

REVELSTOKE COMMUNITY RESPONSE NETWORK

The Revelstoke Community Response Network developed this Protocol to help our community respond to adult abuse, neglect and self-neglect. The goal of this protocol is to build a coordinated response between agencies. This document explains the roles of legislatively mandated agencies and presents a process for community partners, other agencies and individuals to follow in cases of adult abuse, neglect and self-neglect.

*Community
and Inter-
agency
Protocol*

Introduction

The Revelstoke Community Response Network (CRN) developed this Protocol to help our community build a coordinated Community response to the issues of adult abuse, neglect and self-neglect. Our CRN can create a 'network of relationships' to provide a 'safety net' for vulnerable adults. This can help reduce the incidence of abuse and neglect and help adults experiencing these issues access appropriate assistance. This 'safety net' becomes more developed and effective as our CRN enlarges its membership and the community becomes more aware of adult abuse, neglect and self-neglect.

The mandate of Community Response Networks throughout the province is derived from the BC Adult Guardianship Act (Section 5E; page 41). The local CRN is a member of a provincial group, the British Columbia Association of Community Response Networks (BCACRN) which coordinates the activities and in-service education of this group.

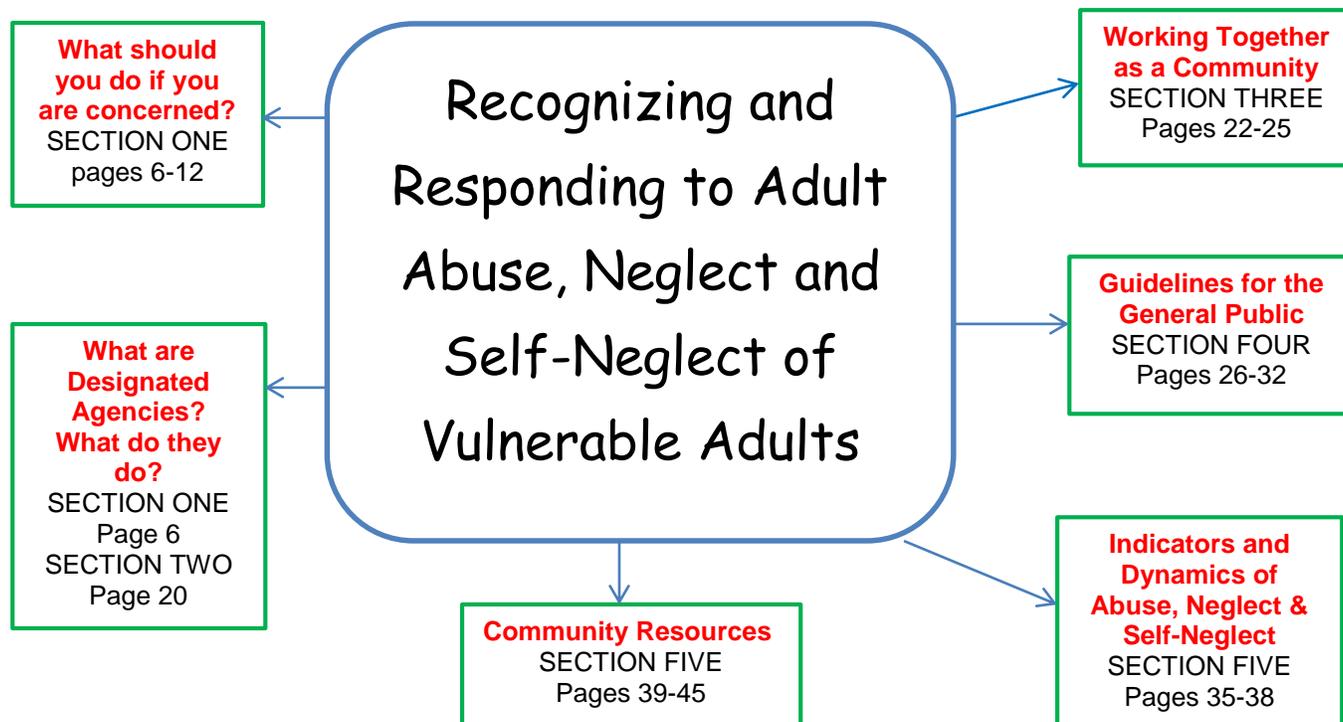
While the roles and responsibilities of network members and legislatively-mandated (under the BC Adult Guardianship Act) agency responders are explained in this Protocol, the emphasis is on 'the role of the CRN' as an entity that collaborates with and supports Community partners.

This Protocol will help ensure our CRN is sustainable and collaborative, despite inevitable changes in people's roles and positions, and the changes within organizations.

This protocol is intended to be used by a variety of individuals and agencies - some of whom will have experience responding to concerns of abuse, neglect and self-neglect. Others who may refer to the protocol will be responding to concerns for the first time.

It is our hope that this protocol, with your commitment to it, will increase the effectiveness of our community's response to preventing and addressing the incidence of adult abuse, neglect and self-neglect so more adults are connected with existing supports and services.

How to use the Guide and Quickly Find What You Are Looking For



You can read this guide cover to cover **OR**

- If you want to know what you should do if you are concerned about yourself or someone you know, go to Section 1 on pages 8 - 11
- If you want to know who the Designated Agencies are (those who must respond to reports of abuse, neglect or self-neglect) and their specific roles, go to Section 1A on page 6 and Section 2C on page 20
- If you want information about how Designated Agencies will respond to a report of abuse, neglect or self-neglect, go to Section 2C on page 20
- If you want information about how community agencies may respond to a report of abuse, neglect or self-neglect, go to Section 2C on page 21
- If you are interested in knowing the indicators of abuse, neglect or self-neglect, go to Section 5B on pages 35 - 37
- If you want to see the concept, role and resources of a Community Response Network, go to Section 2C on pages 18 and 19 and Section 5A on page 34
- If you are interested in the legislation, go to Section 5E on pages 41 - 44 for a summary of the Adult Guardianship Act

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Section One: What to do if you're concerned?

A: A Note Regarding Designated Agencies

Designated Agencies are those mandated by law to respond to concerns a **vulnerable** adult is experiencing abuse, neglect or self-neglect. Community Living British Columbia (CLBC) and the Interior Health (IH) are the Designated Agencies.

An adult is considered **vulnerable** when they *cannot seek help or assistance on their own* due to:

- physical restraint
- physical disability due to lack of mobility, difficulty communicating or other physical restriction
- illness, disease, injury, cultural barrier or other condition that affects the individual's ability to make decisions (mental illness, developmental disability, brain injury, Alzheimer's disease)

Only vulnerable adults should be referred to a Designated Agency.

If the vulnerable adult has a developmental disability, the Designated Agency to be contacted is Community Living Services British Columbia. The Provincial office can be reached at 1-877-660-2522. CLBC services for Revelstoke and surrounding area are delivered from the Salmon Arm office which can be reached at 250-832-1718.

If the vulnerable adult does not have a developmental delay, the Designated Agency to be contacted is Interior Health. In Revelstoke, Community Care can be reached at 250-814-2267.

An adult who is capable of making decisions, but making decisions others do not agree with *should not* be referred to a Designated Agency. A referral for counselling should be considered if the individual is receptive.

Designated Agencies are always available to consult regarding how to respond to a concern of adult abuse, neglect and self-neglect.

1B: Decision Trees

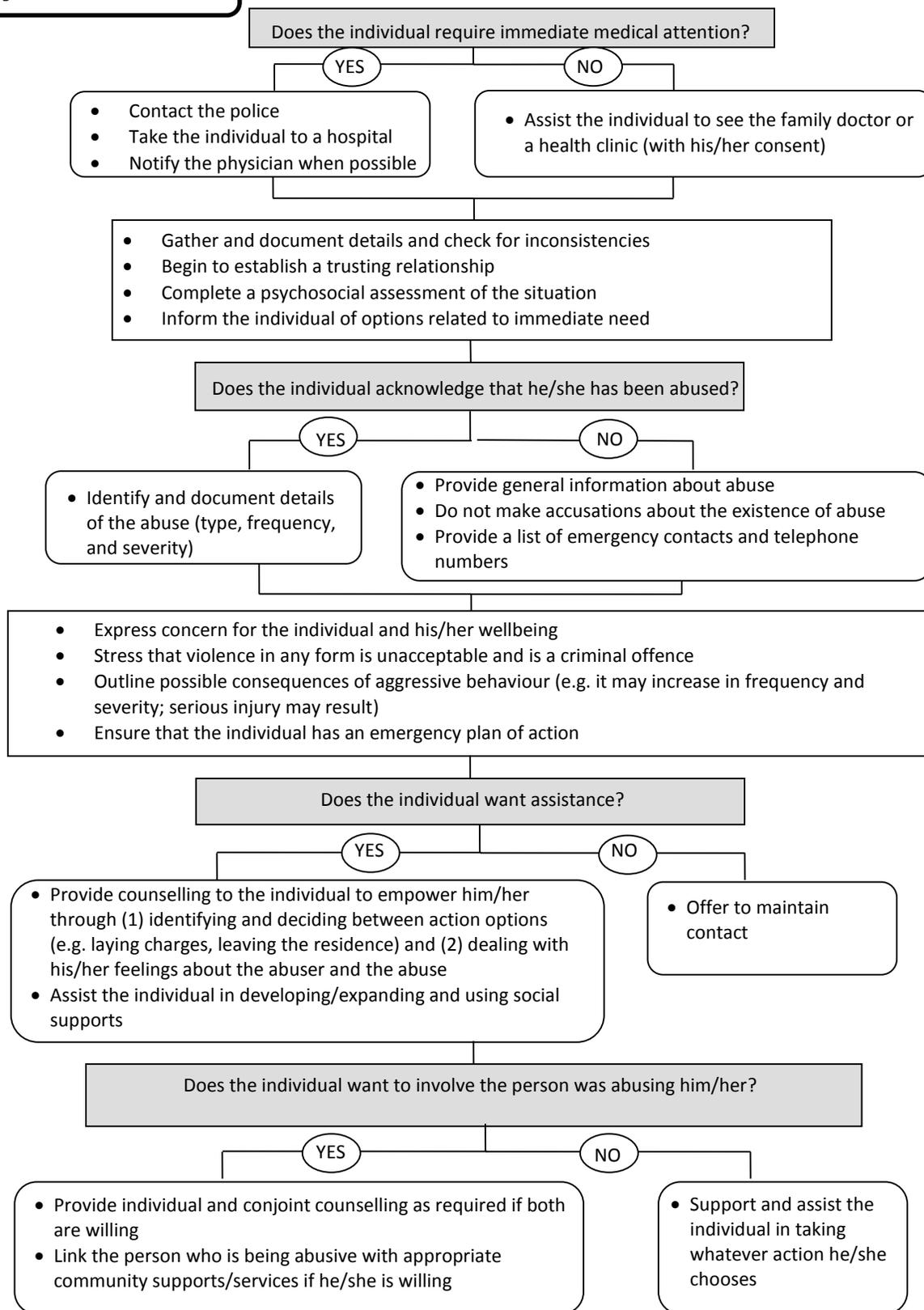
The following section is a series of "Decision Trees" intended to be used by community professionals familiar with the process of completing a comprehensive psychosocial assessment. Those not familiar with this process are encouraged to contact a Designated Agency to explore the best way to respond to a report of concern regarding adult abuse, neglect or self-neglect.

There is a decision trees regarding:

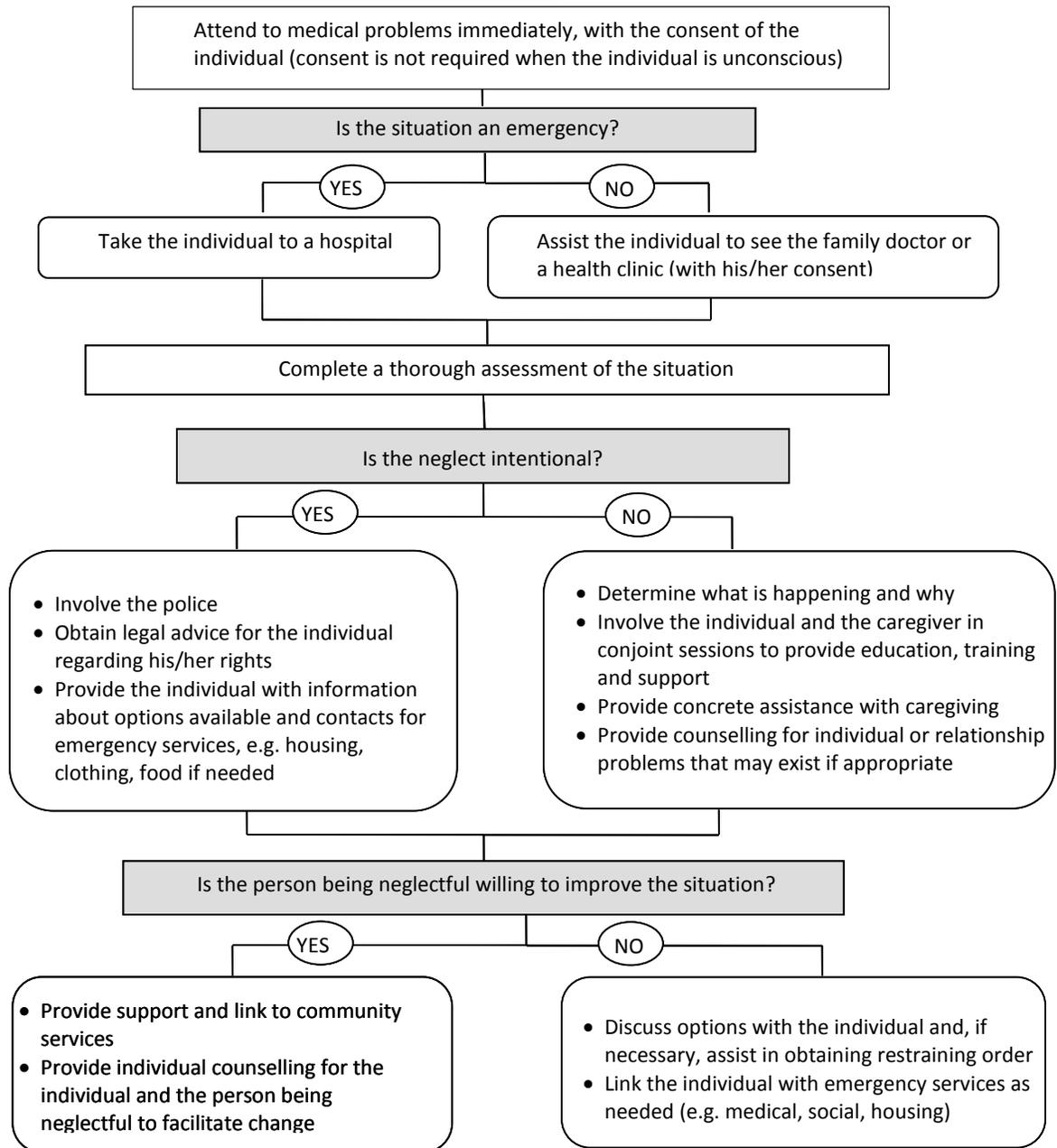
- Physical abuse (page 8)
- Neglect and Self-Neglect (page 9)
- Psychological Abuse (page 10)
- Financial Abuse (page 11)

These Decision Trees are adapted from the Ontario Association of Professional Social Workers

Physical Abuse

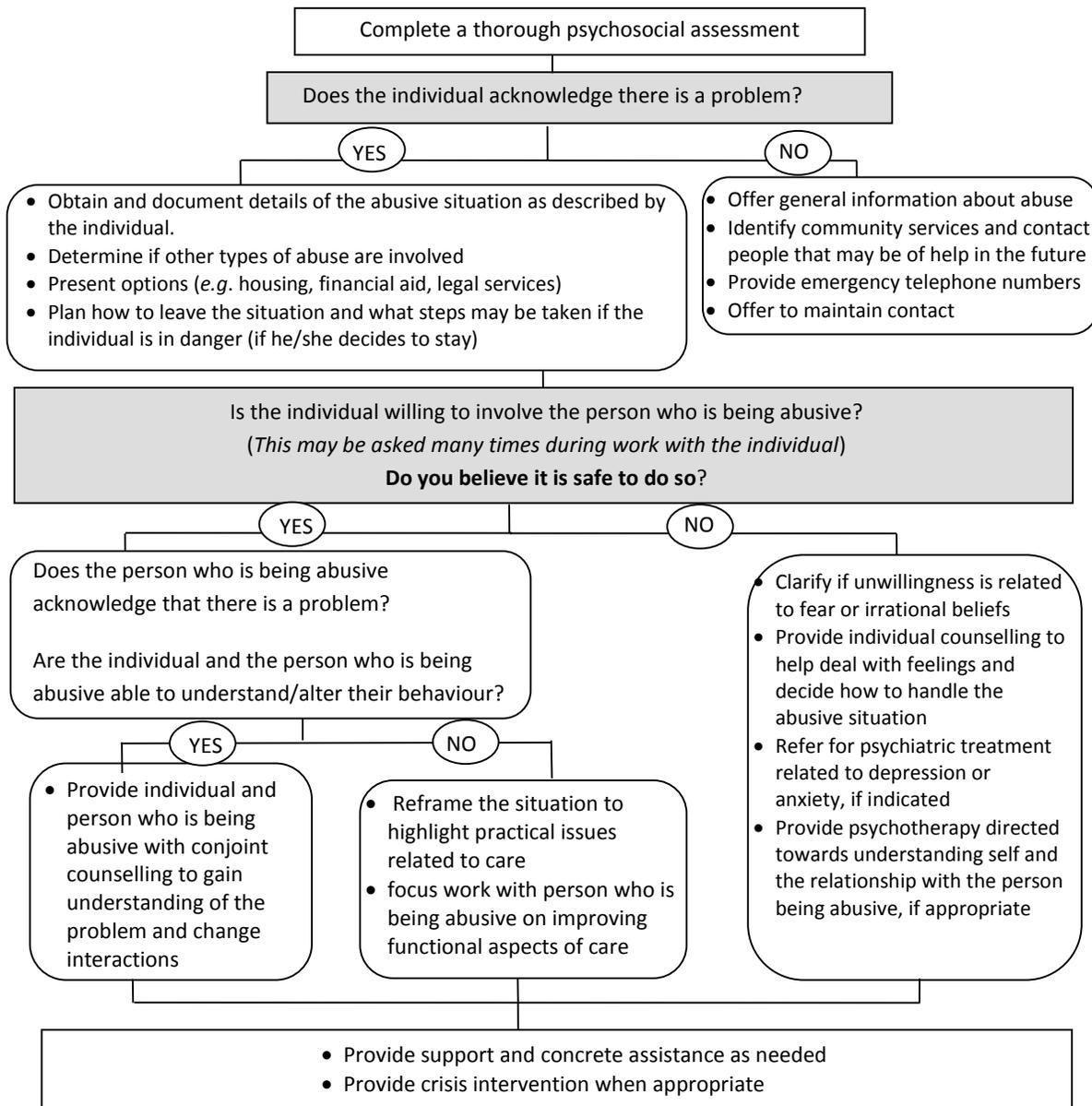


Neglect and Self-Neglect



Psychological Abuse

Psychological abuse is often intertwined with other forms of abuse. Since the situation is value-laden, it is important to determine whether the individual sees it as abusive. She/he will be influenced significantly by cultural factors and family dynamics.

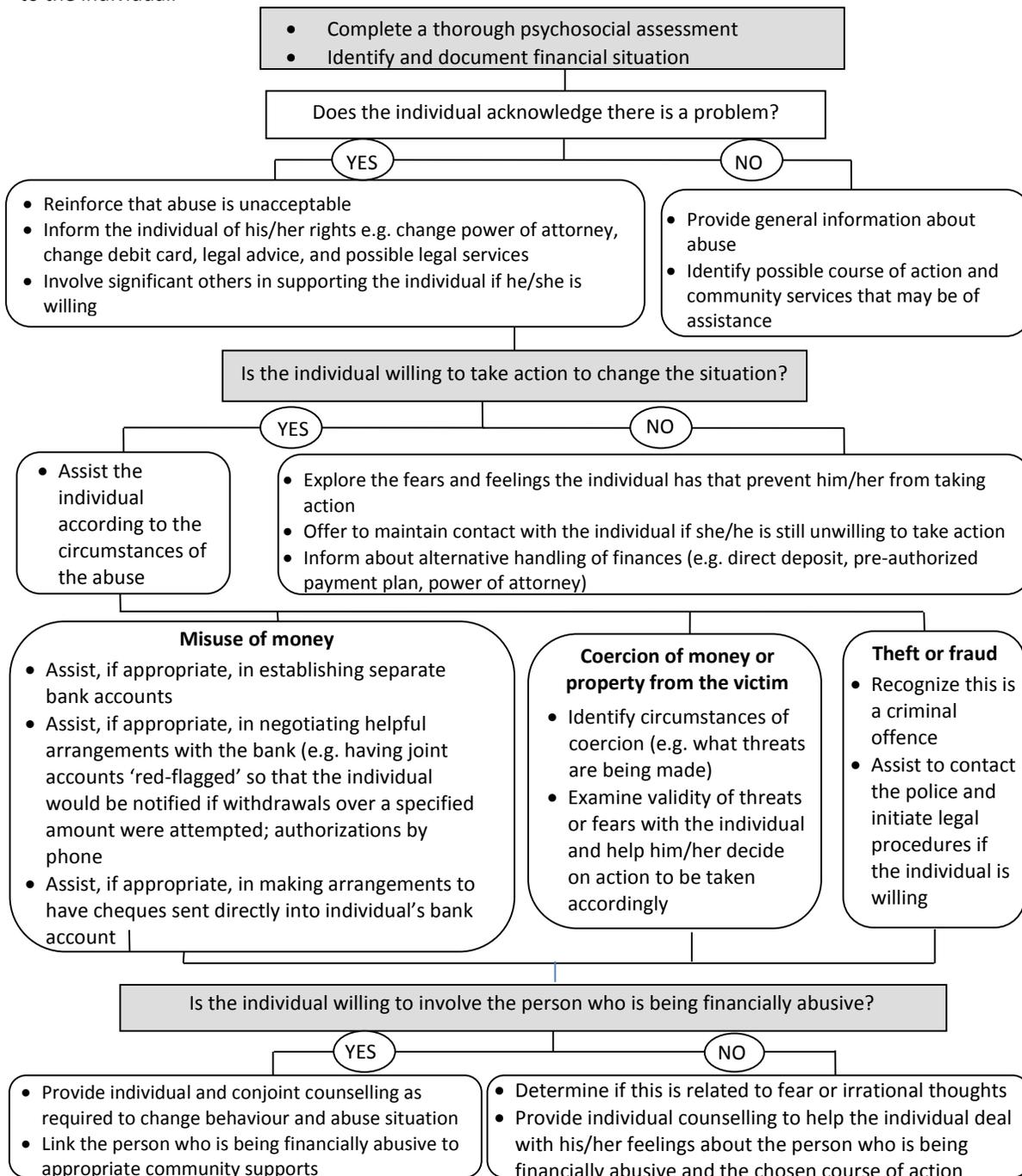


If the individual wishes to involve the person who is being abusive but you do not believe it is safe to do so:

- Explain your concerns to the individual
- Provide individual counselling to help deal with feelings and decide how to handle the abusive situation

Financial Abuse

It is important that timing of interventions is considered. The less control or access an individual has over his/her own financial resources, the more opportunity and time the person who is being financially abusive has to misappropriate funds or property. Interventions need to be timed to avoid further significant losses to the individual.



If it is not advisable to involve the person who is being financially abusive:

- Explain concerns to the individual, giving specific reasons
- Review the role of the person who is being financially abusive in creating the present financial situation
- Explore alternative financial management resources, e.g. assigning or changing power of attorney

1C: Community Agency Responses

The practices of each community agency will be guided by their Policies and Procedures and legislation. Within the parameters set by these, there is value to agencies using a similar approach when responding to adult abuse, neglect and self-neglect.

A community agency may receive a call or report of abuse, neglect or self-neglect of an adult. If the adult is "capable" (meaning they are able to appreciate the ramifications of their actions and able to ask for assistance), they should not be referral to a Designated Agency. However, the community agency may contact a Designated Agency to consult on the most appropriate course of action.

Situations involving a "vulnerable" adult should be referred to a Designated Agency. An adult is considered *vulnerable* when they cannot seek help or assistance on their own due to:

- physical restraint
- physical disability due to lack of mobility, difficulty communicating or other physical restriction
- illness, disease, injury, cultural barrier or other condition that affects the individual's ability to make decisions (mental illness, developmental disability, brain injury, Alzheimer's disease)

If the vulnerable adult has a developmental disability, the Designated Agency to be contacted is Community Living Services British Columbia. The Provincial office can be reached at 1-877-660-2522. CLBC services for Revelstoke and surrounding area are delivered from the Salmon Arm office which can be reached at 250-832-1718.

If the vulnerable adult does not have a developmental delay, the Designated Agency to be contacted is Interior Health. In Revelstoke, Community Care can be reached at 250-814-2267.

1C: Community Agency Responses - (continued)

Steps a community agency may consider include:

1. Getting help

- While there is no mandatory reporting of adult abuse or neglect, we feel a moral obligation to support people to get appropriate assistance that respects their right to self-determination
- Assess for immediate danger - do they want the police or ambulance phone number or do they want the agency to make a call on their behalf (when indicated).
 - Options to use in an Emergency:
 - Assess urgency utilizing agency's specific criteria
 - Contact RCMP, Designated Agency (if the adult is considered *vulnerable and unable to seek help on their own*) or other appropriate community agency if there is evidence of or admitted imminent danger and/or risk to self, others or property
 - Danger to self - expresses wanting to die
 - Danger to other - expresses intentions of harming another person, or potential for child abuse
 - Trauma such as rape or violent action
 - Knowledge of a criminal act
 - Making a report to the RCMP does not preclude making a report to a Designated Agency or to another relevant agency
- Ensure the individual is connected with someone who can provide support and assistance within a reasonable time frame

2. Offering Reassurance

- Reassure that information will be kept confidential
 - **Confidentiality**

When a report is received by a Designated Agency, it is treated as strictly confidential. The name of the person making the report or any information identifying that person cannot be disclosed without the individual's consent. However, if the situation becomes a criminal investigation, information can be subpoenaed.
- Address any issues around alerting the abuser that an investigation is underway

1C: Community Agency Responses - (continued)

3. Gathering information

(We acknowledge that all information collected is subject to confidentiality and must not be disclosed without written consent whenever possible.)

- Talking to an adult about abuse, neglect or self-neglect can be extremely difficult. We may only have one opportunity to interact with an individual.
- A "face to face" interview is preferable but any means by which the adult can communicate is essential to understanding the full complexity of the situation.
- Talk to the adult in a manner which is respectful of them, their language and culture.
- In order to facilitate a timely and appropriate response, information can be obtained from the adult experiencing abuse or neglect or the person making the report.
- Basic information to be obtained includes:
 - Demographics (name, phone number, relationship etc)
 - brief summary of the situation giving rise to the concern
 - Where is the vulnerable adult?
 - Who is currently assisting them?

4. Referring to a Designated Agency

- A referral to a Designated Agency is appropriate when there are concerns an 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* due to a physical restraint, cognitive impairment, handicap, illness, disease, dementia, injury or other condition.
 - An adult who is capable of making decisions, but making decisions others do not agree with *should not* be referred to a Designated Agency. A referral for counselling should be considered if the individual is receptive.
- Consultation with a Designated Agency is appropriate when
 - You are uncertain about the best course of action for the situation
 - There is a perceived need for additional supports and/or services
- Inform the appropriate Designated Agency of all incidents in which support and assistance were refused when the person is incapable of making informed choices
 - For those with a developmental delay contact Community Living British Columbia (CLBC) 250-832-1718
 - all others, Interior Health (IH) (Community Care Office, Nursing and Home Support, Social Worker or Mental Health) 250-814-2267
- When referring, if possible, obtain the adult's consent to disclose their information (as per agency policy).

1C: Community Agency Responses - (continued)

5. Offering Support (if within the Agency mandate)

- As a non-designated community agency, offer support in accordance with the mandate of your organization. Services provided will be contingent upon the ability of your agency to respond. You may:
 - Assume that every adult is "capable" of making decisions surrounding the support and assistance they require, including the right to "live at risk" without any support
 - Include the adult in decision-making and assume capability at the outset
 - Offer community resource information
 - Determine if there are other people whom the individual wants involved
 - Encourage the adult to engage the assistance of people who are supportive and whom they trust (friends, relatives, neighbours) or, inquire if they would give their consent to you contacting people they trust

6. Disclosing information

- Section 62(1) of the Adult Guardianship Act gives the Public Guardian and Trustee and Designated Agencies the right to any information that is necessary in order to carry out the roles assigned to them by the Act. Anyone who has information that a Designated Agency of the Public Guardian and Trustee is entitled to is obligated to disclose the information. We understand that Designated Agencies or the Public Guardian and Trustee must not disclose information they have obtained under the Act unless they are required to do so in order to perform their duties or functions under the Act.
- Immunity from Legal Action
 - Section 46(3) of the Act says that no action for damages may be brought against a person for making a report or for assisting in an investigation unless the person made the report falsely or maliciously.
- Employment Protection
 - Under Section 46(4) of the Act, employees cannot be fired, disciplined or discriminated against for making a legitimate report of adult abuse or neglect, or assisting in an investigation.

Section Two: Maintaining Continuity in the Network

A: Vision and Mission of the Revelstoke Community Response Network

Vision

Vulnerable adults in the community of Revelstoke have the right to live in an environment where they are safe and protected from abuse, neglect or self-neglect.

Mission Statement

The Mission of the Revelstoke Community Response Network is to assist the community to recognize and respond to concerns that vulnerable adults are experiencing abuse, neglect, and self-neglect.

2B: Values of the Revelstoke Community Response Network

Respect for Self-Determination

We accept the right of a capable adult to choose to live at risk provided he/she does not infringe upon the rights and safety of others.

Equality

We value all members of the Community Response Network working together as equal partners. We decrease power imbalances where possible and support meaningful participation.

Inclusion

We involve all stakeholders in both the development and implementation stages of our policies, procedures, protocols and regulations.

Accessibility

We strive to reach marginalized and isolated community members.

2C: Description and Role of a Community Response Network

The Adult Guardianship Act empowers the Public Guardian and Trustee to organize Community Response Networks (CRN). A CRN is a diverse group of community members (individuals, groups and agencies) that work together to create a coordinated community response to the abuse, neglect and self-neglect of vulnerable adults.

The role of the CRN is to facilitate education and prevention activities that build the community's capacity to address and prevent abuse, neglect and self-neglect.

While the legislation applies to adults in certain circumstances, a CRN is **not** limited to those circumstances. CRNs are intended to promote a coordinated response so support and assistance are offered to any adult in the community who is experiencing, or is at risk of experiencing, abuse or neglect. CRN participants believe that a collaborative approach increases the effectiveness of the community's ability to respond.

1. What a Community Response Network can do:

Education:

- Increase community and professional awareness and understanding of adult abuse, neglect and self-neglect.
- Increase community and professional awareness of the role of the CRN and the legislated mandate of Designated Agencies.
- Increase knowledge and skills to maximize a coordinated community response to prevent future abuse, neglect and self-neglect of vulnerable adults.

Team and Relationship Building:

- Develop and sustain strong relationships between individuals, organizations and agencies that can provide support.
- Continue to add partnerships to the CRN so as to broaden and strengthen the connection between the CRN our community.
- Offer support and assistance to community agencies and individuals.

Advocacy:

- Work toward better coordination of supports and services.
- Recognize that some individuals, sectors or population groups may need specific supports.

Community Capacity:

- Increase commitment to address abuse and neglect as it affects individuals, families and communities
- Engage in community outreach.

2C: Description and Role of a Community Response Network (continued)

2. What a Community Response Network cannot do:

Case Manage:

- Members of the Community Response Network may have a role, in their professional capacity, to intervene in situations of abuse or neglect. However, the role of the CRN is to support networking amongst members and facilitate education and prevention activities.
- Members of the CRN do not discuss nor disclose personal information during Network meetings.

Monitor:

- A Community Response Network has neither the authority nor responsibility to oversee the activity of Designated Agencies or community agencies.

2C: Description and Role of a Community Response Network (continued)

3. Role of the Designated Agency

The Adult Guardianship Act empowers the Public Guardian and Trustee of BC to assign certain agencies, called Designated Agencies, a mandate to look into reports of abuse, neglect and self-neglect of vulnerable adults. The designated agencies are: Regional Health Authorities and Community Living British Columbia.

When a designated agency receives a report of abuse or neglect, it **must**:

- Look into the situation
- Involve the adult as much as possible
- Report the facts to the police if they have reason to believe that a criminal offence has been committed.

In addition, a designated agency **may** do any of the following as appropriate to the situation:

- Take no further action
- Gain access to an adult in an emergency or urgent situation
- Report the situation to the Public Guardian and Trustee, or another agency
- Assist an adult in accessing various support services
- Assist the adult in obtaining a representative
- Check further into situations in which an adult is refusing help and may be incapable
- Apply to the court for an interim order to keep the abuser away
- Develop a plan outlining ways to support an adult
- Request an assessment of capacity
- Apply to the court for a Support and Assistance Order

These are some of the situations in which the designated agency will **not need** to become involved:

- When informal support is enough
- When supports or services are offered by other community agencies and are accepted by the adult
- When the adult does not agree to accept the supports or services, and is capable of making decisions

The legal mandate of Designated Agencies gives them access to legal tools such as Restraining Orders and Support and Assistance Orders. They also have ways to gain access to a vulnerable adult when access has been denied.

2C: Description and Role of a Community Response Network (continued)

4. Role of the Individuals and Community Agencies

Any member of the CRN may hear of a situation of abuse or neglect from the adult themselves, or from a concerned supporter. Depending on circumstances, the CRN member may:

- Ask the adult how they would like to be assisted
- Offer support and assistance to the adult
- Offer to refer the adult to someone else who can help
- Refer the adult to the appropriate Designated Agency if the adult is apparently abused, neglected or self-neglecting and thought to be *unable to seek support and assistance on their own*.

If the adult **can** seek help on their own, the CRN Member may provide the contact numbers for information, counselling, problem-solving or support.

If the adult **cannot** seek help on their own (meaning they are vulnerable) and someone is concerned they are being abused or neglected, a Designated Agency should be contacted.

If the vulnerable adult has a developmental delay, the Designated Agency to be contacted is Community Living British Columbia (CLBC). The phone number for the Provincial office is 1-877-660-2522. Community Living British Columbia Services for Revelstoke and surrounding area are delivered from the Salmon Arm office which can be reached at 250-832-1718.

If the adult does not have a developmental delay but *unable to seek support and assistance on their own* due to cognitive or physical issues (ie: restraint, physical handicap, illness, disease, injury or other condition), the Designated Agency to be contacted is Interior Health. In Revelstoke, the Community Care can be reached at 250-814-2267.

Designated Agencies are always available to consult regarding how to respond to a concern of adult abuse, neglect and self-neglect. An adult who is capable of making decisions, but making decisions others do not agree with *should not* be referred to a Designated Agency. A referral for counselling should be considered if the individual is receptive.

5. Role of the Police

The RCMP commits to preserving the peace, upholding the law and providing quality service in partnership with the community.

Section Three: Guidelines for Working Together as a Community Response Team

The guidelines presented here are intended to facilitate collaboration amongst professionals in our community.

Our response, individually and collectively, to issues of abuse, neglect and self-neglect is guided by the principles of the Adult Guardianship Legislation and best practices guidelines.

1. Sharing Information

- The CRN, as an entity, does not discuss or intervene in actual individual situations; therefore no personal information is shared.
- No "case management" discussions take place during CRN meetings as case management is not an activity of the CRN, as a group.
- All participants are kept informed and share information with each other.
- CRN members may use realistic scenarios in order to learn and plan how to maximize community resources and create the best coordinated community response. However, scenarios will not contain details that would identify any real-life situation.

2. Protecting Confidentiality

- We acknowledge that CRN members are accountable to specific privacy legislation (i.e. FOI) and/or their own internal agency policies and procedures. Specific information regarding those being supported is not discussed at the CRN table.
- The principle of confidentiality also applies to information individual CRN members choose to share about themselves at the CRN table.

3. Making Decisions

- Principles of inclusion, power sharing and meaningful participation will guide decisions about the work of the CRN (i.e. people affected by the decision should be included, whenever possible and appropriate).
- Each contribution will be valued, and whenever possible, our goal is shared agreement.

3: Guidelines for Working Together as a Community Response Team (continued)

4. Resolving Differences

- We recognize that we will have differences of opinion because our CRN is comprised of a diverse group of participants. We candidly identify and acknowledge our differences by finding approaches that work for everyone.
- We identify barriers to communication and work to remedy them.

5. Ensuring Accountability

- Each member of the CRN is committed to following best practices and working in a collaborative and supportive way to ensure adults receive assistance and more adults are connected with existing services and supports.
- We will fulfill our roles in keeping within the mandates and regulations of applicable legislation, as well as our own organizational policies and procedures.

6. Identifying Gaps and Barriers

- We will continue to identify and address gaps and barriers in services and supports to ensure adults experiencing abuse, neglect or self neglect have access to assistance.

7. Building Team Relationships Amongst CRN Members

- Building and enhancing collaborative relationship among individuals and agencies in our community will increase our community's capacity to respond to issues of adult abuse, neglect and self-neglect.
- We will endeavour to create an environment that promotes:
 - safety and trust
 - shared leadership
 - shared learning
 - shared decision-making
 - opportunity to change
 - a commitment to the future, to continuity and to accountability with each other

3: Guidelines for Working Together as a Community Response Team (continued)

8. Building Relationships With the Larger Community

- CRN members are committed to building and maintaining strong relationships with other community members. We believe adults in our community are safer and receive the most effective support when each community member is valued and we foster inclusive and supportive community relationships.

9. The Role of Ethics

- We are committed to principled and ethical action as we strive to find a balance between the right to individual autonomy and declining capability.
- We share a responsibility to demonstrate the highest standards of personal integrity, trustworthiness, fortitude and care in these duties. In this way, confidence and trust in each other will be inspired.
- We will follow the principles set forth in the Adult Guardianship Legislation when making decisions that affect the life of an adult served by this legislation. (These principles are articulated in Section 5E on page 44 of the Revelstoke Community Response Network Community and Inter-agency Protocol).
- Specific ethical concerns can arise over
 - Differing interpretations of what can be considered abuse and neglect
 - A presumption of capability
 - Confidentiality
 - Who is responsible to respond to a specific situation of abuse, neglect or self-neglect
 - The difference between having a mandate and having opportunities to develop creative strategies to support the adult
 - The difference between Law (legislative act and regulation, directives) and Ethics (moral principles, values and beliefs)

10. Addressing Ethical Questions

- Consultation amongst CRN members is essential when addressing ethical questions.
- Ethical questions sometimes arise when principles conflict with one another and/or point to different courses of action. In this situation, one would want to ask:
 - Is the thinking about this situation polarized (ie - 'either/or' thinking)? Is there a way to shift this kind of thinking?
 - Is there one principle that carries more weight? Principles do not have a rank order so autonomy is not always more important than safety/protection.
 - How much are we infringing on this person's autonomy?
 - How much harm to other people is likely?
 - What have we done in similar situations?

3: Guidelines for Working Together as a Community Response Team (continued)

11. Making Ongoing Commitments

Community Outreach

- We will reinforce the concept of "connectedness" between community organizations, agencies and citizens
- We will strive to increase our community's capacity to prevent and address the issues of abuse, neglect and self-neglect.

Increasing Professional and Public Awareness

- We will promote communication and cooperation among disciplines
- We will raise awareness in the community regarding its role in keeping people safe.

Education and Training

- We will provide information and engage in educational activities regarding the issues and dynamics of abuse, neglect and self-neglect.

Advocacy

- We will endeavor to provide access to information that will protect or support vulnerable adults in our community.
- We will interact with local, regional, provincial and federal government organizations working to end the abuse, neglect and self-neglect of vulnerable adults.

Section Four: Guidelines for the General Public

A: Signs that Someone Might Need Help (from BC CRN Gatekeeper Training)

Members of the general public may notice or observe changes in the appearance, behaviours or daily routines of a friend, neighbour, or acquaintance. These changes may alert you that the person is in trouble or potentially at risk. If you notice any one or a combination of the indicators below, you may contact the person, community agency or Designated Agency you think can offer assistance.

1. Personal Appearance

- Unkept appearance
- Dirty or uncombed hair
- Unshaven
- Dirty clothes
- Inappropriate clothing for the weather
- Body odors

2. Conditions of the Home

- Exterior or interior are in poor repair
- Old newspapers are lying around
- Calendar is on the wrong month or year
- Little or no food
- Strong odors
- pets appear neglected
- garbage is piling up
- signs of hoarding behaviour
- walks are not shoveled/grass is not cut/yard is not maintained

3. Sudden Physical Loss

- Loss of hearing or sight
- chronic or acute physical illness
- inability to move easily or loss of balance
- loss of bowel and/or bladder control

4. Mental and Emotional Health

- Confusion and/or disorientation
- Inappropriate responses
- Repetitiveness while talking
- Suspiciousness
- Alcohol and/or drug abuse
- Appears sad or "blue"

4A: Signs that Someone Might Need Help

5. Social Problems
 - Being homebound
 - Lack of social relationships
 - No mention of family or friends
 - Lack of social interests
6. Economic Problems
 - Inability to manage finances or maintain lifestyle
7. Personality Changes
 - Increased withdrawal or isolation
8. Caregiver Stress
 - Resistance on the part of a caregiver to accept help for a spouse/family member
9. Suicide Threats
 - Subtle statements or direct threats to self-harm
10. Financial Abuse
 - Misuse of a person's funds
11. Physical Abuse
 - Bruising or flinching when touched
12. Dementia
 - Irreversible loss of intellectual function

4B: Responding to Situations of Abuse and Neglect

This section may be of assistance to individuals and agencies not familiar with responding to situations of abuse and/or neglect. It describes how a member of the Revelstoke CRN will respond to a call or concern raised by a member of the general public. If members of the general public are unsure how to respond, they are encouraged to contact the person, community agency or Designated Agency they think can offer assistance.

1. Advocacy

- An advocate may be:
 - a family member, friend, peer counselor
 - a member of a community organization
 - a person can also be a self-advocate if s/he is able to stand up for her/himself.
- In some cases, the support of family, friends or community advocates may need to be supplemented by legal advocacy to protect the legal rights of an abused or neglected adult.
- It is always up to the abused or neglected adult to determine the type of advocacy desired.
- An advocate may offer support with:
 - exploring options
 - identifying resources that may be of benefit
 - explaining the support being offered to the adult
 - keeping track of whether the services being provided really benefit the adult
- Advocacy may include participation in activities related to the elimination of abuse, neglect and self-neglect such as community development, lobbying, education and prevention.
- If a conflict arises such that a person or agency cannot to be involved in advocacy action, by choice or policy, the situation will be discussed by members of the CRN following agreed upon guidelines

4B: Responding to Situations of Abuse and Neglect (continued)

2. Ethical Action

- An effective CRN team is committed to principled and ethical action.
- Using an ethical framework to guide CRN discussions ensure that CRN practices reflect the shared values and beliefs of the group's members and the principles of the Adult Guardianship legislation.
- We share a responsibility to demonstrate the highest standards of personal integrity, trustworthiness, fortitude, and care as we work collaboratively to fulfill our duties and responsibilities. In this way, confidence and trust in each other will be inspired.

3. What a CRN Participant Will Do If They Get a Call

- If we think an adult needs help, we will first talk to them to find out how we might assist.
- When a situation of (alleged) abuse or neglect comes to our attention, we will ensure that the individual gets connected with someone who can provide support and assistance within a reasonable time frame.
- We acknowledge that CRN members will offer support in accordance with the mandate of their organization contingent upon the ability of the organization to respond.

4. Talking to the Adult - How and When

- We will be guided by the Principles of the Adult Guardianship Act and the Values (outlined in Section 5E; page 44 and Section 2B; page 17) of the Revelstoke CRN Community Protocol.
- We will ask (in a way that is appropriate to the adult's skills and abilities) if help is wanted. If possible, we will talk directly with the adult. A face to face meeting is preferable but not required. The meeting should not take place in the presence of someone suspected of abusing or neglecting the adult.
- Find out from the adult if there are trusted people who might help, including advocates and community service providers. Get the adult's permission to speak with them.
- We will let them know about what help is available.

5. How and When to Involve Trusted People

- We recognize the importance of involving other people and will encourage clients to engage the assistance of people who are supportive and whom they trust (friends, relatives, neighbours, etc.).
- In order to maintain the adult's privacy and safety, we will only share as much information with these individuals as they need to know.
- We will take great care not to include an alleged abuser in planning as this can put the vulnerable adult at greater risk.

4B: Responding to Situations of Abuse and Neglect (continued)

6. Offer Support to the Adult

- We will be guided by the Principles enshrined in the Adult Guardianship Act and the Values (outlined in section 5E; page 44 and section 2B; page 17) of the Revelstoke CRN Community and Inter-agency Protocol.
- CRN members will offer informal support or, with the adult's consent, make a referral to an agency that will offer support in accordance with their mandate.

7. Supports Available if the Adult is Unable to Remain in Their Own Home

- The CRN will remain aware of current resources in the community (i.e. Revelstoke Social Services and Community Directory).

8. When and How Referrals Will be Made

- If we hear about a situation of abuse or neglect, we will make sure that individual gets connected with someone who can help.
- Where we have concerns that the adult may not be able to get connected to assistance on their own, we will ask their permission to contact the person or agency we think can offer assistance. We will call that agency to provide a brief report of the situation and to ensure a referral is appropriate.
 - If the adult does not give this consent but we remain concerned about the adult's ability to seek support and assistance, we will contract the appropriate Designated Agency.

4B: Responding to Situations of Abuse and Neglect (continued)

9. When and How a Call Should be Made to a Designated Agency

- We understand there is no mandatory reporting of abuse or neglect of an adult.
- We recognize it is not necessary to refer *all* calls to a Designated Agency (Community Living British Columbia [CLBC] and Interior Health [IH]).
- In many situations, other organizations in our community will be able to offer effective and appropriate services and support.
- We will report to the appropriate Designated Agency whenever we encounter a situation in which we have a concern about the adult's ability to seek support and assistance *on their own*. The adult's inability to seek assistance may be due to a developmental disability, physical restraint, cognitive impairment, handicap, illness, disease, injury or other condition.
- When in doubt, we will refer to the appropriate Designated Agency.
 - For vulnerable adults with a developmentally disability, the Designated Agency to be contacted is Community Living British Columbia. The Provincial office can be reached at 1-877-660-2522. CLBC services for Revelstoke and surrounding area are delivered from the Salmon Arm office which can be reached at 250-832-1718.
 - If the vulnerable adult does not have a developmental delay, the Designated Agency to be contacted is the Interior Health. In Revelstoke, Community Care can be reached at 250-814-2267.

10. When and How a Call Should be Made to the RCMP

- If a risk or concern is identified which requires assessment by the police for criminality or referral to other agencies.
- If an activity is criminal in nature.
- In emergencies, 9-1-1 can be called directly
- In non-emergencies, the Revelstoke detachment can be contacted at 250-837-5255.

4B: Responding to Situations of Abuse and Neglect (continued)

11. Follow Up After a Referral

- We understand that confidentiality prevents agencies from sharing information.
- If asked about a case referred to us, we will respond with statements such as 'we are aware of the situation' or 'thank you for the information'.

12. Options in Emergencies

- In emergencies we will call the appropriate emergency number. Emergency responders may include the police, ambulance, fire department, etc.
- We recognize that making a report to the RCMP does not preclude also making a report to a Designated Agency.

13. Obtaining, Recording and Disclosing Information

- The CRN, as an organization, does not obtain, record or disclose personal information about individuals.
- We recognize that Section 62(1) of the Adult Guardianship Act gives the Public Guardian and Trustee and Designated Agencies the right to information that is necessary to enable them to carry out the roles assigned to them by the Act. Anyone who has information that a Designated Agency or the Public Guardian and Trustee is entitled to, is obligated to disclose this information in a timely manner.
- We understand that Designated Agencies or the Public Guardian and Trustee must not disclose information they have obtained under the Adult Guardianship Act unless they are required to do so in order to perform their duties or functions under the act.

14. Immunity from Legal Actions

- CRN members will act as 'good neighbours' who have the advantage of knowledge obtained by being a member of the CRN.
- Section 46(3) of the Act says that no action for damages may be brought against a person for making a report or for assisting in an investigation, unless the person made the report falsely or maliciously.
- CRN members who act in the capacity of an employee of an agency will be protected by the policies of that agency.
- Legal protection is given to Designated Agencies by the Adult Guardianship Act as they have a mandate to look into situations of abuse or neglect referred to them.

Section Five: Appendixes

A: Our Community Network

B: Definitions and Indicators of Abuse, Neglect and Self-Neglect

1. Abuse
 - Physical abuse
 - Mental or emotional abuse
 - Sexual abuse
 - Financial abuse
 - Medication abuse
 - Violation of entitlements or civil/human rights
2. Neglect
3. Self-neglect

C: Dynamics of Abuse, Neglect and Self-Neglect

D: Accessing Additional Information

1. British Columbia Community Response Network
2. City of Revelstoke Fire Department
3. Community Living British Columbia
4. Interior Health
5. Public Guardian and Trustee
6. RCMP
7. Revelstoke Social Service Directory

E: BC Adult Guardianship Act

1. History
2. Purpose
3. Principles

5A: Our Community Network



5B: Definitions and Indicators of Abuse, Neglect and Self-Neglect

The Adult Guardianship Act defines abuse, neglect and self-neglect. When the Act uses the work 'neglect', it includes self-neglect. Any and all of the following may be considered a crime depending on their severity.

1. **Abuse:** the deliberate mistreatment that causes the adult:

- physical, mental or emotional harm
- damage to or loss of assets
- also 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.
- abuse can take many forms. Some examples include:
 - **physical abuse:** acts of violence or rough treatment, including slapping, shaking, punching, and rough handling
 - experience has revealed the following can be indicators of physical abuse
 - unexplained injuries such as bruises, burns, swelling
 - injuries in various stages of healing
 - injuries incompatible with medical history or the explanation of cause of injury
 - delay in seeking treatment
 - untreated injuries
 - patterned or clustering of injuries which may indicate gripping or shaking
 - **mental or emotional abuse** (also referred to as psychological abuse): severe and continuing intimidation, humiliation, isolation, and exclusion from events, activities, and decision making
 - experience has revealed the following can be indicators of mental/emotional abuse
 - fear
 - low self-esteem
 - withdrawal, passivity
 - apathy and depression
 - signs of anxiety
 - reluctance to participate in decision-making

5B: Definitions and Indicators of Abuse, Neglect and Self-neglect (continued)

- **sexual abuse:** any unwanted or exploitative sexual behaviour, including harassment, assault, or using adults for sexual purposes without their consent
 - experience has revealed the following can be indicators of sexual abuse
 - pain, bruising, lacerations, bleeding or abnormal discharge in genital area
 - bloody or torn clothing
 - difficulty walking or sitting
- **financial abuse:** misuse of an adult's money and property, including taking an adult's money, property, or possessions by coercion; influencing the making of a will; cashing cheques without authorization; unauthorized use of bank accounts; or misuse of a power of attorney or representation agreement
 - experience has revealed the following can be indicators of financial abuse
 - unexplained discrepancy between known income and standard of living
 - the signing of documents without basic understanding
 - missing possessions
 - unusual bank account activity by persons in positions of trust
- **medication abuse:** withholding medication the adult needs, or giving too much or too little medication
 - experience has revealed the following can be indicators of medication abuse
 - hyperactivity or depression
 - non-compliance with prescriptions
 - lack of appropriate response to medication
- **violation of entitlements or civil/human rights:** mail censorship, invasion or denial of privacy, denial of access to visitors, restricting the movement of an adult or withholding information to which the adult is entitled
 - experience has revealed the following can be indicators of a violation of entitlements or civil/human rights
 - difficulty in contacting the individual
 - making excuses for social isolation
 - loss of self-determination
 - reluctance to participate in decision-making

5B: Definitions and Indicators of Abuse, Neglect and Self-neglect (continued)

2. **Neglect:** any failure to provide necessary care, assistance, guidance or attention that causes the adult, or is reasonably likely to cause within a short time:
- serious physical, mental, or emotional harm
 - substantial damage to or loss of assets
 - also includes self-neglect
 - neglect can be intentional such as the withholding of food and personal care
 - neglect can be unintentionally caused by lack of experience, information, knowledge or support
 - experience has revealed the following can be indicators of neglect
 - malnourishment, dehydration
 - absence of aids such as hearing aid, glasses, dentures, prosthesis, walking aids
 - lack of supervision or attention for long periods of time
 - unwarranted use of restraints
 - lack of attention to personal hygiene
 - dirty or inappropriate clothing
 - untreated medical conditions
3. **Self-neglect:** any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause, within a short time:
- serious physical or mental harm
 - substantial damage to or loss of assets
 - self-neglect includes:
 - living in grossly unsanitary conditions;
 - suffering from an untreated illness, disease or injury;
 - suffering from malnutrition to such an extent that, without intervention, the adult's physical or mental life is likely to be severely impaired;
 - creating a hazardous situation that will likely cause serious physical harm to the adult or to others
 - creating a hazardous situation that will likely 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 the assets

5B: Definitions and Indicators of Abuse, Neglect and Self-neglect (continued)

5C: Dynamics of Abuse, Neglect and Self-neglect

Experience also tells us that abuse, neglect and self-neglect are complex phenomena. Each differs from the other and requires a different response.

Many stereotypes exist about people of advanced age and people with disabilities. These stereotypes can detract from our dealings with these adults. People responding to abuse and neglect need an understanding and knowledge of the factors that come into play.

These are some of the critical factors that should be considered when developing policies and protocols:

- the different types of abuse, neglect and self-neglect, and the different responses each may require
- the potential long term nature and effects of abuse and neglect
- the indicators of abuse, neglect and self-neglect and associated risk factors
- the need for a safe and trusting environment to enable abused or neglected adults to talk and to become involved, in a meaningful way, in planning their support and assistance
- the multiple reasons abuse, neglect or self-neglect occur
- the cycle of family violence, dependencies and the power and control issues that can be involved in situations of abuse
- the impact of abuse and neglect on the adult's sense of self-worth, which can take time, sensitivity and support to restore
- health issues related to decreasing decision-making capability
- the cognitive, emotional and physical abilities of people of advanced age and people with disabilities
- the impact of cultural differences

5D: Accessing Additional Information

British Columbia Community Response Network

15008 - 26th Ave
Surrey, British Columbia
V4P 3H5
FAX: 604-531-9498
Website: www.bccrns.ca

City of Revelstoke Fire Department

227 - 4th Street West
PO Box 170
Revelstoke, BC
VOE 2S0
250-837-2844
Fire Chief: Rob Girard (cell 250-814-8366)
rgirard@revelstoke.ca

Community Living British Columbia

Provincial Office 7th floor, Airport Square
1200 - west 73rd Avenue
Vancouver, BC V6P 6G5
Phone: 604-664-0101
Toll free: 1-877-660-2522
FAX: 604-664-0765
Email: info@communitylivingbc.ca
Website: www.communitylivingbc.ca

Salmon Arm Office - which services Revelstoke and surrounding area
351 - Hudson Avenue NE
PO Box 100 Station Main
Salmon Arm, BC V1E 4S4
Phone: 250-832-1718
Manager: Bill Tidsbury (250-549-5490)

5D: Accessing Additional Information (continued)

Interior Health

Queen Victoria Hospital
1200 Newlands Road
Revelstoke, BC V0E 2S0
Phone: 250-814-2267 (Community Care)

Public Guardian and Trustee

700-808 West Hastings Street
Vancouver, British Columbia V6C 3L3
Phone: 604-660-4444
Toll free: 1-800-663-7867
Fax: 604-660-0374
Email: mail@trustee.bc.ca
website: www.trustee.bc.ca

RCMP

404 Campbell Avenue
P.O. Box 1480
Revelstoke, British Columbia
V0E 2S0
Phone: 250-837-5255
Fax: 250-837-5033
Detachment Commander: S/Sgt. Kurt Grabinsky (250-837-5255)

Revelstoke Social Service Directory

The Directory of Social Services for Revelstoke and Area can be found on the
Social Development website for the City of Revelstoke
<http://www.revelstokesocialdevelopment.org/>

5E: BC Adult Guardianship Act

1. History

British Columbia has four laws that promote every adult's right to self-determination. These laws also provide support and assistance to those (19 years of age or older) who are vulnerable to abuse or are no longer capable of making their own decisions.

The four laws constituting the Adult Guardianship legislation that came into effect in February 2000 are:

- BC Adult Guardianship Act
- Health Care (Consent) and Care Facility (Admission) Act¹
- Representation Agreement Act²
- Public Guardian and Trustee Act³

In 2002, the Community Care and Assisted Living Act (with Adult Care Regulations) were passed. There was pre-existing legislation affecting these issues.⁴

The Adult Guardianship Act was developed in consultation with communities and health services to ensure it reflected current practice for providing support and assistance to abused and neglected adults.

The Adult Guardianship Act is administered by the Office of the Public Guardian and Trustee. The Trustee, in turn, supports the development of community groups known as Community Response Networks.

¹ The consent provision affirms the right of adults to make their own health care decisions when the adult is incapable of giving consent, procedures are set out that allow family members to give substitute consent. The Public Guardian and Trustee can act as decision-maker when there is no one else to assist.

² Enables adults to plan for a time when they may become incapable of making their own decisions about health and personal care as well as financial and legal matters

³ Clarifies and states the powers of the Public Guardian and Trustee (which was previously known as Public Trustee).

⁴ Power of Attorney Act, Patients Property Act, Mental Health Act and Indian Act.

5E: BC Adult Guardianship Act (continued)

There are several parts to the BC Adult Guardianship Act.

- Part 1: defines abuse and neglect, states guiding principles and the presumption of capacity.
- Part 2: describes decision makers, guardians and monitors for legal and health care decisions (as of February 2014, this section is not yet in force)
- Part 3:
 - emphasizes the importance of support and assistance and provides appropriate means for intervening and assisting abused or neglected adults.
 - mandates **Designates Agencies** to respond to abuse, neglect and self-neglect
 - empowers the Public Guardian and Trustee to develop Community Response Networks which build community capacity, facilitate preventative educational activities and support a coordinated community response to concerns of abuse, neglect and self-neglect
 - The **Designated Agencies** mandated (under the Act) to respond to reports and concerns of abuse, neglect and self-neglect empowered are: The Health Authority: responds to concerns when an adult is not developmentally delayed but *unable to seek support and assistance on their own* due to cognitive or physical issues (ie: restraint, physical handicap, illness, disease, injury or other condition).
 - Community Living BC: responds to concerns when an adult is developmentally delayed.

5E: BC Adult Guardianship Act (continued)

2. Purpose

The purpose of the legislation is to provide:

- Principles to guide and direct the actions of those who assist vulnerable adults when addressing adult abuse, neglect and self-neglect
- A mandate for Designated Agencies that assist and support adults who are abused or neglected and who are unable to seek support and assistance because of one or more of the following circumstances:
 - physical restraint: the adult is being stopped by force or other physical means from seeking assistance.
 - physical disability that limits their ability to seek assistance: this could include a lack of mobility, difficulty in communicating, or any other physical restriction which can hinder an adult in asking for assistance.
 - an illness, disease, injury, language/cultural barrier or other condition that affects their ability to make decisions about the abuse

This Act applies to adults wherever they are

- a public place
- the adult's home or home of a relative
- care facility/hospital
- any other place (except a correctional center)

The legislation also supports educational programs and initiatives that inform adults of their human rights as well as preventive measures that may help avoid adult abuse, neglect and self-neglect.

Statement from the Office of the BC Public Guardian and Trustee:

"Adults in BC have the right to make their own decisions, including decisions others might think are dangerous or unwise, as long as the adult is mentally capable and understands the decision they are making.

There is no legal requirement to report adult abuse in BC. However, as a concerned citizen you may wish to report that you have noticed that someone is in difficulty. This is even more true in situations where an adult cannot seek help on their own because of physical disability, restraint, or an illness, disease or other condition (such as a dementia, brain injury or stroke) that affects their ability to make decisions. If you do report a situation of abuse, neglect or self-neglect of someone who cannot seek assistance on their own, the law in BC ensures that steps will be taken to look into your concern."

5E: BC Adult Guardianship Act (continued)

3. Principles

All adults

- Have the right to
 - The basic requirements of life - food, clothing, shelter, social contact and medical attention
 - Protection from physical, emotional, financial, sexual and medication abuse; from violation of civil and legal rights
 - Information about their civil and legal rights
- Have the right to self-determination, for example:
 - To live their lives as they wish, provided they do not infringe upon the rights and safety of others
 - To be active participants in, and well-informed about, decisions regarding themselves in accordance with their ability to do so
 - To be considered capable of making decisions about personal care, health care, legal and financial matters, business or assets, unless otherwise determined by a fair process
 - To accept or to refuse assistance, support, protection or intervention as long as they do not harm others and they are capable of making decisions about those matters
- Have the right to privacy - to share only that which they wish to share
- Have the right to confidentiality - whatever information they choose to share or becomes known about them will remain confidential, within the requirements of agency practices and the law
- Have the right to access community support to maximize the quality of life
- Should receive the most effective, but least restrictive and intrusive form of support, assistance and protection when they are unable to care for themselves and their assets
- An adult's way of communicating with others is not grounds for deciding that he/she is incapable of making decisions. The court should not be asked to appoint decision makers or guardians unless alternatives, such as provision of support and assistance, have been tried or carefully considered

Section Six: Acknowledgements

The Revelstoke Community Response Network would like to acknowledge the work of Tuulikki Tennant, Menjia Nicholson and Cathy Girling who created the first Community Protocol and the first Inter-agency Protocol for our CRN. This initial work was done in 2008.

In this 2014 update, the Community and Interagency Protocols have been amalgamated. The Revelstoke CRN would like to acknowledge the work of Stephanie Melnyk, Tuulikki Tennant, Julie Lowes, Nelli Richardson and Kristal Bradshaw.