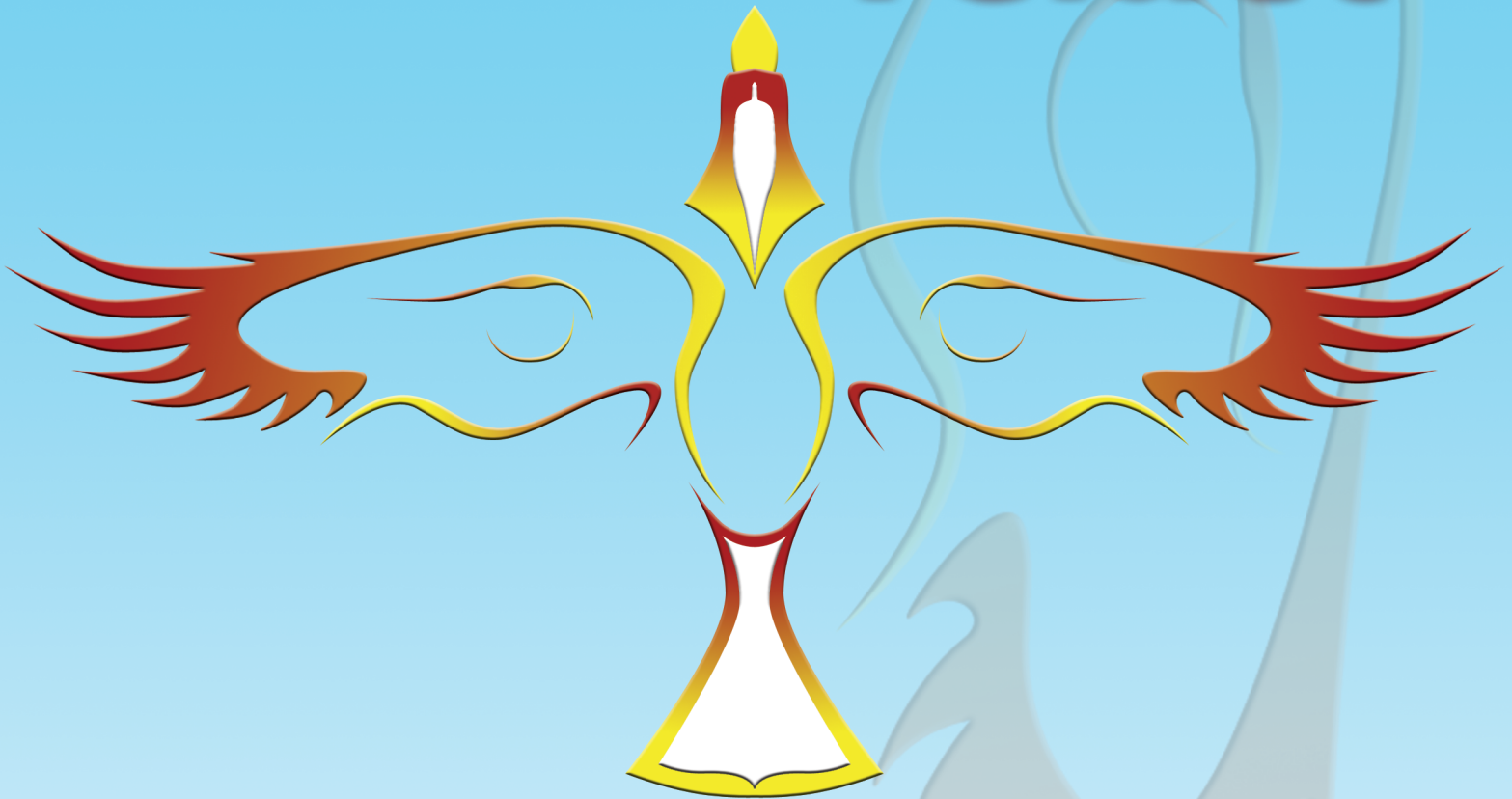


National First Nations

re:act



**recognize, report and act on
older adult abuse and neglect**

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The First Nations Re:Act Manual, BC Edition (2008), served as the foundation for the National First Nations Re:Act Manual (2011), which has been updated in August 2025.

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Representatives of several First Nations communities including Elders, health and social service workers, advocates, academics, artists, and community members provided considerable input into the development of these materials. Their wisdom, experience, honesty, knowledge and time is highly valued and appreciated. The following quote from First Nations Elder, Sarah Modeste was an inspiration for the producers of this project.

"...We all have the power to self heal as we have lived for 1000's of years; the culture has been in us for 1000's of years. It takes care of us. We are all medicine to one another"

Elder Sarah Modeste, (British Columbia, 2002)

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Overview/Introduction

This manual has been produced to assist educators, facilitators, Community Health and Human Service Workers, First Nation Community Members, Health Authority Staff, Community Response Network (CRN) Members and a wide range of adult learners to understand the complex dynamic of abuse, neglect and self-neglect of vulnerable adults and older adults in First Nations communities, and to learn the roles and responsibilities of:

- Community Health and Human Service Workers
- Designated Agencies (Health Authorities, Adult Protection Services)
- Community Response Networks (CRN's)
- Police & Victim Services
- Public Guardian & Trustee Offices

In preventing and responding to the mistreatment and abuse of older and vulnerable adults and the manual consists of the following sections:

- Introduction
- Guide to Manual
- Definitions
- Values, Principles and Presumptions
- Roles & Responsibilities
- Working Together - Overcoming a Legacy
- Safety
- Privacy and Confidentiality
- Community Response Network Movement
- Understanding the Dynamics of Abuse and Neglect and Recognizing Vulnerability
- Physical, Sexual and Psychological Abuse
- Financial Abuse
- Neglect and Self-Neglect
- Working with Police and the Justice System
- References & Resources

Guide to Manual

This manual consists of several components. The first is the written information contained within each chapter as well as six separate embedded video clips throughout the manual.

The videos consist of an introduction to the issue of abuse, neglect and self-neglect of vulnerable adults and older adults in First Nations communities. Connected to the introductory video are two other videos that serve as case study scenarios. Additionally, there are three other videos featuring insightful commentary and dialogue relevant to the discourse of this subject.

These resources are intended to facilitate dialogues, workshops and education events to raise awareness and coordinate community responses to abuse and neglect of older and vulnerable adults.

The manual is intended to be a reference for workers who are responding to situations of suspected abuse, neglect, and self-neglect.

Laws governing guardianship, adult protection and incapability are complex and different in each province/territory. Information regarding the laws of your province or territory are referred to within the manual but are also available at the back of the manual as a comprehensive resource page.

Printing:

The manual, poster, and brochure may be printed in part or whole.

Customize your Community Tools:

Poster (Page 91) - Insert your logo in the space provided using the copy and paste function.

Flow Chart (Page 92) - Insert your logo in the space provided using the copy and paste function.

Brochure (Page 93) - Insert your logo in the space (on cover page) provided using the copy and paste function.

Resource Template Brochure (Page 95) - Insert your logo in the space (on cover page) provided using the copy and paste function.

Videos:

To watch each video click on the “Play Video” tab under each video.

Quiz:

PDF Version - With the computer mouse click on the box of your selected answer.

Print Version - download the printable quiz and when it is complete check the answers in the appendix.

Definitions

For the purposes of this manual the following definitions apply:

Abuse is the deliberate mistreatment of an adult that causes, or is likely to cause:

- Physical, mental or emotional harm, or
- Damage to or loss of assets,

Abuse includes intimidation, humiliation, physical assault, sexual assault, over medication, withholding needed medication, censoring mail, invasion or denial of privacy, denial of access to visitors. Spiritual abuse includes taking advantage of the victim's spirituality (mentality and passion on spiritual matters) by putting the victim in a state of unquestioning obedience to an abusive authority, or the maltreatment of a person in the name of God, faith, religion, or church.

Elder is used in this manual/videos to describe a member of the First Nations community who has reached an advanced age, with acknowledgement that each community will have a distinct age and/or other criteria for the member to achieve recognition and rights to use the term within that community.

Community Health and Human Service Workers will generally represent workers in the community who fulfill the following functions, Community Health Representatives, Home and Community Care Nurses, Community Health Nurses, Band Social Workers, Substance Use Counsellors, Mental Health Workers, Band Social Assistance Workers, Elder Support Workers, and Home Care Aids.

Designated Responder refers to an employee of an agency who has the responsibility and training to inquire into reports and to respond to situations of suspected abuse, neglect and self-neglect of vulnerable adults.

Designated Agencies are health or social service agencies that have some formal or statutory role and responsibility for receiving reports and inquiring into situations of abuse, neglect and self-neglect of adults who are unable to seek support and assistance on their own.

Neglect involves the failure to provide necessary care, assistance, guidance or attention, which causes the person, or is reasonably likely to cause, physical, mental or emotional harm, or substantial damage to or loss of assets.

Self-Neglect involves any failure by an adult to take care of him or herself, which causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm, or substantial damage to or loss of assets, and includes:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired or result in loss of life
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others, or cause substantial damage to or loss of assets
- Suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of assets

Vulnerable Adult refers to adults, 19 years or older, who are physically and/or mentally disabled, frail elderly, previous victims of crime, or are individuals whose circumstances render them more susceptible to harm from other people.

Values, Principles and Presumptions

The following principles and presumptions borrowed from British Columbia's Adult Guardianship Act inform the response recommended for Health and Social Service Workers, Nurses, Social Workers and other professionals to reports of suspected older and vulnerable adult abuse, neglect and self-neglect.

Self Determination and Choice

All adults are entitled to live in the manner they wish, and to accept or refuse support, assistance or protection, as long as they do not harm others and are capable of making decisions specifically about the abusive situation.

Most Effective but Least Intrusive Support

All adults receive the most effective, but least restrictive and intrusive, form of support, assistance or protection when they are unable to care for themselves or their assets.

Adults are Presumed Capable

Every adult is presumed capable of making decisions about personal care, health care, legal matters, or their own financial affairs, business or assets, until the contrary is demonstrated through assessment procedures.

An adult's way of communicating with others is not grounds for deciding that he or she is incapable of making decisions. When appropriate, you may need to use an interpreter or special equipment to communicate.


Court is a Last Resort

Every attempt must be made to provide support and assistance to vulnerable and older adults without using the tools available through the court and legislative systems. Any option that removes an adult's right to make decisions should be considered as a last resort. All other less intrusive options must be considered first.

The following video is **part one** of a three part video entitled, **With Love and Respect**. It is entirely fictional and not intended to represent any real person, place, or situation. It was produced to facilitate awareness and dialogue to assist in recognizing, reporting and reacting to older adult abuse and neglect.

These videos may also be accessed online [here](#).

With Love and Respect - Introduction (part one)



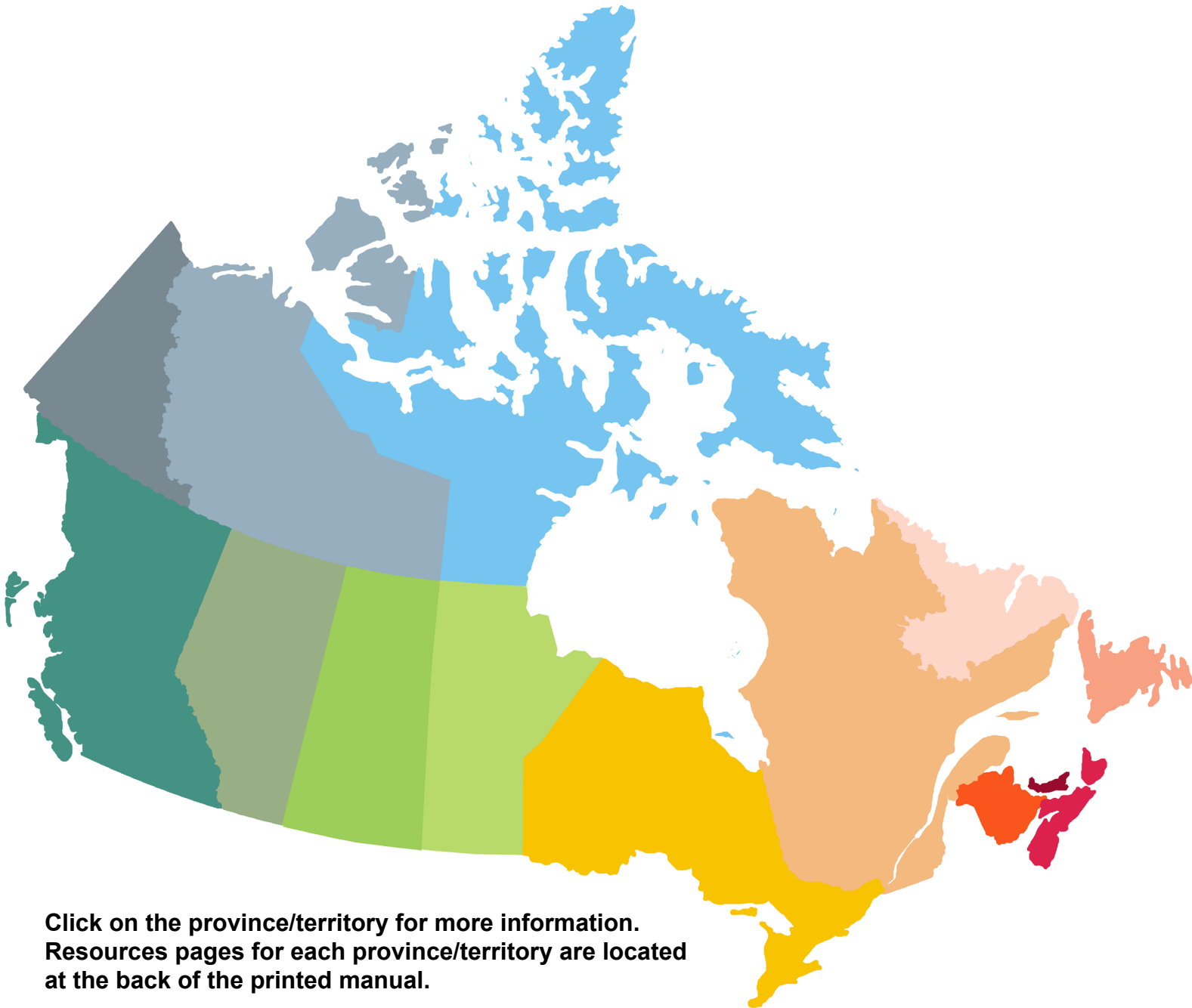
With Love and Respect

Click on video to start player

Roles and Responsibilities

Designated Agencies are health or social service agencies that have some role and responsibility for receiving reports and inquiring into situations of abuse, neglect and self-neglect of adults who are unable to seek support and assistance on their own.

There may be multiple agencies with responsibilities depending on the type of abuse and the legislation that pertains to the area that the adult lives.



Click on the province/territory for more information.
Resources pages for each province/territory are located
at the back of the printed manual.

Designated Responders work for Designated Agencies and have responsibility and training to inquire into reports and to respond to situations of suspected abuse, neglect and self-neglect of vulnerable adults.

It is generally the role of the Designated Responder to:

- Look into situations of suspected or reported abuse, neglect and self-neglect of vulnerable adults
- Determine if the adult needs support and assistance
- Refer to appropriate health and social service agencies
- Involve the adult as much as possible
- Report to the police crimes committed against vulnerable adults who are unable to seek support and assistance
- Keep the identity of the person who made the initial report confidential
- Ensure a safety plan is implemented and monitored

Community Health and Human Service Workers who are not Designated Responders still do have a significant role in assessing, supporting and responding to situations of abuse, neglect and self-neglect of adults who are unable to seek support and assistance on their own. Community Health and Human Service Workers may work in the Band Office or Health Centre, liaising between patients, families, the community and health care providers. They provide support and assistance to vulnerable adults and ensure that patients/clients and families understand their conditions and treatment options, and are receiving appropriate care. Often it is the Community Health and Human Service Worker who first recognizes the signs of abuse and alerts the Designated Agency or follows the protocols developed by the Community Response Network.

In some instances, adults may decline support of Community Health and Human Service Workers. In these instances, supports that are accepted should be coordinated. If the situation does not require an emergency response and the adult is able to seek support and assistance independently, then the wishes of the adult must be respected.

Please refer to the NFNRA Older Adult Abuse and Neglect Response Flow Chart by clicking on the re:act icon at the right, or by turning to chapter 14 in the printed manual.

If the Community Health and Human Service Worker believes that the older or vulnerable adult is being abused or neglected and is not able to make decisions or get support and assistance specific to the abuse, then the Worker may refer to the Designated Agency. Designated Agencies have Designated Responders to follow up on reports.



Community Response Networks (CRNs) are collaborative networks of community members, professionals, Elders, and Designated Responders who develop working relationships to prevent and respond to abuse and neglect in the community. CRNs are made up of a diverse group of designated responders, police, community health and human service workers, band health workers, victim service workers, concerned community members, service providers and others who come together to create a coordinated community response to adult abuse, neglect and self-neglect. Abuse and neglect are complex issues that require the experience and concern of many people and organizations to be effectively addressed. The local CRN builds overall community capacity to recognize, address and prevent these abuses.



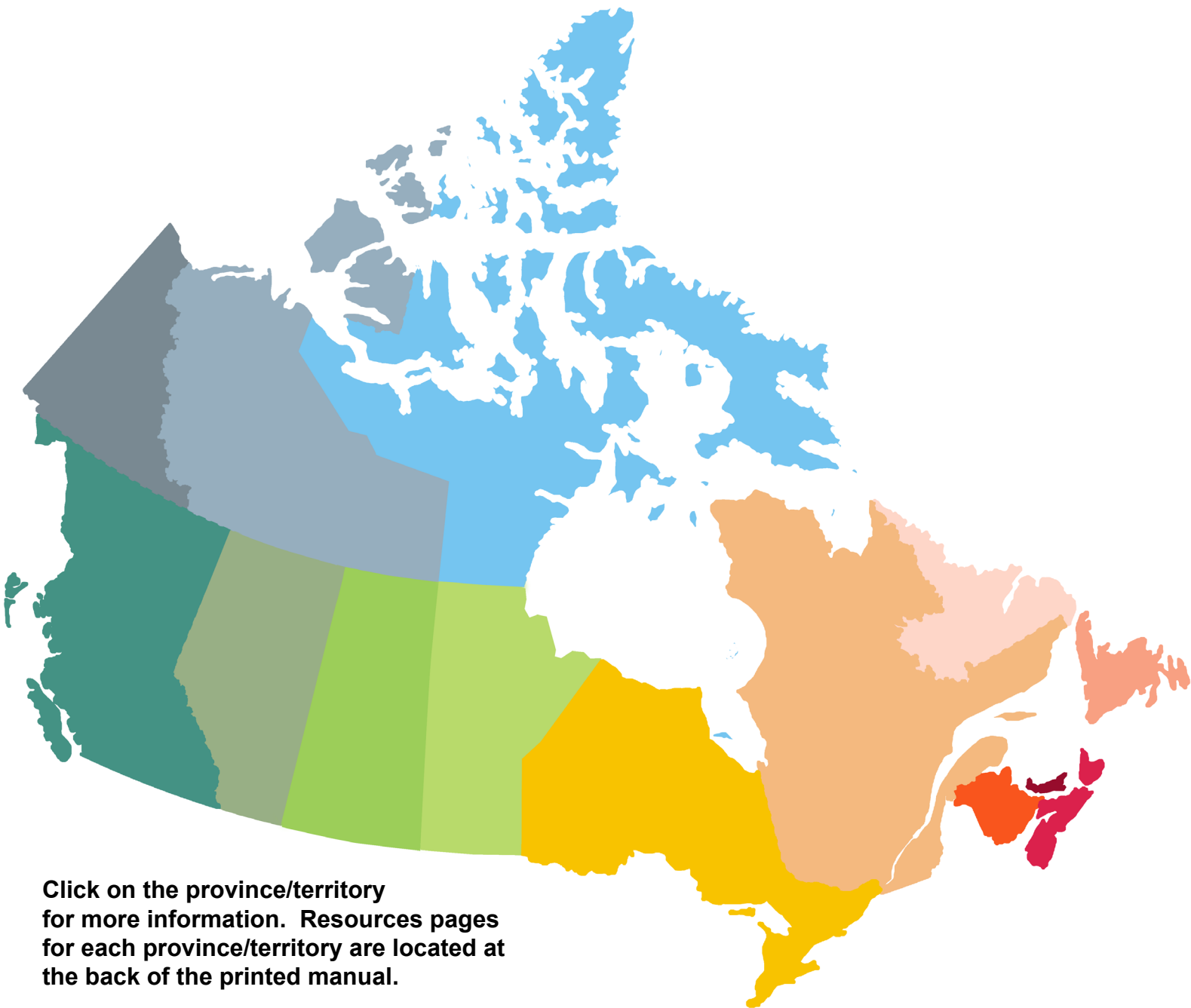
Click on the province/territory for more information.
Resources pages for each province/territory are located at the back of the printed manual.

Police are responsible for conducting criminal investigations, laying charges and/or recommending charges to the Crown, and for keeping the peace where there is a risk to the safety of the community. Some First Nations have Tribal Police or Community Policing Services. It **is not** the role of community or health workers or staff of Designated Agencies to investigate crimes. A resource that provides contacts for police agencies in Canada, including First Nations policing, is:
<https://www.canada.ca/en/services/policing/police.html>

Victim Service Workers provide information and services to victims of crime. They may be community based or police-based depending on the jurisdiction. A resource that provides information and contacts about the various victim services in Canada is:
<https://www.justice.gc.ca/eng/cj-jp/victims-victimes/vsd-rsv/index.html>

Public Guardian and Trustees (PGT), which may be called something different in each province and territory in Canada, is a provincially legislated authority that provides for an agency to have a role in protecting the finances of vulnerable adults. PGT agencies may assist Community Health and Human Service Workers or Designated Agencies in investigating situations of suspected financial abuse. In some instances, the PGT may be given the responsibility of managing the finances of adults who are incapable of managing finances on their own. When the adult's primary residence is in a reserve community, the authority will be transferred to Indigenous Services Canada (ISC).

In some provinces the PGT may also be called on to authorize health care treatment for adults who are incapable of consenting themselves and do not have a substitute decision maker who is capable and available to provide consent.



Click on the province/territory for more information. Resources pages for each province/territory are located at the back of the printed manual.

Working Together – Overcoming a Legacy

All adults in Canada have the right to be free from abuse, neglect and self-neglect. The complex relationship and turbulent history between Health Authorities, Provincial and Federal Government, First Nations Bands and Councils, Non-Government Organizations and Faith Communities has taught Indigenous people not to trust the colonial response.

Significant historical and cultural realities within Indigenous families and communities have a correlation and complex interconnection with abuse, neglect and self-neglect. The impact of attending residential schools, the legacy of colonialism, as well as systemic abuse and racism are complex factors that should be acknowledged in situations of abuse within Indigenous families and communities. Inter-generational differences in values, beliefs, and expectations can also potentially lead to circumstances of abuse (ONPEA, 2006).

The negative impact of residential schools is well documented and should not be minimized. Awareness and competency, sensitivity and knowledge regarding the complexity of residential school survivor's experiences, should be taken into consideration when encountering situations of abuse and violence within First Nation families and communities.

Considering the aging of residential school survivors, the influx of settlement payments and the subsequent legacy of abuse that resulted from attendance in these schools, the impact on the lives of survivors, their families and communities is considered a significant factor that may lead to situations of abuse, neglect or self-neglect of vulnerable adults.

“Residential School survivors are 55 years of age and older, given the phasing out of the program during the 1970's and early 1980's. Over half of the Indigenous adults who attended residential schools said their health and well-being were negatively affected. The most noted effects (40% of respondents or more) are: harsh discipline, verbal or emotional abuse, witnessing abuse, isolation from family, separation from community, physical abuse, loss of language, loss of cultural identity, and loss of traditional religion or spirituality.

Respondents who are Residential School survivors also state that their health was affected negatively due to: bullying from other students (34%), harsh living conditions (32%), lack of food (30%), poor education (25%), lack of proper clothing (23%), and sexual abuse (17%). Of the respondents that believed residential school affected their well-being negatively, a large majority felt at least five of the above listed conditions contributed negatively to their overall well-being” (British Columbia, 2002/2003).

The following video is a discussion with Dr. S. Calliou of the Michel Band and Colleen Stewart, a Social Work Case Manager with the Vancouver Coastal Health in British Columbia. It was produced to help facilitate awareness and dialogue to assist in recognizing, reporting and reacting to older adult abuse and neglect.

These videos may also be viewed at [Dr. S Calliou](#).

Colleen Stewart & Dr. S. Calliou



Click on video to start player

“It is important for health care providers to understand not only what they value, but also what they dislike, fear, or are otherwise biased against. Everyone has biases and prejudices. One way for health care providers to check their own biases is to ask themselves: “Why do I believe or think what I do in this situation? Would someone else looking at this situation come to the same conclusion, or could they come up with a different interpretation?” The answers can be illuminating and may reveal implicit assumptions that are influencing the perception of the situation” (Srivastava, 2006).

Cross Cultural Engagement requires:

- Building long-term, working relationships with communities.
- Including alternative perspectives, ideas and understandings to reframe problems.
- Stimulating innovation and discovery by bringing together divergent ways of knowing.

It also requires trust and relationship building based on a sincere and demonstrated willingness to:

- Recognize and call into question one’s own ideology without becoming defensive
- Be able to shift roles from expert to learner
- Be able to step into and listen, learn and reason; within an entirely different world view
- Suspend impulses to control program agendas and decisions (Hassel, 2005).

Designated Agencies conducting older adult abuse investigations in First Nations Reserve Communities are encouraged to follow protocols and guidelines for community engagement developed collaboratively with that Nation.

A template for recording the names of people and organizations in your community who have a role to play in preventing and responding to abuse, neglect and self-neglect is available by clicking on the logo to the right, or by turning to Chapter 14 of the printed manual.

Please insert your agency/organization’s practice guidelines, policies, or directives about working with older adults experiencing abuse, neglect or self-neglect into Chapter 15.



If local guidelines do not exist, consider utilizing some of the following more universal principles of cross-cultural engagement adapted from the work of BC's Interior Health Authority, Guidelines for Working with Aboriginal People - Community Engagement (Houde, 2007):

Values

Respect: Respect the people that you are working with, even if you do not understand their world view. Reflect traditional models of dispute resolution.

Relationships: Promote family unity and cooperation wherever it is safe and appropriate to do so. Indigenous people often have large families, as a result the participation of the family and community may be larger than you expect.

Responsibility: Be accountable to the people and community you work with.

Reciprocity: Ensure your work is meaningful to the community, not just meeting your own work needs and agendas.

Suggestions:

- In order to determine whether Indigenous people have an interest in the communication, consultation with the appropriate Indigenous individuals, communities or organizations should occur.
- Always acknowledge the traditional territory and the Indigenous people of the land whom you are visiting and give gratitude for being allowed to have your meeting there.
- Clearly introduce yourself and your role/service; ensuring that all information is given clearly and is understood by the participants.
- Conduct circle meetings when possible. The format of this type of meeting is that chairs are placed in a circle, discussion goes clockwise and people speak in turn. This way everyone has a chance to speak and is respected for doing so. Try not to cut anyone off due to time or process; if you must, do it gently.

- Be aware of your inherent and societal privilege. There are many benefits granted to people based on the colour of skin, the way you look, the way you present yourself, where you live, education etc as well as many benefits not granted to people based on the same criteria.
- Be aware that you are knowledge brokers, people who have the influence to make legitimating arguments for or against ideas, theories or practices. You are a collector of information and producers of meaning, which can be used for or against Indigenous interests.
- Be non-intrusive, trustworthy, respectful of protocol and inclusive, rather than exclusive of, Indigenous perspectives, perceptions, and worldviews.
- Respect cultural integrity which means using procedures which allow contributors to “tell their stories” (narratives).
- Recognize that treating all people just the same is not a form of social justice; rather it is a form of submerging the Indigenous person in a culture that is based on European patterns.
- Remember, when in doubt ask the people participating. Most times, when someone asks and is respectful, the proper way will be shown to you.

Workers intervening with older adults experiencing abuse, neglect or self-neglect need to recognize that sometimes the “help” and “protection” that they are offering may in themselves be seen as abusive acts.

For example, removing older adults from harm and placing them in facilities where you believe they will be safe may replicate the Residential School experience for those adults, communities, and families.

Conversely, abandoning those older adults experiencing harms for fear of appearing like you are perpetuating history is not a responsible option. Adhering to the principles above and following the process laid out in this manual will guide your interventions in a mindful, respectful manner and prevent you from appearing as an outsider imposing an authoritarian solution.

Safety

The following is adapted from Home and Community Health Worker Handbook (Worksafe BC, 2006):

Violence refers to physical force that causes injury to a worker and includes any threatening statement or behaviour that gives you reasonable cause to believe that you are in danger. Working closely with clients and their families and friends, often under difficult circumstances and sometimes in isolated locations, can put you at risk of violence.

Many home and community care workers do not report to their supervisor, worker health and safety representative, or co-workers when their clients act aggressively or are violent toward them because they feel that it is “part of the job.” Being exposed to violent or aggressive behaviour is not part of your job. It is not okay.

Always be aware of potentially violent situations, and report acts of violent or aggressive behaviour to your supervisor as soon as you can.

Clients may have a history of violent behaviour. They may act aggressively, or feel frustrated or angry because of:

- Their medical conditions or medications
- Poor communication with health care providers
- Their dependence on others
- Drug or alcohol addiction
- Language and cultural barriers

Family members and visitors may have a history of violent behaviour. They may become argumentative because of their frustration with the client's condition or the care arrangements. The home may be in a high-crime area or an isolated location. Firearms may be stored unsafely in the home. The home may be cluttered and poorly lit, making it difficult to leave quickly in the event of violence.

What you can do to reduce the risk of violent and aggressive behaviour:

- When you arrive at the home, assess your client's mood before you start your duties.
- Tell your client what you are going to do before you do it.
- When possible, keep space between you and your client.
- Avoid letting your client come between you and a way out of the room.
- Be aware that your client may become more aggressive when you are assisting with personal care or toileting.
- Be sensitive of cultural or language barriers.

What you should know and report about client:

- Read the communication notes and care plan before visiting a client.
- Be aware of mental health diagnoses, specific triggers, and ways to minimize violent behaviour.
- Know your employer's procedures to minimize risk.

Report events/conditions that cause violent and aggressive behaviour in your client to your supervisor and/or record in the communication book.

Environment:

- Use a flashlight and be alert when walking to or from clients' homes at night.
- Make sure that you can get out of your client's house easily, without stepping over and around furniture or clutter.
- Be aware of aggressive and unrestrained animals on the premises.

Tell your supervisor if:

- Any inside or outside lights are not working.
- Firearms are stored unsafely.
- There are any safety hazards that are a concern to you.

If the situation with a client, a family member, or a visitor is becoming stressful:

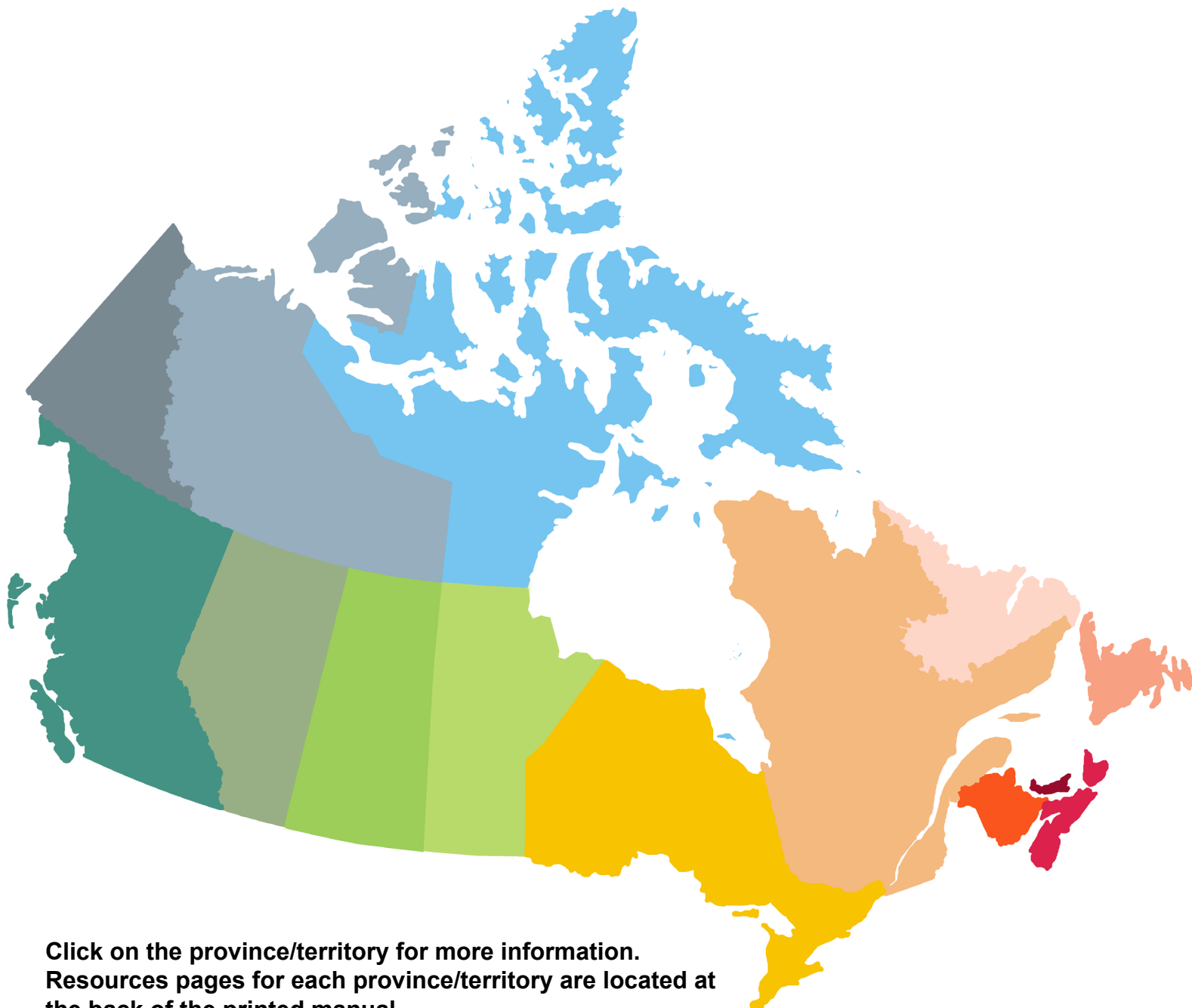
- Stay calm.
- Face the person with your elbows at your side and your hands in the air with palms facing out.
- Try to leave at least two meters (six feet) between you and the person.
- Watch for signs that the person may strike out (for example, red face, fast breathing, finger pointing, and yelling).
- Do not argue or raise your voice.
- Reassure the person that his or her concerns will be dealt with as soon as possible.
- Tell the person how to make a complaint to your employer.
- Tell your supervisor about the situation as soon as it is safe to do so.

Additionally, your employer may have an Employee and Family Assistance Program that offers confidential counseling services.

When you travel and work alone, you have a higher chance of being exposed to violent and aggressive behaviour. To keep yourself safe:

- Follow your employer's working-alone policies and procedures.
- Plan the safest route to your client's home.
- Carry a cell phone and phone numbers for police, fire, ambulance, and your supervisor.
- Keep your car in good working order.
- Lock your car while you are driving.
- Park in well-lit areas.
- Drive to the nearest police station if you feel you are being followed.

If you experience a significant trauma at work, such as being exposed to violent or aggressive behaviour or witnessing a traumatic death, you may experience post-traumatic stress. If you are experiencing emotional or psychological trauma, such as intense fear, helplessness, or persistently re-experiencing the event, seek assistance by asking your supervisor for information on counselling services through your health plan, going to your family physician, or seeking counselling or support through your local counselling agencies or your provincial/territorial worker safety programs.



Additionally, your employer may have an Employee and Family Assistance Program that offers confidential counseling services.

Privacy and Confidentiality

Privacy is the freedom from intrusion into and exposure of personal affairs. It is a basic human right. Everyone has the right to control who has access to his or her personal information and how it will be used. Knowing the difference between privacy and confidentiality can be confusing.

Privacy is the right of individuals to keep information about themselves from being disclosed. Patients decide who, when, and where to share their health information. On the other hand, confidentiality is how we treat private information once it has been disclosed to others or ourselves.

This disclosure of information usually results from a relationship of trust; it assumes that health and personal information is given with the expectation that it will not be divulged except in ways that have been previously agreed upon, e.g., for treatment, for provision of services, or for use in monitoring the quality of care that is being delivered (Erikson & Millar, 2005).

The issue of confidentiality, especially for those living in small communities, is of utmost concern. Strategies and protocols for communication in these situations need to be developed in order to ensure that community health workers and their clients are not put at additional risk. Telephone, internet and other communication protocols should be assessed to ensure the privacy and confidentiality of clients and staff.

Confidentiality for individuals who report abuse, neglect or self-neglect is crucial for several reasons. The reporter needs to feel safe from incrimination and retaliation. Often the reporter knows or is related to the suspected abuser and/or the people who are conducting the investigation, and they may be reluctant to report situations if they think other people will know that they were the one who disclosed it. Ensure confidentiality is respected and only those people who need to know about the concerns for the older adult are involved.

The Community Response Network Movement

Networks that provide community-based coordinated responses to harms experienced by vulnerable adults and Elders have come to be known as Community Response Networks (CRNs).

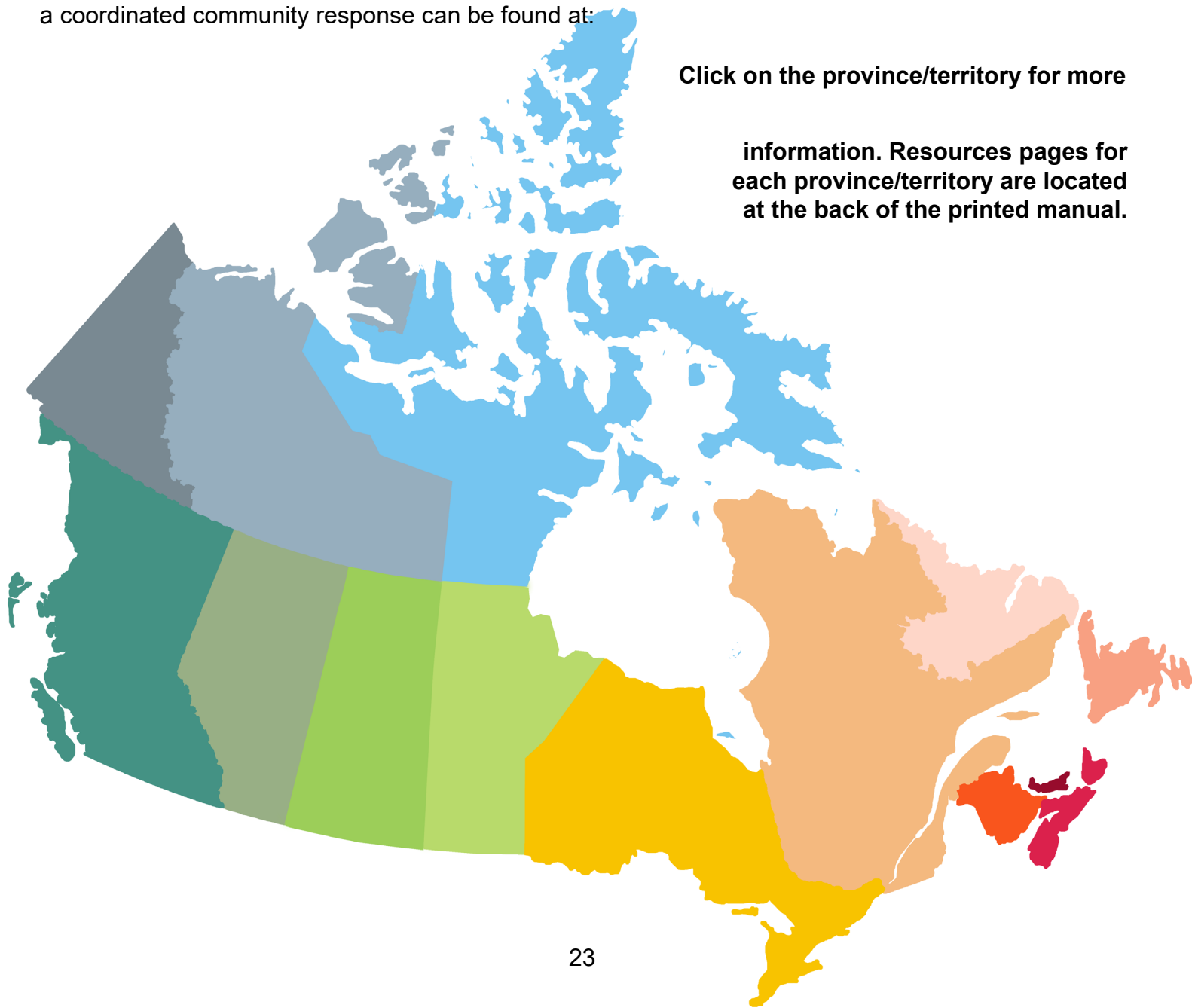
The establishment of these networks of support in local communities are usually by concerned community members or social service agencies and may include designated responders, police, victim service worker, other community social service workers, lawyers, bankers and other interested community members, including Elders.

Many Canadian provinces have developed a coordinated response at the community level to address adult abuse, neglect and self-neglect. Other provinces are working on setting these networks up. At their core is the value of preventing abuse and restoring respect, dignity, independence and security to vulnerable adults living everywhere in Canada and believe that this is best done at the local level.

Information about community response networks and other organizations who may be involved with a coordinated community response can be found at:

Click on the province/territory for more

information. Resources pages for each province/territory are located at the back of the printed manual.



Offering support to abused or neglected adults and having access to some new legal tools, is only part of what will make a difference in the lives of vulnerable adults experiencing harms. There is a need for increased coordination at the community level, not only of responses to individuals who are abused or neglected, but also coordination in terms of working towards prevention over time by involving the whole community to make it safer.

CRNs can help create increased coordination of community responses to abuse and neglect.

This section is about the CRN approach, which is about recognizing community strengths and resources and further building the whole community's capacity to address and prevent adult abuse and neglect.

The following video is a discussion Alison Leaney and April Struthers regarding the role of 'Community Response Networks' in British Columbia. Both April and Alison have been extensively involved in the development of 'CRN's in BC. This video was produced to help facilitate awareness and dialogue to assist in recognizing, reporting and reacting to older adult abuse and neglect.

These videos may also be accessed online at [Alison Leaney & April Struthers](#)

Alison Leaney & April Struthers



Click on video to start player

What is a Community Response Network, or CRN?

A CRN is a network of people who share a common interest in building safer communities by developing relationships. CRNs are made up of a diverse group of concerned community members, service providers and others who come together to create a coordinated community response to adult abuse, neglect and self-neglect.

First Nations communities are only just now hearing about CRNs. There is heightened interest in CRNs now because of the concern that older adults are not re-victimized or financially abused or otherwise abused, in the process of receiving Indian Residential School settlements.

A First Nations CRN may look very different than a CRN in another community. They are meant to fit the communities where they are being developed. The ideas shared here are just that, ideas that First Nations communities can consider if interested, and to tailor to meet local needs.

The CRN Approach is Grounded in Principles

The following community development principles are what the CRN Movement is based upon:

Broad inclusion - include everyone in and perhaps outside or nearby the community who has an interest or role.

Meaningful participation - everyone has something to offer and will contribute in their own way.

Power-sharing - consensus decision-making based on trusting relationships.

Assume capability/build capacity - everyone has something to learn from other CRN members; everyone has something to teach.

Who are the Members of a CRN?

Together, CRN members reflect the diversity of who lives and works in the community. In a First Nations community a CRN may include but is not limited to:

- Concerned community members, Elders, youth.
- People working for or serving a band such as health directors, social development workers, homemakers, Elders coordinators, wellness coordinators, spiritual leaders, peacekeepers, tribal police, and band stores.
- Cultural or language nests or groups, traditional networks, clans or groups.
- Transition houses, victim services, local businesses.

When ready, CRNs in First Nations communities may want to invite people from outside the community who could be helpful in the community such as designated agency staff, police, Health Canada nurses, native court workers, Friendship Centres, banks or credit unions, service clubs, businesses.

What Do CRNs Do?

CRNs can work to get help to people in the short term and the longer term. In the short term CRNs can:

- Decide how to invite the community to join the CRN.
- Plan together what the top priorities or first steps are that are needed in the community - this might be something like advance care planning.
- Build relationships between the people who can help people who are abused or neglected.
- Plan how their members can work together to get help to people who are abused or neglected.
- Let the community know who within and outside the community can help.

In the longer term CRNs can:

- Keep inviting the community to join the CRN.
- Develop protocols - one day working relationships may be written down in the form of a set of agreements or protocols between local community programs or between local community programs and services outside the community.
- Develop a long-term vision of how people want the community to be.
- Provide ongoing education about various ways of protecting oneself from abuse and neglect from a wellness, community strengths perspective.
- See how the community response is working over time and working together to make changes for ongoing improvement.

Overall CRNs have the potential, because of how members work together to further trusting and respectful relationships, to become a microcosm of the community they are working to create.

How are CRNs Supported?

All it takes to form a CRN in a community are shared values and vision, a place to meet, and someone to volunteer to coordinate the group. This is a grassroots, community-based movement which includes everyone who is interested in helping address, prevent and eliminate adult abuse.

Each CRN is unique and diverse and reflects its own community, but the over-arching goals are the same throughout the country.

Each province is developing its own model to support CRNs once they are organized. The most active and sustainable networks are supported with core funding from the provincial government (Ontario and BC) or from their local municipalities (Alberta) and with project funding from a range of sources. Financial & in-kind support can be made available from Band and Council, health and social service agencies, financial institutions, and communities of faith and local service clubs and foundations. In-kind support is also provided in all provinces by the employers of the members of the network including Health Authorities, Police, Victim Services, Anti-Violence Coordinating Committees, bankers, lawyers, notaries public and others.

There also may be some provincial coordination. For example, in British Columbia, Community Response Networks (CRNs) are all invited to be members of, and are supported as funds are available, by the BC Association of Community Response Networks (BCACRN). The BCACRN is a registered non-profit society and charitable organization. CRNs are the BCACRN's local presence in communities.

The purpose of the BCACRN is:

- To promote safe communities through CRNs that address and prevent adult abuse and neglect.
- To sustain CRNs over the long term by creating a diversified funding base and coordinating the raising of funds.
- To support other initiatives that benefit adults at risk of or experiencing abuse/neglect.

The BCACRN supports its local CRN members by providing:

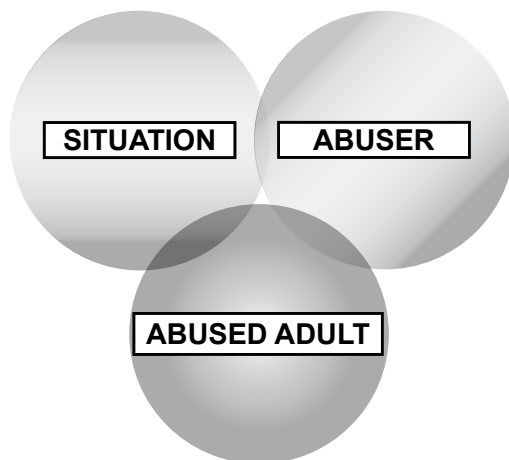
- A website so CRNs can share their work with others.
- Monthly teleconferences on aspects of CRN development.
- Newsletters about news from the BCACRN.
- A CRN Mentors' Team whose members can be available by phone and email to offer support on CRN development issues.
- Local and regional workshops.
- Province-wide projects or support to participate in them - e.g. World Elder Abuse Awareness Day.
- A coordinated approach to fundraising.

New CRNs are emerging and are invited to become new members of the BCACRN.

The BCACRN connects with other provincial, national and regional agencies and groups to jointly work toward the prevention of abuse and neglect of all adults 19 and older and to address systemic issues raised by local CRNs that impact how abused or neglected adults get help.

Understanding the Dynamics of Abuse and Neglect and Recognizing Vulnerability

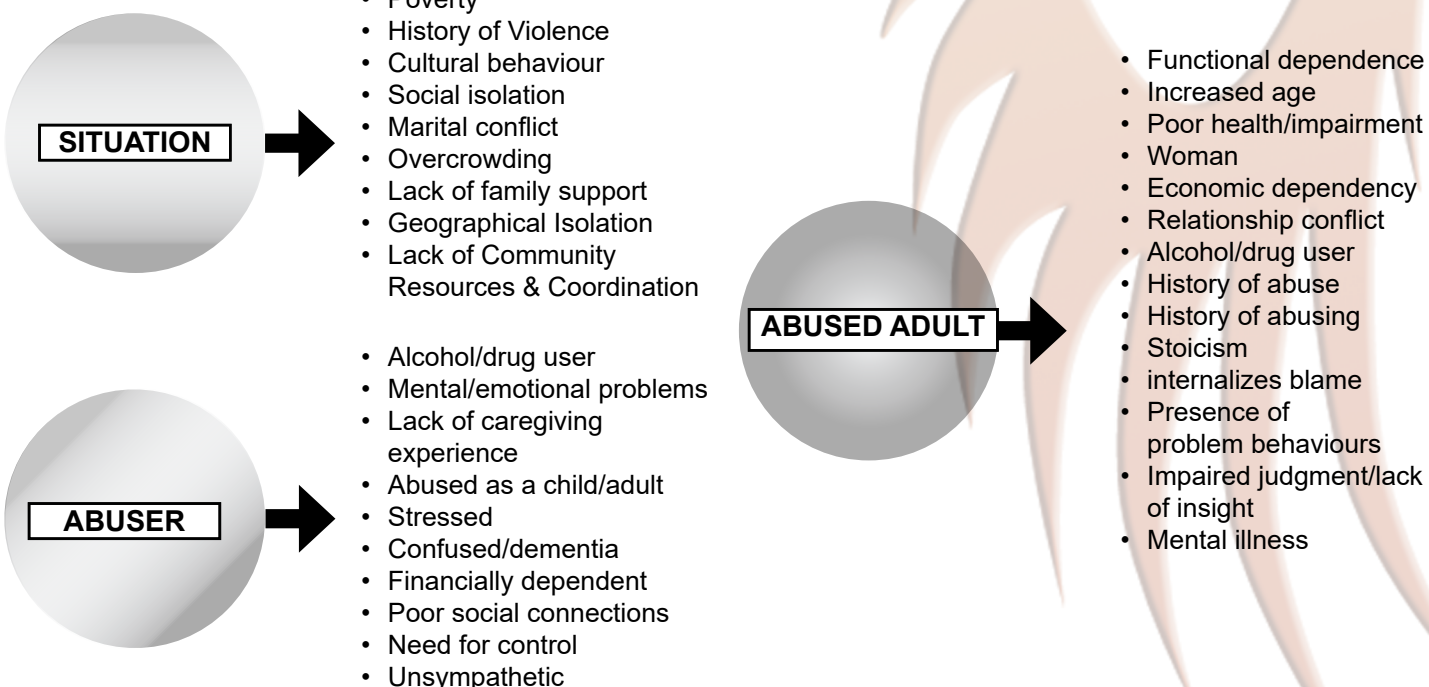
As Community Health and Human Service Workers, it is useful to conceptualize a model of abuse, neglect and self-neglect as dynamic and interactive. All people live within the context of their own physical self, their environment, and their relationships to others. It is necessary to look at and understand all parts to determine the safest, most effective point of intervention.



Intervention strategies are guided by a thorough psychosocial assessment of the adult, the situation, and the abuser. Analyzing the dynamics is critical. The following risk factors are correlated with abuse and neglect.

Adapted from (Kozak, Elmslie & Verdon, 1995).

Recognizing these risks can help you identify situations that may require further inquiry.



The following video is an interview with Chief Robert Joseph, hereditary chief of the Kwagiulth nation. Chief Joseph holds an honorary doctorate from the University of British Columbia. He has worked extensively providing counseling and service to former students of Indian residential schools and helped bridge understanding between aboriginal and non-aboriginal communities and governments. This video was produced to help facilitate awareness and dialogue to assist in recognizing, reporting and reacting to older adult abuse and neglect.

This video can also be viewed at [Chief Robert Joseph](#)

Chief Robert Joseph



Click on video to start player

Be aware of conflicting reports from the vulnerable adult and abuser, as these may be markers for intervention. Older Aboriginal people may not consider themselves abused in circumstances that a non-Aboriginal person would. The following behavioural indicators may be associated with an abused adult and an abuser:

A Potentially Abused Adult May:

- Have injuries that do not match the explanation
- Have repeated “accidental injuries”
- Appear isolated
- Say or hint at being afraid
- Consider or attempt suicide
- Have a history of alcohol or drug use (including prescription drugs)
- Present as a “difficult” client
- Have vague, chronic complaints
- Miss appointments
- Be unable to follow through on a treatment plan or medical care
- Delay seeking medical help
- Exhibit depression (mild or severe)
- Exhibit evidence of stress and trauma, such as chronic pain and other illnesses
- Have a sudden change in behaviour
- Protect their abuser by denying the abuse
- Refuse to include family in their care plan

A Potential Abuser May:

- Minimize or deny the abuse has occurred
- Blame the victim for being clumsy or difficult
- Be overly charming and helpful to OR abusive to the professional (e.g., "I'll call your supervisor," or "I'll sue you.")
- Say the victim is incompetent, unhealthy or crazy
- Use the system to their advantage or against the victim by threatening "their rights"
- Threaten suicide
- Prohibit the victim from purchasing needed items
- Act loving and compassionate toward the victim in a professional's presence
- Agree to a plan but never follow through
- Want to be present for all interviews
- Answer for the victim
- Turn family members against the victim
- Talk about how good the victim has it, or how ungrateful the victim is
- Threaten to hurt the family pet

Adapted from Brandl, (2002)

Recognizing Vulnerable Adults

The most vulnerable members of our society also experience the highest incidence of abuse, neglect, and self-neglect. Generally, adults considered to be the most vulnerable include:

- Frail elderly
- Adults with mental illness
- Adults with physical/mobility impairments
- Adults living in poverty
- Adults with cognitive impairments
- Adults with developmental disabilities
- Adults with addictions
- Adults who don't speak English
- Adults who are poorly educated

Women in all categories are more likely to experience abuse than men, and the risk increases with age and level of dependence or disability.

“Aboriginal people are three times more likely to experience violent crime compared to their non- Aboriginal counterparts” (Dumont-Smith, 2002).

Abuse against vulnerable adults is far less likely to be reported or investigated than abuse against other adults. The risk is higher for vulnerable adults when:

- They are unable to call for help or to protest
- They are dependent upon others
- They have never learned assertiveness
- Many people have access to their homes and bodies
- There is a history of abuse
- They are not believed
- The abuse has not been identified
- They are isolated

Intervention and response to situations of suspected abuse and neglect must be guided by an understanding of the factors that make older adults vulnerable.

Once there is a plan developed to support the vulnerable or older adult, the authority and tools to intervene will be guided by provincial and territorial laws. Each province has created its own framework for responding based on local culture, ideology with respect independence vs. protection, and historical legislative reform. For a comparative analysis of Adult Abuse and Neglect Legislation in Canada see *Vulnerable Adults and Capability Issues in BC: Provincial Strategy Document* (BC Adult Abuse/Neglect Prevention Collaborative, 2009).

The following process applies to creating safety for vulnerable and older adults despite the uniqueness and diversity of each Nation.

Recognize

Learn to recognize indicators of abuse, neglect, or self-neglect. Ask yourself why the situation is causing you to feel concerned or uneasy. Take the time to: stop, look, and listen.

Older and vulnerable adults may not always be able to seek support and assistance by themselves due to physical restraint, physical or cognitive disability, illness, disease, and injury. Abuse, neglect and self-neglect in First Nations and Aboriginal communities are complex issues with multiple factors requiring a careful, mindful approach.

Report

Always engage the support of colleagues and supervisors when you feel that an older adult is at risk. Don't try to deal with it alone. Trust your instincts if you feel something is wrong. Know your employer's protocols and policies about reporting suspected crimes to the police or other designated agencies.

React

Assess the situation to make certain that it is safe for you as well as the adult to talk about the situation. Treat the adult with respect. Ask them if they "feel safe". All adults have the right to make their own choices and decisions, as long as they are not harming themselves or others.

Respond

Community Response Networks and other community organizations and structures can play a significant role in building safer communities for everyone and creating protocols on how to respond as a community. What are the resources required to support vulnerable adults? Know the roles and responsibilities of community responders and designated agencies.

Reflect

Stop and think about the situation. Is the adult safe? Are you safe when you visit the adult? What are the supports within your community? What are your responsibilities? Who is your Designated Agency Representative? Who can you discuss this situation with, in a confidential and safe environment? How can you maintain the privacy of the adult?

(adapted from: ONPEA, 2006).

PHYSICAL, SEXUAL AND PSYCHOLOGICAL ABUSE

Abuse includes the deliberate mistreatment of an adult that causes:

- Physical, mental or emotional harm, or
- Damage to or loss of assets,

Abuse includes intimidation, humiliation, physical assault, sexual assault, over medication, withholding needed medication, censoring mail, invasion or denial of privacy, or denial of access to visitors.

Physical Abuse

Physical abuse involves any deliberate act of violence, rough treatment, or use of physical force for coercion, including assault, sexual assault, and physical restraint.

Sexual Abuse

Sexual abuse involves any sexual behaviour directed toward an adult without that adult's full knowledge and consent, including sexual harassment, non-consensual sexual touching, and using pornography.

Psychological or Emotional Abuse

Psychological or emotional abuse involves any act that diminishes an adult's sense of identity, dignity and self-worth, including confinement, isolation, verbal assault, humiliation, intimidation and infantilization.

The following video is **part two** of a three-part video entitled, **With Love and Respect**. It is entirely fictional and not intended to represent any real person place or situation. It was produced to facilitate awareness and dialogue to assist in recognizing, reporting and reacting to older adult abuse and neglect.

This video can also be viewed at [John's Story](#)

“John’s Story”



Click on video to start player

Indicators of Physical and Sexual Abuse

- Bruises, black eyes
- Welts, rope marks
- Swelling
- Broken assistive devices (glasses, dentures, canes)
- Lacerations
- Punctures
- Untreated injuries in various stages of healing
- Adult's report of being abused
- Fractures, sprains, dislocations
- Restricted movement
- Repeated falls
- Internal injuries
- Burns
- Pain, itching or bruises around breasts or genital area
- Torn, stained or bloody underclothing
- Venereal disease
- Genital infections
- Vaginal/anal bleeding

Continuum of Abuse *

- Pinching, squeezing
- Pushing, shoving, restraining
- Jerking, shaking, pulling
- Shaking causing bruising
- Slapping, biting, hair pulling
- Hitting, punching, kicking, choking
- Forced sexual activity
- Forced feeding of undesired food and medications
- Throwing objects at the adult
- Throwing the adult onto a bed or chair, etc.
- Lacerations that require stitches
- Use of weapons
- Broken bones, internal injuries
- Disabling, disfiguring
- Death

* Source: British Columbia Centre for Elder Advocacy and Support, Fact Sheet #2

The National Initiative for the Care of the Elderly (NICE) has produced a series of prevention, detection, and intervention tools. Please go to www.nicenet.ca for copies of these practice support tools, including the Indicators of Abuse (IOA) pocket guide.

Abuse of a Capable Adult

When you become aware of an abusive situation, and the older adult is considered capable of seeking support and assistance, you may choose any of the following actions:

- Offer support and assistance directly to the adult
- Refer the adult to support services
- Provide treatment for any injuries
- Follow the domestic violence protocol in your workplace
- Remain available for the older adult to contact you at another time
- Remain non-judgmental
- Acknowledge the adult's right to live at risk
- Work with the adult to develop a safety plan

Abuse of a Vulnerable Adult

Adults may be vulnerable or incapable of seeking support and assistance for many reasons. Due to the close relationship with their clients, Community Health and Human Service Workers often are the people that first become aware of concerns about vulnerable adults who may be experiencing abuse or neglect. If you become aware of a situation in which a vulnerable adult is suspected of being physically abused follow these steps:

- Document your observations, the report, and what has been done to address the situation
- In urgent or emergent situations, ensure the adult is safe and follow emergency procedures
- Determine if the adult is able to seek support and assistance on his/her own
- Determine the appropriate designated responder to follow up, and ensure the referral is made to, and accepted by, the designated responder. "Designated Responder" refers to an employee of an agency who has the responsibility and training to inquire into reports and to respond to situations of suspected abuse, neglect and self-neglect of vulnerable adults
- Keep the identity of the person who made the report confidential

Designated Responder Process

- Document each step
- Interview the adult
- Assess the urgency of the situation
- Coordinate the collection of collateral information
- Coordinate the assessment of abuse, neglect and self-neglect
- Coordinate the assessment of the adult's ability to seek/refuse support and assistance
- Determine if the adult has a representative, Power of Attorney, or Substitute Decision Maker
- Coordinate the development of a care plan to provide support and assistance
- Advise the most responsible physician of the situation and actions taken
- Make reports as necessary to the Public Trustee to safeguard the adult's assets
- Report crimes committed against vulnerable adults who are unable to seek support and to the police
- Keep the identity of the person who made the report confidential

Multi-Agency Involvement

Many older and vulnerable adults will be involved with more than one agency or organization during an inquiry. When a designated responder in one program/agency identifies that another program or professional is, or needs to be, involved with a case, the original designated responder will:

- Ensure the designated responder in the other sector is informed of the situation
- Determine who will take lead responsibilities for investigation and follow up
- Provide full documentation to the new designated responder
- Not "hand off" an investigation until another designated responder has taken responsibility

Assessment

Who Does the Assessment?

In most situations, an assessment requires a multidisciplinary approach. It is the designated responder's responsibility to coordinate the assessment of abuse and the adult's ability to seek support and assistance. The designated responder may request a neuropsychological assessment, and/or further work-up by a family physician, psychiatrist, geriatrician, occupational therapist, community mental health team, or other professional.

Assessing a Vulnerable Adult for Abuse

- Gaining access to an adult may be difficult, but try to meet the patient alone
- Be observant of physical surroundings and the adult's condition
- Denial in itself should not end an inquiry; adults often protect family members
- Shame and fear of retaliation may be barriers to disclosure
- Establishing a trusting relationship takes time, often several visits
- Reassure the adult (i.e., "You are not alone," "You are not to blame.")
- Collect collateral information from trusted sources
- Review medical record for any history of suspicious injuries
- Begin with general questions and then move to more specific ones

Interview Screening Questions

It is important to meet face to face with older and vulnerable adults to give them the opportunity to speak about the situation from their own perspective. There are screening tools available to assist you in your interview. The National Initiative for the Care of the Elderly (NICE) has produced a series of prevention, detection, and intervention tools.

Please go to www.nicenet.ca for copies of these practice support tools. Generally, the assessment interview will need to incorporate the following types of questions:

- Has anyone at home ever hurt you?
- Has anyone ever touched you without your consent?
- Has anyone ever made you do things you didn't want to do?
- Has anyone threatened you?
- Are you afraid of anyone at home?
- Are you alone a lot?
- Explain to me how you received these injuries.
- If someone was harming you, what would you do?
- Do you feel safe?

Assessing a Caregiver for Abusive Behaviour

- Be cautious when interviewing a suspected abuser, and assess your own safety first
- Consider having another professional with you as a witness and to ensure safety
- Consider that the caregiver interview might best be left to the police in situations where criminal offences are suspected
- Be aware that the assessment may alarm the abuser and expose the adult to greater risk
- Avoid confrontation
- Use an empathetic and non-judgmental approach
- Identify specific factors that can cause stress to a caregiver, and add comments and questions (i.e., “Caring for your wife now that she is incontinent can be a burden. How are you managing?”)

Indicators of Caregiver Abuse (Reis & Nahmiash, 1995)

For a pocket version of the Caregiver Abuse Screen go to www.nicenet.ca

The caregiver:

- | | |
|-------------------------------------|--|
| • Has behavioural problems | • Lacks understanding of the adult’s medical condition |
| • Is financially dependent | • Shows reluctance to caregiving |
| • Has mental/emotional difficulties | • Has marital/family conflict |
| • Has alcohol/substance use problem | • Has poor current relationship |
| • Has unrealistic expectations | • Has a poor past relationship |
| • Is a blamer | |

Assessing an Adult's Ability to Seek/Refuse Support

It may be difficult to find assessment tools or the professionals who have skill and expertise in conducting capability assessments of older adults in a culturally relevant and valid manner. The purpose of assessment in the context of older adult abuse is not for diagnoses and treatment, rather for determining if the adult is able to seek support and assistance about the abuse and neglect. In other words, if the older adult wants to do something about it, is he/she able to?

- An assessment of incapability is indicated when an adult appears:
 - Confused
 - To fluctuate and is inconsistent
 - To have poor short term memory
 - Depressed
- All incapability assessments should include an assessment of:
 - Cognitive function
 - Executive dysfunction
- An assessment should be focused on the adult's ability to make a specific decision and does not imply a global finding of incapability
- To make a decision, the adult must be able to receive, assimilate and integrate the relevant information; evaluate benefits and risks; and understand the implications of a decision (Cooney et al, 2004)
- To be capable, the adult must also be able to carry out the decision
- Use a multidisciplinary team for a comprehensive assessment

Assessing Executive Dysfunction

- Executive cognitive processes include:
 - Planning
 - Active problem solving
 - Anticipation of an intended action
 - Initiation of activity
 - Ability to carry out a decision
 - Inhibition of inappropriate behaviour
 - Capacity to monitor the effectiveness of one's behaviour
- Self-report by an adult with suspected cognitive and executive dysfunction must be validated by reliable collateral information
- Adults with executive dysfunction have problems with judgment and trusting appropriate people for assistance
- Adults with executive dysfunction may be influenced by individuals who might take advantage of them
- Intact executive function is instrumental to the adult being able to seek support and assistance
- Any change from baseline functioning is abnormal and indicates that an underlying physical, cognitive or psychiatric illness is present

Developing a Care Plan

When an adult is assessed as **incapable** of seeking or refusing support and assistance, **and** there is evidence of physical, sexual and/or psychological abuse, any intervention will be guided by a comprehensive assessment of the adult, the caregiver, the abuser and the urgency of the situation.

- Report crimes to the police and coordinate a response/intervention that is safe and respectful to the older adult
- Notify/consult with the most responsible physician
- Involve the adult as much as possible and consider his/her values, beliefs, preferences and previously existing lifestyle and choices
- Work with an alternate decision maker or representatives to create a support plan that addresses the adult's safety
- Consider arranging/coordinating supports and services to reduce isolation, dependence or caregiver stress if applicable
- Consider removing the adult to a place of safety (i.e., a transition house, respite bed, or home of a trusted family member or friend)
- Consider legislative options to protect the adult from further harm

Legislative Options

Consider using relevant legislation and mechanisms to support and protect an adult, including:

Adult Protection Legislation and Substitute Decision Making

Adults who are vulnerable and experiencing abuse, neglect, and self-neglect will sometimes require protection from themselves or others even when they do not want it. Provincial and territorial legislation determines who can intervene and under what circumstances.

Some provinces/territories have legislation that provides substitutes to make personal, financial or health decisions for adults who are unable to make those decisions. Find out if the older adult or vulnerable adult has prepared documents or indicated who they would like to act on their behalf should they ever become incapable.

Mental Health Legislation

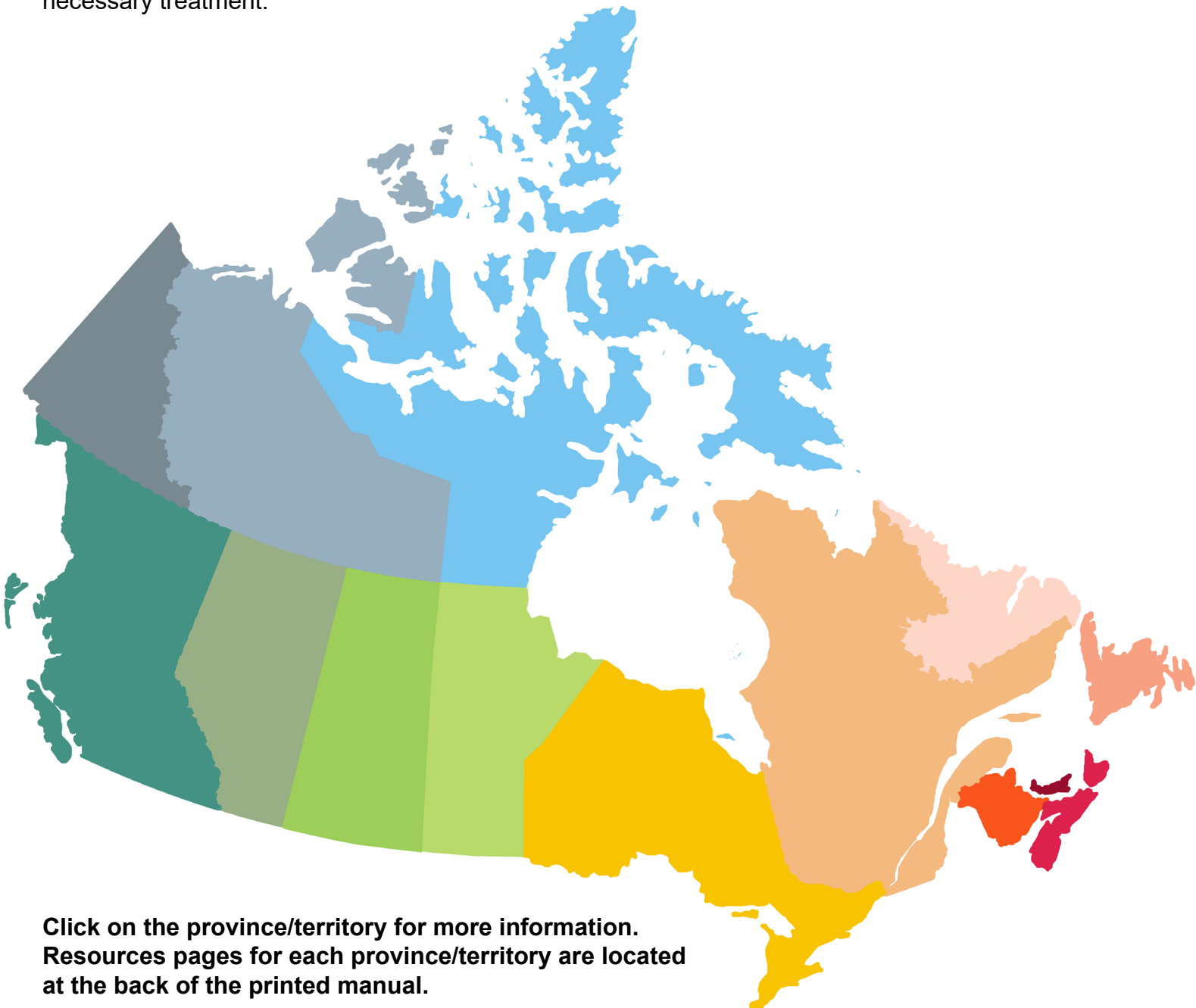
Adults with mental health diagnosis may benefit from treatment and/or hospitalization to protect themselves or others from harm. This may include older adults with dementia or serious depression who are experiencing violence, abuse, or neglect. Each province and territory has legislation that guides how, when, where, and who is able to be protected and under what conditions.

Responds to reports of abuse if the client is or was under an admission certificate under the Mental Health Act or if the client is or was subject to a Community Treatment Order.

Health Care Consent Legislation

In the event an adult is unconscious, mentally incapable, or otherwise unable to give consent to health care treatment the health care provider must use provincial/territorial legislation to determine if, how, and when health care treatment may be given and under what circumstances. In deciding whether an adult is incapable of making health care decisions, a health care provider must determine whether the adult understands the health care information given by the provider, what the risks and benefits of that treatment are, and that this information applies to their situation.

For example, in some situations where an older adult or vulnerable adult has been neglecting himself or herself and requires medical attention, the health care provider may be authorized to provide the necessary treatment.



**Click on the province/territory for more information.
Resources pages for each province/territory are located
at the back of the printed manual.**

Protective and Restraining Orders

A variety of orders may be sought to keep a suspected abuser away from a vulnerable adult, including a Peace Bond, a Civil Restraining Order, or other types of Restraining Orders. Consult with your local police liaison regarding the use of these orders.

Criminal Code of Canada

Report to or consult the police whenever there is evidence a crime has been committed against a vulnerable adult who cannot seek/refuse support and assistance. Some sample offences include, but are not limited to:

- Sexual exploitation of people with disabilities (s.153.1 (1))
- Incest (s.155 (1))
- Criminal harassment (s.264.1 (1))
- Uttering threats (s.264.1 (2))
- Assault (s. 267)
- Sexual assault (s. 271)
- Intimidation (s.423)
- Negligence (there is a duty to provide the necessities of life (s. 215 (1))
- Theft (322 (1))
- Theft by a person holding Power of Attorney (s.331), and theft or forgery of a credit card (s. 342 (1))
- Misappropriation of money held under direction (s.322 (1))
- Extortion (s. 346 (1))
- Forgery (s. 366 (1))

For more information on laws that can be used to intervene in situations of abuse or neglect of older adults and vulnerable adults, please see *A Practical Guide to Elder Abuse and Neglect Law in Canada* (CCEL, 2011).

This comprehensive resource includes snapshots of the law in each of the thirteen provinces and territories, a comparative table that allows for quick reference, a set of guiding principles for working with vulnerable adults, and sections that discuss mandatory reporting of abuse and neglect, rules around confidentiality of personal and health information, and the relationship between mental capacity and older adult abuse. The guide also contains a lengthy list of resource agencies.

When an Older or Vulnerable Adult Declines the Care Plan

- Consider the reasons why the support and assistance was declined
- Coordinate the supports and assistance that will be accepted
- Reassess the level of risk to the adult and assets
- Consult with the team involved with the adult, including supportive family & friends, your manager/supervisor, police, the Band and Council if appropriate, the adult's physician and/or medical professionals, and any other supportive person in the older adult's life
- Consider using legal tools listed above despite the older adult's objections, or the objection of the suspected abuser/caregiver, to protect the adult/assets if the adult is not capable to refuse support
- Consider using emergency provisions to protect the adult/assets
- Put the *recommended* care plan and rationale in writing, and give it to the person responsible for implementation
- Document the reasons why the care plan was declined
- Have a clear plan for following up and monitoring the situation

FINANCIAL ABUSE

Financial abuse involves the improper, illegal, or unauthorized use of a vulnerable adult's resources for someone else's benefit. It may include, but is not limited to:

- Theft
- Fraud
- Breach of trust
- Coercion
- Misuse of Power of Attorney
- Unauthorized use of credit/debit cards
- Forgery
- Extortion
- Misappropriation of money held under direction

The following video is **part three** of a three-part video entitled, **With Love and Respect**. It is entirely fictional and not intended to represent any real person place or situation. It was produced only to facilitate awareness and dialogue to assist in reacting effectively to older adult abuse and neglect.

This video can also be viewed online at [Mary's Story](#)

“Mary’s Story”



Click on video to start player

Indicators of Financial Abuse

- Unpaid bills
- Sudden change in lifestyle and living conditions
- No money for basic necessities
- Absence of aids, medications and services
- Refusal to spend money without permission of caregiver
- Sudden appearance of previously uninvolved relatives
- Abrupt changes in wills/accounts
- Sudden accrual of debts
- Forged signature
- Sudden sale or change in property title
- Sudden changes in types and amounts of withdrawals
- Unexplained transfer of funds or large withdrawals
- Power of Attorney granted under unusual circumstances
- Disproportionately high contribution toward household expenses
- Adult complains about not knowing where money/assets have gone
- Family member or representative refuses to spend money on the adult's behalf
- Withdrawal or threat of withdrawal, of sponsorship for immigrants
- Adult reports financial abuse

Unusual behaviour on the part of family members, friends, acquaintances or caregivers may indicate financial exploitation, such as:

- An unusual interest in the amount of money being spent on the adult's care
- Expressing excessive affection for a wealthy, older person
- New acquaintances expressing gushing, undying affection
- Accompanying person is angry or hostile towards the adult and refuses to provide necessary assistance
- Insisting on a promise of "lifelong care" in exchange for willing or deeding property or a bank account to the caregiver
- Family member/caregiver is evasive about financial arrangement
- Hostility towards interviewers and visitors
- Absence of any visible means of support
- Provision of unnecessary services
- Focus on how much items cost, not whether the elderly person needs them
- Substance abuse, psychological problems
- Spotty work history

(Wisconsin Coalition Against Domestic Violence 1997, 36)

Continuum of Financial Abuse

- Belief that the adult does not need money or have a future
- Theft of cash, credit cards, bank cards, mail
- Cashing in RRSPs without permission
- Unauthorized use of debit card
- Unpaid loans or repeated borrowing
- Using trickery or persuasion to get money or possessions
- Taking or withholding a pension or insurance cheque
- Borrowing or taking possessions without permission
- Selling property or possessions without permission
- Forcing a change of will or a Power of Attorney
- Misuse of Power of Attorney
- Refusing to pay bills, rent or mortgage
- Forging names or altering documents
- Establishing a joint account and using money without permission
- Theft from accounts in a financial institution
- Taking an adult's money, assets or property as an "early inheritance"
- Forcing an adult to sign over a house or car
- Leaving an adult destitute

Financial Abuse of a Capable Adult

When you become aware of a situation in which an adult is financially abused, and the adult is considered **capable** of seeking support and assistance, you may choose to take any of the following steps:

- Offer support and assistance
- Refer the adult to relevant community social support services including legal services
- Provide the adult with information about ways to protect assets, such as direct deposit/payment, co-signature on accounts, joint bank accounts, setting withdrawal limits, changing or cancelling credit cards, changing debit card PIN, etc.
- Acknowledge the older adult's right to share resources and assets and to live at risk
- Remain non-judgmental
- Provide the adult with information about arranging a Power of Attorney or a Representation Agreement with a trusted friend or relative

Abuse of a Vulnerable Adult

Adults may be vulnerable or incapable of seeking support and assistance for many reasons. Due to the close relationship with their clients, Community Health and Human Service Workers often are the people that first become aware of concerns about vulnerable adults who may be experiencing abuse or neglect. If you become aware of a situation in which a vulnerable adult is suspected of being physically abused follow these steps:

- Document your observations, the report, and what has been done to address the situation
- In urgent or emergent situations, ensure the adult is safe and follow emergency procedures
- Determine if the adult is able to seek support and assistance on his/her own
- Determine the appropriate designated responder to follow up, **and** ensure the referral is made to, and accepted by, the designated responder. “**Designated Responder**” refers to an employee of an agency who has the responsibility and training to inquire into reports and to respond to situations of suspected abuse, neglect and self-neglect of vulnerable adults
- Keep the identity of the person who made the report confidential

Designated Responder Process

- Document each step
- Interview the adult
- Assess the urgency of the situation
- Coordinate the collection of collateral information
- Coordinate the assessment of abuse, neglect and self-neglect
- Coordinate the assessment of the adult's ability to seek/refuse support and assistance
- Determine if the adult has a representative, Power of Attorney, or Substitute Decision Maker
- Coordinate the development of a care plan to provide support and assistance
- Advise the most responsible physician of the situation and actions taken
- Make reports as necessary to the Public Trustee to safeguard the adult's assets
- Report crimes committed against vulnerable adults who are unable to seek support and assistance to the police
- Keep the identity of the person who made the report confidential

Multi-Agency Involvement

Many older and vulnerable adults will be involved with more than one agency or organization during an inquiry. When a designated responder in one program/agency identifies that another program or professional is, or needs to be, involved with a case, the original designated responder will:

- Ensure the designated responder in the other sector is informed of the situation
- Determine who will take lead responsibilities for investigation and follow up
- Provide full documentation to the new designated responder
- Not "hand off" an investigation until another designated responder has taken responsibility

Assessment

Investigating Financial Abuse

The designated responder's role is to determine if a vulnerable adult is being financially abused, or if his/her assets are at risk due to neglect, and to offer support and assistance.

The designated responder may contact financial institutions to confirm concerns but is not expected to carry out a detailed financial review. To establish whether there is a risk to the adult's assets, the designated responder may consult with the adult's financial institution to:

- Advise the manager a report has been received and apprise him/her of the concern
- Confirm whether the information received is correct, and whether the financial institution has concerns
- Ask whether there are recent unusual or increased transactions in the account

To gather information from financial institutions, the designated responder may find it useful to:

- Make the initial contact by telephone and request the bank manager
- Identify yourself and explain the reason for the call without disclosing confidential information about the adult
- Go with the older adult to the financial institution to discuss the concerns
- Request confirmation of the concerns raised, rather than requesting balances and other specific financial information.

For example:

- If you are concerned the adult is being coerced into writing large cheques to a certain individual, you might request to confirm large cheques being issued within a certain time frame
- If you are concerned the adult is not paying bills or purchasing needed supplies, you might request confirmation that there are sufficient funds available for those purposes

Assessing a Vulnerable Adult for Abuse

- Gaining access to an adult may be difficult, but try to meet the patient alone
- Be observant of physical surroundings and the adult's condition
- Denial in itself should not end an inquiry; adults often protect family members
- Shame and fear of retaliation may be barriers to disclosure
- Establishing a trusting relationship takes time, often several visits
- Reassure the adult (i.e., "You are not alone," "You are not to blame.")
- Collect collateral information from trusted sources
- Review medical record for any history of suspicious injuries
- Begin with general questions and then move to more specific ones

Interview Screening Questions

It is important to meet face to face with older adults and vulnerable adults to give them the opportunity to speak about the situation from their own perspective. There are screening tools available to assist you in your interview. The National Initiative for the Care of the Elderly (NICE) has produced a series of prevention, detection, and intervention tools. Please go to www.nicenet.ca for copies of these practice support tools. Generally the assessment interview for financial abuse will need to incorporate the following types of questions:

- Has anyone asked you for money?
- Has anyone pressured you to sign documents?
- Has anyone ever made you do things you didn't want to do?
- Has anyone threatened you?
- Are you afraid of anyone at home?
- Are you alone a lot?
- Does anyone go to the bank or manage your money for you?
- Explain where you think your money has been going.
- If someone was taking your money for their own benefit, what would you do?
- Do you feel safe?

Assessing an Older or Vulnerable Adult's Ability to Seek/Refuse Support

It may be difficult to find assessment tools or the professionals who have skill and expertise in conducting capability assessments of older adults in a culturally relevant and valid manner. The purpose of assessment in the context of older adult abuse is not for diagnoses and treatment, rather for determining if the adult is able to seek support and assistance about the abuse and neglect. In other words, if the older adult wants to do something about it, is he/she able to?

- An assessment is indicated when an adult appears:
 - Confused
 - To fluctuate and is inconsistent
 - To have poor short term memory
 - Depressed
- All incapability assessments should include an assessment of:
 - Cognitive function
 - Executive dysfunction
- An assessment should be focused on the adult's ability to make a specific decision and does not imply a global finding of incapability
- To make a decision, the adult must be able to receive, assimilate and integrate the relevant information; evaluate benefits and risks; and understand the implications of a decision (Cooney et al, 2004)
- To be capable, the adult must also be able to carry out the decision
- Use a multidisciplinary team for a comprehensive assessment

Assessing Executive Dysfunction

- Executive cognitive processes include:
 - Planning
 - Active problem solving
 - Anticipation of an intended action
 - Initiation of activity
 - Ability to carry out a decision
 - Inhibition of inappropriate behaviour
 - Capacity to monitor the effectiveness of one's behaviour
- Self-report by an adult with suspected cognitive and executive dysfunction must be validated by reliable collateral information
- Adults with executive dysfunction have problems with judgment and trusting appropriate people for assistance
- Adults with executive dysfunction may be influenced by individuals who might take advantage of them
- Intact executive function is instrumental to the adult being able to seek support and assistance
- Any change from baseline functioning is abnormal and indicates that an underlying physical, cognitive or psychiatric illness is present

Assessing Understanding of Financial and Legal Affairs

(Source: PGT Functional and Decision-Making Form, under the Patient's Property Act)

Use the following questions as a guide to determine the adult's financial situation and functional ability to manage his/her financial and legal affairs.

Responses must be confirmed by obtaining collateral information	Assessor's Comments
1. Do you know your income and its sources?	
2. Do you know what regular bills you need to pay?	
3. Do you have any debt?	
4. Do you have any assets?	
5. Do you have investments or property?	
6. Have you ever needed the help of a lawyer? When and for what?	
7. Do you have a Power of Attorney or is any one else helping you manage your money?	
8. Do you have a will?	
9. Do you have a bank account? Is there any one else on this account?	
10. Do you have a credit card?	
11. Do you have a pension from work?	
12. How do you get to the bank?	
13. Do you write cheques? Do you use a debit card?	
14. Do you ever run out of money for food or worry about your rent?	
15. Does your family/friend come to you for money?	
16. Do you keep money in your purse/wallet?	
17. Do you give money to charity?	

Developing a Care Plan

When an adult is assessed as **incapable** of seeking or refusing support and assistance **and** there is evidence of financial abuse, any intervention will be guided by a comprehensive assessment of the adult, the caregiver, the abuser, and the urgency of the situation.

- Report crimes to the police and coordinate a response/intervention that is safe and respectful to the older adult
- Notify/consult with the most responsible physician
- Involve the adult as much as possible and consider his/her values, beliefs, preferences and previously existing lifestyle and choices
- Work with an alternate decision maker or representatives to create a support plan that addresses the adult's safety
- Consider arranging/coordinating supports and services to reduce isolation, dependence or caregiver stress if applicable
- Consider removing the adult to a place of safety (i.e., a transition house, respite bed, or home of a trusted family member or friend)
- Consider legislative options to protect the adult from further harm

Legislative Options

Consider using other relevant legislation and mechanisms to support and protect an adult, including:

Adult Protection Legislation and Substitute Decision Making

Adults who are vulnerable and experiencing abuse, neglect and self-neglect will sometimes require protection from themselves or others even when they do not want it. Provincial and territorial legislation determines who can intervene and under what circumstances.

Some provinces/territories have legislation that provides substitutes to make personal, financial or health decisions for adults who are unable to make those decisions. Find out if the older adult or vulnerable adult has prepared documents or indicated who they would like to act on their behalf should they ever become incapable.

Mental Health Legislation

Adults with mental health diagnosis may benefit from treatment and/or hospitalization to protect themselves or others from harm. This may include older adults with dementia or serious depression who are experiencing violence, abuse or neglect. Each province and territory has legislation that guides how, when, where, and who is able to be protected and under what conditions.



Click on the province/territory for more information. Resources pages for each province/territory are located at the back of the printed manual.

Power of Attorney

A Power of Attorney is a legal document that gives authority to someone else to make financial and legal decisions. An adult must be capable to assign a Power of Attorney. The document automatically terminates if the adult is declared incapable unless it is an Enduring Power of Attorney, in which case it remains valid.

It is important to know if an incapable adult has previously assigned a Power of Attorney and if it contains the enduring clause, as they can be very useful tools in protecting the adult's assets once the adult is no longer capable.

Alternatively, in the event the suspected abuser has Power of Attorney, and the document does not contain the enduring clause, a declaration of incapability (usually by a physician) will render the abuser's powers null and void.

Each province/territory has legislation to authorize investigations of powers of Attorney and other substitute decision makers. Confirmed abuse of a Power of Attorney should be reported to the police.

Pension Trustee

When vulnerable adults are being financially exploited and require protection, it may be useful to have a friend, relative or agency apply to be a trustee of federal benefits Old Age Security (OAS) Canada Pension Plan (CPP). A trustee agrees to administer and spend the benefits in the best interests of the adult and to keep records of the accounts. In order to become trustee of federal benefits, one physician needs to complete a Certificate of Incapability form. A pension trustee is only authorized to manage monies paid through federal income security programs, not to manage other income or assets.

Criminal Code of Canada

Report to or consult the police whenever there is evidence a crime has been committed against a vulnerable adult who cannot seek/refuse support and assistance. Some sample offences include, but are not limited to:

- Negligence (there is a duty to provide the necessities of life (s. 215 (1))
- Theft (322 (1))
- Theft by a person holding Power of Attorney (s.331),
Theft or forgery of a credit card (s. 342 (1))
- Theft by a person require to account (s. 330 (1))
- Misappropriation of money held under direction (s.322 (1))
- Criminal breach of trust (s. 336))
- Destroying title documents (s. 340)
- False pretence (ss. 361 – 365)
- Extortion (s. 346 (1))
- Forgery (s. 366 (1))

For more information on laws that can be used to intervene in situations of abuse or neglect of older and vulnerable adults, please see *A Practical Guide to Elder Abuse and Neglect Law in Canada* (CCEL, 2011).

This comprehensive resource includes snapshots of the law in each of the thirteen provinces and territories, a comparative table that allows for quick reference, a set of guiding principles for working with vulnerable adults, and sections that discuss mandatory reporting of abuse and neglect, rules around confidentiality of personal and health information, and the relationship between mental capacity and older adult abuse. The guide also contains a lengthy list of resource agencies.



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When an Older or Vulnerable Adult Declines the Care Plan

- Consider the reasons why the support and assistance was declined
- Coordinate the supports and assistance that will be accepted
- Reassess the level of risk to the adult and assets
- Consult with the team involved with the adult, including supportive family & friends, your manager/supervisor, police, the Band and Council if appropriate, the adult's physician and/or medical professionals, and any other supportive person in the older adult's life
- Consider using legal tools listed above despite the older adult's objections, or the objection of the suspected abuser/caregiver, to protect the adult/assets if the adult is not capable to refuse support
- Consider using emergency provisions to protect the adult/assets
- Put the *recommended* care plan and rationale in writing, and give it to the person responsible for implementation
- Document the reasons why the care plan was declined
- Have a clear plan for following up and monitoring the situation

NEGLECT AND SELF-NEGLECT

Neglect

Neglect involves the failure to provide necessary care, assistance, guidance or attention, which causes the person, or is reasonably likely to cause, physical, mental or emotional harm, or substantial damage to or loss of assets.

Self-Neglect

Self-neglect involves any failure by an adult to take care of him or herself, which causes, or is reasonably likely to cause within a short period of time, serious physical, mental or emotional harm, or substantial damage to or loss of assets, and includes:

- Living in grossly unsanitary conditions
- Suffering from an untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without an intervention, the adult's physical or mental health is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the adult or others, or cause substantial damage to or loss of assets
- Suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of assets

Indicators of Neglect/Self-Neglect

- Malnourished
- Emaciated
- Dehydrated
- Confused
- Inappropriate clothing
- Squalor
- Under/over medicated
- Absence of required hearing, visual, mobility aids
- Skin sores
- Malodorous
- No follow through on medical services

Designated Responder Process

- Document each step
- Interview the adult
- Assess the urgency of the situation
- Coordinate the collection of collateral information
- Coordinate the assessment of neglect and self-neglect
- Coordinate the assessment of the adult's ability to seek/refuse support and assistance
- Determine if the adult has a representative, Power of Attorney, or Substitute Decision Maker
- Coordinate the development of a care plan to provide support and assistance
- Advise the most responsible physician of the situation and actions taken
- Make reports as necessary to the Public Guardian and Trustee to safeguard the adult's assets
- Report crimes committed against vulnerable adults who are unable to seek support and assistance to the police
- Keep the identity of the person who made the report confidential

Multi-Agency Involvement

Many older and vulnerable adults will be involved with more than one agency or organization during an inquiry. When a designated responder in one program/agency identifies that another program or professional is, or needs to be, involved with a case, the original designated responder will:

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- Determine who will take lead responsibilities for investigation and follow up
- Provide full documentation to the new designated responder
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Assessment

Assessing a Vulnerable Adult for Neglect/Self-Neglect

- Gaining access to an adult may be difficult, but try to meet the patient alone
- Be observant of physical surroundings and the adult’s condition
- Denial in itself should not end an inquiry; adults often protect family members
- Begin with general questions and then move to more specific ones
- Shame and fear of retaliation may be barriers to disclosure
- Establishing a trusting relationship takes time, often several visits
- Reassure the adult (i.e., “You are not alone,” “You are not to blame.”)
- Collect collateral information from trusted sources
- Review medical record for any history of suspicious injuries

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- To be capable, the adult must also be able to carry out the decision
- Use the multidisciplinary team for a comprehensive assessment

Assessing Executive Dysfunction

Executive cognitive processes include:

- Planning
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-
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Developing a Care Plan

When an adult is assessed as **incapable** of seeking or refusing support and assistance, **and** there is evidence of neglect or self-neglect, any intervention will be guided by a comprehensive assessment of the adult, the caregiver, the abuser and the urgency of the situation.

- Report crimes to the police and coordinate a response/intervention that is safe and respectful to the older adult
- Notify/consult with the most responsible physician
- Involve the adult as much as possible and consider his/her values, beliefs, preferences and previously existing lifestyle and choices
- Work with an alternate decision maker or representatives to create a support plan that addresses the adult's safety
- Consider arranging/coordinating supports and services to reduce isolation, dependence or caregiver stress if applicable
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Legislative Options

Consider other relevant legislation and mechanisms to support and protect an adult, including:

Adult Protection Legislation and Substitute Decision Making

Adults who are vulnerable and experiencing abuse, neglect and self-neglect will sometimes require protection from themselves or others even when they do not want it. Provincial and territorial legislation determines who can intervene and under what circumstances. Some provinces/territories have legislation that provides substitutes to make personal, financial or health decisions for adults who are unable to make those decisions. Find out if the older adult or vulnerable adult has prepared documents or indicated who they would like to act on their behalf should they ever become incapable.

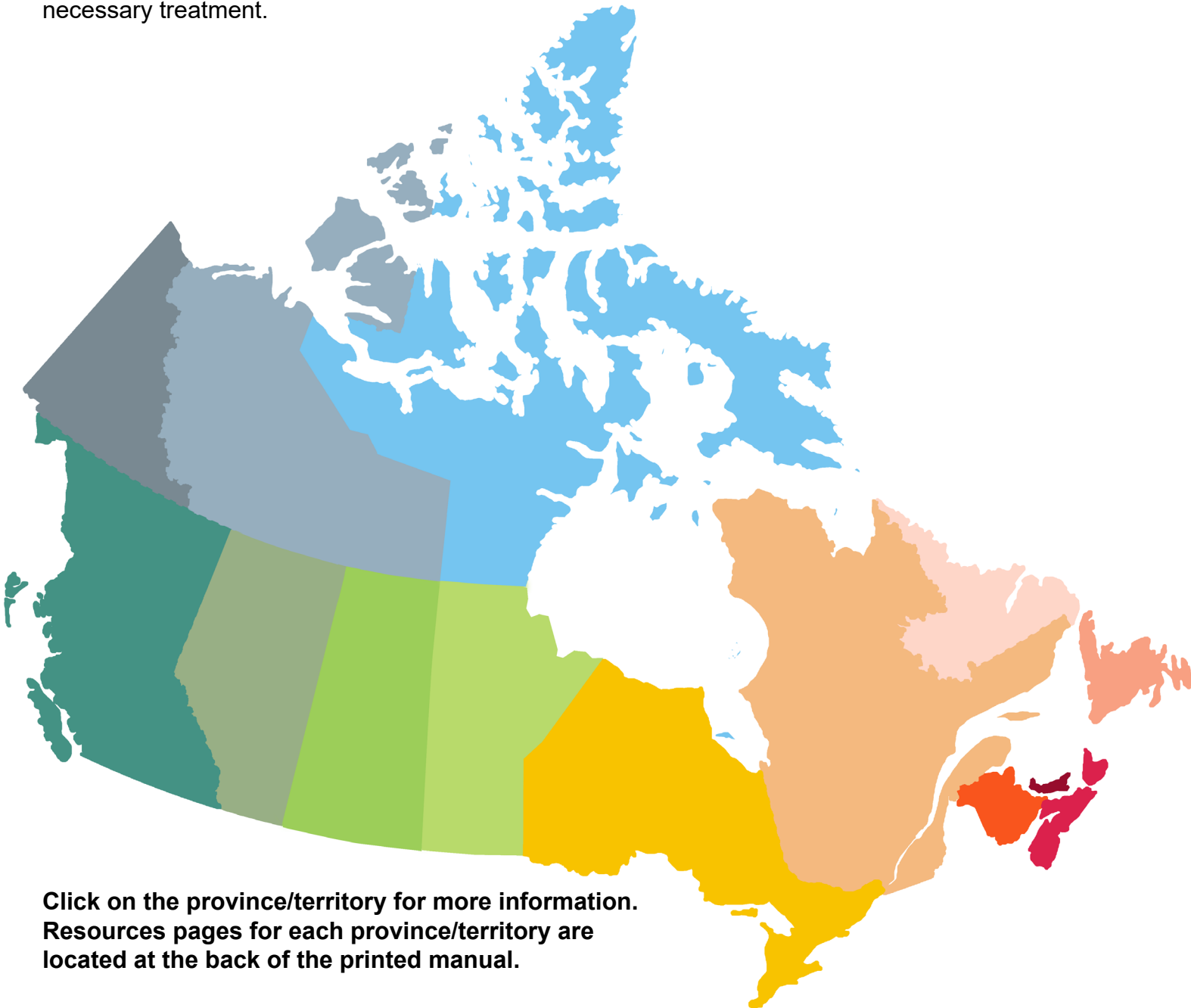
Mental Health Legislation

Adults with mental health diagnosis may benefit from treatment and/or hospitalization to protect themselves or others from harm. This may include older adults with dementia or serious depression who are experiencing violence, abuse, or neglect. Each province and territory has legislation that guides how, when, where, and who is able to be protected and under what conditions.

Health Care Consent Legislation

In the event an adult is unconscious, mentally incapable, or otherwise unable to give consent to health care treatment the health care provider must use provincial/territorial legislation to determine if, how, and when health care treatment may be given and under what circumstances. In deciding whether an adult is incapable of making health care decisions, a health care provider must determine whether the adult understands the health care information given by the provider, what the risks and benefits of that treatment are, and that this information applies to their situation.

For example, in some situations where an older or vulnerable adult has been neglecting himself or herself and requires medical attention, the health care provider may be authorized to provide the necessary treatment.



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Criminal Code of Canada

Report to or consult the police whenever there is evidence a crime has been committed against a vulnerable adult who cannot seek/refuse support and assistance. Some sample offences include, but are not limited to:

- Duty of person to provide the necessities of life (s. 215(1))
- Criminal negligence (s. 219 (1))

For more information on laws that can be used to intervene in situations of abuse or neglect of older and vulnerable adults, please see *A Practical Guide to Elder Abuse and Neglect Law in Canada* (CCEL, 2011).

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- Consider the reasons why the support and assistance was declined
- Coordinate the supports and assistance that will be accepted
- Reassess the level of risk to the adult and assets
- Consult with the team involved with the adult, including supportive family & friends, your manager/supervisor, police, the Band and Council if appropriate, the adult's physician and/or medical professionals, and any other supportive person in the older adult's life
- Consider using legal tools listed above despite the older adult's objections, or the objection of the suspected abuser/caregiver, to protect the adult/assets if the adult is not capable to refuse support
- Consider using emergency provisions to protect the adult/assets
- Put the *recommended* care plan and rationale in writing, and give it to the person responsible for implementation
- Document the reasons why the care plan was declined
- Have a clear plan for following up and monitoring the situation

WORKING WITH POLICE AND THE JUSTICE SYSTEM

There are many circumstances where you will need to work closely and collaboratively with the police in your area.

For example, looking into situations of abuse and neglect may lead to safety concerns for community health and human service workers as well as for a vulnerable adult. Prompt and coordinated action between health and community care agencies and police may prevent further harm to the adult and ensure safety for the staff.

Some First Nations have Tribal Police or Community Policing Services. It **is not** the role of community or health workers or staff of Designated Agencies to investigate crimes. A resource that provides contacts for police agencies in Canada, including First Nations policing, is:

<https://www.canada.ca/en/services/policing/police.html>.

Role of the Police

Police are responsible for conducting criminal investigations and determining if a crime has been committed. Police may also attend situations to keep the peace when there is a risk to the safety of staff or others. Examples of police involvement include:

- Attending emergencies where an adult or the adult's assets require immediate protection from serious harm or loss
- Attending with home and community care workers when issuing a *Justice of the Peace Warrant*, or committing a vulnerable adult for psychiatric treatment
- Consulting with the designated responder about high-risk situations. For example, the police may have previous reports of violence or other criminal activity that the designated responder should be aware of before proceeding with an inquiry
- Collecting evidence to support a prosecution

Role of Community Health and Human Service Workers

When an adult has been assessed as incapable of seeking or refusing support and assistance, and there is reason to believe that a crime has been committed, the matter should be referred to the police for investigation. Usually, the designated responder will contact the police. Follow the protocol for liaising with police that has been developed specifically for your program/area, if one is available.

Role of Victim Service Workers

There are professionals who are able to provide information, support and services to victims of crime. They may be community based, or police-based depending on the jurisdiction. A resource that provides information and contacts about the various victim services in Canada is:

<https://www.victimsworld.gc.ca/res/overview-survol.html>

Restorative Justice, Peacekeepers, Probation Officers

Depending on the community there may be other supports and services that may help resolve situations of abuse, neglect, or self-neglect of older and vulnerable adults. The assistance and support may be directed to the victim of the abuse or the perpetrator, or both. Many communities have anti-violence programs as well as Restorative Justice processes that assist with healing relationships and creating safety.

If the abuse has led to a criminal charge, there may be a role for a Probation Officer to set limits and conditions on the perpetrator of the violence. Limited access and supervised visits are options that may be considered to ensure safety but still allow for a relationship between the concerned individuals.

Many people in the community have roles and responsibilities in creating safety for older and more vulnerable adults. Community Response Networks will assist in connecting and coordinating with the various service providers, community members and designated responders.

By working together, we can break the cycle of abuse and neglect of our older and more vulnerable adults.

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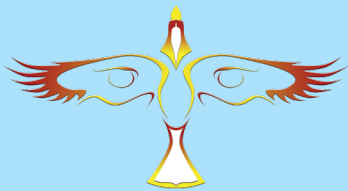
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National First Nations **re:act**



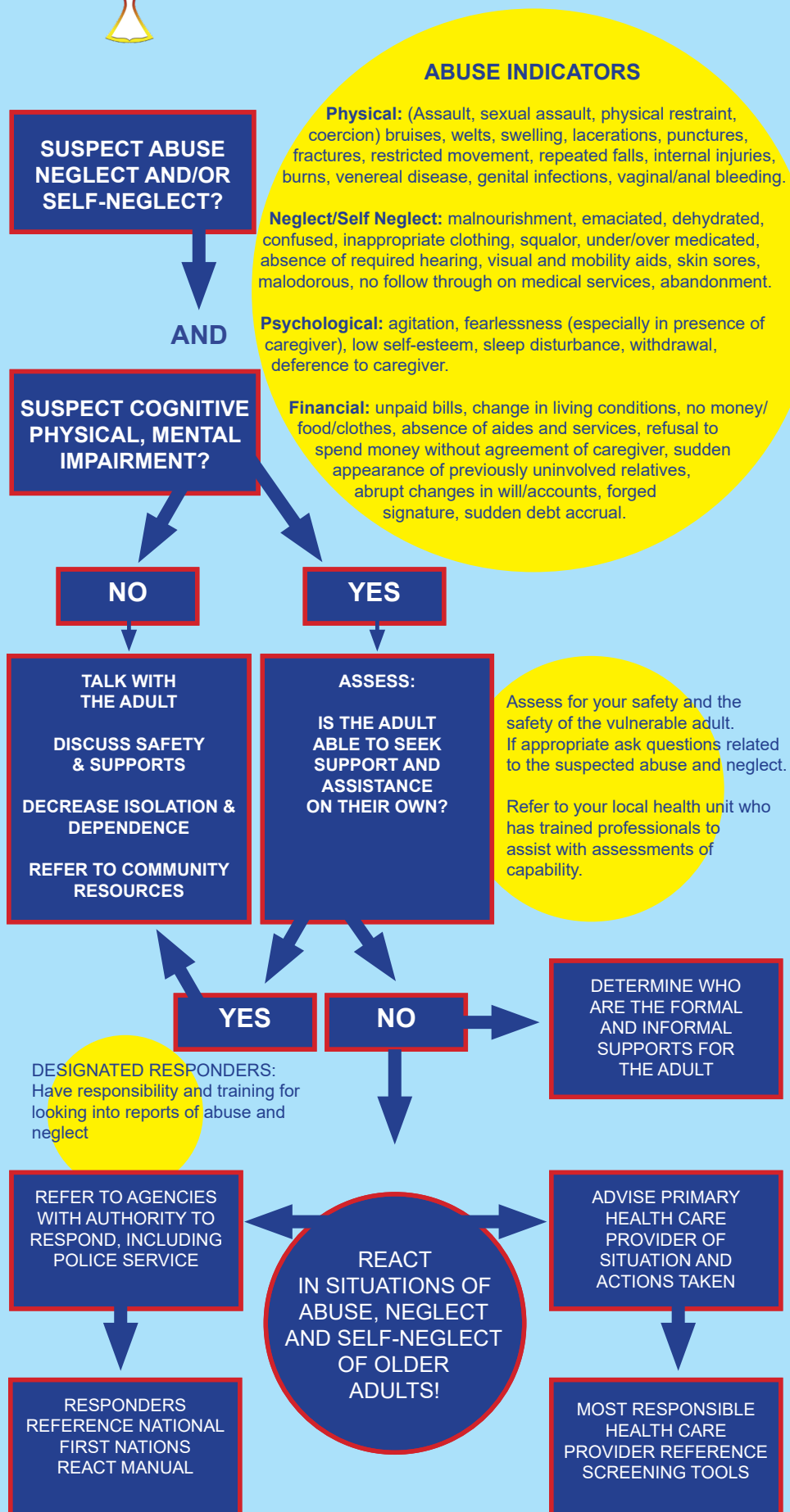
**recognize, report and act
on older adult abuse and neglect**

For Further information please contact:



re:act

Older Adult Abuse and Neglect Response Flow Chart for Community Health Workers



SAFETY:

Be aware of Your Safety as well as the safety of the Older Adult.

CONFIDENTIALITY:

Don't disclose the identity of the person who made the report. Collect information about the situation discreetly and keep it confidential.

POLICE REPORTS:

Work with your local police agency when you suspect crimes have been committed against older adults that are unable to seek support and assistance on their own.

EMERGENCY IDENTIFICATION:

Call 911 or your local emergency response number in emergencies to preserve the older adults life, to prevent serious physical or mental harm, or to protect assets from significant damage or loss.

What is abuse?

Abuse is the deliberate mistreatment of an adult that causes the adult physical, mental or emotional harm, or causes damages to or loss of assets.

Abuse may include intimidation, humiliation, physical assault, theft, fraud, misuse of a power of attorney, sexual assault, over medication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors or other basic human rights.

What is neglect?

Neglect is the failure to provide necessary care, assistance, guidance or attention that causes, or is reasonably likely to cause the person physical, mental or emotional harm or substantial damage to or loss of assets.

Who to call

Discuss the situation with someone at your local health clinic or social development office. Coordinating networks may be in place with contacts and referral sources.

Look for a Community Response Network. Designated Responders may include, but are not limited to:

- Community Health Nurse
- Community Health Representative
- Social Worker
- Elder Support Worker
- Home/Personal Care Worker
- Drug and Alcohol Counsellor
- Family Support Worker
- Social Development Worker
- Restorative Justice/Court Worker

If you have concerns that a vulnerable older adult is being abused, is living at risk due to neglect or self-neglect, or is having difficulty accessing support and assistance on their own, call your local designated responder.

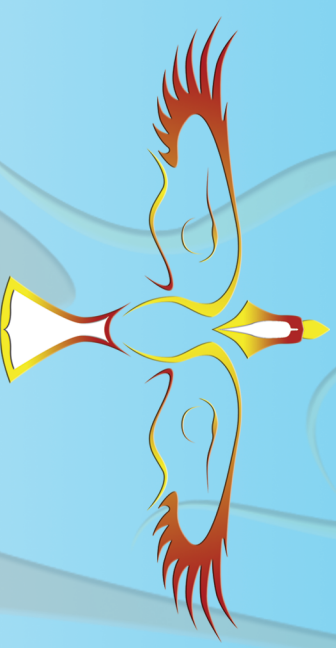
For more information and to access the National First Nations React Manual visit:

www.vchreact.ca

National First Nations

re:act

recognize, report and act
on older adult abuse and neglect



It takes the strength of a community to prevent abuse and neglect of older adults and other adults who are more vulnerable due to illness, disability or medical conditions.

If you have concerns that an older adult is being abused or living at risk due to neglect or self-neglect there is help available.

What is self-neglect?

Self-neglect is any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time, serious physical, mental, or emotional damage to or loss of assets and includes:

- (a) living in grossly unsanitary conditions
- (b) suffering from an untreated illness, disease or injury
- (c) suffering from malnutrition to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired
- (d) creating a hazardous situation that will likely cause serious physical harm to the adult or others or cause substantial damage to or loss of assets
- (e) suffering from an illness, disease or injury that results in the adult dealing with his or her own assets in a manner that is likely to cause substantial damage to or loss of the assets

Designated Agencies

When older adults are abused or neglected it can be difficult to know when to step in to offer help. Across Canada there are agencies in place to support and assist abused and neglected adults who are unable to seek support and assistance on their own due to restraint, physical handicap, illness, disease, injury or any other condition that affects decision-making ability.

Responses should be built upon the principles of self-determination and autonomy and on the presumption of capability. Adults should receive the most effective but least restrictive and intrusive support and assistance. Find out about the laws and agencies that have the responsibility and authority to act in your area.

What to do

- Involve the older adult as much as possible
- Determine if the older adult is able to seek support and assistance on their own
- Ensure that the older adult has support and assistance and is in a safe place
- Refer to the designated responder in your area
- Follow the steps in the National First Nations React Manual

Facing facts

- Victims of childhood abuse are often abused later in life
- Aboriginal people are 3 times more likely to experience violence than non-Aboriginal people
- The incidence of abuse and neglect increase with age, disability and dependence
- An estimated 8 out of 10 Aboriginal women have experienced family violence
- People who have mental illness, physical disabilities or substance addictions experience a higher incidence of abuse and exploitation
- Decreasing isolation in older adults decreases the risk of abuse
- Language barriers may prevent access to help

Community Response Network (CRNS)

CRNs help create increased coordination of community responses to abuse and neglect.

CRN members reflect the diversity of the people who live and work in the community.

CRN members may include but are not limited to:

- Concerned community members, Elders, youth
- People working for a Band such as health directors, social development workers, homemakers, Elders coordinators, spiritual leaders, peacekeepers, tribal police
- Cultural or language nests or groups, traditional networks, clans or groups
- Transition houses, victim services, and local businesses

Local Community Resources

It takes the strength of a community to prevent abuse and neglect of older adults and adults who are more vulnerable due to illness, disability or medical condition.

In addition to the people who live and work inside the community, there are people from outside the community who may have a role or responsibility in preventing and responding to situations of abuse and neglect.

These people may include, but are not limited to:

- Public Guardian and Trustee
- Police
- Health Canada Nurses
- Native Court Workers
- Banks & Credit Unions
- Service Clubs
- Health/Social Workers



re:act

Designated Agencies and Adult Protection Laws

Some agencies have the authority to act in emergencies and to investigate situations in which vulnerable adults are living at risk or being abused.

Keep track of the agencies, resources and supports in your area using this template. Get to know what the various groups and people can do to help older adults experiencing abuse, neglect or self-neglect in your community.

If you have concerns that an older or vulnerable adult is being abused or neglected and requires supports and services call someone from a designated agency in your area.

PREVENT ELDER ABUSE & NEGLECT**REPORT ELDER ABUSE & NEGLECT****RESPOND TO ELDER ABUSE & NEGLECT**

Community Resources Network Contacts	Local Community Resources	Designated Agency Contacts
Coordinator/Host:	Band Council Members:	Police:
	Victim Services:	Health Unit:
	Public Guardian & Trustee:	Long Term Care Assessor:
Members:	Community Workers:	Hospital Social Worker:
	Health Staff:	Patient Navigator:
		Others:



Provincial Resources

PROVINCE OF ALBERTA

Adult Protection Legislation and Substitute Decision Making

The Public Trustee of Alberta Edmonton

400 South, Brownlee Building, 10365 - 97 Street, Edmonton, AB T5J 3Z8
Tel: 780-427-2744 Fax: 780-422-9136

Alberta Office of the Public Guardian Calgary

444 7 Ave SW Calgary, AB T2P 0X8
Tel: 403-297-3364 Fax: 403-297-3427
<https://www.alberta.ca/opgt-supports>

Adult Guardianship and Trusteeship Act Statutes of Alberta, 2008 Chapter A-4.2

<https://www.servicealberta.ca/pdf/ltmanual/AGT-1.pdf>

Personal Directives Act Revised Statutes of Alberta 2000 Chapter P-6

<https://open.alberta.ca/publications/p06>

Protection for Persons in Care Act Chapter P 29.1

<https://collegeofdietitians.ab.ca/wp-content/uploads/2023/04/Protection-for-Persons-in-Care-Act-December-2022.pdf>

Persons with Developmental Disabilities Community Governance Act Revised Statutes of Alberta 2000 Chapter P-8

<https://open.alberta.ca/publications/p09p5>

Reporting Abuse

<https://www.alberta.ca/abuse-helpline>

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Mental Health Legislation

MENTAL HEALTH ACT Revised Statutes of Alberta 2000 Chapter M-13

<https://open.alberta.ca/publications/m13>

Mental Health Patient Advocate

Phone: 780-422-1812

Toll Free: 310-0000

Email: info@albertahealthadvocates.ca

Website: <https://www.alberta.ca/alberta-mental-health-advocate>

Responds to reports of abuse if the client is or was under admission certificate under the Mental Health Act or if the client is or was subject to a Community Treatment Order.

Other Key Legislation

Protection Against Family Violence Act, R.S.A. 2000, c. P-27

Health Information Act, R.S.A. 2000, c. H-5

Personal Information Protection Act, R.S.A. 2003, c. P-6.5 [PIPA]

Health Professions Act

Health Care Consent

Health Care Protection Act Revised Statutes of Alberta 2000

Chapter H-1

<https://www.cap.ab.ca/Portals/0/adam/Content/g9Nb4sM16katw40ePUlaMA/Link/2021%2004%2001%20HPA.pdf>

Obtaining Consent for Health Care from Adults Under AGTA

<https://www.cplea.ca/wp-content/uploads/AdultGuardianshipAndTrusteeAct.pdf>

Health Information Act Revised Statutes of Alberta 2000 Chapter H-5

<https://www.alberta.ca/health-information-act>

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Financial Abuse

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workers' Compensation Board of Alberta

P.O. Box 2415, 9912 -107 Street, Edmonton AB T5J 2S5

Tel: 780-498-3999

<http://www.wcb.ab.ca/>

Freedom of Information and Protection of Privacy

Freedom of Information and Protection of Privacy Act, R.S.A. 2000, c. F-25
[FOIPPA]

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Community Response Networks and Community Agencies/Organizations

Alberta Elder Abuse Awareness Network

Phone: 780-477-2929 (Edmonton) 403-705-3250 (Calgary)

Website: <https://www.albertaelderabuse.ca/>

Provincial Family Violence Information Line

Toll free: 310–1818 for resource information in your area.

Senior Abuse HelpLine

Phone: 780-454-8888 (Edmonton)

Elder Abuse Intervention Team

Phone: 780-477-2929 (Edmonton)

Edmonton Seniors Safe Housing

Phone: 780-423-5510 (Edmonton)

Kerby Elder Abuse Line

Phone: 403-705-3250 (Calgary)

Older Women's Long-term Survival (OWLS)

Phone: 403-253-2912 (Calgary)

Protection for Persons in Care (PPC)

Phone: 1-888-357-9339

Website: <https://www.alberta.ca/protection-for-persons-in-care>

PPC responds to reports of abuse in publicly funded service providers.

Alberta Human Rights Commission

Website: <http://www.albertahumanrights.ab.ca/>

Northern Regional Office (Edmonton) Confidential Inquiry Line:
780-427-7661

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/c-46/>

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PROVINCE OF BRITISH COLUMBIA

Adult Protection Legislation and Substitute Decision Making

Public Guardian and Trustee of British Columbia

700-808 West Hastings Street, Vancouver, BC V6C 3L3

Tel: 604-660-4444 Fax: 604-660-0374

Email: mail@trustee.bc.ca

Website: <http://www.trustee.bc.ca>

REPRESENTATION AGREEMENT ACT [RSBC 1996] CHAPTER 405

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96405_01

ADULT GUARDIANSHIP ACT [RSBC 1996] CHAPTER 6

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96006_01

Adult Guardianship Act - DESIGNATED AGENCIES REGULATION

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/19_2002

Designated Agencies to Receive Reports and Investigate Abuse, Neglect and Self-Neglect of Vulnerable Adults

Community Living BC

Toll Free: 1-877-660-2522

Email: CLBCinfo@gov.bc.ca

Website: <http://www.communitylivingbc.ca/>

Vancouver Coastal Health Authority

Phone: 604-736-2033

Toll Free: 1-866-884-0888

Website: <https://vch.ca/en/first-nations-react>

Fraser Health Authority

Phone: 604-587-4600

Website: <https://www.fraserhealth.ca/Service-Directory/Services/Seniors---Community-Services/adult-abuse-and-neglect>

Vancouver Island Health Authority

Phone: 250-370-8699

Website: <https://www.islandhealth.ca/>

Interior Health Authority

Phone: 250-469-7070

Website: <http://www.interiorhealth.ca/>

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Northern Health Authority

Phone: 250-565-2649

Website: <http://www.northernhealth.ca/>

Providence Health Care Society.

Phone: 604-806-8221

Website: <https://www.providencehealthcare.org/en>

Mental Health Legislation

Guide to the Mental Health Act

<https://www2.gov.bc.ca/gov/content/health/managing-your-health/mental-health-substance-use/mental-health-act-pdf>

Other Key Legislation

Community Care and Assisted Living Act, R.S.B.C. 2002, c. 75 [CCALA] CCALA
Residential Care Regulation, B.C. Reg 96/2009, Schedule D Health Professions Act,
R.S.B.C. 1996, c.183

Personal Information Protection Act, R.S.B.C. 2003, c. 63 [PIPA]

Health Care Consent

HEALTH CARE (CONSENT) AND CARE FACILITY (ADMISSION) ACT [RSBC 1996] CHAPTER 181

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96181_01de/00_96181_01

PATIENTS PROPERTY ACT [RSBC 1996] CHAPTER 349

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96349_01de/00_96349_01

Financial Abuse Resources

Public Guardian and Trustee of British Columbia (PGT)

Phone: 604-660-4444

Toll Free: 1-800-663-7867

Email: mail@trustee.bc.ca

Website: www.trustee.bc.ca

VictimLINK

Toll Free: 1-800-563-0808

TTY: 604-875-0885

Email: 211-victimlinkbc@uwbc.ca

VictimLINK is a province-wide telephone help line for victims of family and sexual violence, and all other crimes. Service is multilingual and available 24 hours a day.

CrimeStoppers

Toll Free: 1-800-222-TIPS (8477)

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Website: www.bccrimestoppers.com

Royal Canadian Mounted Police “E” Division – British Columbia General

Inquiries: 604-264-3111

Website: www.bc.rcmp.ca

Fraud victims:

<https://antifraudcentre-centreantifraude.ca/scams-fraudes/victim-victime-eng.htm>

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workers' Compensation Board of British Columbia

P.O. Box 5350, Vancouver BC V6B 5L5

Tel: 604-273-2266 Fax: 604-276-3151

Website: www.worksafebc.com

Freedom of Information and Protection of Privacy

Freedom of Information and Protection of Privacy Act, R.S.B.C. 2003, c. 165
[FOIPPA]

Community Response Networks and Community Agencies/Organizations

BC Association of Community Response Networks

www.bccrns.ca

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Seniors First BC

Seniors Help and Information Line
Phone: 604-437-1940
Toll-Free: 1-866-437-1940
Email: info@seniorsfirstbc.ca
Website: <https://seniorsfirstbc.ca>

Crime Victim Assistance Program

Phone: 604-660-3888
Toll Free: 1-866-660-3888
Email: cvap@gov.bc.ca

Crisis Intervention and Suicide Prevention Centre of BC

Toll Free: 1-800-SUICIDE (784-2433)
TTY: 1-866-872-0113
Email: info@crisiscentre.bc.ca
Website: <http://www.crisiscentre.bc.ca>

Victim Safety Unit

Phone: 604-660-0316
Toll Free: 1-877-315-8822
Email: vsusq@gov.bc.ca

Salal Sexual Violence Support Centre

Phone: 604-255-6344
Toll Free Crisis Line: 1-877-392-7583!
Website: <https://www.salalsvsc.ca/>

Victim Services Directory – Province of BC

Website: <https://www2.gov.bc.ca/gov/content/justice/criminal-justice/bcs-criminal-justice-system/if-you-are-a-victim-of-a-crime/victim-of-crime/victim-services-directory>

BC Human Rights Tribunal (BCHRT)

Phone: 604-775-2000
Toll Free: 1-888-440-8844
TTY: 604 775-2021
Email: BCHumanRightsTribunal@gov.bc.ca
Website: <https://www.bchrt.bc.ca/>

Health and Seniors' Information Line

Toll Free: 1-866-437-1940

Criminal Code

Criminal Code C-46
<https://laws-lois.justice.gc.ca/eng/acts/c-46/>

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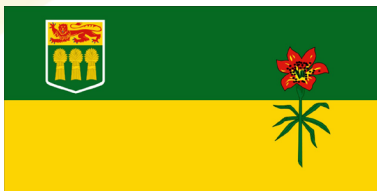
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PROVINCE OF SASKATCHEWAN

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Public Guardian and Trustee of Saskatchewan

100 - 1871 Smith St., Regina SK S4P 4W4

Tel: 306-787-5424 Fax: 306-787-5065

Toll Free: 1-877-787-5424

Email: pgt@gov.sk.ca

Website: <https://www.saskatchewan.ca/government/government-structure/boards-commissions-and-agencies/office-of-the-public-guardian-and-trustee>

The Public Guardian and Trustee Act

<http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/p36-3.pdf>

The Adult Guardianship and Co-decision-making Act

<http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/A5-3.pdf>

The Powers of Attorney Act, 2002

<http://www.qp.gov.sk.ca/documents/english/Statutes/Statutes/p20-3.pdf>

Mental Health Legislation

The Mental Health Services Act

<https://publications.saskatchewan.ca/#/products/122839>

The Mentally Disordered Persons Act

<https://publications.saskatchewan.ca/#/products/64733>

Health Care Consent

The Health Care Directives and Substitute Health Care Decision Makers Act

<https://publications.saskatchewan.ca/#/products/84221>

Other Key Legislation

The Victims of Domestic Violence Act, S.S. 1994, c. V-6.02

The Personal Care Homes Regulations, R.R.S. C. P-6.01 Reg. 2

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Financial Abuse Resources

Public Guardian and Trustee

Phone: 306-787-5424

Toll Free: 1-877-787-5424

Email: pgt@gov.sk.ca

Website: <http://www.justice.gov.sk.ca/pgt>

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI) Toll

Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workers' Compensation Board of Saskatchewan

200, 1881 Scarth Street, Regina SK S4P 4L1

Tel: 306-787-4370 Fax: 306-787-4311

Website: <http://www.wcbsask.com/>

Community Response Networks and Community Agencies/Organizations

Saskatchewan Seniors Mechanism (SSM)

<https://skseniorsmechanism.ca/>

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Provincial Association of Transition Houses and Services of Saskatchewan (PATHS) 24-hour Abuse Line: 1-800-214-7083

Website: <https://pathssk.org/>

Saskatchewan Health Authority

Phone: 306-778-5100

Toll Free: 1-888-461-7443

Email: info@saskhealthauthority.ca

Website: <https://www.saskhealthauthority.ca/>

Five Hills Health Region

Phone: 306-694-0296

Toll Free: 1-888-425-1111

Email: SHABoardOffice@saskhealthauthority.ca

Website: <https://www.saskhealthauthority.ca/>

Heartland Health Region

Phone: 306-882-4111

Email: heartland@hrha.sk.ca

Website: <https://www.saskhealthauthority.ca/>

Keewatin Yatthé Regional Health Authority

Phone: 306-235-2220

Website: <https://www.saskatchewan.ca/government/news-and-media/2006/march/15/keewatin-yatth%C3%A9-regional-health-authority-appointments-announced>

Kelsey Trail Health Region

Phone: 306-873-6600

Email: lkisil@kthr.sk.ca

Website: <https://www.saskhealthauthority.ca/>

Mamawetan Churchill River Health Region

Phone: 306-425-2422

Email: information@mccrha.sk.ca

Website: <https://ehealth-north.pagc.sk.ca/facility.aspx?m=4&facility=192>

Prairie North Health Region

Phone: 306-820-5997

Website: <https://www.saskhealthauthority.ca/facilities-locations/prairie-north-health-centre>

Prince Albert Parkland

Phone: 306-765-2450

Website: <https://www.chpca.ca/listing/prince-albert-parkland-health-region/>

Regina Qu'Appelle Regional Health Authority

Phone: 306-766-3232

Toll Free: 1-866-411-7272

E-mail: clientrep@rqhealth.ca

Website: <https://www.saskhealthauthority.ca/facilities-locations/prairie-north-health-centre>

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Saskatoon Health Region

Phone: 306-655-4346

Toll Free: 1-866-655-5066

Email: client.rep@saskatoonhealthregion.ca

Website: <https://www.saskhealthauthority.ca/facilities-locations/prairie-north-health-centre>

Sun Country Health Region

Phone: 306-637-3642 (Estevan)

Toll Free: 1-800-696-1622

Email: info@schr.sk.ca

Website: <http://www.suncountry.sk.ca/>

Sunrise Health and Wellness Centre

Phone: 306-786-6363

Website: <https://www.saskhealthauthority.ca/facilities-locations/sunrise-health-and-wellness-centre>

Saskatchewan Human Rights Commission

Saskatoon Office

Phone: 306-933-5952

Toll Free: 1-800-667-9249

Email: contact@saskhrc.ca

Freedom of Information and Protection of Privacy

The Health Information Protection Act, S.S. 1999, H-0.021

The Freedom of Information and Protection of Privacy Act, S.S. 1990-91, c. F-22.01 [FOIPPA]

The Local Authority Freedom of Information and Protection of Privacy Act, S.S.

1990-91, c. L-27.1 [LAFOIPPA]

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5

[Federal Act]

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/c-46/>

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PROVINCE OF MANITOBA

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Adult Protection Legislation and Substitute Decision Making

The Public Trustee of Manitoba

Winnipeg Office:

The Public Trustee

Suite 500 - 155 Carlton Street, Winnipeg MB R3C 5R9

Tel: 204-945-2700 Fax: 204-948-2251

Email: pgt@gov.mb.ca

<http://www.gov.mb.ca/publictrustee/>

Brandon Office:

The Public Trustee

Room 320 340 - 9th Street, Brandon MB R7A 6C2

Tel: 204-945-5787 Fax: 204-948-2020

The Public Trustee Act (RSM 1987, c. P275)-7037

<https://web2.gov.mb.ca/laws/statutes/reccsm/p275e.php>

The Protection for Persons in Care Act (SM 2000, c. 12)

<https://web2.gov.mb.ca/laws/statutes/2000/c01200e.php>

Protection for Persons in Care Office

Phone: 204-788-6366

Toll Free: 1-866-440-6366 (outside Winnipeg)

TTY Winnipeg: 204-774-8618

TTY Toll Free: 1-776-855-0511

www.gov.mb.ca/health/protection

E-mail: protection@gov.mb.ca

This Office responds to reports of abuse of persons receiving care in personal care homes, hospitals or any other designated health facility.

Office of the Vulnerable Persons' Commissioner

Phone: 204-945-5039

Toll Free: 1-800-757-9857 (outside Winnipeg)

Mental Health Legislation

Mental Health Act

https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=m110

The Vulnerable Persons Living with a Mental Disability Act

<http://web2.gov.mb.ca/laws/statutes/ccsm/v090e.php>

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Other Key Legislation

The Personal Health Information Act, C.C.S.M. c. P.33.5

Health Care Consent

The Health Care Directives Act (SM 1992, c. 33)

<https://web2.gov.mb.ca/laws/statutes/1992/c03392e.php>

Substitute Consent to Health Care

<https://www.gov.mb.ca/fs/calido/substitute-decision-maker-info.html>

Freedom of Information and Protection of Privacy

The Freedom of Information and Protection of Privacy Act, C.C.S.M. c. F175 [FOIPPA]

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5

[Federal Act]

The Personal Health Information Act (s. 22(2)(b))

Financial Abuse Resources

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

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Workers Protection / Compensation

Workers' Compensation Board of Manitoba

333 Broadway, Winnipeg MB R3C 4W3

Tel: 204-954-4321 Fax: 204-954-4968

www.wcb.mb.ca

Community Response Networks and Community Agencies/Organizations

Manitoba Network for the Prevention of Abuse of Older Adults

www.olderadultabuse.mb.ca

Seniors Abuse Line

Phone: 204-788-6366 (Inside Winnipeg)

Toll Free: 1-888-896-7183

Manitoba Human Rights Commission

Toll Free: 1-888-884-8681

TTY: 1-888-897-2811

Email: hrc@gov.mb.ca

Website: www.manitoba.ca/hrc

- Brandon Office Phone: 204-726-6261
- Winnipeg Office Phone: 204-945-3007

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/c-46>

The Victims' Bill of Rights (SM 1998, c. 44)

https://web2.gov.mb.ca/laws/statutes/ccsm/_pdf.php?cap=v55

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THE YUKON TERRITORY

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Adult Protection Legislation and Substitute Decision Making

Office of the Public Guardian and Trustee of Yukon

Mailing Address:

P.O. Box 2703 (J-2B), Whitehorse, Yukon Y1A 2C6

Location:

3rd Floor, Andrew A. Philipsen Law Centre, 2130 - 2nd Avenue,
Whitehorse, Yukon Y1A 2C6

Tel: 867-667-5366 Fax: 867-393-6246

Toll free (In Yukon): 1-800-661-0408, local 5366

Email: publicguardianandtrustee@gov.yk.ca

<http://www.publicguardianandtrustee.gov.yk.ca/>

Adult Protection and Decision Making Act, S.Y. 2003, c. 21, Sch. A.

Mental Health Legislation

Mental Health Act

<http://www.gov.yk.ca/legislation/acts/mehe.pdf>

Other Key Legislation

Family Violence Prevention Act, R.S.Y. 2002, c. 84

Health Care Consent

Care Consent Act

<http://www.gov.yk.ca/legislation/acts/dmspa.pdf#page=88>

Financial Abuse Resources

Victim Services / Family Violence Prevention Unit

Phone: 867-667-8500

Toll Free: 1-800-661-0408 (ext. 8500)

Seniors' Services / Adult Protection Unit

Phone: 867-456-3946

Toll Free: 1-800-661-0408 (ext 3946)

The Unit's authority extends to any adult over 19 who may be abused or neglected and requires assistance.

VictimLINK

Toll Free (24-hour crisis line): 1-800-563-0808

Phone Busters

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: www.phonebusters.com

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

ABCs of Fraud Awareness Program

Website: <http://www.abcfraud.ca/>

Reporting Economic Crime Online (RECOL)

Website: www.recol.ca

Allows privacy-protected online reporting of frauds through an electronic complaints form.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Yukon Workers' Compensation Health & Safety Board

401 Strickland Street, Whitehorse YK Y1A 5N8

Tel: 867-667-5645 Fax: 867-393-6279

<http://www.wcb.yk.ca/>

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Community Response Networks and Community Agencies/Organizations

Yukon Health and Social Services

www.hss.gov.yk.ca/seniorabuse.php

Yukon Human Rights Commission

Phone: 867-667-6226

Toll Free: 1-800-661-0535

Email: humanrights@yhrc.yk.ca

Website: <http://www.yhrc.yk.ca/index.htm>

Freedom of Information and Protection of Privacy

Access to Information and Protection of Privacy Act, R.S.Y. 2002, c.1 [AIPPA]

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5 [Federal Act]

Criminal Code

Criminal Code C-46

<http://laws.justice.gc.ca/eng/C-46/20101102/section-.html>

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THE NORTHWEST TERRITORIES

Adult Protection Legislation and Substitute Decision Making

There is no duty to report abuse and neglect in the territory. The law most applicable to responding to abuse and neglect is the family violence statute. The Protection Against Family Violence Act applies to elder abuse and neglect by a spouse, intimate cohabitant companion, cohabitant family member, child, grandchild, or parent of the victim's child (s. 2). Under this law a protection order or an emergency protection order may be granted where family violence has occurred.

Protection Against Family Violence Act

<http://www.justice.gov.nt.ca/PDF/ACTS/Protection%20Against%20Family%20Violence.pdf>

Office of the Public Trustee

Government of the Northwest Territories
Box 1320, Yellowknife, NWT X1A 2L9
Tel: 867-873-7464 Fax: 867-873-0184
Toll free in NT: 866-535-0423

The Public Trustee of Northwest Territories

<http://www.justice.gov.nt.ca/PublicTrustee/index.shtml>

or

The Public Guardian of Northwest Territories

http://www.hlthss.gov.nt.ca/english/services/office_of_the_public_guardian/default.htm

Department of Health and Social Services

Government of the Northwest Territories

5th Floor, Courthouse - Box 1320, Yellowknife, NT X1A 2L9
Tel: 867-920-8029 Fax: 867-873-0248

Public Trustee Act

http://www.justice.gov.nt.ca/PDF/ACTS/Public_Trustee.pdf

Trustee Act

<http://www.justice.gov.nt.ca/PDF/ACTS/Trustee.pdf>

Mental Health Legislation

MENTAL HEALTH ACT R.S.N.W.T. 1988,c.M-10

<http://www.justice.gov.nt.ca/PDF/ACTS/Mental%20Health.pdf>

Health Care Consent

PERSONAL DIRECTIVES ACT S.N.W.T. 2005,c.16

<http://www.justice.gov.nt.ca/PDF/ACTS/Personal%20Directives.pdf>

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Financial Abuse Resources

Victim Assistance Programs, Yellowknife Victim Services

Phone: 867-920-2978 or 867-669-1490

Email: victimservices@nativewomens.com

Hay River Victim Services

Phone: 867-874-7212

Fort Smith Victim Services

Phone: 867-872-5911

Inuvik Victim Services

Phone: 867-777-5493 or 867-777-1555

Phone Busters

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: www.phonebusters.com

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

ABCs of Fraud Awareness Program

Website: <http://www.abcfraud.ca/>

Reporting Economic Crime Online (RECOL)

Website: www.recol.ca

Allows privacy-protected online reporting of frauds through an electronic complaints form.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Fort Good Hope Victim Services

Phone: 867-598-2247 or 867-598-2352

Workers Protection / Compensation

Workers' Compensation Board of the Northwest Territories and Nunavut

P.O. Box 8888, Yellowknife NT X1A 2R3

Tel: 867-920-3888 Fax: 867-873-4596

www.wcb.nt.ca

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Community Response Networks and Community Agencies/Organizations

NWT Seniors Society

Phone: 866-223-7775

Info Line: 1-800-661-0878 during work hours

Website: <http://www.nwtseniorssociety.ca>

Tuktoyaktuk Crisis Centre

Crisis Line: 867-977-2526

Sutherland House, Fort Smith

Crisis Line: 867-872-4133

Alison McAteer House

Crisis Line: 867-873-8257

Inuvik Transition House

Phone: 867-777-3877

Northwest Territories Human Rights Commission

Phone: 867-669-5575 (Yellowknife)

Toll Free: 1-888-669-5575

Email: info@nwthumanrights.ca

Website: www.nwthumanrights.ca

Freedom of Information and Protection of Privacy

Access to Information and Protection of Privacy Act,

S.N.W.T. 1994, c. 20 [AIPPA]

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5

[Federal Act]

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/C-46/FullText.html>

Victims of Crime Act

https://www.bclaws.gov.bc.ca/civix/document/id/complete/statreg/96478_01

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THE NUNAVUT TERRITORY

Adult Protection Legislation and Substitute Decision Making

The Family Abuse Intervention Act (s. 2)

applies to elder abuse that occurs in the context of:

- (a) a spousal relationship
- (b) an intimate relationship
- (c) a family relationship
- (d) a care relationship.

Family Abuse Intervention Act, S.Nu. 2006, c. 18

Family Abuse Intervention Regulations, N.W.T. (Nu) 006-2008

[Family Abuse Reg]

Public Trustee of Nunavut Office of the Public Trustee

P.O. Box 1000, Station 560, Iqaluit, NU X0A 0H0

Tel: 867-975-6388 Fax: 867-975-6343

Toll Free: 1-866-294-2127

Email: Public.Trustee@gov.nu.ca

Website: <https://www.gov.nu.ca/en/departement-justice/public-trustee-and-guardian>

GUARDIANSHIP AND TRUSTEESHIP (S.N.W.T. 1994,c.29)

<http://www.canlii.org/en/nu/laws/stat/snwt-nu-1994-c-29/latest/part-1/snwt-nu-1994-c-29-part-1.pdf>

PUBLIC TRUSTEE (R.S.N.W.T. 1988,c.P-19)

<http://www.canlii.org/en/nu/laws/stat/rsnwt-nu-1988-c-p-19/74590/part-1/rsnwt-nu-1988-c-p-19-part-1.pdf>

TRUSTEE (R.S.N.W.T. 1988,c.T-8)

<http://www.canlii.org/en/nu/laws/stat/rsnwt-nu-1988-c-t-8/latest/part-1/rsnwt-nu-1988-c-t-8-part-1.pdf>

Mental Health Legislation

MENTAL HEALTH (R.S.N.W.T. 1988,c.M-10)

<http://www.canlii.org/en/nu/laws/stat/rsnwt-nu-1988-c-m-10/latest/part-1/rsnwt-nu-1988-c-m-10-part-1.pdf>

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Financial Abuse Resources

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workers' Compensation Board of the Northwest Territories and Nunavut

P.O. Box 8888, Yellowknife NT X1A 2R3

Tel: 867-920-3888 Fax: 867-873-4596

Toll Free: 1-800-661-0792

<http://www.wcb.nt.ca/>

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Community Response Networks and Community Agencies/Organizations

Ilisaqsivik Family Resource Centre - Ilisaqsivik Society
www.ilisaqsivik.ca

Department of Health and Social Services
Website: <http://www.gov.nu.ca/health/>

Nunavut Fair Practices Officer
Department of Justice
Nunavut Fair Practices Officer
PO Box 2528
Iqaluit, NU X0A 0H0
Phone: 867-979-2043
E-mail: billr@nunanet.com

Qimaavik
Phone: 867-979-4566
24-hour crisis line: 867-979-4500

Innuit Women's Group Ikajuqtauvvik Crisis Centre
Phone: 867-561-5902

Freedom of Information and Protection of Privacy

Access to Information a Protection of Privacy Act, S.N.W.T. (Nu) 1994, c. 20
[AIPPA]
Personal Information Protection and Electronic Documents Act, S.C. 2000, c.
5
[Federal Act]

Criminal Code

Criminal Code C-46
<https://laws-lois.justice.gc.ca/eng/acts/C-46/FullText.html>

VICTIMS OF CRIME (R.S.N.W.T. 1988,c.9(Supp.))
<http://www.canlii.org/en/nu/laws/stat/rsnwt-nu-1988-c-9-supp/latest/part-1/rsnwt-nu-1988-c-9-supp-part-1.pdf>

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PROVINCE OF ONTARIO

Adult Protection Legislation and Substitute Decision Making

The Office of the Public Guardian and Trustee (OPGT) Toronto Regional Office

595 Bay Street, Suite 800, Toronto, ON M5G 2M6

Tel: 416-314-2800 Fax: 416-314-2619

Toll Free: 1-800-891-0504

TTY: 1-833-813-5696

<https://www.ontario.ca/page/office-public-guardian-and-trustee>

Guardianship Investigations Unit

Tel: 416-327-6348

Treatment Decisions Unit

Tel: 416-314-2788

Hamilton Office

119 King Street West, 13th floor, Hamilton, ON L8P 4Y7

Tel: 905-577-1301 Fax: 905-540-9355

Toll Free: 1-800-263-9209

London Office

495 Richmond Street, Suite 810, London, ON N6A 5A9

Tel: 519-873-4490 Fax: 519-873-4500

Toll Free: 1-800-265-7924

Ottawa Office

110 Laurier Avenue West, Ottawa, ON K1P 1J1

Tel: 613-580-2400

Sudbury Office

159 Cedar Street, Suite 304, Sudbury, ON P3E 6A5 Tel: 705-564-3185

Tel: 705-564-1621 Fax: 705-564-4126

Toll Free: 1-800-461-4126

Thunder Bay Office

189 Red River Road, Suite 101, Thunder Bay, ON P7B 1A2

Tel: 807-343-7230 Fax: 807-343-7223

Public Guardian and Trustee Act, R.S.O. 1990, c. P.51

<https://www.ontario.ca/laws/statute/90p51>

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Trustee Act, R.S.O. 1990, c. T.23

<https://www.ontario.ca/laws/statute/90t23.htm>

Homes for Special Care Act, R.S.O. 1990, c. H.12

<https://www.ontario.ca/laws/statute/90h12.htm>

Negligence Act, R.S.O. 1990, c. N.1

<https://www.ontario.ca/laws/statute/90n01.htm>

Mental Health Legislation

Mental Health Act, R.S.O. 1990, c. M.7

<https://www.ontario.ca/laws/statute/90m07.htm>

Other Key Legislation

Long-Term Care Homes Act, 2007, S.O. 2007, c. 8

Long-Term Care Homes Act General O.Reg. 79/10 [Long Term Care Reg]

Regulated Health Professions Act, 1991, S.O. 1991, c. 18

Health Care Consent

Health Care Consent Act, 1996 S.O. 1996, CHAPTER 2 Schedule A

<https://www.ontario.ca/laws/statute/96h02.htm>

Financial Abuse Resources

The Office of the Public Guardian and Trustee, Guardianship Investigation

Phone: 416-327-6348

Toll Free: 1-800-366-0335

Website: <https://www.ontario.ca/page/office-public-guardian-and-trustee>

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

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ABCs of Fraud Awareness Program

Website: <http://www.abcfraud.ca/>

Reporting Economic Crime Online (RECOL)

Website: www.recol.ca

Allows privacy-protected online reporting of frauds through an electronic complaints form.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workplace Safety and Insurance Board

200 Front Street West, Toronto ON M5V 3J1

Tel: 416-344-1000 Fax: 416-344-3999

www.wsib.on.ca

Community Response Networks and Community Agencies/Organizations

Ontario Network for the Prevention of Elder Abuse

www.onpea.org

Advocacy Centre for the Elderly (ACE)

Phone: 416-598-2656

Website: www.advocacycentreelderly.org

Ministry of Health and Long-Term Care

Toll Free: 1-866-532-3161

TTY: 1-800-387-5559

Website: <http://www.health.gov.on.ca/>

Ontario Seniors' Secretariat / Seniors InfoLine

Toll Free: 1-888-910-1999

TTY: 1-800-387-5559

Email: Infoseniors@ontario.ca

Website: <http://www.culture.gov.on.ca/seniors/>

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Seniors' Info

Website: <http://www.seniorsinfo.ca/>

Assaulted Women's Helpline:

Greater Toronto Area: 416-863-0511

Toll Free: 1-866-863-0511

TTY: 416-364-8762

TTY Toll Free: 1-866-863-7868

Website: <http://www.awhl.org/>

Human Rights Tribunal of Ontario

Phone: 416-326-1312

Toll Free: 1-866-598-0322

TTY: 416-326-2027

TTY Toll Free: 1-866-607-1240

E-mail: hrtto.tdpo@ontario.ca

Website: <http://www.hrtto.ca/>

Freedom of Information and Protection of Privacy

Personal Health Information Protection Act, S.O. 2004, c.3

Freedom of Information and Protection of Privacy Act, R.S.O. 1990,
c. F.31 [FOIPPA]

Municipal Freedom of Information and Protection of Privacy Act,
R.S.O. 1990, c. M.56 [MFOIPPA]

Personal Information Protection and Electronic Documents Act,
S.C. 2000, c. 5 [Federal Act]

Criminal Code

Criminal Code C-46

<http://laws.justice.gc.ca/eng/C-46/20101102/section-.html>

Victims' Bill of Rights, 1995, S.O. 1995, c. 6

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_95v06_e.htm

Development of a Coherent Approach to the Law as it Affects Older Adults

<http://www.lco-cdo.org/en/content/older-adults>

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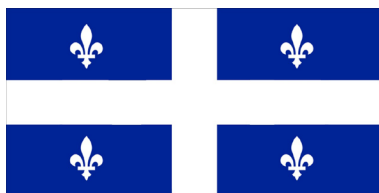
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PROVINCE OF QUEBEC

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Adult Protection Legislation and Substitute Decision Making

Le Curateur Public du Québec

600, boulevard René-Lévesque Ouest, Montréal (Québec) H3B 4W9

Toll Free: 1-800-363 9020

You can also send us an e-mail message

<http://www.curateur.gouv.qc.ca/cura/en/index.html>

Elder Abuse Help Line MaltraitanceAînés/Elder Abuse NO-MORE

<https://www.quebec.ca/en/family-and-support-for-individuals/violence/mistreatment-older-adults-vulnerable-people/about-mistreatment-older-adults-vulnerable-people>

Public Curator Act

https://www.legisquebec.gouv.qc.ca/en/document/cs/c-81_php?type=2&file=/C_81/C81_A.HTM

Other Key Legislation

Charter of Human Rights and Freedoms, R.S.Q. c. C-12, art. 48 [Charter] Code of ethics of occupational therapists, R.R.Q. 1981, c. C-26, r.78 [OT Code]

Code of ethics of members of the Ordre des hygienistes dentaires du Québec, 1997 G.O.Q. 2, 2260 [Hygienists' Code]

Professional Code, R.S.Q. c. C-26

Code of ethics of advocates, R.R.Q. 1981, c. B-1, r.1

Health Care Consent

Curateur public Québec

<http://www.curateur.gouv.qc.ca/cura/en/majeur/index.html>

Workers Protection / Compensation

Commission de la Santé de la Sécurité du Travail

1199, rue de Bleury, C.P. 6056, Succursale «centre-ville»,
Montréal QC H3C 4E1

Tel: 514-906-3780 Fax: 514-906-3781

<https://www.cnesst.gouv.qc.ca/fr>

Community Response Networks and Community Agencies/Organizations

Centre de santé et de services sociaux Cavendish (CSSS)

<https://www.ciusscentreouest.ca/programmes-et-services/groupe-de-medecine-familiale-gmf/gmf-cavendish>

Ministère de la Santé et des Services sociaux

Phone: 418 644-4545 (Québec) 514 644-4545 (Montréal)

Toll Free: 1-877-644-4545 TTY: 514-873-4626 (Montréal)

Toll Free: 1 800 361-9596

Website: <http://www.msss.gouv.qc.ca/>

Centre d'aide aux victimes d'actes criminels (CAVAC)

Phone: 514-277-9860

Toll Free: 1-866-532-2822

Website: <http://www.cavac.qc.ca/>

Commission des droits de la personne et des droits de la jeunesse

Phone: 514-873-5146

Toll Free: 1-800-361-6477

TTY: 514-873-2648

Website: <http://www2.cdpdj.qc.ca/en/pages/default.aspx>

Ligne Info-Abus

Phone: 514-489-ABUS (2287)

Toll Free: 1-888-489-ABUS (2287)

Freedom of Information and Protection of Privacy

An Act respecting access to documents held by public bodies and the protection of personal information, R.S.Q. c. A-2.1 [Public Sector Personal Information Act]

An Act respecting the protection of personal information in the private sector,

R.S.Q., c. P-39.1 [Private Sector Personal Information Act]

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/C-46/section-46.html>

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Financial Abuse Resources

Public Curator

Toll Free: 1-800-363-9020

Website: <http://www.curateur.gouv.qc.ca/cura/en/index.html>

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

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PROVINCE OF NEW BRUNSWICK

Adult Protection Legislation and Substitute Decision Making

Office of the Public Trustee of New Brunswick

Public Trustee

P.O. Box 400, Fredericton, NB E3B 4Z9

Tel: 506-444-3688 Fax: 506-444-3500

Toll Free: 1-888-336-8383

Email: public.trustee@gnb.ca

Administrator of Estates of New Brunswick

<https://www.courtsnb-coursnb.ca/content/cour/en/probate-court/content/faq.html>

Public Trustee Act CHAPTER P-26.5

<https://laws.gnb.ca/en/tdm/cs/E-13>

Executors and Trustees Act CHAPTER E-13

<https://laws.gnb.ca/en/tdm/cs/E-13>

Wills Act CHAPTER W-9

<https://laws.gnb.ca/en/showfulldoc/cs/W-9/20150914#:~:text=9A%20will%20made%20in,in%20which%20it%20is%20made.>

Mental Health Legislation

Mental Health Act CHAPTER M-10

<https://laws.gnb.ca/en/tdm/cs/M-10/>

Mental Health Services Act CHAPTER M-10.2

<http://www.gnb.ca/0062/PDF-acts/m-10-2.pdf>

Other Key Legislation

Family Services Act, S.N.B. 1980, c. F-2.2

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Financial Abuse Resources

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workplace Health, Safety and Compensation Commission

1 Portland Street, P.O. Box 160, Saint John NB E2L 3X9

Tel: 506-632-2200 Fax: 506-632-4999

<https://www.ws-ts.nb.ca/services/portal>

Community Response Networks and Community Agencies/Organizations

University of New Brunswick-Fredericton - Muriel McQueen Fergusson

Centre for Family Violence Research (MMFC)

<http://www.unb.ca/fredericton/arts/centres/mmfc/index.html>

University of New Brunswick – Fredericton and Saint John

www.crisp@unb.ca

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Chimo Helpline Inc.

Phone: 450-HELP (4357)

Toll Free Helpline: 1-800-667-5005

Email: chimo1@nb.aibn.com

Website: <http://www.chimohelpline.ca/>

Senior and Healthy Aging Secretariat

Phone: 506-453-2001

Email: seniors@gnb.ca

Website: <http://www.gnb.ca/0182/index-e.asp>

New Brunswick Human Rights

Phone: 506-453-2301

Toll Free: 1-888-471-2233

TTY: 506-453-2911

Website: <http://www.gnb.ca/hrc-cdp/index-e.asp>

Department of Social Development

Toll Free: 1-866-444-8838

Email: sd-ds@gnb.ca

Provides services to seniors and adults with disabilities who are victims of abuse or neglect

Crossroads for Women Inc./Carrefour pour femmes Inc.

Phone: 506-857-4184

Crisis/Urgence: 506-853-0811

E-mail: crossroads@nb.aibn.com

Freedom of Information and Protection of Privacy

Personal Health Information Privacy and Access Act,

S.N.B. 2009, c. P-7.05

Personal Information Protection and Electronic Documents Act,

S.C. 2000, c. 5 [Federal Act]

Criminal Code

Criminal Code C-46

<http://laws.justice.gc.ca/eng/C-46/20101102/section-.html>

Victims Services Act CHAPTER V-2.1

<http://www.gnb.ca/0062/PDF-acts/v-02-1.pdf>

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PROVINCE OF NOVA SCOTIA

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Adult Protection Legislation and Substitute Decision Making

The Adult Protection Act (s. 5(1) requires every person to report abuse and neglect of vulnerable adults. The law states:

Every person who has information, whether or not it is confidential or privileged, indicating that an adult is in need of protection shall report that information to the Minister of Community Services.

Adult Protection Act, R.S.N.S. 1989, c. 2

Protection for Persons in Care Act

The Protection for Persons in Care Act (s. 6) states that any person who believes that an adult patient or resident is, or is likely to be, abused, may make a report to the Minister.

Protection for Persons in Care Act, S.N.S. 2004, c. 33

Protection for Persons in Care Regulations, N.S. Reg. 364/2007

Domestic Violence Intervention Act

Under the Domestic Violence Intervention Act (s. 6), it is possible to get an emergency protection order where domestic violence has occurred.

Domestic Violence Intervention Act, S.N.S. 2001, c. 29

Office of the Public Trustee of Nova Scotia

Public Trustee Office

Suite 501 - 1465 Brenton St. P.O. Box 685 Halifax, NS B3J 2T3

Tel: 902-424-7760 Fax: 902-424-0616

<http://www.gov.ns.ca/just/pto/>

Health Care Decisions Division

Tel: 902-424-4454 Fax: 902-428-2159

Email: PublicTrusteeHCD@gov.ns.ca

Public Trustee Act

<http://www.gov.ns.ca/just/regulations/regs/ptpersdirref.HTM>

Mental Health Legislation

Involuntary Psychiatric Treatment Regulations (N.S. Reg. 161/2024; O.I.C. 2024-309)

<http://www.gov.ns.ca/just/regulations/regs/IPTtreatmentregs.htm>

Health Care Consent

Personal Directives Act

<http://www.gov.ns.ca/just/regulations/regs/pdpersdir.htm>

Financial Abuse Resources

RCMP “H” Division

Phone: 902-426-2399

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

ABCs of Fraud Awareness Program

Website: <https://carpnovascotia.ca/financial-security/>

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workers' Compensation Board of Nova Scotia

5668 South Street, P.O. Box 1150, Halifax NS B3J 2Y2

Tel: 902-491-8999 Fax: 902-491-8002

404 Charlotte Street, Suite 101 Sydney, NS B1P 1E2

Tel: 902-536-2444 Fax: 902-491-8002

<http://www.wcb.ns.ca/>

Freedom of Information and Protection of Privacy

Freedom of Information and Protection of Privacy Act, S.N.S. 1993, c. 5

Personal Information Protection and Electronic Documents Act,

S.C. 2000, c. 5 [Federal Act]

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Community Response Networks and Community Agencies/Organizations

Government of Nova Scotia – Seniors Abuse Awareness and Prevention

http://www.gov.ns.ca/seniors/senior_abuse_prevention.asp

Adult Protection Services

Phone: 1-800-225-7225

Senior Abuse Line

Toll Free: 1-877-833-3377

Email: stopelderabuse@gov.ns.ca

Nova Scotia Seniors' Secretariat

Phone: 902-424-0065

Toll Free: 1-800-670-0065

Nova Scotia Human Rights Commission

Toll Free: 1-877-269-7699

TTY: 902-424-3139

Email: hrcinquiries@novascotia.ca

Website: <http://www.gov.ns.ca/humanrights/>

- Halifax Office Phone: 902-424-4111
- Sydney/Digby Office Phone: 1-877-269-7699

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/C-46/FullText.html>

Victims' Rights and Services Act

<http://www.gov.ns.ca/just/regulations/regs/vrssched.htm>

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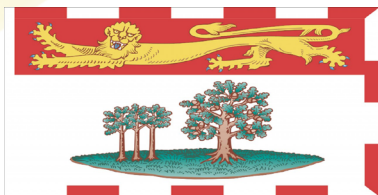
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PROVINCE OF PRINCE EDWARD ISLAND

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Adult Protection Legislation and Substitute Decision Making

Adult Protection Act, R.S.P.E.I. 1988, c. A-5

The Public Trustee of Prince Edward Island

95-105 Rochford Street, Charlottetown, PEI C1A 7N8

Tel: 902-368-4552 Fax: 902-368-4563

Email: dndoiron@gov.pe.ca

<https://www.princeedwardisland.ca/en/information/justice-and-public-safety/public-trustee-public-and-official-guardian>

Public Trustee Act

https://www.princeedwardisland.ca/sites/default/files/legislation/p-32-2-public_trustee_act.pdf

Mental Health Legislation

Mental Health Act

https://www.princeedwardisland.ca/sites/default/files/legislation/m-06-2-mental_health_act.pdf

Other Key Legislation

Victims of Family Violence Act, R.S.P.E.I. 1988, c. V-3.2

Health Care Consent

Consent to Treatment and Health Care Directives Act Chapter C-17.2

https://www.princeedwardisland.ca/sites/default/files/legislation/c-17-2-consent_to_treatment_and_health_care_directives_act.pdf

Financial Abuse Resources

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workers' Compensation Board of Prince Edward Island

14 Weymouth Street, Charlottetown PEI C1A 4Y1

Tel: 902-368-5680 Fax: 902-368-5705

<http://www.wcb.pe.ca/>

Community Response Networks and Community Agencies/Organizations

University of Prince Edward Island - PEI Centre on Health and Aging

<http://www.upei.ca/projects/csha/>

Health PEI – Adult Protection Services

Charlottetown: 902-368-4790

Montague: 902-838-0786

O'Leary: 902-859-8730

Souris: 902-687-7096

Summerside: 902-888-8440

Website: <http://www.oneislandhealthsystem.ca/>

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Seniors Secretariat

Toll Free: 1-866-770-0588

Email: seniors@gov.pe.ca

Website: <https://www.princeedwardisland.ca/en/information/executive-council-office/seniors-secretaria>

Prince Edward Island Human Rights Commission

Phone: 902-368-4180

Toll Free (in PEI): 1-800-237-5031

Email: lbuell@peihumanrights.ca

Website: <https://www.peihumanrights.ca/>

Freedom of Information and Protection of Privacy

Freedom of Information and Protection of Privacy Act, R.S.P.E.I. 1988, c. F-15.01 [FOIPPA]

FOIPPA General Regulations, P.E.I. Reg. EC564/02 [FOIPPA Reg]

Hospitals Act, R.S.P.E.I. 1988, c. H-10.1

Personal Information Protection and Electronic Documents Act, S.C. 2000, c. 5 [Federal Act].

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/c-46/>

Victims of Crime Act

https://www.princeedwardisland.ca/sites/default/files/legislation/v-03-1-victims_of_crime_act.pdf

Victims of Family Violence Act

https://www.princeedwardisland.ca/sites/default/files/legislation/v-03-2-victims_of_family_violence_act.pdf

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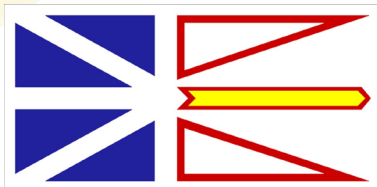
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PROVINCE OF NEWFOUNDLAND-LABRADOR

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Adult Protection Legislation and Substitute Decision Making

The Neglected Adults Welfare Act (s. 4(1)) states that every person who has information that leads him/her to believe an adult is a neglected adult must give the information, as well as the name and address of the adult, to the Director of Neglected Adults or a social worker. This reporting requirement applies even if the information is confidential or privileged (s. 4(2)).

NEGLECTED ADULTS WELFARE ACT

<http://assembly.nl.ca/Legislation/sr/statutes/n03.htm>

Newfoundland and Labrador

Office of the Public Trustee

<https://www.gov.nl.ca/jps/departement/branches/division/trustee/>

<http://www.hepc8690.com/content/contact/publicTrustees-e.shtml>

PUBLIC TRUSTEE ACT

<https://www.assembly.nl.ca/legislation/sr/statutes/p46-1.htm>

TRUSTEE ACT

<http://assembly.nl.ca/Legislation/sr/statutes/t10.htm>

ENDURING POWERS OF ATTORNEY ACT

<http://assembly.nl.ca/Legislation/sr/statutes/e11.htm>

FAMILY VIOLENCE PROTECTION ACT

<http://assembly.nl.ca/Legislation/sr/statutes/f03-1.htm>

Mental Health Legislation

MENTAL HEALTH CARE AND TREATMENT ACT

<http://assembly.nl.ca/Legislation/sr/statutes/m09-1.htm>

MENTALLY DISABLED PERSONS' ESTATES ACT

<http://assembly.nl.ca/Legislation/sr/statutes/m10.htm>

Health Care Consent

ADVANCE HEALTH CARE DIRECTIVES ACT

<http://assembly.nl.ca/Legislation/sr/statutes/a04-1.htm>

Financial Abuse Resources

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

Workers Protection / Compensation

Workplace Health, Safety and Compensation Commission

146-148 Forest Road, P.O. Box 9000, Station B, St. John's NF A1A 3B8

Tel: 709-778-1000 Fax: 709-738-1714

<https://assembly.nl.ca/legislation/sr/statutes/w11.htm>

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Community Response Networks and Community Agencies/Organizations

Seniors Resource Centre of Newfoundland and Labrador

Toll Free: 1-800-563-5599

Email: info@seniorsnl.ca

Website: <https://www.seniorsnl.ca/>

Department of Health and Community Services

Phone: 709-729-4984

Email: healthinfo@gov.nl.ca

Cara Transition House

Toll Free: 1-877-800-2272

Sexual Assault Crisis Line

Phone: 709-726-1411

Toll Free: 1-800-726-2743 or 1-709-726-1411

Newfoundland and Labrador Human Rights Commission

Phone: 709-729-2709

Toll Free: 1-800-563-5808

Email: humanrights@gov.nl.ca

Website: <https://thinkhumanrights.ca>

Criminal Code

Criminal Code C-46

<https://laws-lois.justice.gc.ca/eng/acts/c-46/>

VICTIMS OF CRIME SERVICES ACT

<https://assembly.nl.ca/legislation/sr/statutes/v05.htm>

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Federal Agency Resources

First Nations Chiefs Health Committee.

<http://www.fnchc.ca>

Health Canada works with First Nations and Inuit communities in developing comprehensive home and community care services that respect traditional, holistic and contemporary approaches to healing and wellness. This is a comprehensive site with links to numerous resources, reports, etc.

<https://www.sac-isc.gc.ca/eng/1581895601263/1581895825373>

The National Indian & Inuit Community Health Representatives

Organization (NIICHRO is a national not-for-profit non-governmental organization representing Aboriginal Community Health Representatives.

<http://www.niichro.com/2004/?page=history&lang=en>

A list of resources available from National Indian & Inuit Community Health Representatives Organization (NIICHRO)

<http://www.niichro.com/2004/pdf/resource-kits-2008.pdf>

Indian and Northern Affairs Adult Care Program

to assist First Nations people with functional limitations because of age, health problems or disability.

<https://www.sac-isc.gc.ca/eng/1100100035250/1533317440443>

RCMP Community Policing Services ("E" Division - BC) "E" Division CPS had developed a program referred to as **"Ageless Wisdom"** to provide Crime Prevention messaging to older adults, with a focus on providing this support to recipients of the compensation package from the Indian Residential School Settlement Agreement. Topics covered by this package include: Frauds, Cons, Schemes and Scams, Personal Safety, Abuse, and Victim Services.

The program has been rolled out across the division and is now being delivered by local First Nations Members. Representatives of "E" Division CPS travel with the Indian Residential School Survivors Society to deliver the program at regional gatherings where local Survivors are educated about the Settlement Agreement.

Ageless Wisdom is now being adopted by the RCMP nationally.

<http://bc.rcmp-grc.gc.ca/ViewPage.action?contentId=1143&siteNodeId=38&dc=&rpp=10&p=1&languageId=1&q=ageless+wisdom&submit=Go>

This website provides information on how Restorative Justice is being used around the world. <https://restorativejustice.org/what-is-restorative-justice>

The Aboriginal Canada Portal is a single window to First Nations, Métis and Inuit online resources and government programs and services.

www.aboriginalcanada.gc.ca

Healing the Past: Addressing the Legacy of Physical and Sexual Abuse in Indian Residential Schools (The section on community initiatives will be of interest to CHWs).

https://publications.gc.ca/collections/collection_2011/bdp-lbp/bp/2011-76-eng.pdf

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Health Canada/National Clearing House on Family Violence

Website: <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence.html>

Public Health Canada

Website: <https://www.canada.ca/en/public-health.html>

The Canadian Network for the Prevention of Elder Abuse

www.cnpea.ca

National Initiative for the Care of the Elderly (NICE) Network

Phone: 416-978-0545

Website: www.nicenet.ca

International network of researchers, practitioners, students and seniors.

Canadian Centre for Elder Law (CCEL)

Phone: 604-822-0633

Email: bcli@bcli.org

Website: www.bcli.org/ccel

CCEL conducts research, law reform and education relating to issues affecting older adults.

Canadian Human Rights Commission

Phone: 613-995-1151

Toll Free: 1-888-214-1090

TTY: 1-888-643-3304

Website: <https://www.chrc-ccdp.ca/>

Canadian Anti-Fraud Centre

Toll Free: 1-888-495-8501

Email: info@antifraudcentre.ca

Website: <https://antifraudcentre-centreantifraude.ca>

Phone line operated by the RCMP and the Ontario Provincial Police to provide information about frauds and scams and take reports from people who believe they are victims of fraud.

Ombudsman for Banking Services and Investments (OBSI)

Toll Free: 1-888-451-4519

Email: ombudsman@obsi.ca

Website: www.obsi.ca

OBSI helps resolve disputes between participating banking services and investment firms and their customers if they can't resolve disputes on their own.

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Certificate Quiz

1. Designated Responder refers to an employee of an agency who has the responsibility and training to inquire into reports and to respond to situations of suspected abuse, neglect and self-neglect of vulnerable adults.

☐

True

☐

False

2. The most important value and principle to guide practice while investigating abuse and neglect of older adults is:

Protection of all older adults from all harm and risk.

☐

True

☐

False

3. Police, Band Members, and Spiritual Leaders should not get involved in the private family matters of older adults, even if they are being abused.

☐

True

☐

False

4. There are agencies and laws throughout Canada that have authority and responsibility for receiving reports and inquiring into situations of abuse, neglect and self-neglect.

☐

True

☐

False

5. From the list below, select organizations/people that may be involved in a Community Response Network:

- ☐ A) Band Council Members
- ☐ B) Health Care Centre
- ☐ C) Police
- ☐ D) Financial Institutions
- ☐ E) Home Care Aids
- ☐ F) Transition House/Safe House
- ☐ G) Emergency Health Services
- ☐ H) Elders Support Workers
- ☐ I) All of the above

6. Adults are presumed to be capable of making decisions about personal care, health care, legal matters, or their own financial affairs, business or assets.

- ☐ True ☐ False

7. Community Health and Human Service Workers should be aware of the potential for the following types of abuse: Financial, Neglect/Self neglect, Violation of Rights, Physical, Sexual, Emotional/Psychological

- ☐ True ☐ False

8. If a Community Health and Human Service Worker suspects that a vulnerable adult is being abused, they should:

- ☐ A) Ignore it and mind their own business
 - ☐ B) Phone the police before talking with the vulnerable adult have the vulnerable adult declared incapable and place them in a long term care facility
 - ☐ C) Follow the process in the Response Flow Chart for community health workers
-

9. If someone reports that they suspect a vulnerable adult is being abused, the name of that person must be reported to the Designated Agency or Police and will not be kept confidential.

- ☐ True ☐ False
-

10. Professionals from outside of the community are encouraged to enter First Nations Reserve Communities to investigate suspected abuse and neglect concerns without coordinating with the local resources.

- ☐ True ☐ False
-

11. Community Response Networks are made up of a diverse group of concerned community members, service providers and others, who come together to create a coordinated community response to adult abuse, neglect and self-neglect.

- ☐ True ☐ False
-

12. Often Community Response Network members are employed by the Designated Agencies, the Band Health Services, the local church, police or emergency services personnel.

☐

True

☐

False

13. Select from the list below three requirements for cross cultural engagement:

☐

A) Creating short term relationships that are based on strict protocols and procedures

☐

B) Creating long term relationships with communities that include alternate perspectives, ideas, understandings to reframe problems

☐

C) Recognize and call into question your own ideology without becoming defensive

☐

D) Control programs and agendas

☐

E) Stimulate innovation and discovery by bringing together divergent ways of knowing

14. If you work in the home and community care sector, being exposed to violent and aggressive behaviour is part of your job and there is no need to report this behaviour to your supervisor.

☐

True

☐

False

15. From the list below, select five things you can do to reduce the risk of violent and aggressive behaviour:

- ☐ A) Stay as close to your client as you can
- ☐ B) Do things without telling the client first
- ☐ C) Avoid letting the client come between you and a way out of the room
- ☐ D) Assess your client's mood before you start your duties
- ☐ E) Tell your client what you are going to do before you do it
- ☐ F) Don't be concerned with cultural or language barriers
- ☐ G) Be aware that your client may become more aggressive when you are assisting with personal care
- ☐ H) Know your employer's procedures for minimizing risk
- ☐ I) Argue and raise your voice with the client to show them that you are in control

16. Privacy is the freedom from intrusion into and exposure of personal affairs. It is a basic human right.

- ☐ True ☐ False

17. Confidentiality is how we treat private information, once it has been disclosed to others or ourselves.

- ☐ True ☐ False

18. Older aboriginal adults are less likely to experience abuse, neglect or self-neglect than their counterparts in non-aboriginal populations.

☐

True

☐

False

19. Community Response Networks (CRNs) can help create increased coordination of community responses to abuse and neglect.

☐

True

☐

False

20. Self-Neglect happens when an adult chooses to refuse services and to live at risk and there is nothing that can be done to help.

☐

True

☐

False

Answers to Quiz

- | | |
|------------------------|--------------------|
| 1. True | 11. True |
| 2. False | 12. True |
| 3. False | 13. B) C) E) |
| 4. True | 14. False |
| 5. I) All of the Above | 15. C) D) E) G) H) |
| 6. True | 16. True |
| 7. True | 17. True |
| 8. C | 18. False |
| 9. False | 19. True |
| 10. False | 20. False |



Certificate Of Completion

This certifies that



has successfully completed

The National First Nations Re:act Certificate Quiz

Date

