



**FAMILY SERVICE TORONTO**

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# Elder Abuse Consultation Team Policy and Procedures

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## **I. Outlook**

### **1. Mission Statement**

To consult on elder abuse cases by suggesting options to improve the life situations of abused older adults.

### **2. Team Definitions**

- **Elder Abuse**

Any action or inaction by self or others that jeopardizes the health or well-being of an older adult. This includes physical, emotional, psychological, financial, sexual or medication abuse as well as passive or active neglect<sup>1</sup> and denial of civil or human rights.

- **Older Adult**

Any individual over the age of 60, or a person with a disability over 50. Please contact the Team project leader if the person does not meet the age criterion to discuss exceptional circumstances.

- **Case Eligibility**

The Elder Abuse Consultation Team accepts cases from seniors living in the community, not from long-term care facilities.\* (Some circumstances will be entertained in consultation with the team leader). The concerned individual(s) should live in Toronto. However, individuals who do not live in Toronto, but do live in Ontario, will be considered with the recognition that the team will not be as familiar with local community resources. Cases will not be accepted from concerned individuals who are not associated with an agency. In the event someone is not connected to a service provider agency, the project leader will help to make this connection.

A long-term care facility is a facility which provides care for eligible persons in need of long-term care. In Ontario, there are three kinds of long-term care facilities: nursing homes, municipal homes for the aged and charitable homes for the aged (Source: Advocacy Centre for the Elderly Long Term Care Facilities Advocates Manual, 2001). Retirement homes or "care homes" and boarding homes are NOT considered long-term care facilities.

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<sup>1</sup> The Elder Abuse Intervention Team of Edmonton Alberta uses this definition.

### **3. Goals**

- To develop statistical profiles on the types of cases being presented to the team.
- To track the results of suggested options and develop evidence-based material to support others in similar situations
- To provide advice in emergency situations between team meetings to concerned community agencies
- To report the activities of the team to various stakeholders
- To be aware of cultural issues in the determination of options.

### **4. Purpose**

The purpose of the Elder Abuse Consultation Team is to advise service providers who are dealing with a situation of elder abuse on available options. The Team accepts cases when service providers, working in conjunction with older adults/families wherever possible, have exhausted all other avenues of resolution and/or when appropriate interventions are unable to be identified.

The Team will help providers come up with the best service plan possible to address the cases presented. While the Team will offer options for consideration by the presenting agency, implementation is the responsibility of the service provider and/or older adult/family/support network.

Options can be suggested only on the basis of the information provided by the presenter(s). The Team and individual members of the team accepts no liability for any options recommended, action or lack of action that results as a direct or indirect consequence of the consultation(s). The option(s) suggested are based on information provided by the presenter(s) the EACT meeting.

While it will not be assumed that this Team or any other agency or individual has all the answers to elder abuse, the combined expertise of the individual Team members will, in most cases, be able to offer a variety of options.

This Team will also help improve inter-agency communication, education on elder abuse issues and possibly help resolve existing conflicts and/or misunderstandings between agencies.

## **5. Project Evaluation**

Team members will evaluate the effectiveness of the Elder Abuse Consultation Team where and when resources allow. Team process as well as outcome measures will be evaluated. Team members will be asked to assist with this process. Family Service Toronto commits to taking the lead in refining and implementing the tools and measures. As the Team develops, and if it is possible to secure additional funding, an external evaluator will be hired to evaluate the project.

The team will also build in a time, in each meeting, to review the outcomes of cases presented in previous months. As a condition of bringing cases forward, the presenting agency will agree to following up with the team at pre-determined intervals to report on the success or lack of success of suggested options. Based on these consultations, a report will be generated that will identify the range of options being suggested and their applicability to different types of experiences.

Persons who present to the team will be asked to evaluate the Team and the process following their initial presentation and at follow-up periods.

## **6. Marketing and Advertisement**

- A specific marketing pitch will be used for all EACT advertisement and marketing. FST will take the lead in the development of these materials and welcomes input from team members and the wider community of service providers, seniors, family members and other concerned individuals.
- Flyers will be printed for distribution by Team members and their parent agencies and their referral sources.
- Any press releases will be handled by the team leader.
- Any media requests made to any Team member are to be directed to the Team leader.

## **II. Membership and Meetings**

### **1. Membership**

The consultation team shall be represented by a variety of community leaders. There will be a core group of Team members and a secondary group of Team members who can be called in on an as needed basis.

#### **Core Team Members:**

Team leader  
CCAC Representative  
Older Adult Representative(s)  
Acute care Social Worker  
Addictions and Mental Health Specialist  
Housing representative  
Community Social Workers  
Registered Nurse  
Public Guardian and Trustee  
Victim Witness Assistance Program  
Crown Attorney's Office  
Violence Against Women counsellor  
Alzheimer Society  
Capacity Assessor

#### **Secondary Team Members**

Banking sector representative/Financial advisor  
Public Guardian and Trustee  
Various Clergy Members  
Housing representative  
Geriatrician and/or Geriatric Psychiatrist

### **2. Letter of Understanding**

Each Team member and their respective agency will be asked to sign a *Letter of Understanding* confirming their agreement and willingness to be a member of the Elder Abuse Consultation Team. The *Letter of Understanding* will also confirm their commitment to attend monthly meetings from January to December of each year. The *Letter of Understanding* is outlined in Appendix 1.

Each member must arrange with their respective employer to contribute an average of three (3) hours per month of staff time over twelve months for a minimum of twelve meetings. This amount of time is necessary due to the complexity of the project and the possible complexity of presenting

cases. The three hours of time required does not include travel time to and from the monthly meeting site. This required time is also to help ensure the cohesion, consistency and sustainability of the Team.

Members will agree to commit the time to fully participate. This includes being available for three hours per month (exclusive of travel time) to meet as a team as well as being available to provide advice, on an as needed basis, between meetings. It is understood that the project leader will make every attempt to minimize this time exposure.

### **3. Meetings**

The Team will meet once a month, and review a maximum of 2 new cases. The Coordinator will distribute, in advance, an agenda that will include:

- A review of the minutes from the previous meeting
- A review of any follow-up action recommended by Team members relating to cases discussed at the previous meeting
- A list of cases to be discussed at the meeting (case summaries to be attached as often as is feasible and practical)
- “Other business” or topics of interest to members
- Confirmation of next meeting date, time, location, etc.

### **4. Minutes, Record Keeping and Follow Up**

#### **Minutes**

Minutes will be taken by the Team Leader and distributed to members for review prior to the next meeting. The minutes will include a list of the cases presented, the recommendations and any follow-up action identified.

Minutes will not be available to anyone outside the Team. If anyone outside the Team wishes to have access to meeting minutes, they must contact the team leader.

Minutes from previous meetings and the agendas for an upcoming meeting are to be sent out to Team members no later than seven days (five working days) prior to the next meeting, whenever this is practical and doable. The team acknowledges and recognizes that limitations in infrastructure support sometimes make it difficult to fully inform members, in advance, of all facets of meetings. Names of attending members will not be noted anywhere in the minutes.

## **Record Keeping**

The Team will NOT carry a caseload. It will act in an advisory capacity only. All cases presented remain the responsibility of the referring agency. Record keeping by the Team will be confined to the minutes taken at each meeting, agendas for each meeting, general demographic data, basic case details and suggested options that are presented by the referring agency on the designated forms and any follow-up reports or updates on previously presented cases. The team coordinator will keep these records.

## **Follow Up Reports and Updates**

Referring agencies will agree to provide follow-up reports to the coordinator in verbal or written fashion, or both, so that updates on previous cases can be reviewed in order for the Team to know the outcome of the interventions and the success of the recommendations made.

## **5. Role of Team Members**

- Maintain confidentiality in all cases.
- Meet monthly on a day to be determined by the Team (regularly, not missing more than 2 consecutive months) to review and discuss selected elder abuse cases
- Assist agencies with complex cases of elder abuse including physical, emotional, psychological, financial, systemic, and sexual or medication abuse as well as passive or active neglect or denial of basic human or civil rights.
- Declare, up front, any conflicts they may have with a particular case being presented (i.e. their agency has been involved with the case and the person is aware of this directly or indirectly).
- Consult in a collaborative and co-operative fashion to develop intervention strategies and prevention options for vulnerable older adults.
- Provide professional opinions and advice on how to proceed with presented cases.
- Act as resources for the team leader when information is needed.
- Evaluate suggested options and documentation tools when needed.
- Respect and maintain client confidentiality.
- Maintain the best interests of the client as the number one obligation.

- Promote community awareness and assist in educating professionals and older adults about elder abuse and of the Team's existence and availability.

## **6. Role of the Team Leader**

The Team will be staffed by a team leader appointed by FST. The team is responsible for:

- Coordination and ongoing function of the Team
- Recruitment of Team members and orientation for new members
- Planning, organizing and facilitating Team meetings
- Sending agendas, case summaries, minutes and follow-up actions to Team members
- Selecting and prioritizing cases to be presented to the Team based on established criteria.
- Identifying whether Team members may be placed in a conflict situation by asking presenters to declare if they have consulted with any of the Team members or their respective agencies on the case to be presented.
- Act as a resource in the community on the issue of elder abuse
- Ensure that community service providers are made aware of the Team's purpose and function.
- Examine the outcomes/recommendations put forth by the Team to determine the extent and nature of elder abuse prevention and intervention strategies.
- Consolidate information gathered through the Team to examine the root causes of elder abuse to increase the understanding of the indicators and factors contributing to abuse
- Develop educational training program for professionals in the fields of aging, health care and other service providers who work with the elderly to raise awareness of elder abuse in the community to ensure early detection and prevention.
- Ensuring communication between service providers and Team members is facilitated.

## **7. Role of the Case Presenter**

The case presenter is a representative from a community agency who would like to discuss an elder abuse case with the team members to explore intervention options. The presence of the case presenter is mandatory. The case presenter has the primary responsibility to:



- Conduct an assessment evaluation of the client prior to the presentation (if possible) and summarize the results on the intake assessment form (to be provided by the Team) See Appendix Two for a copy of this form.

NOTE: People can also refer without having tried any interventions if they do not know what interventions to take or the client is hard to reach.

- Attend Team meeting and be prepared to provide additional information/clarification as required
- Clearly articulate the reason for referral
- Be prepared to consider follow-up action based on recommendations made by the Team.

### III. Criteria and Prioritization of Cases

#### 1. Consideration Criteria

The Team will provide a variety of options for service providers to implement in difficult cases where conventional interventions have not been successful. To ensure the most effective use of time and expertise, the following criteria will be used as a basis to accept cases to review:

**Complex Case:** Service provider or older adult/family member is unable to find an intervention that may help resolve the situation; a serious safety, health or financial concern may place the older adult seriously at risk of further abuse.

**Ethical Dilemma:** An ethical dilemma exists in implementing an intervention that may conflict with the older adult's right to self-determination.

**Specialized Expertise Needed:** Special skill or knowledge of the Team members is needed

**Refusal of Service:** The older person refuses all interventions offered and remains at risk of further abuse, or the alleged abuser prohibits the service provider access to the older person.

If cases do not meet one or more of the above criteria, please contact the case coordinator. It is understood that **every** case is complex and because of this, the Team will take any case depending on availability.

## **2. Prioritization**

The following criteria will be used for prioritization of cases referred to the Team:

- The older adult's life is in danger
- Lack of a support network
- Addressing a significant health problem
- Clear evidence of abuse; attempted interventions have failed
- Unable to reach client. Abuse suspected.
- An unsafe environment exists
- A long-standing case with no clear resolution
- Follow-up of previous cases and new non-urgent cases
- Risk assessment screening tool

## **IV. Referral Process**

Lisa Manuel or the Team coordinator will be contacted directly for referrals at [lisama@familyservicetoronto.org](mailto:lisama@familyservicetoronto.org) or 416 595 4049. Referrals will be accepted from all parts of Toronto.

## **V. Confidentiality**

### **1. Client Consent**

All cases will be reviewed anonymously by the team. All identifying information will be removed from the presentation such as name, specific geographic location etc. Verbal or written consent of the client is not required by the Team due to the anonymous nature of the consultation. In order to assist the presenter in accessing resources that may be relevant to the situation, the presenter will be asked to identify which part of the city the client lives in on the basis of the six former municipalities. In the event the abused older adult could be identified based on this information this will not be presented to the team.

## **2. Confidentiality**

To ensure the maximum protection of privacy and confidentiality rights, each Team member and professional/agency must agree to respect and maintain client confidentiality at all times. Client names will not be shared at any time during any level of consultation or during the review process.

The best interests of the client, as outlined in the principles upon which the team operates, are being provided for through the consultation process. Each Team member, some of whom will have signed confidentiality agreements with their respective employer, will have service and confidentiality rules to follow from their respective agencies. All Team members have also signed a *Letter of Understanding* indicating that he/she will maintain client confidentiality.

## **VI. Advice on Suggested Options**

### **1. Principles upon which suggested options for action will be based:**

The Team agrees to review elder abuse cases using the following principles:

- The client has the right to self-determination. As such, the client is free to control his/her affairs to the full extent of his/her abilities.
- Cases will be reviewed on an anonymous basis.
- Maximization of the options available to service provider and his/her client will guide the Team in their consideration of the situation
- Confidentiality is maintained in all situations.
- The least intrusive alternative for intervention will guide decision-making.
- Older adults should be involved in the suggested options when able

Suggestions for action will be developed for the alleged abused and the abuser wherever possible.

# Appendix 1

## Elder Abuse Consultation Team Letter of Understanding

The Elder Abuse Consultation Team will work collaboratively with community service agencies and community leaders to provide useful interventions in an effort to ensure that Toronto is a place where older adults can live with respect and dignity, without the threat of abuse.

**As a member of the Consultation Team, I agree to:**

- Commit the time to fully participate. This includes being available for three hours per month (exclusive of travel time) to meet as a team as well as being available to provide advice, on an as needed basis, between meetings. It is understood that the project leader will make every attempt to minimize this time exposure.
- Assist agencies with suspected cases of elder abuse.
- Attend monthly Team meetings for a period of one year, except where an unavoidable conflict occurs, and to not miss more than two consecutive meetings.
- Act in an advisory capacity to consult, collaborate and co-operate in developing strategies and prevention options for vulnerable older adults.
- Provide my professional opinion and advice on how to proceed with presented cases.
- Act as a resource for the team leader when information is needed.
- Evaluate suggested strategies and documentation tools when needed.
- Respect and maintain client confidentiality at all times.
- Commit to the principles of the team as outlined in the policy and procedure manual
- Adhere to the policies and procedures outlined for the team
- Promote community awareness and assist in educating my profession about elder abuse and of the Team's existence and availability.

I recognize that in order for the Elder Abuse Consultation Team to function successfully, my attendance at the monthly meetings is imperative so that the Team can draw on my expertise if and when needed. I also understand that, if I represent an agency on the Consultation Team, this agreement will become void if I no longer am associated with the agency at a further date. Furthermore, I understand the Team will help providers come up with the best service plan possible to address the cases presented. While the Team will offer options for consideration by the presenting agency, implementation is the responsibility of the service provider and/or older adult/family/support network. I also understand the Team and individual members of the team accept no liability for any options recommended, action or lack of action that results as a direct or indirect consequence of the consultation(s).

I hereby declare that I have read the above *Letter of Understanding* and understand the roles and responsibilities of being a member on the Elder Abuse Consultation Team;

\_\_\_\_\_  
Signature of Team Member

\_\_\_\_\_  
Signature of Provider Agency Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

**Are you available as a resource to consult on an as needed basis, within reason?Yes**

☐ **No**



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**Elder Abuse Consultation Team**  
**Intake Assessment Cover Form**

**Please include a maximum 1-page synopsis/summary of the case to be presented, without using identifying information**

**What strategies have been attempted with what outcomes to date?**

**What kind of advice do you need from the team (please list in order of priority, if possible)**

## **DEMOGRAPHIC INFORMATION**

### **Abused:**

**Type of Abuse:** ☐ Physical ☐ Financial ☐ Emotional ☐ Psychological  
☐ Sexual ☐ Over/Under Drugged ☐ Passive Neglect  
☐ Active Neglect ☐ Deprivation of Liberty ☐ Systemic

**Age:** ☐ Under 50 ☐ 50-54 ☐ 55-60 ☐ 61-65 ☐ 66-70  
☐ 71-75 ☐ 76-80 ☐ 81-85 ☐ 86-90 ☐ 91-95 ☐ 96-100  
☐ 100+

**Gender:** ☐ Male ☐ Female

**Accommodation Type:** ☐ House ☐ Private Apartment ☐ Subsidized Housing  
☐ Boarding House ☐ Retirement Home ☐ Basement apartment  
☐ Other: Specify: \_\_\_\_\_

**Living Arrangement:** ☐ Lives alone ☐ With family ☐ With others

**Finances:** ☐ Pension income ☐ Other assets ☐ Sponsored ☐ Don't know

**Financial capacity:** ☐ Capable ☐ Not capable ☐ Don't know  
☐ Questionable

**Personal care capacity:** ☐ Capable ☐ Not capable ☐ Don't know  
☐ Questionable

**Power attorney for property:** ☐ Granted ☐ Not granted ☐ Don't know

**If granted:** ☐ Activated ☐ Not activated ☐ Don't know

**Is Attorney:** ☐ Alleged abuser ☐ Other ☐ Don't know

**Power attorney for personal care:** ☐ Granted ☐ Not granted ☐ Don't know

**If granted:** ☐ Activated ☐ Not activated ☐ Don't know

**If activated, specify area(s) of decision making:** \_\_\_\_\_

**Is Attorney:** ☐ Alleged abuser ☐ Other ☐ Don't know

**If no power of attorney, is there a substitute decision maker in place?** ☐ Yes ☐ No ☐ Don't know

**Area of decision making:** ☐ Financial/property ☐ Personal care ☐ Don't know

**Is Substitute Decision Maker** ☐ Alleged abuser ☐ Other ☐ Don't know

**Cultural Background:** \_\_\_\_\_

**Current Supports:** ☐ CCAC ☐ Shelter ☐ Support Group ☐ Seniors Drop-in  
☐ Legal Assistance ☐ Police ☐ Victim Assistance Program ☐ Victim Witness  
Program ☐ Respite Care ☐ Transportation ☐ Crisis Help/CIA ☐ Friendly visiting  
☐ Personal Support Services ☐ Security Check ☐ Supportive Housing  
☐ Subsidized Housing ☐ Caregiver Counselling ☐ Advocacy ☐ Counselling  
☐ Pastoral support ☐ Medical facility ☐ Subsidized housing  
☐ Regional Geriatric Program ☐ Office of the Public Guardian and Trustee  
☐ Distress line ☐ Substance abuse counselling/support program ☐ Mental  
health supports

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## **Alleged Abuser:**

**Age:** ☐ Under 18 ☐ 18-25 ☐ 26-30 ☐ 31-35 ☐ 36-40 ☐ 41-45 ☐ 46-  
50 ☐ 51-55 ☐ 55-60 ☐ 61-65 ☐ 66-70 ☐ 71-75 ☐ 76-80 ☐ 81-  
85 ☐ 86-90 ☐ 91-95 ☐ 95-100+

**Gender:** ☐ Male ☐ Female

### **Relationship to abused older adult:**

☐ Spouse/Partner ☐ Sibling ☐ Son or Daughter ☐ Grandchild  
☐ Neighbour ☐ Friend ☐ Other Relation  
(Specify) \_\_\_\_\_ ☐ Other  
(Specify) \_\_\_\_\_

**Cultural Background:** \_\_\_\_\_

**Other Contextual Issues (substance abuse, mental health issues  
etc.)**

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## **ACKNOWLEDGEMENTS**

Resources used for the compilation of these policies and procedures include:

*The Elder Abuse Consultation Network* (undated) Kingston & Frontenac, Elder Abuse Task Force.

*Multidisciplinary Team Coordinator Guidebook* (undated), Illinois Department on Aging, Elder Abuse and Neglect Program