



OFFICE OF THE
SENIORS ADVOCATE
BRITISH COLUMBIA

HIDDEN AND INVISIBLE

Seniors Abuse
and Neglect in
British Columbia





December 8, 2021

British Columbians care deeply about the older adults in our community. The depth of this commitment was on full display during the COVID-19 pandemic as we saw tens of thousands of people step forward to ensure seniors received their medications, groceries and remained connected through friendly phone calls and wellness checks. Public concern about the dignity and safety of frail seniors who live in long-term care were heard by governments at all levels and commitments to improve were quickly promised.

While the conversation about the health, safety and well-being of seniors has been dominated by COVID-19 over the past two years, we need to remember there are issues that existed prior to, and will remain long after, the current pandemic recedes. One of these is the concern about rising levels of abuse, neglect and self-neglect in the seniors' population.

Over the past five years, my office has tracked a number of reporting systems that capture reports of seniors' abuse and neglect. With these data, we can clearly see a five-year pattern of significantly increasing reports of seniors' abuse and neglect. In the past three to five years, we experienced:

- 49% increase in reports of abuse, neglect and self-neglect to Designated Agencies
- 69% increase in reports of victims of violent crime to the RCMP
- 87% increase in reports of physical abuse and 49% increase of financial abuse to the Vancouver Police Force
- 30% increase in reports of abuse to bc211
- 5% increase in reports to the Seniors Abuse and Information Line

Within the context of these rising numbers is a reporting and tracking system that is fragmented and incomplete leaving many to believe there is significant under-reporting of abuse and neglect among older adults. Supporting the assumption of under-reporting is the number of suspected reports of child abuse reported each year compared to reported cases of suspected seniors' abuse. While both population groups are of similar size, there is an average of 60,000 such reports made for children and youth each year compared to less than 10,000 reports of suspected abuse and neglect of seniors.

In our OSA survey, when we asked British Columbians if they have ever witnessed a senior subjected to abuse and neglect, 28% reported they have and although over 90% believe they would report abuse if they witnessed it, less than half actually do. There are a number of systemic challenges in our

current adult abuse and neglect system that is limiting the potential for British Columbians to effectively identify and report suspected abuse and neglect of seniors. These challenges are highlighted in the pages that follow. This report is the culmination of an extensive review of the current system that supports the reporting of seniors' abuse and neglect in B.C. and highlights its strength and weaknesses.

While there are a number of resources to identify and report seniors' abuse and neglect, there is no cohesive provincial approach to support the public in their desire to identify and report seniors' abuse and neglect. This review found a lack of standardization in defining seniors' abuse and neglect, no current plan to raise public awareness and a fragmented reporting system that does not produce the reliable data needed to assess patterns, identify gaps, make improvements and measure progress. There was also clear evidence, however, that our current system can be effective and many of the basic tenants are sound. The challenge is that the system is not reliably effective and many vulnerable seniors may be falling through the cracks.

The seeds of where we are today were sown over 20 years ago when the *Adult Guardianship Act (AGA)* was first introduced. Outside of the police protection offered under the Criminal Code of Canada for a fairly narrow set of offences, the *AGA* is largely responsible for protecting vulnerable seniors who experience abuse and neglect. When the legislation was introduced 20 years ago, no provincial guidelines, standards or policies followed. This left a patchwork of implementation across health authorities and other organizations that has led us to our current system.

A review of the *AGA* at this time is not unreasonable given how much more we know today about the ageing process and how much the seniors population has grown and is projected to grow, in proportion to the overall population. There are many who work in the field of adult protection with front line experience who acknowledge the current challenges of the *AGA* and they support the need for a review. Included in any review of the *AGA* should be consideration of the need to legally report suspected abuse and neglect of vulnerable adults, similar to the legal requirement to report suspected abuse or neglect of a child.

A review of the *AGA* will likely take time and require wide consultation. Meanwhile, there are some immediate actions that can be taken to build on the existing system and improve the basic foundation for a revised *AGA*.

This report provides five recommendations to improve the current system:

1. Develop and implement provincial standards of practice, policies and front-line training with appropriate skills, qualification and competencies to ensure a consistent and robust approach to respond to seniors' abuse and neglect in B.C.
2. Implement a province-wide public awareness campaign and training on seniors' abuse and neglect to ensure that the public, health professionals, and those who work with seniors have the knowledge and skills necessary to recognize abuse and neglect and know where to go to report and seek help.
3. Implement a central, single point of contact with one phone number to report calls of concern, that is managed by professionals trained in adult protection. This single point of contact will include a central information system and coordinate with organizations to record, document and track cases of concern, including monitoring cases for response and outcomes, and produce an annual public report.
4. Implement consistent data collection, methods, and definitions to record case information, track cases and monitor abuse and neglect cases.
5. Undertake a review of the *Adult Guardianship Act* and regulations to provide clarity and guidance on the specific practice that is required to protect adults.

Given the knowledge and tools needed, British Columbians have proven they will do the right thing. With better awareness and education on the signs and symptoms of abuse and neglect in seniors and a clear path to reporting, I am confident that we will provide better protection for the valued seniors in our province in the years ahead.

Sincerely,



Isobel Mackenzie
Seniors Advocate
Province of British Columbia

Contents

- 1. Introduction..... 2
- 2. What is Seniors’ Abuse and Neglect? 4
- 3. What Protections Exist for B.C. Seniors? 9
- 4. Prevalence of Seniors’ Abuse and Neglect..... 11
- 5. How is Seniors’ Abuse and Neglect Reported in B.C.? 16
- 6. Responding to Reports of Seniors’ Abuse and Neglect – Designated Agencies and the Public Guardian and Trustee..... 22
- 7. Awareness of Seniors’ Abuse and Neglect – Provincial Survey..... 30
- 8. What We Heard – Service Provider Consultation 32
- 9. Moving Forward..... 40
- Appendix 1: List of Participants 43
- Appendix 2: Public Guardian and Trustee Decision Tree 45

1. Introduction

The prevalence of abuse and neglect in older adults is a subject of some debate, in part because there is a lack of confidence in the reporting data. A survey conducted by the Office of the Seniors Advocate (OSA) found that 28% of respondents had witnessed an incident of abuse or neglect of a senior. With an aging population, the proportion of seniors in B.C. is growing. Estimates project an increase of almost 50% by 2036, meaning one-in-four British Columbians will be aged 65 years or older¹. This shift will make it increasingly important to ensure a strong system is in place to support and protect vulnerable seniors.

While there has been research undertaken nationally and in other jurisdictions, there has not been a comprehensive look at this issue in B.C. Many of the people who contact the OSA, such as seniors, service providers and stakeholders, have shared concerns that abuse of seniors in this province is increasing. Concerns include abuse of older adults by paid caregivers, within families (particularly financial abuse), in care facilities and seniors harming themselves through self-neglect (e.g., failure to provide themselves with adequate food, clothing, shelter, health care, personal hygiene).

Over the past five years, the OSA has reported on seniors' abuse and neglect through its yearly *Monitoring Seniors Services* report. Through this reporting, it became increasingly apparent that the reported measures are fragmented with different definitions, collection systems and disclosure requirements. In 2015, the OSA began to work with health authorities to develop a more cohesive system of reporting adult abuse and neglect. However, despite best efforts, there is still no uniform system of maintaining records or reporting abuse and neglect of vulnerable seniors in B.C. and comparable and reliable information remains unavailable due to these inconsistent processes.

Given the similarity of objectives, it is useful to compare the system for reporting seniors' abuse and neglect in B.C. to that of the system for reporting a protection concern for children (aged 0 to 18). First, there is a duty set in law to report a protection concern of a child and there is not such requirement to report a protection concern for a vulnerable adult. Second, the child protection system offers a single 1-800 number for the public to call if they have concerns about child abuse and/or neglect. This number is supported by a centralized tracking and response system ensuring accurate and complete data. In contrast, a person wanting to report a concern about the abuse and neglect of a vulnerable adult finds up to ten different numbers linked to organizational names such as "designated agency" that do not necessarily lend themselves to a connection with reporting abuse or neglect. The vulnerable adult reporting system offers no single contact point and no centralized data collection, tracking or reporting. These differences might explain why, despite similar sized

¹ BC Stats. PEOPLE 2021.

populations, there is more than six times as many protection reports received in the child and youth-serving system per year compared to the adult protection system even though some research would support a higher prevalence of abuse and neglect amongst the vulnerable adult population, particularly seniors (60,000 protection reports for children and youth compared to less than 10,000 reports for vulnerable adults per year).

Seniors' abuse and neglect is an issue the Seniors Advocate continues to hear about from seniors and members of the community at large. The impacts it has on the safety and security of seniors can be profound. For all these reasons, the Seniors Advocate launched a systemic review of seniors' abuse and neglect in B.C using data and information from several sources:

- A review of existing data on seniors' abuse and neglect
- A provincial survey with more than 1,500 respondents
- A province-wide consultation with service providers representing 109 organizations in 25 communities
- A review of existing legislation, policy and programs
- A review of existing literature

A number of recommendations are included in this report to improve B.C.'s system of reporting and response to seniors' abuse and neglect. It is important that British Columbians have better information and awareness about seniors' abuse and neglect, how to recognize it and how to report it. The leadership and collective actions that we take today, will ensure that vulnerable adults and seniors are protected and are able to live safely in our communities.

2. What is Seniors' Abuse and Neglect?

While there is no universally accepted definition of seniors' abuse and neglect, it generally refers to a broad spectrum of harmful behaviours faced by seniors in our communities². The World Health Organization defines seniors' abuse and neglect as:

"... a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person. Elder abuse can take various forms such as financial, physical, psychological and sexual. It can also be the result of intentional or unintentional neglect."

In B.C., the legislation that deals most and specifically with seniors' abuse and neglect is the *Adult Guardianship Act (AGA)*, which defines seniors' abuse and neglect as follows:

Abuse means the deliberate mistreatment of an adult that causes the adult (a) physical, mental or emotional harm, or (b) damage or loss in respect of the adult's financial affairs, and includes intimidation, humiliation, physical assault, sexual assault, overmedication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors.

Neglect means any failure to provide necessary care, assistance, guidance or attention to an adult that causes, or is reasonably likely to cause within a short period of time, the adult serious physical, mental or emotional harm or substantial damage or loss in respect of the adult's financial affairs and includes self-neglect.

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 period of time, serious physical or mental harm or substantial damage or loss in respect of the adult's financial affairs, and includes:

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

Seniors' abuse and neglect can often take place within close relationships between a senior and someone who is in a position of trust, such as a family member (adult children or spouse), friend or caregiver (either at home or in a facility). It is not uncommon for victims to experience multiple types of abuse or neglect at a given time or for incidents to escalate over time, increasing the risk

² Walsh, Christine & Yon, Yongjie (2012) Developing an Empirical profile for Elder Abuse Research in Canada, *Journal of Elder Abuse & Neglect*

of more severe abuse. Abuse of any type is about an imbalance of power in a relationship; seniors tend to have less power than the person who is mistreating them.

Types of Seniors' Abuse and Neglect

Several different types of abuse exist, but the primary categories are typically recognized as: physical abuse; psychological or emotional abuse; financial abuse; sexual abuse; neglect; and self-neglect. It is important to remember that seniors can be subjected to more than one type of abuse and that abuse may start before they become seniors and/or may be part of longer-term relationships.

Type	Definition
Physical Abuse	Any act of violence or rough treatment causing injury or physical discomfort. Physical abuse can range from slapping or shoving to severe beatings. Physical abuse may result in injuries in various stages of healing, limb and skull fractures, bruises, sores, punctures, sprains and injuries, including history of 'accidents.'
Psychological or Emotional Abuse	Psychological or emotional abuse consists of intentionally inflicting mental harm and/or psychological distress upon an older adult. Verbal and emotional abuse can include yelling, swearing and making insulting or disrespectful comments. Psychological abuse includes any act such as confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment that may diminish an older adult's sense of identity, dignity and self-worth.
Financial Abuse	Financial abuse is the misuse, misappropriation, and/or exploitation of an older adult's funds and assets without that person's knowledge and/or full consent, or, in the case of an older adult who is not mentally capable, not in that person's best interests; or the misuse of an Enduring Power of Attorney. It includes the improper use of powers of attorney, representation agreements, trusts or guardianships, including Internet, telephone and face-to-face scams.
Sexual Abuse	Sexual abuse involves any sexual behaviour directed toward an adult without that adult's full knowledge and consent, including sexual harassment and non-consensual sexual touching.
Neglect	Neglect is the inability to meet the physical, social and/or emotional needs of an older person, such as basic or personal care needs (e.g., food, water, medication, shelter, hygiene, clothing, hearing aides, eyeglasses, denying visits). Neglect may be intentional or unintentional as the person providing care may not have the necessary knowledge, experience or ability.
Self-Neglect	Older adults harm themselves through self-neglect such as not eating, not going to the doctor, unkept appearance, signs of infrequent bathing, living in unhealthy/dangerous conditions and/or compulsive hoarding.

Source: Understanding and Responding to Elder Abuse, Government of British Columbia

Other types of abuse are also starting to be understood and recognized including ageism, medication abuse, professional abuse and resident-to-resident abuse in formal long-term care settings such as nursing homes or hospital. These may exist on their own or be part of a larger picture of abuse faced by a senior.

Who are the Abused and Neglected?

Abused and neglected adults can be found in every neighbourhood. While certain factors place a person at higher risk of abuse and neglect, there is no single factor that excludes an adult from potentially experiencing abuse or neglect. While vulnerable adults are not exclusively seniors, the factors that can make a person vulnerable are significantly more prevalent in the seniors population making age in and of itself a significant risk factor. Older adults living in poverty and older adults with limited physical or cognitive functional capacity may be particularly vulnerable³. Adults 75 years and older are considered more vulnerable as they are increasingly likely to develop physical and cognitive frailty, and older women are more likely than men to experience abuse or neglect as they are more likely to live alone and/or have limited financial resources.

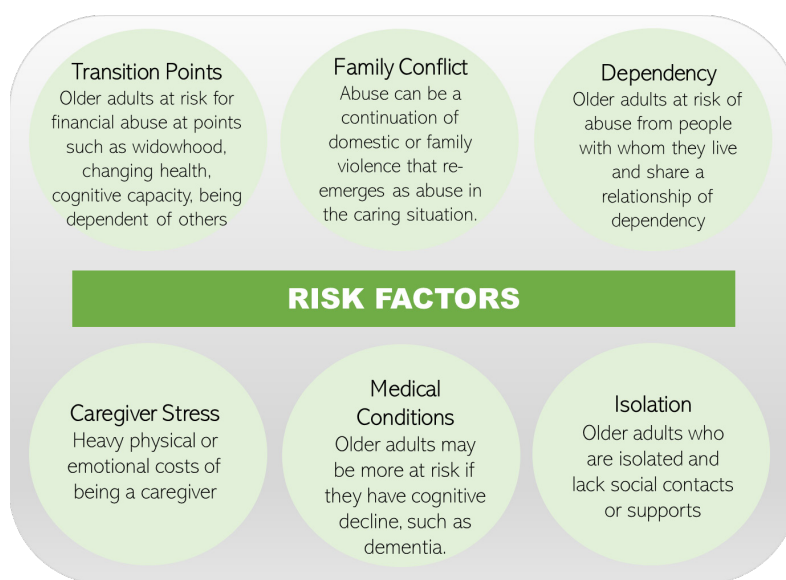
What Makes an Adult Vulnerable to Abuse and Neglect?

Risk factors are defined as experiences, behaviours, aspects of lifestyle or environment or personal characteristics that increase the chances that older adult mistreatment will occur⁴. A number of studies have examined risk factors associated with older adult abuse and neglect, where the commonly identified risk factors include: dependency on others for financial, social, housing or care support; cognitive impairment (dementia and Alzheimer's); psychiatric illness or depression; substance abuse; physical or functional impairment or acute or chronic illness; conflict with family and friends; or, social isolation or exclusion. Lack of money can make a senior vulnerable to abuse or neglect, but also the significant financial resources that some seniors enjoy, in particular a mortgage-free principal residence, can put them at risk of financial abuse when the other risk factors are considered.

³ ibid

⁴ Retrieved <https://www.ncbi.nlm.nih.gov/books/NBK98788/>

Figure 1: Risk factors for abuse and neglect of vulnerable adults



Who are the Abusers?

Abuse and neglect can be perpetrated by many people who touch a senior's life. Most reported cases of senior victims of abuse and neglect involve a family member, but other perpetrators can include:

- Friends and neighbours
- Those providing household services
- Care providers (either at home or in a facility)
- Those in a position of trust such as a financial advisor
- Other residents of a facility
- Complete strangers who target vulnerable seniors

Recognizing Abuse

While abuse can be well-hidden, many signs could indicate something is not right in a senior's life. It is important for those who come into contact with seniors on a regular basis, such as health care professionals, to recognize some of the common signs of abuse and neglect:

- Physical signs of abuse such as fractures, bruising or burns including unusual patterns or location of injury
- History of unexplained accidents or injuries
- Behaviours that provoke fear of violence, isolation or diminish a person's dignity or self-worth
- Lack of money for necessities when income appears to be adequate

- Being agitated, anxious or fearful of being alone with a specific person
- Change in social patterns, interactions and buying habits
- Signs of being unkempt or not well nourished
- Excluded from social gatherings, inaccessible to family members or long-term friends
- Sudden withdrawal of money; unexplained or forced changes to legal documents such as property titles, wills, powers of attorney or representation agreements

3. What Protections Exist for B.C. Seniors?

As with all Canadian citizens, police services including the RCMP provide protection to B.C. seniors when it comes to physical assault, financial fraud, property damage and theft, as defined by the Criminal Code of Canada. Much of the reporting, investigation and outcome resolution, however, for seniors' abuse and neglect is carried out under provincial-level legislation dealing with adult protection.

The legislation that deals most directly to protect vulnerable seniors who experience abuse and neglect in this province is the *Adult Guardianship Act (AGA)*. Part 3 of the *AGA* provides the legal authority to ensure that adults who require protection from abuse or neglect have access to support and assistance. The *AGA* establishes a legal framework for Designated Agencies in the province and gives them the authority to respond to reports of abuse and neglect including the power to investigate, or if necessary, take steps to protect the adult. Part 4 of the *AGA* enables the Public Guardian and Trustee (PGT) to appoint any public body, organization or person as the designated authority responsible for adult protection. In B.C., the Designated Agencies are the regional Health Authorities, Providence Health Care, and Community Living B.C. (for adults with developmental disabilities).

The guiding principle of the *AGA* is that adults are presumed to be capable of making decisions and are entitled to live in the manner they wish and to accept or refuse support and assistance as long they do not harm others. Under the *AGA*, adults are presumed to be capable of making decisions about their personal care, health care and financial affairs until the contrary is demonstrated. An important principle of the *AGA* is that all adults receive the most effective but least intrusive form of support, assistance and protection when they are unable to care for themselves or their assets.

The *AGA* authorizes the Public Guardian and Trustee of B.C. (PGT) to investigate concerns about financial abuse, neglect and self-neglect when it has reason to believe an adult is not capable of managing their own affairs. The PGT also operates under the *Public Guardian and Trustee Act and Regulations* and other legislation that guide its duties and responsibilities including the *Health Care (Consent) and Care Facility (Admission) Act*, the *Patient's Property Act* and the *Representation Agreement Act*.

Part 3 of the *AGA* designates agencies to investigate reports of adult abuse, neglect and self-neglect. This mandate requires a Designated Agency to follow up to determine whether (a) the adult is experiencing abuse or neglect and (b) is unable to seek support and assistance because of a physical restraint, a physical handicap that limits their ability to seek help or illness, disease, injury or other condition that affects their ability to make decisions about the abuse or neglect. If an adult meets

these two criteria, the Designated Agency must use the most effective and least intrusive forms of support.

Under the *AGA*, tools are provided for Designated Agencies to exercise their authority to investigate and respond to reports received under Sec. 46 of suspected abuse, neglect and self-neglect of vulnerable adults. These tools include:

- Power to gather information to determine if the adult is abused or neglected and is unable to seek support and assistance.
- Under Sec. 59 (Emergency Assistance), the ability to take urgent action to protect the vulnerable adult from harmful situations if there is imminent risk to preserve the adult's life, prevent serious physical or emotional harms, and protect the adult's money or property from loss or damage, especially when the adult is not capable of giving or refusing consent.
- Ability to apply for court orders, including: access order; warrant to enter any premises to interview an adult and examine an adult to determine if health care should be provided; interim restraining order; and support and assistance order.

There are also tools and mechanisms available under other legislation that a Designated Agency can use to support and protect a vulnerable adult, including: *Mental Health Act* (which allows for involuntary admissions to a hospital or other care/treatment facility under certain circumstances), *Representation Agreement Act* (which allows adults who are capable to name a representative for their health care and financial decisions), *Health Care (Consent) and Care Facility (Admission) Act* (which governs health care and/or admission to health facilities and the need for consent), *Patients Property Act* (which allows for appointment of a committee when a person cannot manage themselves and/or their affairs) and *Enduring Power of Attorney Act* (which provides for individuals to create a power of attorney which comes into effect when the adult is incapable).

4. Prevalence of Seniors' Abuse and Neglect

Estimates of the prevalence of seniors' abuse and neglect vary widely. A 2017 World Health Organization (WHO) global study found that approximately one in six seniors over age 60 will experience some type of abuse and neglect. Older people are often afraid to report cases of abuse. The OSA's 2020 survey found that 1 in 4 British Columbians witnessed abuse or neglect of a senior in the past, but only 47% reported their concern. In Canada, a 2015 national survey found that 8.2% of adults 55 years and over experienced some form of mistreatment: 2.2% were physically abused; 1.6% sexually abused; 2.7% emotionally abused; 2.6% financially abused; and 1.2% neglected⁵. The most common perpetrator among physical abusers was a spouse followed by a child or grandchild. The OSA survey on the public's awareness of seniors' abuse and neglect in B.C. found that 68% of respondents witnessing abuse or neglect of a senior, reported the family member as the perpetrator.

Together, these study estimates (WHO, OSA survey and 2015 national survey) would suggest that between 80,000 and 247,000 older adults in B.C. will experience some form of abuse or neglect, much of it on-going. These numbers are in contrast to the number of cases actually reported to the various organizations that receive reports of senior abuse and neglect each year, leading to a conclusion that adult abuse and neglect is under-reported.

British Columbia

In B.C., there is no central organization to collect data on reports of seniors' abuse and neglect. However, a number of organizations receive these reports, each with its own data collection methods, definitions and systems. Between these organizations, there is likely duplication of reported cases, as reports may be made more than once or be referred from one organization to another. Nonetheless, these are the only data available that provide a picture of what is reported in B.C., leaving a significant gap in what we know and don't know about seniors who are abused and neglected. Consequently, these data should be interpreted with caution.

The OSA's annual *Monitoring Seniors Services* report brings together the available data from organizations that receive calls about seniors' abuse and neglect. Table 1 shows data over a five-year period from Designated Agencies, RCMP, Vancouver Police, Office of the Public Guardian and Trustee (PGT), Seniors Abuse and Information Line (SAIL), and BC211, where data is available.

⁵ Lynn MacDonald, et al. *Into the Light: National Survey on the Mistreatment of Older Canadians*. National Institute for the Care of the Elderly (NICE), 2015. p. i

In 2020/21, just over 9,000 calls and referrals related to seniors' abuse and neglect were received by the various organizations in the province. This aggregate number should be interpreted carefully due to reasons stated earlier, but it does provide a picture of the reporting occurrence in the province.

Table 1: Number of Abuse and Neglect Reports by Organization for Seniors Aged 65+, 2016 to 2020

Agency	2016	2017	2018	2019	2020
Designated Agencies					
Abuse, neglect and self-neglect involving seniors	n/a	n/a	1,031	1,911	1,533
Open cases	n/a	n/a	67	197	235
Closed cases	n/a	n/a	962	1,714	1,298
Confirmed cases	n/a	n/a	530	760	688
Unknown	n/a	n/a	2	0	0
RCMP					
Victims of violent crime	986	1,095	1,153	1,672	1,668
Fraud	2,618	2,454	2,422	3,046	2,413
Vancouver Police Department					
Physical abuse against seniors	144	173	183	234	269
Financial abuse	202	257	253	267	301
Seniors Abuse and Information Line (SAIL)					
Abuse-related calls	1,583	1,546	1,346	1,580	1,664
Agency	2016/17	2017/18	2018/2019	2019/2020	2020/2021
Public Guardian and Trustee					
Number of referrals involving seniors	1,243	1,186	1,270	1,232	1,106
BC211					
Abuse-related calls	326	300	408	347	425

Source: Monitoring Report 2021

Highlights

Designated Agencies are designated under the *AGA* to investigate and respond to reports of adult abuse and neglect. Designated Agencies' data has only been available since 2018 and challenges remain with providing reliable and comparable information. However, the data that are available for seniors aged 65 and older shows:

- An 49% increase in reported cases over the last 3 years.
- In 2020, there were 1,533 suspected cases of abuse, neglect and self-neglect reported; 1,298 of these were closed at time of reporting and 235 were still open.

- Of the 1,298 closed cases:
 - 53% of cases were confirmed to be abuse, neglect or self-neglect.
 - Most cases were reported by healthcare providers (32%), family members (12%), provincial services (8%), community services (6%), members of the public (4%) or friends (3%). The relationship of the reporter was unknown for the remaining 35%.
 - In 22% of cases, the relationship of the suspected abuser to the senior was the adult child and in 15% of cases, it was the spouse/partner, other family member or friend.
- Of the 688 confirmed⁶ cases, 34% involved abuse, 22% involved neglect and 64% involved self-neglect of the senior.

Abuse reports to law enforcement agencies also show a pattern of increases over the five-year period. The RCMP and Vancouver Police Department (VPD) report crimes differently, leaving direct comparison of the two not possible. However, both agencies indicate an increase in crimes against seniors:

- RCMP data shows a strong indication of significant increases over time in reports of violence against seniors.
- VPD's data indicates an 87% increase over five years in physical abuse against seniors, and a 49% increase in the number of cases of financial abuse.

Referral and information lines also show an increasing number of calls related to seniors' abuse and neglect:

- SAIL's abuse-related calls show a significant increase in complexity, with about 79% of calls in 2020 indicating moderate to severe harm. In 11% of those cases, the abuse had continued for more than five years.
- BC211 call data shows an increasing trend over five years. In 2020/21, 50% of calls to BC211 were from the senior themselves, 34% from family or friends, 7% from other agencies and 9% from unknown/other.

The number of cases referred to PGT that involved seniors has slowly declined since 2018/19 from 1,270 to 1,106 in 2020/21.

- In 2020/21, 53% of cases involving seniors proceeded to investigation.
- 71% (419) of these cases involved individuals aged 75 or older.

⁶ More than one type of abuse, neglect or self-neglect can occur in one case

Overall, the pattern shows increasing levels of reported abuse and neglect that are part of a five year trend. During the 2020/21 years, some reports were down slightly as the impact of pandemic-imposed restrictions reduced activity levels in both the community overall and, specifically, in some of the agencies. The cumulative effect of the pandemic will likely be observed more in the 2021/22 reports and it is expected that will show increases in all sectors.

Police Wellness Checks

In July 2021, the Seniors Advocate was asked to present to the Special Committee on Reforming the Police Act. The Advocates' presentation focused on a number of issues, including the role and accountability of police in responding to wellness checks for seniors in B.C. and the importance for police to have the appropriate knowledge, skills and training in responding to age-related health challenges in seniors, such as cognition and mobility issues.

There is no specific legislation in B.C. regarding the police and wellness checks. While many interactions between seniors and police fall under law enforcement, the importance of police wellness checks for seniors has evolved. For a number of reasons related to both safety and staffing loads at the designated agencies and other service providers, the referral to a wellness check as the first response to concerns of abuse and neglect has been increasing. This presents some challenges particularly with reporting, as wellness checks for seniors are not a distinct category of police reporting.

OSA Information and Referral – Abuse and Neglect

The OSA provides information about supports and services available to seniors and receives feedback from seniors on issues that matter to them. Concerned family members who contact the OSA about how they can protect their loved ones most often ask about neglect, including self-neglect, and financial abuse, as highlighted in the two Case Examples below.

Case Example

Mary's granddaughter contacted OSA regarding concerns about her 84-year-old grandmother's health and living conditions. Mary is legally blind and is recovering from stomach cancer. Her lifestyle has heightened her vulnerability to self-neglect. Mary lives alone in a rural community. She does not have reliable running water and entering her residence is challenging, due to hoarding. Mary is fiercely independent and does not want any assistance. While other members of the family are willing to help, Mary's situation is not seen as an emergency. OSA referred the granddaughter to the appropriate Designated Agency, explaining they could offer Mary assistance and determine whether she was capable of making her own care decisions. While the OSA was able to make the referral, there is no current system in place that will ensure there was an appropriate investigation and no means to capture the outcome.

Case Example

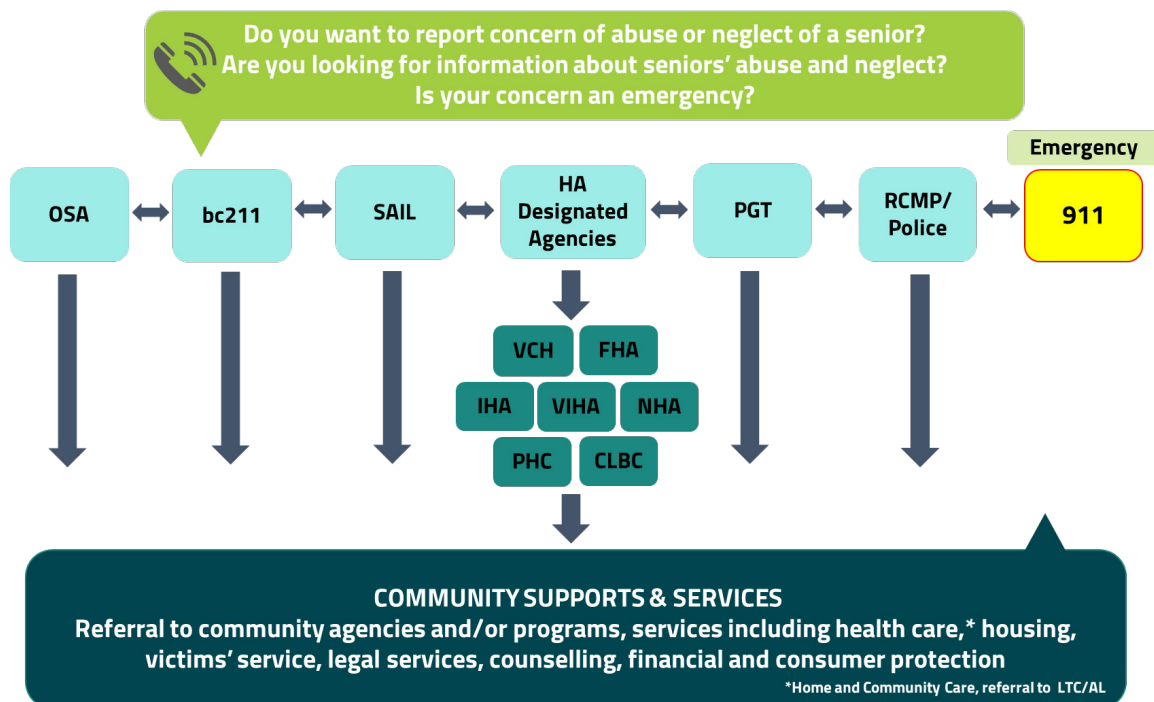
Financial abuse can result from a senior becoming involved in a scam perpetrated by a stranger, but more often it is inflicted by a close family member who takes advantage of the relationship. This was true of Ingrid who had allowed her adult son to move in with her when he lost his job. The son soon started to take advantage of Ingrid's trusting nature. By the time she phoned the OSA, he was taking money from her bank account and refusing to return it. Ingrid had previously put his name on her bank account so that he could assist her with managing her finances and she had made him Power of Attorney (POA). When she approached her bank manager, he said there was nothing he could do and referred her to the OSA. Ingrid was referred to SAIL and to the police. Because Ingrid was competent, neither the PGT nor the Designated Agency could become involved and the POA she granted made it difficult for the police to intervene. This was a complicated case; she would require strength and resolve to move forward with untangling her financial, legal and living situations.

5. How is Seniors' Abuse and Neglect Reported in B.C.?

Although there is no law requiring people to report abuse and neglect of older adults in B.C., it is important that individuals – whether a senior, a family member, a professional or a concerned citizen – know what seniors' abuse and neglect is, what signs to look for and who to contact with concerns. Awareness is the first step in effective reporting which is paramount to protecting vulnerable adults from abuse and neglect.

Currently in B.C., we do not have an active public awareness campaign highlighting the common signs of seniors' abuse and neglect nor do we have a central number or case reporting system that can reliably measure and report on cases of concern. However, we do have a number of organizations that provide information and referral to assist people in the reporting of abuse and neglect. This supports a reporting system of six designated agencies, the PGT, police, and the Seniors Abuse and Information Line (SAIL) (see Figure 2). These multiple pathways to report concerns, presents a challenge for the public as a caller might start with one organization, be referred to another and so on. It can also be challenging for those receiving the information as a concerned caller may not have all the details, but wants to call someone to look into the situation.

Figure 2: Reporting Pathways for Seniors' Abuse and Neglect in B.C.



Examining the current model helps to understand how well the pathways work from the perspective of a victim, concerned family member, friend or neighbour, including the role of key organizations/agencies that receive and respond to those reports. Note that some agencies are not legally required to receive and respond to reports, however, they provide information and refer callers to organizations that can investigate concerns.

Pathways to Help

Initial identification of a concern may be done by the victim themselves or by a family member, friend or neighbour, health or community professional (e.g., family doctor, dentist, bank employee, librarian) or a concerned citizen.

Perhaps the biggest barrier to addressing seniors' abuse and neglect is whether or not the victim is willing to talk about what is happening to them. They may be afraid of making the situation worse, do not want to cause trouble or may not acknowledge that they are being abused or neglected. If a senior victim or concerned individual decides to go ahead and report an incident, or simply seek more information about the options available, they may choose to contact one of several organizations. These organizations will either provide services directly to the senior, if appropriate, or refer the senior or concerned individual to one or more of the agencies that deal with adult abuse and neglect.

Organizations Responding to Abuse and Neglect

In B.C., a number of different organizations provide information and referral concerning seniors' abuse and neglect, in addition to the Designated Agencies, PGT and Police/RCMP who have a legal mandate to receive reports, investigate and respond to suspected incidents. As cases are often complex, and may involve more than one type of abuse, these organizations often work closely together.

Designated Agencies

Seven agencies in B.C. are designated with authority under the *AGA* to receive and act on reports of abuse, neglect or self-neglect of vulnerable adults:

Vancouver Coastal Health Authority	Fraser Health Authority
Island Health Authority	Interior Health Authority
Northern Health Authority	Providence Health Care
Community Living BC	

Designated Agencies are mandated to respond to reports of abuse and neglect for those adults who cannot seek help on their own (due to restraint, physical disability, illness, disease, injury, or any

condition that affects the ability to make decisions). They work closely with other community agencies to help those who suffer abuse and neglect. Each Designated Agency has designated responders who are health professionals trained to identify and report abuse and neglect.

Challenges faced by the Designated Agencies in responding to abuse and neglect include:

- Lack of public awareness that Health Authorities are also Designated Agencies and knowing the appropriate part of the organization to contact.
- Having appropriate trained staff to respond and investigate an issue that in addition to health-related concerns may include other major issues such as housing and finances.
- Needing to refer clients to community resources that may not be available, such as safe housing or counselling supports.
- Working with clients and their families to help them understand legal concepts such as capability or choosing to live at risk.

When a Designated Agency is contacted by health authority staff, a professional in the community or a member of the public, the case is referred to a designated responder who investigates, assesses the vulnerable adult's capability, and follows up with the vulnerable adult and their family. A more detailed description of what happens after a Designated Agency receives a report of abuse and neglect is provided in the next section of this report.

Public Guardian and Trustee

The PGT is mandated to assist vulnerable adults to get the help they need when they cannot manage their own legal or financial affairs. The PGT's goal is to intervene in the least intrusive but most effective of the possible options. For example, instead of automatically becoming the person's guardian, the PGT will first look to assign a substitute decision-maker from the individual's circle of family and friends.

After receiving a report of abuse and neglect, the PGT investigates an individual's financial and legal situation and creates a plan that takes into account their ability to manage their own affairs and what assistance they have from family or friends. Section 6 provides a detailed description of what happens when a report of suspected abuse or neglect is made to the PGT.

Police/RCMP

The RCMP and Community Police Services in B.C. are responsible for investigating crimes related to seniors' abuse and are often the first call if violence, theft or fraud by a person unknown to a victim is involved.

When police or RCMP become involved in incidents of abuse and neglect, several outcomes are possible. Some cases result in a perpetrator facing a criminal charge, but many cases involve working with the PGT, Designated Agencies and community services to ensure a victim has a safe environment and the needed supports.

Regardless of which organization takes the lead in investigating an incident of suspected abuse and neglect, a senior will often be referred to one or more community agencies to provide services such as safe housing to make them less vulnerable to ongoing abuse and neglect.

Seniors' Abuse and Information Line

The Seniors Abuse and Information Line (SAIL), run by Seniors First BC, is available 12 hours a day, seven days a week. Intake workers provide information about resources in a caller's geographic region and can refer clients to a range of programs, including Seniors First B.C.'s Victim Services and legal programs, and can refer to the Police/RCMP, Designated Agency and/or PGT, where appropriate. SAIL is funded by the Ministry of Health and its mandate is province-wide but it is less well known outside the Lower Mainland. Challenges for access by the public include initial awareness of the phone line, it not being available 24 hours and the organization's need for more resources to provide initial services and follow-up.

BC211

BC211 is a general information and referral service that also receives calls about seniors' abuse and neglect. Responders are trained to assess cases and make referrals to SAIL, a Designated Agency, PGT, Police/RCMP and community agencies. For privacy reasons, neither BC211 or SAIL can make direct referrals, but in emergency situations, they work with a victim to ensure direct contact is made with the Police/RCMP or Designated Agency. BC211 is available 24/7 and has an online directory of services available in communities throughout the province. Like SAIL, however, BC211 also faces the challenge of people being aware they offer information and referral services related to seniors' abuse and neglect.

Community Supports and Services

Community-based organizations, businesses, public bodies and the provincial government may also receive reports of abuse and neglect from their clients through their own programs and services

including seniors' centres, libraries, financial institutions, women's centres, food banks, transition houses, religious organizations, peer support groups or home support.

These programs and services may also refer or report to the previously discussed organizations dedicated to responding to seniors' abuse and neglect. One of the challenges faced by community organizations include staff knowing how to identify and report seniors' abuse and neglect if they suspect one of their clients is at risk.

An organization that can provide support and coordination to other community services is the BC Community Response Networks (BCCRN), funded by the Ministry of Health. BCCRN provides information about seniors' abuse and neglect and has an online directory of local resources available in B.C. communities. BCCRN offers prevention and education programs in partnership with community agencies and coordinates the efforts of local stakeholders to address concerns regarding adult abuse and neglect. BCCRN does not have a direct phone line, but its website provides contact information for the BCCRN coordinator in each region for referral to local supports. Currently, 81 Community Response Networks serve 233 B.C. communities.

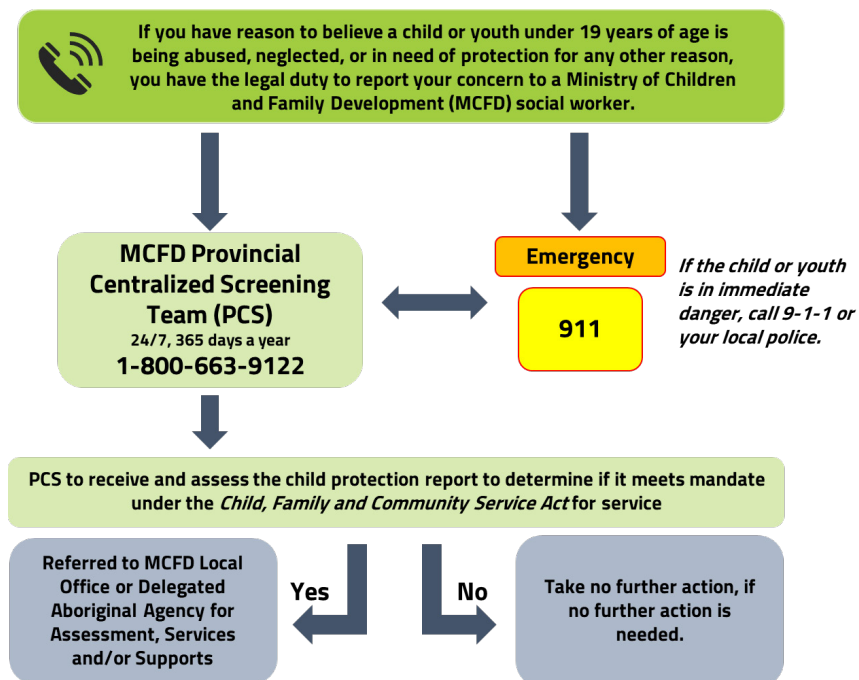
Challenges with the Current Reporting System

Not only is the current reporting system complex and not user-friendly, an overriding concern is the issue of risk: the inconsistencies in the system may result in calls dropped before they are properly investigated or calls referred inappropriately to a particular agency. Without provincial standards and monitoring, the current system cannot ensure that calls and reports are responded to in a timely, appropriate and effective manner. In addition:

- There is no regular public awareness campaign on reporting abuse or neglect of older adults or where to get help.
- Members of the public may not report an incident because they do not know how to do so, are reluctant to become involved, are concerned their identity will not be kept confidential or are uncertain that a senior will receive effective assistance.
- While several options to report abuse and neglect exist, many of them are not well known to the public. The most well-known option – calling 911 – is not always appropriate in a non-emergency situation resulting in an inappropriate and ineffective intervention.
- Reports can be made to several different organizations. While individual agencies can monitor a case over time, the lack of unique identifiers makes tracking and monitoring of cases challenging.

- Telling their story repeatedly to strangers as they navigate the referral system may be overwhelming for those reporting abuse and neglect, especially seniors. Seniors are often hesitant to share details; they may feel shame or that they themselves are somehow to blame.
- The multiple pathways, intake systems and tracking by different organizations – in contrast to the child protection reporting system – could lead to missed reports of abuse and neglect. The legal duty in B.C. to report suspected child abuse and neglect is supported by a Provincial Centralized Screening team whose primary role is to receive and assess child protection reports (see Figure 3).

Figure 3: Reporting Pathway for Ministry of Children and Family Development⁷



The current reporting system for abuse and neglect for adults which offers ten pathways to call, compares poorly to the pathway system for child protection, which centralizes all calls and simplifies navigation for the public. This may be one of the reasons we see such higher rates of reporting in the child welfare system.

⁷ This figure is based on information from the Ministry of Children and Family Development and adapted for illustrative purposes.

6. Responding to Reports of Seniors' Abuse and Neglect – Designated Agencies and the Public Guardian and Trustee

Designated Agencies and the Public Guardian and Trustee (PGT) have the legal authority under the *AGA* to respond to reports of the possible abuse, neglect or self-neglect of a vulnerable adult. What happens when a Designated Agency or the PGT receives a report of seniors' abuse and neglect? While responses will depend on the willingness of a vulnerable adult to accept supports to help increase their safety, it is important to understand what actions are possible.

The processes outlined below are carried out within the guiding principles of the *AGA* that:

- All adults are entitled to live in the manner they choose and can accept or refuse support as long as they do not harm others and are capable of making decisions.
- All adults should receive the most effective, but least intrusive form of support.
- The courts should not appoint guardians unless all other alternatives have been considered.

While part of the legislation is centred on the issue of capability and the adult's position in accepting or refusing treatment, the Designated Agencies focus on the vulnerability of the adult and how they can address the adult's needs and introduce the necessary supports through a care plan. Formal capability assessments and court orders are used only as a last resort if there appears to be no other means to keep the adult safe from harm.

Designated Agencies: Responding to Reports of Seniors' Abuse and Neglect

Below is a general description of the core function and may not represent all the functions of all Designated Agencies, as each agency has its own policies, procedures and process in support of their legislated obligations.

Receiving a Report at Intake

A report can be received by a Designated Agency in a number of ways: someone may call the central reporting phone line found in each provincial health authority; the adult may disclose to a Designated Agency staff member; or a staff member or physician may identify a concern during the delivery of care. Reports are made to the health authority where the senior resides. Relevant information about the vulnerable adult, details of the situation and other information from the caller is recorded. The identity of the person who makes a report is kept confidential. Note that Designated Agencies are required to report to the police all suspected crimes committed against adults who are unable to seek support and assistance on their own.

Assigning the Report

The health record of a vulnerable senior is reviewed to determine the program area responsible for coordinating and responding to the report. In the rare case where the senior is not a known client of the health authority, the program area that can best support the client will be assigned (i.e., Home and Community Care, Acute Care).

A program area assigns the report to a designated responder – individuals with adult protection training who investigate reports and, if necessary, intervene. Designated responders are health care professionals or clinicians whose primary role is to perform healthcare duties and come from a variety of backgrounds such as nursing, social work, or occupational therapy. Each health authority makes its own decisions as to which staff conduct adult protection investigations. Two health authorities have Designated Responder Coordinators, whose role is to assign reports to designated responders and support the program area doing the investigation.

Designated Responder: Conducting an Investigation

The goal of the designated responder is to determine two criteria in the *AGA*: whether the senior requires support and assistance due to abuse, neglect or self-neglect and, whether the senior is capable of seeking or refusing supports and assistance. The designated responder must:

- Follow up on the report and conduct an assessment, including interviewing the senior.
- Assess the urgency and level of risk and ensure the senior's safety from immediate harm.
- Collect collateral information (from family, interdisciplinary teams, community agencies, police, if necessary) to inform assessment and care plan.
- Document the assessment of abuse, neglect or self-neglect of the vulnerable senior and the assessment of the suspected abuser.
- Assess the vulnerable senior's ability to seek or refuse support to determine whether the senior meets the criteria as a confirmed *AGA* Part 3 case. Incapability assessments include cognitive function and executive dysfunction (i.e., planning and active problem solving).
- Assist the senior in obtaining services or refer the senior to available services.
- Apply appropriate tools under the *AGA* if necessary (i.e., emergency assistance).
- Determine whether the adult has a representative committee or Power of Attorney.
- Advise the most responsible physician of the situation and actions taken⁸.
- Submit reports as necessary to the PGT to safeguard the senior's assets.

⁸ Generally refers to the physician, or other regulated healthcare professional, who has overall responsibility for directing and coordinating the care and management of a patient at a specific point in time.

- Report crimes committed against vulnerable seniors who are unable to seek support and assistance to the police.

Outcomes of Investigation

Based on the assessment and investigation, the designated responder determines whether the senior is abused, neglected or self-neglected and whether they are able to seek support and assistance. The designated responder may do one or more of the following:

- Take no further action
- Refer the adult to available health care, social, legal, housing or other services
- Report the case to the PGT or another agency
- Prepare a support and assistance plan
- Apply for court orders (i.e., interim restraining order, appointment of committee of person)

Services, Supports and Assistance

In general, when a designated responder determines there is none or some risk of abuse, neglect or self-neglect and the vulnerable senior is deemed capable of seeking support and assistance, there may still be some need of regular healthcare and social service needs, such as home and community care, help from family members or other community support services.

In cases where it is determined that a case meets *AGA* Part 3, then similarly, the designated responder will take an inter-disciplinary team approach to develop a Support and Assistance Plan designed to address the safety needs of the senior found incapable of understanding the risks related to the abuse, neglect, or self-neglect⁹. The plan could include: removing the senior to a place of safety (i.e. transition house, respite bed or home of a trusted family member or friend); admission to a care facility; provision of specific health care; supervised residence in a care home; and, provisions for a restraining order for the adult who abused the victim.

If the senior is reluctant to accept the recommended plan, the designated responder will work with them to try and find an acceptable solution. If the responder feels the adult ultimately does not have the capability to make a safe decision about the plan, the responder may apply for a Support and Assistance Order. Before the responder can make the court application, however, they will work with the PGT to request an assessment of incapability.

⁹ Section 53 of *AGA*

On-going Monitoring and Follow Up

Where the senior has accepted service and supports from the health authority, there is on-going involvement by healthcare program staff to implement the support plan and monitor the well-being and situation of the senior.

Financial Abuse of a Vulnerable Senior

When a Designated Authority receives a report of financial abuse of a senior, the next steps are to determine whether the victim is being financially abused, whether the victim's assets are at risk and whether the senior is capable of seeking support and assistance (i.e., meeting both criteria under Part 3 of *AGA*). The designated responder may need to contact and work with the PGT, coordinate a financial competency assessment, contact the financial institution to confirm concerns and determine whether the senior has a Representative, Committee of Estate or Power of Attorney.

If the vulnerable senior is considered capable of seeking supports and assistance, the designated responder may refer the adult to community support such as SAIL. The designated responder will also recommend they protect their assets by referring them to their financial institution for assistance to safeguard their finances and by providing information about arranging a Representation Agreement or a Power of Attorney.

Public Guardian and Trustee - Responding to Reports of Seniors' Abuse and Neglect

The PGT supports adults 19 years of age and older for whom there is a reason to believe they may not have the mental capability to manage their own personal financial and legal affairs¹⁰. Since abuse and neglect can take many forms, the PGT often works closely with the Designated Agencies and community support agencies to ensure an adult receives the appropriate services. The following is a brief overview of the PGT's response to what are often complex and challenging situations.

Receiving a Report

The PGT receives and responds to reports of concerns about the financial and legal affairs of adults in vulnerable circumstances. When the PGT receives reports or allegations of financial abuse, neglect or self-neglect, information is gathered to determine if further investigation is required (see Appendix 2). The PGT can receive reports of possible seniors' abuse and neglect from a number of sources, including:

- The client themselves
- A family member or friend

¹⁰ <https://www.trustee.bc.ca/Documents/adult-guardianship/Assessment%20and%20Investigation%20Services.pdf>

- Financial institutions
- RCMP/Police
- Designated Agency
- Other community organizations

Those making a report can receive information about PGT services and possible options to proceed either by phone or on the website and can then choose whether to make a formal referral. Those wishing to make a referral to the Assessment and Investigation Services division are encouraged to complete a referral form that includes basic medical referral information, financial details and a description of the problems or concerns.

Investigation

After carrying out a preliminary review, the PGT may start an investigation if there is a reason to believe the adult is not mentally capable, there is a specific, urgent or immediate need to protect assets and there is no other suitable person willing or able to assist. As part of an investigation, the PGT will determine whether:

- Options can be put in place to protect and manage the adult's financial affairs
- The adult faces serious enough risks that would require a substitute decision-maker to be appointed.
- An existing substitute decision-maker is not fulfilling their legal duties

The scope of each investigation can be very broad and will depend partly on the perceived risks faced by the individual. The PGT has the authority to collect all information related to an individual's ability to manage their personal, legal and financial affairs. The adult will be kept informed as the investigation progresses, is consulted on the possible options, can identify people who can assist and can provide suggestions for managing their affairs.

Possible Outcomes

Several outcomes to a PGT investigation are possible, including, but not limited to:

- Providing information about suitable community resources.
- Providing information about appropriate planning options such as representation agreements or powers of attorney.
- Working with a possible substitute decision-maker to obtain the necessary authority to manage the adult's affairs, including the option to become the adult's committee of estate.
- Obtaining the necessary authority to directly manage the client's affairs.

- If assets are at risk under the current substitute decision-maker, trying to rectify the situation or replace the decision-maker.
- Referring the adult to the Designated Agency if they are not capable of seeking assistance on their own and the PGT suspects possible abuse or neglect.

Challenges with the *Adult Guardianship Act*, the Role of Designated Agencies and Public Guardian and Trustee

When the *AGA* came into effect over 20 years ago, the development of provincial guidelines, standards and policies did not follow. Although Designated Agencies and the PGT have worked both individually and in collaboration to fulfill their mandated roles, several challenges remain, including:

- Although the *AGA* identifies Designated Agencies to follow up and respond to adult protection matters, it fails to state who within the agencies should have responsibility or which professionals are to fulfil the role of a designated responder. The *AGA* does not provide guidance on credentials, training or clinical supervision in adult protection nor does the provincial government.
- Each Designated Agency has created a different organizational structure, resulting in a variety of staffing, budget and processes across the province. The agencies appear to be consistently under resourced given the increasing numbers and complexity of cases.
- The lack of consistency and resources raises the issue of whether individuals who complete the health authority training and curriculum to be a designated responder have sufficient knowledge to undertake senior protection investigations. Although health care professionals are likely well-positioned to encounter vulnerable adults, their primary function is providing health care services in their daily practice. When a trained designated responder is asked to respond to a report, the time to review, assess and investigate is taken from direct health care duties. This may be operationally challenging if a case is complex and requires significant time to coordinate a response.
- The *AGA* does not provide specific direction to Designated Agencies on what to do and how to respond to reports of senior abuse and neglect. In addition, no provincial standards, policies, risk assessments or guidelines exist to ensure that Designated Agencies meet their legislative mandate. After 20 years, the *AGA* is now due for a full review. Both the Designated Agencies and the PGT support updating the legislation and ensuring that regulations and guidelines are created to reflect current standards and practice in adult protection.
- No standards exist to direct what information to collect at intake, what decisions must be documented, timeframes to complete an investigation or criteria to substantiate an alleged abuse or neglect. It is unclear what documentation is required if a report proceeds to a court

order or which information to collect at intake and how to document decisions and outcomes. Each Designated Agency has its own system and each collects information in different ways.

- As noted earlier, there is no consistent set of training procedures that all Designated Agencies must comply with, however, most have adopted or partly adopted the Re:ACT Adult Protection Worker curriculum and training that was developed in 2010 by Vancouver Coastal Health and Fraser Health Authority. Northern Health has recently adopted the Re:ACT curriculum and modified it for online learning that was informally launched in spring 2020.
- Both the Designated Agencies and the PGT are challenged to fulfil their mandates when they need to refer clients to community services, such as safe, appropriate housing, but the necessary supports are not available in the community.

The following case study is an example of the complex work carried out by Designated Agencies and illustrates the resources and knowledge needed to deal with the legal, health care and financial issues involved.

Case Example

Jim was an 83-year-old man with early dementia admitted to hospital following a verbal and physical altercation with his daughter and her spouse. He was so distressed by the altercation that he began vomiting severely. Although Jim disclosed to hospital social workers what had happened and that he was afraid to return home, when police were called, he stopped short of saying that he “feared” his daughter and son-in-law, resulting in the police being unable to pursue an investigation or a Peace Bond. Information obtained from police confirmed there have been many previous 911 calls to this senior’s home asking for assistance to protect him from the son-in-law over the last few years.

Although the police recognized Jim was frail and likely suffering from memory impairment, they did not seek a Peace Bond, but rather advised him to apply for a civil restraining order. As there were no protective orders in place he could not be discharged home alone. A Support and Assistance Plan was created and agreed to by all parties, and he was discharged to the home and care of his other daughter. Within 12 hours, however, the abusive daughter and son-in-law presented at the residence of the second daughter and another altercation ensued. Police were called again, and Jim was returned to hospital.

The daughter and son-in-law continued to try to see him in hospital and convince him to give them money and to leave against medical advice. The health authority then began legal proceedings to apply for a Support and Assistance Order and Restraining Orders under the AGA. This process involved three court appearances for the health authority and ended with a decision by the Judge that Jim was indeed a vulnerable person in need of protection under the AGA and was to be protected in future by a Restraining Order against his daughter and her husband.

This case illustrates several challenges in coordinating, investigating and responding to complex cases:

- the challenge that police services who, although acting to the best of their ability, may not have the training or mandate under the appropriate legislation to be able assist effectively
- the cost and use of an acute care hospital bed due to a lack of other safe, supervised accommodation options for a senior in this type of situation, and
- the need to allocate significant resources (i.e., legal fees and extensive use of health care staff) to a single case of this type to investigation, care planning, court appearances and documentation.

7. Awareness of Seniors' Abuse and Neglect – Provincial Survey

The OSA conducted a telephone survey in spring 2020 to measure the public's awareness and understanding of seniors' abuse and neglect in B.C. A total of 1,506 people completed the phone survey.

Overall

- 54% were under the age of 65 (18 to 64 years) and 45% were 65 years old and over.
- 60% were female and 39% were male; less than 1% did not report gender.
- 28% of respondents reported witnessing abuse or neglect of a senior in the past.
- Of those who witnessed abuse or neglect:
 - 70% witnessed psychological abuse, 61% financial abuse and 50% passive neglect,
 - 68% reported the abuser was a family member, and
 - 47% reported the abuse or neglect, while 53% did not report.
 - Of those who reported, 20% contacted a Designated Agency, 15% contacted the police/RCMP and 61% contacted other organizations.
 - Of those who did not report, 43% did not know who to report to.
- 95% of respondents would report abuse if they witnessed it; only 8% would report the abuse to a designated agency and the majority (55%) would report the abuse to the police.
- Approximately 32% of respondents knew a senior who had suffered a financial loss due to a fraud or scam. The most common type experienced was a telephone scam (54%), followed by misuse of funds by a person of trust (40%) and the senior being overcharged for goods and services (28%).
- Approximately 26% of respondents were aware of a senior who experienced financial abuse from a family member or friend, such as:
 - taking money without the senior's permission (58%),
 - the senior paying for a family member's expenses (i.e., rent, bills) (48%),
 - signing over ownership (property) to somebody else (29%), or
 - being forced to make changes to their will (30%).
- Seniors who experienced financial abuse from a family member or friend may have been dependent on that individual(s) for housing (33%), personal care and/or housekeeping (37%), social outings/transportation (45%), banking/finance (49%) or access to extended family (44%).
- Respondents were asked about their awareness of seniors' abuse and neglect. 69% reported seeing public information or education about prevention and awareness of seniors' abuse and neglect, primarily through newspaper/radio/television (76%), followed by social media/internet (34%) and government communications (32%).

- Respondents were also asked if they had heard of the following organizations that offer information and/or support regarding seniors' abuse and neglect. About 24% of older adults (65+) and 15% of adults under 65 were aware of SAIL.

Table 2: Awareness of Organizations

	65+ % (Yes)	<65 % (Yes)
Public Guardian and Trustee	44%	31%
Office of the Seniors Advocate	52%	33%
Victims' Services	77%	80%
bc211	23%	22%
Seniors' Abuse and Information Line (SAIL)	24%	15%
BC Community Response Network	16%	18%
Consumer Protection Agency	77%	72%
Better Business Bureau	93%	85%
Office of the Superintendent of Financial Institutions	26%	24%

- The highest level of awareness among respondents were the Better Business Bureau, Consumer Protection Agency and Victims' Services.

Overall, the survey found that there are varied levels of awareness and understanding of seniors' abuse and neglect. Many people were not aware of the primary organizations that receive calls of concerns of seniors' abuse and neglect such as SAIL and bc211.

8. What We Heard – Service Provider Consultation

The goal of the key stakeholder consultation process was to hear the views of those who work and volunteer in the area of seniors' abuse and neglect on the current system of response in B.C. To ensure wide representation, OSA consulted with 144 individuals representing 109 organizations in 25 communities. (See Appendix 1 for a list of participating organizations.)

Key stakeholders provided feedback on what is working well, the gaps in the current system and their ideas for improving the response to this important and growing issue. While the topics discussed have been grouped into categories, it is important to remember they often overlap in the lives of seniors, who may be facing more than one challenge at a time.

Public Awareness of Seniors' Abuse and Neglect

Lack of public awareness around seniors' abuse and neglect was raised as a major concern by many of our key stakeholders. While the work of BCCRN was mentioned as being helpful in terms of building local networks and providing community outreach in partnership with local organizations, it was felt that more work could be done by the provincial government in terms of a broad provincial-wide awareness campaign. Stakeholders mentioned the value of the projects funded previously by BCCRN but were concerned the projects received only one-time funding.

Several participants contrasted the lack of public awareness to child abuse or domestic violence where they felt the government and others had done a better job of making the public aware of the issues and how to respond appropriately. They identified the need for an ongoing and sustainably funded provincial campaign that should include signs to look for and information about who to contact for further information or to make a report.

Other than the police/RCMP, the organizations discussed in the previous sections on reporting and response are not well known to the general public and stakeholders identified this as a key area for improvement. Most members of the public are unaware of the pivotal roles played by organizations such as the Designated Agencies and Seniors First BC in responding to abuse and neglect.

An interesting aspect of the need for more public awareness was the idea that arose to help prevent abuse and neglect through an increased focus on the value of seniors in society and the empowerment of individual seniors. Some participants suggested public messaging directed at the perpetrators themselves, making it very clear that violating the health and financial well-being of the seniors in their lives would not be tolerated.

While there have been good awareness campaigns in the past, such as government brochures produced in 2014 or the Vancouver Police Department's Safety Awareness for Elders materials, these initiatives were only used regionally or did not receive ongoing funding. Participants stressed the need for simple, clear written materials as many seniors don't have access to the internet, and the need for translations and culturally sensitive material. It was suggested the best way to reach vulnerable seniors is through services they already use, such as libraries and seniors' centres.

Reporting

Section 4, *Prevalence of Seniors' Abuse and Neglect*, demonstrated the large gap between the number of estimated cases of abuse and neglect in B.C. each year and the number that are actually reported to an appropriate agency. Participants identified many reasons for this including a lack of knowledge about how to report, a reluctance to get involved, the increasing social isolation of seniors and the fragmentation of services.

Stakeholders felt the reluctance to become involved could be due to a lack of knowledge about what would happen after that. They felt reporting would increase if the public knew what types of questions they would be asked, if their anonymity could be assured, and that the senior would definitely be contacted and assisted. The issue of self-reporting is a sensitive issue in this area. Seniors are often hesitant to self-report for many reasons. As most cases of seniors' abuse and neglect involve a family member, seniors must feel supported in their decision to come forward, often after many years of abuse or neglect, to share their experience and deal with the perpetrator.

One of the issues raised by several participants was the hesitancy people may have in calling police about this issue. In the event of an actual emergency situation regarding a senior's safety they might call 911, but for general information about abuse and neglect or for the ongoing investigation of a less dangerous case, there is reluctance among some groups in the community to involve police.

Many community agencies also noted that low reporting has led to very little data being available about the issue, which itself has resulted in a lack of public awareness and few allocated resources. They also stressed that better tracking and monitoring of individual cases and overall data will allow it to be seen whether interventions are actually making a difference to seniors' well-being.

Participants also stated that seniors need one number to call with a live person (not an automated system) on the other end to answer their questions and concerns. A single access point for abuse and neglect or a hotline would ensure people know where to seek information and get help. Those who receive these calls must have the appropriate training to assess and respond to suspected abuse or neglect.

Navigating the System

The fragmented system of reporting and response outlined previously in the report was of particular concern when participants discussed challenges of frail and vulnerable seniors trying to get help. Even after a senior makes an initial report of an incident, they could be referred to other agencies and may need to retell their experiences several times. Participants also shared concerns that community agencies that provide services to seniors, including volunteers, end up becoming de facto social workers but do not have the appropriate training. This has placed a lot of pressure on staff and volunteers to deal with situations that they are not equipped to handle.

Participants shared many examples of the challenges seniors (or concerned family members) may have in navigating the response system including:

- Seniors who experience abuse or neglect may not have the skills or insight to coordinate and organize services and supports.
- Seniors are often confused in emergency rooms and may be particularly anxious if their reason for being there includes abuse. Similarly, when they are discharged from hospital, they often need help navigating available community services.
- Seniors and those concerned about them should be aware not only of where to go for help if actual abuse or neglect occurs, but also how to access income supports and other services that can help them on an ongoing basis to ensure they are less vulnerable.
- Broader systems themselves (banks, health system etc.) are getting more complex and harder to access for non-technical seniors. For example, seniors may need help navigating the system when they face financial abuse as there are several options for redress depending on the type of fraud.

In terms of addressing this issue, stakeholders felt there should be more information provided to seniors about the options open to them and perhaps volunteers or outreach workers available to help them navigate the system, including continuity of care and more 'hands on' approaches. Others suggested having intensive case management teams to support isolated seniors.

The Role and Leadership of Provincial Government: Legislation and Services

Key stakeholders expressed their concerns about a lack of coordination and leadership from the provincial government with regards to seniors' abuse and neglect. For example, while the issue currently falls under the Ministry of Health, it is also strongly related to the work of other program areas including housing, social services and community policing. Participants pointed out that seniors' abuse and neglect does not have the same strong direction as provided to child abuse or domestic violence work.

Specifically, those stakeholders working closely with this issue feel it is time to review the *AGA* and related legislation and to introduce regulations and guidelines to ensure our response to this issue is consistent and reflects current practice. They believe updating and clarifying the legislation and regulations, together with the development of an overall provincial strategy, would result in better decision-making by Designated Agencies and police in this area.

The second area of concern regarding government involvement was the inadequate resourcing of programs and services for vulnerable seniors. For example, programs providing safe housing and adequate income need to be seen as empowering seniors who are then less vulnerable to abuse and neglect. While there is an overall need for safe, appropriate housing for seniors in general, there is also a significant need for senior-oriented transition and second-stage housing. Seniors at the lowest levels of government financial assistance may not have sufficient income for basic expenses, leading to self-neglect such as choosing not to fill prescriptions or install safety features in their homes.

Designated Agencies: Meeting the *AGA* Mandate

Designated Agencies are mandated to respond to adult abuse and neglect and need to be supported in their role by having consistency across agencies in terms of response, data collection and sufficient resources to fulfill their mandate. Participants were consistent in their feedback that while Designated Agencies continue to work together to ensure clients are provided with the best response possible within their legislated mandate, there is urgent need for provincial leadership. The last provincial strategy on this issue was the Together to Reduce Elder Abuse strategy of 2013 which described several initiatives but has not been fully implemented or updated.

In addition to the issues related to allocation of sufficient resources discussed in Section 6 in this report, *Responding to Reports of Seniors' Abuse and Neglect – Designated Agencies and Public Guardian and Trustee*, the Designated Agencies also face ongoing challenges in carrying out their work due to a lack of knowledge about the details of their role by the police, other professionals and members of the general public. As an example, police/RCMP are often much more familiar with their role under the *Mental Health Act* than they are with how they can provide support to Designated Agencies under the *AGA*.

The public is often unaware their local health authority also fulfills the role of Designated Agency for adult abuse and neglect and may therefore not access the services when they should. Members of the public who report abuse and neglect, and the victim themselves, often do not understand the regulations, services and concepts around this issue. For example, the requirement that a competent adult can choose whether or not to seek support may not be understood by those wishing the Designated Agency to intervene.

Gaps in Community Services and Supports

Most cases of abuse and neglect will eventually be referred to community services for follow-up and care. These supports are not available uniformly across the province and seniors in many smaller communities cannot access a broad range of services. Stakeholders identified a broad range of gaps in community services, including the need for more coordination between agencies, greater flexibility in response and better follow-up for those seniors who are facing abuse and neglect but do not meet the *AGA* criteria.

Often seniors may need services such as counselling for older adults to help them move forward but cannot afford to access them or the services are not available in a timely manner. An example of this is the need for legal redress for a case of fraud, but the person is caught between not qualifying for Legal Aid and not being able to afford private legal services.

Gaps in community services for specific groups can lead to vulnerability for abuse and neglect. For example, there can be a lack of support for seniors when they need to transfer between systems such as from Community Living BC to the health system. Another example is aged seniors leaving the corrections system and facing a lack of support systems and appropriate housing.

OSA heard from many people working in the system that one of the key gaps in community services is the need for safe housing. There is a lack of safe spaces to take a senior in distress. Homeless seniors will be discharged from hospital and sent to a shelter where they don't get the support and safety they need. Participants also told of the need for more women's shelters and affordable housing for seniors to live independently to be safe from harmful living situations.

Another area of concern identified by key stakeholders are the gaps in the system for housekeeping, shopping and maintenance. Better at Home was discussed as a good program that needs to be more widely available. A lack of these services can result directly in neglect, self-neglect and admissions to long-term care.

Front-line Training on Seniors' Abuse and Neglect

Appropriate education and training are key to ensuring abuse and neglect are responded to effectively in many areas of the community including Designated Agencies, those working with seniors in the community and seniors themselves. Specific mention was made by participants of the need to ensure all training includes sensitivity concerns as this is a difficult issue for most seniors to talk about, particularly for members of specific groups, such as immigrants and LGBTQ+ seniors, who are often marginalized and may not feel safe when talking to health care or other professionals.

Each Designated Agency provides training for those staff members – usually social workers or registered nurses – who respond to and investigate suspected cases of abuse and neglect in addition to their regular duties. They receive training in the policies, guidelines and processes developed by each agency to fulfill their mandate under the *AGA*. Several of the designated agencies use a robust adult protection training program called Re:Act developed by Vancouver Coastal Health Authority.

More challenging is the need to ensure that those professionals working in the community are adequately trained to identify and report seniors' abuse and neglect. This applies to both health professionals working in the community, such as family doctors, dentists and therapists, and to those working in non-medical professions who have daily contact with seniors. Examples of these people include bank tellers, librarians and recreation staff who may all have more regular contact with the senior than their health-related service providers. Information and education should be available for these groups to feel comfortable recognizing the signs of abuse and neglect, knowing where to seek more information and making a report if necessary.

Stakeholders made particular note of the need to ensure that volunteers who often come into contact with seniors are included in awareness and reporting training. A good example of this are the Meals on Wheels volunteers who are often the only contact an isolated senior may have in their day.

Finally, participants spoke about the growing need to provide education to seniors themselves, not only about how to identify and act on abuse and neglect, but also to empower them by ensuring they know how to protect their legal, financial and health decisions. By educating seniors to understand their rights and the alternate decision-making processes available to them, they become less vulnerable to family members and others taking advantage of them in the future.

Assisting those seniors who are affected by abuse, neglect or self-neglect is highly complex, and there are several emerging issues that participants see as becoming even more challenging in the future. Many organizations are dealing with more complex issues that increase vulnerabilities for seniors but may not necessarily fit in the *AGA* legislative 'box'.

Emerging Trends and Issues in B.C.

Self-neglect

Seniors who self-neglect is becoming a growing concern. Self-neglect may result from a number of factors including physical and/or cognitive decline, long-term or newly developed mental illness, isolation and low coping skills. There is a strong desire by most seniors to remain at home and/or return home as soon as possible from hospital, and sometimes the support needed for a senior to do so safely is not in place or the senior themselves is competent and does not want help.

Physical, Social and Cultural Isolation

Many seniors may be physically, socially, culturally and/or linguistically isolated from their communities and may therefore be easy targets for those who seek to prey on them. Increasing health concerns and loss of mobility may mean they are more dependent on those around them. In our technology-focussed world, seniors may be isolated from information sources and communication.

Online Security Challenges

Seniors who do use computers or who have limited awareness of internet security may be the subject of sophisticated financial and romance scams to which heightened social isolation has made them even more vulnerable. One example of the many financial scams which emerged in 2020 was a company offering to help seniors access COVID-19 pandemic benefits and required them to share their banking information.

Family Caregivers

One of the concerns highlighted by the COVID-19 pandemic, which is an ongoing and increasingly serious issue, is the plight of family caregivers. As the population ages and more emphasis is put on caring for seniors at home, family members and friends are expected to provide most of the care. Particularly during the pandemic isolation period, this has meant trying to manage with very little outside help and may have had serious repercussions for both seniors and caregivers in situations that were already bordering on abuse and neglect. In the coming years, a growing number of caregiver situations will see both the vulnerable senior and their caregiver children over age 65, requiring adequate supports and education to be in place to ensure all parties are safe.

COVID-19

Over the last year, stakeholders reported some of the trends mentioned above have been made worse as a result of the response measures introduced during the COVID-19 pandemic. Isolation, lack of access to services and financial issues have all been exacerbated during this time and may have increased the risk of abuse and neglect. Seniors are particularly vulnerable to abuse and neglect in times of crisis, whether it be a pandemic or any other type of national emergency¹¹.

¹¹ Gloria Gutman. Elder Abuse and COVID-19: Risk and Protective Factors. Canadian Network for the Prevention of Elder Abuse (CNPEA), June 10, 2020. Webinar.

The pandemic response has had a profound impact on all seniors, but especially on those who are considered among the most vulnerable in our society. While it is too soon for a comprehensive study on the relationship between the COVID-19 outbreak and seniors' abuse and neglect, some of the issues to be analysed include:

- The effects of self-isolating and social distancing
- Lack of home support and other in-home services
- Increase in uncertainty and anxiety
- Increase in caregiver stress
- Visiting guidelines in care facilities
- COVID-19 related closure and/or decrease in community services, such as Adult Day Cares
- Financial hardship
- Increase in fraud and scams directed at vulnerable and isolated seniors
- The effects of isolation in existing abusive relationships
- Increased opportunity for neglect and self-neglect

Case Example

Heather is a 73-year-old woman who lives alone in an apartment. She does not have any family members who are involved in her life. Heather was diagnosed with dementia and as a result she has a difficult time remembering everyday activities. She had previously arranged for her rent and utility bills to be paid directly from her bank account each month. As her dementia progressed, however, she also became less mobile due to arthritis and is now no longer physically able to leave her home to purchase groceries and other necessities. Heather has been relying on neighbours in the building to pick up groceries for her, drive her to her medical appointments, pick up her prescriptions and provide her with dinner a few nights per week. When the pandemic started, the neighbours became much less willing to help Heather because they were afraid of becoming ill themselves. Heather was not able to organize food or medications for herself and her health started to decline. It was not until the resident caretaker noticed that she had not picked up her mail for several days that he reported her condition to the local health authority, and they were able to organize Home Support, Meals on Wheels and Better at Home.

9. Moving Forward

Seniors' abuse and neglect is a complicated and far-reaching issue, covering many disciplines and affecting seniors lives in a number of profound ways. Such a complex problem has no single solution. While the number of seniors who are victims of abuse and neglect in B.C. is difficult to measure, as the proportion of seniors grows, and as factors such as isolation and homelessness also increase, the number of those 65 or older experiencing some form of abuse is clearly rising given the consistent five-year pattern that exists across several measurements.

This past year has unfortunately also confirmed that those seniors who are vulnerable to abuse and neglect during normal times, are even more so during a crisis. The research has not yet been done, but preliminary indications are that during the COVID-19 pandemic, cases of abuse and neglect among seniors will have increased and some relationships and living arrangements that were fragile at the best of times will have shattered under the strain of the situation.

While there are many agencies and individuals working to assist seniors who face abuse and neglect in this province, there is significant fragmentation of the system. There is no single agency to respond to seniors' abuse and neglect as there is for child abuse and neglect, no provincial strategy to address the issue as there is for domestic violence and no single number to call as there is for victim services and gambling support.

The lack of awareness of the issues by the general public and, often, by those who work with seniors, in addition to the inconsistency of available data to better inform the prevalence and nature of seniors' abuse and neglect, are woeful gaps in protecting seniors in this province. In addition, effective prevention and identification of vulnerable situations requires that education and training be available for those who regularly encounter seniors in their line of work or volunteer activity.

It is also important that the needs of many specific groups of seniors who face different challenges as they deal with abuse and neglect are responded to appropriately, including those who live in rural and remote areas, LBGTQ2+ individuals, immigrants, those with intellectual and developmental disabilities and those who do not have English as a first language.

Given the number of lives seniors' abuse and neglect touches across the province, improving the current system in B.C. demands leadership from government to ensure it is handled efficiently and effectively with a results-based focus.

To address these key issues, a number of steps must be taken, beginning with the development of a single point of contact – a 1-800 phone line or a three digit access number similar to 911, 811 or 211 to address the fragmentation of the reporting system and to improve the collection of data,

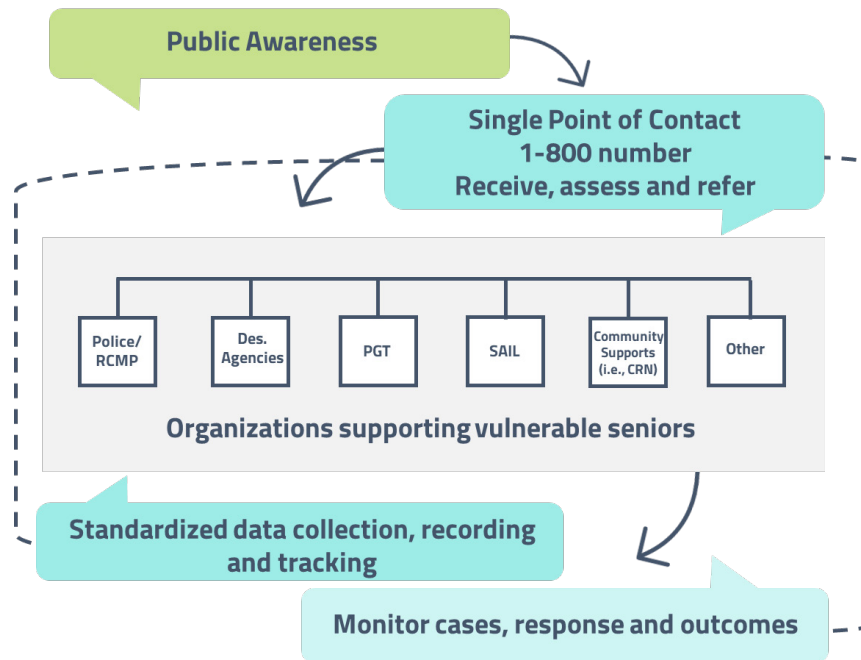
centralized case information and monitoring. A broad public awareness campaign around adult abuse and neglect, how to identify it and how to report it would support the new 1-800 line. Government has coordinated many awareness campaigns previously around such issues as gambling and adoption that have proven to be successful. The issue of seniors' abuse and neglect deserves this same public focus and strategy.

It is not difficult to see the need for long-term, comprehensive work to be done in all areas of seniors' abuse and neglect, whether it be addressing legislative changes or introducing an awareness program. Short-term or narrow responses that do not address the broader issues will not have a significant impact on the increasing incidents of seniors' abuse and neglect.

Actions that need to be taken are outlined in the following recommendations:

1. Develop and implement provincial standards of practice, policies and front-line training with appropriate skills, qualification and competencies to ensure a consistent and robust approach to respond to seniors' abuse and neglect in B.C.
2. Implement a province-wide public awareness campaign and training on seniors' abuse and neglect to ensure that the public, health professionals, and those who work with seniors have the knowledge and skills necessary to recognize abuse and neglect and know where to go to report and seek help.
3. Implement a central, single point of contact with one phone number to report calls of concern, that is managed by professionals trained in adult protection. This single point of contact will include a central information system and coordinate with organizations to record, document and track cases of concern, including monitoring cases for response and outcomes, and produce an annual public report.

Figure 4: Example of Single Point of Contact



4. Implement consistent data collection, methods, and definitions to record case information, track cases and monitor abuse and neglect cases.
5. Undertake a review of the *Adult Guardianship Act* and regulations to provide clarity and guidance on the specific practice that is required to protect adults.

Results of this comprehensive review of seniors' abuse and neglect identify the need for an overall provincial strategy to ensure the issues noted are addressed. Coordination and leadership from the provincial government is required, similar to what has been seen in the areas of child protection and family violence. We can build on the existing system to create a structure that will provide British Columbians with a clear path that they need to confidently report their concerns of abuse and neglect of our vulnerable adult population.

People want to help but they need the best information and tools possible. Working together, we will improve the lives of BC seniors in the years ahead.

Appendix 1: List of Participants

We would like to thank representatives of the organizations below for sharing their expertise and insights and we apologize to any we may have inadvertently omitted. These organizations represent over 100 key stakeholders who participated in the OSA's consultation process that informed this report. In addition, individual seniors came forward anonymously to share their experiences and we acknowledge their contributions as well.

411 Seniors Centre	Chilliwack Community Services
Abbotsford Assoc. for Healthy Aging	Chilliwack Elder College
Abbotsford Community Policing Office	Chilliwack Fire Dept
Abbotsford Coordinator Support Branch	Chilliwack Hospital
Adult Guardianship Provincial Advisory Committee (AG-PAC)	Chilliwack Older Adult Mental Health (PHA)
Advocate for Service Quality	Chilliwack Senior Peer Counsellors
Alzheimer Society of B.C.	City of Abbotsford
Ann Davis Transition Society	City of Chilliwack
Autumn Services Society for Senior Support	City of Delta
BC Adult Abuse/Neglect Prevention Collaborative (the Collaborative)	City of Kelowna
BC Association of Community Response Networks (BCCRN)	City of New Westminster Century House
BC Financial Services Authority	City of North Vancouver
BC Ministry of Health	City of Prince George
BC Ministry of Public Safety and Solicitor General	City of Richmond
BC Society of Transition Houses	City of Surrey
BC211	City of Vancouver Advisory Committee
Burnaby City Council	Collingwood Community Police Centre
Canadian Bankers Association	Comfort Keepers
Canada Outreach Pharmacy	Community Living BC
Canadian Network for the Prevention of Elder Abuse (CNPEA)	Community Safety Engagement City of Surrey
Canadian Centre for Elder Law (CCEL)	Comox Valley Community Justice Centre
CARP White Rock Surrey	Council of Advisors, Office of the Seniors Advocate
Cherryville Community Food Bank Society and Seniors Outreach Services Society	Council to Reduce Elder Abuse (CREA)
	Creston Valley Community Services Society
	Delta Police
	Delta Senior Planning Team
	Deltassist
	Diversity Community Resources Society

Enhanced Settlement Services for Women Program
Family Caregivers of BC
First West Credit Union
Fraser Health Authority
Fraser Valley Regional Libraries
Golden Community Services
Grandview Woodland Community Policing Centre
Hope Community Services
Interior Health Authority
James Bay New Horizons Seniors Centre
Kootenay Seniors Program through Nelson CARES Society
Ladner Advocacy
Multicultural Services, Surrey Libraries
Marpole Neighbourhood House
Marpole Oakridge Family Place
MLA Michael Lee Office
Mole Hill Community Housing Society
MOSAIC
New Westminster Police Department
North Kootenay Lake Community Services Society
North Shore Community Resources
Northern Health Authority
Office of Carla Qualthrough MP
Office of the Public Guardian and Trustee
OIC Investigations & Intelligence Division,
West Vancouver Police
OneSky Community Resources
Options Community Services
Primary Community Care Fraser Health
Prince George Council of Seniors and Meals on Wheels

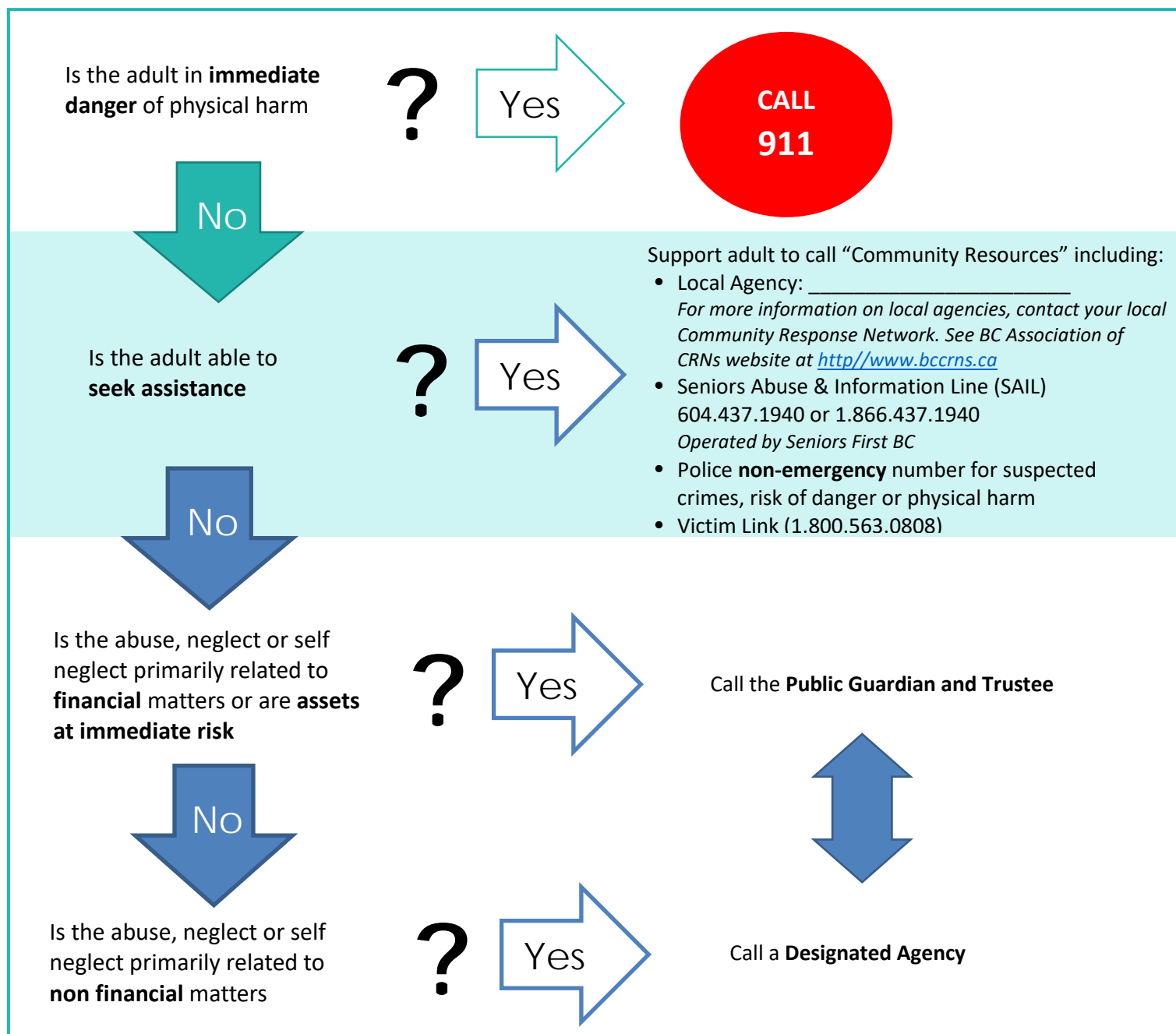
Prince George Native Friendship Centre
Progressive Intercultural Community Services Society
Providence Health
RCMP E Division
Richmond Addictions Services Society
Richmond Cares, Richmond Gives
Richmond Poverty Response
Richmond Public Library
Richmond Seniors Advisory
Richmond Seniors Society
Senior Century House
Seniors First BC
Seniors Services Society New Westminster
Seniors Services Society of BC
South Granville Seniors Centre
South Peace Community Resources Society
South Peace Seniors Access Service Society (SPSASS)
South Vancouver Neighbourhood House
South Vancouver Seniors Hub
SUCCESS BC
Sunshine Coast Community Services Society
Surrey Urban Mission
Tenant Resource & Advisory Centre
The Maples Residences
Valley Community Services
Vancouver Coastal Health
Vancouver Island Health Authority
Vancouver Police Department
Verve Senior Living
West End Seniors Network
West Vancouver Library
West Vancouver Police Department

Appendix 2: Public Guardian and Trustee Decision Tree

How to Assist an Adult Who is Abused, Neglected or Self Neglecting:

A Decision Tree for Effective Referrals for Adults in BC
Who may be Vulnerable and/or Incapable

For an introductory video to the law in BC on responding to abuse and neglect, and for information on how to use this decision tree, visit <http://www.trustee.bc.ca/reports-and-publications/Pages/Decision-Tree.aspx> and see page 2 for information about calling the police, Designated Agencies and the Public Guardian and Trustee (PGT). For more information on Designated Agencies, the PGT, and Community Response Networks (CRNs) see the PGT publication *Protecting Adults from Abuse Neglect and Self Neglect* at <http://www.trustee.bc.ca>



Police	Designated Agency: Regional Health Authorities and Community Living BC (CLBC)	Public Guardian and Trustee (PGT)
For a video on role of the Police, visit http://www.trustee.bc.ca/reports-and-publications/Pages/Decision-Tree.aspx	For a video on the role of Designated Agencies, visit http://www.trustee.bc.ca/reports-and-publications/Pages/Decision-Tree.aspx	For a video on role of the PGT, visit http://www.trustee.bc.ca/reports-and-publications/Pages/Decision-Tree.aspx
Governing Legislation:	Governing Legislation:	Governing Legislation:
<i>Criminal Code</i> RSC 1985 c. C-46	<i>Adult Guardianship Act</i> RSBC 1996 c. 6	<i>Public Guardian and Trustee Act</i> RSBC 1996 c.383
Why would you call?	Why would you call?	Why would you call?
You suspect a crime has occurred, might occur or someone is exhibiting behavior indicating a lack of wellbeing and unpredictability.	You are concerned that an adult is being abused, neglected or is self neglecting and is unable to seek support and assistance on his or her own due to: <ul style="list-style-type: none"> • physical restraint, • a physical handicap limiting ability to seek help, or • an illness, disease, injury or other condition affecting ability to make decisions about the abuse or neglect The adult may live in his or her own home, the home of a relative, a care facility, or any other place except correctional centres.	You have reason to believe that an adult is not capable of managing his or her financial and legal affairs and there is imminent risk to his or her assets. Concerns may include: <ul style="list-style-type: none"> • the adult appears to be under duress and going along with decisions he or she does not agree with • there may be financial mismanagement of an adult's financial affairs • the adult may not be able to look after his or her financial affairs and needs someone to make financial decisions • someone with authority to manage the adult's financial affairs may not be fulfilling his or her duties and responsibilities
Where should you call?	Where should you call?	Where should you call?
<ul style="list-style-type: none"> • Emergency - Call 911 if you suspect <ul style="list-style-type: none"> ○ Immediate risk to a person's physical safety, or ○ A crime is occurring • Local Police non-emergency Tel: _____ 	See www.trustee.bc.ca <i>Assessment and Investigation Services</i> for links to all Designated Agencies, or visit your Health Authority website (search abuse and neglect) <ul style="list-style-type: none"> • Local Health Authority Tel: _____ • Local Community Living BC (CLBC) Tel: _____ 	See www.trustee.bc.ca <i>Assessment and Investigation Services</i> for PGT referral form. Contact Information: <ul style="list-style-type: none"> • Toll free Tel: 1.877.511.4111 • Local Tel: 604.660.4507 • Toll free Fax: 1.855.660.9479 • Local Fax: 604.660.9479 • Email: AIS-HCD@trustee.bc.ca
What can you expect?	What can you expect?	What can you expect?
You will be asked to provide information about the nature of your concern, the adult you feel is a victim and any possible suspect(s). You can expect that some basic information about yourself will also be requested.	You will be asked to provide information about the adult and the nature of your concern.	You will be asked to provide information about the nature of your concern, personal information about the adult and any decision maker.
Actions May include:	Actions May include:	Actions May include:
<ul style="list-style-type: none"> • Attending the location • Dispatching special units where available • Visiting adult, gathering information and evidence which may indicate a criminal offence such as: <ul style="list-style-type: none"> ○ assault, sexual assault, ○ failure to provide necessities of life ○ theft, theft by power of attorney ○ fraud, forgery, extortion • Liaising with Designated Agency and/or Public Guardian and Trustee as required • Assessing for adult's wellbeing • Considering peace bonds, no contact orders • Referring to community resources • Considering/recommending charges 	<ul style="list-style-type: none"> • Interviewing adult and others • Requesting information • Offering support and assistance (includes referral to community resources) • Liaising with Public Guardian and Trustee and/or police as required • Reporting suspected crimes to police • Exercising emergency powers to enter and remove adult to a safe place • Obtaining a restraining order • Obtaining a court order for support and assistance 	<ul style="list-style-type: none"> • Gathering additional information • Requesting account information from financial institutions and current decision makers (attorney, representative, trustee, committee) • Liaising with Designated Agency, community services, or police, as appropriate • If urgent risk to assets, exercising protective powers such as: <ul style="list-style-type: none"> ○ stopping withdrawals or sale of assets ○ redirecting income for the adult's health or safety • Looking for an appropriate decision maker. If none, and a decision maker is needed, consider obtaining authority as Committee of Estate, or in exceptional circumstances, Committee of Person.
Developed in partnership by the Public Guardian and Trustee, RCMP BC "E" Division, Crime Prevention Services, and Fraser Health Authority © Public Guardian and Trustee. Licensed under CC BY-NC-ND 3.0 https://creativecommons.org/licenses/by-nc-nd/3.0/ . It can be used without asking permission, but must not be used for commercial purposes or altered in any way. For inquiries contact the PGT at mail@trustee.bc.ca . Readers are referred to their organization's accompanying training materials and organizational policies for making reports to the police, designated agencies, or the PGT.		

PHONE

Toll-free: 1-877-952-3181
Monday to Friday, 8:30am – 4:30pm
Interpretation services available
in more than 90 languages.

FAX

250-952-3034

EMAIL

info@seniorsadvocatebc.ca

MAIL

Office of the Seniors Advocate
PO Box 9651 STN PROV GOVT
Victoria, BC V8W 9P4

TWITTER

[@SrsAdvocateBC](https://twitter.com/SrsAdvocateBC)

FACEBOOK

facebook.com/SeniorsAdvocateBC



**BRITISH
COLUMBIA**



OFFICE OF THE
SENIORS ADVOCATE