

Evaluation Tool for Situations of Mistreatment in the Context of the Act to Combat Maltreatment

This tool aims to support the application of the Act to combat maltreatment of seniors and other persons of full age in vulnerable situations (L-6.3) in which the definition of a person in a situation of vulnerability is based on their ability to seek or obtain help. The tool is designed to structure and support an evaluation of the situation of mistreatment and the person in a situation of vulnerability, as well as legal responsibilities and obligations in terms of reporting.

There are several clinical tools (medical and functional) to help evaluate barriers to seeking help associated with a disease, an injury or a disability. However, there is no specific clinical tool to evaluate psychosocial barriers that could affect a person's ability to seek or obtain help.

This tool is designed to address that gap. It is based on a conceptual analysis, following a review of the scientific literature around the help-seeking processes of adults experiencing situations of mistreatment.

The tool consists of three evaluation forms to be completed in order to ensure compliance with L-6.3:

- A. Evaluation of the situation of mistreatment**
- B. Evaluation of the situation of vulnerability**
- C. Evaluation of the reporting context (mandatory or voluntary)**

Presented as checklists, these forms allow psychosocial practitioners not only to structure their assessments, but also to identify further avenues for evaluation and intervention.

This tool does not replace the training and clinical support required in psychosocial practice to address situations of mistreatment.

Available resources:



- Available training:
 - For the health and social services network: refer to the ENA platform;
 - For the community sector: contact your regional coordinator;
- For a professional consultation: The Mistreatment Helpline (LAMAA);
- In health and social services establishments:
 - Your establishment's policy to counter mistreatment;
 - Your designated PIC practitioner.

Part A. Evaluation of the Situation of Mistreatment

File number: _____

Date: _____

“REASONABLE GROUNDS” TO BELIEVE THERE IS A SITUATION OF MISTREATMENT



Mistreatment:

“a single or repeated act, or a lack of appropriate action, that occurs in a relationship where there is an expectation of trust, and that intentionally or unintentionally causes harm or distress to a person.” (section 2, L-6.3)

What type(s) and form(s) of confirmed or presumed mistreatment could be present in this situation? (Several types/forms can be present in given situation. If necessary, refer to the Terminology tool):

Type	Presence	Violence (V) or Neglect (N)	Confirmed (C) or Presumed (P)
Physical			
Psychological			
Sexual			
Financial/material			
Organizational			
Rights violation			
Ageism			

Note the signs/indicators you have observed (if necessary, refer to the Terminology tool):

Do I have “reasonable grounds” to believe there is a situation of mistreatment?

Yes

Note: A risk factor is not a sign or indicator. If there are signs or indicators, proceed to Part B and/or Part C.

No

*For assistance, call The Mistreatment Helpline (LAMAA) to request a professional consultation, or contact your designated PIC representative for professional advice.

Part B. Evaluation of the Situation of Vulnerability (2 pages)

File number: _____

Date: _____



Person in a situation of vulnerability:

“a person of full age whose ability to request or obtain assistance is temporarily or permanently limited because of factors such as a restraint, limitation, illness, disease, injury, impairment or handicap, which may be physical, cognitive or psychological in nature, such as a physical or intellectual disability or an autism spectrum disorder.” (section 2, L-6.3)



A person may request formal assistance (e.g., from social workers or other practitioners, the police, shelters for victims of violence, etc.) as well as informal assistance (from friends, family members and other trustworthy individuals). Informal assistance may be sufficient to address the person’s needs or a first step towards requesting formal assistance.

FACTORS LIMITING A PERSON'S ABILITY TO SEEK OR OBTAIN HELP

	Presence	Permanent (P) or Temporary (T)
Diseases or injuries		
Specify		
Disabilities		
Specify		
Barriers (see the checklist to identify psychosocial barriers)		
Specify		

Part B. Evaluation of the Situation of Vulnerability (cont'd)

File number: _____

Date _____

PROTECTIVE FACTORS ALLEVIATING THE SITUATION OF VULNERABILITY

Does the person have access to resources (personal, social, etc.) that could help them overcome these limitations if they were to seek or obtain help for a situation of mistreatment? (If yes, specify.)

Yes

No

EVALUATING THE PERSON'S ABILITY TO SEEK HELP



It is important to take into consideration the difference between an INABILITY and a REFUSAL to seek or obtain help. Individuals have the right to consent to or refuse any proposed assistance or interventions, regardless of their situation of vulnerability.

Considering these limitations and resources, do I believe that the person currently has the ability to seek and obtain help with regard to a situation of mistreatment, if they choose to do so?

Yes

No

If your answer to this question is "No," the person concerned is in a situation of vulnerability within the meaning of the Act to combat maltreatment.



Whether the person is in a situation of vulnerability or not, any situation of mistreatment should be reported according to consent and applicable laws. This will make it possible to ensure that all intervention options are considered to put a stop to the situation of mistreatment, or to reduce harm to the person concerned.

Certain individuals, including professionals and service providers, are obliged to report the mistreatment of persons in situations of vulnerability (mandatory reporting).

*For assistance, call The Mistreatment Helpline (LAMAA) to request a professional consultation, or contact your designated PIC representative for professional advice.

Checklist for Psychosocial Barriers to Help-Seeking in the Context of Mistreatment (2 pages)

File number: _____

Date: _____

This checklist is designed to structure an evaluation of psychosocial barriers. Clinical judgment is required to assess the extent to which one or several of these elements could affect the person's ability to seek help.

BARRIERS RELATED TO THE SOCIAL ENVIRONMENT

Limited access to assistance services:

- Unfamiliarity with available services and difficulty accessing information
- Services non-existent or unavailable (wait lists, immigration status limiting access to certain services, etc.)
- Services not accessible to the person (unable to get around, no access to a phone, etc.)
- Services not adapted to the person's needs, etc.
- Geographical distance of services

Social isolation, absence of social support:

- Social or family networks broken because of immigration
- Lack of ties to the local community and organizations providing assistance

Presence or fear of discrimination/exclusion (ageism, ableism, racism, etc.)

Norms and values tied to the person's culture (or subculture) or religion (e.g., fear of the police, perception of formal assistance services, perception of intimate partner or sexual violence, perception of support that might or might not be received, pressure to keep the family together, etc.)

Linguistic barriers (need for an interpreter or translated documents to access services)

Other:

If you checked one or several barriers, specify as needed:

BARRIERS RELATED TO POWER DYNAMICS OR CONTROL BY A THIRD PARTY

Control exercised by the person who is mistreating (controlling financial resources, controlling movements, limiting contacts with family and friends, etc.)

Relationship of dependency on a third party (emotional, relational, financial, etc.)

Fear of a negative reaction on the part of one or several significant persons following an attempt to seek help (e.g., making the victim feel guilty, not acknowledging the mistreatment experienced, etc.)

Other:

If you checked one or several barriers, specify as needed:

Checklist for Psychosocial Barriers to Help-Seeking in the Context of Mistreatment (2 pages)

File number: _____

Date: _____

BARRIERS RELATED TO HOW THE SITUATION OF MISTREATMENT IS PERCEIVED

Feelings of shame and guilt that affect the person's ability to envisage seeking help.

Ignorance regarding mistreatment and/or human rights (e.g., low education level, unfamiliarity with the legal system, etc.)

History of trauma or violence leading, for example, to symptoms of post-traumatic stress that limit the person's ability to take action

Negative past experiences when seeking help (formal or informal)

Fear of reprisals or negative consequences after seeking help (e.g., having to find a shelter or move, financial insecurity, social isolation, loss of custody, unpredictable reactions of the person who is mistreating or loved ones, etc.)

Other:

If you checked one or several barriers, specify as needed:

BARRIERS RELATED TO OTHER ISSUES

Substance abuse, alcoholism and/or addiction which limits the person's ability to seek or obtain help

Undiagnosed mental health issues that limit the person's ability to seek or obtain help

Situation of homelessness or vulnerability

Other:

If you checked one or several barriers, specify as needed:

*For assistance, call The Mistreatment Helpline (LAMAA) to request a professional consultation, or contact your designated PIC representative for professional advice.

Part C. Evaluation of the Reporting Context (Mandatory or Voluntary)

File number: _____

Date: _____

CONDITIONS FOR MANDATORY REPORTING

Any health and social services provider¹ or any professional as defined by the Professional Code (chapter C-26) who, in carrying out their duties or profession, has reasonable grounds to believe that a person is a victim of a mistreatment must immediately report the situations for the following persons (section 21, L-6.3).

A person under tutorship or for whom a protection mandate has been homologated

A person whose incapacity has been confirmed by a medical assessment

A person living in a residential and long-term care centre (CHSLD)

A person living in an intermediate or family-style resource (RI-RTF)

A person living in a private seniors' residence (RPA) AND in a situation of vulnerability

If the person meets one of these criteria and you are a health services and social services provider or any professional as defined by the Professional Code, the situation calls for MANDATORY REPORTING.

If you have "reasonable grounds" to believe that the person is experiencing a situation of mistreatment, you may try to obtain their consent, but you are obliged to report the situation immediately even if they refuse to provide consent.

CONDITIONS FOR VOLUNTARY REPORTING

If the person does not meet one of the above criteria OR if you are not a health services and social services provider or any professional as defined by the Professional Code, you are not obliged to report the situation.

- **If you have the person's consent**, you should VOLUNTARILY REPORT the situation to the service quality and complaints commissioner (CPQS) or to a designated practitioner, according to the context (see p.8).
- **If you do not have the person's consent:**
 - keep the door open and remain vigilant;
 - continue playing your role with the person according to your mandate;
 - refer and adhere to your establishment's policy to counter mistreatment.

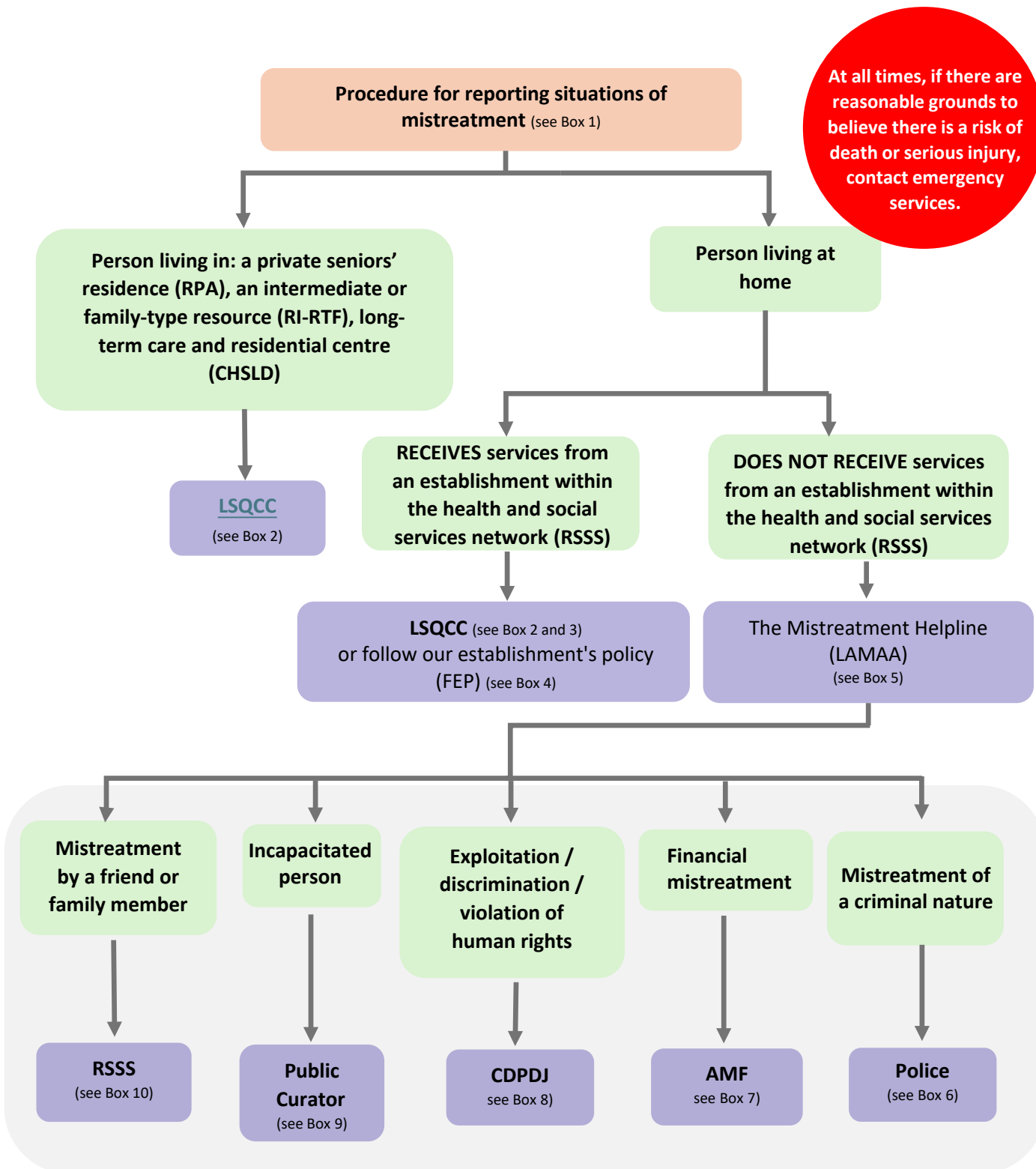
¹Health services and social services provider:



"any person who, in the exercise of his or her functions, directly provides health services or social services to a person, on behalf of an institution, private seniors' residence, intermediate resource or family-type resource, including a person who carries on activities described in sections 39.7 and 39.8 of the Professional Code (chapter C-26) as well as the operator of, or the person responsible for, the residence or the resource, if applicable." (section 2, L-6.3)

*For assistance, call The Mistreatment Helpline (LAMAA) to request a professional consultation, or contact your designated PIC representative for professional advice.

Act to combat maltreatment of seniors and other persons of full age in vulnerable situations*



*Unless direct reference is made to L-6.3, the word "mistreatment" will be used in this document, as defined in *Terminologie on Mistreatment of Older Adults* (2022), https://maltraitancesaines.com/wp-content/uploads/2023/04/Terminologie_Maltraitance-2023_Version-anglaise_Rev-2023-04-27.pdf

1. Mandatory reporting

Have an obligation to report:

Any health services and social services provider or any professional within the meaning of the Professional Code (Chapter C-26 of the Act) who, in the exercise of their functions or the practice of their profession, has reasonable grounds to believe that a person is a victim of mistreatment, must report it immediately.

Reporting is mandatory for:

2. a user of full age whose incapacity to care for himself or herself or to administer his or her property has been ascertained by medical assessment;
3. a person who is lodged in a residential and long-term care centre;
4. a person in a situation of vulnerability who is living in a private seniors' residence (RPA);
5. a user taken in charge by an intermediate resource or a family-type resource (RI-RTF);
6. a person who is under tutorship or curatorship, or for whom a protection mandate has been homologated.

2. Role of the LSQCC (for all reporting)

The Local Service Quality and Complaints Commissioner (LSQCC) is in charge of reviewing users' complaints. They are also in charge of processing reports made according to the policy to counter mistreatment.

3. For a person living at home who receives services from an establishment within the health and social services network, reporting to the LSQCC is mandatory for:

- a. A person ascertained as incapacitated by medical assessment;
- b. A person who is under tutorship or curatorship, or for whom a protection mandate has been homologated.

4. Non-mandatory reporting

All non-mandatory reports may be made to the LSQCC or according to the establishment's policy, with the person's consent.

5. Roles of The Mistreatment Helpline (LAMAA)

Agents at the LAMAA:

- receive calls from individuals requesting information or support;
- assess the situation;
- provides information on available resources and recourse options;
- direct the person to the appropriate authority or resource, including designated representatives in charge of concerted intervention processes (PIC);
- follow up on the case and provide support, as needed.

6. Police

"A police force, where the facts in support of the complaint or report could constitute a criminal or penal offence" (Ref.: Section 17, paragraph 2 of the Act to combat maltreatment)

7. Autorité des marchés financiers

"The Autorité des marchés financiers, in a case of financial abuse committed by a person subject to its regulation" (Ref.: Section 17, paragraph 5 of the Act to combat maltreatment)

8. Commission des droits de la personne et des droits de la jeunesse (CDPDJ)

"The Commission des droits de la personne et des droits de la jeunesse, where the facts in support of the complaint or report could constitute a case of discrimination, exploitation or harassment within the meaning of the Charter of human rights and freedoms" (Ref.: Section 17, paragraph 4 of the Act to combat maltreatment)

9. Public Curator

"The Public Curator, where the person is under tutorship or a protection mandate has been homologated for the person, or where the person's incapacity to care for himself or herself or administer his or her property has been ascertained by medical assessment but the person is not under a protective measure" (Ref.: Section 17, paragraph 3 of the Act to combat maltreatment)

10. Integrated health and social services centre

"An integrated health and social services centre, a local authority and the Cree Board of Health and Social Services of James Bay." (Ref.: Section 17, paragraph 1 of the Act to combat maltreatment)

Potential access points include the psychosocial intake, analysis, orientation and referral (AAOR) service or any other authority indicated in the institution's policy.

11. Roles of designated practitioners in a concerted intervention process (PIC)

Process the report which includes:

- a. Verifying whether it is a situation of mistreatment;
- b. Verifying whether the situation meets mandatory reporting requirements;
- c. Verifying whether the person who is allegedly being mistreated agrees to receive services;
- d. Following the establishment's protocol to follow up on requests for support or services.