

**Penticton & District Community Response Network
Community Protocol
Part Three: Working together as a CRN Team**

3.1 Agreements for Working Together:

a) *Sharing Information*

- We will ensure that all CRN members have all the information they need to enable their full participation on the CRN.
- The CRN's are not case management teams, so specific situations of abuse or neglect will not be discussed during CRN meetings.
- Information will be shared among CRN members on a "need to know" basis only and will be guided by the provisions of the Freedom of Information/Patients Property Act and other relevant legislation.
- From time to time, CRN members may use fictitious scenarios in order to learn and plan how to maximize community resources, and create the best coordinated community response. However, those scenarios will not contain details of real life situations.

b) *Protecting Confidentiality*

- We understand that confidentiality under the Freedom of Information/Patients Property Act and other relevant legislation prevents us from sharing private/personal information. However, once a referral has been made, the CRN member who made the referral will need to know that the adult has received follow up.
- Details of the situation will only be shared to the extent that it necessitates continuity of care without violating the individual's right to privacy.
- This guideline also applies to situations in which personal information may be shared by CRN members; if sensitive information is shared by a CRN member, we will treat the information with respect and will not repeat it outside the

CRN gathering. ie: if confidential information is inadvertently revealed.

- We acknowledge that all CRN members are accountable to specific privacy legislation (ie: FOI) or their own internal policies. We will ensure that all CRN members are made aware of the confidentiality requirements of each participating organization.

c) Making decisions

- When CRN members are making decisions, we will be guided by the principles of inclusion, meaningful participation. This means that *members affected by the decision will be involved in making the decision.*
- In situations in which an adult is being offered support, the adult will be included in the decision making as much as possible.
- When CRN members are working together to provide support to an adult, they will participate in a way that best ensures confidentiality, maximizes collaboration, and achieves safety and well-being for the adult.
- In other CRN activities, decision-making will be made with the fullest possible participation of CRN members. Each contribution will be valued, and, whenever possible, our goal is shared agreement.

d) Resolving differences

- We recognize that we will have differences of opinion because our CRN has such a diversity of participants. We agree to candidly identify and acknowledge differences, and to resolve our differences by finding approaches that work for everyone.
- If differences surface in situations when we are collaborating to support adults, and the differences cannot be easily resolved, we agree to seek assistance from the key contact person of the involved agency(ies). When resolving

differences, our goal is the safety and well being of the adult.

e) Ensuring Accountability

Each member of the CRN is committed to making sure that a referral is made to an appropriate agency and then to follow up with the agency in a reasonable time frame to ensure that the adult has received the support and/or services that they needed.

f) Identifying gaps and barriers

Members of the CRN will continue to identify and address gaps and barriers in services and supports, ensuring that adults experiencing abuse or neglect have the best possible access to the assistance they need.

g) Building and maintaining team relationships among CRN participants

We are committed to building and maintaining strong relationships among CRN members. All members are encouraged to fully participate through the sharing of ideas, relaying information and asking questions. We will ensure that new CRN members are welcomed to the team and supported to become active team members.

h) Building and maintaining strong relationships with OTHER COMMUNITY MEMBERS.

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

We are committed to ongoing:

- ***Community outreach*** – to continue to add people and organizations to the CRN, and to broaden and strengthen connections between the CRN and other community members

- ***Team building*** to enhance collaborative and collegial working relationships among CRN members
- ***Increasing professional and public awareness*** – about abuse, neglect and self-neglect, the legislation, and the role of the CRN
- ***Education, training and prevention*** – increasing knowledge and skills to maximize the effectiveness of the coordinated community response; preventing future abuse and neglect
- ***Advocacy*** –advocating on behalf of individuals, organizations, sectors or population groups, or the community at large
- ***Keeping track of how well our coordinated community response is working*** – ongoing reflection and evaluation

3.2 Working with an ethical framework

When developing community protocols, CRN members will make decisions that reflect the shared values and beliefs of our group. Ethical decision making will play a large role in the group's general discussion about protocols, and in the individual actions of Community Response Network members as they respond to specific reports of abuse, neglect and self-neglect.

Part Four: Responding to Individual Situations of Adult Abuse, Neglect or Self-Neglect.

4.1 Guiding Principles of the Adult Guardianship Legislation

The guiding principles of the adult guardianship legislation state:

- 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 they are capable of making decisions about those matters; and
- Adults are presumed to be capable of making decisions about personal care, health care, legal matters or about the adult's financial affairs, business or assets.
- An adult's way of communicating with others is not grounds for deciding that he or she is incapable of making decisions.
- All adults should receive the most effective, but least intrusive, form of support, assistance or protection when they are unable to care for themselves and their assets; and
- The court should not be asked to appoint, and should not appoint, decision makers or guardians unless alternatives such as the provision of support and assistance have been tried and carefully considered.

4.2 What Each CRN Participant Will Do if They Receive a Call

We agree that if any member of the CRN hears about a situation of abuse or neglect, we will make sure that the individual gets connected with someone who can help within a reasonable time frame. The principle of including the adult in the decision making process will prevail by:

- Talking to the adult and asking how we can help
- Offering assistance
- Being supportive

4.3 When and How Referrals Will be Made

If we hear about a situation of abuse or neglect, we will make sure that the individual gets connected with someone who can help.

Because people who are experiencing abuse, neglect or self- neglect may have limited opportunities to seek help, in order to facilitate an appropriate and timely response, we will, at a minimum, get the following information from the adult or person calling about the adult:

- The urgency in terms of safety – is it an emergency?
- The situation
- Where the adult is
- Who is currently assisting them

In situations 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 then pass on their name, and a bit of information about their situation.

If the adult doesn't give this consent, but we remain concerned about the adult's ability to seek support and assistance, we will contact the appropriate designated agency.

4.4 When and how a call should be referred to a designated agency

- We understand that there is no mandatory reporting of abuse or neglect. We do, however, feel a moral obligation to support people to get assistance.
- We recognize that it is not necessary to refer all calls to a designated agency. 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 any concerns about the adult's ability to seek support and assistance on their own, particularly if that inability to seek assistance is due to a physical restraint, handicap, illness, disease, injury or other condition. When in doubt, we will refer to the appropriate designated agency.

4.5 When and how a call should be referred to the police

- All matters involving imminent danger to a person or property; or knowledge of a criminal act should be referred to the R.C.M.P. Contact may be by telephone in an emergency situation or in writing in non-emergency situations.
- Making a report to the R.C.M.P. does not preclude making a report to a designated agency or to another relevant agency.
- The R.C.M.P. will provide assistance to designated agencies to fulfill their role under the Adult Guardianship Act as per their policy attached to these protocols and will investigate reports of criminal activity.

4.6 Follow-up after referral

We understand that confidentiality prevents agencies from sharing private information. However, once a referral has been made, the CRN member who made the referral will want to know that the adult has received assistance. This will occur when the agency to which the referral was made, notifies the referral agency/person regarding the general nature of the follow-up. Details of the situation will only be shared to the extent that it necessitates continuity of care without violating the individual's right to privacy.

4.7 Options in emergencies

In emergencies, we will call the appropriate emergency number. Examples of emergency responders may include the fire department, police, ambulance, etc.

4.8 Talking to the adult: how and when

- Talk to the adult whenever possible to identify supportive people in their life who they would like to have involved
- If impossible (ie: due to lack of access, adult refusing or unable to communicate) then contact designated agency or, if appropriate, R.C.M.P.
- Provide available community options to the adult whenever possible. Ask the adult "how would you like to be assisted" given the information you have. Reassure that information will be kept confidential.
- Face to face interview is preferable but any means by which the adult can communicate with you is acceptable.

4.9 How and when to involve supportive and trusted people in the adult's life (friends, relatives, neighbours etc.)

- Ask the adult to identify people who they consider to be trusted and supportive.
- Obtain collateral information from the person reporting abuse or neglect as to who may be able to assist the adult.
- Assure identifying information will not be shared with the abuser.
- Information will only be shared with the identified support person(s) on a “need to know” basis.
- If outside agency support is needed (ie: Home Care Nursing, Home Care Workers) ask the adult if they will accept support.

If none of the above is possible, refer to the appropriate designated agency. Address issues around alerting the abuser that an investigation is underway.

4.10 Offering support to the adult

Non designated agencies will offer support in accordance with the mandate of their organization. Where the need for supports exceeds the mandate of the non-designated agency, they may provide information to the adult and make referrals to designated agencies or other agency known to the CRN member, with the consent of the adult. Services provided will be contingent upon the ability of the agency to respond. The referral agency is requested to provide a follow-up phone call to the referring agency.

Where the adult is not accepting of supports offered and there is a perceived need for additional supports, the agency will consult with designated agency staff. The initial contact for Penticton area will be the Intake number for: Home & Community Care Services/Seniors Mental Health; Services for Community Living; Elder Abuse Line; or Interior Health Licencing Division as appropriate to the situation.

4.11 Obtaining, recording and disclosing information

- Designated agencies must not reveal the identity of the person who made the report of abuse or neglect to them.
- 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 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.
- ***Disclosing Information*** Whenever possible, the adult should be asked for permission to release information about him or her. Designated agencies or the Public Guardian and Trustee must not disclose information they have obtained under the *Adult Guardianship Act* unless required to do so in order to perform their duties or functions under the act.

The concept of “consistent purpose” is introduced in the *Freedom of Information and Protection of Privacy Act (s.34)*. The rule is that information that was collected for one purpose can be disclosed if it is to be used for a consistent purpose that has a reasonable and direct connection and is necessary for performing statutory duties or for operating a program.

Example; Information that was initially collected for the purpose of dealing with abuse can be shared with another agency working to address that abuse. Information that was collected under a different program for other purposes, such as determining financial eligibility, cannot be regarded as a consistent purpose and information should not be disclosed.

Criminal offences must be disclosed to the police for law enforcement.

4.12 What supports are available if the adult is unable to remain in their own home?

The following are examples of supports that are available in our community, and will be considered as potential resources when an adult is unable to remain in their own home:

- Private Assisted Care and Supportive Living Options
- Subsidized Housing for low income adults.
- Transition House, Safe Homes, and Salvation Army Men's Shelter.

4.13 Confidentiality, Immunity from Legal Action and Employment Protection.

- **Confidentiality:** When a report is received it is treated as strictly confidential. The name of the person who reports, or any information that would identify that person, cannot be disclosed if the person requests that the information not be disclosed. However, it is important to remember that if the situation becomes a criminal investigation, information can be subpoenaed. (s.46(2))
- **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.

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Approved by Motion at Community Response Network Meeting this date.

