



Vancouver  
Division of Family Practice  
A GPSC initiative

# Partners in Care: Preventing & Responding to Elder Abuse, Neglect & Self-neglect

DATE: October 9<sup>th</sup>, 2024

SENIOR AND FRAIL ELDER CARE COMMITTEE

# Territorial Honoring

We would like to begin by recognizing that we are hosting this meeting from the traditional unceded homelands of the x<sup>w</sup>məθk<sup>w</sup>əy'əm (Musqueam), Sk̓wx̓wú7mesh (Squamish), and Səl'ílwətaʔ/Selilwitulh (Tsleil-Waututh) First Nations.

If you are joining us from other homelands, we extend this territorial honoring to those traditional lands as well.



Musqueam Nation



Squamish Nation



Tsleil-Waututh Nation

# COMMUNITY AGREEMENT

*The purpose of a community agreement is to foster a forum for mutual respect and sensitivity as we engage with one another. We have some guidelines to start with, and invite you to share ideas with one another to make sure we can have a safe and respectful dialogue:*

- Assume positive intent for everyone participating; they are trying their best, to the best of their abilities.
- It is okay to make mistakes as part of the learning process. Be kind to yourself and others if they don't know how to properly articulate or engage with challenging issues.
- Respect confidentiality and ensure that personal stories and experiences are not shared outside of this session.
- Listen actively to others when they are sharing.
- Speak from your own experience instead of generalizing ("I" instead of "we").
- Each person can speak or not speak as they choose, as not everyone is comfortable discussing certain topics
- If you don't feel comfortable sharing in the moment, but have something to share, please reach out to a Division staff member.





## Committee Members:

- Dr. Lisa Weger – Chair
- Dr. Taki Galanopoulos – Board Liaison
- Dr. Jamil Salim Hirji
- Dr. Darwin Wan
- Dr. Ruchika Shukla
- Dr. Greg Tobert
- Dr. Alex She

Jaimie Ashton – Director of Special Projects

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Saori Yamamoto – PCN Engagement Manager

Adrian Bustamante – PCN Program Coordinator

Elvira Chan – PCN Partner Engagement Lead

Community Network Managers:

- Shawn Haider – PCN 1
- Anupama Hettiarachchi – PCN 2 & 3
- Sarah Elliott – PCN 4&5
- Rebecca Dnestrianschii – PCN 6



## Presenters:

- Amanda Brown – Director ReAct Project  
Vancouver Coastal Health
- Kevin Coughlin – Manager, Assessment & Investigation  
Services  
Public Guardian and Trustee of BC

# Preventing and Responding to Elder Abuse, Neglect and Self-Neglect

Amanda Brown, Director, ReAct Adult Protection Program, VCH

Kevin Coughlin, Manager, Assessment and Investigation Services, Public Guardian and Trustee of BC

October 9, 2024



# ***New study gives shocking snapshot of elder abuse in Canada***





# Who do we consider to be “vulnerable”?

- Frail elderly (women especially)
- Adults with mental illness
- Adults with physical/mobility impairments
- Adults living in poverty
- Adults with cognitive impairment
- Adults with developmental disabilities
- Immigrants (non-english-speaking women)
- Adults with addictions

# Why is the Risk Higher?

- They are unable to call for help or protest
- They are dependent on others
- They have never learned assertiveness
- Many people have access to their homes
- There is a history of abuse
- They are not believed
- The abuse has not been officially identified

# Elder abuse in Canada

- Aggregate prevalence for mistreatment: 8.2% (>766,000 older Canadians) - physical, sexual, psychological, financial abuse and neglect
- Perpetrators:
  - Spouse/ex-spouse (31%)
  - Adult child/grandchild (25%)
  - Neighbour (14%)
  - Friend (11%)
  - Caregiver (9%)

National Survey on the Mistreatment of Older Canadians 2015,  
Dr. Lynn MacDonald, University of Toronto  
National Institute for the Care of the Elderly

# Why don't HCP's Report?

- 81% - unsure of diagnosis
  - 70% - unsure about elder abuse laws
  - 64%- unsure how to report
  - 47%- victim is reluctant to pursue
- 
- *Wong & Marr (2002), Geriatrics Today: J. Can. Geriatric Soc.*

# Basic Definitions

- **Abuse:**

Deliberate mistreatment resulting in:

- Physical, mental or emotional harm
- Damage to or loss of assets

- *May include: intimidation, humiliation, physical or sexual assault, overmedication, withholding of medications, censoring of mail, denial of access to visitors, denial of privacy*

# Indicators of Physical Abuse

- Bruises/black eyes
- Welts, rope marks
- Swelling
- Broken assistive devices
- Lacerations
- Punctures
- Untreated injuries

# Indicators of Physical Abuse (cont'd)

- Fractures, sprains, dislocations
- Restricted movement
- Repeated falls
- Internal injuries
- Burns
- Pain, itching or bruises around breasts and genital area

# Indicators of Physical Abuse (cont'd)

- Torn, stained or bloody underclothing
- Venereal disease, genital infections
- Vaginal/anal bleeding
- Adult reports being abused



# Indicators of Financial Abuse

- Unpaid bills
- No money for basics
- Absence of aids, medications, etc.
- Sudden appearance of previously uninvolved relatives
- Forged signature
- Power of Attorney granted under unusual circumstances

# Indicators of Financial Abuse (cont'd)

- Adult complains of not knowing where money/assets have gone
- Abrupt changes in will/accounts
- Family member/representative refuses to spend money on the adult's behalf

# Basic Definitions

- **Neglect:**
  - Any failure to provide necessary care, assistance, guidance or attention that causes (or is likely to cause) serious physical, mental or emotional harm OR substantial damage to or loss of assets

*....within a short period of time*

# Indicators of Neglect



- Malnourished
- Emaciated
- Dehydrated
- Confused
- Inappropriate clothing
- Living in Squalor
- Under/over medicated

# Indicators of Neglect (Cont'd)

- Absence of required aids/equipment
- Skin sores
- Malodorous
- No follow through on medical services
- “Failure to thrive”
- Multiple admissions

# Basic Definitions

- **Self Neglect:**

- Failure of an adult to take care of themselves that causes (or is likely to cause) serious physical or mental harm OR substantial damage to or loss of assets

*....within a short period of time*

- *May include: Grossly unsanitary conditions, suffering from an untreated health condition, malnutrition to extent that physical or mental health is severely impaired, creating a hazardous situation that will likely cause harm to themselves or others or damage assets, dealing with assets in a manner likely to cause damage or loss of assets*

# It's EASI

- Elder Abuse Suspicion Index
- Yaffe MJ, Wolfson C, Lithwick M, Weiss D. Development and validation of a tool to improve physician identification of elder abuse: The Elder Abuse Suspicion Index (EASI). J. of Elder Abuse and Neglect 2008; 20 (3)

# It's EASI - Elder Abuse Suspicion Index


- 5+1 screening questions
  1. Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?
  2. Has anyone prevented you from getting food, clothes, medication, glasses, hearing aides or medical care, or from being with people you wanted to be with?
  3. Have you been upset because someone talked to you in a way that made you feel shamed or threatened?




# It's EASI - Elder Abuse Suspicion Index

- 5+1 screening questions
  4. Has anyone tried to force you to sign papers or to use your money against your will?
  5. Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?
  6. Doctor: Elder abuse may be associated with findings such as: poor eye contact, withdrawn nature, malnourishment, hygiene issues, cuts, bruises, inappropriate clothing, or medication compliance issues. Did you notice any of these today or in the last 12 months?
- <https://www.mcgill.ca/familymed/research/projects/elder>

# re:act Quick Assessment Guide



recognize and report



Adult Abuse and Neglect  
**Quick Assessment Guide**

Assessing an Adult's Ability to Seek/Refuse  
**Support and Assistance**

### Assessing an Adult for Abuse, Neglect and Self-Neglect

#### Interview Guide

- Interview does the patient or one
- Begin with general questions and then move to more specific questions
- Obtain information from as many sources as possible
- Ideally the assessment will include a home visit
- Careful documentation of findings is crucial

(See back page of this guide)

- Be cautious when interviewing a suspected abuser. It is sometimes best left to the designated responder or police.
- Avoid confrontation
- Use an empathic and nonjudgmental approach
- Identify specific factors that can cause stress to a caregiver. Add comments and questions: "Caring for your wife now that she is incontinent can be a burden. How are you managing?"
- Be aware that assessment may alarm the abuser and expose the adult to greater risk.

#### Interview Screening Questions

- Has anyone at home ever hurt you?
- Has anyone ever touched you without your consent?
- Has anyone ever made you do things you didn't want to do?
- Has anyone taken anything that was yours without asking?
- Has anyone ever scolded or threatened you?
- Have you ever signed any documents that you didn't understand?
- Are you afraid of anyone at home?
- Are you all on one lot?
- Has anyone ever failed to help you take care of yourself when you needed help?

(Source: AHA)

### Assessing a Caregiver for Abusive Behaviour

#### Caregiver Indicators

- Has behavioural problems
- Is financially dependent
- Has mental/emotional difficulties
- Has alcohol/substance abuse problem
- Has unrealistic expectations
- Lacks understanding of medical condition
- Shows reluctance to care giving
- Has marital/family conflict
- Has poor current relationship
- Is inexperienced in care giving
- Is a blamer
- Has poor past relationship

(Adapted from Moore, 2004)

#### Caregiver Abuse Screen

(1 = Indicates little to none of observable adult)

1. Do you sometimes have trouble making ( ) control higher temper or aggression?
2. Do you often feel you are being forced to act out of character or do things you feel bad about?
3. Do you find it difficult to manage ( ) behaviour?
4. Do you sometimes feel that you are forced to be rough with ( )?
5. Do you sometimes feel you can't do what is really necessary or what should be done for ( )?
6. Do you often feel you have to reject or ignore ( )?
7. Do you often feel so tired and exhausted that you cannot meet ( ) needs?
8. Do you often feel you have to yell at ( )?

(Source: AHA; Adapted from Moore, 2004)

### All Incapability Assessments Have a Common Process

#### Assessment of Cognitive Function plus Assessment for Executive Dysfunction

- Assessment is focused on the adult's ability to make a specific decision and does not imply a global finding of incapability
- To make a decision, an individual must be able to receive, assimilate, and integrate relevant information, evaluate benefits and risks, and understand the implications of a decision (Cooney, L.H., et al, 2004)
- To be capable the adult must also be able to carry out the decision

#### Assessment of Cognitive Function

Tools: MMSE or 3MS\* (Modified Mini-Mental State Exam) and Clock Drawing\* included in your package.


- Assesses memory & orientation; screens other cognitive processes including construction, abstract thinking (3MS), sequencing, visual-motor processing
- <24/30 MMSE & <10/10 3MS indicates dementia; however, with vascular disease, head injury, & other processes a score of 100% may have significant deficits in executive (frontal) cognitive functioning rendering the adult incapable of following through to seek support and assistance.
- Administering this screening tool is a useful clinical interview tactic to evaluate the adult's thinking and approach to problem solving.
- If short-term memory is impaired the adult cannot evaluate day-to-day events or remember they decided to ask for help.
- For complex cases, neuropsychological testing may be necessary to clarify cognitive and executive function disabilities.

### Assessment for Executive Dysfunction

- Executive Cognitive Processes include:
  - planning
  - active problem solving
  - anticipation of an intended action
  - initiation of activity
  - ability to carry out a decision
  - inhibition of inappropriate behaviour
  - capacity to monitor the effectiveness of one's behaviour
- Self-report by an adult with suspected Cognitive and Executive Dysfunction must be validated by reliable collateral.
- Adults with Executive Dysfunction have problems in judgment and in trusting appropriate people for assistance.
- Adults with Executive Dysfunction may be influenced by individuals who might take advantage of them.
- Intact Executive Function is instrumental to the adult being able to seek support and assistance.
- Referrals to community teams may be required for further assessment:
  - Ability to initiate, organize, and carry out instrumental and basic Activities of Daily Living (ADL/IADL)\* (see attached Lawton & Brody IADL that can serve as an interview tool or be given to the caregiver to complete and report back).
  - Any change from baseline functioning is abnormal and indicates underlying physical, cognitive, or psychiatric illness is present.
  - Determine areas of self-deficit that are not being provided for in the existing living environment.

### Self-Neglect

- Occurs when an adult's actual performance in IADL/IADL is deficient, putting them at risk they lack insight, and do not have, or refuse, appropriate help to maintain health, safety, and their usual quality of life.



act on adult abuse and neglect


Vancouver Coastal Health has responsibilities for assessing and reporting suspected and known abuse, neglect, and self-neglect of vulnerable adults under the Adult Guardianship Act.

This guide will assist physicians to recognize indications that require further investigation, and provide important information on where to refer for follow-up.


When investigating a report of adult abuse, neglect, or self-neglect, the VCH Designated Responder or the Public Guardian's Office may request a medical opinion of the adult's ability to seek or refuse support and assistance. This guideline assists you in formulating your response.

For more information please visit our website: [www.vchrc.ca](http://www.vchrc.ca)

If you still require direction call: 1-877-REACT-999 (1-877-732-2899)



Adult Abuse & Neglect - Response Resource



Providing solutions. Growing ours.

# How to Help

- Talk with the Senior (safe & private)
- Listen!
- There may be other types of abuse that you aren't prepared for
- Think about what makes the adult "vulnerable"
- Refer to the Social Worker/Designated Responder at VCH
- Refer to the Public Guardian and Trustee if financial abuse or dispute about a SDM

# BC Legislative Framework - Get your Acts together!



# Legislative Framework for Adult Protection

- Mental Health Act
- **Adult Guardianship Act**
- Representation Agreement Act
- Health Care (Consent) and Care Facility (Admission) Act
- Patients Property Act
- Power of Attorney Act
- Criminal Code of Canada
- Community Care and Assisted Living Act
- Public Health Act

# Mandatory Reporting?

Question:

In British Columbia, all registered health care professionals are required to report older adult abuse, neglect and self-neglect?

True or false?

# Mandatory Reporting?

Question:

In British Columbia, all registered health care professionals are required to report adult abuse, neglect and self-neglect?

True or false?

Answer:

False

- There is no mandatory reporting in BC.
- There is a mandatory response by Designated Agencies to follow up on reports
- Criteria is based on vulnerability and not age (must be over age 19)

# Adult Guardianship Act

## Part 2.1 – Dec. 2014

Statutory Property Guardian  
Only the PGT  
Only about finances  
Defines criteria for incapability  
Establishes rights and notifications  
Defines QHCP & HAD  
Prescribes process & forms

## Part 3 – Feb. 2000

Abuse, Neglect and Self-Neglect of Vulnerable Adults  
Designates Agencies (Health Authorities and CLBC)  
Provides tools, authority and mandate  
Establishes statutory obligations  
Defines vulnerability  
Defines abuse, neglect, self-neglect



# Adult Guardianship Act

## Part 3

- Abused, neglected and self-neglected ***and*** unable to seek support and assistance due to:
  - Physical restraint
  - A physical handicap that limits their ability to seek help
  - An illness, disease, injury or other condition that affects their ability to make decisions about the abuse and neglect

# AGL (Part 3) Tools

- Mandate
- Power to investigate
- Access order
- Warrant to enter for purpose of interview
- Interim restraining order
- Emergency provisions (Section 59)
- Support and Assistance Plan
- Support and Assistance Plan Order

# AGA -Two pivotal questions

Is the adult abused,  
neglected, or self-  
neglected?

Can the adult seek support  
and assistance?

# Capability – All or Nothing?

- In Health Care, capability is a decision-specific and time-specific concept
- Mitigation of risks before capability assessment
- Assessment of cognitive functioning and executive functioning
  - Understanding
  - Appreciation
  - evaluation of options, benefits, and risks
  - Logical choice
  - Planning, initiating, organization, problem-solving, follow-through

Capability and  
Consent Tool  
B.C. Edition

# Physician Responsibilities

- Screen for abuse, neglect and self-neglect
- Refer/Liaise with Designated Responder or Designated Responder Coordinator (list on [www.vchreact.ca](http://www.vchreact.ca))
- Assess ability to seek support and assistance specific to the suspected A/N/SN (*Note: the final determination is by the Designated Responder*)
- Consider which legislation best applies (MHA vs AGA, POA vs RA vs SPG)
- Diagnose and treat conditions that impact capacity
- Complete medical component of SPG assessment (when requested by PGT)
- Offer support and assistance

# Designated Agencies

- 5 Regional Health Authorities & Providence Health
- Community Living BC
- Public Guardian and Trustee and police have a role but are not designated agencies

# Designated Agencies MUST

- Look into the situation
- Involve that adult as much as possible
- Provide most effective, least intrusive forms of support and assistance
- Keep the identity of the person who made the report confidential
- Report criminal offences
- Use court as last resort



# Designated Responders

- Usually:
  - Hospital Social Workers
  - Community Mental Health Clinicians
  - Home Health Case Managers
  - Care Home Consultants/Facility Liaisons

# Presumption and Guiding Principles

- Adults are presumed capable
- Self-determination and choice
- Most effective but least intrusive support
- Court is a last resort



# Public Guardian and Trustee

# About the PGT

The Public Guardian and Trustee (“PGT”) is a corporation sole established under the *Public Guardian and Trustee Act* with a unique statutory role to protect the interests of British Columbians who lack legal capacity to protect their own interests.



# Substitute Decision Makers

## Financial

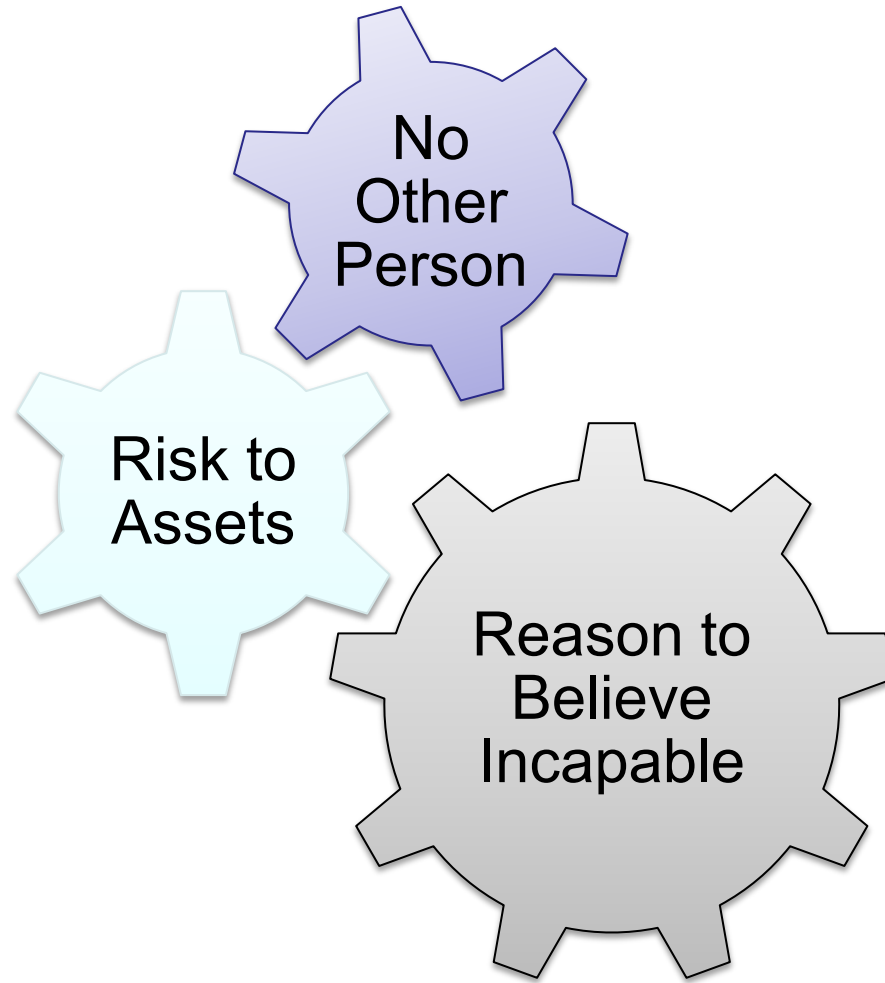
- Representation Agreement Sec. 7 – *routine financial management*
- Attorney (Enduring Power of Attorney)
- Committee of Estate – *Certificate of Incapability (AGA) or Court Order (PPA)*
- Pension Trustee – federal
- Trusts – Trustee Act

## Non-Financial

- Representation Agreement Sec. 7 and Sec. 9 – *personal and health care decisions*
- Advance Directive
- Temporary Substitute Decision Maker - *health care decisions*
- Substitute Decision Maker – *care facility admission decisions*
- Committee of Person – *personal and health care decisions* – *Court Order (PPA)*

# Abuse and Neglect Investigations – Assessment & Investigation Services

# AIS Investigation Criteria



# What to expect during a preliminary review

- Contact the referring party
- Contact the most appropriate Designated Agency
- Explore less intrusive options
- Contact a physician for an informal discussion

Note: The PGT cannot request an incapability assessment during a preliminary review.



# What to expect during an investigation

- The PGT may:
  - Notify all involved parties about the PGT's investigation
  - Contact the adult, their spouse, family, friends, care providers, health authority or CLBC staff
  - Obtain reports about an adult's health, personal, legal or financial affairs
  - Ask a substitute decision maker (POA, RA, Trustee) to provide a financial accounting
  - Gather information from the adult's physician
  - Identify and explore the least intrusive option to support an adult manage their financial and legal affairs

# Emergency Situations

**PUBLIC GUARDIAN AND TRUSTEE** may act if there is reason to believe the financial affairs, business or assets of an adult are in immediate need of protection

Stop withdrawals from a bank account

Halt sale of a property

Direct income

Take any other steps reasonable and necessary

# Limitations of PGT Authority

- During an AIS investigation, the PGT's authority is limited to:
  - Gathering information (s. 17 PGTA)
  - Requesting an accounting from a Substitute Decision Maker (s. 18 PGTA)
  - Placing protective measures on an adult's assets (s. 19 PGTA)
- The PGT does not have the authority to:
  - Make any decisions on the adult's behalf
  - Sign paperwork including authorizations or releases
  - Endorse or validate a legal document

# Investigation Outcomes

Adult is presumed capable

Adult is able to make EPOA or RA7

Informal supports are sufficient

Adult is referred to appropriate services including DA

SDM now complying

Someone else able to assist

PGT authority is warranted

# 'She was victimized by a predator': B.C. court reverses transfer of \$1.4M townhouse in elder abuse case

When she met ██████ in 2013, ██████ was 77 and "doing well physically, emotionally, socially and financially," according to Donegan's decision.

"The defendant is 15 years younger than ██████ When he came into her life, he described himself as a self-employed 'artist.' He had little to no income and was living out of a vehicle. The defendant immediately began to exert undue influence and control over ██████ He slowly took over all aspects of her life."



Ian Holliday  
CTVNewsVancouver.ca  
Journalist

[Contact](#)

Published Sept. 25, 2024 7:38  
a.m. PDT

## 'Her world had collapsed'

The decision indicates [REDACTED] moved into [REDACTED] townhouse "not much time" after they met. [REDACTED] began criticizing [REDACTED]'s friends, family and neighbours, engaging in various "tactics" to prevent her from socializing or even communicating with them, according to the decision.

Donegan describes [REDACTED] blocking [REDACTED]'s children's phone numbers in her phone, preventing her from writing emails to them, writing cruel emails to them from her account, directing them not to contact her, making false police reports and having lawyers send her children letters on her behalf.

On one occasion, [REDACTED] also abused the court process "to obtain an unwarranted protection order against her daughter," the decision indicates.

He used similar tactics to disconnect [REDACTED] from her friends and neighbours, installing security cameras, accompanying her whenever she went out – "seemingly to prevent her from interacting with others alone" – and installing double-sided locks that he used to lock her into the home, according to the decision.

"Ms. [REDACTED] wanted to have contact with her family and friends, but she followed his instructions to not contact them because she was afraid that he would hurt her if she disobeyed," the decision reads.

"She stopped attending church and all social events. She stopped hosting potluck dinners. Her world had collapsed to revolve around one person: the defendant."

## Disappearance and 'rescue'

In 2017, the decision indicates, ██████ moved with ██████ to a motel on King George Boulevard in Surrey, where the pair paid \$3,000 per month for a room with no cooking facilities.

"He told no one where they had gone," the decision reads.

Though ██████'s children were "confused and distraught" over their mother's apparent change in attitude after she met ██████, they never stopped trying to connect with her, according to the decision.

When ██████ disappeared in 2017, her daughter hired a private investigator to find her.

In November 2018, the children located their mother and were "horrified" to learn how she had been living.

"As time went on, Ms. ██████'s family and friends continued to try to help her, but Mr. ██████ had successfully isolated her and assumed control over her legal and financial affairs," the decision reads.

██████ sold a vacation property she owned in Parksville in 2017, depositing the \$515,000 in proceeds into an account held jointly with ██████.

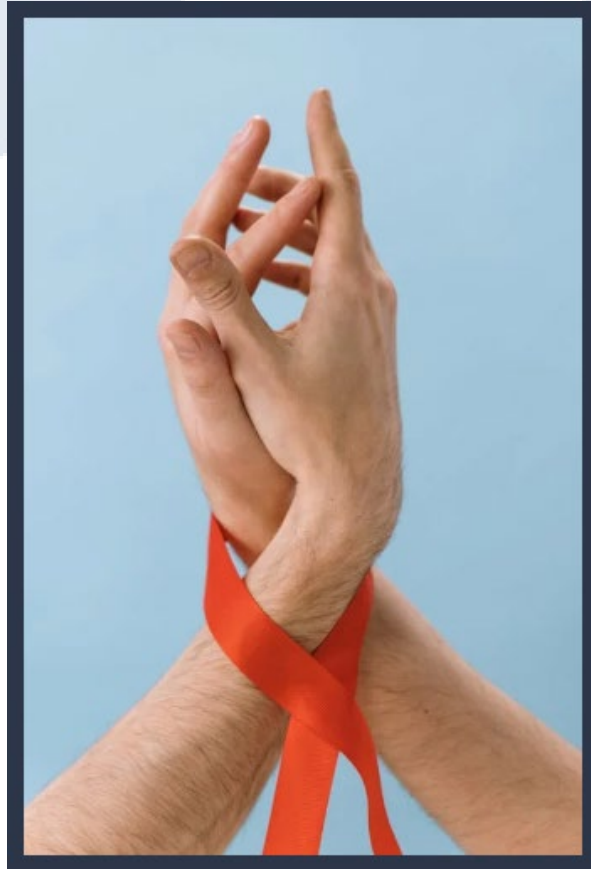
"By 2020, the account was emptied," the decision reads.

Similarly, ██████ – at ██████'s direction – took out a \$200,000 mortgage against the North Vancouver townhouse.

"There is no evidence about the whereabouts of these funds," according to the decision.

██████ was added to the townhome's title in 2020, the same year that ██████'s daughter and grandson confronted her and ██████ at the Surrey motel, with the assistance of police.

# Be careful of what you say!





# Working Together



# Working Together

- Interview the adult
- Conduct the investigation
- Assess urgency
- Intervene using adult protection tools
- Develop a support and assistance plan
- Support the investigation
- Share opinions and observations
- Using the tools of the legislation will require an opinion from the physician

# Working Together

- Interview the adult
- Conduct the investigation
- Assess urgency
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- Using the tools of the legislation will require an opinion from the physician

# Please don'ts...

- Do not disclose the identity of the reporter of abuse/neglect
- Do not write global opinions of capability/incapability that are not related to a specific decision or function
  - Instead, ask the referral source the purpose of the assessment and what is the legal intervention anticipated
- Do not refer all financially incapable adults to the PGT as a first option – there is a process for exploring lesser intrusive means of supporting adults first
- Do not hesitate to contact us, we are in this together!

- VCH ReAct
- About ReAct
- About Adult Abuse & Neglect
- Act on Adult Abuse & Neglect
- Adult Abuse & Neglect
- First Nations ReAct
- ReAct Training Events
- Frequent Questions
- Resources
- Contact
- Hot Jobs

[www.vchreact.ca](http://www.vchreact.ca)

### ReAct Adult Protection Program

**VCH staff?**  
Visit the [ReAct Intranet site](#) for more staff resources.  
(Note that this site can only be accessed from inside the VCH network.)

**did you know?**

10% of consumers of attendant care services said they have been physically abused by their attendants.

To make a report of abuse, neglect or self-neglect please phone Toll Free: **1.877.REACT.99 (1.877.732.2899)**

act on the abuse & neglect of vulnerable adults;  
*it's your duty*



### re:cognize

- 1 [how to recognize the abuse, neglect and self-neglect of vulnerable adults](#)



### re:port

- 2 [how to report a suspected case of adult abuse, neglect and self-neglect](#)



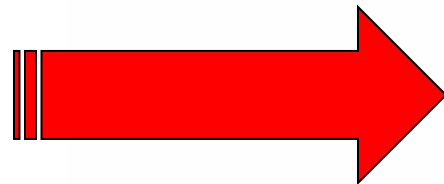
### re:sources

- 3 [clinical assessment tools, practice guidelines and community services](#)



### re:act

- 4 [preventing and responding to abuse in First Nations Communities](#)



# ReAct Intranet Site

The screenshot shows the ReAct Intranet Site interface. At the top, there is a navigation bar with links for Policies and Manuals, Programs and Services, Sites, Employee Engagement, Learning and Development, and About VCH. Below this is a breadcrumb trail: VCH Connect > Programs and Services > ReAct Adult Protection Program > Designated Responder Coordinators and Designated Responders. The main heading is "ReAct Adult Protection Program". On the left, a sidebar lists various topics, with "Designated Responder Coordinators and Designated Responders" highlighted. The main content area features a blue banner with the "re:act" logo and the text "designated responder coordinators and designated responders". Below this is a section titled "DESIGNATED RESPONDER COORDINATORS APRIL 2015" with introductory text.

**Contact Us:**  
**1-877-ReAct-99**  
[www.vchreact.ca](http://www.vchreact.ca)  
[ReAct@vch.ca](mailto:ReAct@vch.ca)





## Presenters:

- Tina Chang – Manager SAIL Line & Victim Services
- Linda Yauk – Learning Events & Outreach Coordinator



# Seniors First BC Programs and Services

Presented by:

**Tina Chang**

*Manager SAIL Line & Victim Services,*

**Linda Yauk**

*Learning Events & Outreach Coordinator*

Phone: 1-866-437-1940  
Email: [info@seniorsfirstbc.ca](mailto:info@seniorsfirstbc.ca)



seniors  
first  
BC

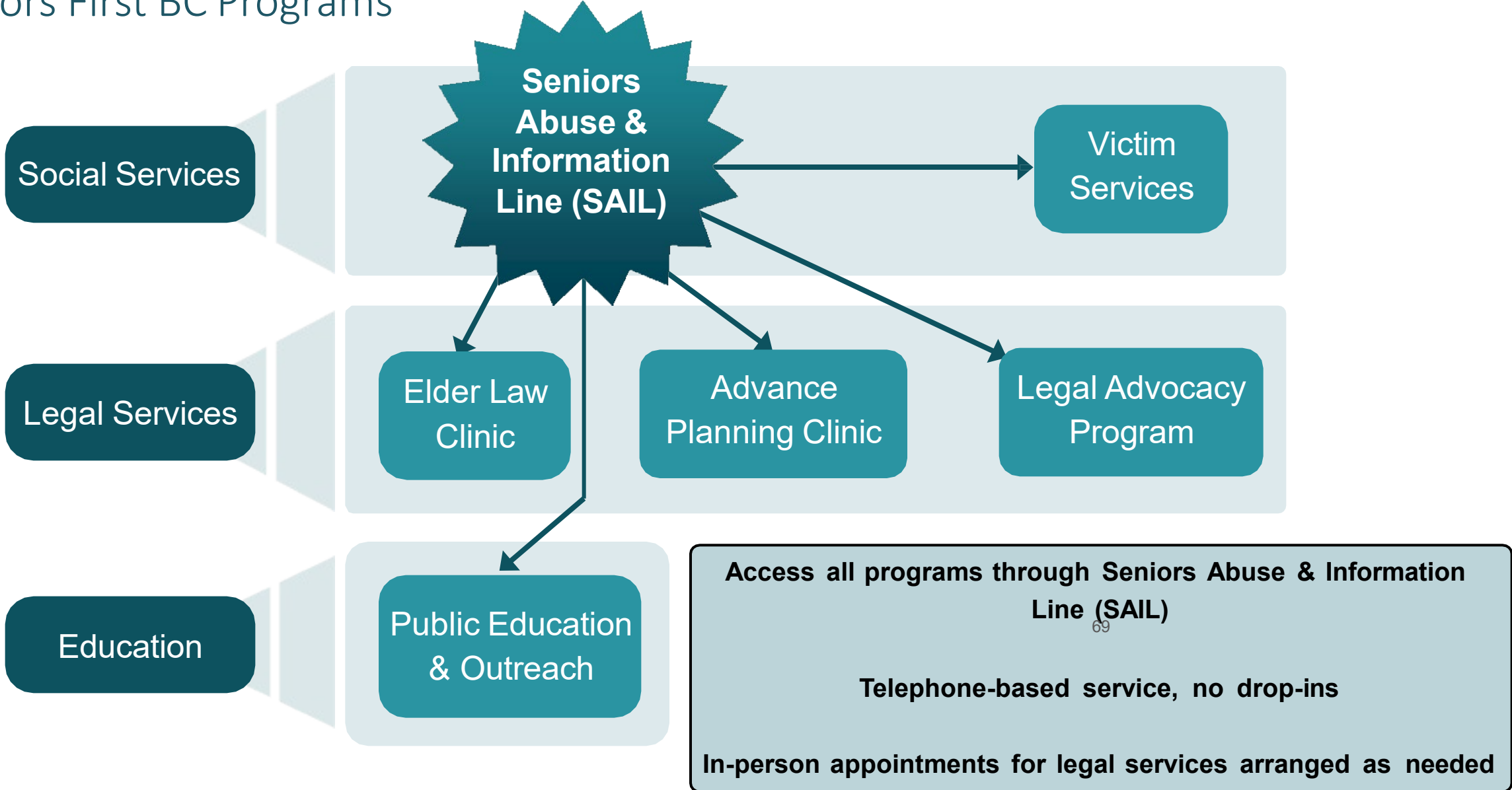


# About Seniors First BC

- Charitable, nonprofit provincial organization
- Provides information, legal advocacy, and support for older adults across BC with issues affecting their well-being
- Provides preventive and responsive measures to elder abuse and neglect through wrap-around psycho-social and legal services.



# Seniors First BC Programs



# Seniors Abuse & Information Line (SAIL)

- Province-wide helpline for older adults and those concerned about older adults.
- Identify caller's issues and needs
  - Offer preventive measures to support OA's well-being – reducing isolation/loneliness, ageing in place safely and supporting independence
- Provide general information and referral to community and/or government supports
- Conduct intake to SFBC programs
- Follow-up with callers who are at risk and/or vulnerable
- Provide information about abuse and neglect, including identifying potential risk and escalation
- Facilitate reporting of abuse, neglect, and self-neglect
  - Identify roles of appropriate reporting agencies, where to report

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# Seniors Abuse & Information Line (SAIL)

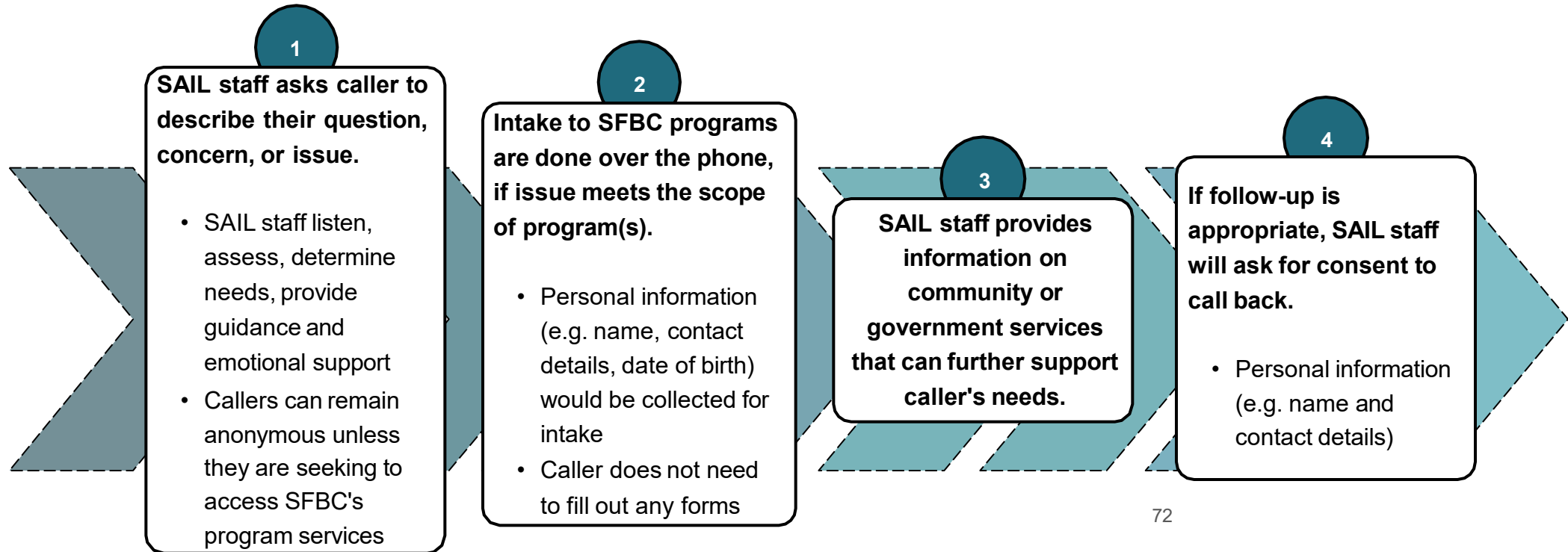
**604-437-1940** or **1-866-437-1940** (toll free)

Available 8am to 8pm weekdays, excluding holidays

**Language Interpretation available,**  
including American Sign Language (ASL)

If there is no access to phone (due to illness, disability, and/or abuse),  
email: [info@seniorsfirstbc.ca](mailto:info@seniorsfirstbc.ca)

# What happens when you call SAIL?



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# What happens if ...?

- ... **the caller does not speak English**, simply state preferred language.  
e.g. "No English, Cantonese" -- SAIL staff will connect call to translation service
- ... **SAIL is busy**, the caller has the option to leave a message (and in the language of their preference)
  - Callback will be from an unidentified/private number for safety, unless specified by the caller it is safe to identify
  - SAIL does not leave a message unless the caller has stated it is safe to do so
  - SAIL makes multiple attempts to call back if needed
- ... **the caller requires assistance** (e.g. is deaf/hard of hearing), send email stating needs to [info@seniorsfirstbc.ca](mailto:info@seniorsfirstbc.ca)

# Victim Services Program

- Serves **adults aged 50+** who have been victims of abuse, family and/or sexual violence
- Province-wide, **telephone-based support**
- **No police report required** to receive service
- **No formal referral required** to access service
- **Intake done through SAIL**
- Assistance with safety planning, navigating justice system, accessing community resources (e.g. counselling, housing, financial assistance)
- Accepts assisted referrals from external Victim Services Workers



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# Legal Services (pro bono for eligible clients)

Our **Elder Law Clinic** (Staff Lawyers) & **Legal Advocacy Program** assist low-income older adults with select legal issues.



- **Advance Planning** (Wills, Powers of Attorney, Representation Agreements)
  - Creating legal documents helps protect from financial abuse



- **Financial Abuse** concerns
  - e.g. misuse of Power of Attorney



- **Other elder abuse** issues including safety/physical abuse, adult guardianship
- *Not Family Law or Criminal Law*



- **Residential tenancy issues** (e.g. evictions); assisted living, long-term care



- Dealing with **Debt** issues



- Accessing **Government Income, Benefits & Tax Credits**

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# Legal Services Eligibility Criteria



- Age: 55+
- Income ceiling (gross): \$40K for 1 person + \$10K per additional household member
- Eligibility for advance planning and representation services discussed during intake process
- Exceptions considered on a case-by-case basis
- Contact our SAIL Line for information and/or to arrange a consultation with our legal team.

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# Public Education and Outreach

- Raise awareness & educate about key issues affecting older adults including: elder abuse, frauds & scams, social isolation, advance planning, residential tenancy, government benefits
- Inform about SFBC services and other resources
- Connect with senior-serving organizations & other service providers



Presentations  
& Events



Publications



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Digital Content

[www.seniorsfirstbc.ca](http://www.seniorsfirstbc.ca)

# Access Our New Guide!

## *Navigating Home Care and Senior Housing: An Advocacy Guide*

Access online at:

[www.seniorsfirstbc.ca/resources/publications](http://www.seniorsfirstbc.ca/resources/publications)



## **Navigating Home Care and Senior Housing** *An Advocacy Guide*

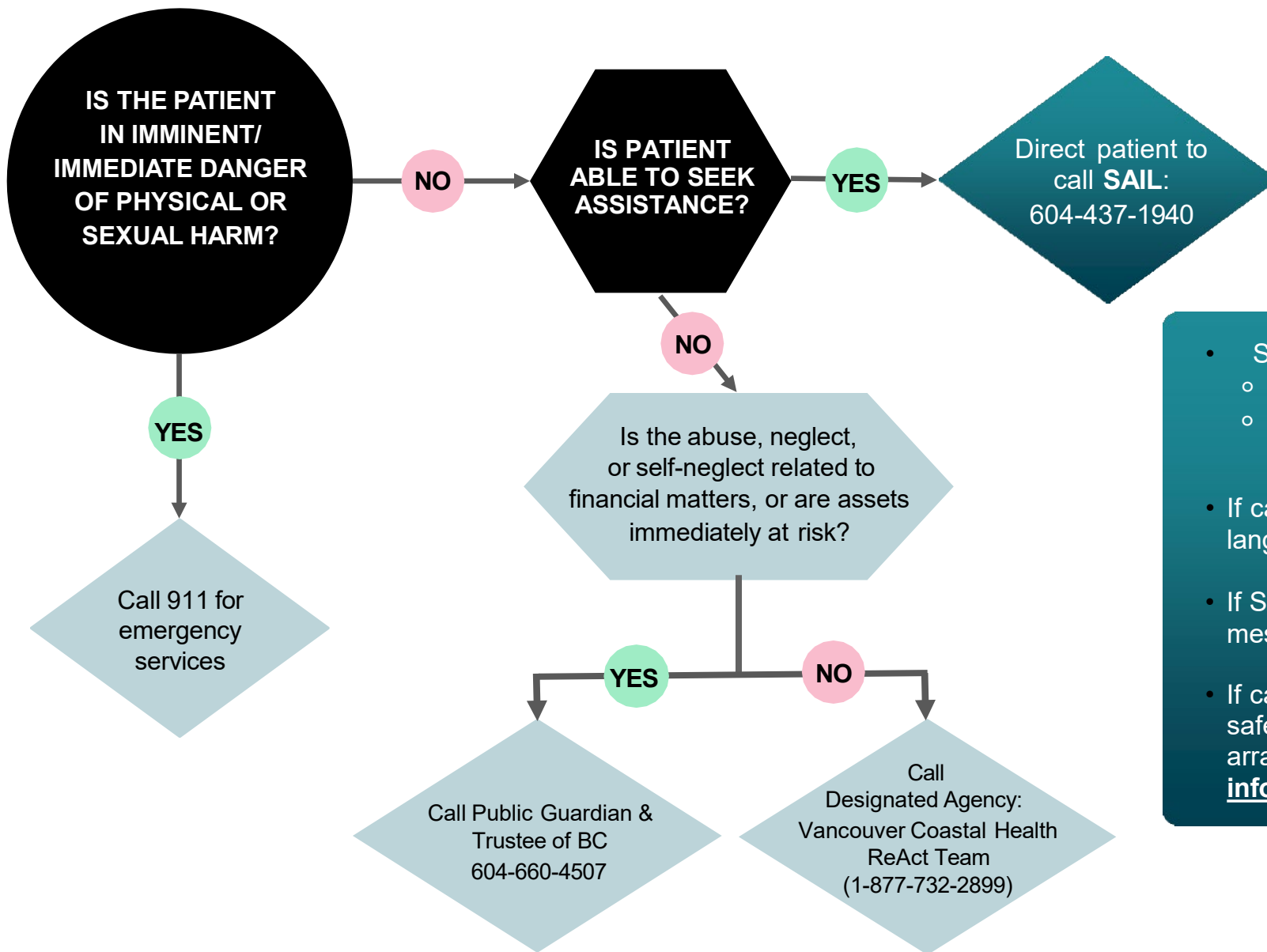
**seniors  
first  
BC**

Seniors Abuse & Information Line:  
1-866-437-1940  
[www.seniorsfirstbc.ca](http://www.seniorsfirstbc.ca)  
[info@seniorsFirstBC.ca](mailto:info@seniorsFirstBC.ca)

# How can Seniors First BC help? Who should call SAIL? When to call SAIL?

## Physicians -

- Call SAIL directly
- Receive guidance regarding concerns about abuse, neglect, and self-neglect
- Facilitate a call with the older adult in your office
- **Refer patients** (50+ years old) to call SAIL themselves (if able to seek assistance on their own)
  - Concerns about abuse & neglect
  - Navigating healthcare, community & social services
  - Legal support re: elder/financial abuse, rental/tenancy issues, advance planning, guardianship/capacity, and income support for seniors.
  - Victim support re: abuse, family/sexual violence



- SAIL staff assess situation:
  - conduct intake to SFBC service and/or
  - refer caller to appropriate community/social services to meet caller's need(s)
- If caller does not speak English, state preferred language.
- If SAIL is busy, caller has the option to leave a message.
- If caller cannot call due to disability, safety/abuse, or an illness, they can email to arrange alternative access: [info@seniorsfirstbc.ca](mailto:info@seniorsfirstbc.ca)

# Thank you!



- Seniors Abuse and Information Line
- 604-437-1940 or 1-866-437-1940 (toll free)
- [info@seniorsfirstbc.ca](mailto:info@seniorsfirstbc.ca)

## Navigating Home Care and Senior Housing *An Advocacy Guide*

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first  
BC

Seniors Abuse & Information Line  
1-866-437-1940  
[www.seniorsfirstbc.ca](http://www.seniorsfirstbc.ca)  
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### *We are thankful for the support of:*



BRITISH  
COLUMBIA



Vancity

Access our new guide online!  
[seniorsfirstbc.ca/resources/publication](http://seniorsfirstbc.ca/resources/publication)

Phone: 1-866-437-1940  
Email: [info@seniorsfirstbc.ca](mailto:info@seniorsfirstbc.ca)



seniors  
first  
BC



Strengthen Social Connections



Promote Physical and Mental Health



Future Planning & Documentation of Wishes

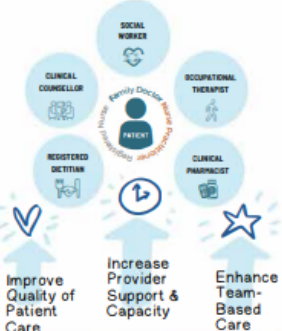


Connect Patient Caregivers with Supports



Vancouver Division of Family Practice  
**Partners in Care: Navigating Resources for Frail Seniors**  
 VANCOUVER PRIMARY CARE NETWORKS | MARCH 13, 2024

**THE PCN INTERPROFESSIONAL TEAM**      **HOME AND COMMUNITY CARE SERVICES**      **OLDER ADULTS MENTAL HEALTH AND SUBSTANCE USE**



- SUPPORTS PATIENTS WITH:**
- Short-term, goal-oriented care
  - Education
  - Self-management and behavioural
  - Strategies of life promotion
  - Evidence based decision-making
  - Assessment and brief intervention
  - Links to community resources



Visit the website  
 Provide a range of supports and services for people with acute, chronic, and palliative health care needs such as home health services, mental health services and home support.

Services are intended for people who have ongoing or chronic health issues requiring support to continue to live safely at home.

Services support patients who need care at home:

- to prevent acute episodes leading to hospitalization
- post hospitalization to support recovery and prevent readmission
- to support clients with a life limiting illness needing help with activities of daily living

Visit the website  
 Serves older adults (generally aged 65+) with mental health conditions and/or problematic substance use which have an adverse effect on function, health status and/or quality of life, or with progressive dementia (at any age) that is complicated by moderate to severe behavioural and/or psychiatric symptoms.

- Services offered are based on individual's clinical needs:
- Geriatric psychiatric assessment, consultation & treatment
  - Case management & care coordination
  - Medication review & monitoring
  - Therapeutic groups
  - Psychoeducation & family support
  - Substance use counselling

Monday to Friday 8:30-4:30  
 Referrals can be submitted directly to the OA MHSU Program. 604-709-6785 Intake Line



**SUPPORTING FRAIL SENIORS IT TAKES a COMMUNITY**

**Family Caregivers of British Columbia**

Caregiver Rx - with their permission

ASK CAREGIVERS are you OK?

Referral process involving health care provider

34% HAVE a CAREGIVER in DISTRESS

I'm FINE... I'M FINE...

familycaregiversbc.ca

**211 British Columbia**

LIFE CAN BE HARD. FINDING HELP CAN BE EASY. Dial or Text 2-1-1

211 connects you to non-emergency community health + social services - IN YOUR AREA

24/7 LANGUAGES

24/7 FREE

bc.211.ca

**Nidus** Protect and maintain your self-determination

NIDUS is an EXPERT on REPRESENTATION AGREEMENTS

Education, support and assistance with personal and health-care planning

THESE are my HEALTHCARE WISHES and PRIORITIES

Empowering adults to form a legal plan for their present or future healthcare needs, should they no longer be able to speak for themselves.

nidus.ca

**PGT** Public Guardian and Trustee of British Columbia

Available to consult on complicated situations

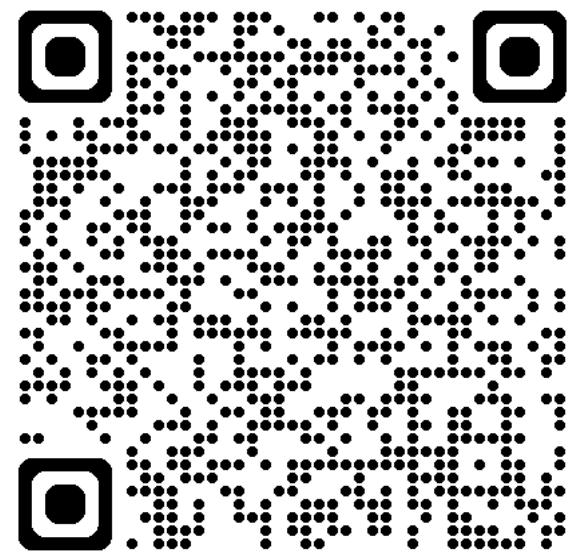
Make health care and/or care facility admission decisions when:

- An adult is determined to be incapable of making proposed healthcare decisions
- PGT is the adult's Committee of Person or there are no family/friends who meet the criteria to act as temporary substitute decision maker (TSDM) or substitute decision maker (SDM)

SUBMIT REFERRALS BY EMAIL, TELEPHONE OR FAX

trustee.bc.ca

Scan the code below to view the resource page!





Thank You 

SENIOR AND FRAIL ELDER CARE COMMITTEE