision is the Placement Co-ordinator at all Community Care Access Centres. In Peterborough County and City this is the Peterborough Community Access Centre.

Role of the Substitute Decision Maker

The substitute decision maker who is making a decision for a person who lacks the capacity to do so is expected to make the decision(s) as follows:

- The decision is to be based on the incapable person’s known wishes, (which the incapable person expressed when he or she was 16 or more years of age and capable), or
- If such wishes are not known, or are impossible to comply with given the situation, the substitute decision maker is to make the decision in the incapable person’s best interests.

(See Appendix 7: Job Descriptions for Persons Holding a Power Of Attorney)

If you believe that an older adult, whom you suspect is being abused, lacks capacity to make a decision and he or she has no trustworthy Power of Attorney you could call the Office of the Public Guardian and Trustee (OPGT) to speak to them about your concerns and get advice as to how to precede. Prior to acting, the OPGT will inquire about evidence of risk and the efforts that have been undertaken to resolve the situation. Below are some less intrusive means to support decision making when capacity is an issue.

Less Intrusive Means of Supporting Decision Making

A. For Property

- **Continuing power of attorney** (CPOA): This document is completed by the person when capable, wherein s/he selects a person or persons s/he trusts to manage all financial affairs. This comes into force on the day it is completed and properly witnessed and signed, unless there is a clause indicating it becomes effective “when I become incapable”. The person may specify who is to decide incapacity—‘my doctor’, ‘my wife’ - anyone they choose, including a capacity assessor. If no means is specified in a CPOA with this restriction, then a capacity assessment by a SDA qualified assessor is required. (SDA s. 9(3).

A capacity assessment is not required before someone executes a CPOA. However, if the person or the attorney(s) wish to request a defensive assessment (to defend against allegations the person was not capable at the time the CPOA was executed) they may do so. (See SDA s. 6 and 8 for definitions of capacity to manage property and capacity to grant/revoke a CPOA.)

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34 Capacity Assessment Office, Ministry of the Attorney General, *Capacity Assessments under the Substitute Decisions Act, May 2001; revised August 2003*
• **Informal supports:** This may include arranging direct deposit and direct bill payments through the bank; assisting to write and deposit cheques with or without a bank power of attorney (limited to bank matters); assistance shopping for personal needs, medications, food, and arranging necessary home support / maintenance services.

• **Trusteeships:** Trusteeships are available for government pensions only. Applications: HRDC (800) 277-9914 (English) or (800) 277-9915 (French) to apply to be a trustee for Old Age Security/Canada Pension Plan/Guaranteed Income Supplement. These require:
  1. Statements, usually by the doctor, that the person is not able to manage their benefit.
  2. Information regarding the type of risk i.e. non-payment of rent, hydro; losing money; being preyed upon, etc., and
  3. Someone (usually family) to undertake responsibility to act as trustee.
  4. Ontario Disability Support Pension/Ontario Works recipients (provincial pensions) may also be able to find trustees through community agencies approved by the Ministry of Community and Social Services; or may arrange for direct payment of rent, utilities by ODSP.
  5. In very select cases, the Public Guardian and Trustee may agree to become a trustee.

**B. For Personal Care**

When the need for formal decision-making in personal care issues arises, considers whether the person remains capable to execute a power of attorney for personal care and wishes to do so, if there are family or friends willing to act. This allows them to name the person they most trust for these decisions ahead of any others (See SDA s. 45, 46, 47.)

• Informal support offered by family, friends or paid care givers to assist with instrumental tasks in daily living are often welcomed by a vulnerable person and they are able to accept support in the needed areas and to imply their consent to the assistance by their cooperation. Decision-making is less formalized and risks are minimized by the additional support.

• When decisions about health care arise, the *Health Care Consent Act* (HCCA) requires that the person be able to meet the “know and appreciate” test regarding proposed treatments. The health care professional proposing the treatment needs to be satisfied the person is capable of making an informed, capable decision. If the person is not capable for the decision at hand, the HCCA sets out a ranked list of who the substitute decision maker is.

• Consent for placement into long-term care facilities is also governed by HCCA, and an evaluator assesses capacity for this decision.
Clinical problem solving with support from family, friends and community agencies will in most cases effect solutions that do not require formal, court appointed guardianship to be undertaken. Case conferences with all involved stakeholders are the key tool in arriving at workable solutions. Solutions consistent with the basic tenets of SDA respect the person’s capable wishes, enhance autonomy by providing assistance in key areas of need and thereby mitigate any risks while maximizing independence.

If efforts to provide adequate services are impossible or are refused and there are concerns the person is at risk for serious illness or injury, or deprivation of personal liberty or personal security, or significant loss of property, allegations may be made to the Guardianship Investigations Unit of the Public Guardian and Trustee (PGT) (800) 366-0335 or (416) 327-6348. After reviewing the evidence of risk and the efforts that have been undertaken to resolve the situation, they may suggest other strategies or resources, or conduct an investigation. In rare cases, the PGT may apply to court to be appointed guardian for property and/or personal care in some or all domains (health care, shelter, hygiene, nutrition, clothing, or safety).

There is no provision for statutory guardianship of personal care. Someone must be prepared to go to court to become a guardian for personal care. This requires the financial resources to hire a lawyer and pay court fees. The applicant will be required to demonstrate to the court that less intrusive measures have not worked and that having a guardian appointed would improve this person’s quality of life.”

**Consent and Capacity Board Option**

If an individual is found incapable to make a decision and the individual or specific others wish to contest this finding an application can be made to the Consent and Capacity Board. (For more information, see Consent and Capacity Board in the Appendices.)

**Community Resources when Capacity is in Question**

- **Capacity Assessment Office, Ministry of the Attorney General** (1-866-521-1033 or 1-416-327-6424) – is a place to call in order to consult when a family member(s) or agency is not sure of the best way to proceed “around” an issue of capacity re: property issues and/or if a POA for Personal Care does not state within the document how it is to be activated. They will provide a list of Capacity Assessors in the area. Capacity Assessments can be requested by an individual, family member, lawyer, residential facility, etc. There is a cost for this service which is paid for by the person/agency requesting the assessment.

- **Office of the Public Guardian and Trustee** (1-800-366-0335; Select “5” for Intake) there is concern that an individual is not capable, is at risk of serious physical or

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financial abuse, and there is no trustworthy substitute decision maker. The Office of the Public Guardian and Trustee is a “last resort” – to be called when acting on all other options available have been exhausted.

Websites related to Capacity Issues

- Office of the Public Guardian and Trustee’s website
  http://www.attorneygeneral.jus.gov.on.ca/html/PGT/pgthome.htm

  There are a number of useful brochures on this website including information about Capacity Assessment; a Guide to the Substitute Decisions Act; Power of Attorney kits and information about the various roles of the Public Guardian and Trustee.

- Ministry of the Attorney General site that provides all Ontario statutes in downloadable form
  This is an alphabetical pick list of all the Statutes and an alphabetical list of the regulations to the statutes. Prescribed Forms are usually found under the Regulations.
  http://www.e-laws.gov.on.ca/

- Ministry of Health and Long Term Care site with a publication on mental health law, “Rights and Responsibilities”.

- Forms under the HCCA
  http://www.gov.on.ca/health/english/forms/forms/consent_fm.html

- Ontario’s Consent and Capacity Board
  http://www.ccboard.on.ca

  http://www.alzheimerontario.org/

- Advocacy Centre for the Elderly. ACE provides direct legal services to low-income seniors, public legal education, and engages in law reform activities. Useful information on issues affecting mainly seniors may be found at this site.
  http://www.advocacycentreelderly.org/

- Canadian Legal Information Institute. This website posts court cases including Supreme Court, Provincial Courts, and Consent and Capacity Board decisions.
  http://canlii.org/
Guidelines for Responding

Why we don’t ‘report’ abuse of older adults in Ontario

Many people want to know where to call to report when they identify or suspect older adult abuse. Ontario does not have legislation that requires reporting older adult abuse as there is with child abuse. This is because this kind of legislation does not reflect the rights of older adults to ‘liberty and to choose how to live’. Neither does it reflect the fact that older adult abuse is not a single issue with one solution. (See Why no reporting of Older Adult Abuse in Ontario in the section on Confidentiality) A variety of sectors and responses may be required to assist an abused older adult.

We all have a role to play
Peterborough’s Coordinated Community Response to Older Adult Abuse is based on enabling all relevant organizations - be it a funded service, volunteer program, or information organization - to know how to recognize older adult abuse, know how to respond to victims of abuse, and know the network of older adult and victim services in the community so when an older adult contacts one of the services, he or she may be directly connected to someone who can assist.

This Coordinated Community Response Agreement and of Abuse Prevention of Older Adults Network in our community are mechanisms for supporting the networking and interconnection necessary for a coordinated response to situations of older adult abuse.

When the Older Adult Reaches Out

In that older adults who are experiencing abuse or neglect may have limited opportunities to seek help, members of the Coordinated Community Response Agreement will make special efforts to ensure the older adult seeking help has the information and support needed to connect to someone who can help within a reasonable time.

Empowerment Approach

When responding to an abused older adult, the principle of including them in the decision-making process will give power (back) to the older adult victim. This approach involves respect - paying attention, listening, not judging, and not giving advice.

Response to Disclosure

When responding to an abused older adult, who has just disclosed to you that they are experiencing abuse, provide the following information:

- “What’s happening is not your Fault – abuse is never justifiable.”
- “You are not Alone – many others suffer similar mistreatment (from family).”
- “There is Help available – people who can let you know your options and support your decisions.”
Ask how you can help. Listen to and take direction from the older adult who is experiencing the abuse.

Moving from Power and Control to Equity - using “wheels” to frame interventions

An empowerment model suggests that interventions should be informed by the dynamics of domination and subordination. Using a power and control wheel in work with abused older persons helps them to see the impact of abuse on relationships. Working with the wheel of equity helps people to understand that they are entitled to be treated in an equitable way and that no one has the right to harm them in any way.

Figure One: Power and Control Wheel

Power and Control Wheel:
Abuse in Later Life

Adopted from the Domestic Abuse Intervention Project, Duluth, US.
Figure Two: The Wheel of Equity

- **Non-Violence and Fairness**: Seeking mutually satisfying resolutions to conflict, accepting change, being willing to compromise.
- **Economic Partnership**: Respecting the person's financial decisions, not abusing a Power of Attorney, making decisions together.
- **Shared Responsibility**: Making decisions together, mutually agreeing.
- **Trust and Support**: Supporting the person's goals in life, respecting their right to their own feelings - friends - activities - opinions.
- **Negotiation and Understanding**: Non-threatening behaviour, talking and acting so that the person feels safe and comfortable expressing him/herself and doing what he/she wants to do.
- **Respect**: Listening to him/her non-judgmentally, being understanding, valuing his/her opinions.
- **Responsibility Family Member**: Sharing family responsibility, being a positive role model for others in the family.
- **Honesty and Accountability**: Communicating openly and truthfully, accepting responsibility for one’s self.
Look at the needs of the victims in order to identify the options that may be appropriate and available to them. Consider the need for:

- Medical treatment
- Safety
- Shelter
- Control and access to finances
- Emotional and personal support
- Food.

Various options may need to be pursued at the same time. But every situation needs to be examined individually.

**Strategies that Empower**

Strategies that build on the strengths of the victim and consider the abuser and the family situation are the cornerstone of responses to older adult abuse. These include:

- **Education**: Inform the individual about:
  1. Abuse (that many older adults experiencing the mistreatment; that abuse is never acceptable; and that the abuse will most likely increase in frequency and severity if nothing is done);
  2. Potential options; and
  3. Services to assist.

- **Support**: Be non-judgemental and open-minded; listen and try to understand the older person’s needs and wants; normalize the older adult’s experience by reassuring them that they are not alone; let the older adult know you are concerned.

- **Exploring options**: Offer information about options; as the older adult’s self-acceptance grows, he/she will need more specific information about the consequences of pursuing an option – both for them self and the abuser.

- **Building/rebuilding social networks and reducing isolation**: Encourage the older adult to consider ways to increase the number of people in their life who are able to provide positive support and build their sense of self worth.

- **Encouraging responsibility for safety**: Encourage the older adult to make a safety plan. Initially this is difficult and ‘plans’ will be vague. Over time, the plan should evolve into something very specific which will encourage responsibility and autonomy, serve to protect the older person when they find them self being victimized, and reinforce that abuse likely will continue until action is taken to stop it.

- **Being open-minded with the abuser**: Despite how you feel about the abuser, recognize that the older adult usually wants to maintain the relationship. Do not
confront the abuser. When speaking with the suspected abuser, especially one in a care giving role, emphasize the following:
1. You are not judging their care giving efforts.
2. Identify and validate the difficulties of the care giving they may have; they may also be experiencing abuse by the older adult.
3. The role and relationship of the abuser to the older adult are important.

- **Working with other community organizations**: With the older adult’s permission, seek help from other relevant agencies and professionals who have experience working with older adults experiencing abuse. The Agreement reflects the fact that most cases of older adult abuse are complex and require a coordinated approach to identify options.

- **Interdisciplinary Community Consultation Team**: This team consists of professionals and experts from a variety of sectors and disciplines who meet regularly to discuss and provide consultation on complex abuse cases involving older adults. The team is available to all agencies, service organizations and staff working with older adults in Peterborough County. Its diverse membership brings a cross-section of perspectives together, providing a broader range of strategies, options and perspectives. [This team is in development as of August 2005. For more information contact Inspector Vandervelde at (705) 876-1122.]

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There are various remedies depending upon the type of abuse and the circumstances of the particular abuse. Not all remedies are appropriate in all cases.
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**Some considerations before Selecting Remedies**

- The safety of the abused older adult needs to be ensured before taking action. (Older adult abuse is an issue of power and control and abuse escalates when the abuser believes he or she is losing control.) The older adult will likely know how the abuser may respond.

- Also it may be necessary and prudent to take steps to protect and safeguard property (e.g. before informing the abuser that a power of attorney is being revoked or that action is being started for recovery of funds).

- Before taking formal action, efforts to mediate a solution or to resolve a dispute by other than court action may be appropriate.

Any steps depend on the specific case and the specific facts of the case.
The capable person should have control over what is done in respect of the abuse and should be assisted and supported so that he or she can give this direction and determine what actions are taken. (See Appendix 8: Types of Responses)

Every situation must be examined individually to determine the appropriate options.

Possible Remedies

The following suggestions are taken from Remedies for Abuse, from the Community Training Manual, third Edition, December 2002 (Wahl and Preston).

Note: This is not a complete list of options. These are only examples of some options. Nothing in these lists of options should be construed as legal advice in a particular matter.

Financial Abuse

Of a person mentally capable of financial decision making

Talk to the person – What does he or she want to do? Is he or she even aware that abuse has occurred? Is it actually abuse or does it appear to be abuse when it’s not (i.e. money removed from bank account with the agreement of the person with full consent and not with undue influence)?

The older adult needs information on options open for him or her to pursue before making a decision of whether to take action or not and what action to take. The older adult may need to speak to a lawyer, get counselling to assist them in supporting their self esteem and in having confidence to pursue remedies, or get ongoing help from other services to prevent a reoccurrence of the abuse.

Some Ideas:

- If the abuse is by an attorney named in a continuing power of attorney for property (CPOAP), revoke the CPOAP, tear up the original CPOAP get all copies back, send notices of the revocation to all places where the attorney may have used the CPOAP and where the person has assets, take action if necessary against the attorney for an accounting and for the return of any assets misappropriated, possibly create a new CPOAP naming another person as attorney, report to police for investigation as to whether criminal offence has been committed (e.g. Abuse of POA, Theft? Fraud?)

- If abuse of pension cheques, get direct deposit into an account not accessible by the abuser, take action against the abuser to recover misappropriated funds, or
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report to police for possible criminal charges and process in criminal justice system.

- Seek return of property placed in the name of the abuser (i.e. on promise to provide care, etc) by taking action against the abuser for return of property if there was undue influence, unjust enrichment, or fraudulent transfer of property has taken place.

Of a person Incapable of financial decision making

Can you talk to this person? Although incapable for financial decision making ate they still capable to participate in decision making as to a remedy? Is the substitute decision-maker the abuser? If not, can you talk with the substitute decision-maker as to the possible options? Would the substitute decision-maker be the person who would need to pursue the options?

Some ideas:

- The older adult may be incapable in respect to property but still capable to revoke a CPOAD for property if the abuse is by the attorney named in the CPOAP.

- The person may be incapable and at risk of serious harm or serious harm is occurring to their property. Contact the OPGT (Office of the Public Guardian and Trustee) under s. 27 of the Substitute Decisions Act for investigation. (See Long Term Care Act and rules about confidentiality and OPGT website for more complete description of this remedy.)

- Contact the police. What can you say or not say? (Issues related to confidentiality and rules of professional conduct). The person contacting the police may want to get legal advice before releasing information as to appropriate action.

- The substitute decision maker may be able to take action for recovery of funds or take steps to protect property as appropriate to the situation.

- If there is no attorney, someone may apply to become the trustee to manage the OAS (Old Age Security) and CPP (Canada Pension Plan) cheques of the financially incapable person.

Personal Abuse

Of a person mentally capable of personal care decisions

Consider the answers to the following to determine possible options
1. What does the person who has been abused want to do?
2. Does he or she know the options available?
3. Is the person at personal risk if no steps are taken to address the abuse?
4. Is the person dependent on the abuser for care?
5. Is abuse taking place or is the caregiver not providing good care unintentionally or doesn’t know how to provide the needed care?
6. Are there alternative options for the care and other ways of reducing or eliminating the dependency on the abuser?
7. Does the person live with the abuser?
8. Can the abuser be removed from the household?
9. Does the victim want to move to alternative accommodation?
10. Does the victim have control over his or her own money? (This may extend the options available)
11. Who is the abuser? There will be different options depending on who the abuser is and the type of abuse committed.

Some ideas:
- Assisting the person to make a complaint to a professional College
- Assisting the person to make a complaint to the Ministry of Health if abuse is in a Long Term Care home.
- Action for damages for harm suffered
- Eviction of abuser who is living with the victim from household by action under the Tenant Protection Act
- Application to the Criminal Injuries Compensation Fund for compensation for victims of crime
- Assisting the victim to find alternative care providers (alternative to the abuser), to find alternative accommodation or to get counselling and support
- Assisting the person to report the abuse to the police if the abuse was a criminal act.

Of a person mentally incapable of personal care decisions

Consider the answers to the following to determine possible options

1. Can this person participate in decision making about options to address the abuse?
2. The person may lack some capacity and yet still be capable to give some directions? Is the Substitute Decision maker the abuser?
3. How much at risk is the person?
4. How quickly does this person need assistance? If the abuser is not the substitute, is the substitute aware of the abuse?
5. Can the substitute take steps to address the abuse?
6. Who does the victim and his/her substitute need to get advice from to address the abuse?
Some Ideas:
- Report to OPGT to do an investigation under s. 62 of the SDA where the incapable person is at risk of serious harm/experiencing serious harm to his or her person
- Report to the police regarding a criminal offence
- Report to professional College of professional misconduct
- If no Guardian of the Person and no attorney named in a power of attorney for personal care, application to Consent and Capacity Board to be appointed as representative for the Person (the new substitute decision maker) if abuse is related to the existing substitute’s failure to act as appropriate substitute for treatment, admission, or personal assistance services
- Application by health practitioner (if treatment) or by PCS (if admission) to Consent and Capacity Board to determine compliance of substitute with the legislation if abuse is related to substitute’s failure to act as an appropriate SDM
- Report to the Ministry of Health of harm caused to a resident of a Long Term Care home (see Nursing Homes Act and Ministry policies)

When the person seeking help needs advocacy

Although there is no mandatory reporting of abuse and neglect in the community setting, there is a moral obligation to support people to get help. In situations where the older adult is capable but there are concerns that they may not be able to get connected to assistance on their own, with the older adult’s permission, contact the person or agency that can offer assistance and pass on their name and a brief description about their situation.

When the abused older adult is capable but declining help and in no immediate danger

- Let the older adult know why you are concerned about them.
- Provide the older adult with information that the abuse is not their fault and that it will likely continue and get worse.
- Provide the telephone numbers to emergency shelter, police and other resources. Have the older adult repeat the numbers back to you.
- Develop a safety plan with the older person and provide her/him with a copy to keep in an easily accessible but safe place. (See Appendix for Safety Planning for more details).
- Let them know you are available if they change their mind, and
- Maintain ongoing contact in a way that is agreeable to the older (Also see: Chapter 4 – Guidelines for Assessment – Is the victim ready to act? and Factors to Consider below)

Factors to consider when the abused older adult declines help

1. They many not understand the options available to them.
2. They may think that there are no other options except to put up with the abuse.
3. They may not trust the person who is seeking to help them.
4. The person seeking to help may not know all the options or may be trying to impose a particular option on them that they don’t want to pursue.
5. The person seeking to help may be setting up barriers unknowingly that prevents the person from agreeing to the help offered (See Chapter2: Older Adult Abuse section on “Barriers to Disclosure”).
6. The person may need time to consider the options and may be willing to take help but at their own pace, a pace that is different from that of the person offering help
7. The person offering the help may have done things that have created distrust e.g. disclosing information that the victim did not want to be disclosed or acting too quickly.

When the person seeking help is incapable and at risk

In situations where the person is incapable and suffering, or at risk of suffering ‘serious, adverse effects’ including the ‘loss of a significant part of one’s property or failure to provide the necessities of life for oneself or dependents’ a referral can be made to the Office of the Public Guardian and Trustee’s Guardianship Investigations Unit at (800) 366-0335 or (416) 327-6348.
Police Response

When to Call the Police\(^{36} \, 37\)

Generally older adult abuse does not include the victimization of older adults by strangers. Self-neglect of an older person (as in the recluse who is in need of medical care yet refuses all offers of assistance), although of concern, is not technically considered older adult abuse. When instances of self-neglect are encountered there is often little that service providers can do except offer information to the person of what is available to assist them, should they choose to seek help. In certain situations it may be possible to channel the older person into the path of professional intervention when the criteria under the Mental Health Act are met, however these cases would be rare.

When and how the police agency is involved is often one of confusion. Not every instance of abuse would fall under the police sphere of action nor would every one benefit from police involvement. At the very least, police should always be called when the victim’s life or immediate safety is in jeopardy. Other incidents require an individual assessment.

Police should be called when:

- An independent person witnesses the abuse of an older adult, e.g. sees someone physically assault the older adult
- The victim makes a report of abuse and they are not opposed to intervention, e.g. physical violence, neglect, financial exploitation
- The older adult asks for the police to be called
- A situation exists which threatens the life or safety of the older adult.

Disclosures made by the older adult to a service provider are not always considered to be privileged communication. The duty to report is clear where the immediate safety of the person is an issue, however, when this is not the case, it becomes harder for the service provider to choose to breach a “confidential” disclosure. This is why organizations need clear policies and procedures that guide staff and give them confidence when addressing situations of abuse.

Notes made by service providers are protected and cannot be acquired without a warrant for court purposes (some through consent).


Police Investigation

When a report is made to the local police agency of suspected abuse, and officer will be assigned to investigate. The officer will attempt to determine if an offence has been committed and, if so, whether sufficient evidence exists to proceed with charges. In any event the officer will file a report of the incident, action taken, and the outcome with their agency and this will remain available for future reference.

The investigating officer will examine the incident with a view to determining whether an offence has been committed. Some of the Criminal Code offenses which may apply to older adult abuse include the following: assault, sexual assault, forcible confinement, murder, manslaughter, theft, theft by a person holding Power of Attorney, fraud, extortion, forgery, stopping the mail with intent, criminal negligence causing bodily harm or death, failure to supply the necessities of life, intimidation, and uttering threats.

The investigating officer may attempt to obtain the following:

- A detailed, signed statement from the victim
- A detailed, signed statement from witnesses
- Statements from neighbours, family members, friends, or service providers who may have evidence, or information about, the suspected abuse
- Photographs of injuries, marks, scars
- Medical reports/records
- Any additional relevant evidence, including: photographs, description of the house or conditions which indicate physical abuse and/or severe neglect, previous history of abuse – e.g. medical staff, hospital records
- Financial records and banking details
- Interview of the suspected abuser.

Sometimes the investigators may be denied access to the older adult as the family or care giver may forbid entry to the residence. This is more prevalent when the family member /caregiver is suspected of abuse. Although the police will make every effort to see the older adult and will not easily be turned away, if entry is denied no authority exists to force entry without an honest belief that a person is in immediate danger or is clearly heard to request police presence. Should this situation develop, the assistance of the service provider could be vital in establishing with the older adult the importance of clearly indicating to the officer(s) the desire for police intervention. This, then, will give the necessary authority for police to enter the premises.

Laying Of Charges

Before any charges can be laid, the evidence must be obtained to support the allegation. This evidence must support that the offence occurred as well as that the accused was responsible.
Sometimes this becomes very difficult, especially in the case of financial abuse. Often it is problematic to establish that coercion took place or that permission was not given to grant the withdrawal of money from bank accounts by holders of Power of Attorney, or to utilize the older adult’s funds for the attorney’s own activities.

Often the victim offers their own barrier to court procedures. When there is an independent witness to the abuse, the full cooperation of the victim is less critical. However, in many incidents the victim is the primary focus, especially when dealing with financial matters where the issue of authorization by the victim is the contentious issue. Often due to fear (of physical violence, loss of independence, embarrassment, guilt) the victim will not admit they were abused, deny the alleged abuser was responsible, lie to protect the abuser, or even recant an original report of abuse. In some cases the older adult may also be dealing with varying degrees of mental and/or physical challenges (e.g. memory loss, medication effects) which could impair their ability to be a viable witness. In these situations, it is important to take steps to maximize capacity (see Chapter 5: Capacity section on Maximize Capacity).

Once the police investigation finds reasonable and probable grounds to believe the criminal act has taken place, based on the evidence collected, then the charge(s) will be laid against the alleged abuser, by the officer. The victim does not lay criminal charges, although victims are not precluded from doing so. Charges are laid by the police and once introduced to the court process can only be withdrawn by the Crown Attorney.

The Court Process

The court process can be an extremely intimidating experience for victims of abuse. The following are steps abused older persons may experience when charges have been laid against their abuser. It is important for service providers to know this information so they can support older adults through the process.

- The accused may be arrested and held in custody until an Interim Release Hearing can be held. The Interim Release Hearing is commonly known as Bail Hearing.

- During the Bail Hearing the alleged abuser will be required to appear in court to hear the charges against him/her. It will be determined whether the accused is likely to appear in court at a later date to answer the charges against him/her. If the court has reason to believe the accused is not likely to appear he/she may be detained in custody. Often conditions will be placed on bail which the accused must follow. It is customary for the police to notify the victim or witness affected by the conditions of release of the outcome of the Bail Hearing.

- The victim of abuse may also appear before a Justice of the Peace to lay “information” requesting that a peace bond or restraining order be issued. The Justice may, if satisfied by the evidence that the informant (the person laying the information) has reasonable grounds to fear personal injury, injury to others, or to pets or to fear that damage to his or her property may occur, may order the abuser (called the defendant) to keep the peace and be of good behaviour, or risk penalty.
• When the case comes to trial, the Crown Attorney, who will be presenting the case in court, will ensure that the court hears all the facts of the case and that the rights of the accused are not violated. In order to present the facts, the victim may be ordered to appear as a witness for the crown. A subpoena which tells the witness the details of when and where to appear will be delivered by the police to the victim prior to the trial date. Other witnesses to the alleged crime may also receive a subpoena.

• On the day of the trial the investigating police officer will, in most cases, meet with the witness before the trial in order to review the testimony the witness is expected to give. If necessary he/she will also arrange for the witness to meet with the Crown Attorney to discuss the case further. The Crown Attorney is assigned the task of dealing only with the criminal charge laid against the accused and will not provide additional legal counsel to the abused person. If other legal matters need to be addressed the abused person is advised to speak with his/her own legal council.

• Following the trial the victim should, depending on the situation, be notified of the outcome. If the accused is convicted of committing the crime he will be ordered to obey a court order. If the victim is not notified, a follow-up call should be placed to the Crown Attorney’s office.

• As noted, the court proceeding for any individual can be one that is extremely intimidating. To assist the clientele in their time of need with court proceedings is the Ministry of Attorney General – Victim/Witness Assistance Program which can be contacted at (705) 946-6567. The mandate of the Victim/Witness Assistance Program (VWAP) is to provide information, assistance and support to victims and witnesses of crime throughout the criminal justice process in order to increase their understanding of, and participation in, the criminal justice process. VWAP services include crisis intervention, needs assessment, referrals to community agencies, emotional support, case specific information (court dates, bail conditions), and court preparation and orientation. VWAP services are available to adult and child victims and witnesses of crime, after charges have been laid. Closely associated with the domestic violence court program, VWAP staff work extensively, but not exclusively, with the victims/witnesses of partner assault, sexual assault and child abuse. Although available to all victims, services are provided on a priority basis to victims that have been most traumatized by crime.

What Is A Criminal Offence?

A criminal offence only occurs when the two essential elements are present:

1. The act itself;
2. Intent to commit the act.

Therefore, an act can be committed, but if there was no criminal intent, there would not be a criminal offence.
This could apply in the case of accidental death without negligence.

As well, a person who does not understand the crime, or is unable to form intent may not be convicted of a criminal offence. This also applies to feeble minded persons, or children under the age of 12 years.

A person with a mental disorder may still be convicted of a criminal offence if it can be proven that they understand the nature and consequences of the crime.

**Some Criminal Offences That You May Witness**

- Telephone harassment
- Utter threats
- Intimidation
- Assault
- Sexual assault
- Indecent exposure

**Abuse of Older Adults Criminal Code of Canada Offences**

<table>
<thead>
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<th>PHYSICAL ABUSE</th>
<th>SEXUAL ABUSE</th>
<th>FINANCIAL ABUSE</th>
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<td>Assault (s.265)</td>
<td>Sexual assault (s.271)</td>
<td>Theft (s.322) Forgery (s.366)</td>
<td>Breach of duty to provide necessaries (s.215)</td>
<td>Intimidation (s.423)</td>
</tr>
<tr>
<td>Assault with a weapon or causing bodily harm (s.267)</td>
<td>Theft by a person holding a Power of Attorney (s.331)</td>
<td>Criminal negligence causing bodily harm or death (s.220, s.221)</td>
<td>Threatening (s.264.1)</td>
<td></td>
</tr>
<tr>
<td>Aggravated Assault (s.267)</td>
<td>Fraud (s.380)</td>
<td></td>
<td>Harassing telephone calls (s.372.3)</td>
<td></td>
</tr>
<tr>
<td>Sexual Assault with a weapon, threats to a third party or causing bodily harm (s.272)</td>
<td>Extortion (s.346)</td>
<td></td>
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</tr>
</tbody>
</table>
### PHYSICAL ABUSE

- Unlawfully causing bodily harm (s. 269)
- Forcible confinement (s.279.1)
- Murder (s.229)
- Manslaughter (s. 234)

### SEXUAL ABUSE

### FINANCIAL ABUSE

### NEGLECT

### PSYCHOLOGICAL ABUSE

Abuse and Neglect in Long Term Care and Retirement Facilities

Long Term Care Facilities

There are three different types of ‘long term care homes’ in Ontario. These are:

- Nursing Homes which are subject to the Nursing Homes Act
- Homes for the Aged which are subject to the Homes for the Aged and Rest Homes Act
- Charitable Homes for the Aged which are subject to the Charitable Institutions Act

All of the pieces of legislation referred to above contain a “Residents’ Bill of Rights” that speaks to a resident’s right to be free from abuse while living in a long term care home. (As of 2005, the Government of Ontario is proposing to introduce a new consolidated piece of legislation – the Long Term Care Homes Act - instead of the above three separate pieces of legislation, to ensure uniform standards and accountability.)

Residential Settings

Ontario also has retirement homes, which can resemble long term care facilities, offering accommodation and various supports for residents (such as meals, nursing care, laundry, etc). These are also called “care homes”, “rest homes” or “residential facilities”. These are regulated by the Tenant Protection Act only, like apartments and other community accommodation.

An Issue of Power and Control

Abuse and neglect in institutional settings (including both long term care homes and retirement homes) is also an issue of “abuse of power and violation of a position of trust”, similar to abuse and neglect in community settings.

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38 Adapted from Resource and Training Kit for Service Providers: Abuse and Neglect of Older Adults, Mental Health Division, Health Services Directorate, Health Programs and Services Branch, health Canada, August 1994, pp 28-30, and Elder Abuse: What you need to know, Waterloo Region Committee on Elder Abuse, September 2000.

“In institutions, the focus is not only on the setting of the abuse, it is also on specific types of relationships. That power or position of trust can arise through law, contractual arrangement, professional code, job description or by the nature of the relationship.”

Who Abuses?

In facilities, abuse and neglect are typically viewed as involving paid caregivers. They can also involve volunteers, visitors, family, strangers, other residents and visiting professionals. Some of these instances are characterized as abuse or neglect, not because the administrators or staff did something, but because they failed to take necessary steps to protect the resident from the perpetrator.

A wide range of abuse can occur in institutions. Institutions receive all kinds of people as residents, including older people who were themselves abuse, and older people who were abusers. For abused individuals, the abuse that was occurring in the community may continue, in some form, in the institutional setting.

Power Differentials

As well, the nature of institutions creates very strong differences in power among staff, residents, administrative personnel, and the residents’ families. “Institutionalization, of its very nature, creates vulnerability.” Institutions also have greater potential for abuse and neglect because residents are more physically and psychologically vulnerable. There may also be little opportunity to avoid contact with the abuser, particularly when the institution is a permanent living arrangement for the resident, as is often the case. Conversely, with more people around to witness problems, there may be enhanced opportunities to detect abuse or neglect.

Standards of Care

When an older person moves into a facility – whether a long term care home or a residential facility, the facility’s duty to provide care for that person is established. “Neglect” becomes an issue over the level and quality of care and services provided, and the manner in which they are delivered.

There are several issues related to standards of care.

- Long Term Care facilities are regulated whereas Retirement/Care/Rest homes may not be.
- Standards may not have kept current with community values, standards or priorities.
- Standards may be applied in ways that are arbitrary, based on internal criteria which are disconnected from the larger community standards.
Standards may meet only the basic needs of food, shelter and hygiene, instead of the broader goal of maximizing the well-being of residents.

The collective nature of institutions means that they are capable of accomplishing greater good than can be done by any one individual. Conversely, the collective nature means there is a greater potential for abuse or neglect as there are more people and more interactions.

Abuse or neglect in institutional settings can take several forms. It can be:

- A single act in complete opposition to society’s sense of proper conduct (e.g. punching a resident).
- A repeated pattern of any of the types of abuse or neglect, particularly psychological abuse or violation of rights).
- A combination of acts, any one of which might not be sufficient to constitute abuse or neglect, but when taken together, harm the person or undermine her or his sense of dignity, self worth and independence.

Responding to Abuse

In Long Term Care Facilities

The law says that if anyone, other than a resident, sees harm being done to a person living in a nursing home, the abuse must be reported to the Ministry of Health and Long Term Care Regional Office. If you think an older adult who lives in a Long Term Care Home is being abused, the following options are available:

- Contact the person responsible for the facility immediately, and inform that person of your concern. Document any discussions and actions taken.

  and/or

- Contact a Compliance Advisor at the Ministry of Health and Long Term Care Regional Office (1-800 486-4935). The Compliance Advisor will advise the caller on the information required and the next steps. All calls are confidential.

In Residential Settings

There is no legal requirement to report suspected abuse of older adults living in their own house, apartment or private residence. If you think an older adult who lives in a retirement home is being abused:
• Discuss concerns with the older person, if cognitively capable, and obtain permission to proceed (see Chapter 6: Guidelines for Responding). Determine with the older adult what actions will be taken. Proceed as if the person was living in their own home. Refer to the section ‘Guidelines for Responding’ for additional options.

• If the older person is not cognitively capable, contact the person responsible for the retirement facility and inform them of your concern. Document any discussions or actions taken. Follow-up and maintain contact with the older person.
Documentation

Documentation is important to the assessment and response/intervention process:

- As a record of progress
- As a means of determining for the older adult and service provider if the abuse is escalating
- As a means of communication between agencies and professionals
- As a record of strengths and coping skills of the abused older adult
- It may also be necessary as potential evidence should charges be laid.

All documentation must be relevant, accurate, objective, and confidential. Documented information that is subjective, irrelevant, or could be harmful to the older adult if subpoenaed by the abuser’s lawyer is poor practice and can cause harm rather than assistance. For example, the following contains irrelevant information that would be harmful to the abused older adult: “Edith missed the appointment with her lawyer because she slept in.”

Various individuals can document the abuse or neglect, but any documentation must be relevant, accurate, objective, and confidential.

Various individuals involved with the older adult can document, including the older adult victim him/herself, others who are concerned about the older person and are suspecting or witnessing the abuse, health and social service workers, and professionals but only if it can be guaranteed that the documentation can be kept confidential (safe from anyone else) and safely destroyed when no longer needed.

If you are documenting the abuse about an older person, it is advisable to let that person know you are doing this and your reasons for doing so.

Tips about Documentation

1. Documentation by the Abused Older Adult or Concerned Others

One incident may not be enough to constitute abuse or neglect, but a combination of acts, when taken together, can harm the individual or undermine confidence, sense of self worth and independence. Documentation of incidents (factual information only), help give clarity and credibility to the information. The abused older adult or a concerned other person, where the older adult cannot document for some reason, can keep a record of the abuse.

- This is advised only if the individual is able to keep the documentation safe.
- Include dates of what happened or was said, and responses.
- Keep opinion out; document only fact.
2. Documentation by Health and Social Service Agencies

It is recommended that organizations and agencies that already have policies and systems in place for safe keeping and disposal of documentation, review their protocols to ensure their frame of reference reflects that of the Coordinated Community Response Agreement, and is empowering for the older adult victim. For example:

- Advise the older adult if you are documenting their situation.
- Instead of focus on documenting the ‘problem’, document the older person’s perceptions of their own social situation, relationships, support, physical health and needs, and strategies they have used do cope with the abuse.
- Ask the older person how you/your agency can help and document the response.
- Don’t proceed to act without the older adult’s consent.
- Confirm with the older adult their understanding of the intervention expected of you/your organization.
Appendices

Appendix One: Community Resources

Appendix Two: Safety Planning for Older Adults

Appendix Three: P.I.E.C.E.S.: Method and Approach to Assessment

Appendix Four: Assessment Guidelines
   A. Older Adult
   B. Abuser

Appendix Five: Who Assesses Capacity Under What Circumstances

Appendix Six: Consent and Capacity Board

Appendix Seven: Job Description for Persons Holding a Power of Attorney

Appendix Eight: Types of Intervention

Appendix Nine: Decision Tree

Appendix Ten: History of Abuse Prevention of Older Adults Network

Appendix Eleven: Terms of Reference

Appendix Twelve: Recommendations for Evaluation

Appendix Thirteen: Bibliography and Resources
Appendix One

Community Resources for Abused Older Adults
Peterborough County and City

Crisis Calls (24 hours/7 days a week)

- 911 for Emergency
- Assault victims, and Distress centres under Emergency numbers inside front cover of all telephone books
- Telecare Peterborough (705) 745-CARE (745-2273): 24 hour telephone support and referral

Temporary Accommodation/Shelter

- Brock Mission (705) 748-4766: shelter for homeless men and women
- YWCA Crossroads (705) 743-4135, (705) 743-8922 or (TTY) (800) 461-7656 (wheelchair accessible): 24 hr service for women in Peterborough County and City
- Rural Outreach Centre (ROC) (866) 844-7622: temporary shelter in Buckhorn, serving those in need in Peterborough County
- The Warming Room (705) 748-6711: (call for information about months and hours of operation) for individuals needing temporary shelter during colder season
- After Hours Emergency Shelter (705) 745-4231: City of Peterborough Social and Family Services – for social assistance recipients

Support Services/Information

- Abuse Prevention of Older Adults Network (705) 742-7778: education, information, consultation, and referral
- Alcoholics Anonymous (705) 745-6111: support for those with a desire to stop drinking
- Alanon (705) 745-6111: support groups for families of problem drinkers
- Alzheimer Society of Peterborough and area (705) 748-5131: information, support, referral re: Alzheimer’s and related dementias
- Canadian Hearing Society (705) 743-1573: information, referral
• **Canadian Mental Health Association** (705) 748-6711: information and referral; case management and limited trustee program to help with money management

• **Community Care Peterborough** (705) 742-7067: volunteer drivers, friendly visitors, reassurance calls, Meals on Wheels, Wheels to Meals, information, support, referral

• **Community Counselling and Resource Centre** (705) 742-4258: counselling for men and women; free for those 60 years and older

• **Caring for the Caregiver** 705) 742-4258: support group for caregivers (no charge)

• **Credit Counselling** (705) 742-1351: free assistance to those experiencing money management issues or over-indebtedness

• **FourCAST Addiction Services** (705) 876-1292: assessment and counselling for individuals who are experiencing past or present substance abuse problems, or their family members

• **Housing Access Peterborough** (705) 742-1499: provides applications for rent geared-to-income housing in Peterborough City and County with special priority consideration to those whom are victims of abuse

• **Housing Resource Centre** (705) 743-9122: a range of services to assist with securing and maintaining affordable, decent housing

• **Interpretation/Translation Services** (877) 314-5465: Language Link Ontario arranges for an interpreter for $25/hr. Timing of response depends on availability of interpreter. Also provide translation service within five days of receipt of document. Website is: [www.kdis.org/interpret](http://www.kdis.org/interpret) and to Language Link Ontario.

• **John Howard Society** (705) 743-8331: counselling and support for abusive men; fee for service, no one turned away due to inability to pay

• **Long Term Care Action Line** (866) 434-0144: 8:30 am–7 pm, 7 days/wk to register a concern about a long term care facility

• **Office of the Public Guardian and Trustee Guardianship Investigation Unit** (800) 366-0335: to report incidents of serious abuse where victim is incapable

• **P.A.S.E.** (705)-876-5076: Assessment, consultation, treatment, limited case management service for older adults with serious mental health problems

• **Peterborough Community Access Centre** (705) 743-2212, (TTY) (705) 743-7939: information, support and case management for clients of the Access Centre
- **Peterborough County City Health Unit** (705) 743-1000: information and referral

- **Peterborough/Northumberland Victim Services** (705) 748-0324: information, immediate support, referral

- **Seniors’ InfoLine** Toll-free (888) 910-1999; TTY (800) 387-5559: 8:30 am to 5 pm weekdays

- **Sexual Assault Centre – Kawartha** (705) 741-0260: counseling and support for victims of sexual assault

- **Telecare Peterborough** (705) 745-CARE (745-2273): 24 hour telephone support and referral

- **Veterans’ Affairs Independence Program** (705) 740-4850: counselling, referral transportation, advocacy services for Veterans

- **Victim Support Line** Toll-free: 1-888-579-2888; information/help line for victims of crime

- **Victim/Witness Assistance Program** (705) 755-5150: provides information, assistance and support to victims and witnesses of crime throughout the criminal justice process

- **Women’s Health Care Centre** (705) 743-4132: counselling for survivors of sexual assault and past sexual abuse; information and referral

- **Women’s Personal Support Groups:** (705)742-4258: addressing self-esteem, assertiveness, managing stress, and anger (geared to income; no cost for unwaged)

- **YWCA** (705) 743-3526: information and assistance to get help, and referral

### Legal Help/Information

- **Peterborough Community Legal Centre** (705) 749-9355: information about landlord, tenancy, income and family violence issues

- **Advocacy Centre for the Elderly** (416) 598-2656: Consultation for professionals and organizations; free legal information for older adults

- **Howell, Fleming Law Firm** (705) 745-1361: G. Rishor or J.C.E. Wood: information and legal options

- **Steven D. Partridge** Barrister, Solicitor & Notary (705) 748-2241: information and legal options
• **Ontario Provincial Police** (OPP) (705) 742-0401; 1-888-310-1122; (TTY) 1-888-310-1133; information, referral and response; Seniors Assistance Team (Orillia) (705) 329-7692: consultation about possible police responses to concerns related to seniors; referral

• **Office of the Public Guardian and Trustee** (800) 366-0335 (416) 314-2800 investigates reports of serious abuse of mentally incapable individuals

• **Peterborough/Lakefield Community Police Services** (705) 876-1122: information, referral and response

• **PhoneBusters** 1-888-495-8501; [www.phonebusters.com](http://www.phonebusters.com): education; help with phone fraud, ID theft, and scams

• **Ministry of Consumer and Business Services** (1-800-889-9768) and dial ‘0’: mediates complaints of a value in excess of $50 between business and consumer
Appendix Two

Safety Planning for Older Adults - Where, What, How, When?

If you are being threatened, made to feel bad or stupid, isolated from friends/family, hurt, coerced into sexual activity, financially exploited, or prevented from having access to money, you are being abused.

- You do not deserve to be abused. It is not your fault.
- There are many others suffering the same mistreatment
- There are people available to help.
- Abuse tends to escalate in frequency and severity.

If you are Mobile

- Establish where to go if you sense danger (i.e. a friend, neighbour, lobby of apartment, shelter.)
- Establish what to prepare. Pack a change of clothes, house keys, car keys, money, important documents in a grocery store bag and hide close to the front door for easy access. (Do so only if safe to do so.)
- Alternatively, store clothes and documents with a friend or neighbour.
- Keep cash available for emergency housing and other needs.
- Keep a two or three day supply of medications available at all times.
- Important documents to collect together include cheque book, bank card, credit card, immigration papers, birth certificate, driver’s license and registration, social insurance number, health card and list of medications. Locate keys to safety deposit boxes and/or mail boxes and keep with these documents.
- Rehearse how you will do this (i.e. leave behind all belongings except for a bag packed at the front door; call 911).
- REMEMBER, all parts of the safety plan are entirely confidential and must not be discussed with the abuser.

If you are Not mobile

- Establish where you will go if you sense danger (i.e. a friend, neighbour, lobby of apartment).
- Establish what you will do if you sense danger (i.e. can you get to a phone and call 911, tap on the wall to a neighbour, coded message to family, friend, service provider, etc.)
- Pack a change of clothes and all important documents in a grocery store bag and place it close to the front door for easy access. (Do so only if this is safe to do.)
- Keep spare keys in a safe place at all times.
- Keep cash available for emergency housing and other needs.
• Alternatively, store clothes and documents with a friend, neighbour, etc.
• Important documents to collect together include cheques, bank card, credit card, immigration papers, social insurance number, health card, etc.
• Rehearse how you will do this (e.g. have a phone in the washroom, a specific message to a support person).
• Remember, all parts of the safety plan are entirely confidential and must not be discussed with the abuser.

Important Safety Considerations
The following are important considerations to incorporate into your safety plan, whenever possible:

• Avoid areas where the abuser can easily get weapons, like the kitchen, garage, etc.
• Move to a room where quick and easy exits are available.
• If possible, leave the home or call the police before any violence starts.
• Establish some sort of signal that will clearly indicate to another person that help is needed (e.g. flashing porch lights, knocking on the wall adjoining another apartment, stroking hair three times fast, etc). Gain agreement from the other person of what type of help is needed if these signals are used.

Shelters and Emergency Help
• 911
• Page 2 in the front of your phone book under Assault victims

Information
• YWCA: (705) 743-3526 for information and to get help
• Peterborough Community Access Centre: (705) 743-2212
• Peterborough County City Health Unit: (705) 743-1000
• Abuse Prevention of Older Adults Network: (705) 742-7778
• Peterborough Community Legal Centre: (705) 749-9355
• OPP Kawartha Detachment: (705) 742-0401
• Peterborough Lakefield Community Police: (705) 876-1122

Counselling
• Community Counselling and Resource Centre: (705) 742-4258
• FourCAST Addiction Services: (705) 876-1292

*If you are being abused or worried about being abused, find someone you can talk to.
*Keeping the abuse a secret only protects the abuser, and the abuse will get worse.42
Appendix Three

What Does P.I.E.C.E.S Symbolize?

P.I.E.C.E.S is an acronym that conveys the individuality and importance of the various factors in the well-being, self-determination, and quality of life of older adults. It provides a framework for understanding why we behave the way we do and the resources we have to build on.

- The first three letters P-I-E represent an individual’s Physical, Intellectual, and Emotional health.
- The C can be seen as the centerpiece or focus in care i.e. maximizing Capabilities which promotes the achievement of the highest quality of life as possible for the individual.
- The E-S represents the environment that the individual interacts with – physical as well as the emotional environment. Environment (physical) Social Environment.

Putting the P.I.E.C.E.S together represents Physical, Intellectual, Emotional, Capabilities, Environment, Social and are the cornerstones of the philosophy and care of the P.I.E.C.E.S Education Initiative. P.I.E.C.E.S provides a set of common values; a common language for communicating across the system; and a common yet comprehensive approach for thinking through problems to enhance the capacity of those providing care, services, and support to older adults with complex physical and cognitive/mental needs and associated behaviours.

P.I.E.C.E.S Six Question Template: Method and Approach to Assessment

<table>
<thead>
<tr>
<th>Template Question</th>
<th>Approach, Guidelines and Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What is the behaviour – cognitive/mental health need?</td>
<td>Partners in Care:</td>
</tr>
<tr>
<td>2. Who is it affecting?</td>
<td>1. What expectations do partners in care have related to complex physical and cognitive/mental health needs of the older person?</td>
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<tr>
<td></td>
<td>2. What are the strengths, contributions, and opportunities for collaboration as a result of bringing partners together to plan care.</td>
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<td></td>
<td>3. How should partners in care communicate care needs, strategies, and care plan improvements/adjustments?</td>
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<td></td>
<td>4. Are the partners in care satisfied with the outcomes of resident care?</td>
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<td>Note: The Partners in Care approach is threaded throughout the assessment and care planning process.</td>
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</tbody>
</table>
### Application of the Six-Question Template in an Urgent Situation

1. **What is the issue and/or problem now?**
   - Assess risk to self and others and determine degree and type of risk. What care strategies need to be taken to ensure safety of the person and others, and who are the partners who can help?

2. **What is the next priority question?** If there has been a sudden change, what are the immediate possible causes that can be investigated e.g. think P.I.E.C.E.S. and who are the partners who can help?

3. **What are the next steps in the assessment process?** What further information is still needed and what are the unanswered questions from the six?

Website: [www.piececanada.com](http://www.piececanada.com)  

May 2005
### Assessment Guideline for Older Adult Abuse: Older Adult

*Note: This guideline is not to be used to ‘check off’ as you talk with the older person. If you are part of an organization that has a documentation protocol in place that protects the older adult’s confidentiality, this is one tool that could be used to record what you learn.*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
<th>Information Needed</th>
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<tbody>
<tr>
<td>Feels afraid of abuser: fear of what?</td>
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<td>On medication: Type/for what?</td>
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<td>Is overmedicated</td>
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<td>Physical impairments (eyesight, hearing, walking, etc)</td>
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<tr>
<td>Recent hospitalization (For: )</td>
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<td>Home care or hired care provider involved</td>
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<td>Cognitive impairment (documented/believed)</td>
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<td>Feels ‘controlled’ by abuser</td>
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<td>Holds negative view of self (e.g. ‘I don’t deserve . . .’)</td>
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<td>Feeling depressed</td>
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<tr>
<td>Threats of suicide</td>
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<td>Mental health agencies involved</td>
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<td>Trusteeship/Guardianship in place</td>
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<tr>
<td>Repeat calls for help to people other than police</td>
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<tr>
<td>Minimization of denial of abuse</td>
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<td>Blames self/apologizes for the abuse</td>
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<td>Is subject of escalating psychological abuse</td>
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<td>Isolation/No access to telephone or telephone is monitored</td>
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<td>Has difficulty dealing with abuse because of love/bond, fear, concern for abuser</td>
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<tr>
<td>Reluctant to involve police</td>
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<tr>
<td>Experienced recent bereavement of significant person or pet</td>
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<tr>
<td>Lacks alternative housing</td>
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<tr>
<td>Lacks financial means (monthly income $ )</td>
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<tr>
<td>Lives alone</td>
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<tr>
<td>Lives with abuser</td>
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<td>Other family support:</td>
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<tr>
<td>Criminal charges laid against abuser recently in relation to senior</td>
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<tr>
<td>Protection order in place (Peace Bond/Restraining Order)</td>
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<tr>
<td>• Condition:</td>
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</tr>
<tr>
<td>Indicator</td>
<td>Yes</td>
<td>No</td>
<td>Information Needed</td>
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<tr>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>History of criminal charges being laid against abuser in relation to senior</td>
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<tr>
<td>Use or threats of use of weapons, past or current, to senior</td>
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<tr>
<td>History of violence toward senior: physical, threats, damage to property</td>
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<tr>
<td>Repeat police involvement</td>
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<tr>
<td>Previously obtained protection orders (When: Type: )</td>
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</table>

Other Comments
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Completed by: _____________________________ Date: __________________________

Adapted from *Breaking the Silence: Best Practices for responding to the Abuse of Older Adults*, FSA of Toronto 2004
(Adapted from the Edmonton Elder Abuse Intervention Team)
Assessment Guideline for Older Adult Abuse: Abuser

*Note: This guideline is not to be used as a ‘check off’ as you talk with the abuser or older adult. If you are part of an organization that has a documentation protocol in place that protects the older adult’s confidentiality, this is one tool that could be used to record what you learn.*

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Yes</th>
<th>No</th>
<th>Information Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health issues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On medication for psychological illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not taking medication for illness</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of bizarre behaviour, violence, torture (including cruelty to animals)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of violence (assaults, threats or damage to property of other family members)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History of violence (assaults, threats or damage to property of strangers or acquaintances)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has criminal record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extreme rage</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug or alcohol consumption</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuses to acknowledge addictions (drug/alcohol/gambling)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recent court orders (Peace Bond, Restraining Order)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Violation of such orders</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Availability/ Accessibility of weapons (guns, knives) Where?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling depressed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threats of suicide (past or present)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refuses to acknowledge actions as abusive toward older adult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blames older adult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If alleged/suspected abuser is a care provider</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Is this by choice?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Length of service?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• History of relationship with older person?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Expectations?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Comments</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Completed by: ____________________________ Date: ________________

Adapted from *Breaking the Silence: Best Practices for responding to the Abuse of Older Adults*, FSA of Toronto 2004 (Adapted from the Edmonton Elder Abuse Intervention Team)
## Appendix Five

### Who Assesses Capacity Under What Circumstances

Judith A. Wahl B.A., L.L.B.  
Advocacy Centre for the Elderly, 2003

<table>
<thead>
<tr>
<th>PROPERTY</th>
<th>Who Assesses Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Contracts</strong></td>
<td></td>
</tr>
<tr>
<td>To make a contract</td>
<td>Parties to the contract (Common Law)</td>
</tr>
<tr>
<td><strong>B. Continuing Power of Attorney for Property (CPOAP)</strong></td>
<td></td>
</tr>
<tr>
<td>To make a CPOAP</td>
<td>Person assisting person to make the document</td>
</tr>
<tr>
<td>To activate a CPOAP</td>
<td>No assessment required - CPOAP is activated on signature unless it states otherwise</td>
</tr>
<tr>
<td>To activate the CPOAP it contains a clause that it is not to come into effect until incapacity</td>
<td>Person/Professional named in the CPOAP to determine incapacity - If no one or no class of persons is named in the CPOAP to determine capacity, then it would be done by a Capacity Assessor as defined by the Substitute Decisions Act</td>
</tr>
<tr>
<td><strong>C. Statutory Guardianship</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Psychiatric Inpatient</strong> - For property management on admission as an inpatient for Care, Observation or Treatment for a mental health problem</td>
<td>Physician (Mental Health Act and s.15 Substitute Decisions Act)</td>
</tr>
<tr>
<td><strong>Psychiatric Inpatient</strong> - For property management on discharge from the psychiatric facility</td>
<td>Physician ( Mental Health Act)</td>
</tr>
<tr>
<td><strong>Person who is any place other than a psychiatric facility</strong> (own home, hospital, long-term care facility)</td>
<td>Capacity Assessor (s.16 Substitute Decisions Act)</td>
</tr>
</tbody>
</table>

**NOTE** - for the Mental Health Act process to be used the patient must be an inpatient in a psychiatric facility and must be in the facility for care, observation, or treatment of the psychiatric disorder. This process does NOT apply to elderly patients in hospitals even if the hospital is defined as a "psychiatric facility" under the Mental Health Act unless that elderly patient is in that hospital for care, observation or treatment of a psychiatric disorder.
### D. Court Ordered Guardianship of Property

<table>
<thead>
<tr>
<th>Summary Application (application to court that does not require an appearance before a Judge)</th>
<th>Capacity Assessor and a Person Who knows the Alleged Incapable Person (Substitute Decisions Act)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full hearing before a Judge</td>
<td>Capacity Assessors, Other Health Professionals, Others that know the Alleged Incapable Person (Substitute Decisions Act)</td>
</tr>
</tbody>
</table>

### PERSONAL CARE

<table>
<thead>
<tr>
<th>A. Power of attorney for Personal Care (POAPC)</th>
<th>Who Assesses Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>To make a POAPC</td>
<td>Person assisting person to make Document (Common Law)</td>
</tr>
<tr>
<td>To activate POAPC for Substitute Decision Maker (SDM) to make treatment decisions</td>
<td>Health Professional Proposing Treatment (Health Care Consent Act)</td>
</tr>
<tr>
<td>To activate POAPC for SDM to make decisions for admission to a LTCF</td>
<td>Evaluator (see definition below)</td>
</tr>
<tr>
<td>To activate POAPC for SDM to make decisions for personal assistance services in a LTCF</td>
<td>Evaluator *</td>
</tr>
<tr>
<td>To activate POAPC for non health care personal decisions where POAPC does not require an assessment before activation</td>
<td>Attorney named in the POAPC</td>
</tr>
<tr>
<td>To activate POPAC for non health care personal care decisions where POAPC specifies a method of assessment</td>
<td>Person/class of persons specified in the document to do the assessment</td>
</tr>
<tr>
<td>To activate POAPC where POAPC silent as to method preferred but does require an assessment before activation</td>
<td>Capacity Assessor (see definition below)</td>
</tr>
</tbody>
</table>

### B. Health Care Consent

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Health Practitioner offering the treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission to LTCF</td>
<td>Evaluator *</td>
</tr>
<tr>
<td>Personal assistance services in a LTCF</td>
<td>Evaluator *</td>
</tr>
</tbody>
</table>

* An "evaluator" means, "in the circumstances prescribed by the regulations, a person described in clause (a), (l), (m), (o), (p) or (q) of the definition of "health practitioner"... or a member of a category of persons prescribed by the regulations as evaluators." (Health Care Consent Act, section 2(1)).
These health practitioners are:
(a) a member of the College of Audiologists and Speech-Language Pathologists of Ontario
(b) a member of the College of Nurses of Ontario

Advocacy Centre for the Elderly 09/06/03
Appendix Six

The Consent and Capacity Board

An individual may wish to contest a finding that they are incapable to make a decision, a substitute decision maker may wish to contest a finding of capacity and/or may seek direction regarding the wishes of the person they are making decisions for, a health care provider may wish to seek a review of a person’s capacity to consent to a treatment, etc. In these situations (and others) people have the right to make application to the Consent and Capacity Board and request that a hearing be held.

“What matters may come before the Board?”

The board has authority to hold hearings to deal with the following matters:

**Health Care Consent Act**
- Review of capacity to consent to a treatment, admission to a care facility or a personal assistance service.
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service.
- Consideration of a request to amend or terminate the appointment of a representative.
- Review of a decision to admit an incapable person to a hospital, psychiatric facility, nursing home or home for the aged for the purpose of treatment.
- Consideration of a request from a substitute decision maker for directions regarding wishes.
- Consideration of a request from a substitute decision maker for authority to depart from prior capable wishes.
- Review of a substitute decision maker’s compliance with the rules for substitute decision making.

**Mental Health Act**
- Review of involuntary status (civil committal).
- Review of a Community Treatment Order.
- Review as to whether a young person (aged 12 to 15) requires observation, care and treatment in a psychiatric facility.
- Review of a finding of incapacity to manage property.

**Personal Health Information Protection Act (in force since November 1, 2004)**
- Review of a finding of incapacity to consent to the collection, use or disclosure of personal health information.
- Consideration of the appointment of a representative for a person incapable to consent to the collection, use or disclosure of personal health information.
- Review of a substitute decision maker’s compliance with the rules for substitute decision making.
Substitute Decisions Act

- Review of statutory guardianship for property.

How are applications made to the Board?
Application forms may be available from health or residential facilities. Completed applications should be faxed to the Board’s regional office. Health practitioners and officials of health and residential facilities are expected to fax forms to the Board within one hour of completion. If necessary, call 1 800-461-2036 for application forms, specific information sheets and contact information for the Board.

When and where will the hearing be?
The parties will receive a notice from the Board with the time and place of the hearing. If you are not a party, you may ask the Board for the time and place. The hearing will usually take place within a week after the Board receives the application and will be held in the facility where the person who is the subject of the hearing resides or receives treatment or at some other place convenient to the parties.”\(^{43}\)

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\(^{43}\) The Web Site of the Consent and Capacity Board of Ontario;
http://www.ccboard.on.ca/MOHCanCWebE.nsf/Main?OpenFrameSet
Appendix Seven

Job Descriptions for Persons Holding a Power of Attorney

Continuing Power of Attorney for Property
This is a document completed by the person when capable, wherein s/he selects a person or persons s/he trusts to manage all financial affairs. This comes into force on the day it is completed and properly witnessed and signed, unless there is a clause indicating it becomes effective “when I become incapable”.

‘Job Description’ for an ‘attorney’ named in a Continuing Power of Attorney for Property
- To step into the shoes of the incapable person for the purpose of financial decisions and transactions on that person’s behalf
- To perform the role diligently and sensitively
- To give the incapable person the most comfortable, enjoyable and safe life that the incapable person can afford
- To act with the highest standards of honesty, integrity and trust.

Office of the Public Guardian and Trustee, 2000

Examples of Abuse of Power of Attorney for Property
Any time an ‘attorney’ for property acts in a way that financially or personally benefits one person at the expense of the person they have been entrusted to represent, it is an abuse of the power of attorney. This type of abuse may include:
- Stealing money, pension cheques or other possessions.
- Selling homes or other property for personal or financial gain.
- Not allowing the person to move into a retirement home or long-term care facility in order to preserve access to pension income.
- Unduly making an older adult move from, sell or relinquish their home or other personal property.
- Give money to relatives or caregivers for their own benefit/gain.
- Sharing the older adult’s home without paying their fair share of the expenses if this was agreed to previously.
- Using money for the attorney’s benefit (i.e. to pay his/her debts.)

There are many other ways that abuse can occur so remain open to other forms of abuse.

Power of Attorney for Personal Care
Personal care decisions include everything except financial, for example where to live, what to eat, how to live, or safety. A Power of Attorney for Personal Care comes into effect only when a person has been fairly determined of not being capable of making a decision regarding a particular aspect of personal care. Being capable means that the individual understands what is being said to them or asked of them and that they appreciate the likely outcome of their decision or lack of decision. (Note: this is not the same as the ability to make a “good “decision. People have the right to make what others see as ‘irrational’ decisions.) A person may be determined to be ‘not capable’ of making a decision about one aspect of their life, but ‘capable’ regarding another aspect.

44This information sheet has been adapted from Breaking the Silence: Best Practices for Responding to the Abuse of Older Adults. 2004, pp 56-60. Family Service Association of Toronto.
‘Job Description’ for an attorney named in a Power of Attorney for Personal Care:

- To act diligently and in good faith;
- To try to foster the person’s independence;
- To choose the least restrictive and intrusive course of action;
- To explain their powers and duties as attorney, to the incapable person;
- To encourage the person to participate, to the best of his or her abilities, in personal care decisions about themselves;
- To seek to foster regular personal contact between the incapable person and supportive family members and friends; and
- To consult from time to time with supportive family and friends who provide personal care for the person.”
- To act on the prior expressed wishes of the person, if known.

Ministry of the Attorney General, 2004

Examples of Abuses of Power of Attorney for Personal Care

- Failing to facilitate access to medical or health services
- Withholding or misusing medication (over- or under medicating.)
- Inappropriately facilitating or demanding placement in a long-term care facility
- Refusing to consider placement in a long-term care facility when it is indicated
- Failing to provide access to adequate nutrition, clothing and other necessities including health care aids such as hearing aides, walkers, wheelchairs, etc.
- Using or misusing physical and/or chemical restraints

There are many ways abuse can occur. These are just some examples.

Options when there is Concern about Misuse of Power of Attorney

1. **Holding an Attorney for Property to Account**
   - If it is believed the Attorney is not acting in the best interests of the person they have been entrusted to represent, they can be asked to give a detailed accounting of their actions.
   - This option, called a passing of accounts, means the court may ask to review the accounts and records that the Attorney is required to keep.
   - It is advisable to contact a lawyer well versed in Powers of Attorney to discuss this option.

2. **Cancelling or ‘Revoking’ either Power of Attorney**
   - If you are not happy with the way your Attorney is handling your affairs you can change your mind.
   - You don’t need permission from anyone to do this. There is no special form for this statement, but it must be signed and witnessed by two people.
   - It is preferable, however, that you speak to your lawyer and revoke the Power(s) of Attorney through him or her
   - It is important that you tell everyone that would have known about your Power(s) of Attorney (i.e., banks, Doctor) that you have revoked the Power of Attorney, and tell them who you have made the “new” Attorney (if you have done so)
   - If possible, obtain the original copy of the Power of Attorney that you have revoked from the Attorney and destroy it.

Abuse Prevention of Older Adults Network, Peterborough County and City July 2005
Support for this project has been received under the National Crime Prevention Strategy of the Government of Canada

August 2005 page 89 of 105
Appendix Eight

Older Adult Abuse - Types of Intervention

1. Advocacy for the older adult
   - [ ] individual
   - [ ] community coordination
   - [ ] other (specify)

2. Educational
   - [ ] information about abuse and self-protection
   - [ ] information about consequences of their actions and criminal nature of abuse to abuser
   - [ ] information about access to community resources

3. Legal
   - [ ] legal counsel for older adult
   - [ ] restraining order
   - [ ] criminal prosecution
   - [ ] civil action for damages/restitution in small claims or divisional court
   - [ ] application for accounting under Substitute Decisions Act
   - [ ] Continuing Power Of Attorney for Property
   - [ ] Power Of Attorney for Personal Care
   - [ ] Statutory Guardianship
   - [ ] Order of Guardianship of Property and/or the Person
   - [ ] Application to Consent and Capacity Board for appointment of representative to make decision in respect to treatment, admission to a long-term care (LTC) facility, or personal assistance services in a LTC facility
   - [ ] Application to Consent and Capacity Board to challenge a finding of incapacity in respect to property (Statutory Guardianship), treatment, admission to a LTC facility, or personal assistance services in a LTC facility
   - [ ] Investigation by the public Guardian and Trustee of an allegation of an allegation of serious adverse effects to property of the person that is occurring or may occur
   - [ ] Other (specify)

4. Environmental (support services)
   - In Home Support Services
     - [ ] homemaker/personal support worker
     - [ ] Meals on Wheels

   - In Home Professional Services
     - [ ] visiting nursing care
     - [ ] community physiotherapy
     - [ ] community occupational therapy
     - [ ] case management services
     - [ ] special support services
5. Socialization
   [ ] friendly visiting
   [ ] telephone reassurance
   [ ] seniors’ activity centre
   [ ] faith group
   [ ] other (specify)

6. Transportation
   [ ] volunteer driver
   [ ] Wheeltrans or other parallel transport service
   [ ] other (specify)

7. Financial Services
   [ ] financial counselling
   [ ] direct deposit
   [ ] automatic payment
   [ ] other (specify)

8. Accommodation with Care Services
   [ ] supportive housing
   [ ] care home (retirement facility)
   [ ] group home

9. Long-Term Care and other Health Facilities
   [ ] long-term care home
   [ ] acute care hospital
   [ ] chronic care hospital
   [ ] special care unit

10. Therapeutic
    [ ] individual counselling for older adult
    [ ] individual counselling for abuser
    [ ] family counselling
    [ ] support group for older adult
    [ ] support group for abuser
    [ ] referral to substance abuse services for older adult
    [ ] referral to substance abuse services for abuser
    [ ] psychiatric referral for older adult
    [ ] psychiatric referral for abuser
    [ ] other (specify)
Appendix Nine

Older Adult Abuse – Coordinated Community Response Agreement

Decision Tree

Disclosure, evidence, or suspicion of abuse

Assessment by Service Providers (or referral to appropriate agency)

Determine if person is in imminent risk of death/serious harm

Yes

Contact Police

Police Investigation

No Charges Laid

Charges Laid

Not Guilty

GUILTY

Ensure safety

Provide emergency services as necessary

Provide support and referral as necessary

Refer to UKAP

CONTACT POLICE

Examine person

Make safety plan

Inform family

Inform service providers

Inform other agencies

Ensure confidentiality

Ensure follow-up

Monitor and follow

REFERENCE

Adapted from the Sault Ste. Marie and Area Network Model

August 2005
Appendix Ten

History of Abuse Prevention of Older Adults Network

In June, 1988, the Peterborough Senior Citizens Council and Peterborough County-City Health Unit hosted an information and education workshop on Elder Abuse. The session was well attended by Peterborough and area service providers and citizens within the community. It initiated an interest in the issues involved in older adult abuse and a network of service providers and concerned individuals was formed.

The first meeting of the Network was called in September, 1988 by the Peterborough Senior Citizens Council. The main objectives of the Network were to increase awareness of older adult abuse to health and social service providers, business and professional groups (legal, medical, law enforcement, financial), and seniors’ organization. The Network was called the Peterborough Elder Abuse Network.

The Network encountered various challenges during the first several years connected to disseminating information, developing protocols, delivering training and education, and funding. There were many changes in the provincial government and in legislation which had a significant impact on many of these issues. No Ministry was directly responsible for addressing issues surrounding older adult abuse. This made it extremely difficult to lobby for funding. As well, there was no agency in health or social service that had the mandate or ‘responsibility’ to address the issue of older adult abuse.

With persistence and determination, the Network was able to make significant progress in several areas during the first decade of its existence:

- A general information pamphlet was designed. There was limited circulation due to lack of funding for printing.
- Public awareness displays were used on several occasions.
- An Education and Training package was prepared for use by Network members. The package could be adjusted to be used for professional and non-professional groups.
- A number of workshops were held in the community by the Network.

In 1995, the Peterborough County-City Health Unit, through the Healthy Elderly Program renewed the Network’s initiatives, bringing together some of the previous service providers as well as new members. The Network refreshed their own knowledge base of issues involved in older adult abuse and reviewed how each member agency managed cases involving elder abuse.

In 1998, the Network recognized a need to expand membership to a broader community. Representatives from the Police, Victim Services, legal and financial communities were invited to join the Network.
The United Nations designated 1999 as the ‘International Year of the Older Persons’ (IYOP) in recognition of the world’s rapidly aging population. To celebrate, the Ontario Government provided funding for older adult initiatives. The Peterborough Elder Abuse Network also recognized seniors and their ‘right’ to live safely and securely at home.

During this time, there were many initiatives by the Network. They included public education events by the Sage Age Players of Peterborough - a theatre troop of older adults who volunteer their time to entertain groups as well as bring issues of older adults alive in educational presentation sessions.

Other activities included hosting a community forum and the development of a resource manual, which provided a common information base for agencies, seniors, and the public. Funding for both projects came from the Ontario Community Partnership Projects Program. The forum took place in October of 1999. Its purpose was to plan a Community Response Model for addressing situations of elder abuse in Peterborough. The model was to be a community based, older adult driven, and multi-disciplinary response to assist abused older adults. It would be expected to enhance agency effort, reduce duplication and more effectively deliver prevention oriented strategies.

Other activities that year included presentations to the Mayor’s Committee on social policy initiatives, County Council and to City Council. These presentations further increased public awareness about the Network’s initiatives and at each presentation the following two resolutions were endorsed:

“That consistent with the direction set by the United Nations to recognize the world’s rapidly aging population, that Council recognize Peterborough County’s large older population by endeavouring to take all measures possible to keep Peterborough County a safe, respectful and supportive place for older adults to live and enjoy independence; and

FURTHER THAT in keeping with the United Nations, that Council give special recognition to older adults in our community by endorsing the Elder Abuse Forum to be held on Wednesday, October 20, 1999”.

These resolutions were another step for the Network towards greater public awareness of the issues surrounding elder abuse.

In November 1999, the Ontario Government established the Round Table for Ontario’s Elder Abuse Strategy to provide advice to the government on the development of a comprehensive provincial strategy to combat elder abuse. The Round Table developed three working groups to assist the Government to develop practical and effective initiatives focusing on Coordination of Community Services, training for front line staff and raising public awareness. Two of the local Network members were invited to be part of the working groups.
In January 2000, the Network began working on a proposal to hire a community coordinator who would be responsible for helping agencies respond to elder abuse, serve individuals when an agency was not involved, do volunteer recruitment and training for educating seniors and peer support, protocol development, and education and training to the general public and professional sectors. An application process to the Ontario Trillium foundation for funding began.

The Network changed their name from Peterborough Elder Abuse Network to the Abuse Prevention of Older Adults Network of Peterborough County and City in February, 2000. The name change reflected the geographical area the Network was involved with. It also acknowledged the correct term for “older adults.”

In January, 2001, the Network decided to explore the feasibility of becoming incorporated as a non-profit incorporated network to enable the Network to receive and issue receipts for donations. This idea of incorporation was eventually turned down. Given the ‘network’ status, this was not possible.

Also in January, a website was created with appropriate links with the health unit as the host site. The website was: www.pcchu.peterborough.on.ca/abusenetwork. The New Year also brought about plans to host the Connecting Module Training Workshops throughout the year, to both professional and non-professional groups. The workshops were provided through the provincial government’s Round Table Strategy.

June 21, 2001 the Network was awarded a two year, $108,000.00 Ontario Trillium Foundation grant. The Peterborough Community Access Centre acted as the ‘lead’ agency for the Network providing administrative services and ‘home’ for the Project Coordinator.

A Project Coordinator was hired and began working with the Network in November. She began by focusing on public awareness, education, volunteers, evaluation and planning, and coordination of services. The goal was to expand awareness utilizing all forms of media. The project coordinator accomplished this by attending various meetings involving issues of older adult abuse and getting onto the agenda of numerous groups. She also made educational presentations to a range of organizations including long-term care facilities, banks, local township councils, seniors groups, and community agencies that have strong ties to the older adult population. The coordinator also utilized skits by the Sage Age Players of Peterborough to enhance presentations through drama.

The first local awareness campaign was launched in June 2002 and has been conducted annually since. Activities included a major launch event with dignitaries and a ‘town cryer’ in a local mall, education presentations, articles published in local daily, weekly and other newspapers, street signs throughout the county and city, and interviews that were published on the Peaceful Communities website, covered in local publications and broadcast on AM 980 KRUZ.
The project coordinator also worked with the faculty of Fleming College to develop curriculum and enhancements for programs, as well as provide opportunities for students through field placements and project assignments. She helped develop promotional materials, such as the ‘Falls aren’t Always Accidents’ brochure.

At the end of the two year Trillium grant, the Network had accomplished through the work of the project coordinator, the education and awareness aspects for the project but the coordinated community response remained to be developed. It should be noted that the original grant application to the Trillium Foundation was for three years. Therefore it did not surprise the network that the coordinated community response was yet to be developed. The foundation pieces for the response development were in place through the success of the project coordinator.

The Network began looking for another funding source to support the completion of the coordinated community response. A successful application to the Community Mobilization Project Fund through the National Crime Prevention Strategy provided an addition year of funding for the Network to develop a coordinated community response. The Network was successful in hiring the Ontario Trillium Foundation grant project coordinator. The continuity has been great for the project.

The Coordinated Community Response project coordinator began in September 2004. The ‘lead organization’ for the initiative was again the Peterborough Community Access Centre which provided administrative support and a ‘home’ for the coordinator.

As the grant period comes to an end in August 2005, the ground work for establishing and implementing a sustainable Coordinated Community Response agreement appropriate to the needs of Peterborough City and County will be in place.

The Network also looked at how the volunteer development work could be accomplished. Funding for a volunteer development project was sought through the Ontario Trillium Foundation. Funding was approved in January 2005 and a Volunteer Project Coordinator hired to implement a volunteer development program for the Network.

In the summer of 2005, the Abuse Prevention of Older Adults Network established a new, stand alone website that will serve as another information centre for individuals and agencies on the issue of older adult abuse (www.olderadultabuse.org). The Abuse Prevention of Older Adults has made significant headway towards achieving its primary goal of making Peterborough County and City a safe, respectful and supportive place for older adults to live and enjoy independence.
APOAN Organizational Chart

Abuse Prevention of Older Adults Network Peterborough

CHAIR

Member Sectors
- Older adults
- Health & social service
- Legal and Justice
- Financial
- Faith
- Education
- Residential and Long term care
- Community non-profit

Coordinated Community Response

Coordinated Community Response Project CCRP

Project Coordinator

Coordination Committee (5 members)

Target Groups

Financial Institutions, Businesses

Health, Justice, Social Services

Educational Institutions
Elementary, Secondary, College, University

Senior Groups

Churches

VON (sponsoring Agency)

Volunteer Development Project (VDP)
(recruitment, screen, train, placement)

CCAC (Sponsoring Agency)

Inter-Disciplinary Team

Protocol Development

Awareness Campaign

Financial Institutions, Businesses

Health, Justice, Social Services

Educational Institutions
Elementary, Secondary, College, University

Senior Groups

Churches

Sub-committee Member

Speakers Bureau

Media Monitoring

Admin Support

Awareness Activities

Information & Referral

August 2005
Coordinated Community Response Development

Community Committee

Terms of Reference

Goal
The purpose of this inclusive, interdisciplinary, ad hoc committee is to provide leadership in creating a Community Agreement for preventing and addressing abuse of older adults in Peterborough County and City.

Objectives
1. To develop a community response that recognizes the complexity of older adult abuse, the various roles played by organizations that connect with older adults, and the need for coordination and collaboration to address the issue effectively.
2. To support and encourage organizations to offer education and have policies and procedures in place that support employees in identifying and responding to abuse.
3. To identify and support key agencies willing to take on roles that will sustain the Agreement.

Membership
The committee will consist of representatives from health, social services, justice, ethnocultural, seniors, housing, educational, faith and First Nations organizations, and individuals from throughout the County and City interested in the issue.

Any organization that connects with older adults has a role to play in addressing abuse of older and vulnerable adults, and is welcome to participate in the development of the Agreement, and to become a member of the Abuse Prevention of Older Adults Network.

Chair
The Project Coordinator or designate will chair the meetings.

Minutes
The Project Manager will record and maintain the minutes and distribute to members and to the Chair of the Abuse Prevention of Older Adults Network.

Frequency of Meetings
Meetings will be held monthly or at the call of the Chair. The term of this ad hoc committee is during the development of the Community Response Agreement, expected to be until August 2005.
June 2005. Networking, to maintain connection with others working to improve our community’s response to older adult abuse and to monitor effectiveness of the Agreement, will happen through membership on the Abuse Prevention of Older Adults Network (APOAN).

**Agenda**
The Chair will prepare the agenda and circulate at least 3 days prior to the meeting.

**Terms of Reference**
The Terms of Reference for this committee will be reviewed and agreed upon by the members.
Appendix Twelve

Recommendations for Evaluation

The Coordinated Community Response subcommittee recommends that the Abuse Prevention of Older Adults Network:

- Take time at regular Network meetings to gather feedback from members on what is useful and what needs review in the Agreement.
- Take steps to ensure a survey is conducted to evaluate how effectively the Agreement – including the Agreement manual, education sessions, and interdisciplinary consultation team – are meeting the needs of the community, including the wide range of organizations participating in the Agreement, and abused older adults.

Review and update the document every five years or as required.
Appendix Thirteen

Bibliography and Resources


Abramson, Betsy J. *Wisconsin Elder Abuse Interdisciplinary Team Manual*, Madison, Wisconsin, Feb 2002


Information about PHIPA is taken from *Your Health Information: Your rights. Your Guide to the Personal Health Information Protection Act*, 2004, brochure. Information and Privacy Commissioner of Ontario, Queen’s Printer for Ontario, Nov/04


Waterloo Region Committee on Elder Abuse. *Elder Abuse: What you need to know*. September 2000. (Previously adapted from the Quick Reference Guide by the Intervention Subcommittee of the Elder Abuse Task Force of Niagara)


Wisconsin Elder Abuse Interdisciplinary Team (I-TEAM). *Wisconsin Elder Abuse Interdisciplinary Team (I-TEAM) manual*. Waushara County, Wisconsin: Wisconsin Department of Health and Family Services/Division of Supportive Living/Bureau of Aging and Long Term Care Resources & the Waushara County Department of Human Services, 2002.

**Websites**

- **Abuse and Neglect of Older Adults: A Discussion Paper**:  

- **Abuse Prevention of Older Adults Network** – Peterborough:  
  www.olderadultabuse.org
• Advocacy Centre for the Elderly (ACE)  
  www.attorneygeneral.jus.gov.on.ca/english/family/pgt/pgtsda.  
  ACE provides direct legal services to low-income seniors, public legal education,  
  and engages in law reform activities. Useful information on issues affecting mainly  
  seniors may be found at this site.  
  www.advocacycentreelderly.org/  

• Alzheimer Society: A Guide to Advanced Care Planning – useful for discussing the  
  creation of Power of Attorney documents:  
  www.alzheimerontario.org/  

  Version. This site is maintained by the Government of Ontario, Canada.  
  www.attorneygeneral.jus.gov.on.ca/english/family/pgt/pgtsda.pdf  

• Canadian Legal Information Institute: posts court cases including Supreme Court,  
  Provincial Courts, and Consent and Capacity Board decisions:  
  http://canlii.org/  

• Canadian Network for the Prevention of Elder Abuse: focusing on Canadian  
  perspectives and resources and offering information on 45 topics related to abuse  
  and neglect of older adults:  
  www.cnpea.ca  

• CLEO: a community legal clinic that specializes in public legal education; an  
  excellent source of written information, mostly free, can be ordered on line  
  www.cleo.on.ca/english/pub/pub.  

• Health Care and Consent Act: to find forms under the act  
  www.gov.on.ca/health/english/forms/forms/consent_fm.  

• Consent and Capacity Board Ontario: www.ccboard.on.ca  

• International Network for the Prevention of Elder Abuse: www.inpea  

• Ministry of the Attorney General: This site contains an alphabetical pick list of all  
  the Ontario Statutes and an alphabetical list of the regulations to the statutes.  
  Prescribed Forms are usually found under the Regulations.  
  www.e-laws.gov.on.ca/  

• Ministry of Health and Long Term Care publication on mental health law,  
  “Rights and Responsibilities”  

• Ontario Network for the Prevention of Elder Abuse: www.onpea.org  

• P.I.E.C.E.S: Information about the foundation for a common vision, language and  
  approach to care of older adults in Canada:  
  www.piecescanada.com/
• **Personal Health Information Privacy Act (2004)**
  OHA hospital privacy toolkit (go to publications and it can be downloaded or copies ordered through OHA website); refer to page 51, 52, 53 of the toolkit for 'Circle of Care' information: [www.ipc.on.ca](http://www.ipc.on.ca)

• **Public Guardian and Trustee**
  There are a number of useful brochures on this website including information about Capacity Assessment; a Guide to the Substitute Decisions Act; Power of Attorney kits and information about the various roles of the Public Guardian and Trustee

• **University of Alberta Legal Studies Department**: How Canadian law protects older adults website [www.oak-net.org](http://www.oak-net.org)

**Other Websites of interest**

  Provides information about how to apply to become a trustee to work with a disabled adult in order to provide support with financial management and allow both the safety and dignity of the disabled person.

• [http://www.alzheimerott.org/graphics/center/consentlawe.pdf](http://www.alzheimerott.org/graphics/center/consentlawe.pdf)
  a practical guide to Capacity and Consent Law of Ontario for Health Practitioners working with people with Alzheimer’s disease

• [www.rgapottawa.com](http://www.rgapottawa.com)
  The Driving and Dementia Toolkit produced by the Regional Geriatric Assessment Program of Ottawa

• [www.bcysth.ca/publications/publications](http://www.bcysth.ca/publications/publications)
  Information, training and publications from a B.C. - Yukon Pilot Outreach Project, about the shelter and support of older abused women – Experiences and Recollections

• [www.seniorresource.ca/docsLookingBeyond.pdf](http://www.seniorresource.ca/docsLookingBeyond.pdf)
  Online version of a Guide to address Elder Abuse in Newfoundland and Labrador