



# Protocol for Reporting and Responding to Suspected Abuse and/or Neglect of Adults with a Developmental Disability

## Peel Region

### 1. Preamble

Given that:

- There are high rates of abuse and neglect among adults with developmental disabilities. Research indicates that 73% of women with an intellectual disability had been victims of violence. Adults with an intellectual disability are 2.9 times more likely to be victims of a physical assault, and 10.7 times more likely to be victims of sexual assault than adults without a disability (Sobey, D. et al *Violence and Disability: An Annotated Bibliography*, 1995).
- Abuse and neglect often impact multiple service sectors (including health, education, social services, and justice) and therefore require a multi-sectoral approach
- Abuse and neglect of vulnerable adults is totally unacceptable, and requires a consistent and unified community response

### 2. Confidentiality / Responsibility

Understanding one's professional, legal and societal responsibilities with respect to concerns related to possible abuse and neglect, results in the most appropriate response for the individuals who we set out to support. In situations where there is concern of or knowledge of abuse and neglect we all have an ethical and civic responsibility to act. Regardless of whether or not a service provider is a member of a regulatory body or a regulated health profession, this responsibility to act is present.

For all persons working within a health care setting, providing health care services or within a regulated health profession, the expectations and obligations regarding privacy and confidentiality are clearly outlined within the Personal Health Information Protection Act (PHIPA) (2004). When there are situations where there are concerns related to risk, which would include abuse and neglect, PHIPA indicates that "a health information custodian may disclose personal health information about an individual if the custodian believes on reasonable grounds that the disclosure is necessary for the purpose of eliminating or reducing a significant risk of serious bodily harm to a person or group of persons." 2004, c. 3, Sched. A, s. 40 (1).

For some specific service providers and professions (i.e. Psychologist, Social Service Workers, Social Workers) there are professional duties and obligations that guide and inform their practice.

For Social Workers and Social Service Workers, the Ontario College of Social Workers and Social Service Workers' Code of Ethics and Standards of Practice identifies the expectation for a professional to act when there are concerns or knowledge of risk for an individuals, including possible abuse and neglect. The Code of Ethics states "a social worker or social service worker shall maintain the best interest of the client as the primary professional obligation (2008)". This obligation and how it relates to confidentiality is expanded upon within the Standards of Practice which identifies that "unauthorized disclosure is justified if the disclosure is obligated legally or allowed by the law or if the member believes, on reasonable grounds, that the disclosure is essential to the prevention of physical injury to self or others (2008)".

For Psychologists the Canadian Code of Ethics for Psychologists guides professional practice in this area. Section 1.45 states that psychologists shall share confidential information with others only with the informed consent of those involved, or in a manner that the persons involved cannot be identified, except as required or justified by law, or in circumstances of actual or possible serious physical harm or death. Additional relevant references from the Canadian Code of Ethics for Psychologists are Sections 11.39, 11.40, and 11.41.

II.39 Do everything reasonably possible to stop or offset the consequences of actions by others when these actions are likely to cause serious physical harm or death. This may include reporting to appropriate authorities (e.g., the police), an intended victim, or a family member or other support person who can intervene, and would be done even when a confidential relationship is involved. (Also see Standard I.45.)

II.40 Act to stop or offset the consequences of seriously harmful activities being carried out by another psychologist or member of another discipline, when there is objective information about the activities and the harm, and when these activities have come to their attention outside of a confidential client relationship between themselves and the psychologist or member of another discipline. This may include reporting to the appropriate regulatory body, authority, or committee for action, depending on the psychologist's judgment about the person(s) or body(ies) best suited to stop or [Third Edition] [20] offset the harm, and depending upon regulatory requirements and definitions of misconduct.

II.41 Act also to stop or offset the consequences of harmful activities carried out by another psychologist or member of another discipline, when the harm is not serious or the activities appear to be primarily a lack of sensitivity, knowledge, or experience, and when the activities have come to their attention outside of a confidential client relationship between themselves and the psychologist or member of another discipline. This may include talking informally with the psychologist or member of the other discipline, obtaining objective information and, if possible and relevant, the assurance that the harm will discontinue and be corrected. If in a vulnerable position (e.g., employee, trainee) with respect to the other psychologist or member of the other discipline, it may include asking persons in less vulnerable positions to participate in the meeting(s).

Recognizing the obligations regulated professionals have to individuals being supported, their employer, their regulatory body, it is important to note that should there exist a conflict or varying of responses, the professional is required to respond first according to the relevant legislation/law, second according to their regulatory body's standards of practice/code of ethics and third to the policies and practices of their employer. It is a role of the regulated professional to advocate for workplace conditions and policies that are consistent with their regulatory body's standards of practice and/or code of ethics (Ontario College of Social Workers and Social Service Workers, *Code of Ethics*, 2008).

### **3. Participating Organizations**

There is a need for an agreed-upon local approach to reporting and responding to suspected abuse / neglect, so that both the public and professionals know what to do. The agencies listed below have agreed to the following protocol where there is suspected abuse or neglect of an individual 16 years or older, residing in the Regional Municipality of Peel.

- Brampton Caledon Community Living
- Caledon / Dufferin Victim Services
- Caledon Ontario Provincial Police (OPP)
- Christian Horizons
- Coordinated Information Peel / Child Development Resource Connection Peel
- Community Living Mississauga
- Dufferin Peel Catholic District School Board
- ErinoakKids
- Family Services Peel
- Kerry's Place Autism Services
- Mary's Centre
- Peel Crisis Capacity Network
- Peel Crisis Services
- Peel District School Board
- Peel Regional Police
- Peel Behavioural Services
- Victim Services of Peel

#### **4. Description of Approach**

##### **Step 1 - Identify Concern**

Anyone may identify a concern regarding the well-being of an adult with a developmental disability, including: the individual, a family member, a friend or neighbour, a professional, or any one else in the community.

##### **Step 2 - Report Concern**

Once a concern has been identified, the person with the concern should report it to the appropriate Police (i.e. Peel Regional Police for Mississauga and Brampton, Caledon OPP for Caledon). Please see Attachment 1 for police contact information. If a person with a concern contacts a community agency first, that agency is expected to encourage the person to contact the police and offer to connect them if they would prefer. If the community agency is governed by the *Services and Supports to Promote the Social Inclusion of Persons with Developmental Disabilities Act*, the worker must directly report the concern to the police. Service agencies, in addition to reporting their concerns to the police, will also complete any reporting requirements specified by their funder(s).

##### **Step 3 – Screen Report**

The police officer receiving the report of suspected abuse or neglect will follow the procedure for screening reports, and decide how to respond. There may be sufficient cause to pursue an investigation of the report. Alternatively the report may be referred elsewhere or closed. If it is to be referred, Police can contact Victim Services, which will assist in identifying the most appropriate agency.

##### **Step 4 – Investigate Report**

If the decision is to investigate the report, the Police may conduct a “wellness check” on the individual. At this stage, they may choose to call upon one or more of the agencies that are part of this protocol for assistance with complex issues such as challenging communication, mental health, and/or behaviour. Once again, the Police can contact Victim Services, which will assist in identifying the most appropriate agency. Or they may decide to contact a non-partner agency within the broader community.

##### **Step 5 – Follow Through**

Depending on the outcome of the investigation, the Police may choose to lay charges. Alternatively, they may decide that there are not grounds to lay charges, but that some supports for the person would be beneficial, in which case they can contact Victim Services to assist them in referring to an agency that is part of the protocol, or to some other community agency. A third possibility is that they close the case at this stage.

#### **5. Identification of “Lead Entity”**

Peel Planning Group (PPG) is responsible for supporting the sustainability of the protocol. This includes:

- Conducting an annual review of how well the protocol is working
- Coordinating any revisions to the protocol
- Coordinating any renewals of letters of agreement

**6. Signatures of Protocol Partners**

\_\_\_\_\_  
*For Brampton Caledon Community Living* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Caledon / Dufferin Victim Services* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Coordinated Information Peel / CDRCP* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Community Living Mississauga* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Christian Horizons* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Family Services Peel* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Kerry's Place Autism Services* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Mary's Centre* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Peel Crisis Capacity Network* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Peel Crisis Services* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Peel Behavioural Services* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*For Victim Services of Peel* \_\_\_\_\_ *Date*



**Attachment 1**  
**Police Contacts for Peel Region**

**Emergency**

**- Call 911**

Caledon OPP

- Call 1-888-310-1122

Mississauga / Brampton / Malton

- Call 905-453-3311