



# Brant Elder Abuse Service Provider Protocol 2020

Brant Elder Abuse Response (BEAR)  
Protocol Working Group



**Brant Elder Abuse Awareness Committee**



**Elder Abuse Prevention (ON)**  
Stop Abuse - Restore Respect  
Prévention de la maltraitance envers les aînés (ON)  
Arrêtez les mauvais traitements - Restaurez le respect

# EAPO Partnership



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February 10, 2020

Brant Elder Abuse Awareness Committee  
344 Elgin Street  
Brantford, ON N3T 5T3

To: Brant Elder Abuse Awareness Committee

Elder Abuse Prevention Ontario (EAPO) is pleased to be strengthening our partnership with the Brant Elder Abuse Awareness Committee, having played a significant role in the launch and continuous development of the Seniors' Toolkit, now coming into its 3<sup>rd</sup> iteration.

The additional protocols for response, specifically **how** to assist when elder abuse is suspected is important information to share in the communities we serve.

EAPO looks forward to growing our collaboration with you as valued community partners and collectively working towards preventing elder abuse across the provinces.

On behalf of our Board of Directors and staff in Ontario, **Congratulations** on the great work you do and we look forward to a successful and productive partnership in the years ahead.

Sincerely,

Marta C. Hajek  
Executive Director  
Elder Abuse Prevention Ontario

# Acknowledgements

The Brant Elder Abuse Service Provider Protocol has been made possible in part by a grant from the Ministry of Community Safety and Correctional Services: Safer and Vital Communities. The Brant Elder Abuse Response (BEAR) Protocol Working Group comprises the following members, and operated between August 2019 and Feb 2020 under the auspices of the Brant Elder Abuse Awareness Committee, for the sole purpose of developing a Protocol for responding to elder abuse in the City of Brantford and County of Brant.

***Aboriginal Senior Wish***  
***Adult Recreation Therapy Centre***  
***Brant Regional Indigenous Support Centre***  
***Brant County Health Unit***  
***City of Brantford***  
***Comfort Keepers***  
***Community Justice Initiatives***  
***Elder Abuse Prevention Ontario***  
***Grand River Council on Aging***  
***John Noble Home***  
***Nova Vita***  
***Victims Services of Brant***

# Introduction

“Mistreatment of older adults refers to actions and/or behaviors, or lack of actions and/or behaviors that cause harm or risk of harm within a trusting relationship. Mistreatment includes abuse and neglect of older adults” (NICE, 2012).

Abuse and neglect are complex issues that require the experience and concern of many people and organizations to be effectively addressed.

Although there are challenges to monitoring prevalence, a Canadian survey in 2016 found that 8.2% of elders will experience some type of abuse or neglect each year.

**The City of Brantford and County of Brant have approximately 19,920 adults over the age of 65, which is its fastest growing age group within the region. Given what we know from research, we can estimate that between 400 and 2000 elders have experienced or are experiencing elder abuse locally every year.**

A protocol supports work in the community to create a coordinated response to adult abuse, neglect by:

- including everyone in the community who wants to be involved;
- raising community awareness and developing protocols among members about how organizations or agencies will respond when an elder needs help;
- keeping track of how the response is working; and
- working towards prevention.



**Between 400 and 2000 elders in Brant experience elder abuse every year**

# Protocols and Decision Trees

Protocols are often depicted through decision trees and are used to help service providers determine what steps and actions to take when instances of abuse or neglect are suspected or identified.

A decision tree is intended to support and guide collaboration between the elder, their loved ones, other caregivers or service providers as appropriate, to develop an individualized plan or strategy to prevent or address harm to the elder.

In preparing this protocol, the Working Group consulted the:

- Materials from Elder Abuse Prevention Ontario;
- Public Guardian and Trustee of British Columbia Decision Tree: *Assisting an Adult Who is Abused, Neglected or Self Neglecting*;
- National Initiative for the Care of the Elderly (NICE) Elder Abuse Assessment and Intervention Reference Guide (2011);
- RNAO Best Practice Guidelines on *Preventing and Addressing Abuse and Neglect of Older Adults (2014)*;
- Protocol Guide for the City of Greater Sudbury and Area for those Dealing with Cases of Suspected Elder Abuse (2007); and
- Prevention of Elder Abuse Committee of York Region *What To Do If You See Or Suspect Elder Abuse*.

## Using the Decision Tree

Elder abuse cases are complex and often only a **glimpse of the elder's situation** is seen. Every situation is different and requires an individual approach. Service providers must use critical thinking when using decision trees and collaborate with the elder, family and other social supports, as well as other service providers as appropriate, when making decisions.

It is important to understand that agencies and organizations may have internal policies on recognizing and responding to elder abuse. Depending on the mandate of the agency or organization, service providers have different roles in responding to situations of abuse. For effective response, service providers must familiarize themselves with the relevant agencies that offer supports for abused elders. Take the time to understand the mandates and offerings of the agencies in the **Seniors' Toolkit**.

### **If you suspect abuse, immediate steps are to:**

- **Ensure immediate safety.**
- Actively listen, allow the elder time to talk freely without interrupting. Reassure them it is not their fault and they are not alone.
- Understand the situation. Seek clarification. Get the facts.
- Ask what they want to do, how they would like to see things change or improve, and let them know help is available.
- Be sensitive to the person's culture, religion, and comfort level with disclosing what is happening.
- Develop an understanding of what local services are available in the area.  
Consider the person's wishes, their willingness to make changes to the situation, and their ability to recognize that they may be a victim of abuse.

If you suspect the person being abused has a cognitive impairment that is preventing them from recognizing the abuse, seek further guidance from a more experienced colleague or an appropriate agency **(see THE SENIORS' TOOLKIT)**.

# Decision Tree



Is the adult in immediate danger of physical harm?



**CALL 911**

Does the elder have mental capacity to understand the situation?



**ASK:**

“What are you hoping will change?”

“What do you hope will happen?”

If they are reluctant to seek further help, explain potential risks and the impact it may have on their future independence, health and well-being.

Is the abusive situation an ongoing, serious threat to the elder’s wellbeing?



If the elder is at risk of serious harm and incapable, contact the Ontario Public Guardian & Trustee  
1-800-366-0335

**THE SENIORS’ TOOLKIT** can be used for appropriate referrals

Ensure the elder has an emergency/ safety plan to refer to if their situation changes.

**Victim Services Brant**  
**519-752-3140**

**Indigenous Victim Services**  
**1-866-964-5920**

**Seniors Safety Line**  
**1-866-299-1011**

Depending on the elder’s capacity, discuss current and possible future risks that may increase their vulnerability to further abuse and neglect.

Provide information to the elder on elder abuse and support services, and if appropriate and safe to do so, to the suspected abuser. Use the **SENIORS’ TOOLKIT** for appropriate referrals.

**DO NOT MAKE ACCUSATIONS ABOUT THE EXISTENCE OF ABUSE.**

Safety-Plan with the elder.

Follow up with the elder in the near future.

# Red Flags, Questions to ask, Supports and Services

Suspected Financial Abuse	Questions to ask the elder	Supports & Services
<ul style="list-style-type: none"> <li>• Change in appearance</li> <li>• Appears confused about banking matters</li> <li>• Banking occurs in the presence of a relative, caregiver or stranger who may be getting money from the elder or changing accounts to include them</li> </ul>	<ul style="list-style-type: none"> <li>• Have you ever been asked to sign papers you didn't understand?</li> <li>• Does anyone ever take anything from you or use your money without permission?</li> <li>• Who takes care of your money?</li> <li>• Do you have any close family members who abuse drugs/alcohol or has mental illness? How does this affect you?</li> </ul>	<ul style="list-style-type: none"> <li>• SENIORS' TOOLKIT Financial Tab</li> <li>• Office of the Public Guardian &amp; Trustee (OPGT) 1-800-366-0335</li> <li>• Advocacy Centre for the Elderly (ACE) 1-855-598-2656</li> </ul>
Suspected Physical Abuse		
<ul style="list-style-type: none"> <li>• Change in hygiene, grooming</li> <li>• Inappropriate dress for the season.</li> <li>• Multiple fractures, unexplained injuries, accidents, bruises, dehydration</li> <li>• Prescriptions not refilled as needed or over- medication</li> </ul>	<ul style="list-style-type: none"> <li>• Does anyone ever touch you in a way you do not want?</li> <li>• Does anyone ever try to harm or hurt you? Will you tell me about it?</li> <li>• Do you have any close family members who abuse drugs or alcohol, or has mental illness? How does this affect you?</li> </ul>	<ul style="list-style-type: none"> <li>• SENIORS' TOOLKIT Health &amp; Wellness Tab</li> <li>• Nova Vita 519-752-4357</li> </ul>
Suspected Sexual Abuse		
<ul style="list-style-type: none"> <li>• Difficulty sitting or walking</li> <li>• Bloody stained clothing</li> <li>• Unexplained sexually transmitted infection</li> <li>• Reddened, itching, painful genital area, bruising/swelling, vaginal/anal bleeding</li> <li>• Behavior changes such as withdrawal, fear, depression, anger, insomnia, increased interest in sex or aggressive behavior</li> </ul>	<ul style="list-style-type: none"> <li>• Does anyone ever touch you in a way you do not want?</li> <li>• Is there a time recently when someone made you do things you didn't want to do?</li> <li>• Does anyone ever try to harm or hurt you? Will you tell me about it?</li> <li>• Do you have any close family members who abuse drugs or alcohol, or have a psychiatric or mental illness? How does this affect you?</li> </ul>	<ul style="list-style-type: none"> <li>• SENIORS' TOOLKIT Health &amp; Wellness Tab</li> <li>• Sexual Assault Centre Brant 519-751-1164</li> <li>• BCHS Sexual Assault &amp; Domestic Violence Care &amp; Treatment Centre 519-751-5544 ext.4449</li> </ul>
Suspected Psychological Abuse		
<ul style="list-style-type: none"> <li>• Communication with the potential abuser includes changes in tone of voice, verbal aggression, insults, threats, lack of eye contact, or glaring at the elder</li> <li>• Elder appears depressed, afraid, anxious or withdrawn</li> <li>• Behavior changes when the potential abuser enters or leaves the room</li> </ul>	<ul style="list-style-type: none"> <li>• Can you tell me about a time that someone talked to you or yelled at you in a way that made you feel bad about yourself?</li> <li>• Does anyone ever scold or threaten you? Can you give me an example?</li> <li>• Does anyone ever tell you that you are sick when you know you are not?</li> <li>• When was the last time you got to see relatives or friends?</li> <li>• Do you have any access to a telephone? If not, why not?</li> </ul>	<ul style="list-style-type: none"> <li>• SENIORS' TOOLKIT Health &amp; Wellness Tab</li> <li>• St. Leonard's Community Services 519-759-7188</li> </ul>
Suspected Neglect		
<ul style="list-style-type: none"> <li>• Inadequate staffing in institutions, improper feeding</li> <li>• Poor nutritional status</li> <li>• Soiled clothing or bed linens</li> <li>• Home is dirty or in disrepair</li> <li>• Pattern of missed or cancelled medical appointments</li> <li>• Lack of privacy; possible abuser is always present at visits and reluctant to leave the elder to speak privately</li> <li>• Needed medical/prescription/health aids not available</li> <li>• Untreated medical conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Are you getting all the help you need? - Are you having any problems getting to the ..... (e.g. doctor, pharmacy, etc)</li> <li>• Are you alone a lot?</li> <li>• Does anyone ever let you down when you need help?</li> <li>• Do you always have enough food and clean clothes?</li> <li>• Do you always get the medicine you need?</li> <li>• When was the last time you got to see relatives and/or friends?</li> <li>• Do you have easy access to a telephone? If not, why not?</li> <li>• Do you have the glasses/dentures/ cane that you need? If not, why not?</li> </ul>	<ul style="list-style-type: none"> <li>• SENIORS' TOOLKIT Health &amp; Wellness Tab</li> <li>• Advocacy Centre for the Elderly (ACE) 1-855-598-2656</li> </ul>



# Consider Capacity

Elders may be particularly vulnerable to diminished decision-making capacity.

Even capable elders...:

- may not understand the protection of human rights
- may not recognize the signs that elder abuse is occurring
- may fear a worse situation by disclosing the abuse
- may be unaware of the options available to them

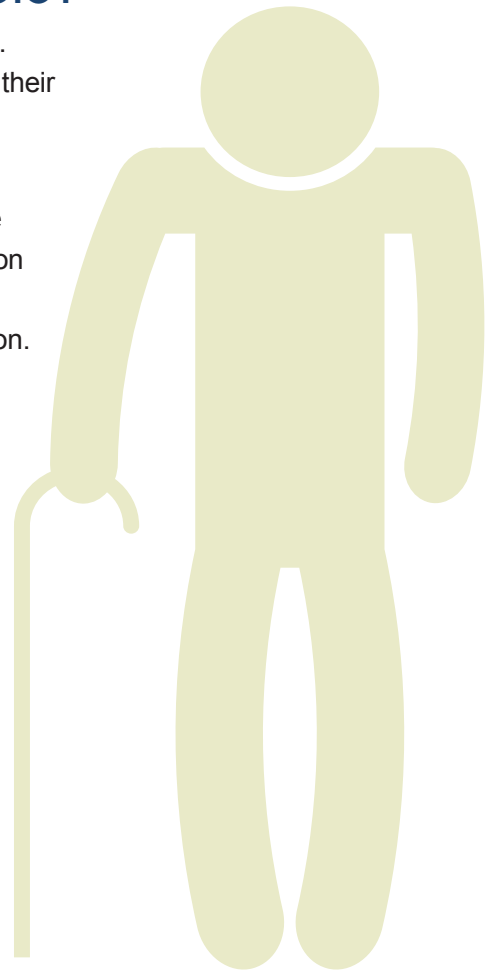
Even when elders do not want any help or consider change futile, doing something is always helpful, whether it is reassuring the elder, believing the elder, informing them of their risks now and in the future, safety-planning and helping them assess their options.

## How do I know if an elder is incapable?

In Ontario, a finding of incapacity relates to certain types of decisions. For example, a person who is found mentally incapable of managing their property or finances is not necessarily incapable of making decisions regarding their personal care.

In general, **a person is incapable of managing property if** they are not able to understand information that is relevant to making a decision in the management of their property, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.

In general, **a person is incapable of personal care if** they are not able to understand information that is relevant to making a decision concerning their own health care, nutrition, shelter, clothing, hygiene or safety, or is not able to appreciate the reasonably foreseeable consequences of a decision or lack of decision.



# Who assesses capacity under what circumstances?



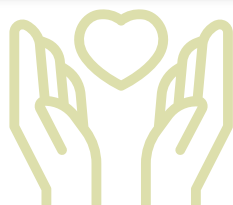
## AN ELDER'S PROPERTY - who assesses capacity?

Contracts	
To make a contract	Parties to the contract (common-law)
Continuing Power of Attorney for Property (CPOAP)	
To make a CPOAP	Person assisting person to make the document
To activate a CPOAP	No assessment required - CPOAP is activated on signature unless it states otherwise
To activate the CPOAP if it contains a clause that it is not to come into effect until incapacity	Person/Professional named in the CPOAP to determine incapacity - if nobody or no class of persons is named, capacity assessor a defined by the <i>Substitute Decisions Act</i> (see definition below)

Source: Wahl, J. *Advocacy Centre for the Elderly*, 2008



# Who assesses capacity under what circumstances?



## AN ELDER'S PERSONAL CARE - who assesses capacity?

1. Power of Attorney for Personal Care	
To make a POAPC	Person assisting person to make the document (common law)
To activate POAPC for substitute decisionmaker (SDM) to make treatment decisions	Health professional proposing treatment ( <i>Health Consent Act</i> )
To activate POAPC for SDM to make decisions for admission to a long-term care home	Evaluator (see definition below)
To activate POAPC for SDM to make decisions for personal assistance services in a long-term care home	Evaluator
To activate POAPC for non-health care personal care decisions where POAPC does not require an assessment before activation	Attorney named in the POAPC
To activate POAPC for non-health care personal care decisions where POAPC specifies a method of assessment	Person/class of persons specified in the document to do the assessment
To activate POAPC where POAPC silent as to method preferred but an assessment is required before activation	Capacity Assessor (see definition below)

2. Healthcare Consent	
Treatment	Health practitioner offering the treatment
Admission to a long-term care home	Evaluator
Personal assistance services in a long-term care home	Evaluator

Source: Wahl, J. *Advocacy Centre for the Elderly*, 2008

# Definitions

## What is an “evaluator” and what is a “Capacity Assessor”?

Section 2(1) of the Health Care Consent Act says 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 care practitioner” . . . or a member of a category of persons prescribed by the regulations as evaluators.”

These health practitioners are members of the:

- College of Audiologists and Speech-Language Pathologists of Ontario
- College of Nurses of Ontario
- College of Occupational Therapists of Ontario
- College of Physicians and Surgeons of Ontario
- College of Physiotherapists of Ontario
- College of psychologists

In addition to the various health practitioners listed in this definition, the Health Care Consent Act, Regulation 264/00 says that social workers are also considered to be evaluators. The term “social workers” is defined as a member of the Ontario College of Social Workers and Social Service Workers who holds a certificate of registration for social work.

“Capacity assessor” is defined in the Substitute Decisions Act, Regulation 460/05. It states:

2(1) A Person is qualified to do assessments of capacity if he or she,

- (a) Satisfies one of the conditions set out in subsection (2);
- (b) Has successfully completed the qualifying course for assessors described in section 4;
- (c) Complies with section 5 (continuing education courses);
- (d) Complies with section 6 (minimum annual number of assessments; and
- (e) Is covered by professional liability insurance of not less than \$1,000,000, in respect of assessments of capacity, or belongs to an association that provides protection against professional liability, in respect of assessments of capacity, in an amount not less than \$1,000,000.

(2) The following are the conditions mentioned in clause (1) (a):

1. Being a member of the College of Physicians and Surgeons of Ontario.
2. Being a member of the College of Psychologists of Ontario.
3. Being a member of the Ontario College of Social Workers and Social Service Workers and holding a certificate of registration for social work.
4. Being a member of the College of Occupational Therapists of Ontario.
5. Being a member of the College of Nurses of Ontario and holding a general certificate of registration as a registered nurse or extended certificate as a registration as a registered nurse.

(3) The requirement that the person hold a general certificate of registration as a registered nurse or an extended certificate of registration as a registered nurse, as set out in paragraph 5 of subsection (2), does not apply to a member of the assessments of capacity under Ontario Regulation 293/96 (Capacity Assessment) made under the Act.

(4) Clause (1) (b) does not apply to a person who, on November 20, 2005, is qualified to do assessments of capacity under Ontario Regulation 23/96 (Capacity Assessment) made under the Act.

Source: Wahl, J. *Advocacy Centre for the Elderly*, 2008

# A Word About Documentation

If you are a caregiver, you often work very closely with seniors and you can be in a position to identify that abuse is or may be happening. The senior may tell you about abuse or you might see it for yourself. If you feel that something is not right, then you need to tell your manager or supervisor. If you work in a Long Term Care facility or Retirement Home by law you must report any suspicions about abuse. If you do not have a manager or supervisor, you need to tell someone you trust.

You may already have a responsibility to do charting for the care that you provide to a senior. If you are not sure that abuse is happening, you might choose to write down information but not in the patient chart – this chart can be looked at by anyone with access to the home, including the potential abuser. Many organizations do not want their staff to write down client information and keep it. They prefer the caregiver call their manager to discuss any concerns. However, some caregivers may not have this option or are not sure if what they have seen or heard really is abuse. If you do write down details that worry you, do not identify the client using a name or address and keep the information safe and secure.

Sometimes writing down details and facts that are related to elder abuse can become important. These facts and observations can be useful to decide on a plan that would be the most helpful to the senior. These facts can also be used if a case of abuse leads to criminal charges.

## Helpful Hints

Describe or write down:

- Only facts or information that you are sure about
- The dates and times that you have been with the senior and anything that you have seen or heard
- What the patient or potential abuser says word for word (use quotations)
- The location, size, colour of any physical injuries that you have seen
- Signs of neglect such as broken dentures, broken glasses, dirty clothes or living environment
- The emotional state of the senior such as sad, weepy, withdrawn, nervous or fearful.

What do you see or hear that makes you think this is the way the senior is feeling? Are they crying, not talking or pulling away when you try to get close to them?

*Source: York Region Response Guidelines*

# Mandatory Reporting in Long Term Care Homes and Retirement Homes

Reporting elder abuse is mandatory when an older adult resides in a Long-Term Care Home or a Retirement Home and elder abuse is suspected or has occurred. The law requires reporting by anyone who knows or has reasonable grounds to suspect that a resident has been, or might be, harmed by any of the following:

- improper or incompetent treatment or care,
- abuse of a resident by anyone,
- neglect of a resident by a staff member or the owner of the home,
- illegal conduct,
- misuse or fraud involving a resident's money, or
- misuse or fraud involving public funding provided to the home (long-term care homes only).

This obligation to report applies to everyone except residents of the home. Members of regulated health care professions, social workers, and naturopaths must report even if the information is otherwise confidential.

Older adults with developmental disabilities are also protected with mandatory reporting legislation. Agencies providing services and supports to persons with developmental disabilities are mandated to immediately report the alleged, suspected or witnessed incident of abuse to the police as it may constitute a criminal offence.

If the victim lives in their own home or in any other setting, the law does not require anyone to report the abuse. In some cases, reporting might be required by someone's employment duties, a contract for services, or a professional code of ethics.

**Long Term Care ACTION Line:** If you suspect or have evidence that elder abuse is taking place in the Long-Term Care Home it is mandatory to report it with the exception of residents themselves (who have a choice in the matter). The Long-Term Care Homes Act (s.24) states if a person who has reasonable grounds to suspect abuse has occurred or may occur shall immediately report the suspicion and the information to the Ministry of Health and Long-Term Care Director. The following options for reporting are available:

**Tel: 1-866-434-0144 (7 days a week, 8:30a.m.-7:00 p.m.)**

**Retirement Home Regulatory Authority (RHRA):** You must report elder abuse immediately to the RHRA if you see or suspect harm or risk of harm to a resident resulting from: Improper or incompetent treatment or care, abuse of a resident by anyone or neglect of a resident by staff of the retirement home, unlawful conduct, or misuse or misappropriation of a resident's money.

**Tel: 1-855-ASK-RHRA (1-855-275-7472)**

The Director or the Registrar must look into all reports of abuse, and must send an inspector to the home immediately if the report is about harm or risk of harm. The operator of the home, whether a Long-Term Care or a Retirement Home, is also required to immediately contact the police if there is an alleged, suspected, or witnessed incident of abuse or neglect of a resident which may be a crime.

The information in this document reflects the views of the Brant Elder Abuse Awareness Committee and do not necessarily reflect those of the Government of Ontario.



## References

**Elder Abuse Prevention Ontario (EAPO) Elder Abuse Training Curricula.** Retrieved on May 30, 2020 from <http://www.eapon.ca/training-education/training/eapo-training-curricula/>

**National Initiative for the Care of the Elderly (2015) Into the Light: National Survey on the Mistreatment of Older Canadians.** Retrieved on May 30, 2020 from <https://cnpea.ca/images/canada-report-june-7-2016-pre-study-lynnmcdonald.pdf>

For additional information, please contact:

**Victim Services of Brant**

P.O. Box 1116

344 Elgin St., Brantford, ON N3T 5T3

519-752-3140

[vsb@victimservicesbrant.on.ca](mailto:vsb@victimservicesbrant.on.ca)

[victimservicesbrant.on.ca](http://victimservicesbrant.on.ca)



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Prévention de la maltraitance envers les aînés (ON)  
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