

A Guide for Developing Protocols: Community Protocols, Interagency Protocols, Agency Protocols

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Part 1: Introduction

Many Community Response Networks have begun to create protocols to guide their local coordinated response to adult abuse, neglect and self-neglect. This guide is intended to support these efforts, and to make the protocol development process as easy as possible.

We've always understood that protocol agreements can increase the effectiveness of a community's response, and ensure that fewer adults fall through the cracks of existing supports and services. But, although we've been talking about protocols for quite some time, a clearer picture has emerged as communities have become more experienced in creating networks of relationships among individuals and organizations that support adults experiencing abuse and neglect.

This guide will be sent to every CRN in the province. Although each community's protocol will be as unique as the community itself, we don't believe in make-work projects, or reinventing the wheel if it's not necessary. So, wherever possible, we have offered wording examples for your CRN to consider when drafting your own protocols – they may just fit the bill. On the other hand, you may want to add to them, or change them following conversations to explore the issues. Electronic copies of the guide will make it easy to cut and paste the parts you find useful, and to fill in the blanks whenever you think that's all that's required.

Many people have contributed to the development of this guide. For example, participants in two province-wide teleconferences identified what would help communities to think about protocols, and to create them with a minimum of effort. In addition, participants of seven community workshops examined an earlier draft of the document, and their helpful feedback and suggestions have been gratefully incorporated.

A. What are Protocols?

Protocols are written agreements between people or agencies that reflect collaborative partnerships. They make it clear how people can get help in situations of abuse or neglect. They describe the roles, responsibilities and accountabilities of the people and organizations that make up the CRN.

There are three types of protocols that contribute to the community's overall coordinated response to adult abuse and neglect. Different types of protocols will be helpful in different ways.

1. Community Protocol – an agreement among all CRN members that clarifies how CRN members agree to work together, and states what each participant can and cannot do when it hears about a situation of abuse or neglect when acting as a CRN member. Many CRN members also work in agencies and will have different roles and responsibilities when they are acting as an agency employee. These roles and responsibilities will be contained in agency protocols.

2. Interagency Protocol – an agreement between certain agency members of the CRN that describes how individual staff or organizations will act together when they look into a situation of abuse and neglect. For example, interagency protocols may be created by the police and a Health Authority or between a seniors' counselor and Mental Health. Interagency agreements, where they are needed, might address only those details not covered within the broader community protocol. And, in many cases, the community protocol will be enough.

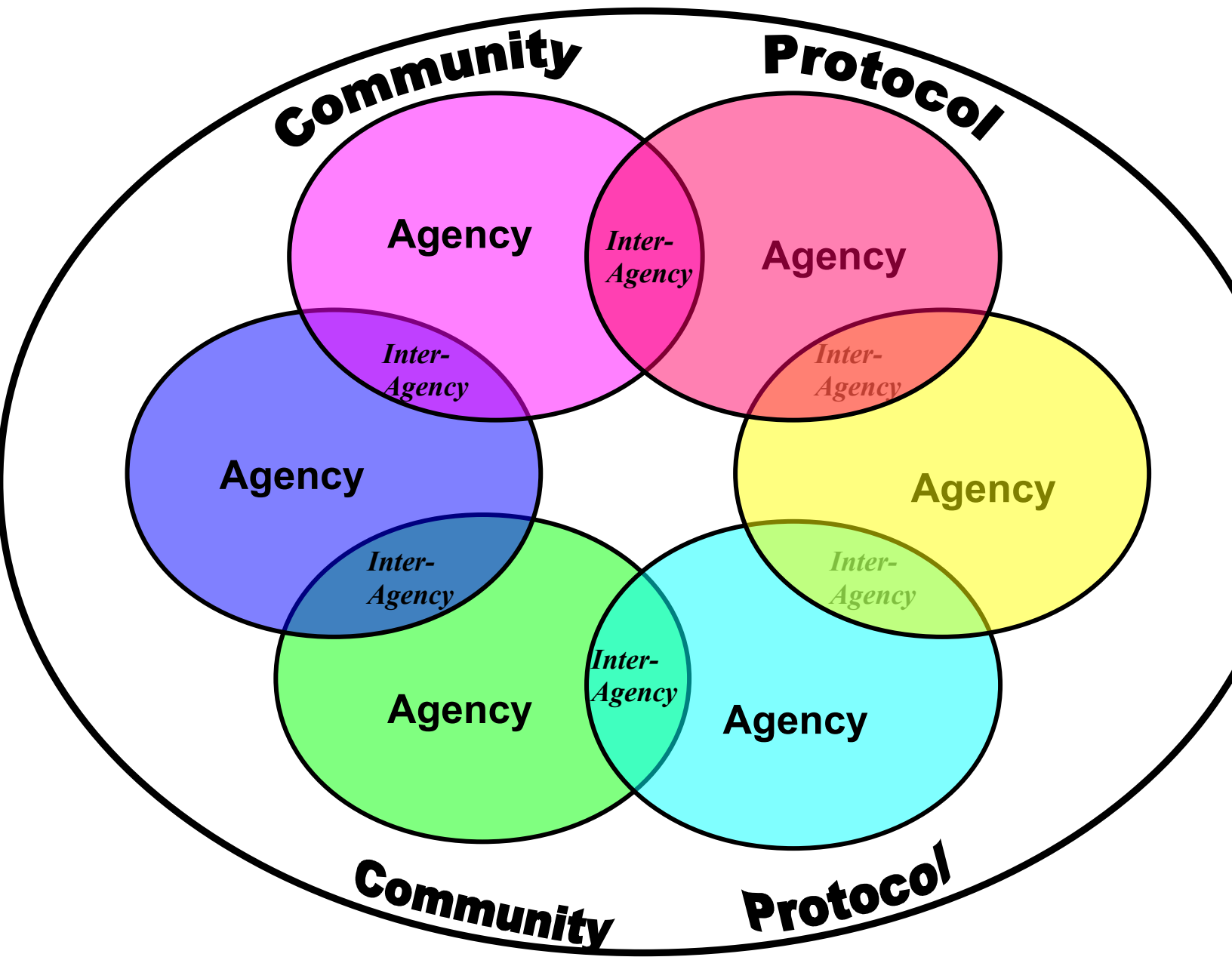
3. Agency Protocol – describes how individuals as part of an organization will respond when it hears about a situation of abuse or neglect. Agency protocols are often embedded in agency policy. The CRN may encourage member agencies that do not have policy about responding to abuse or neglect of their clients to revisit the policy, to reflect the mission, vision and values of the CRN. Agency protocols included in CRN protocol manuals become part of the shared knowledge of the CRN.

B. Why Protocols are Important

Protocols support the adult guardianship legislation by making it clear how people can get help in situations of adult abuse and neglect and provide information about *who to call* when there's a concern about an adult's situation.

Protocols clarify when a situation *should* be reported to a designated agency, and *when it may not be necessary*. Not all situations require the involvement of designated agencies. There's a role for a broad range of organizations and individuals when responding to a situation of abuse and neglect.

Protocols state what each CRN member *can* and *cannot* do when they hear about a situation of abuse or neglect including what to do in emergency situations or where a crime is suspected. They clarify how CRN members will collaborate to offer support and assistance to an adult experiencing abuse or neglect and how each CRN member will ensure that the person is connected with someone who *can* help.



Part 2: Community Protocol Development

A consistent finding for CRNs that have developed protocols is development of Community Protocols, as the first step, has been the most helpful process to follow.

A well-thought-out and clearly written community protocol will not only enhance relationships among all CRN participants, but will lessen the need for extensive formalized agreements between specific agencies (interagency protocols). Also, agency protocols will be more easily accessed if relationships between members have been established.

A. Networking

Community Response Networking is about establishing relationships between participants. Protocols are the written or formal documents that reflect those relationships. The Network provides a safety net for vulnerable adults and the safety net is constructed as CRN participants get to know each other. It is also essential that all participants know what each other can offer to a coordinated response to adult abuse and neglect.

So, you'll want to gather information that includes the role or mandate of each CRN member, how to contact, hours of operation, services or supports provided, eligibility criteria, cost of service, and referral process. It may also be helpful to indicate formal contact information, languages spoken, and experience providing supports to specific population groups.

This information can be gathered in a variety of ways. Some communities have arranged for organizations to offer short presentations at regular CRN meetings. Others have sent out questionnaires, or conducted telephone interviews to collect the information.

The following example is an adaptation of one community's simple visual guide uses to clarify the role that each CRN member can play – as a designated agency, an emergency responder, a support and assistance provider, and/or an advocate. You may find this format a helpful way to provide clear and detailed information about the role that each CRN member can play when offering support to an adult experiencing abuse or neglect.

Adapted example from the Quesnel CRN

Agency Name:

Role:

Designated Agency
Emergency Responder
Support & Assistance Provider
Advocate

Contact Person:

Hours of Operation:

Services Provided

Eligibility:

Cost:

General referral process:

Languages spoken:

Supports to specific population groups:

B. Maintaining Continuity in the Network

While people and organizations may change from time to time, the CRN remains an ongoing collaboration within the community. To maintain continuity and commitment, it will be helpful to include the following in your Community Protocols:

- Purpose of the legislation
- Vision or mission, and values or principals agreed to by your CRN
- Description and role of the CRN
- CRN relationships with Designated and other Agencies
- Information about abuse, neglect and self-neglect

1. Purpose of the legislation

The legislation is meant to support and assist those who cannot get help on their own because of one or more of the following circumstances:

- **a physical restraint:** the adult is being stopped by force or other physical means from seeking assistance;
- **a physical handicap 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; or
- **an illness, disease, injury or other condition that affects their ability to make decisions about the abuse:** this might include mental illness, developmental disability or brain injury.

2. Vision or Mission

A Vision or Mission Statement is a short and simple way to introduce the CRN to the community, and to describe what it does. Here's an example:

Adapted Example from Delta CRN

The Vision of the Delta Community Response Network (CRN) is that all adults in Delta will live in a safe and caring community where there is an inherent respect for each other. The Mission of the Delta CRN is to assist the community in recognition, prevention and elimination of abuse, neglect and self-neglect of vulnerable adults in Delta.

3. Values

Taking some time to talk about values helps to clarify which values are shared by all CRN members. Once shared values are identified and written down, it's easier to develop a Statement of Principles to guide the work of the CRN.

Adapted example from the North Shore CRN

1. The people involved in developing a coordinated community response include all of the people affected by the issue of adult abuse and neglect ('adults the CRN is intended to support' *and* 'the people who are able to provide supports')
2. The needs, interests and participation of those adults the CRN is intended to support lead the planning and implementation process.
3. Participation is meaningful for all participants, as defined by the participants themselves.
4. The skills and knowledge of all participants are recognized.
5. Activities for participation are varied and flexible, to meet the specific needs and wishes of a wide variety of participants.
6. All participants endeavour to work together as equal partners in the planning and implementation process. Efforts are made to decrease the power imbalances where they exist, and to build the capacity of all adults to participate on an equal basis with others.

7. Professionals transform their practice from 'doing for' to doing with' to enable full participation.

4. Principles

Your CRN's Statement of Principles will help CRN members to think through situations that involve adult abuse, neglect and self-neglect, and to make decisions and take actions that are accountable to clearly stated principles. The Statement of Principles will reflect existing best practices in your community, and could reflect the principles of the Adult Guardianship Act supplemented by your communities thoughts.

Guiding Principles of the Adult Guardianship Legislation

- a) 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
- b) 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.
- c) An adult's way of communicating with others is not grounds for deciding that he or she is incapable of making decisions.
- d) 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
- e) 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.

5. Description and Role of a CRN

A Community Response Network (CRN) is a network of individuals, groups and agencies that work together at the community level to promote a coordinated community response to adult abuse and neglect. The role of the CRN is to build the whole community's capacity to address and prevent abuse and neglect, making most appropriate use of the informal and more formal systems by addressing adult abuse as an issue that affects individuals and their families and as an issue that affects the whole community.

CRNs are not legal entities but many of the members are. CRNs are enabled by the Adult Guardianship Act that empowers the Public Guardian and Trustee to organize Community Response Networks.

(a) What CRNs can do:

Education:

- increase community and professional awareness of adult abuse and neglect
- increase understanding of the dynamics of abuse and neglect

Keeping Track:

- increase understanding of how to prevent, reduce and respond to abuse and neglect by sharing knowledge through reflective conversations among CRN members
- increase understanding of the legislated mandate of designated agencies, new tools for intervening, and offering support and assistance

Team and Relationship Building:

- develop stronger relationships between the people and organizations that can provide support

Advocacy:

- work toward better coordination of supports and services, so that fewer people 'fall through the cracks'.

Community Capacity:

- increase commitment to address abuse and neglect as it affects individuals and communities
- engage in community outreach

Community Protocols may contain a statement similar to the following:

Example:

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

(b) What CRNs cannot do:

Case Manage:

- CRN members may have a role in their professional capacity to intervene in situations of abuse or neglect however, the CRN role is networking and activities related to roles outlined above.

Act as Gatekeeper:

- CRN members do not have the authority or responsibility to oversee the activity of Designated Agencies or other agencies that have responsibility for abused or neglected adults.

6. CRN Relationship with Designated and other Agencies

While the Adult Guardianship Act empowers the Public Guardian and Trustee to support the development of networks, now known as CRNs, the legislation does not give these networks specific mandates or responsibilities. Community Response Networks' roles have emerged over time, building on the experiences and learning of CRN groups all over B.C.

The Act empowers the Public Guardian and Trustee of BC to designate certain agencies, providing them with a mandate to look into reports of abuse or neglect they receive or become aware of. The designated agencies are:

- Regional health authorities
- Ministry of Children and Family Development – Community Living Services

(a) Role of designated agencies

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 against an adult who is abused or neglected and not able to seek support on their own.

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 incapability
- 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 doesn't agree to accept the supports or services, but is capable of deciding

Having this mandate gives designated agencies access to some useful new legal tools such as new ways of gaining access when access has been denied, restraining orders and Support and Assistance Orders.

Like other individuals and organizations in the community, designated agencies are integral members of CRNs because they care about the issue of adult abuse and neglect, and have a contribution to make to the community's coordinated response. CRN participants believe that a collaborative approach increases the effectiveness of the community's ability to respond to and support adults experiencing abuse and neglect.

While the legislation applies to adults in certain circumstances, the role of CRNs is ***not*** limited to those circumstances. CRNs are intended to promote a coordinated response so that support and assistance is offered to any adult in the community who is experiencing, or is at risk of experiencing, abuse or neglect.

(b) Role of other agencies in the CRN

Organizations, agencies and individuals who have been responding to situations of abuse and neglect will continue to offer support to any adult in the community who is experiencing abuse or neglect, just as they always have. Some examples include:

- home support or friendly visiting
- support groups, counseling and advocacy
- information, including brochures
- legal assistance
- short term physical shelter
- emergency response (police, fire, ambulance)

(c) Role of the police:

The police will:

- investigate alleged criminal offences
- keep the peace
- collaborate with designated agencies to ensure the safety and wellbeing of the adult

(d) Role of any CRN member

Any member of the CRN who hears about a situation of abuse or neglect, either from the adult them self, or from a concerned supporter, depending on the circumstances, may:

- Ask the adult how they would like to be assisted.
- Offer support and assistance to the adult, or 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.

7. Understanding 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.

a) Abuse: deliberate mistreatment of an adult that causes the adult:

- physical, mental or emotional harm
 - damage to or loss of assets,
 - and 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. (s. 1)
- b) **Neglect** means any failure to provide necessary care, assistance, guidance or attention to an adult that causes the adult, or is reasonably likely to cause within a short time:
- serious physical, mental, or emotional harm, or
 - substantial damage to or loss of assets,
 - and includes self-neglect. (s. 1)
- c) **Self-neglect** means 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, or
 - substantial damage to or loss of assets.(s. 1)
- d) **Criminal Abuse** are forms of abuse that are offenses under the criminal code such as:
- assault, assault causing bodily harm
 - threats, intimidation, stalking or harassment
 - theft
 - misuse of a power of attorney
 - forgery, fraud, extortion
 - failure to provide the necessities of life to a person under one's charge

See Appendix 1 for additional information on Recognizing Abuse and Neglect.

8. Accessing additional information

The Public Guardian and Trustee's website contains helpful publications and information on the adult guardianship legislation, as well as suggestions for assisting an adult to get support, and for reporting abuse. The website can be found at <http://www.trustee.bc.ca/adultgua.htm>.

The Provincial CRN website offers information on Community Response Networks around the province, as well as helpful resources to support CRN work and the development of protocols. The provincial Community Response Network website can be found at <http://www.bccrns.ca>.

C. Agreements for working Together as a CRN Team

CRN members will work together in many ways. Community protocol agreements may specify how CRN members will work together in *any* CRN activity they are involved in. Community protocols may include agreements about:

1. Sharing Information – Community protocols may contain statements similar to the following:

Example:

“We will ensure that all CRN members have all the information they need to enable their full participation on the CRN.”

“CRN’s are not case management teams therefore, specific situations of abuse or neglect will not be discussed during CRN meetings.”

“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, those scenarios will not contain details that would identify any real-life situation.”

2. Protecting Confidentiality – Community protocols may contain a statement similar to the following:

Example:

“Confidentiality will be protected at all times. This guideline applies to any information about adults who are being supported by CRN members. Specific situations of abuse and neglect will not be discussed at the CRN table.

This guideline also applies to situations in which personal information may be shared by CRN members about themselves; 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.

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

CRN members may, from time to time, remind others of confidentiality agreements. We may need to remind one another, for example, in situations in which the information being shared at a CRN meeting might unintentionally identify an individual.”

3. Making Decisions – Community protocols may contain a statement similar to the following:

Example:

“When CRN members are making decisions, we will be guided by the principles of inclusion, meaningful participation and power-sharing. This means that *the people affected by the decision will be involved in making the decision*. 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.”

4. Resolving Differences – Community protocols may contain a statement similar to the following:

Example:

“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.

5. Ensuring Accountability – Community protocols may contain a statement similar to the following:

Example:

“Each member of the CRN is committed to doing our very best, in a collaborative and supportive fashion, to ensure that adults receive assistance, and do not fall through the cracks of existing services and supports. We will fulfill our roles in keeping within the mandates and regulations of applicable legislation, as well as organizational policies.”

6. Identifying Gaps and Barriers – Community protocols may contain a statement similar to the following:

Example:

“Members of our 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.”

7. Building and Maintaining Team Relationships among CRN Members

Relationship building is an important part of CRN work. To be effective, the team needs to build:

- safety and trust
- shared leadership
- an environment for shared learning
- an environment in which change can occur
- an environment in which decisions are shared
- a commitment to a shared future
- accountability to each other

(From Chapter 3 of Building Relationships! Building Teams! Building Community! in the CRN Toolkit)

Community protocols may contain a statement similar to the following:

Example:

“We are committed to building and maintaining strong relationships among CRN members. From time to time we will reflect on our relationships, and will take conscious steps to build and maintain a strong CRN team. We will also ensure that new CRN members are actively welcomed to the team, and given the support to become full team members.”

8. Building and Maintaining Relationships with the Larger Community

Community protocols may contain a statement similar to the following:

Example:

“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.”

D. Responding to Situations of Adult Abuse or Neglect

1. Advocacy

Advocacy has always been considered an important part of the work of Community Response Networks. Advocacy activities typically emerge from regular CRN activities. (From: Advocacy and CRNs: A discussion Paper)

This section will help CRNs develop protocols about how to advocate for vulnerable adults through members responses to situations of abuse and neglect.

Community protocols may contain a statement similar to the following:

Adapted example from the Powell River CRN

Advocacy

Some individuals or agencies will take on Advocacy roles in the CRN.

Advocacy is the vigorous and systematic representation of the views and special needs of adults to those in authority. Anyone who acts on behalf of or with another person is an advocate. An advocate may be a family member, friend, peer counselor, or 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 and 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 advocacy desired.

An advocate may offer support with:

- making decisions
- identifying resources that may be of benefit
- understanding 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 abuse, neglect and self-neglect, such as community development, lobbying, education and prevention.

2. Ethical Action

An effective CRN team will be committed to principled and ethical action. Using an ethical framework to guide CRN discussions will help to ensure that CRN practice and protocols reflect the shared values and beliefs of the group's members, as well as the principles of the adult guardianship legislation.

Community protocols may contain a statement similar to the following:

Example:

“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.”

See Appendix II for further discussion about ethics, and a tool that may help you plan for ethical decision-making.

3. What Each CRN Participant Will Do if They Receive a Call

Community protocol agreements can specify how a CRN member will respond if they hear about a situation of abuse or neglect. One of the benefits of a coordinated community response is that reports of abuse or neglect are less likely to ‘fall through the cracks’ since many people and organizations are able to help. Even if the person who hears about the situation is not able to directly offer assistance, they can ensure that the call is referred to someone who can help. And they can agree to follow up to make sure that the situation was looked into.

Community protocols may contain a statement similar to the following:

Example:

“If any member of the CRN hears about a situation of abuse or neglect, we will (whenever possible and appropriate): talk to the adult and ask how we can help, offer assistance and be supportive”

One of our favorite protocols is an agreement among all CRN members that “if I hear about a situation of abuse or neglect, I will make sure that the individual gets connected with someone who can help.” In other words, “the buck stops here.”

It may also be useful to include some examples in your community protocol that offer suggestions for different actions in differing situations. The scenarios in Appendix 1 may be helpful when the CRN is exploring what might be included in a community protocol.

4. Talking to the Adult: How and When

As suggested above, information should be obtained from the adult whenever possible.

Community protocols may contain a statement similar to the following:

“If we think an adult needs help, we will talk to them first to find out how we might assist. Questions might include: ‘Are you having some trouble? Can I help you? Is there someone I can put you in touch with who can help? How would you like to be assisted?’”

Adapted Example from the North Shore:

- Use the Statements of Principles and Values to guide all actions.
- If possible, 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 service providers. Get the adult's permission to speak to them.
- Find out if the adult has a Representation Agreement or committee.

And Powell River adds:

- Use the guiding principles of the legislation to guide your actions
- Communicate with the adult in a way that is appropriate to his or her skills and abilities

5. How and When to Involve Supportive and Trusted People in the Adult's life (friends, relatives, neighbors, etc.) –

Community protocols may contain a statement similar to the following:

Example:

“Wherever possible we will ask the adult to identify supportive people in their life who they would like to have involved. 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 to not include an alleged abuser in planning as they can put the adult at great risk.”

6. Offering Support to the Adult

When an adult is experiencing abuse or neglect, you may want to offer informal support, such as peer support, friendly visiting or advocacy. Depending on the

situation, this may be all that is necessary to provide the adult with information and support to make choices and to take actions that will change the situation. If the adult needs more help or support, a referral can be made with the adults consent, to an agency that must look into the situation (designated agency) or to another agency that offers the support needed.

Community protocols may contain a statement similar to the following:

Example:
“CRN members will offer informal support or with the adults consent, referral to an agency that will offer support in accordance with the mandate of the organization.”

7. Supports Available if the Adult is Unable to Remain in His or Her Own Home

What short-term resources are available for adults who are unable to remain in their own home? Are beds available in the local transition house, in care facilities, or service organizations like the Salvation Army, etc.? What is the cost, and length of stay permitted?

Community protocols may contain a statement similar to the following:

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

8. When and How Referrals Will be Made

Community protocols may contain a statement similar to the following:

Example:

“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.

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

Community protocols may contain a statement similar to the following:

- “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.

- However, 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.”

10. When and How a Call Should be Referred to the Police

When describing how individual CRN members *other than designated agencies* will respond, community protocols may contain a statement similar to the following:

Example:

“We will ensure that adults who we believe may fall under Part 3 of the Act get connected with the appropriate designated agency, whose role it is to report criminal offences to the police.

In emergencies we will call the police emergency number directly or take other steps to ensure that the police are contacted.

We have a zero tolerance for adult abuse and neglect and will take related criminal offences seriously. We know that adults often do not report or ask for help out of fear of retribution, further abuse, loss of relationship with the alleged offender, and/or a lack of awareness of what the justice system can do to assist them and the alleged offender . As a result, we are committed to ensuring that adults who are abused and neglected understand how various players in the justice system can assist them.”

Refer to the document, “Designated Agencies and Police Working Together,” for more information on how the key contacts in the designated agencies and police will be working together in emergencies, reporting and investigating alleged criminal offences, sharing information, protecting the adult from further harm, and resolving differences.

These agreements will be formalized within interagency protocols between designated agencies and the police. However, community protocols may also indicate situations in which CRN members will want to involve the police.

11. Follow up after Referral

Community protocols may contain a statement similar to the following:

Example:

“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 could happen when the agency to which the call was referred phones back to confirm that they were able to offer assistance, or when the person making the referral checks back to make sure that some action was taken. While it is not necessary to provide details of the situation, it is important to offer assurance that the adult has received assistance.”

12. Options in Emergencies

Community protocols may contain a statement similar to the following:

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

13. Obtaining, Recording and Disclosing Information

See section C 1 and 2, (**Sharing Information** and **Protecting Confidentiality**) in Part 2 for protocols regarding information gathering and disclosure for CRN members.

Designated and other agencies will have policy about obtaining, recording and disclosing information related to their work. Designated Agency policies are guided by the Adult Guardianship Act and other legislation such as the Freedom of Information and Protection of Privacy Act. Sharing those policies with the CRN in the form of Agency Protocols is helpful in increasing the shared knowledge of CRN members.

14. Immunity from Legal Action

CRN members who offer support to adults within the parameters described in this document will not be engaging in activity that would elicit legal action. CRN members will act as “good neighbors” who have the advantage of knowledge obtained by being a member of the CRN.

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 AGA as they have a mandate to look into situations of abuse or neglect that are referred to them.

Part 3: Interagency Protocol Development

A. Why Create Interagency Protocols?

As stated in the introduction to this guide, we've learned that a well-thought-out and clearly written *community protocol* will frequently be enough to ensure a timely and effective response to situations of adult abuse and neglect. However, there are situations in which the response will be carried out most effectively if there are specific agreements between the parties who are collaborating to support an individual.

Interagency protocols will be helpful in a variety of situations, including the following:

- When legal responsibilities require one agency to report to another agency (i.e. when designated agencies report criminal offences to the police.)
- When informal arrangements aren't working effectively, or aren't enough.
- When it's important to exchange information about each agency's role, formal contact people, etc.
- When it's helpful to make certain information explicit and well-known. For example, an agreement between a transition house and a designated agency may clarify that the designated agency can provide supports to a woman served by Part 3 of the legislation while she is staying in the transition house.
- When one of the parties' roles needs to be legitimized.
- When one of the parties needs to have their mandate better known, clarifying *what they can do* to support an adult, and *what they cannot do*.
- When a situation arises that, on later reflection, could have been handled more effectively had a protocol agreement been in place.

B. Which Agencies Might Want to Create Interagency Protocols?

It might be helpful to consider interagency agreements between:

- the police and designated agencies
- each designated agencies – the health authority and the Ministry for Children and Family Development's Community Living Services

- First Nations reserve communities and designated agencies
- the transition house and designated agencies
- the seniors' counselor and designated agencies
- the Ministry for Children and Family Development's Community Living Services and local Associations for Community Living
- Crown services and designated agencies
- Victim Assistance and designated agencies
- the hospital and other departments within the health authority
- a community-based language interpretation service and designated agencies
- financial institutions and designated agencies
- designated agencies and clergy

Interagency protocol agreements will clarify what each party will do in specific situations. For example, an agreement between a First Nations community and a designated agency will clarify that designated agencies are legally required to look into reports they receive, or situations they become aware of. An interagency protocol can specify that situations will be looked into in ways that are respectful of, and agreed to, by the Band.

C. What About Pre-existing Protocol Agreements?

Many interagency protocols existed prior to proclamation of the Adult Guardianship Act. For example, agreements drawn up among Community Care Facilities Licensing, the Ministry for Children and Family Development's Community Living Services, Associations for Community Living, and the police have for many years supported collaborative relationships.

Agencies that have pre-existing protocols may wish to review these agreements to ensure that they are adequate now that Part 3 of the Adult Guardianship Act is in force.

D. Sample Interagency Protocol Agreements

1. Examples of interagency protocols between a designated agency and the police.

2. Example of an interagency protocol between a health authority and a transition house.

E. Forms for Developing Interagency Protocols

1. A blank form for developing interagency protocols

2. A form for developing an interagency protocol between designated agencies and the police.

Part 4: Agency Protocol Development

A. Why Create Agency Protocols?

Agency protocols describe how an organization will respond when it hears about a situation of adult abuse and neglect. It will describe policy and procedures that staff will follow when looking into a situation, and when offering support and assistance to an adult.

Agency protocols that are included in a CRN protocol document become part of the shared knowledge of the CRN which increases the ability of the members to respond to situations of abuse, neglect or self-neglect more effectively.

Appendix I

Scenarios and questions for discussion

The following scenarios may help your CRN to explore some of the situations in which community and interagency protocols are needed.

If you are using a scenario to discuss both *community* and *interagency* protocols, you will find it helpful to discuss the community protocol first, and then see what additional agreements are needed to support the collaboration between specific agencies.

These scenarios can be photocopied and distributed to CRN members to guide discussion. When a story has more than one part, it helps to distribute each part as the story unfolds.

Introducing Mary Jones

Part One of Mary Jones' story:

Two weeks ago, Mary Jones was accompanied to the bank by her daughter, Trish. Mary withdrew some money from her account, and as she was trying to put the cash into her purse, Trish grabbed the money very roughly from her mother's hands and stomped out of the bank.

Mrs. Jones was left in the bank, and was very distraught. She then went back to the teller and asked for help.

Questions for CRNs:

- Who might be able to offer support to Mary Jones?
- How might an *interagency protocol* help to ensure that Mrs. Jones receives appropriate support and assistance?

Part Two of Mary Jones' story:

Mary has early Alzheimer's disease and lives in a care facility in your community. Her daughter, Trish, lives in Vancouver and is living on a limited income. Mary's pension cheques are deposited to her own bank account. Trish uses her mother's bank card to withdraw money. There is nothing left to pay facility fees or cover other personal costs.

When questioned by the care facility, Trish says she needs the money to pay her transportation costs from Vancouver to visit her mother. The designated agency receives this information from the care facility staff. Recently, Trish went to the bank with her mom and grabbed the money that was withdrawn, leaving her mom distraught in the bank, looking for help from the teller.

Questions for CRNs:

- Who might be able to offer support to Mary Jones as her situation unfolds?
- How might *interagency protocols* help to ensure that Mrs. Jones receives appropriate support and assistance?
- What could the bank teller do?
- Is there a role for a designated agency?
- Is there a role for the police?
- Is there a role for other CRN members?

Introducing John Wong

John is 25 years old and has a developmental disability. He lives with his sister and brother-in-law and attends a day program in the community.

One day, the day program supervisor discovers that John has bruised genitals and buttocks. John said that his brother-in-law punished him for watching his personal adult videos without permission. He does not want the situation reported because he is afraid of further punishment if anyone talks to his brother-in-law.

Questions for CRNs:

- Who might be able to offer support to John Wong?
- How might *interagency protocols* help to ensure that Mr. Wong receives appropriate support and assistance?
- What could the day program supervisor do?
- Is there a role for a designated agency?
- Is there a role for the police?
- Is there a role for the PGT?
- Is there a role for other CRN members?

Introducing Gladys Webster

Part One of Mrs. Webster's story

Gladys Webster is an 85 year old widow. She has been living alone in her own apartment for some time. She and her next-door-neighbour, Madge, have become friendly, and Madge sometimes drops by for a cup of tea and a chat. Mrs. Webster was once very active in the community and her church, but Madge begins to notice that she isn't getting out very much these days, and that she seems to be losing weight. The last time they visited, Madge noticed that there was very little food in the fridge, and that unopened mail was piling up on the kitchen table. One of the envelopes was from Revenue Canada.

Madge is concerned, and mentions this to her friend Joan. Joan is an active community volunteer, and is a member of her local community Response Network (CRN.) Joan tells Madge that she'll look into the situation.

Questions for CRNs:

- Who might be able to offer support to Gladys Webster?
- How might *interagency protocols* help to ensure that Mrs. Webster receives appropriate support and assistance?

Part Two of Mrs. Webster's story

Gladys Webster has now been receiving home support for one year. The Long Term Care case manager pays Mrs. Webster a visit, and notices that, although Mrs. Webster is getting help with meals, she is much thinner, and doesn't seem to be paying attention to personal hygiene. She seems disoriented much of the time, and her memory is getting worse. She sometimes confuses prescription medication with vitamins, and often needs to be reminded to pay the rent. She refuses to move.

Questions for CRNs:

- Who might be able to offer support to Gladys Webster as her situation unfolds?
- How might *interagency protocols* help to ensure that Mrs. Webster receives appropriate support and assistance?

Part Three of Mrs. Webster's story

Following a mild stroke, Mrs. Webster falls and fractures her hip. During her hospitalization, her adult grandson appears and takes her home to care for her. Paul is her only living relative, since her daughter died in a car accident five years ago. She has rarely seen Paul over the past few years, even though he has lived close by.

Once at home, Paul limits the amount of home support, and is hostile to the staff when they come.

Questions for CRNs:

- Who might be able to offer support to Gladys Webster as her situation unfolds?
- How might *interagency protocols* help to ensure that Mrs. Webster receives appropriate support and assistance?
- Is there a role for a designated agency?
- Is there a role for a home support agency?
- Is there a role for her friend and neighbour?
- Is there a role for other CRN members?
- In order for two individuals/agencies to work collaboratively to support Mrs. Webster, what *interagency protocols* should they have in place before hand? When would the *community protocol* be enough?

Part Four of Mrs. Webster's story

It is three months later. By now, Paul has convinced his grandmother to give him a power of attorney, and he has taken over her finances. The manager at Mrs. Webster's bank has become aware that Paul is frequently making substantial withdrawals from Mrs. Webster's account.

During a visit by home support staff, Paul treats his grandmother roughly and intimidates the staff. Mrs. Webster appears withdrawn, has new bruises on her arms, and is tender when moved. The apartment is cluttered and smells of urine. Bills are unpaid. Mrs. Webster is sleeping on the living room couch. Paul has placed her on towels to manage her incontinence. Efforts to visit Mrs. Webster are ignored or rebuked.

Questions for CRNs:

- Who might be able to offer support to Gladys Webster as her situation unfolds?
- How might *interagency protocols* help to ensure that Mrs. Webster receives appropriate support and assistance?
- How has the role of the designated agency changed as this situation has unfolded?
- Is there a role for the bank manager?
- Is there a role for the police?
- Is there a role for the PGT?
- Is there a role for other CRN members (i.e. home support, transition house, seniors' advocate?)
- In order for two individuals/agencies to work collaboratively to support Mrs. Webster, what *interagency protocols* should they have in place before hand? When would the *community protocol* be enough?

Introducing Margaret James

Part One of Margaret James' story

Margaret James is a member of a local First Nations band. Following a serious car accident, Margaret sustained a brain injury, for which she has received a sizable settlement

Margaret is experiencing a great deal of depression as a result of some of her changes in functioning. These changes include paralysis from the waist down, short-term memory loss and dramatic mood swings.

Questions for CRNs

- Who might be able to offer support to Margaret James?
- How might *interagency protocols* help to ensure that Margaret receives appropriate support and assistance?

Part Two of Margaret James' story

Because of the accident, Margaret James is no longer able to live in her own place because it's not accessible. Since she has to move anyway, and her family is willing to support her, Margaret decides to move back to her parents' home.

Margaret's family experiences other family crises and have arranged for a community member to check on her periodically. This fellow is buying large amounts of alcohol and Margaret increasingly seems to be unkempt and distraught, and her mood swings are accentuated.

Recently, he has shown up with a brand new sports car. Margaret's neighbour, who doesn't know her well, is concerned because she suspects the community member used Margaret's money to buy the car. The neighbour's sister works for the regional Health Authority, so she calls her and explains about her concerns for Margaret.

Questions for CRNs

- Who might be able to offer support to Margaret James as her situation unfolds?
- How might *interagency protocols* help to ensure that Margaret receives appropriate support and assistance?
- Does the designated agency have a role?
- Do the police have a role?
- Does the First Nations band have a role?
- Is there a role for other CRN members?
- In order for two individuals/agencies to work collaboratively to support Margaret James, what *interagency protocols* should they have in place before hand? When would the *community protocol* be enough?

Appendix 2

Planning for Ethical Decision Making

The Role of Ethics

As individuals, we operate within our own ethical framework -- our personal sense of what's right, what's wrong, and what falls somewhere in between. Many professionals work within a code of ethics that governs their choices and actions, and is used to evaluate their performance -- the medical profession provides a familiar example. Many organizations also operate within a stated code of ethics or standards -- churches, for instance, or a community service agency. When decisions arise, we must sometimes balance conflicting ethics -- our personal ethics, for example, may disagree with those of our profession or the organization of which we are a part.

As community workers or volunteers, members of the Community Response Network will be called upon to make ethical decisions. It may be challenging for some people to work within a code of ethics that differs from their own or from that of their organization or profession. Full agreement may never be reached. But the Community Response Network's community protocol will be most effective if each person and organization that takes responsibility for its implementation can talk freely about ethics, and work to find as much agreement as possible.

For example, when addressing situations of abuse and neglect, Community Response Network members will seek to find a balance between:

- the personal autonomy of the individual, and
- our social responsibility to protect adults who are at risk of experiencing abuse or neglect.

When making decisions that affect the life of an adult served by this legislation, it will also be important to find a balance between

- the right to individual autonomy, and
- declining capability

Specific ethical concerns can arise over:

- differing interpretations of what can be considered abuse and neglect
- a presumption of capability
- confidentiality
- whose responsibility it is to respond to situations of abuse, neglect or self-neglect
- the difference between having a mandate, and having opportunities for creative strategies to support the adult
- the difference between law and ethics

Principles to Guide Ethical Decision-Making

When ethical concerns arise, it's helpful to make decisions within an agreed upon set of principles. The following principles are offered to facilitate discussion about ethical decision making among members of your Community Response Network.

1. The principle of *justice* says that we ought to be fair. We ought to treat people who are equals in the same way.
2. the principle of *authenticity* says that we ought to treat people in a way that is in accordance with the way that they have lived their lives to this point.
3. The principle of *non-maleficence* comes in two versions. Version 1 says that we should not do anything that will harm the client. Version 2 says that we should not do anything which will harm people generally (society.)
4. The principle of *connectedness* says that we should respect each other not only as individuals, but also as a community of people who are, to some extent, responsible for the welfare of each other.
5. The principle of *beneficence* says that we should try to:
 - a) prevent harm
 - b) remove harm
 - c) promote good/well-being

Again, the principle of beneficence applies not only to the client, but to society as a whole.

6. The principle of *autonomy* says that we ought to honour the client's preferences. Or, if there is a person who is responsible for making decisions on the client's behalf, we ought to value the client's preferences as expressed by that person.

There are two senses in which we think of autonomy and can try to see that it is respected. The first sense of autonomy is non-interference and voluntary, uncoerced choice. The second sense is empowerment, providing choices and opportunities, helping and assisting. Autonomy can either be direct ("I'll do it myself") or delegated (please do this on my behalf.)

Addressing Ethical Dilemmas

Ethical dilemmas can arise:

- when a person or agency is considering whether or not to help or intervene in a suspected abuse or neglect situation
- when we are considering the way in which we will intervene
- when we are under pressure from others to "do something"
- because we are trained to intervene and help solve clients' problems, and by temperament we want to be of service
- when we are trying to establish policies

Ethical dilemmas can also come up when principles conflict with one another, and point to different courses of action. In this situation, one would want to ask:

- Is there a way to get away from thinking about this dilemma as an "either/or" situation?
- Is there one principle that carries the most weight in the circumstances? It's important to remember that these principles do not have a rank order, so autonomy is not always more important than justice in every case.

- How much are we infringing on this person's autonomy?
- How much paternalism are we talking about? How much injustice?
How much harm to other people?

- What have we done in similar situations? Did it work as well as we had hoped? Were there effects or repercussions we had not anticipated?
- What would a good person, someone that I respect, do in the circumstances?

References:

Spencer, Charmaine. Ethical Dilemmas in Dealing With Abuse and Neglect of Older Adults. Gerontology Research Centre, Simon Fraser University. Vancouver, B.C. March, 1997.

Spencer, Charmaine. Imperatives for a New Framework for Ethical Decision-Making in Abuse and Neglect Cases. Gerontology Research Centre, Simon Fraser University. Vancouver, B.C. _____, 1997.

Appendix 3

Recognizing Abuse, Neglect and Self Neglect

Abuse can take many forms. Some examples are:

- **physical abuse:** acts of violence or rough treatment, including slapping, shaking, punching, and rough handling;
- **mental or emotional abuse** (also referred to as psychological abuse): severe and continuing intimidation, humiliation, isolation, and exclusion from events, activities, and decision making;
- **sexual abuse:** any unwanted or exploitative sexual behaviour, including harassment, assault, or using adults for sexual purposes without their consent;
- **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;
- **medication abuse:** withholding medication the adult needs, or giving too much or too little medication;
- **violation of entitlements:** 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. (Guide to Part 3.)
- **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;
- **medication abuse:** withholding medication the adult needs, or giving too much or too little medication;
- **violation of entitlements:** 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. (Guide to Part 3.)

- of privacy, denial of access to visitors, restricting the movement of an adult or withholding information to which the adult is entitled. (Guide to Part 3.)

Neglect may or may not be deliberate. It can be, for example, the intentional withholding of food and personal care. Or it can be unintentionally caused by lack of experience, information, knowledge or support. (Guide to Part 3)

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 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 the assets.
- (s. 1)

Indicators of Abuse, Neglect and Self-Neglect:

Practice experience has revealed that the following indicators can be indicative of abuse or neglect and may indicate a need for further assessment:

- Physical Abuse:**
- unexplained injuries such as bruises, burns, swelling
 - injuries in various stages of healing
 - injuries incompatible with medical history or explanation of cause of injury

	<ul style="list-style-type: none"> • delay in seeking treatment • untreated injuries • patterned or clustering of injuries which may indicate gripping or shaking
Psychological/ Emotional Abuse	<ul style="list-style-type: none"> • fear • low self-esteem • withdrawal, passivity • apathy and depression • signs of anxiety • reluctance to participate in decision-making
Sexual Abuse	<ul style="list-style-type: none"> • pain, bruising, lacerations, bleeding or abnormal discharge in genital area • bloody or torn clothing • difficulty walking or sitting
Medication Abuse	<ul style="list-style-type: none"> • hyperactivity or depression • non-compliance with prescriptions • lack of appropriate response to medication • reduced physical/mental activity in the absence of a disease or illness
Financial Abuse/ Exploitation	<ul style="list-style-type: none"> • 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
Violation of Civil/Human Rights	<ul style="list-style-type: none"> • difficulty in contacting the individual • making excuses for social isolation • loss of self-determination • reluctance to participate in decision-making

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

Dynamics of Abuse, Neglect and Self-Neglect

Practice experience also tells us that abuse, neglect and self-neglect are complex phenomena. Each differs from the other and require 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 various reasons abuse, neglect or self-neglect occur
- the cycle of family violence, dependencies, 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 abilities of people of advanced age and people with disabilities, and the impact of cultural differences.