 <p style="text-align: center;">POLICY AND PROCEDURE</p>	Codification : LR-1003
Title : Policy to combat mistreatment of seniors and other adults in vulnerable situations	Adoption date : January 17, 2024
Section : LEGAL REFERENCE	Revision date :

List of acronyms

CAAP	Complaint Assistance and Support Centre
CLPQS	Local Service Quality and Complaints Commissioner
LAMMA	Adult Elder Abuse Helpline
Loi	L—6.3 An Act to combat mistreatment of seniors and other persons of full age in vulnerable situations
LSSSS	Act respecting health services and social services, CQLR, c. s-4.2
MSSS	Ministry of Health and Social Services
PIC	Collaborative response process
PRMOP	Person responsible for the implementation of the policy against mistreatment of seniors and adults in vulnerable situations
RSSS	Health and Social Services Network
RI	Intermediate resource
RPA	Private seniors' residence
RTF	Family-type resource

Background

The [Act to combat mistreatment of seniors and other persons of full age in vulnerable situations](#) (CQLR, chapter L-6.3, hereinafter the "Act to combat mistreatment") was assented to in 2017. It encourages the detection, reporting and rapid response to cases of abuse of these groups. In 2022, the Act was enhanced to better protect them.

1. Definitions

Mistreatment

"A singular or repetitive act or failure to act appropriately that occurs in a relationship where there should be trust and that causes, intentionally or unintentionally, harm or distress to a person. ¹ »

For more information on mistreatment, see the Terminology on Mistreatment of Older Adults ([online](#) or in Appendix 3).

Person in vulnerable situations

"A person of full age whose ability to request or obtain assistance is temporarily or permanently limited, due in particular to a constraint, illness, injury or disability, which may be physical, cognitive or psychological, such as a physical or intellectual disability or an autism spectrum disorder.² »

Person working for the establishment

"A physician, dentist, midwife, staff member, medical resident, trainee, volunteer or any other natural person who directly provides services to a person on behalf of the institution."³ »

Health and social service provider

"Any person who, in the performance of his or her duties, directly provides health or social services to a person, on behalf of an institution, a private seniors' residence, an intermediate resource or a 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) and the operator or person in charge of the residence or resource, if applicable."⁴ »

2. Anti-Abuse Policy

Through this policy, the President and Chef of operation undertakes to promote a culture of well-treatment, inter alia through the application of appropriate practices and procedures, and to take the necessary measures to prevent mistreatment and put an end to all cases brought to his attention.

At the **Centre d'Accueil le Programme de Portage inc.**, we make our policy accessible to the public, our users and their loved ones. Our PRMOP is responsible for informing the people working to establish the content of our policy, our prevention measures and the obligation to report cases of mistreatment.

What strategies are in place to promote and disseminate the policy?

- Integrated information during the orientation and resident (client) Integration process;
- Information in the Welcome for New residents documents on the prevention of mistreatment;
- Awareness sessions in capsules offered according to the established schedule;

- Related thematic activities with the users' committee;
- Participation in the World Day Against Elder Abuse (June 15)
- Publication of our policy on the Portage Program Inc. Welcome Centre website.
- Printing of hard copies of our policy available for consultation
- Provision of a copy of the policy to new resident and their families.

¹ Article 2, paragraph 3 of the Law to Combat Ill-Treatment

² Article 2, paragraph 4 of the Law to Combat Ill-Treatment

³ Article 2, paragraph 5 of the Law to Combat Ill-Treatment

⁴ Article 2, paragraph 6 of the Act to Combat Ill-Treatment

- Information session and transmission of the policy to the directors of the centres.

Portage will make this policy known to its residents, workers and volunteers, through the residents' committee which will disseminate the information when the new one is welcomed in the 2nd week of orientation (or in phase 2)

- Portage will also distribute this policy to the Users' Committee, share it by email and be saved on the central server.

3. Prevention, awareness and training

Prevention includes activities that range from awareness raising to training. The aim of raising awareness is to understand what mistreatment is and how to recognise it. The aim of the training is to develop knowledge and skills useful for the identification and management of situations of abuse.

3.1 Awareness and prevention

We have developed means of raising awareness and preventing mistreatment for our users, their relatives, visitors, people working for our establishment and our volunteers.

What means of awareness and prevention are used?

Here are some examples of ways to raise awareness and prevent mistreatment: Presentation of a video and poster "Mistreatment is No." On the CISSS des Laurentides contre la maltraitance website, case discussions, information brochures, information sessions on specialized resources, resident, resident's family and entourage, people working for the institution, volunteers, visitors.

Outline the steps to be taken in the referral period (first 14 days of treatment)

3.2 Formation

We have developed a training plan for the people working for our institution to develop knowledge and skills related to the fight against mistreatment.

[Log in to the website | Off-grid \(fcp-partenaires.ca\) ENA.](#)

- Introduction to the fight against mistreatment of seniors or any other adult in vulnerable situations (Id: 2255),
- Identification and reporting of a situation of mistreatment of an older adult or any other adult in a vulnerable situation (Id: 2944)
- Psychosocial intervention in the fight against mistreatment of older adults and any adult in vulnerable situations (Id: 10030)

- Clinical supervision and support in the management of situations of mistreatment (Id: 10659)

Who is targeted by our training courses and according to what priority?

We could train all staff working with Portage residents, using video clips and technical sheets that can be found on the CISSS des Laurentides website. Abuse: Knowing it, recognizing it and taking action.

For managers, we can say that we offer them clinical support to help them manage situations of mistreatment. (legal consultation, HR consultation, discussion of a master call, etc.)

All new employees will also receive information on how to combat mistreatment.

Reminders on the key elements of the fight against mistreatment are also offered to all those working for our institution.

4. Complaints and Reports

Making a complaint or a report is the action of transmitting, verbally or in writing, information concerning a situation (presumed or confirmed) of mistreatment to designated persons.

While the report is made by a third party (e.g., a witness, a relative, etc.), the complaint is made by the person himself or his representative under section 12 of the ARHSSS.

4.1 Mandatory reporting

Who is reporting mandatory for?

Reporting is mandatory for all resident living in a residential and long-term care centre.

- (1) any adult resident who is housed in a facility maintained by an institution that operates a residential and long-term care center;
- (2) any adult user who is cared for by an intermediate resource or by a family-type resource;
- (3) any adult who is under guardianship or in respect of whom a protection mandate has been approved.
- (4) any adult person whose inability to take care of himself or herself or to administer his or her property has been established by a medical assessment, but who does not benefit from a protection measure;
- (5) any other person in a vulnerable situation who resides in a private seniors' residence.

(Support Tool, Mandatory *Reporting Conditions* section)

Who must make a mandatory report?

Any health and social service provider or professional (e.g., a nurse, a doctor, a social worker) must make a mandatory report without delay and directly to the CLPQS concerned if they have reason to believe, in the performance of their duties, that a person is being abused.

The obligation to report also applies to all persons bound by professional secrecy, except lawyers and notaries.

Is the consent of the abused person (suspected or confirmed) required to make a mandatory report?

The consent of the abused person (suspected or confirmed) or his or her representative should be sought, but not required.

To whom must mandatory reporting be made?

Mandatory reporting must be made without delay and directly to the CLPQS concerned (contact information in the *Complaints* section below).

What are the confidentiality measures for mandatory reporting?

The confidentiality measures taken by the relevant QLPF in the case of mandatory reporting are composed of a set of tools that allow residents like you to manage community activities and interpersonal relationships.

Like the society in which we live, this system is not infallible, and it could happen that you consider that you have been unfairly treated or infringed on your rights.

If the tools made available to you by Portage to resolve your dissatisfaction does not work, the law provides that at any time you have the right and the possibility, if you wish, to file a complaint in a strictly confidential manner with the Service Quality and Complaints Commissioner in your region. It will be dealt with in accordance with the complaints procedure.

In addition, you can inform the person or organization who referred you to Portage of your approach and the nature of your complaint at any time, and put them in contact with the Commissioner, if necessary.

Finally, Portage's Users' Committee can also assist you in your complaint process. You can also benefit from the help of the Complaint Assistance and Support Centre (CAAP) in your region. You will find the contact information for all these people in the brochure that will be given to you at the beginning of your program. Contact information for the Complaints Commissioner is also available at the centres and on the website.

In the case of mandatory reporting and as a confidentiality measure taken by our institution, it is important to point out that the complaint must go directly to the relevant Service Quality and Complaints Commissioner (QQLC).

4.2 Complaints

Who can make a complaint?

Any resident or their representative under section 12 of the LSSSS may file a complaint if their believes they are a victim of mistreatment.

To whom should the complaint be made?

Any complaint may be made to the local Service Quality and Complaints Commissioner (CLPQS) concerned:

<https://portage.ca/fr/services/securite-assurance-qualite/>

Office	of	the	Service	Quality	and	Complaints	Commissioner
CISSS				des			Laurentides
225,			rue		du		Palais
Saint-Jérôme (Québec) J7Z 1X7							

info-plaintes@ssss.gouv.qc.ca

4504328708

Office of the Service Quality and Complaints Commissioner

CIUSSS Centre-Sud Montreal

1311 Sherbrooke Street East, Montreal, Quebec H2L 1M3

commissaireauxplaintes.ccsmtl@ssss.gouv.qc.ca

514 5933600

Service Quality and Complaints Commissioner

CISSS Chaudière-Appalaches

55, rue du Mont-Marie

Lévis (Québec) G6V 0B8

commissaire.ciass-ca@ssss.gouv.qc.ca

[1-877-986-3587](tel:1-877-986-3587), select option 1

Service Quality and Complaints Commissioner

CIUSSS Capitale-Nationale

2915 du Bourg Avenue Royal

Quebec City, Quebec G1C 3S2

commissaire.plainte.ciasscn@ssss.gouv.qc.ca

[418 691-0762](tel:418-691-0762)

What support mechanisms are available to make a complaint?

See the Support section *for anyone involved* (below).

What are the confidentiality measures for a complaint?

The confidentiality measures taken by the CLPQS concerned in the event of a complaint are:

- *Take all necessary measures to ensure that the confidentiality of information that could identify an individual making a complaint or making a report is maintained, except with the consent of that individual. However, such a commissioner or intervener may communicate the identity of that person to a police force.*
- The CLPQS office, which is responsible for receiving complaints and reports and also acting as the CCSMTL's designated intervenor to receive complaints and reports from people who do not receive any care or service from the RSSS (see section 9.2.2.2.4⁵), has a duty to preserve the confidentiality of the identity of the person making a report or complaint. The Minister may disclose the identity of the person only with the consent of that person or in the course of communications with a police force concerned.
- The institution must also take all necessary measures to ensure that the confidentiality of information that could identify a person who makes a report to the CLPQS office is confidential.
- The institution must ensure that these measures are applied in cases where the report is made through the institution, in collaboration or in consultation with another member of the institution's staff, such as a clinical supervisor or manager.

⁵ CCSMTL Anti-Abuse Policy – awaiting approval by MSSS

The person responsible for implementing the policy (PRMOP) establishes and implements strategies to ensure the confidentiality of the person making a report. To this end, the reader is invited to consult section 9.4.1, ⁶ which specifies the particularities of record keeping in a context of mistreatment when the reporter is a person working for the institution and wishes to preserve his or her confidentiality.

In the event that confidential information about a resident must be transmitted to third parties, the usual rules of confidentiality apply.

- ***Accountability***

The local Service Quality and Complaints Commissioner (CLPQS) provides, in the annual report on the activities that they send to the institution, a section dealing specifically with complaints and reports they have, received concerning cases of mistreatment of older adults and adults in vulnerable situations, without compromising the confidentiality of the report files, including the identity of the persons concerned by a complaint or report. The information contained in the report on its activities must be presented in such a way as to distinguish between information concerning the CCSMTL and that concerning the facilities of private institutions located on its territory.

The confidentiality measures taken by our institution in the event of a complaint are:

- Take the necessary steps to ensure that the person making the complaint remains anonymous, except with the person's consent, with some exceptions, such as communicating the identity of the person to a police force.
- Schedule meetings outside the workplace and working hours, enclosed area prohibit any retaliatory measures and threaten reprisals or legal action against the designated person.
- Take reasonable steps to notify employees of the various sanctions in the event of reprisals.
- Appoint an investigator (if required) and gather the necessary information surrounding the complaint.
- Review Portage's internal policies and procedures that need to be adapted to this policy.
- Communicate the facts about the complaint to the individual concerned so that they can respond.
- Disclose only information about a complaint to those who need to know it and limit the facts to the essentials of the witnesses.
- Securely store all records related to complaints, including minutes of meetings or interviews and investigation reports

Counsellors, investigators, mediators, and persons receiving complaints must ensure that the confidentiality and privacy of those involved are protected to the greatest extent possible, as part of the fairness requirements of the investigation and resolution process.

All documents relating to a complaint, including the written complaint, witness statements, notes, and investigation reports, must be kept securely by the Human Resources department in a separate location

from employee files and by the person responsible for the protection of personal information in a complaint log.

How long does it take to process a complaint?

⁶ Id. Note 6

The CLPQS processes complaints according to the procedure of the [Health and Social Services Network Complaint Review System](#) within a maximum of 45 days.

What are the recourses following the conclusions of the CLPQS?

The resident or their representative may file a second appeal with the Québec Ombudsman if they are not satisfied with the CLPQS's conclusions.

Québec Ombudsman

Tel.: Quebec City Office: [418 643-2688](tel:418-643-2688)

Montreal office: [514-873-2032](tel:514-873-2032)

Toll free: [1-800-463-5070](tel:1-800-463-5070)

Email: protecteur@protecteurducitoyen.qc.ca

Website: www.protecteurducitoyen.qc.ca

4.3 Non-Mandatory Reporting

Who can make a non-mandatory report?

Anyone who witnesses or suspects a situation of mistreatment (e.g., a loved one, a visitor, a volunteer, a person working for the institution who is not subject to mandatory reporting, etc.) can make a report.

Is the consent of the abused person (suspected or confirmed) required to report?

Yes.

Who should you report a situation concerning a resident to if you are not required to report?

Any report concerning a resident should be made directly to the CLPQS with their consent or that of their representative (contact information in the *Complaints* section above).

Who can I contact if the situation does not involve a resident?

Any report that does not concern a resident can be made to a designated worker in the Concerted Intervention Process (PIC) through the Adult Elder Abuse Helpline (see the CIP and Mistreatment Help, Evaluation and Referral Centre sections for more details).

What support mechanisms are available to enable a report?

See the Support section *for anyone involved* (below).

What are the confidentiality measures for a non-mandatory report?

The confidentiality measures taken by the CLPQS concerned in the case of a non-mandatory report are: (See 4.2 above)

The confidentiality measures taken by our institution in the case of a non-mandatory report are:

- Take the necessary steps to ensure that the person making the report remains anonymous, except with the consent of the person, with some exceptions, such as communicating the identity of the person to a police force.
- Plan meetings outside the workplace and working hours, in an enclosed space.

- Prohibit any retaliation and threat of reprisals, or legal action against the designated person.
- Take reasonable steps to notify employees of the various sanctions in the event of reprisals.
- Appoint an investigator (if required) and gather the necessary information surrounding the report.
- Review Portage's internal policies and procedures that need to be adapted to this policy.

- Communicate the facts about the report to the individual concerned so that they can respond.
- Only share information about the report with those who need to know it and limit the facts to the essentials as far as witnesses are concerned.
- Securely store all records related to the report, including minutes of meetings or interviews and investigation reports.

4.4 Completion time for mandatory and non-mandatory reports

The time taken to process any complaint or report concerning a case of mistreatment must be adjusted according to the seriousness of the situation.

For more information regarding the processing time for reports, refer to the policy of the public institution to which the Centre d'Accueil Le Programme de Portage inc.

For more information on reporting, refer to Appendix 1 — Referral Process.

4.5 Support for everyone involved

All people involved in a situation of mistreatment (e.g., abused individual, loved ones, etc.) can get support to make a complaint or report, be accompanied in the process, etc.

Here are the resources available:

Complaint Assistance and Support Centre (CAAP)

- Assist the resident in any step they take to file a complaint with an institution;
- Provide information to the resident on how the complaints regime works;
- Help the resident clarify the subject of the complaint, draft it if necessary and assist and accompany them at each stage of the recourse if desired;
- Facilitate conciliation with any organization concerned;
- Contribute to the satisfaction of the resident and the respect of their rights.

Users' Committee

- Provide information on the resources and possible measures to denounce and put an end to a situation of mistreatment (e.g., filing a complaint with the CLPQS);
- Inform, accompany, and assist a resident who believes they are a victim of mistreatment (and/or their representative) in a complaint process.

Contact: comitedesusagers@portage.ca, (514 939-0202, ext. 1250)

Help, Assessment, and Referral Centre for Abuse

- Refer to the section *Help, Assessment and Referral Centre for Mistreatment* (below) to find out about their duties and contact information.

Settlement Specific Supports

Help, Assessment and Referral Centre for Abuse

- Refer to the section *Help, Assessment and Referral Centre for Mistreatment* (below) to find out about their duties and contact information.
- For more information, refer to the Support Tool, *Follow-up section to any report and complaint* concerning the support offered to the abusive employee for resources such as the Employee Assistance Program.

4.6 Prohibition of reprisals

It is forbidden to take reprisal measures against a person who, in good faith, makes a complaint or a report or cooperates in the processing of a complaint or a report.

It is also prohibited to threaten a person with reprisal measures for making a complaint or reporting or for cooperating in the processing of a complaint or report.

A reprisal measure is, for example, the demotion, suspension, dismissal, removal of a person, or any sanction that affects their employment or working conditions. The removal of a their, the termination of his lease, and the prohibition or restriction of visits are also examples of retaliatory measures⁷.

Finally, it is forbidden to sue a person for having, in good faith, made a complaint or a report or collaborated in the processing of a complaint or a report, regardless of the conclusions reached⁸.

5. Penalties

Administrative, disciplinary, and criminal sanctions may apply in different situations.

5.1 Administrative and disciplinary sanctions

Administrative and disciplinary sanctions imposed by the institution.

When there is mistreatment, the Centre d'Accueil Le Programme de Portage Inc. can also impose administrative and disciplinary sanctions.

What are the administrative and disciplinary sanctions for employees and managers?

The organization is open to communication and favors discussion and exchange. It uses a process for disciplinary action that aims to correct the problem at the source before it escalates.

Rules and principles

Portage uses measures to get an employee to correct or improve their behaviour or performance at work. An analysis of the facts and the circumstances surrounding them is carried out by the supervisor and/or human resources. An application of sanctions is used according to the principle of gradation of sanctions and correction of the alleged deviations.

Corrective actions may take the following form in the following gradation:

- Verbal notice (approx. 2)
- Written notice (approx. 2)
- Suspension (1 time)
- Dismissal

On the other hand, there are situations where the organization may be obliged not to comply with the gradation of sanctions for serious misconduct that requires immediate dismissal such as theft, assault, breach of the code of ethics, total loss of trust, etc.

⁷ Section 22.2 of the Act to Combat Mistreatment.

⁸ Section 22.3 of the Act to Combat Mistreatment.

In the event of a suspension for misconduct, the employee is not entitled to any paid leave (sick, annual, suspension without pay, sabbatical, etc.).

Administrative and disciplinary sanctions imposed by other bodies

Individuals and facilities that cause or condone mistreatment may also face other sanctions.

What are the possible sanctions for a member of a professional order?

A professional order may impose sanctions on its members, for example: reprimands, fines, revocation of licence, revocation of specialist's certificate, limitation or suspension of the right to engage in professional activities, etc.

What are the possible sanctions for an establishment?

Sanctions may be imposed on establishments, for example: appointment of observers, investigations, requirement to submit an action plan, interim administration of the establishment, suspension or revocation of a licence, etc.

What are the possible penalties for any person?

Any person may be prosecuted before the Human Rights Tribunal or be subject to penal or criminal proceedings.

5.2 Criminal sanctions

In what situations can criminal sanctions be applied?

- It is an offence for anyone to fail to report abuse without delay.⁹
- It is an offence to commit an act of abuse against a person in a residential and long-term care centre, on these premises or while travelling. A person who, in the performance of his or her duties, commits an act of mistreatment of a resident of full age to whom they directly provide health or social services at home on behalf of an institution¹⁰.
- It is an offence for any person to threaten, intimidate, or attempt to retaliate, or to retaliate against a person for complying with this Act, or for exercising a right under this Act or for reporting conduct that contravenes this Act¹¹.
- It is an offence to obstruct or attempt to obstruct in any way the performance of the duties of an inspector or investigator¹².

5.3 Making a request for an investigation that could lead to criminal sanctions.

How do I request an investigation that could lead to criminal sanctions?

You can contact MSSS by phone, send a [form](#) by email or mail, or make a [declaration online](#).

⁹ Section 21 of the Act to Combat Mistreatment.

¹⁰ Section 21.1 of the Act to Combat Mistreatment.

¹¹ Section 22.2 of the Act to Combat Mistreatment.

¹² Section 22.8 of the Act to combat maltreatment.

- Respect for residents' rights and needs: Portage respects residents' rights as described in the Act respecting health services and social services (LSSSS) and the Charter of Human Rights and Freedoms and meets their needs by offering them quality care and services, so that they feel considered and acquire personal esteem.

Portage has also set up two Users' Committees, one in each major administrative region, as well as Residents' Committees in each of its centres.

- Consent to care and services: Except as provided for in the Act, the resident's consent must be obtained before any care or service is provided.
- Safe care and work environment: Portage will take the necessary measures to ensure a safe environment for all resident and anyone working for the institution, imbued with a culture of respect and transparency.
- Consultation and partnership: in order to ensure the application of this policy, consultation and partnership between the various actors, either professionals or directors, or sectors of activity, as well as with the User/Resident committees, are essential.
- Place the person at the centre of the actions: the senior judge verifies whether the action taken or suggested is suitable for them, whether it is benevolent to them.
- Promote self-determination and the power to act in the senior person in order to allow them to take control of the course of their life, to make choices in harmony with their values, lifestyle habits, culture, etc.
- Promoting social inclusion and participation: to bring well-being to seniors who wish to break their isolation and contribute to society.
- Deploy actions and interventions combining competence (know-how) and judgment (interpersonal skills).
- Offer concerted support in order to take the most appropriate actions for each dimension of the senior's life (e.g., housing, health, nutrition, love and family life, etc.), always respecting the senior's choices.

What are the objectives of our policy?

- Ensure the identification, reporting and management of all situations of mistreatment in order to put an end to them.
- Ensure the safety, well-being and quality of life of users by implementing measures to promote well-treatment.
- Identify and manage situations of mistreatment quickly and effectively with a view to reducing the harmful consequences and the risk of recidivism.
- Support the continuous improvement of clinical and organizational practices and the quality of services.
- Inform health and social service providers, volunteers, residents, and their families of the policy and its content.

- Inform and equip people working for the institution, health, and social service providers about their obligations and the importance of disclosing or reporting cases of mistreatment.
- Support people in their efforts to counter mistreatment.
- Promote respectful, safe and caring living environments, care and work environments.
- Ensure understanding and compliance with the Act to Combat Mistreatment of Seniors and All Persons of Full Age in Vulnerable Situations.

What values guide our policy?

- To promote well-treatment among the population.
- Mobilize the actors concerned by well-treatment.
- Create environments that are conducive to well-treatment.¹⁴

8. Help, Assessment and Referral Centre for Abuse

The Centre d'aide, d'évaluation et de référence en maltraitance en maltraitance aînés (LAMAA) is operated by the Adult Elder Abuse Helpline (LAMAA)

What are the functions of the Abuse Assessment and Referral Centre?

- Receive calls for information or support regarding abuse;
- Offer active listening;
- Assess a situation and its level of risk;
- Provide information on available resources and possible remedies;
- Refer a person to the appropriate stakeholders, including the CLPQS or a designated stakeholder;
- Follow up, with the person's consent, to support them in their journey or in their procedures.

What are the contact details of the Adult Elder Abuse Helpline (LAMAA)?

Adult Elder Abuse Helpline (LAMAA)

Phone: 1-888-489-2287

514 489-2287

Website : <https://lignemaltraitance.ca/fr>

(Support tool, section *Help, Assessment and Referral Centre for Mistreatment*).

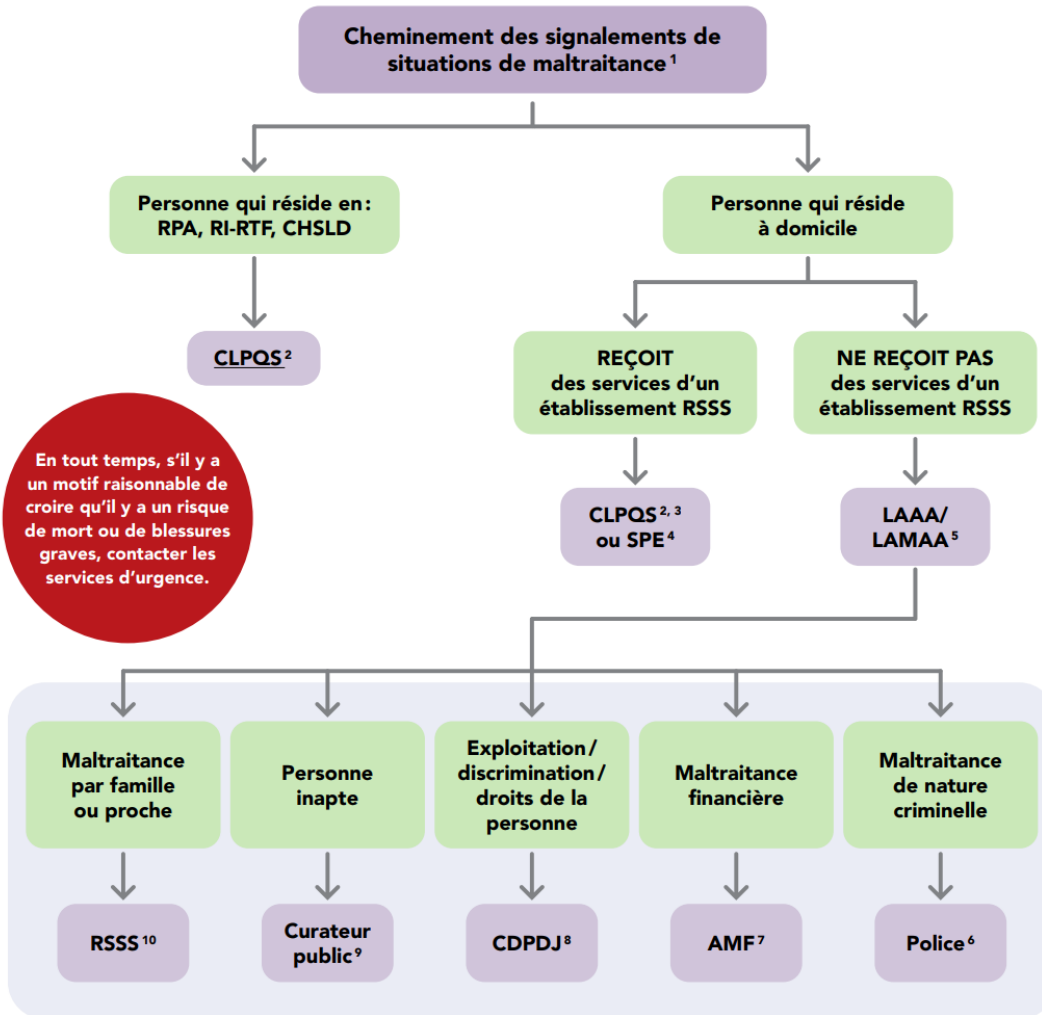
¹⁴ Framework available on the website: <https://publications.msss.gouv.qc.ca/msss/fichiers/2022/22-830-44W.pdf>

9. Summary of Roles and Responsibilities

<p>Person Responsible for Policy Implementation (PIC)</p>	<p>POLICY DEVELOPMENT, ADOPTION AND REVISION</p> <ul style="list-style-type: none"> • Have the policy or changes to the policy adopted by the Board of Directors. • Submit the policy to the MSSS within 30 days of its adoption by the Board of Directors. • Review the institution's policy every five years. • Make necessary changes to address implementation challenges and improve procedures and practices. <p>PREVENTION, AWARENESS, AND TRAINING</p> <ul style="list-style-type: none"> • Develop and apply a plan to raise awareness and train on mistreatment for all persons working for the establishment. <p>DESCRIPTION</p> <ul style="list-style-type: none"> • Ensure that the procedures for reporting are clear and known by all persons who may receive reports in the establishment. • Establish and implement strategies to ensure confidentiality and protection from retaliation against individuals who make a report. <p>DISTRIBUTION</p> <ul style="list-style-type: none"> • Develop and implement a dissemination plan. • Make the policy accessible to all by posting it to the public and on the institution's website. • To make the policy known to all residents and their families.
<p>Local Service Quality and Complaints Commissioner (CLPQS) Responsible for processing and following up on the complaints and reports it receives. (Support tool, <i>follow-up section to all reports and complaints</i>).</p>	<p>COMPLAINTS AND REPORTS</p> <ul style="list-style-type: none"> • Investigate residents complaints. • To process reports made as part of the policy to combat mistreatment.

APPENDIX 1 — REPORTING PROCESS¹⁵

Loi visant à lutter contre la maltraitance envers les aînés et toute autre personne majeure en situation de vulnérabilité



¹⁵ Israel, S., Dubé, A.-S., Couture, M. Berintan, M., (2023). All concerned: a tool to support the development and revision of policies to combat mistreatment of seniors and other adults in vulnerable situations — 2nd edition. Centre for Research and Expertise in Social Gerontology of CIUSSS West-Central Montreal

1. Mandatory reporting

The following are required to report:

Any health 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 duties or profession, has reasonable cause to believe that a person is a victim of mistreatment must report without delay.

Reporting is mandatory for:

- A resident of full age whose inability to take care of themselves or to administer their property has been established by a medical assessment;
- A person living in a residential and long-term care centre;
- A resident in a vulnerable situation in a retirement home;
- A resident in an intermediate resource or a family-type resource;
- A person who is unfit under tutorship, curatorship or a homologated protection mandate.

2. Role of the CLPQS (for any report)

The CLPQS is responsible for examining resident complaints. It is also responsible for processing reports made as part of the policy to combat mistreatment.

3. For a person who lives at home and receives services from an RSSS facility, reporting is mandatory to the CLPQS to:

- A person who is incapacitated according to a medical assessment;
- A person under guardianship, curatorship or a homologated protection mandate.

4. Reporting not mandatory

Any non-mandatory report can be made to the CLPQS or follow the establishment policy with the person's consent.

5. Roles of the LAMAA

1. Receiving a call from someone asking for information or support;
2. Assess the situation;
3. Provide information on available resources and possible remedies;
4. Directing the person to the most appropriate authority to assist him/her, including the designated persons of the CIP, in the event of a report;
5. Follow up and accompany the person, if necessary.

6. Police

"A police force, when the facts in support of the complaint or report may constitute a criminal or penal offence" (Ref.: Article 17, paragraph 2 of the Act to combat mistreatment)

7. AMF

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

8. CDPDJ

"The Commission des droits de la personne et des droits de la jeunesse, when the facts supporting the complaint or report may 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 mistreatment)

9. Public Trustee

"The Public Curator, when the person is under tutorship or curatorship or when a protection mandate concerning him or her has been homologated, or when his or her inability to take care of himself or administer his or her property has been established by a medical evaluation, but he or she does not benefit from a protection measure" (Ref.: Article 17, paragraph 3 of the Act to combat mistreatment)

10. RSSS

"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 mistreatment)

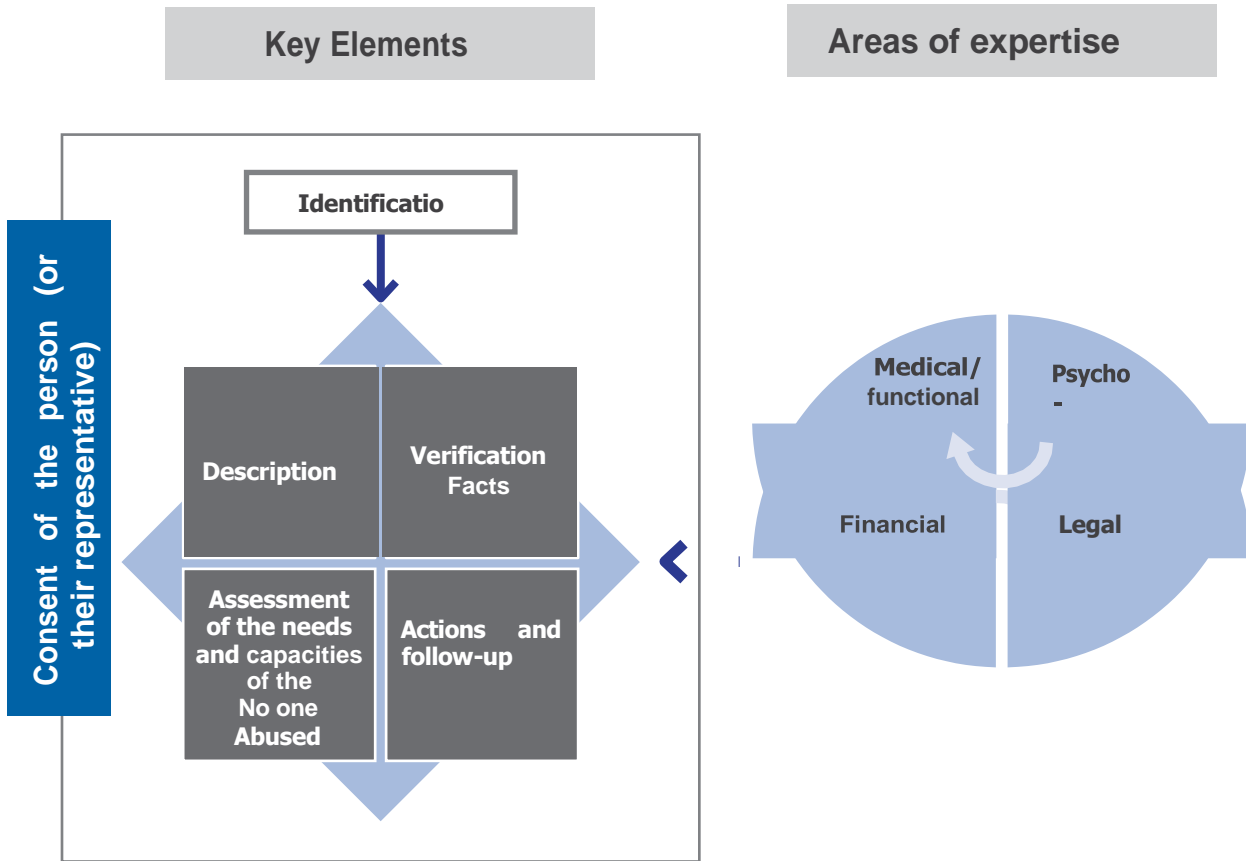
The potential entry points are: the reception, the counter, analysis, orientation, and referral service or any other body indicated in the establishment policy.

11. Roles of eHIP Designated Stakeholders

- a. Check if the situation is a situation of mistreatment;
- b. Verify that the situation meets the criteria for mandatory reporting;
- c. Verify whether or not the person alleged to be abused accepts services;
- d. Follow the body's protocol for the follow-up of requests for support or services;
- e. *Complete the harmonized reporting tool (tool to be developed).

APPENDIX 2 — MANAGEMENT MODEL¹⁶

Model for the Management of Situations of Mistreatment of Older Adults



¹⁶ Couture, M., Alarie, M., & Israel, I. (2019) Model for the Management of Situations of Mistreatment of Older Adults — 3rd Edition. Montreal, QC: CIUSSS West-Central Montreal. Available online: <https://www.creges.ca/programmes-guides-et-outils/#maltraitance>

APPENDIX 3 — TERMINOLOGY ON ELDER ABUSE¹⁷

FORMES DE MALTRAITANCE

Violence : Malmené une personne aînée ou la faire agir contre sa volonté, en employant la force et/ou l'intimidation.*

Négligence : Ne pas se soucier de la personne aînée, notamment par une absence d'action appropriée afin de répondre à ses besoins.

Attention :

- Une même situation de maltraitance peut inclure plusieurs types de maltraitance.
- L'âgisme est un enjeu individuel et social qui appelle à des actions sur ces deux plans.
- Il y a des enjeux de violation des droits dans tous les types de maltraitance.

Maltraitance intentionnelle : La personne maltraitante veut causer du tort à la personne aînée.

Maltraitance non intentionnelle : La personne maltraitante ne veut pas causer du tort ou ne comprend pas le tort qu'elle cause.

- La maltraitance se manifeste dans un contexte devant être considéré par chacun des acteurs impliqués.
- Il faut toujours évaluer les indices et la situation pour ne pas tirer de conclusions hâtives ou attribuer des étiquettes.

LES SEPT TYPES DE MALTRAITANCE

<p>Maltraitance psychologique <i>Attitudes, paroles, gestes ou défaut d'actions appropriées qui constituent une atteinte au bien-être ou à l'intégrité psychologique</i></p> <p>Violence : Chantage affectif, manipulation, humiliation, insultes, infantilisation, dénigrement, menaces verbales et non verbales, privation de pouvoir, surveillance exagérée des activités, propos xénophobes, capacitistes, sexistes, homophobes, biphobes ou transphobes, etc.</p> <p>Négligence : Rejet, isolement social, indifférence, désintérêt, insensibilité, etc.</p>	<p>Indices : Peur, anxiété, dépression, repli sur soi, hésitation à parler ouvertement, méfiance, interaction craintive avec une ou plusieurs personnes, déclin rapide des capacités cognitives, idéations suicidaires, tentatives de suicide, etc.</p> <p>Attention : La maltraitance psychologique est la plus fréquente et la moins visible : <ul style="list-style-type: none"> ▪ Accompagne souvent les autres types de maltraitance. ▪ Peut avoir des conséquences tout aussi importantes que les autres types de maltraitance. </p>
<p>Maltraitance physique <i>Attitudes, paroles, gestes ou défaut d'actions appropriées, qui portent atteinte au bien-être ou à l'intégrité physique</i></p> <p>Violence : Bousculade, rudolement, coup, brûlure, alimentation forcée, administration inadéquate de la médication, utilisation inappropriée de contentions (physiques ou chimiques), etc.</p> <p>Négligence : Privation des conditions raisonnables de confort, de sécurité ou de logement, non-assistance à l'alimentation, l'habillement, l'hygiène ou la médication lorsqu'on est responsable d'une personne en situation de dépendance, etc.</p>	<p>Indices : Ecchymoses, blessures, perte de poids, détérioration de l'état de santé, manque d'hygiène, attente induite pour le changement de culotte d'aisance, affections cutanées, insalubrité de l'environnement de vie, atrophie musculaire, contusion, mort précoce ou suspecte, etc.</p> <p>Attention : Certains indices de maltraitance physique peuvent être confondus avec des symptômes découlant de certaines conditions de santé. Il est donc préférable de demander une évaluation de la santé physique et/ou au niveau psychosocial.</p>
<p>Maltraitance sexuelle <i>Attitudes, paroles, gestes ou défaut d'actions appropriées à connotation sexuelle non consentis, qui portent atteinte au bien-être, à l'intégrité sexuelle</i></p> <p>Violence : Propos ou attitudes suggestifs, blagues à caractère sexuel, promiscuité, comportements exhibitionnistes, agressions à caractère sexuel (attouchements non désirés, relation sexuelle imposée), etc.</p> <p>Négligence : Privation d'intimité, traiter la personne aînée comme un être asexuel et/ou l'empêcher d'exprimer sa sexualité, etc.</p>	<p>Indices : Infections, plaies génitales, angoisse au moment des examens ou des soins, méfiance, repli sur soi, dépression, désinhibition sexuelle, discours subitement très sexualisé, déni de la vie sexuelle des personnes aînées, etc.</p> <p>Attention : L'agression à caractère sexuel est avant tout un acte de domination. Les troubles cognitifs peuvent entraîner une désinhibition se traduisant par des gestes sexuels inadéquats. Ne pas reconnaître, se moquer ou empêcher une personne aînée d'exprimer sa sexualité représente de la maltraitance et peut nuire au repérage et au signalement de celle-ci. L'attirance sexuelle pathologique envers les personnes aînées (gérontophilie) doit aussi être repérée.</p>
<p>Maltraitance matérielle ou financière <i>Obtention ou utilisation frauduleuse, illégale, non autorisée ou malhonnête des biens ou des documents légaux de la personne, absence d'information ou mésinformation financière ou légale</i></p> <p>Violence : Pression à modifier un testament, transaction bancaire sans consentement (utilisation d'une carte bancaire, transactions internet, etc.), détournement de fonds ou de biens, prix excessif demandé pour des services rendus, transaction contractuelle ou assurantielle forcée ou dissimulée, usurpation d'identité, signature de bail sous pression, etc.</p> <p>Négligence : Ne pas gérer les biens dans l'intérêt de la personne ou ne pas fournir les biens nécessaires, ne pas s'interroger sur l'aptitude d'une personne, sa compréhension ou sa littératie financière, etc.</p>	<p>Indices : Transactions bancaires inhabituelles, disparition d'objets de valeur, manque d'argent pour les dépenses courantes, accès limité à l'information sur la gestion des biens de la personne, etc.</p> <p>Attention : Les personnes aînées qui présentent une forme de dépendance envers quelqu'un, qu'elle soit physique, émotive, sociale ou d'affaires, sont plus à risque de subir ce type de maltraitance. Au-delà de l'aspect financier ou matériel, ce type de maltraitance peut affecter la santé physique et psychologique de la personne aînée en influençant sa capacité à assumer ses responsabilités ou à combler ses besoins.</p>
<p>Maltraitance organisationnelle <i>Toute situation préjudiciable créée ou tolérée par les pratiques ou les procédures d'organisations (privées, publiques ou communautaires) responsables d'offrir des soins ou des services de tous types aux personnes aînées.</i></p> <p>Violence : Conditions ou pratiques organisationnelles qui excluent les personnes aînées des prises de décisions qui les concernent, qui entraînent le non-respect de leurs choix ou qui limitent de façon injustifiée l'accès à des programmes d'aide, etc.</p> <p>Négligence : Offre de soins ou de services inadéquates aux besoins des personnes, directive absente ou mal comprise de la part du personnel, capacité organisationnelle réduite, procédure administrative complexe, formation inadéquate du personnel, personnel non mobilisé, etc.</p>	<p>Indices : Réduction de la personne à un numéro, prestation de soins ou de services selon des horaires plus ou moins rigides, attente induite avant que la personne reçoive un soin ou un service, détérioration de l'état de santé physique - psychologique - social, plaintes ou signalements auprès de diverses instances, etc.</p> <p>Attention : La maltraitance organisationnelle ne se limite pas seulement au réseau de la santé et des services sociaux. Nous devons donc demeurer attentifs à l'égard des lacunes des organisations de tout type qui peuvent brimer les droits individuels et collectifs des personnes aînées à tout moment. Ces lacunes peuvent également nuire au travail du personnel chargé d'offrir des soins ou des services aux personnes aînées.</p>
<p>Âgisme <i>Discrimination en raison de l'âge, par des attitudes hostiles ou négatives, des gestes préjudiciables ou de l'exclusion sociale</i></p> <p>Violence : Imposition de restrictions ou de normes sociales en raison de l'âge, réduction de l'accessibilité à certaines ressources ou services, préjugés, infantilisation, mépris, etc.</p> <p>Négligence : Indifférence à l'égard des pratiques ou des propos âgistes lorsque l'on en est témoin, etc.</p>	<p>Indices : Non-reconnaissance des droits, des compétences ou des connaissances, utilisation d'expressions réductrices ou infantilisantes, etc.</p> <p>Attention : Nous sommes tous influencés, à divers degrés, par les stéréotypes négatifs et les discours qui sont véhiculés au sujet des personnes aînées. Ces « prêts-à-penser » fournissent des raccourcis erronés à propos de diverses réalités sociales qui peuvent mener à des comportements maltraitants.</p>
<p>Violation des droits <i>Toute atteinte aux droits et libertés individuels et sociaux</i></p> <p>Violence : Imposition d'un traitement médical, déni du droit de choisir, de voter, d'avoir son intimité, d'être informé, de prendre des décisions ou des risques, de recevoir des appels téléphoniques ou de la visite, d'exprimer son orientation sexuelle, romantique ou son identité de genre, de pratiquer sa religion ou sa spiritualité, etc.</p> <p>Négligence : Non-information ou mésinformation sur ses droits, ne pas porter assistance dans l'exercice de ses droits, non-reconnaissance de ses capacités, refus d'offrir des soins ou des services, lorsque justifiés, etc.</p>	<p>Indices : Entrave à la participation de la personne aînée dans les choix et les décisions qui la concernent, réponses données par un proche à des questions qui s'adressent à la personne aînée, restriction des visites ou d'accès à l'information, isolement, plaintes ou signalements auprès de diverses instances, etc.</p> <p>Attention : Il y a des enjeux de violation des droits dans tous les types de maltraitance. Toute personne conserve pleinement ses droits, quel que soit son âge. Seul un juge peut déclarer une personne inapte et nommer un représentant légal. Par ailleurs, la personne inapte conserve tout de même des droits, qu'elle peut exercer dans la mesure de ses capacités.</p>

* « Il y a intimidation quand un geste ou une absence de geste (ou d'action) à caractère singulier ou répétitif et généralement délibéré se produit de façon directe ou indirecte dans un rapport de force, de pouvoir ou de contrôle entre individus, et que cela est fait dans l'intention de nuire ou de faire du mal à une ou à plusieurs personnes aînées. » (Voir Beaulieu, M., Bédard, M.-É. & Leboeuf, R. (2016). L'intimidation envers les personnes aînées : un problème social connexe à la maltraitance? *Revue Service social*, 62(1), 38-56.)

¹⁷ Research Chair on Mistreatment of Older Adults, Centre for Research and Expertise in Social Gerontology (CREGÉS) and the Elder Abuse Helpline (LAAA) of CIUSSS West-Central Montreal, Commission des droits de la personne et des droits de la jeunesse, Regional Coordinators for the Fight against Mistreatment of Older Adults, Secrétariat aux aînés and Ministère de la santé et des services sociaux. (2022). Terminology on Mistreatment of Older Adults, 2022. Research Chair on Mistreatment of Older Adults, 2 p. Available online: <https://www.creges.ca/publication/terminologie-sur-la-maltraitance-envers-les-personnes-ainees/>

