

A Coordinated Community Response to Elder Abuse



Rural

Elder

Abuse

Prevention

Coalition

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Introduction and Background

Rural Elder Abuse Prevention Coalition

The Rural Elder Abuse Prevention Coalition commenced its three-year project in January 2016. REAP is hosted by FCSS Lamont County Region in partnership with the Town of Vegreville, Beaver County, County of Minburn, County of Two Hills & Flagstaff County. The purpose of this project is to complete a three-year research plan which outlines current resources, identifies gaps in service and streamlines community responses to Elder Abuse as well as advocates for Provincial and Federal support to address needs for service and education.

Program Coordinator- Our Program Coordinator was first tasked with spending countless hours in our community talking to local seniors and stakeholders to gather information and promote awareness of Elder Abuse. This project is made possible with financial partnership from the Alberta Provincial Government.

This document is part of the project begun by the Rural Elder Abuse Prevention Coalition in 2016 to explore, establish and articulate the individual and collaborative practices of organizations and community members that directly or indirectly serve people affected by Elder Abuse.

The Coalition exists to assist its members in working more cooperatively to continue to:

- Keep people safe from the direct and indirect impacts of Elder Abuse.
- Help strengthen each member agency's capacity to fulfill its own mandate with respect to addressing Elder Abuse.
- Develop ways to enhance interagency referral, communication, case-conferencing, and follow up support.
- Organize joint programs and activities addressing education and community empowerment (professional development opportunities; public awareness initiatives, etc.).

Vision, Mission, Scope & Logic Model

Vision:

Seniors will have the ability to protect themselves from potential abuse.

Mission Statement:

To provide a clear path to resources that will help identify, address and prevent Elder Abuse.

Scope:

The common approach applies to many sector areas including Government and non-government agencies, and all staffing levels. The approach will encompass a variety of services, including enforcement, intervention, referral and follow-up, treatment and counselling, and other related supports.

Program Logic Model:

Program/Project Title:	Rural Elder Abuse Prevention Coalition
Statement of Need:	<p>Our coalition has determined that there are barriers to seniors, community members and service providers about Elder Abuse as follows:</p> <ul style="list-style-type: none"> • There is not a single dedicated discipline that responds to elder abuse. • Seniors and community members lack knowledge about elder abuse and what it encompasses. • Isolation, dependency on an abuser and normalizing abuse are key issues that impact individuals from reporting elder abuse.
Overall Goal:	<p>Our coalition would like to achieve the following:</p> <ul style="list-style-type: none"> • Ensure that victims of Elder Abuse, seniors, community members and service providers are aware of confidential resources, supports and assistance available to respond to elder abuse. • Ensure that victims of Elder Abuse, seniors, community members and service providers <u>know</u> what Elder Abuse is including its varying forms.
Broad Strategy:	<p>Our coalition will address this community issue by:</p> <ul style="list-style-type: none"> • Hiring a coordinator to conduct a baseline evaluation of existing perceptions towards Elder Abuse and to provide an inventory of services.

	<ul style="list-style-type: none"> • Facilitate group consultations with seniors, community members, service organizations to further identify needs and service gaps concerning Elder Abuse and gain new partners for the coalition. • Link available resources and best practices to arrive at a locally driven response to Elder Abuse. • Determine a strategy to educate service providers for a collaborative response to Elder Abuse with an evaluation process built in at varying points throughout the project. 	
Rationale:	<ul style="list-style-type: none"> • If a person is better informed, then they will make better decisions for themselves. • If a person is aware of a resource available to them then they are more likely to access that resource. 	
Who is served?	<ul style="list-style-type: none"> • Seniors • Victims of Elder Abuse • Community members • Service providers • Businesses • Ministers • Victim Services • RCMP 	
Inputs:	<ul style="list-style-type: none"> • Partners • Staff • Volunteers • Grant funding • Resource materials paper/electronic • Equipment • Technology • Social media • Press releases • Information 	
Outputs:	<ul style="list-style-type: none"> • # of Reap Coalition meetings • # of reports developed • # of seniors and community members surveyed • # of Elder Abuse information presentations • # volunteer hours • # of documents developed • # of partnerships established 	

What is Elder Abuse?

Definitions:

For the purposes of this document and the created coordinated response the REAP Coalition has adopted the following definition:

“Elder Abuse is any action or inaction by self or others that jeopardizes the health and wellbeing of an older adult. It includes financial, physical, emotional, sexual, medication abuse and neglect. “

As defined by the World Health Organization

Financial Abuse is defined as:

The misuse of a person's funds and assets; obtaining property and funds without his/her knowledge and full consent, or in the case of an elderly person who is not competent, not in his/her best interests.

This is also known as material abuse.

Financial or material abuse can involve the theft or misuse of a person's money or property. It includes behaviors such as:

- Misusing a power of attorney,
- Persuading, tricking, or threatening the adult out of money, property, or possessions (and this includes attempts to do any of these);
- Cashing pension or other cheques without authorization;
- Use of the adult's money for purposes other than what was intended by the adult.

Many of these actions are crimes.

Justice Canada points out that financial abuse also includes *unduly pressuring** older adults to:

- Move from, sell or relinquish their home or other personal property
- Make or change a will
- Sign legal documents that they do not fully understand
- Change or keep their marital status
- Give money to relatives or caregivers
- Engage in paid work to bring in extra money
- Care for children or grandchildren.

Financial or material abuse against older adults may also include family or friends:

- Refusing to move out of the older adult's home when asked
- Sharing their home without paying a fair share of the expenses

Source:

http://www.vchreact.ca/read_financial.htm

Physical Abuse is defined as:

Physical abuse is physical force or violence that results in bodily injury, pain, or impairment. It includes assault, battery, and inappropriate restraint.

Physical abuse can involve any of the following violent acts:

- scratching or biting
- pushing or shoving
- slapping

- kicking
- choking or strangling
- throwing things
- force feeding or denying you food
- using weapons or objects that could hurt you
- Physically restraining you (such as pinning you against a wall, floor, bed, etc.)
- reckless driving

Source:

<https://au.reachout.com/articles/what-is-physical-abuse>

Emotional Abuse is defined as:

Any act including confinement, isolation, verbal assault, humiliation, intimidation, infantilization, or any other treatment which may diminish the sense of identity, dignity, and self-worth.

Emotional abuse is also known as psychological abuse or as "chronic verbal aggression" by researchers.

Types of emotional abuse include:

- Yelling or swearing
- Name calling or insults; mocking
- Threats and intimidation
- Ignoring or excluding
- Isolating
- Humiliating
- Denial of the abuse and blaming of the victim

Source:

<https://www.healthyplace.com/abuse/emotional-psychological-abuse/emotional-abuse-definitions-signs-symptoms-examples/>

Sexual Abuse is defined as:

Any non-consensual sexual contact.

Some of the signs of sexual abuse can include:

- sexual touching of any part of the body whether wearing clothes or not

- rape or penetration by putting an object or body part inside a mouth, vagina or anus
- forcing or encouraging an elder to take part in sexual activity
- showing the elderly person pornographic material,
- forcing them to watch sexual activity
- forcing them to undress.

Medication Abuse is defined as:

Any medical procedure or treatment that is done without the permission of the older person or his/her legally recognized proxy". It also refers to actions that are not within accepted medical practice. Examples include medication, prescriptions, or treatments without the person's consent, withholding medication, over-medicating (use of medical restraints), and forcing treatment.

Source:

<http://www.victimsofviolence.on.ca/research-library/elder-abuse/>

Neglect is defined as:

Active neglect is deliberately withholding basic necessities such as food, shelter, and clothing.

Passive neglect is usually the failure to care for the older person which is not deliberate. In institutions this may occur because there are fewer staff members and there is difficulty in helping the elderly quickly and efficiently. Family members may also be abusing the elderly through passive neglect because they do not have adequate training on how to care for an elderly person.

Source:

<http://www.victimsofviolence.on.ca/research-library/elder-abuse/>

The Coalition has also identified two additional forms of Elder Abuse which include systemic and violation of rights. Their definitions are as follows.

Systemic Abuse is defined as:

Rules, regulations, policies or social practices that harm or discriminate against older adults. Systemic abuse includes rules that have been developed for an apparently neutral purpose, but that hurt a person. Examples include restraints in wheelchairs or beds and use of incontinence pads rather than assisting an individual to the washroom.

<http://cnpea.ca/en/what-is-elder-abuse/forms-of-abuse?tmpl=components&print=1&page=>

Violation of Rights and Freedoms is defined as:

Interference with the ability to make independent choices. Examples include interfering with spiritual practices and traditions, withholding mail and/or correspondence, denying privacy, preventing visitors and dictating how to spend money.

<http://cnpea.ca/en/what-is-elder-abuse/forms-of-abuse?tmpl=components&print=1&page=>

Our Understanding is that:

- Elder Abuse occurs in a variety of relationships, including marriage, friendship, child to parent, relatives and community members as well as paid supports.
- Elder Abuse is centered in an imbalance of power within relationships. It involves the abuse of the power of an individual, to control the elder.
- Abuse presents in different forms, including financial, physical, emotional, sexual, medication abuse and neglect. Within these forms, abuse manifests itself in various ways and can be quite subtle and difficult to identify.
- Abuse usually escalates. It occurs over time and worsens over time. It is complex.
- Abuse is not limited to abusive behavior. It also occurs in attitudes and beliefs that give rise to or reinforce abusive behavior. Abuse often stems from a sense of entitlement.

Guiding Principles

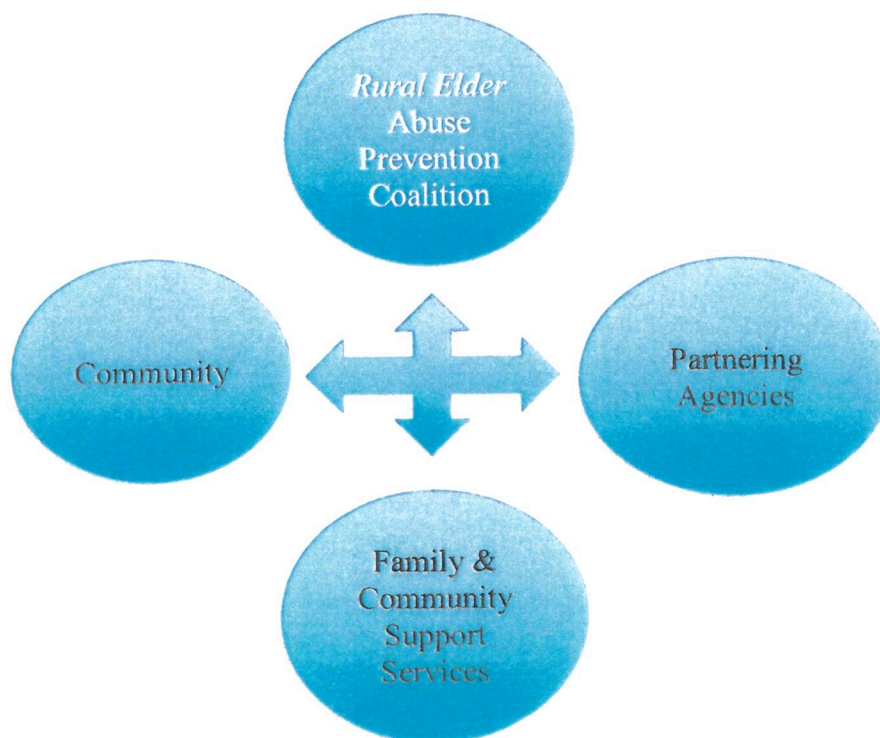
- It is the community's responsibility to work towards addressing and reducing Elder Abuse. Everyone has the right to live violence-free.
- Elder Abuse is not acceptable and will be approached as such. Elder Abuse is harmful to the individuals directly involved and is detrimental to the entire community. Our common approach to Elder Abuse balances harm-reduction and criminal enforcement.
- Change can only occur when "victim safety" and "offender accountability" are attended to.
- The safety and well-being of people who are directly abused will be at the forefront of all decisions regarding Elder Abuse intervention and support. This includes Elders who are exposed to and negatively affected by family violence.
- Legislation specific to Elder Abuse will be respected. Actions against a person that are criminal in nature and will be reported to appropriate authorities.
- When children are known to be living in a home where Elder Abuse is present (including post-separation abuse), Children's Services will be informed, as per provincial legislation.
- All agency staff will have a common understanding of Elder Abuse, including common or consistent training as feasible. Agency staff will have a solid awareness of the services that are available in the community. They will be familiar with and apply their own policies and procedures with respect to Elder Abuse. They will be familiar with the REAP Coordinated Community Response and utilize it as a guideline.
- Service agencies will work together to ensure the most effective response to Elder Abuse. Attention will be paid to timely referral and follow-up. Intragency cooperation and confidentiality (FOIPPA) will be balanced to ensure effective service, including victim safety and offender accountability.
- Agency mandates, policies and practices will be respected. At the same time, the internal workings of specific sectors will not be used to decrease the overall effectiveness of the common approach. Instead we will continue to work together to enhance our individual and collective effectiveness within the common approach model.
- We appreciate that Elder Abuse occurs within a context that may include different cultural and religious beliefs, and/or different education, employment and income levels. We are respectful of such differences and will show respect and concern to all people at all times. However, such differences will not be used to tolerate or uphold violence or abusive attitudes and behaviors.

The Coordinated Community Response

The Intent

The purpose of this document is to be utilized as a guide to participating communities to implement Elder Abuse prevention practices within their key organizations and to provide education and awareness to community members with encouragement to become active members in the process.

It is the hope of the Rural Elder Abuse Prevention Coalition that individuals, communities, agencies and participating Family & Community Support Services will band together to form a strong and sustainable network of support.



Definitions

For the purposes of the Coordinated Community Response the following will be defined as:

REAP: Rural Elder Abuse Prevention Coalition

CCR: Coordinated Community Response

Elder: A Community member who is 65 years of age or older (we acknowledge there may be exceptions)

Responders: Individuals who have received a report of elder abuse from their community.

Elder Abuse: As described on pages 5 through 7

Participating Agencies: Agencies who have signed the REAP Memorandum of Understanding committing to partner with the REAP Coalition in the CCR and its reporting processes.

REAP Reporting Agency: The Agency designated to collect reported data from participating agencies to be submitted to the REAP Coalition

FCSS: Family & Community Support Services.

Partnering Communities: Municipalities who have entered into the CCR by signing the Memorandum of Understanding and/or work closely with participating agencies within their community to support the CCR.

Reporter: Individual who brings forth a report of Elder Abuse. This may be the victim or a community member reporting on behalf of an elder who is potentially experiencing abuse.

The Process

The following is a step by step process to be utilized when receiving a report of potential elder abuse.

Responders

Step #1

First Point of Contact:

Responders will:

- Review and utilize the Initial Screening Tool in **Appendix I** when receiving the initial report.
- Document the information as outlined in **Appendix II – Questionnaire for Responders**.
- Determine the agencies to refer based on the information collected during the Initial Screening.

Step #2

Where to Refer:

Responders will:

For immediate risk of harm call 911 and proceed as directed.

For reports of potential abuse that are criminal in nature

- Contact the RCMP and proceed as directed.

For reports of abuse received from lodges, hospitals and other public facilities

- Contact *The Protection for Persons in Care Act* (PPCA) requires that every individual who has reasonable grounds to believe there is or has been abuse involving a client to report that abuse as soon as possible.
- Report abuse to the Protection for Persons in Care office

*To report abuse, call the PPC reporting line at 1-888-357-9339. NOTE: This line is not a crisis line and operates weekdays from 8:15 a.m. to 4:30 p.m.

For reports of suspected financial abuse

- Contact the Office of the Public Trustee at 780-427-0017

For reports of concern regarding suspected control of decision making

- Contact the Office of the Public Guardian at 780-422-9138

For instances where the nature of the abuse is unclear or simply suspected without required evidence to pursue legal reporting and/or at any time you are unsure as to how to proceed:

- Contact your local Family & Community Support Services or participating agency (See **Appendix I**) and proceed as directed.

Once the report has been received by the directed organization, the Responder may have the option to continue to provide support to the reporter during the next steps of the process. This will be a judgement call based on the Responder's qualifications, connection to the individual and policies and procedures of the referred agency.

Abuse is Reported

First Point of Contact: Responders



Is the Elder in Immediate Danger?

Yes



Call 911
Supports & Services will
be directed by the Police

No



Does the person live in a
lodge or hospital?



Yes



Contact Protection for Persons
In Care.

No



Contact Participating Agencies
(see Appendix 1)
* Family & Community
Support Services

Participating Agencies

- **Note:** Agencies at times may also be the first point of contact and therefore follow the initial process of the Responders.

Step #1

Receive the report:

Agency Representatives will:

- Receive the report from the Responder and ensure that the questionnaire has been completed.
- Complete a Consent to Release Information Form (See **Appendix VI**) with reporter to refer to other agencies.
- Commence documentation as per agency requirements.

Step # 2

Continued Support of Reporter:

Agency Representative will:

- Contact the reporter and provide additional and ongoing support as per agency guidelines which may include referral to additional resources within the community (See **Appendix IV**). Remember to complete a Consent to Release Information Form (See **Appendix VI**) with reporter to refer to other agencies.
- Complete the REAP Coalition Statistical Information Report (See **Appendix V**).
- If the Agency Representative receiving the report is not a Family & Community Support Services (FCSS) employee, forward the Reap Coalition Statistical Information Report to the local partnering FCSS agency.

Family & Community Support Services (FCSS)

- **Note:** In many instances the local FCSS may also be the Responders and/or the agency and will therefore complete all steps throughout the process.

FCSS Agencies will act as the REAP Reporting Agency and:

- Forward all statistical reports to the REAP Coalition as directed by the Coalition.
- Provide a minimum of 1 representative from the agency to attend the Coalition meetings as requested by the Coalition.

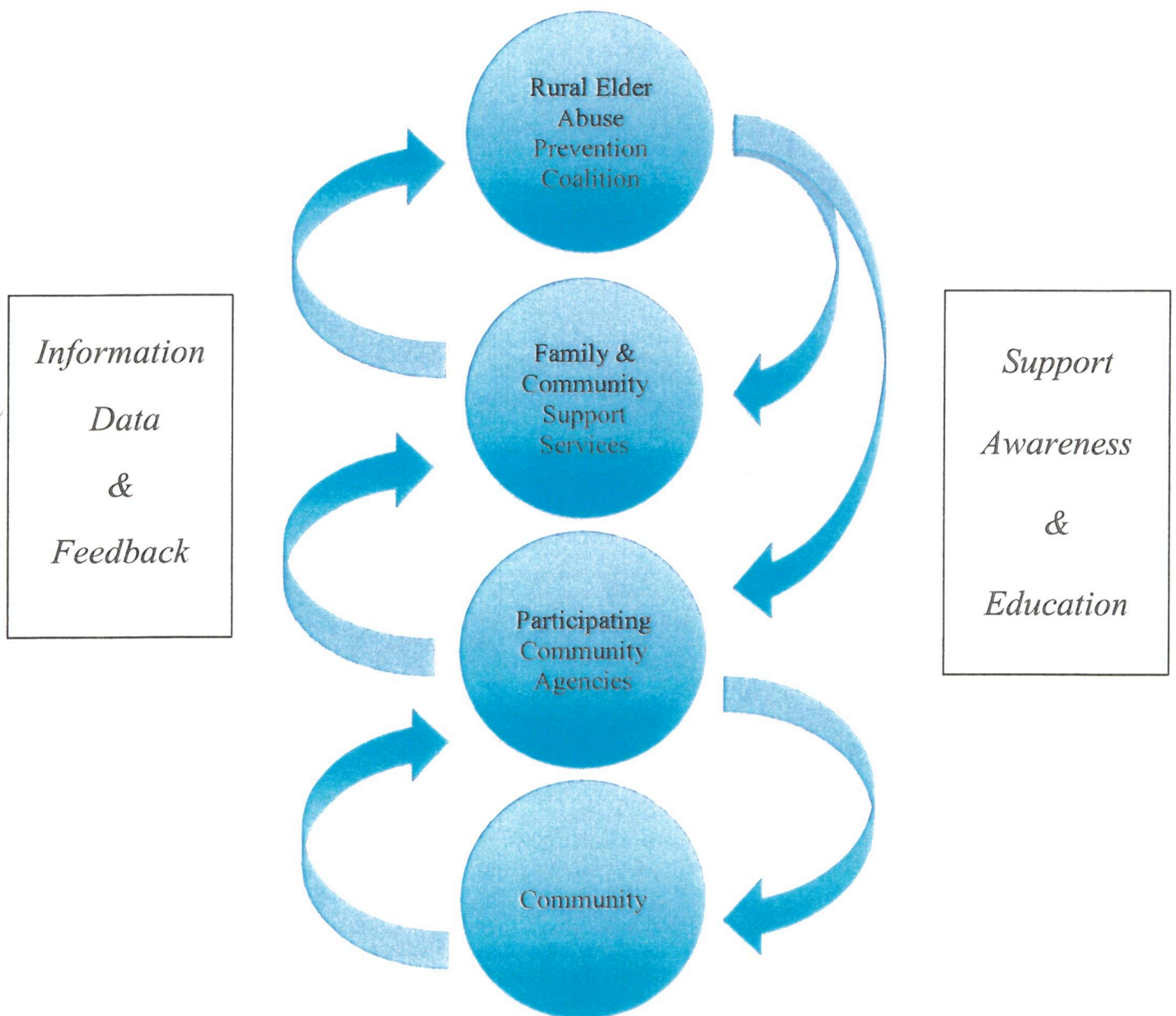
REAP Coalition

The REAP Coalition will:

- Meet a minimum of every 6 months.
- Review and compile the REAP Coalition Statistical Information received and review all information provided by participating agencies and FCSS.
- Provide data summary reports to participating Agencies, FCSS and municipal government bodies in Partnering Communities.
- Provide ongoing training to Participating Agencies and Responders as requested by Partnering Communities.
- Review the Coordinated Community Response every 12 months.

The Model

The REAP Coalition has developed the Coordinated Community Response Abuse to provide education and support to those affected by Elder Abuse. The following model summarizes the process of the Coalition to build and maintain strong sustainable partnerships within communities to ensure that support and education continues for years to come.



Appendix I

Initial Screening Tool

Initial Screening Tool

Who are the Responders?

- Addictions Counsellors (Applies to all counsellors and therapists)
- Emergency Room Nurses (applies to all other nurses, including public health)
- Family and friends; colleagues and acquaintances (of the abused and the abuser)
- Family Physicians & Emergency Room Personnel
- Lawyers
- Mediation Specialists
- Faith-based Leaders
- Personal Care Attendants
- Police and other Law Enforcement Personnel
- Social Workers
- Bankers
- Pharmacists
- Post Office Workers
- Local Business Workers
- Homecare Workers
- Public Members
- Whoever else might be working with the abused or the abuser in whatever capacity.

Recognizing the signs

Because Elder Abuse is not something people easily or willingly disclose, supporting others begins with educating one's self. Learn to recognize the signs that someone may be being abused or may be being abusive. The more signs you see, the more likely the issue is one of abuse.

Signs that a person may be abusive

- **Jealousy and Possessiveness:** Wants to be with Elder all the time; must know where Elder has been (and with whom) when not together.
- **Controlling behavior:** Questions Elder about friends and activities; Elder needs permission to do certain things. Justifies control with "concern" for Elder's safety and well-being.
- **Isolation:** Cuts Elder off from friends and family; limits use car, telephone, and internet; interferes with activities.
- **Blames others:** Won't take responsibility for behavior/feelings; blames others (boss, partner, family; partner's family, etc.).
- **Hypersensitivity:** The abuser is easily insulted and sees most things as personal attacks. He or she often looks for fight, or blows things out of proportion, and is unpredictable.
- **Dr. Jekyll and Mr. Hyde:** Frequent, sudden, and extreme mood changes; appears charming and rational to outsiders, but is nasty, controlling, mean-spirited and often outraged at home.

- **Verbal abuse of any kind; physical abuse of any kind; threats of any kind; harming property in any way:** All these behaviors create a controlling atmosphere based on fear, and intimidation.

Signs that a person may be abused

- **Unexplained signs of injury:** such as bruises, welts, broken bones, sprains, dislocations or broken eyeglasses or frames.
- **Restricted Access to elder:** Not being allowed to visit or talk to the older person; they may be isolated from the community, social services, and even from other family members by the abuser or Caregiver's refusal to allow you to see the elder alone.
- **Withdraws from others:** Reduces communication with family, friends, and colleagues; has little or no social life; stops attending events or participating in activities formerly enjoyed.
- **Personality and/or mood changes:** Seems more guarded; less outgoing; has mood swings; depressed and/or anxious; may seem more "hyper", "fearful", etc.
- **Won't make decisions:** Increasingly Indecisive; may be "flustered" due to eroding self-esteem; needs to ask or consult with suspected abuser about almost everything.
- **Health problems:** Reports of headaches, loss of appetite sleep disturbances. Unexplained Sexually Transmitted Infections.
- **Appears to be neglected:** Clothing and hygiene unkempt; missed appointments.
- **Limited access to money:** Rarely has money for personal spending; often says "can't afford" that; needs to ask partner for money; must justify or explain purchases (even groceries).
- **May hint about problems:** May refer to conflict or arguments in a relationship.
- **Evidence of over-medication or under-medication;** Reports of drug overdose or apparent failure to take medication regularly (a prescription has more remaining than it should).
- **Banking anomalies:** Significant withdrawals from the elder's accounts. Sudden changes in the elder's financial condition. Unpaid bills. Financial activity the senior couldn't have done themselves, such as an ATM withdrawal when the account holder is bedridden.
- **Suspected Theft:** Items or cash missing from the senior's household.
- **Unusual Legal Activity:** Suspicious changes in wills, power of attorney, titles, and policies. Addition of names to the senior's signature card.

Creating a Safe Context

- Abused people will usually avoid talking about the abuse for a long time. There are many things to consider if you suspect that abuse is happening.
- The person may be afraid to talk about what is going on.
- The person may be ashamed to talk about what is going on.
- The person may love his/her abuser and choose to deny or minimize the abuse.
- The person might think the abuse is normal
- The person might deny the abuse and get angry if questions are asked
- The person might want to be asked questions, so she can finally acknowledge the abuse, but without the risk or responsibility of bringing it up him/herself

It is important to create a safe, confidential context when asking someone about his or her situation. Bringing up the topic in a general way.

Asking the Questions

Frontline workers hearing (or nurturing) disclosures for the first time do not need a detailed assessment tool. Instead, a few key questions will suffice.

- The following questions are also given in an attached form, which may be photocopied for use with individual clients.
- You are looking for indicators of control and jealousy as well as physical abuse.
- The questions will be more or less applicable. Use your discretion.

- The person may volunteer information after the first few questions are asked. Listen carefully.
- An initial assessment should be short (five to fifteen minutes). It is not a counselling session.
- You are not required to provide direct services, including safety or refuge. Be honest about what you can and cannot do for the person at that time.
- You are required to provide information about accessing appropriate services. This requirement is sometimes a legal one; it is always an ethical one.

Questions for Responders

- How are things going at home? How is your relationship with your (husband/wife; brother, child, friend, etc.)?
- Have you ever been afraid?
- Has he/she ever harmed you physically (for example, shoved, kicked, choked/strangled, hit you or thrown something at you), or threatened to harm you?
- Have you thought about what you would do if he/she did harm you, or harmed you again? Do you have somewhere to go?

If applicable, provide contact information for services that can assist with safety planning and other types of support (see attached). Encourage the person to consider calling police. Police can help with immediate safety and decide about laying charges; charges are not the client's responsibility. Explain that the abusers need to be held accountable and get help for their behavior to change, and that police involvement is often necessary for this to occur.

Remember

- Everyone is legally obliged to report suspected child abuse to Alberta Child Services. Exposure to Elder Abuse is considered to be child abuse. You can report anonymously.
- Everyone has a legal and moral obligation to call police if a person's safety appears to be at immediate risk, or if they are at immediate risk of harming another person or themselves.
- If you have an ongoing relationship with the client, follow-up on any referral suggestions at subsequent visits. Did the person contact assisting agencies? Can you call and get information on their behalf? How can you help the person get the help they need?

What Not to Do

- Do not ask leading questions.
- Do not express doubts about the person's perception of the situation. They may over or under express it. Believe them and direct the focus to services that can best help them.
- Show concern but avoid reacting emotionally to the abuse they describe. Do not belittle the abuser. They will have mixed feelings and may "come to their defense" and shut down avenues for help.
- Do not tell the person what to do – ever. That is what the abuser does!
- Do not make promises you cannot keep. Do not promise that "things will work out." Dealing with abuse and establishing safety are both challenging and take time.
- Do maintain professional boundaries and be honest about the service you are able to offer. Refer. Be patient and follow up as you can. It may take months or more before the person is ready to fully deal with situation.
- Do not be judgmental.
- Never physically get between the abuser and the person. Your safety is always key.

Ending the Conversation

- Admire the person's courage and express appreciation for their honesty.
- Show concern for the person's situation without being fearful or anxious yourself.
- Remind the person that the abuse they are experiencing is not their fault and is not OK.
- Again, encourage the person to contact local services for help. If they are a regular client, let them know that they can talk about the situation with you again the next time you see them.
- If you are concerned about their immediate safety, tell them so. Again, encourage them to consider calling the police.

Appendix II

Questionnaire for Responders

Questionnaire for Responders

Initial Screening Questions for all Responders

Client Name:

Date:

Your Name and Agency:

FOIP Statement: The personal information recorded on this form is being collected solely to provide a service to you and is protected by the Freedom of Information and Protection Act. The form will be kept confidential. It is your choice as to whether you wish to answer the questions. If the recorder has any reason to believe a child in your care is being harmed, he/she is legally obliged to report the concerns to Alberta Children's Services. (Provide your agency FOIP contact number if the person has any questions or concerns).

Part One: General Safety and Well-Being (for front-line worker; initial screening)

Introduction and Building Rapport: It is important that before you begin, that you identify yourself, your role and your limitations if the person does not know who you are. Read the FOIP statement to client. Reassure the person that you are there to help them and will not place judgement on anything they may tell you today.

Questions: Try to always use open ended questions rather than ones that could be answered with a yes or a no. For example: **Please tell me about what is happening at home or with (name of the alleged abuser).** Also **do not to use** leading questions such as: **I can see from your bruises that is abusing you, so tell me how he/she hurt you.**

From there you can ask more direct questions such as:

- How is your relationship with?
- How do you feel after you have met with him/her, or spoken with him/her? Are you or have you been afraid of this person or anyone else. Tell me more about that.
- Has ever harmed you physically (for example shoved, kicked, choked/strangled, hit or thrown something at you)? Use the same questions using "emotionally, sexually, etc".
- Has ever threatened to harm you or someone or something you love/care about?
- Have you thought about what you would do if she/he harmed you or harmed you again?
- Do you have somewhere to go?
- Who are your support people or those you go to for help when needed?
- Do you have a safety plan (money, people to assist, place to go)

If applicable, provide contact information for services that can assist with safety planning and other types of support. Encourage the person to consider calling the police. Police can assist with immediate safety and decide about laying charges. Charges are not the client's responsibility. Explain that abusers need to be held accountable and get help for their behavior in order to change and that police involvement is often necessary for this to occur.

Note: The "Part Two" and "Part Three" questions that follow can be asked during the initial screening if time permits or depending upon a client's response. Or, they can be asked during subsequent visits or follow up by a hospital/clinical social worker or similar staff.

Part Two: Escalating Risk (for follow-up or initial screening)

- How often has the abuse occurred? How many times has he/she harmed you or threatened to harm you in the last six to twelve months or more?
- Does the abuse seem to be happening more often, less often or the same?
- Have the threats or things she/he has said or done gotten worse? If so, how?
- Are you becoming increasingly afraid of the abuser? (If the abuse is becoming more frequent and/or severe, the risk of injury and lethality increases. Again, refer to community services and encourage the person to contact police).

Part Three: Other Associated Factors (for follow –up and/or initial screening)

- Tell me about the alleged abuser's mental health in general (you can use prompts like asking if he /she has a history or current diagnosis of Anxiety, Depression, Suicide).
- Would it be safe for you to give some information about services that can help him/her deal with these issues? If the answer is yes, provide appropriate information. If not, stress the importance of the client taking care of him/herself and encourage them to seek help.

Other comments:

Responder's Signature: _____

Appendix III

Participating Agencies

Family & Community Support Services (FCSS)

FCSS Lamont County Region

Phone: 780-895-2233

Area Served: All of Lamont County including the Town of Lamont, Town of Bruderheim, Town of Mundare, Village of Chipman and Village of Andrew.

Hours of Operation:

Lamont County: Monday to Friday: 9:00 to 4:00
Andrew: Tuesdays 9:00-12:00 & Wednesdays 9:00 – 3:00

Mandate: to provide preventative social services to enhance the well-being of individuals and families.

Service Summary

Information, referral, education and advocacy for individuals, families and community.

Practice regarding Elder Abuse

Program Coordinators are trained to address the crisis or issue with the client to determine immediate needs and suggest immediate sources of support. Depending upon the nature and urgency of the situation, FCSS will then opt for one or more of the following:

- Occasionally, clients will choose not to leave a name and contact information, preferring to call back themselves, or pursue alternative services.
- If immediate protective support is thought to be necessary FCSS staff will encourage the client to contact police services.
- If information regarding other services is requested FCSS staff will make additional referrals as needed. These most frequently include the Lamont Health Center Community Social Worker, Alberta Health Services, Alberta Supports, and legal aid and/or a lawyer.
- Once the referral has been made, FCSS will maintain ongoing contact with the individual with consent to follow up assist where necessary.

- As an active partner of the REAP Coalition, general data is collected and submitted for review and consultation.

FOIPPA/Release Forms

FCSS programs are bound by FOIPPA; appropriate release forms must be signed by clients prior to any exchange of information. This practice may be foregone in the case of child abuse, or suspected immediate risk of suicide/homicide.

Inter-agency collaboration

FCSS programs work with a wide range of local regional human services, government sectors and businesses.

Limits to working with Elder Abuse

Capacity to work with Elder Abuse is challenged by limited resources (for example, specialized counsellors for referral); reluctance of some sectors to become more engaged in community collaborative responses and reluctance or incapacity of individuals affected by elder abuse to disclose and/or seek help. As an FCSS program, the FCSS mandate is limited to prevent/early intervention support

Vegreville & District Family & Community Support Services (FCSS)

Phone: 780-632-3966

Area Served: Town of Vegreville and the western portion of the County of Minburn

Hours of Operation: 9:00 am to 4:30 pm (closed from noon to 1pm for lunch)

Mandate: We Build Albertans - Preventing crisis and taking care of the social well-being of the community.

Service Summary: Provide various programs, services, events, and participate in community initiatives. Some of our programs include Meals on

Wheels, Community Volunteer Income Tax program, Sizzlin' Summer, Youth Making A Change, Babysitters Course, Help Cards, Community Services Directory, plus much more. If you need help finding a service or program please call us.

Practice regarding Elder Abuse: FCSS Community Programmers will:

- Provide a client with support, information, referral, and connection to the appropriate resource or service.
- Be a participant with the Rural Elder Abuse Prevention Coalition
- Attend training opportunities

Viking/Beaver FCSS

Phone: 780-336-4024

Area Served: The Village of Holden, the hamlet of Bruce, the Town of Viking, the hamlet of Kinsella and the Rural East half of Beaver County.

Hours of Operation:

Main Office: Monday to Friday: 9:00 to 5:00.
Holden Office: Monday and Wednesdays 8:30 to 4:30.

Mandate: to provide preventative social services to enhance the well-being of individuals and families.

Service Summary

Information, referral, education and advocacy for individuals, families and community.

Practice regarding Elder Abuse

Program Coordinators are trained to address the crisis or issue with the client to determine immediate needs and suggest immediate sources of support. Depending upon the nature and urgency of the situation, FCSS will then opt for one or more of the following:

- Occasionally, clients will choose not to leave a name and contact information, preferring to call back themselves, or pursue alternative services.

- If immediate protective support is thought to be necessary FCSS staff will encourage the client to contact police services.
- If information regarding other services is requested FCSS staff will make additional referrals as needed. These most frequently include our Viking/Beaver FCSS counsellor, the local Community Social Worker, Alberta Health Services, Alberta Supports, and legal aid and/or a lawyer.
- Once the referral has been made, FCSS will maintain ongoing contact with the individual with consent to follow up assist where necessary.
- As an active partner of the REAP Coalition, general data is collected and submitted for review and consultation.

FOIPPA/Release Forms

FCSS programs are bound by FOIPPA; appropriate release forms must be signed by clients prior to any exchange of information. This practice may be foregone in the case of child abuse, or suspected immediate risk of suicide/homicide.

Inter-agency collaboration

FCSS programs work with a wide range of local regional human services, government sectors and businesses.

Limits to working with Elder Abuse

Capacity to work with Elder Abuse is challenged by limited resources (for example, specialized counsellors for referral); reluctance of some sectors to become more engaged in community collaborative responses and reluctance or incapacity of individuals affected by elder abuse to disclose and/or seek help. As an FCSS program, the FCSS mandate is limited to prevent/early intervention support

Flagstaff Family and Community Services

Phone: 1-780-385-3976
1-800-297-6101

Area Served: Flagstaff Region of East Central Alberta

Hours of Operation: 8:30 am to 12:00 pm and 1:00 pm to 4:30 pm Monday to Friday

Mandate: Providing community development, preventive services and Human services to 9 Municipalities in Flagstaff which include: Daysland, Sedgewick, Killam, Flagstaff County (including the hamlets of Strome and Galahad), Heisler, Forestburg, Alliance, Hardisty and Lougheed.

Service Summary: Flagstaff Family & Community Services, creating a caring community where people help people through education and support.

FFCS is a community motivated organization which acts as advocate, facilitator and coordinator to bring community awareness of community development and preventive programs through education and support to individuals and families in need.

Practice Regarding Elder Abuse: Member of REAP. Referral Services. Community knowledge to assist people.

FOIPPA/Release Forms: Yes if needed and required.

Inter-Agency collaboration: Yes

Limits to working with Elder Abuse: RCMP are limited in their ability to deal with it.

Appendix IV

Community Resources

Victim Services

Contact:

For information and assistance, contact your local RCMP detachment and request to speak to a Victim Services Worker.

Mandate: Victim Services reflects a commitment to treat victims of crime with courtesy, compassion and respect. VS provides support, information and referral to victims of crime, trauma, and tragedy, free of charge. VS advocates are trained volunteers. Clients (victims) are referred by the RCMP, any provincial and community resources.

Practice regarding Elder Abuse

Victim Services works closely with police and RCMP, which influences the general VSU practice with

response to family violence. Resource information is provided to all clients who may be affected by family violence.

FOIPPA/Release Forms

Any victim service advocate is bound by and must adhere to a strict confidentiality policy as per the

police services, health providers (i.e. hospitals, doctors, etc.) lawyers or other justice personnel, self-referred or by other agencies. Every victim has the right to refuse this service.

Service Summary

Victim Service does not provide any type of counselling but refers clients to appropriate agencies within the community. Victim Services assists, refers and advocates for financial funding for victims to Federal, P

enhanced security clearance that must be obtained prior to providing services.

Inter-agency collaboration

Victim Services provides court (witness) orientation, witness expectations and their role, court accompaniment, contacts necessary before court and support. Victim Services is available to every Albertan through your local RCMP detachment or your Municipal Police Department.

Limits to working with family violence cannot be on Scene – unless secured by RCMP/ Police.

Alberta Health Services

Camrose Community Health Centre Briarcrest

Phone: 780-679-2980

Hours: Monday to Friday: 8:00 to 4:30

Camrose - St. Mary's Hospital (Private - Covenant)

Phone: 780-679-6100

24-hour emergency

Daysland Health Centre

Phone: 780-374-3746

24 hour emergency

Hardisty Health Centre

Phone: 780-888-3742

24 hour emergency

Lamont Community Health Centre

Phone: 780-895-5817

Hours: Monday to Friday 8:30 – 4:30 Closed 12 – 1

Lamont Health Centre (Private)

Phone: 780-895-2211

Emergency: 8:00 AM – 8:00 PM

Sedgewick Community Health Centre

Phone: 780-384-3652

Hours: Monday to Friday 8:30 – 4:30 Closed 12-1

Smoky Lake Healthcare Centre (George McDougall)

Phone: 780-656-3034

24-hour emergency

Tofield Community Health Centre

Phone: 780-662-3984

Hours: Monday to Friday 8:00 – 4:30 Closed 12 - 1

Tofield Health Centre

Phone: 780-662-3263

24-hour emergency

Two Hills Community Health Centre

Phone: 780-657-3361

Hours: Monday to Friday 8:00 – 4:30 Closed 12 - 1

Two Hills Health Centre

Phone: 780-657-3344

24-hour emergency

Vegreville Community Health Centre

Phone: 780-632-3331

Hours: Monday – Friday 9:00 – 4:30

Vegreville - St. Joseph's General Hospital (Private - Covenant)

Phone: 780-632-2811

24-hour emergency

Viking Community Health Centre

Phone: 780-335-4782

Hours: Monday to Friday 8:15 – 4:30 Closed 12 - 1

Viking Health Centre

Phone: 780-336-4786

24-hour emergency

Mandate: Advocates on behalf of residents to promote wellness, health, and improve quality of life. Services are family centered and respect choices made by the client.

Service Summary

Public health nurse routinely inquiries about safety issues or violence in the home; other department staff may/will also enquire if there is indication or suspicion the client is not in a safe environment.

Programs: Public Health Nursing, Sexual Health, Early Intervention Program, Community Genetics, Community Nutrition, Oral Health and Health Promotion.

Information: Offered to clients through the different program streams including a listing of local resources and support.

Prevention: Information is provided to clients who may be in situations where there may be potential for violence

Referral: Staff do not make direct client referrals but support the client's decision to access services (or not). Clients are advised of resources including continued support from staff. Release of information forms used in collaboration with Health Information Act. Youth (14 years and older) sign for

themselves, provided they meet requirements as mature minors under the Health Information Act.

Inter-Agency collaboration

Multidisciplinary team process; case conferencing with the client present, as well as case planning and follow up. Release forms are signed to allow communication and coordination with other agencies.

Limits to working with Elder Abuse

Service hours. Safety of staff is carefully managed due to high potential of risk of clients using stimulants and clients with assault charges.

Social Workers, Alberta Health Services

Agency Information

Social Worker

Vegreville Community Health Centre

Phone: (780) 631-0033

Area: Lamont County, Minburn County
(Lamont, Chipman, Bruderheim, Mundare, Andrew,
Vegreville, Lavoy)

Social Worker

Tofield Health Centre

Phone: (780) 662-5213

Area: Tofield and Viking

Social Worker

Sedgewick Community Health Centre

Phone: (780) 384-3033

Area: Sedgewick, Killam, Hardisty and Galahad

Social Worker

Two Hills Health Centre

Phone: 780-657-3344 EXT 3325

Area: Two Hills, Willingdon

Mandate: Advocate on behalf of clients to ensure their social, safety and basic needs are met. Services are person-centered but also involves family and significant persons.

Service Summary: Assess and use appropriate interventions to address client issues associated with poverty, mental health, addictions, homelessness, domestic violence, Elder abuse, loss and grief, and aging.

Practice regarding Elder Abuse: AHS Social Workers do not have formal abuse training to address Elder abuse. They use their assessment and analytical skills in determining immediate risk to the client and next course of action which may include any of the following activities: contact the RCMP if harm to client has occurred or is imminent and the client lacks decision making capacity; assist client with

report to the RCMP if they are able/willing to make a disclosure to the RCMP; create a safety plan, refer to appropriate community agencies and provide ongoing support when client does not wish to make a report of abuse. In addition to advocating and supporting the individual client, Social workers also provide education and awareness of Elder abuse to the community.

FOIPPA/Release Forms: Appropriate release/consent forms must be signed by the client prior to the exchange of information.

Inter-agency collaboration: Alberta Health Services Social Workers work with several agencies and government sectors to address and support clients who are experiencing and/or exposed to abuse. They work with the RCMP, Family and Community Support Services, Human Services, other Alberta Health Services team members including Mental Health and Geriatric Outreach Nurses in addition to community agencies and businesses to address Elder abuse.

Limits to working with family violence: There is no legislation that protects the rights of elders/seniors who experience abuse. The only types of abuse that can be somewhat addressed legally are physical and financial abuse. Under Section 265 of the *Criminal Code of Canada*, a person can be charged with assault and under Section 322 and Section 346, a person can be charged with theft or extortion respectively. However, clients are sometimes reluctant to report abuse or identify the abuser as they do not wish the abuser to become involved in the legal system. Clients also become concerned how reporting will affect their relationship with the abuser as often times the abuser is an adult child or family member whom they rely on for support. In addition, resources in rural areas are limited and often clients do not wish to leave their home community to seek out shelters and services. Lastly, service hours are limited to regular scheduled work hours that do not include evening or weekends.

For Emergencies call 911

Camrose RCMP

Phone: 780-672-3342

Hours: Monday to Friday 8:00 – 4:00

Fort Saskatchewan RCMP

Phone: 780-997-7900

Hours: Monday to Friday 8:00 AM – 7:00 PM

Killam RCMP

Phone: 780-385-3509

Hours: Monday to Friday 8:00 AM – 4:00 PM

St. Paul RCMP

Phone: 780-645-8870

Hours: Monday to Friday 8:00 AM – 5:00 PM

Smoky Lake RCMP

Phone: 780-656-3550

Hours: Monday – Friday 8:00 AM – 4:00 PM

Tofield RCMP

Phone: 780-662-3353

Hours: Monday – Friday 8:30 AM– 12 noon 1:00 – 5:00 PM

Two Hills RCMP

Phone: 780-632-2223

Hours: Monday to Friday 8:00 AM – 4:00 PM

RCMP

Vegreville RCMP

Phone: 780-632-2223

Hours: Monday to Friday 8:30 AM – 4:30 PM

Vermilion RCMP

Phone: 780-853-4441

Hours: Monday to Friday 8:00 AM– 4:00 PM

Viking RCMP

Phone: 780-336-3441

Hours: Monday to Friday 8:45 AM to 4:45 PM

Mandate: Law enforcement; assess and respond to all types of emergencies including mental health crises. The RCMP is committed to providing safe rural communities which includes freedom from violence.

Service Summary

RCMP are the first to respond when victims report abuse situations by calling police. The police determine if elder abuse has occurred. If grounds exist, they may arrest and charge the accused under the Criminal Code and conduct bail hearings with requests for conditions of release. If no arrests or criminal charges are laid, police will assess the situation to determine if an Emergency Protection Order from a Justice of the Peace is warranted. Investigators also help the complainant navigate the legal system, make necessary referrals to Victim Services, Women's Shelter or any other available community network.

Appendix V
REAP Coalition Statistical
Information Record

REAP Coalition Statistical Information

Reporting Agency: _____

Reporting Period: from _____ to _____

	Date	Victim info	Accused info	Reporter	Type of Abuse	CCR Steps completed			
						Initial Screening Tool used	Questionnaire for Responders completed	Consent for Release of Information completed	Contact Partner agency
1		Sex (M/F) Age	Spouse, neighbor, child, stranger, other:	Elder, Family Member, Community Member, Other (Please List)	Financial, Physical, Emotional, Sexual, Medication, Neglect, Systemic, Violation of Rights				
2									
3									
4									
5									
6									
7									

Appendix VI

Consent to Release Information

Consent for Release of Information

This is to identify that, I _____ consent to
disclose the following information:
(Description of information to be released)

This information is to be released by:
(Person/organization providing information)

And is to be provided only to:
(Person/organization receiving information)

For the purposes of:
(Specify how the information will be used)

This consent is valid for one year from the date of signing unless otherwise specified

I understand why I have been asked to disclose my information and am aware of the risks or benefits of consenting, or refusing to consent, to the disclosure of my information. I understand that I may revoke this consent in writing at any time.

Collection, use, disclosure, security and retention of information is subject to and in compliance with the Freedom of Information and Protection Act.

Signature	Print	Date
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Witness Signature	Print	Date
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Appendix VII
Rural Elder Abuse Prevention
Coalition
Interagency Memorandum of
Understanding

**Memorandum of Understanding
Between
The Rural Elder Abuse Prevention Coalition
And**

Vision:

Seniors will have the ability to protect themselves from potential abuse.

Mission Statement:

To provide a clear path to resources that will help identify, address and prevent elder abuse
Mission

Scope:

The common approach applies to many sector areas including Government and non-government agencies, and all staffing levels. The approach will encompass a variety of services, including enforcement, intervention, referral and follow-up, treatment and counselling, and other related supports.

Purpose

This Memorandum of Understanding (MOU) clarifies the working relationship between the members of the Rural Elder Abuse Prevention Coalition that has been established to:

- Help ensure that older adults who are experiencing abuse, or in risk of experiencing abuse, receive the service and support needed from community agencies and professionals
- Provide a coordinated and collaborative approach that will assist communities to more confidently respond to elder abuse.

The agreement begins on _____.

Responsibilities

1. Specific Agency Responsibilities

Each member agency will:

- Designates an appropriate staff member and an alternate to participate on the Coalition.
- Provides time for the staff member to participate on the Coalition

2. Coalition Member Responsibilities

Coalition Members will:

- Attend meetings and designate an appropriate alternate when unable to attend a meeting

- Share expertise and support other Coalition members
- Maintain confidentiality of all discussion
- Commit to all duties as outlined in the Coalition's Terms of Reference

Adding Members

Members may be added by mutual agreement of the current members. New members must sign the MOU.

Termination of Membership

Any member may terminate their by giving the other members thirty (30) days notice in writing.

Term of Agreement

This MOU is for 15 months extending from _____ until _____.
Subsequent MOUs will be for one year.

All members must agree to any changes or amendments to the MOU. Changes or amendments must be in writing, signed by the designated members, and attached to the original MOU.

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All members must agree to any changes or amendments to the MOU. Changes or amendments must be in writing, signed by the designated members, and attached to the original MOU.

Signatures

I have read, understand and agree to this MOU.

Agency	Signature	Name (Printed)	Position	Date

Appendix VIII

Tip Sheets & Additional Resources

Signatures

I have read, understand and agree to this MOU.

Agency	Signature	Name (Printed)	Position	Date

Appendix VIII

Tip Sheets & Additional Resources