

FINANCIAL ABUSE OF OLDER ADULTS

AN INTERVENTION GUIDE FOR
SERVICE PROVIDERS AND
PARTNERS IN CARE

PRODUCED BY:



WWW.ELDERABUSEONTARIO.COM



Introduction

Elder Abuse Ontario has developed a series of ‘Training Modules’ on specific issues related to elder abuse. The modules have been designed to provide a standardized format that can be utilized when training interdisciplinary sectors. The sections within the module can be used separately, to teach about specific subject areas or used in its entirety, to suit a variety of training environments or challenges of time constraints.

The Financial Abuse Module includes the following:

- Guiding principles
- Overview and Definition(s)
- Risk factors and Warning Signs
- Assessment Questions
- Interview Strategy
- Safety Planning
- Reporting and Legislation
- Case Studies – Discussion Questions, Fact Box, Decision Tree for assist in navigating supports and interventions
- Provincial Resources/Services

By design, the module allows participants opportunities to engage in discussions throughout the training session. There are several examples of Case Studies, reflecting real life stories, which are intended to illicit personal perceptions of the situations, encourage critical thinking regarding a response or intervention, and promote best practices, specific to the person’s role and position. This module can help guide thinking through a complex issue, an iterative process. Understanding grows with experience and reflection.

Recognize Indicators of Abuse

- Why is this situation causing me concern?
- What am I observing?

Interact with the Senior at-risk

- How do I feel about this situation/the alleged abuse?
- What are the values, wishes, goals of the person?
- Is the senior making the decisions?

Respond

- What resources are required?
- What are my responsibilities?
- What is my role on the team?

Reflect

- Stop and think about the situation to promote a better understanding of the issues, on the individual, the team, the organization, and at a systemic level. This can lead to better responses and the prevention of elder abuse.

The wide range of case studies presented, incorporate unique issues, risk factors, and safety concerns. The inclusion of assessment questions for each type of abuse case provides a guideline intended to elicit a response from an older adult. While the assessment questions are not conclusive, they serve as a starting point, to begin the conversation with the older adult, to gather more information about the suspected abuse.

The listing of provincial organizations that provide support to older adults, dealing with abusive situations, is included at the end of the modules. This resource list can be very helpful for agencies, to connect older adults with support services and programs. Consulting listings of local community services and programs and referring to these, is also helpful.

Target Audiences

Prior to facilitating a training session about elder abuse, the trainer/facilitator should gain a better understanding of the background of their audience. For example, an agency/organization may request the training have a particular focus. It is important to inquire about the level of knowledge and expertise of the individuals receiving the training, their professional role and responsibility within their field of work, as well as the specific sector they are working in (Long-term care or community services). With this information, the content of the module can be tailored accordingly.

The module is adaptable for:

- Seniors and volunteers in the community
- Health-care professionals working in hospitals, community-based agencies, or individuals' homes
- Retirement Homes
- Long-term care staff
- Front-line responders

Disclosures:

It is important to be prepared for disclosures or personal reactions, from participants during any training session on elder abuse. A discussion of a sensitive topic may trigger memories from, an experience with a client or a personal experience. Facilitators, may consider inviting a counsellor to the training session, particularly if they feel unsure of being able to provide the necessary supports.

Accompanying Training Materials:

A supplementary PowerPoint presentation accompanies the module. It can be used either prior to the presentation or in tandem with the module. In addition, Elder Abuse Ontario offers additional resources, which may be found posted on its web site, links to research, reports, and information from/links to other agencies working in the field of elder abuse. These can be found at www.elderabuseontario.com

Guiding Principles:

The Guiding Principles included, will assist in providing response and intervention, to assist older adults who are at-risk or experiencing elder abuse.

Guiding Principles

1. **Talk to the older adult.** Ask questions to learn more about his or her experience. Help the person identify resources that could be helpful. Note their mental capacity for decision-making and their understanding of the consequences of their decisions – each decision is assessed independently.
2. **Respect personal values, priorities, goals and lifestyle choices of the older adult.** Identify support networks and solutions that suit the older adult's individuality.
3. **Recognize the right to make decisions.** Mentally capable older adults have the right to make decisions, even if those choices are considered risky or unwise by others (including you). Understand that often before a person will seek or agree to accept help, they need to be able to trust you and know that you will follow through with the help you offer to give.
4. **Seek consent or permission.** In most situations, you should get consent from an older adult before taking action.
5. **Respect confidentiality and privacy rights.** Get consent before sharing another person's private information, including confidential personal or health information (unless there is risk to the older person or someone else).

Guiding Principles

6. **Avoid ageism.** Avoid making ageist assumptions or discriminatory thinking based on age, from affecting your judgment. Avoid stereotypes about older people and show respect for the inherent dignity of all human beings, regardless of their age.
7. **Recognize the value of independence and autonomy.** Where this is consistent with the older adult's wishes, assist them in identifying the least intrusive way to access support or assistance.
8. **Know that abuse and neglect can happen anywhere and to anyone.** Abuse and neglect of older adults can occur in a variety of circumstances.
9. **Respect rights.** The appropriate response to abuse, neglect, or risk of abuse or neglect should respect the legal rights of the older adult, while addressing the need for support, assistance, or protection in practical ways.
10. **Get informed.** Ignorance of the law is not an excuse for not taking action, when someone's safety is at stake. If you work with older adults you need to educate yourself about elder abuse. It is your responsibility to be aware of appropriate resources and services in the community.

SOUND FAMILIAR?



My son keeps pressuring me to sell my house, even though he knows I want to keep living independently.



My niece is living with me, and she doesn't pay me any rent even though I told her I could not support both of us.

Are you concerned about a client or family member/friend?



My sister had my father, who suffers from dementia, sign a power of attorney. I am afraid that my sister is using this power of attorney to steal my father's assets.



My brother is my mother's power of attorney. I think he is stealing from my mother.

What is Financial Abuse of Older Adults?

Any improper conduct, done with or without the informed consent of the older adult, that results in monetary and/or personal gain to the abuser and/or monetary/personal loss to the older adult. It may include:

- Misuse of an older adult's property and/or funds
- Theft, forgery, fraud or scams
- Misuse of a Power of Attorney
- Sharing the older adult's home, without paying a fair share of the expenses
- Unexplained disappearances of personal belongings
- Undue pressure to:
 - Move from, sell, or relinquish his/her home or other personal property
 - Sign legal documents, that they do not fully understand
 - Giving money to relatives or caregivers

Who are the likely perpetrators of financial abuse?

- Spouse/partner, child, other relative
- Friend, neighbour
- Substitute Decision-Maker – Power of Attorney
- Professionals (financial advisor, spiritual advisor, realtor, etc.)
- Care provider, healthcare practitioner, therapist

Recognizing Abusers

- Have substance abuse, gambling, or financial problems
- Stand to inherit and feel justified in taking what they believe is "almost" or "rightfully" theirs
- Fear that their older family member will get sick and use up their savings, depriving the abuser of their inheritance.
- Have negative feelings toward siblings or other family members whom they want to prevent from acquiring or inheriting the older person's assets
- Dependence on older adult for money and/or shelter.

Recognizing Financial Abuse

Banking/ Legal

- Large sums of money go missing from the older person's bank account
- Suspicious or forged signatures on cheques or other documents
- Older adult is in debt with no known cause
- Older adult is asked to sign documents without understanding them
- Transfer or withdrawal of funds without prior permission
- Denial to access or control of finances such as credit cards, cheques

Living Status

- Personal belongings go missing
- Notice of eviction or discontinuation of utilities
- Older adult is unable to pay bills, buy food or pay rent
- Standard of living not in keeping with the senior's income or assets
- Unexpected sale of the home or changes made to their will
- Isolation from family or friends
- Power of Attorney refuses to consider moving an older adult to Long-Term Care or Retirement Home in order to gain or retain access to their finances
- The older person seems nervous or worried when discussing money
- New 'best friends'

Risk Factors for Financial Abuse

Having poor physical or emotional health, impaired mobility, or both.

- Slower completion of financial tasks.
- Decline in everyday math skills.
- Difficulty assessing risks in money-making opportunities.
- Memory loss, cognitive conditions such as dementia and Alzheimer's.
- Stroke victims experience the greatest amount of financial loss -the change is sudden so less time to prepare than in cases of dementia or Alzheimer's.

May be more trusting than younger generations plus a sincere desire to help out.

Being financially sophisticated and well educated might give older adults a sense of overconfidence in their own ability to manage money

Someone described as "extremely friendly" is likely to experience four times the financial losses of someone with a more typical level of friendliness.

Isolation, loneliness and family situation

Older adults who are alone or isolated; however, some research suggests that living with a relative is a risk factor for financial abuse.

Having family members who are unemployed and/or have substance abusers problems.

(Canadian Centre for Elder Law, July 2011)

Interview Strategy

1. Develop trust and be sensitive to the person's culture, religion, comfort level and timing in obtaining disclosure.
 - Interview alone and listen, be patient, non-threatening and non-judgmental
 - Validate feelings and offer emotional support
 - Avoid premature assumptions and suggestions
 - Some cultures may require a family member to be present during the interview or it may be necessary to negotiate in order to interview someone alone.
2. Note suspicious histories:
 - Explanations are vague, bizarre or incongruent with the real events
 - Denial of obvious financial mismanagement
 - Long delay between illness/injury and treatment, history of "doctor shopping."
3. Be alert to the person's wishes. Assess whether the person has the ability to "understand" and "appreciate" what is happening (whether they are mentally competent) and try to determine what their needs are.
4. Identify what information is missing (e.g. frequency and duration of abusive incidents, urgency, need for physical examination).
5. Be aware of interdependent relationships and power differentials.
 - Be cautious of the involvement of a third party who may be the abuser;
 - Note conflicting stories.
 - Where appropriate, interview family members, but remember that it's key to TALK TO THE OLDER ADULT even if family are available.

Having the Conversation

Financial abuse can be a difficult subject to broach with a family member or older adult. It is important to conduct a thorough assessment, to detect, identify and intervene, when supporting an older adult who is the victim of financial abuse. The following are sample questions that may assist care providers in starting the conversation, where financial abuse is suspected. Follow your professional standards when conducting investigative interviews and obtaining client consent:

Assessment Questions

- ☐ Is there something that you would like to share with me?
- ☐ Has there been a recent incident causing you concern?
- ☐ Do you make decisions for yourself or does someone else make them for you?
- ☐ Does your caregiver depend on you, for shelter or financial support?
- ☐ Have you ever felt taken advantage of?
- ☐ Do you have any concerns about your money/belongings/property/valuables?
- ☐ Has anyone ever asked you to sign papers that you did not understand?
- ☐ Does anyone ever take things from you or used your money without your permission?
- ☐ Do you manage your own money?
- ☐ Has anyone taken anything from your purse/wallet?
- ☐ Has anyone taken money from your bank account?
- ☐ Have you been pressured to change your Power of Attorney?
- ☐ Has anyone pressured you to change your Will?
- ☐ Would you like some help with_____?

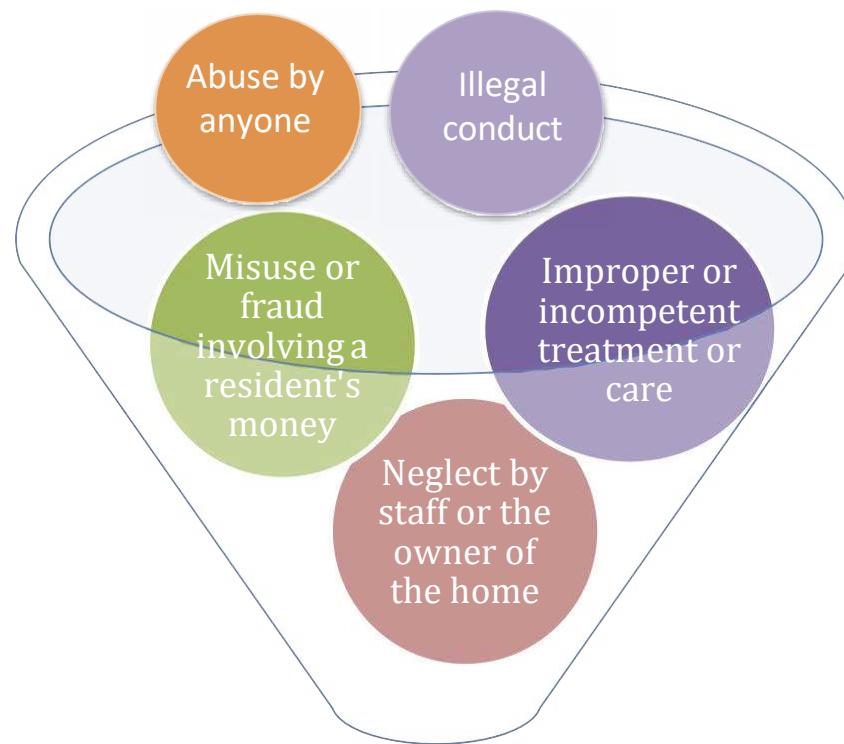
Safety Planning

Educate older adults in your care, about different preventative actions they can take such as:

- Not lending their bank card or giving out their PIN number to anyone
- Using direct deposit for all cheques that they receive
- Having bills automatically paid from their bank account
- Not signing any documents they do not understand or are being pressured to sign
- Not being guilt-tripped into doing something they disagree with
- Updating their Will and Power of Attorney documents yearly or as relationships change
- Only granting an attorney (Continuing Power of Attorney for Property and/or a Power of Attorney for Personal Care) to a person(s) that they know, trust, and whom they know will respect their wishes
- Writing into their Continuing Power of Attorney for Property, instructions regarding when it is to come into effect
- Seeking independent advice from someone they trust before signing any documents.
- Reading all legal documents carefully, including the fine print
- Not lending money without a formal payback schedule...unless it's a gift
- Being careful when co-signing loans or signing over ownership of their home
- Keeping their home secure and not leaving valuables or large amounts of cash lying around
- Being informed about financial affairs

Know the Law

In Ontario, the law says that the abuse of an elder person living in a long-term care home or retirement home must be reported immediately by anyone who has reasonable grounds to suspect that a resident has been harmed or will be harmed.



↓
REPORT

It is against the law for anyone to punish someone who reports abuse of a resident in a home.

This obligation includes family members of residents, staff, owners of the homes, doctors, nurses and other health care professionals under the *Regulated Health Professions Act*, drugless practitioners and social workers.

Retirement Home Act
s.75. (1)

and

Long-Term Care Homes Act
s.24 (1)

Professional Responsibility To Report Financial Abuse

P.I.P.E.D.A. Personal Information Protection and Electronic Documents Act (Federal Legislation)

PIPEDA requires private-sector organizations to collect, use or disclose people's personal information by fair and lawful means, with their consent, and only for purposes that are stated and are reasonable.

PIPEDA provides relief under section 7(3) for the disclosure of client information to the police in the event you suspect criminal activity. This disclosure is voluntary.

PIPEDA is applicable in all provinces and territories except Quebec, BC and Alberta, which have passed similar legislation. Since Ontario has passed privacy legislation with respect to *health information* that is similar to PIPEDA, PIPEDA only applies to *non-health information* in Ontario.

Power of Attorney

Power of Attorney (POA) is a legal document, that gives someone else (one or more person(s)) the legal right to act on the Grantor's behalf.

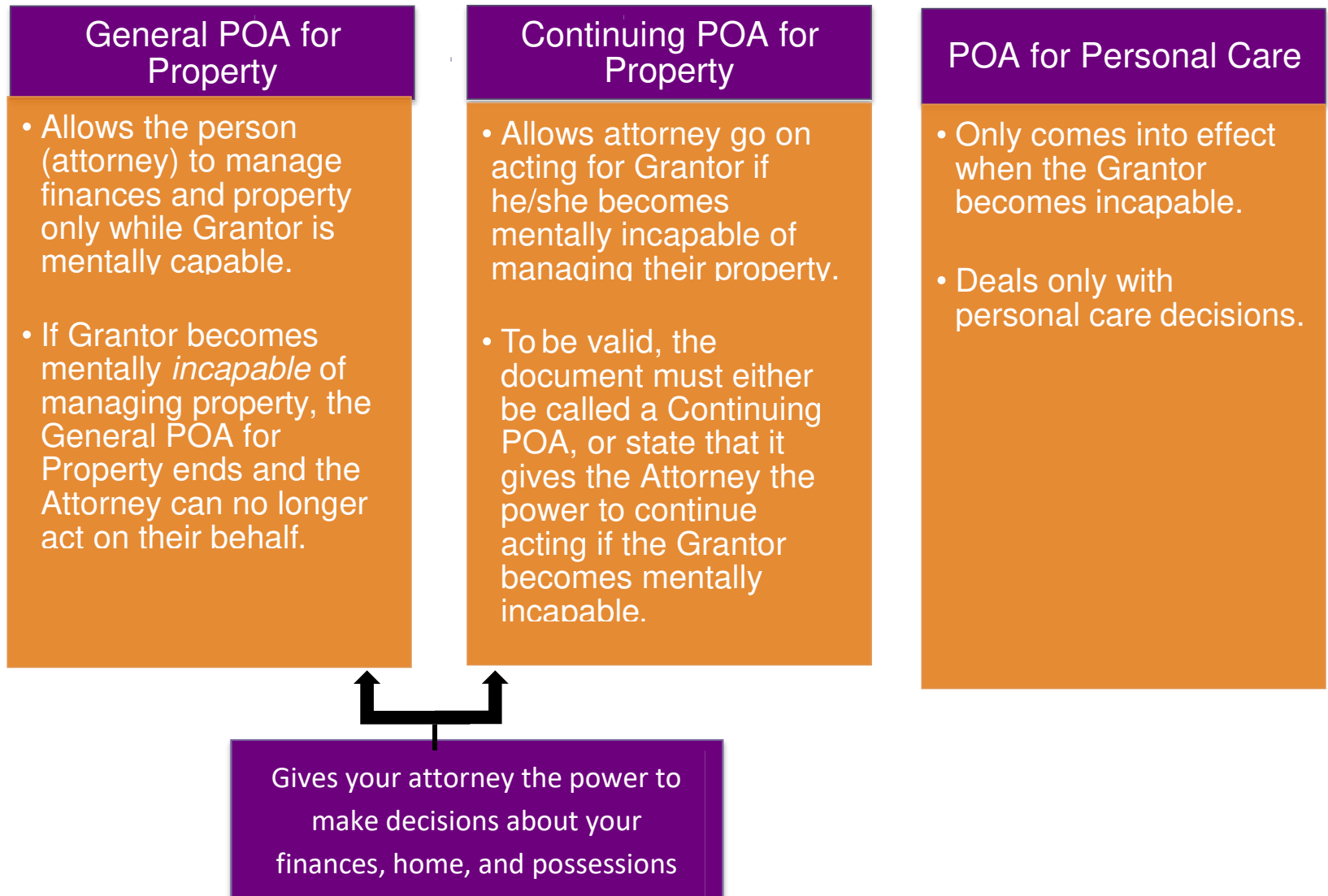
The Grantor must be mentally capable at the time they sign any type of Power of Attorney, for it to be valid. To be **mentally capable**, means that the person is able to understand and appreciate financial and legal decisions and understands the consequences of making these decisions.

Grantor: Person appointing the attorney for property or personal care.

Attorney: Person or persons chosen to act on the grantor's behalf. He/ she does not have to be a lawyer.

(Office of the Public Guardian and Trustee, Powers of Attorneys and Living Wills Q&A, 2014)

Types of Power of Attorney in Ontario



(Office of the Public Guardian and Trustee, Powers of Attorneys and Living Wills Q&A, 2014)

Duties of the Attorney

The person given POA (the attorney) has a duty to act in the Grantor's best interest. The Grantor can set out in the POA document the types of transactions that they want the Attorney to conduct for them, or insert restrictions as to what they should not do. The attorney is required to keep detailed records of the transactions they complete on the Grantor's behalf.

What can the attorney do?

Unless the Grantor limits their attorney's authority, the attorney can do almost everything with their finances and property that the Grantor could do. If they don't have any limitations in their POA document, their attorney can do their banking, sign cheques, buy or sell real state and acquire consumer goods.

Their attorney does not become the owner of any of their money or property. He or she only has authority to manage it on the older adult's behalf. The attorney however can NOT make a will for the Grantor, nor change an existing will, or change the beneficiary on a life insurance plan or grant new Power of Attorney to someone else on the Grantor's behalf.

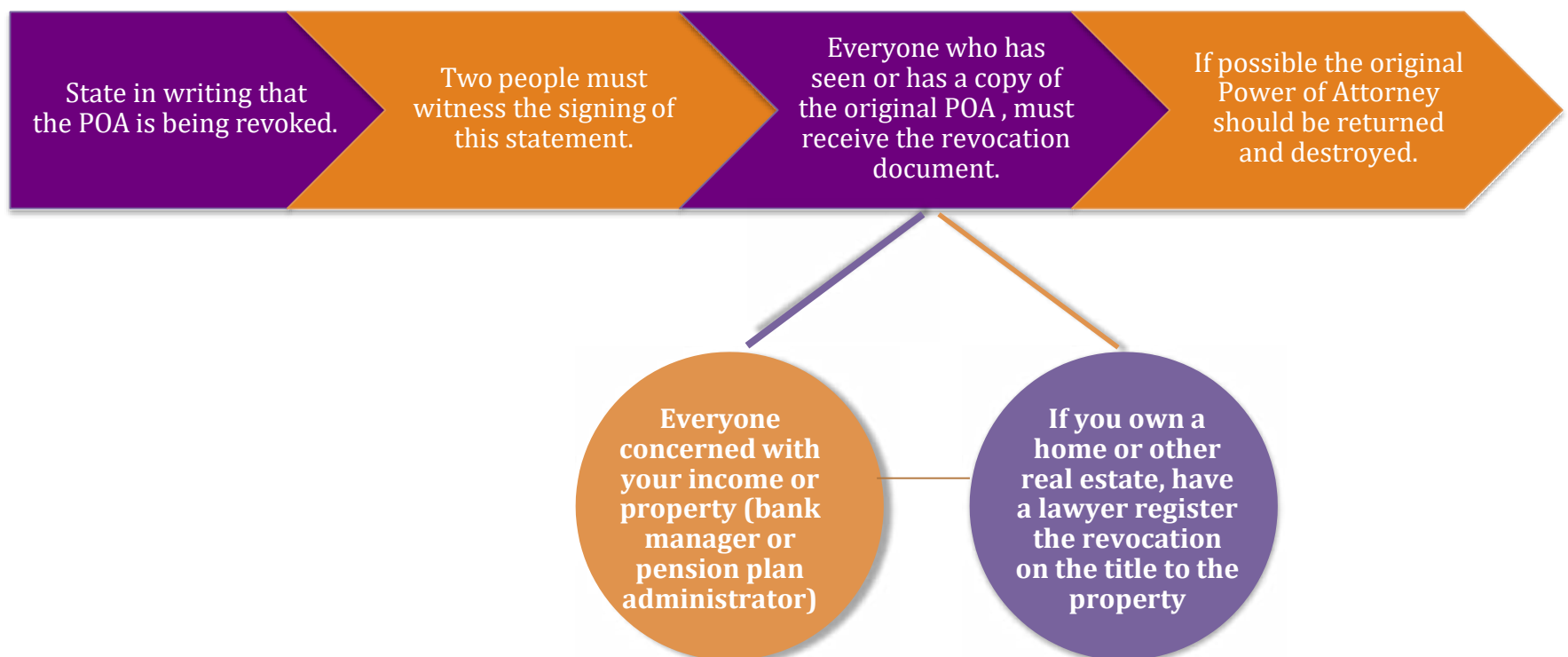
Can the Grantor still make decisions?

As long as they are mentally capable, they can continue to make their own decisions about their finances, even after granting a POA.

Revoking a POA when the Grantor is still Capable

A **Grantor** can revoke an existing POA and appoint a new attorney at any time. The Grantor might want to do this if:

- They have concerns about the way their attorney is acting on their behalf
- Their situation changes and they think the person who is currently their attorney is no longer suitable.
- The current attorney may no longer be available to act for them
- The Grantor moves to a different province/territory or outside of Canada, and the existing POA may not be recognized in that new jurisdiction/location.



Power of Attorney Theft

The abuse of powers by an appointed attorney acting as power of attorney is not civil; it's criminal.

Theft by Person(s) Holding Power of Attorney: Section 331 of the Criminal Code of

Canada: *Everyone commits theft who, being entrusted, whether solely or jointly with another person, with a power of attorney for the sale, mortgage, pledge or other disposition of real or personal property, fraudulently sells, mortgages, pledges or otherwise disposes of the property or any part of it, or fraudulently converts the proceeds of a sale, mortgage, pledge or other disposition of the property, or any part of the proceeds, to a purpose other than that for which he was entrusted by the power of attorney.*

What does it mean?

An attorney can be found to have committed this crime if he or she sells, mortgages, pledges or in any other way disposes of some or all of the grantor's real or personal property. It is also theft if the Attorney sold or mortgaged the property legitimately but then kept the proceeds, or did anything at all with the proceeds that he or she was not authorized to do by the Power of Attorney document

The thieving attorney can do jail time, as the punishment is the same, as for any other kind of theft. If the value of the property stolen is under \$5,000, the jail term can be up to two years. If the property is worth more than \$5,000, or if the property stolen is a testamentary instrument (e.g. a Will or Codicil), the jail time can be up to 10 years.

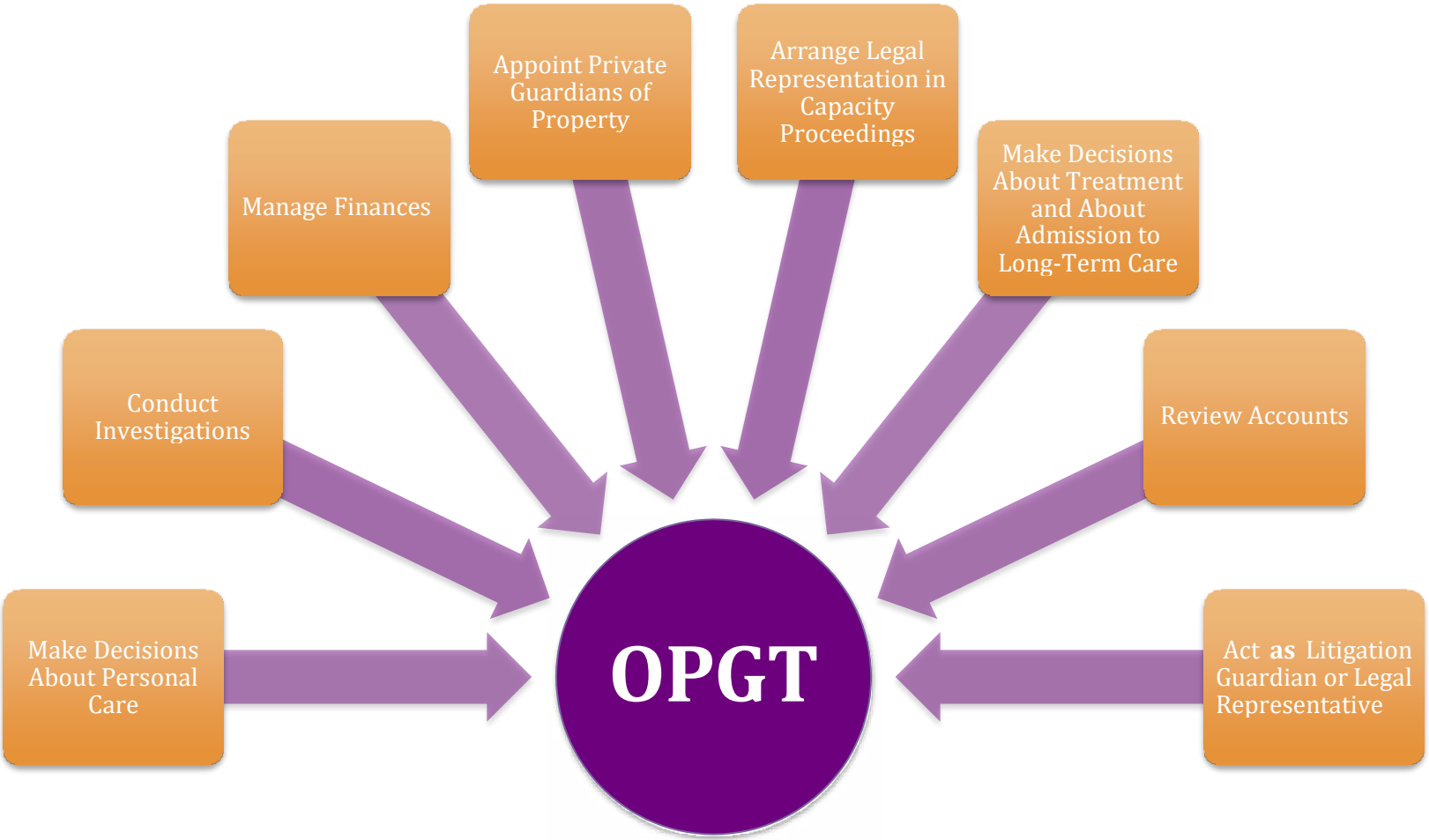
It is a crime

Report It!

The reason many dishonest attorneys get away with abusing their position under the Enduring Power of Attorney is that nobody notices what's going on. And if anyone does notice, they tend not to say anything because they are too polite or feel they don't know enough about it, or they simply don't want to look greedy or nosy.

Office of the Public Guardian and Trustee (“OPGT”)

Protecting the Rights and Interests of mentally incapable adults



If you know of an adult who appears to be mentally incapable and at serious risk, contact the Office of the Public Guardian and Trustee (OPGT).

What is the purpose of the OPGT's guardianship investigation service?

- Protect mentally incapable adults who are suffering, or at risk of suffering, serious harm.
- Severe self-neglect, physical abuse and financial exploitation of incapable people are some of the problems that this service can, in certain circumstances, help to resolve.

How does the OPGT become aware of these situations?

- Anyone may contact the OPGT, by telephone or mail, to express concerns about a person who may be incapable and at serious risk.
- The telephone number is 416-327-6348 or toll-free at 1-800-366-0335 or TTY: 416-314-2687.

Aren't people entitled to choose how they live, even if it involves risk?

- Personal autonomy and the right to make individual choices – even “bad” choices — are fundamental values in our society. But some people — due to illness, injury or other causes — lack the mental capacity to make their own choices. As a result, they are extremely vulnerable to neglect, abuse and exploitation.
- The key is finding the balance between respecting the rights of capable adults while protecting those who cannot protect themselves.
- The law has safeguards, including a court process, to ensure that people's decision-making rights are not altered without careful consideration and due process.

When is a person considered to be “mentally incapable”?

A person is mentally incapable of managing property if he or she cannot understand relevant information or cannot appreciate what may happen as a result of decisions they make, or do not make, about their finances.

What level of harm must be alleged before an investigation can be initiated?

The law requires the OPGT to investigate if a person is alleged to be incapable and suffering, or at risk of suffering, “serious adverse effects” of a financial or personal nature as a result.

With respect to finances, “serious adverse effects” includes “loss of a significant part of one's property or failure to provide the necessities of life for oneself or dependents”. Incapacity may, for example, lead a person to give large sums of money away to strangers or to face loss of his or her home for failure to pay taxes. An incapable person may face starvation or eviction if he/she cannot pay rent or buy food.

Is a guardianship investigation and application to court the only solution to these problems?

No. There are often other solutions that are more appropriate in particular situations. If there are concerns that a guardian or a person handling a power of attorney is mismanaging an incapable person's money, anyone can ask the court to review the matter. This is usually the most appropriate course of action when there is a dispute among family members about how one member is handling a power of attorney for an incapable relative.

If an incapable person needs a guardian of property, this can sometimes be accomplished through a **capacity assessment process** without the need for an investigation.

What does the “Capacity Assessment Office” do?

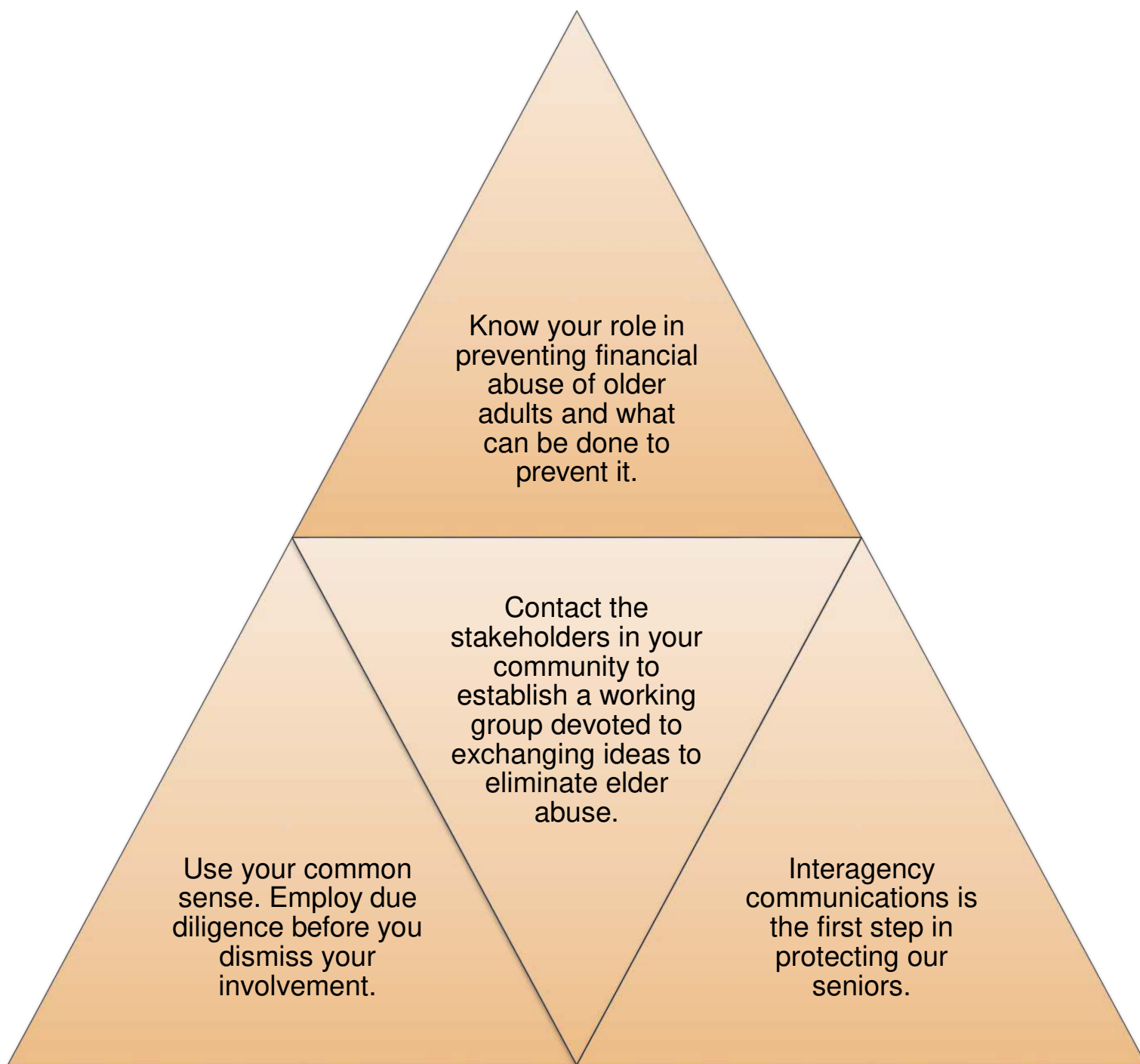
The Capacity Assessment Office is operated by the Ministry of the Attorney General and it trains eligible health professionals to be capacity assessors in accordance with the Substitute Decisions Act. It also:

- Maintains a current roster of qualified capacity assessors
- Provides on-going education and consultation services to assessors
- Operates a Financial Assistance Plan to assist individuals who wish to request an assessment but who cannot afford the costs
- Answers inquiries about capacity assessment; and
- Can assist in locating assessors with other language facility when needed

What is a ‘capacity assessor’?

A ‘capacity assessor’ is someone who is qualified and designated to determine whether an individual is mentally incapable of certain types of decision-making as described in the Substitute Decisions Act. In some circumstances, the Substitute Decisions Act gives capacity assessors the exclusive authority to make such determinations.

Strategies to Combat Financial Abuse



CASE STUDY

FINANCIAL ABUSE

I LOVE MY GRANDSON.



Li Wei appreciated her grandson's help to run errands. Since her husband's death a few months ago, simple things like getting groceries, medicines or getting to the bank had become difficult for her. In addition, her deteriorating physical health and limited mobility made things even more difficult for her. Her grandson, Cheng, had offered to help and for a while it seemed like the perfect arrangement. He would take her to the bank, the supermarket, drugstore, etc. Li Wei was recently discharged from the hospital and as part of her discharge plan she was to receive home support. You start working with Li Wei and see her twice a week for a couple hours.

As winter approached Cheng told Li Wei it would be much easier if he just run the errands for her. Because he had been so helpful for so many months, Li Wei thought nothing of making arrangements to have her grandson to be added to her personal bank account (joint account holders). It would make things much easier for her, she thought. Meanwhile, you started noticing that Cheng wasn't visiting Li Wei as often as before and started to take longer and longer to bring her medicines and groceries. You also noticed that occasionally, Li Wei did not have enough groceries at home and she would spend days without taking her medicine. It wasn't until a cheque she had written to cover her insurance had bounced that Li Wei realized her grandson had been helping himself to her pension. You can see that Li Wei seems very upset and worried but she doesn't seem to be taking any action.



What do you do next?

FACT BOX

| | |
|---------------------------------|--|
| Type of Abuse : | Financial abuse and neglect |
| Warning Signs : | <ul style="list-style-type: none">✓ Joint bank account (insufficient funds when Li Wei transacts)✓ Little to no food in the house✓ Disruptions in medication routine (irregular medication intake)✓ Social isolation (Cheng not visiting Li Wei as often as before)✓ Emotional stress/worry/anxiety |
| Risk Factors : | <ul style="list-style-type: none">✓ Impaired health and limited mobility✓ Dependency on grandson✓ Widower (social isolation = changes in social activity) |
| Who is Abuser ? | Li Wei’s grandson |
| Risk Assessment: | Non-imminent |
| Pertinent Assessment Questions: | <p>Assessment questions for Li Wei:</p> <ul style="list-style-type: none">✓ Is there something that you would like to share with me?✓ Has there been a recent incident causing you concern?✓ Have you ever felt taken advantage of?✓ Do you have any concerns about your money?✓ Does anyone use your money without your permission?✓ Do you manage your own money?✓ Has anyone taken money from your bank account?✓ Do you have anyone you can talk to about this?✓ Would you like some help with _____?✓ Is there someone else who can help you with your errands?✓ What do you want to do? <p>Assessment questions for Cheng:</p> <ul style="list-style-type: none">✓ Is caring for your grandmother different than you thought it would be?✓ Most caregivers find their role stressful. I sense caring for Li Wei is stressful for you. Is this recent or has this been this way for some time? |

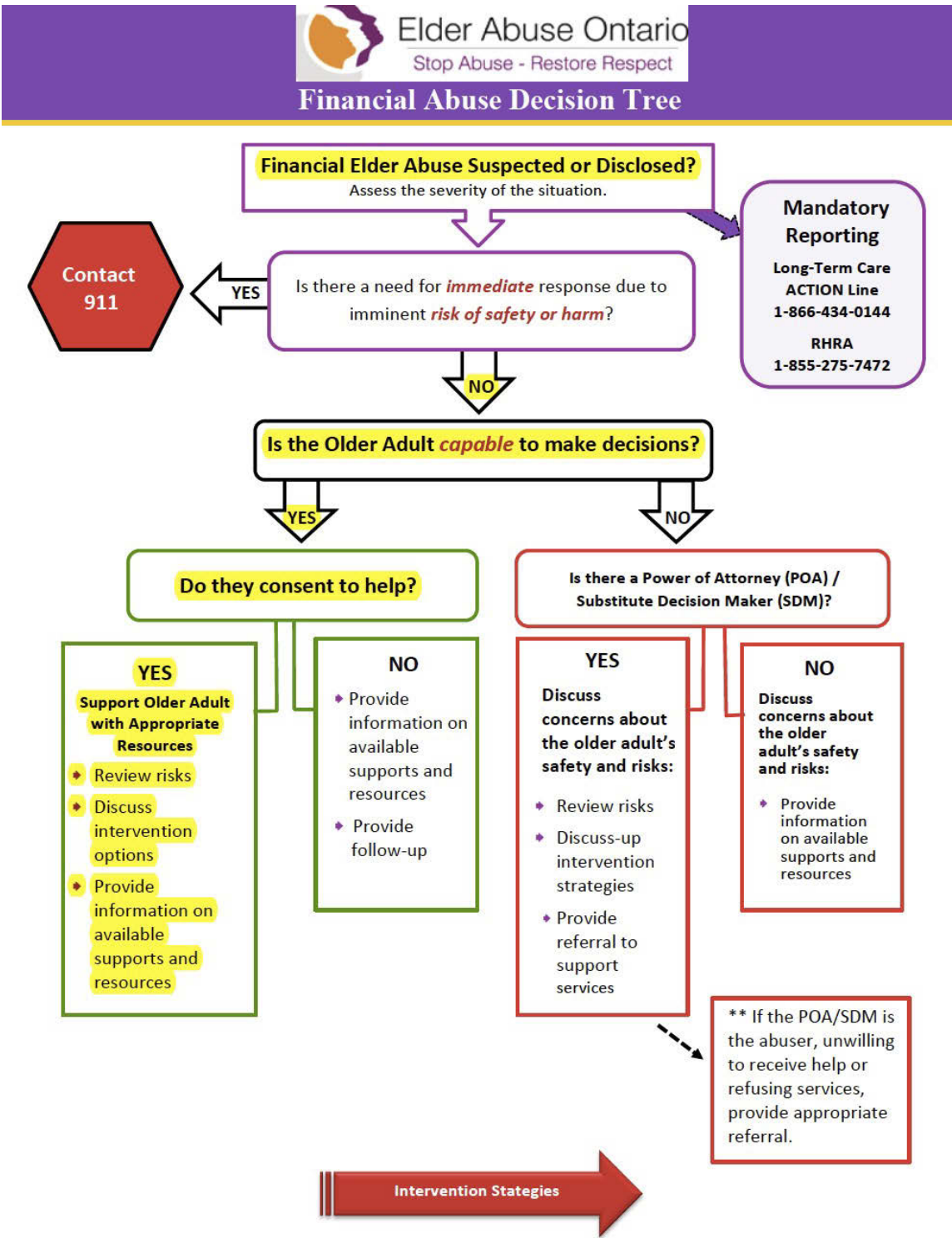
| | |
|-----------------------------------|---|
| | <ul style="list-style-type: none"> ✓ What expectations does she have of you? ✓ Do you feel able to ask for help from others when you feel you need a break? ✓ Are you and Li Wei aware of the kinds of help available in the community? |
| Capacity: | Capable |
| Consent: | Consents to support and referrals - Unknown |
| Response and intervention: | <p><u>If PSW is observing the situation</u></p> <ul style="list-style-type: none"> ✓ Document (date and time of incidents, physical injuries and other pertinent details) ✓ Report observations/suspicions to your supervisor (follow employer's policies and procedures) ✓ Provide local and regional resources that could assist ✓ Monitor and follow-up with senior <p><u>If regulated professional...</u></p> <ul style="list-style-type: none"> ✓ Assessment of client/patient and level of risk involved ✓ Document (date and time of incidents, physical injuries and other pertinent details) ✓ Obtain consent, explain your duties and responsibilities ✓ If she does not consent, provide Li Wei with a list of local and regional resources (including the Seniors Safety Line) and follow up. If she does consent, consider possible referrals, establish intervention team (key players: social worker, case manager etc.), and explore options. Note: A capacity assessment might be necessary. ✓ Report to superiors as per internal policies and procedures set-out by your employer. ✓ Monitor and follow-up with senior <p>Here are some of Li Wei's options (to be considered and carried out by the intervention team):</p> <p>Capable</p> <ul style="list-style-type: none"> • Removing the grandson from her joint account and changing her PIN numbers, having bills automatically paid and having cheques automatically deposited. • Groceries and meals: look into grocery delivery, meals on wheels or ordering prepared/frozen meals. • Consider transportation options ex: accessible transportation (community service programs), learn how to take public transportation, Red Cross etc. • Contact pharmacy to have medications delivered and automatically paid from her account • Social life: Look into options for socialization (seniors' groups, clubs, and programs) |

| | |
|----------------------------------|--|
| | <ul style="list-style-type: none"> • Inform Lei Wei that she can notify the police and discuss criminal charges related to fraudulent use of her monies • Refer to family counselling or elder mediation • Develop a safety plan <p>Incapable</p> <ul style="list-style-type: none"> • Notify the PoA (property and finances or personal care) if she has one. If there is no PoA in place, or PoA is the abuser, notify the Office of The Public Guardian of Trustees (OPGT) • Notify the bank of updated/new representative (if no POA was in place and new one is chosen) • Suggest that PoA go to the bank to remove Cheng from her joint account, change her PIN number, have bills automatically paid and have cheques automatically deposited • Look into grocery and meal options (e.g. meals on wheels, ordering frozen meals etc.) • Consider transportation options ex: accessible transportation (community service programs), learn how to take public transportation, Red Cross etc. • Contact pharmacy to have medications delivered and automatically paid from her account • Social life: Look into options for socialization (seniors' groups, clubs, and programs) • Inform Lei Wei that she can notify the police and discuss pressing criminal charges • Suggest family counselling or Elder mediation for Li Wei and Cheng • Develop a safety plan |
| Referral & Resources: | <ul style="list-style-type: none"> ✓ Seniors Safety Line ✓ Local elder abuse service or case management team ✓ Li Wei's bank manager ✓ Li Wei's pharmacist ✓ LHIN Home and Community Care coordinator (in-home services) ✓ Social worker ✓ Police ✓ <i>If capacity is in doubt:</i> <ul style="list-style-type: none"> - Geriatric/capacity assessment service - Office of the Public Guardian and Trustee (if incapable) |
| Other: | <p><u>Non-regulated worker</u></p> <ul style="list-style-type: none"> ✓ Document & report observations to your supervisor ✓ A third party might need to be informed – Power of Attorney, Substitute Decision-Maker – as indicated in service contract/agreement/workplace policies |

| | |
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| | <p><u>Regulated professionals</u></p> <ul style="list-style-type: none">✓ Contact your professional College✓ Contact the Police if the nature and the severity of the offence, as outlined in your professional code of ethics, compel you to do so; otherwise, you should seek the senior’s consent before calling the authorities✓ Notify a third party (Power of Attorney, Substitute Decision-Maker, family etc.) if required to do so; as indicated in service contracts, agreements, and workplace policies |
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Supporting Li Wei

The following example illustrates how a service provider can use the decision tree to support Li Wei

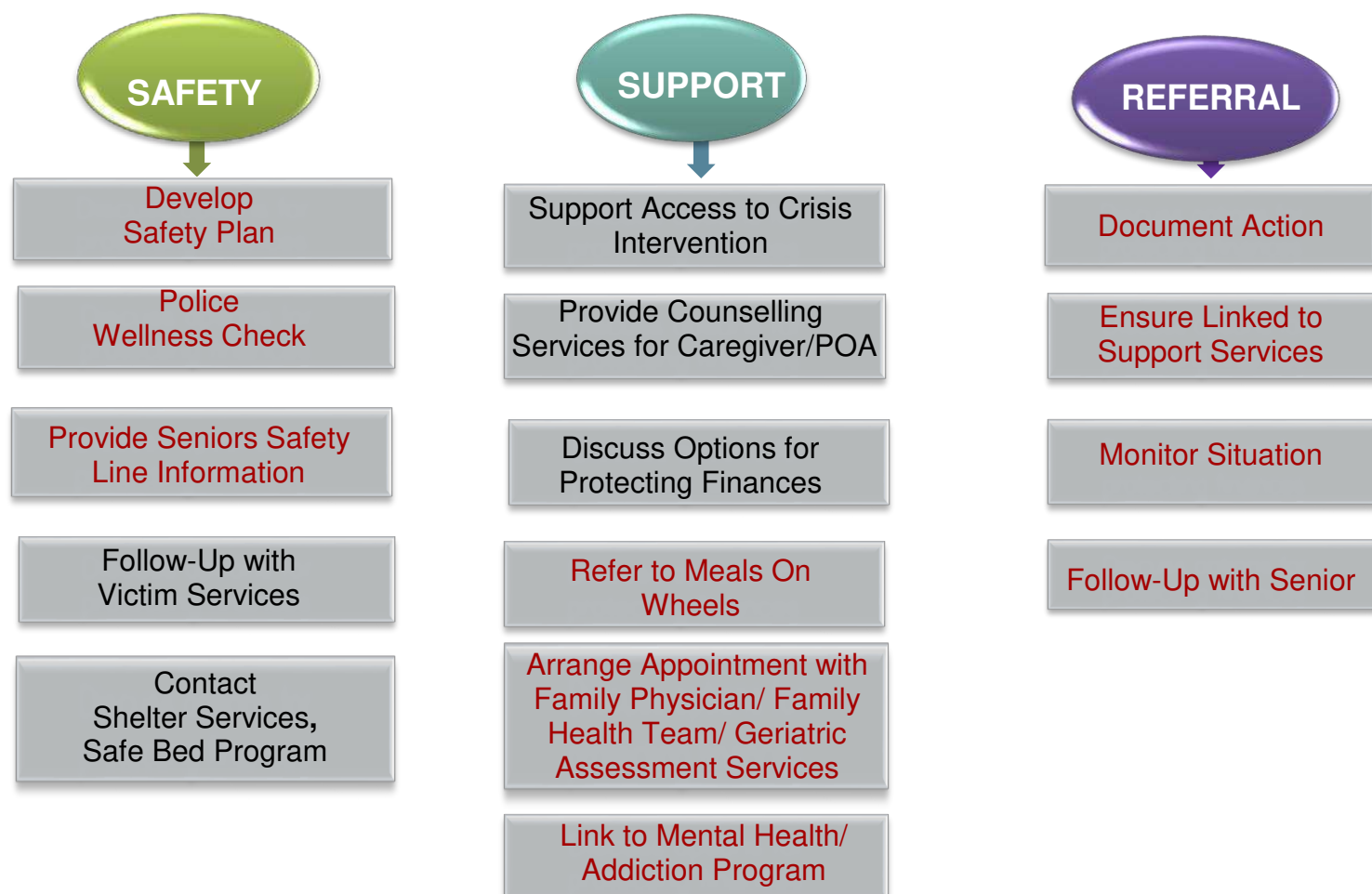


Resources and Community Supports

| | | | |
|---|----------------|---|----------------|
| Alzheimer Society of Ontario | 1-800-879-4226 | Ontario Provincial Police | 1-888-310-1122 |
| Assaulted Women's Helpline | 1-866-863-9511 | Ontario Human Rights Commission | 1-800-387-9080 |
| Local Health Integration Networks | 1-866-383-5446 | Seniors Safety Line | 1-866-299-1011 |
| Law Society Referral Service | 1-855-947-5255 | Retirement Homes Regulatory Authority | 1-855-275-7472 |
| Mental Health Helpline | 1-866-531-2600 | Victim Support Line | 1-888-579-2888 |
| Office of the Public Guardian and Trustee | 1-800-366-0335 | Welcome Centre Immigrant Services | 1-877-761-1155 |

For more resources visit : www.elderabuseontario.com

Intervention Strategies



CASE STUDY

FINANCIAL ABUSE



I CAN'T REMEMBER SIMPLE TASKS.

Emma struggled with her finances - always had - always would. Raised by good parents, and never lacking anything, Emma viewed fulfilling her desires as something to be taken care of now rather than later. Can't pay for it? Charge it. It was a pleasant surprise when Aunt Julia asked Emma to be her PoA. Emma was familiar with the PoA designation. Her sister performed the same duties for their parents.

Before long, dementia stole Julia's ability to even perform simple tasks such as banking so Emma had her confined to a 24-hour care facility. As a concerned family member you want to help ensure Aunt Julia is well cared for. As Emma looked over her aunt's financial records she realized that her future was set. Emma cashed in a \$100,000.00 GIC Aunt Julia owned. The money was deposited into Emma's personal bank account after providing the bank with a copy of the PoA. The fact they both banked at the same institution made money transfers a simple task.

Within the year all the money was gone spent on clothing, gas, vehicles, and trips. Emma began writing cheques to herself for \$5000.00 at a time, depositing them into her own account. She applied to borrow \$100,000.00 against Julia's 5 and 10 year GICs she couldn't get her hands on immediately. It was during the routine check into this application that the bank manager realized that something was not right. He contacted the police and they took it from there.



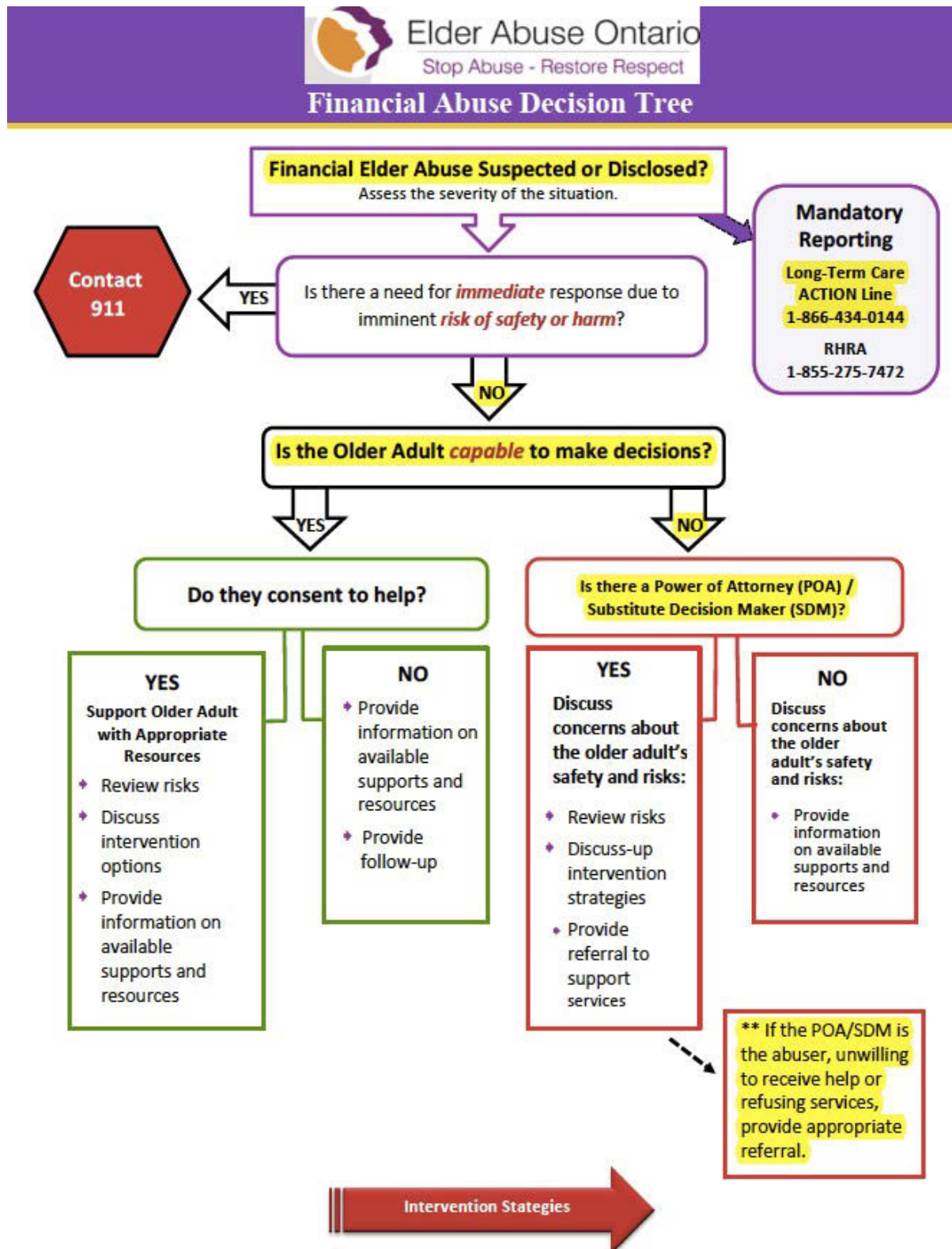
What do you do next? FOR

FACT BOX

| | |
|--|--|
| Type of Abuse : | Financial |
| Warning Signs : | <ul style="list-style-type: none"> ✓ Emma’s past inability to manage her own personal finances and sudden PoA access to Julia’s money |
| Risk Factors for Victim : | <ul style="list-style-type: none"> ✓ Declining health, increased lack of mobility ✓ Cognitive impairment increases vulnerability to manipulation by a person who should be trusted |
| Who is Abuser? | <ul style="list-style-type: none"> ✓ Emma, the niece |
| Risk Assessment: | <ul style="list-style-type: none"> ✓ Imminent – theft investigation |
| Pertinent Assessment Questions: | <ul style="list-style-type: none"> ✓ Assessment with the senior directly may not be possible due to the described cognitive impairment. |
| Capacity: | <ul style="list-style-type: none"> ✓ Incapable ✓ Dementia as stated in case study – unable to do basic banking and manager personal finances/assets |
| Consent: | Unable to provide consent due to limited capacity |
| Response and intervention: | <ul style="list-style-type: none"> ✓ Concerned family member, who is aware of this financial abuse, has a mandatory reporting requirement to the LTC Action Line ✓ Bank Manager who noticed the financial abuse called the police as this constitutes criminal offence, “Theft(s) By Persons Holding Power of Attorney” |
| Referral & Resources: | <ul style="list-style-type: none"> ✓ Investigation by the OPGT who protects the rights of mentally incapable persons at risk of suffering serious adverse effects (revoke Emma as POA) ✓ Application to the court for Guardianship through Consent and Capacity Board ✓ Alzheimer Society for ongoing client support and monitoring |
| Other: | Bank Manager voluntarily disclosed to police under the “The Professional Responsibility to Report Financial Abuse”. |

SUPPORTING EMMA

The following example illustrates how a service provider can use the decision tree to support the Emma

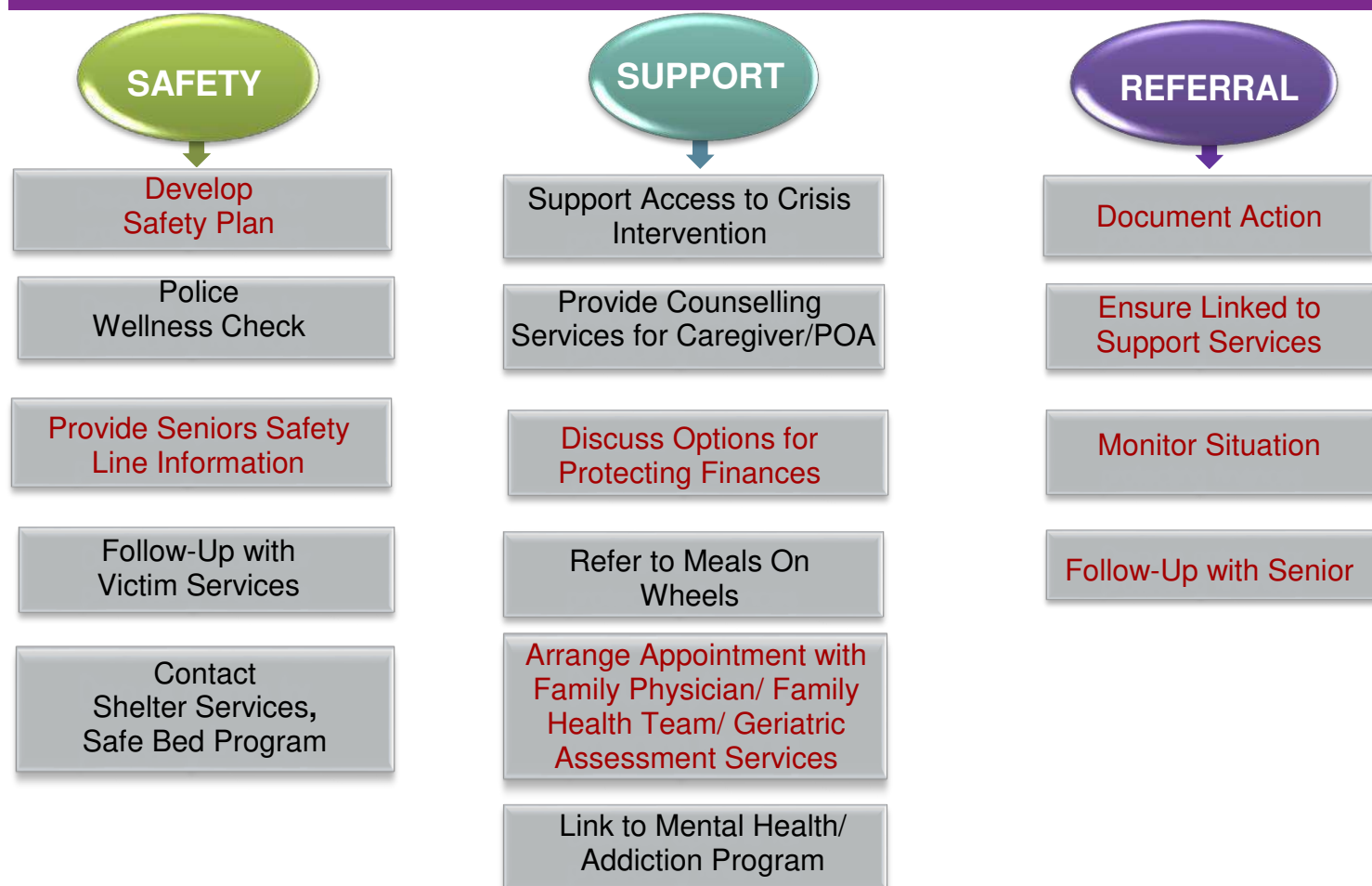


Resources and Community Support

| | | | |
|---|----------------|--|----------------|
| Advocacy Centre for the Elderly | 1-855-598-2656 | Office of the Public Guardian and Trustee | 1-800-366-0335 |
| Alzheimer Society of Ontario | 1-800-879-4226 | Ontario Provincial Police | 1-888-310-1122 |
| Consent and Capacity Board | 1-866-777-7391 | Ontario Human Rights Commission | 1-800-387-9080 |
| Local Health Integration Networks | 1-866-383-5446 | Ombudsman for Banking Services and Investments | 1-888-451-4519 |
| Law Society Referral Service | 1-855-947-5255 | Seniors Safety Line | 1-866-299-1011 |
| Long Term Care- ACTION Line | 1-866-876-7658 | Victim Support Line | 1-888-579-2888 |

For more resources visit : www.elderabuseontario.com

Intervention Strategies



CASE STUDY

FINANCIAL ABUSE



My husband takes care of me.

Shireen is 68 years old. She has major physical health problems and some minor cognitive impairment, as the result of a brain tumour which was successfully removed. She currently requires 24-hour care and this is likely to be the case in the future. She currently lives in her own home, with her husband, who is her principal caregiver. You were advised in your care notes that the husband is Shireen's PoA.

Working with Shireen, three times weekly and straightening up her room, you accidentally come across documents under her name that itemize her monthly income (OAS, CPP, RSP). You are surprised at the monies available to Shireen and the mismatch to her surrounds, which are deteriorating. She is personally unkempt in appearance and the house is always dirty. Shireen seems to you, to be nervous and very submissive around her husband. When you go to make tea for Shireen, you notice that there is very little food in the cupboards.

You are very concerned that there is a discrepancy between the amount of money Shireen seems to be receiving, her living situation and the level of care being provided. Shireen's husband dominates any conversation you try to start with her during your visits and never leaves her on her own, even for a few minutes. You once were able to ask Shireen if she would like to talk to you on her own, but she said she didn't need to.



What do you do next?

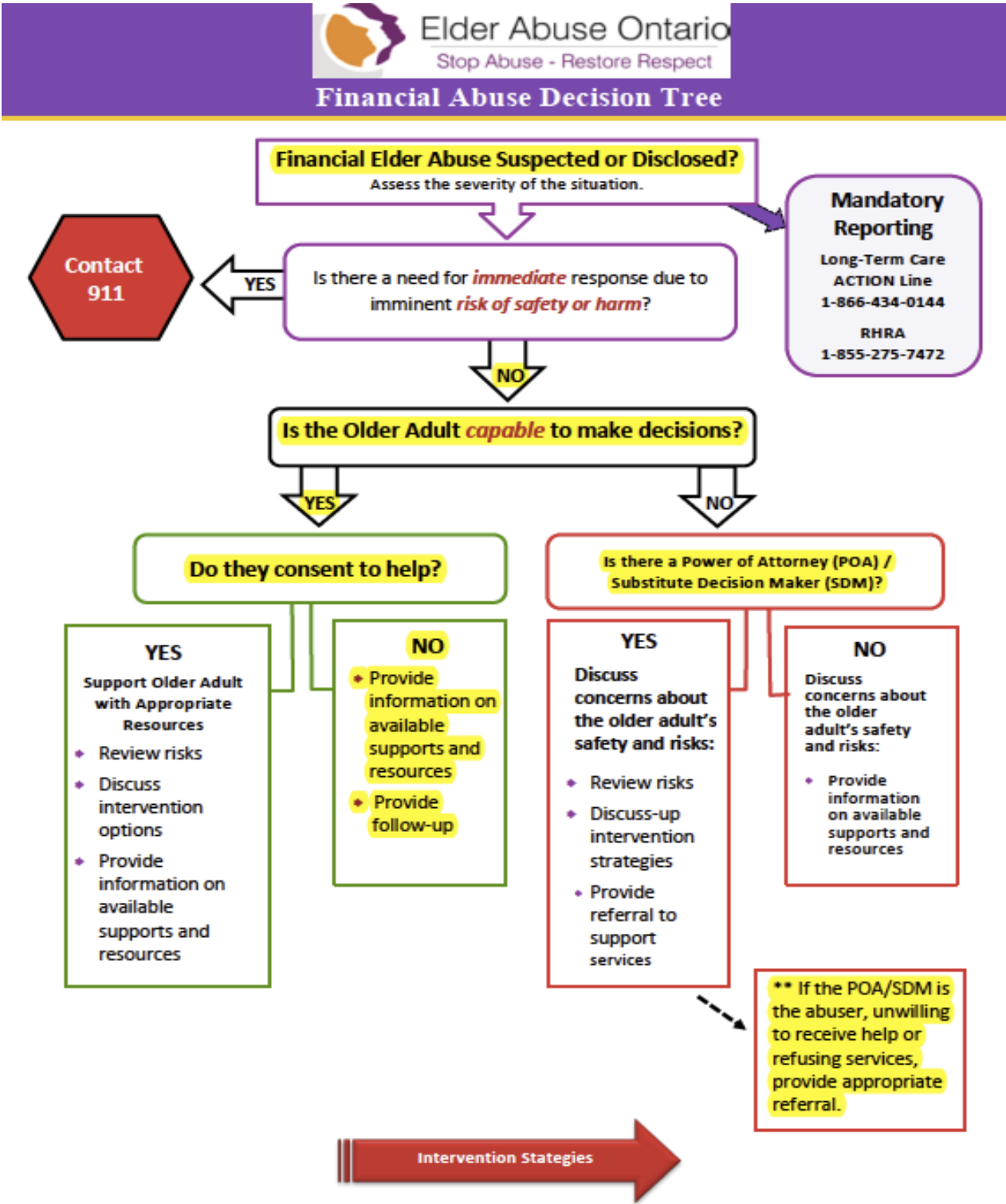
FACT BOX

| | |
|--|--|
| Type of Abuse : | Financial, neglect |
| Warning Signs : | <ul style="list-style-type: none"> ✓ Shireen appears nervous and submissive around her husband. ✓ Shireen looks very unkempt. ✓ Very little food in the cupboards. ✓ Shireen's husband dominates any conversation you try to start with her during your visits and never leaves her on her own even for a few minutes. |
| Risk Factors: | <ul style="list-style-type: none"> ✓ Shireen has major physical health problems and some minor cognitive impairment. ✓ Shireen currently requires 24-hour care and this will likely continue. ✓ Dependency on husband for care. |
| Who is Abuser? | ✓ Shireen's husband who is also her PoA. |
| Level of Risk: | ✓ High risk of Shireen's health to continue to decline as a result of not providing proper nutrition and not accessing the 24 hour care she requires. |
| Pertinent Assessment Questions: | <ul style="list-style-type: none"> ✓ Offer support to the husband conveying to him, that you are concerned about Shireen's well-being as well as his. Explain that lack of proper care and nutrition may lead to Shireen's health declining even further. ✓ Speak to husband about possibility of increased services in the home to support both him and Shireen. ✓ Ask Shireen about her meals (what she's had for dinner etc. and who prepares it for her. What she would like to eat) ✓ Ask Shireen about her bathing practices. Does she need/receive assistance for this? ✓ It is important not to overwhelm Shireen with questions if she has a cognitive impairment. |
| Capacity: | <ul style="list-style-type: none"> ✓ Capacity is "Fluctuating" ✓ Although we presume that Shireen is capable as there is no evidence that she has been deemed incapable, the suspicion is that she may not be capable of making care decisions for herself. Her brain tumour may have caused cognitive impairment. |
| Consent: | <p>Consents to support and referrals: Yes No</p> <p>No consent</p> |

| | |
|-----------------------------------|---|
| Response and Intervention: | <ul style="list-style-type: none">✓ It appears that the husband is not fulfilling his obligations as PoA, not acting in the best interests of Shireen. The worker should contact the OPGT so that they can initiate an investigation to validate.✓ A consultation with BSO and Shireen's full care team should be arranged to clarify information and determine next steps. |
| Referral & Resources: | <ul style="list-style-type: none">✓ It may be appropriate to refer Shireen to the LHIN to begin the process of moving her to a LTC facility✓ Shireen should see her physician to see if there has been weight loss and a change to her health.✓ She would benefit from a full geriatric assessment to determine her needs.✓ Provide support to husband as well, offering available resources such as caregiver groups, respite care etc.✓ Referral to OPGT to initiate an investigation as proper care is not provided and monies are likely not being spent properly for Shireen's care. |
| Other: | |

SUPPORTING SHIREEN

The following example illustrates how a service provider can use the decision tree to support the Shireen



CASE STUDY

FINANCIAL ABUSE

I love my son but I don't understand why he gets violent when he is angry.



Jasper, 68, a retired contractor is currently living with Jacob, one of his two adult sons. Jasper receives a small pension but relies on Jacob for financial support. A physiotherapist visits Jasper at home once a week. One afternoon, Jacob comes home early from work and appears to be high on drugs and alcohol. Jacob seems to be extremely angry and begins yelling at his father, without provocation, calling him an “ungrateful old geezer”. He further admonishes Jasper for spending his pension on personal items, but not contributing to rent or groceries. Jacob then attacks his father and punches him in the face multiple times.

Jasper attempts to run away from his son but Jacob chases him around the house, knocking over furniture in the process and when he catches Jasper, tries to strangle him. He suddenly stops, affected by the drugs and alcohol and then passes out.

A few minutes later, the physiotherapist shows up at the house. He notices that the house is a mess and sees that Jacob is passed out on the floor and that Jasper is bleeding profusely.



What should the physiotherapist do?

FACT BOX

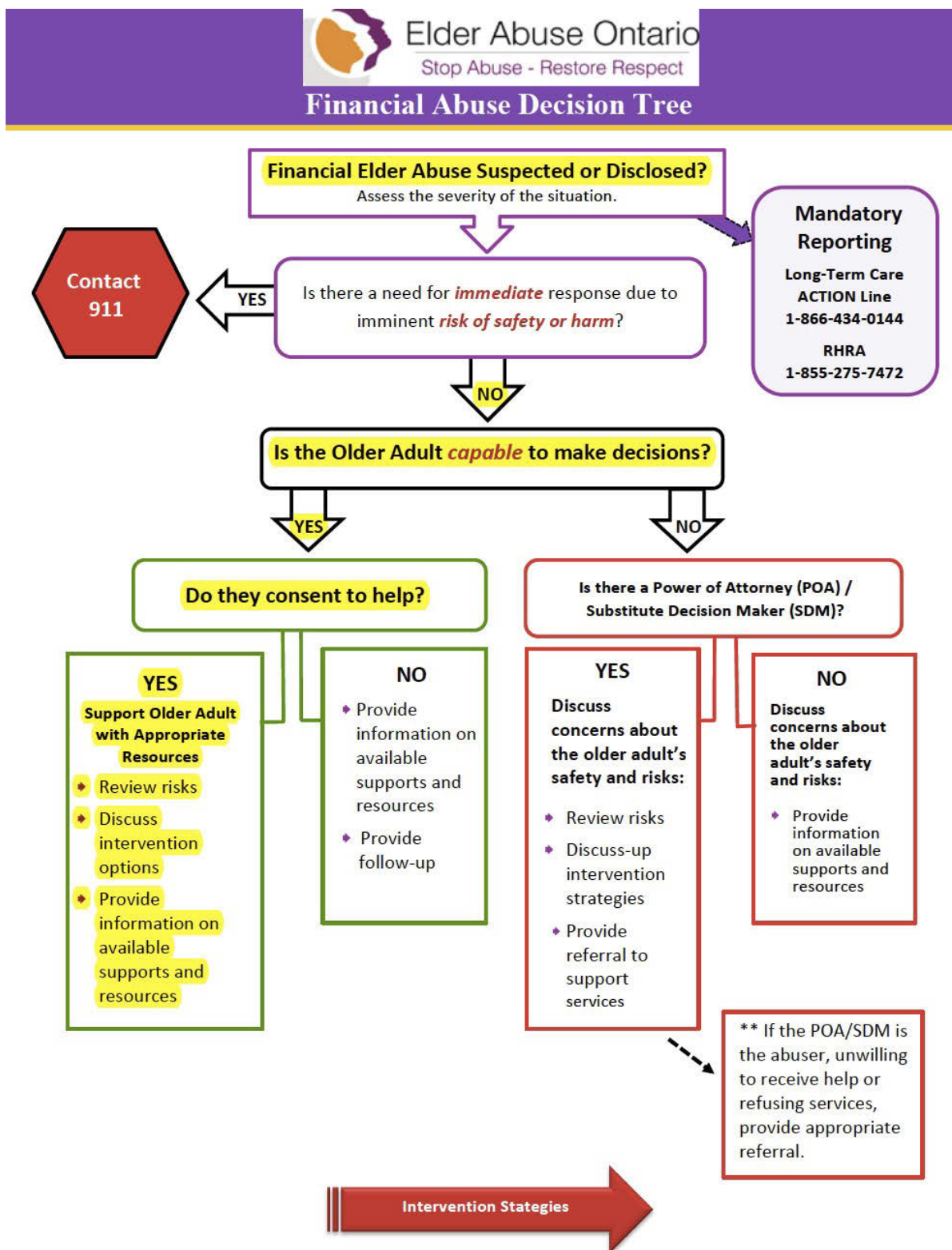
| | |
|--|--|
| Type of Abuse: | Financial, Physical, Phycological/Emotional |
| Warning Signs: | <ul style="list-style-type: none"> ✓ Jasper lives with his adult son Jacob and is dependent on him for financial support ✓ Jacob is resentful, angry and uses alcohol/drugs to cope ✓ Jacob attacks his father and punches him in the face several times ✓ The house is increasingly in a state of chaos, as a result of physical confrontations ✓ Jasper is injured, found bleeding profusely when physiotherapist arrives |
| Risk Factors: | <ul style="list-style-type: none"> ✓ Financial dependency of Jasper on his son ✓ Cohabitation with older son ✓ Substance misuse issues with Jacob ✓ Anger management issues with Jacob ✓ Possible history of violence between father and son ✓ Possible complex family dynamic and between father and son |
| Who is Abuser? | <ul style="list-style-type: none"> ✓ The abuser is Jasper, the son |
| Risk Assessment: | <ul style="list-style-type: none"> ✓ The physiotherapist witnesses Jacob passed out on the floor and Jasper bleeding profusely from the mouth, the situation is extremely volatile. ✓ Jasper is 68 years old and was just attacked by his son, a younger person and punched to the face several times, Jasper could be seriously injured internally as well ✓ Both Jasper and Physiotherapist can be in imminent danger should Jacob wake up and attack them both ✓ Physiotherapist should leave the home immediately and call 911 ✓ Paramedics attends to Jasper and take him to the hospital to address his immediate medical needs ✓ Police attend to Jacob |
| Pertinent Assessment Questions: | <ul style="list-style-type: none"> ✓ How is Jasper managing his finances, does he have a SDM or PoA assigned to help? |

| | |
|-----------------------------------|--|
| Capacity: | Jasper is capable |
| Consent: | <ul style="list-style-type: none"> ✓ Jasper is able to give consent to paramedics to take him to the hospital ✓ Jasper is able to give consent to medical staff at the hospital for appropriate medical treatment ✓ Jasper is able to participate in helping plan the change to his living arrangements |
| Response and intervention: | <ul style="list-style-type: none"> ✓ Once Jasper is medically stable, a Discharge Planner at the hospital needs to coordinate discharge plan created by hospital staff, needs to include alternative living arrangements for Jasper if her consents. (safety plan) ✓ Jasper is already in the system because he is receiving LHIN support from the home visits of the physiotherapist. With Jasper's LHIN's case manager they can develop a care plan for him, that includes an alternate place to live, if her consents. ✓ Retirement home, respite, supportive living, subsidized housing are all options but it is dependent on Jasper's financial resources and the availability of housing options ✓ Physiotherapist needs to document all aspects of the situation they witnessed, including rationale for calling 911. ✓ Physiotherapist need to send a report to Jasper's CCAC case manager about the situation, what was witnessed and provide current location and status of Jasper ✓ Discharge planner might want to engage Jasper to determine if he has other children, family or friends that will be willing and able to take him into their home on a short-term basis until a longer-term solution can be implemented that provides Jasper a safe space to reside and control over his finances unencumbered by Jacob |
| Referral & Resources: | <ul style="list-style-type: none"> ✓ Police may want to refer Jacob to drug/alcohol treatment program as well as an anger management program ✓ Police may want to refer Jacob to a community program where he may be able to speak with a counsellor to receive more long-term support ✓ Jasper could be referred to a community program to ensure more social interaction with other older adults ✓ Jasper could be directed to join a local senior's centre where he can get support from the staff i.e. help him to manage his finances so he is less dependent on Jacob and receive social connection/interaction with his peers to avoid growing isolation |

| | |
|---------------|--|
| Other: | <ul style="list-style-type: none">✓ Physiotherapist may want to revisit the regulatory obligations of his college, to determine/learn about best practices in these kinds of situations✓ Mindful of privacy issues, the paramedics, physiotherapists and police could use this situation as a case study between team members, to learn about and enhance the daily practices✓ How might paramedics/police address the situation had Jasper refused to go to the hospital✓ Jacob is supporting Jasper and attacked him under the influence of drugs/alcohol. Should Jasper choose to return to this home and continue to live with Jacob the dependency relationship will not change and can escalate again. Police may not get Jasper's cooperation to press charges against his son and therefore, both parties are in danger of having the situation escalate with violence again. |
|---------------|--|

SUPPORTING JASPER

The following example illustrates how a service provider can use the decision tree to support Jasper

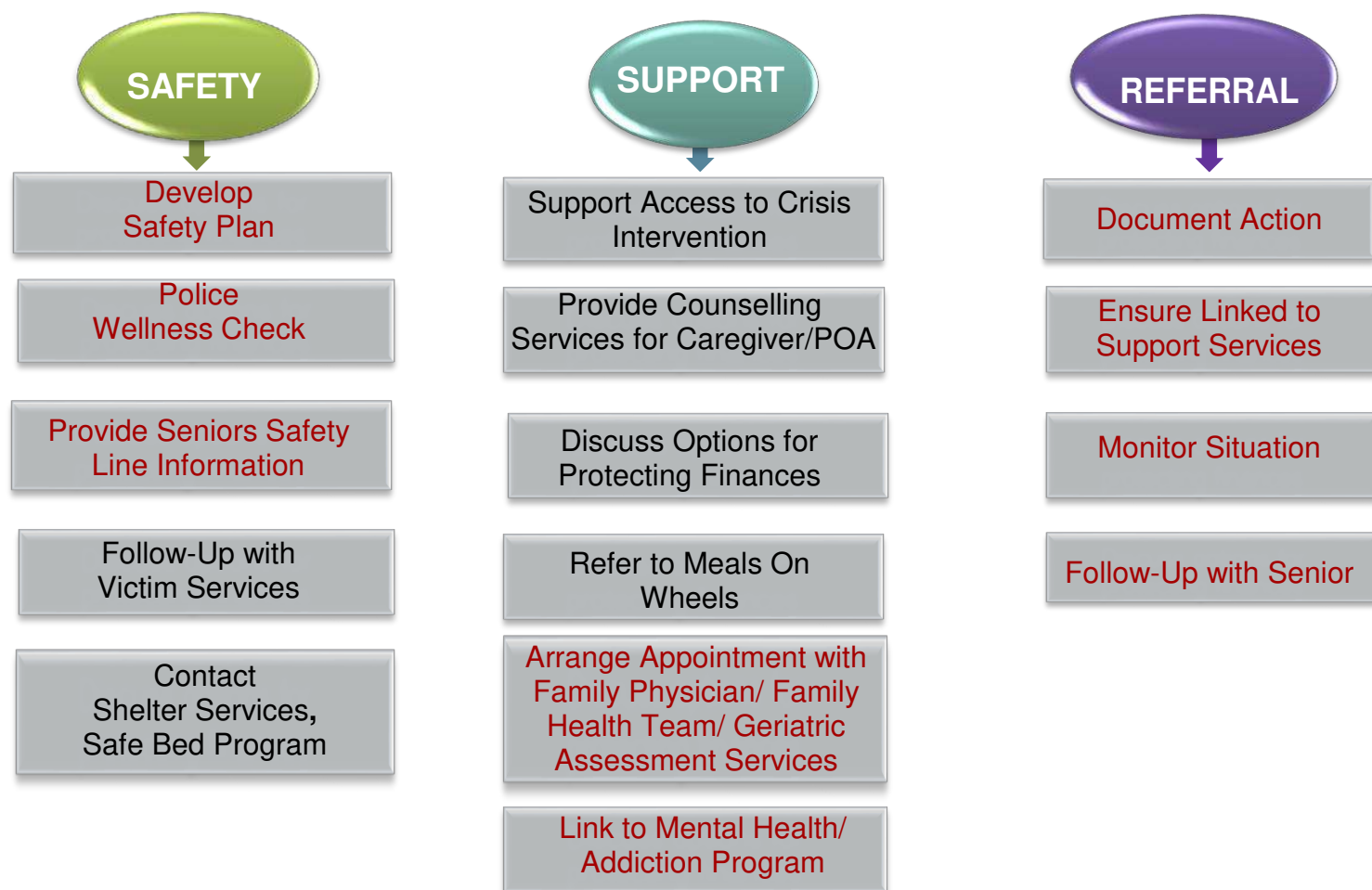


Resources and Community Support

| | | | |
|---|----------------|---|----------------|
| Alzheimer Society of Ontario | 1-800-879-4226 | Office of the Public Guardian and Trustee | 1-800-366-0335 |
| Assaulted Women's Helpline | 1-866-863-9511 | Ontario Provincial Police | 1-888-310-1122 |
| Local Health Integration Networks | 1-866-383-5446 | Ontario Human Rights Commission | 1-800-387-9080 |
| Law Society Referral Service | 1-855-947-5255 | Seniors Safety Line | 1-866-299-1011 |
| Drug and Alcohol Helpline | 1-800-565-8603 | Retirement Homes | 1-855-275-7472 |
| Ontario Network of Sexual Assault and Domestic Violence Centres | 1-416-323-7327 | Victim Support Line | 1-888-579-2888 |

For more resources visit : www.elderabuseontario.com

Intervention Strategies



If You or Someone You Know Becomes a Victim of Financial Abuse

- Contact the authorities. Call the police and express your concerns. If you're worried about the immediate safety of the person, call 911.
- Contact local crisis support lines
- Talk to the person you're concerned about. Let them know your concerns and offer to help. If the person declines help, don't give up. Keep checking in on them and continue to offer support.
- Don't be judgmental. Understand that it's difficult for anyone to leave an abusive situation. Remind the person that you're available to listen and to provide your support if and when it's needed.
- Provide information. Many victims of financial abuse don't know where to find help. At the end of this module you can find a list of organizations that offer assistance and information that you can provide to the person you are concerned about.
- Connect with outreach support services in-person or by telephone.
- Become informed and know your rights.
- Ask for help when you need it.

PLEASE REMEMBER YOU ARE NOT ALONE.

IT IS NOT YOUR FAULT.

Provincial Information and Support

Elder Abuse Ontario

www.elderabuseontario.com

416-916-6728

Advocacy Centre for the Elderly

www.advocacycentreelderly.org

1-855-598-2656

Alzheimer Society of Ontario

www.alzheimer.ca/en/on

1-800-879-4226

Canadian Anti-Fraud Centre

www.antifraudcentre-centreantifraude.ca

1-888-495-8501

Local Health Integration Networks

healthcareathome.ca

310-2222 (CCAC)

Competition Bureau of Canada

www.competitionbureau.gc.ca

ConnexOntario

www.connexontario.ca

1-866-531-2600

Consent and Capacity Board

<http://www.ccboard.on.ca>

1-866-777-7391

Equifax and

1-800-465-7166

TransUnion

1-866-525-0262

Financial Services OmbudsNetwork

www.fson.org

1-866-538-3766

Industry Canada

www.strategis.gc.ca/ic_wp-pa.htm

JusticeNet

www.justicenet.ca

1-866-919-3219

Law Society Referral Service

www.lsuc.on.ca/lrsr/

1-855-947-5255

National Do Not Call Registry

www.lnnte-dncl.gc.ca

1-866-580-DNCL (3625)

Office of the Public Guardian and Trustee

www.attorneygeneral.jus.gov.on.ca

1-800-366-0335

Ontario Provincial Police

www.opp.ca 1-800-310-1122

*Various local/municipal contact information depending on location

Retirement Homes Regulatory Authority

www.rhra.ca

1-855-275-7472

Senior Crime Stoppers

ontariocrimestoppers.ca

1-800-222-TIPS (8477)

Seniors Safety Line

1-866-299-1011

There are many different kinds of abuse. It's a good idea to know what these are, so that you can protect yourself and your family and friends.



"Physical abuse is any physical contact that causes injury or not to the older adult. When my nephew hit me, that was **PHYSICAL ABUSE**. I know that I can reach out and get help."

"Psychological or Emotional abuse is when someone says or does something that causes anguish or fear. When my daughter threatened to leave and never visit me again, that was **EMOTIONAL**



"Sexual abuse is any unwanted sexual contact that you don't consent to or are unable to consent to. When my friend forced me to look at pornography that I did not want to see, that was **SEXUAL ABUSE**."

"Neglect is when my needs fail to be met. Sometimes this is intentional, and sometimes it isn't. When my nurse at the hospital didn't give me the right medication for several days, that was **NEGLECT**."



There are many signs and symptoms of abuse, and you can learn more about these on our website at www.elderabuseontario.com

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