



Adult Protection Act Five-Year Review

September 2020

This document is fully copyright protected by the Newfoundland and Labrador Centre for Health Information. Reproduction, in its original form, is permitted for background use for private study, educational instruction and research provided appropriate credit is given to the Newfoundland and Labrador Centre for Health Information. Citation in editorial copy, for newsprint, radio and television is permitted. The material may not be reproduced for commercial use or profit, promotion, resale, or publication in whole or in part without written permission from the Newfoundland and Labrador Centre for Health Information.

Adult Protection Act Five-Year Review

Table of Contents

List of Tables	iv
List of Figures	iv
Executive Summary.....	v
1.0 Introduction	1
1.1 Overview of the Adult Protection Act	1
1.2 Implementation of the Act	2
1.2.1 Public Awareness Campaigns	2
1.2.2. Policy Manual	2
1.2.3 Education and Training Sessions.....	3
2.0 Evaluation Purpose and Objectives.....	3
2.1 Evaluation Purpose	3
2.2 Evaluation Objectives	3
3.0 Evaluation Framework	4
4.0 Evaluation Methods	4
4.1 Review of Administrative Data	4
4.2 Education and Training and Feedback Forms	4
4.3 Key Informant Focus Groups	4
4.4 Public Awareness Campaign Data	5
4.5 Public and Stakeholder Engagement	5
4.5.1 Public Engagement Feedback Form.....	6
4.5.2 Stakeholder Engagement Feedback Form	6
4.5.3 Written Submissions	6
5.0 Results.....	7
5.1 Adult Protection Act Reports and Evaluations	7
5.1.1 Report Counts, by Regional Health Authority.....	7
5.1.2 Report Counts, by Age and Sex.....	7
5.1.3 Report Counts, by Location of Alleged Incident	8
5.1.4 Report Counts, by Level of Risk and Response Time	9
5.1.5 Types of Allegations and Report Sources	9

5.1.6 Alleged Sources of Abuse and/or Neglect	10
5.1.7 Supports Required to Complete the Evaluation	11
5.1.8 Evaluation Outcomes	11
5.2 Adult Protection Act Investigations	11
5.2.1 Characteristics of Investigations	11
5.2.2. Declarations	12
5.2.3 Court Orders	12
5.2.4 Service Plan Reviews	12
5.3 Education and Training Feedback Forms	13
5.3.1 Information Session Feedback.....	13
5.3.2 Regional Health Authority Staff Training Sessions.....	13
5.3.3 RCMP and RNC Training Sessions	14
5.4 Key Informant Focus Groups	15
5.4.1 Regional Health Authority Focus Groups.....	15
5.4.1.1 Ongoing Education and Training	15
5.4.1.2 Capacity Assessment.....	16
5.4.1.3 Resources	17
5.4.1.4 Dual Roles	18
5.4.1.5 Legal Direction and Support.....	19
5.4.1.6 Timelines.....	19
5.4.1.7 Documentation	20
5.4.1.8 Relationship with the Adult Protection Provincial Office	20
5.4.1.9 Public Awareness	21
5.4.1.10 Other Feedback.....	21
5.4.2 RCMP and RNC Feedback	21
5.4.4 Feedback from the Nunatsiavut Government	22
5.5 Public Awareness Survey Campaign Data	23
5.5.1 2014 Public Awareness Campaign	23
5.5.2 2018 Public Awareness Campaign	24
5.6 Public and Stakeholder Engagement	24
5.6.1 Public Engagement	24
5.6.2 Stakeholder Engagement	25
5.6.2.1 Enhanced Procedural Protections	26
5.6.2.2. Additional Considerations	26
5.7 Legislative Considerations	27
6.0 Improvement Opportunities	28
6.1 Increased Access to Education and Training	28
6.2 Greater Support and Protection for Vulnerable Adults	28
6.3 Better Communication and Coordination	29
7.0 Summary	30

List of Appendices

Appendix A: Adult Protection Act Evaluation Framework.....	31
Appendix B: Education and Training Feedback Forms	40
Appendix C: Discussion Guides	60
Appendix D: Public Awareness Campaign Survey (2014)	66
Appendix E: Public Engagement Feedback Form	70
Appendix F: Stakeholder Engagement Feedback Form	73
Appendix G: Sample Stakeholder Engagement Letter	77

List of Tables

Table 1. Adult Protection Report Counts, by Regional Health Authority and Fiscal Year.....	7
Table 2. Adult Protection Report Count, by Location and Fiscal Year.....	8
Table 3. Adult Protection Report Counts, by Level of Risk.....	9
Table 4. Distribution of Allegations of Abuse or Neglect, by Type.....	10
Table 5. Alleged Sources of Abuse and/or Neglect.....	10
Table 6. Investigations, by Level of Risk.....	11

List of Figures

Figure 1. Distribution of Reports, by Age Group.....	8
Figure 2. Regional Health Authority Staff Reported Confidence in Implementing Each Adult Protection Process.....	14

Executive Summary

The Newfoundland and Labrador **Adult Protection Act** (the Act) provides a legislative framework where adults who are at risk of abuse or neglect and do not appreciate that risk are protected. Proclaimed on June 30, 2014, and replacing the previous **Neglected Adults Welfare Act**, the Act applies to every adult in Newfoundland and Labrador, regardless of where they live, excluding those who are subject to a certificate or a community treatment order under the **Mental Health Care and Treatment Act** or currently receiving services under the **Children, Youth and Families Act**. This report represents government's commitment to conduct a formal review of the Act, its regulations and the principles upon which the Act is based every five years.

The five-year evaluation included a review of (1) adult protection statistics; (2) public awareness campaign data; (3) information and training evaluation forms; and (4) feedback from frontline staff, managers and stakeholder groups. The Provincial Adult Protection Steering Committee and Evaluation Sub-Committee provided guidance and feedback throughout the evaluation.

Between June 30, 2014, and June 30, 2019, 1,671 reports were received. After initial screening by a social worker in the regional health authorities, 1,345 reports were accepted and evaluated under the Act, with the majority of reports (80%) representing adults aged 60 years and older. Most reports originated in the community (83%), and were assessed as low or moderate risk (76%). The most common allegations received were of self-neglect (400 reports) and neglect (307 reports), followed by physical abuse (233 reports), financial abuse (218 reports) and verbal abuse (182 reports). Eighty-five reports (6.3%) proceeded to an investigation. As of June 30, 2019, there were four adults under the care and custody of the Provincial Director of Adults in Need of Protective Intervention. Two of these adults were transferred from the old **Neglected Adults Welfare Act**, and two were new declarations under the **Adult Protection Act**.

“Adult protection is the most challenging work, and it’s also the most rewarding. It really is. Because we can really see the impact we are having on the most vulnerable people in our society.”

- RHA
Management

“The **Adult Protection Act** is an important and necessary piece of legislation focused on the protection of adults who require intervention and support.”

- Stakeholder
Group

“There is a lot of good work happening under the umbrella of adult protection.”

- RHA Staff

Within the regional health authorities, social workers and management spoke to the importance of ongoing education and training, not merely for social workers, but for any regional health authority staff who come into contact with the public. There is a need for everyone to be able to recognize indicators of abuse or neglect and to understand their responsibility to report under the Act. More focused training in capacity assessment was specifically requested by social workers, as they are not participating in formal capacity assessments very often, and do not have the opportunity to build confidence in their skills. In addition to staff training, social workers and managers in all regions identified a need for greater public awareness and education around the Act. It was noted that future public awareness campaigns should focus on managing expectations around making a report under the Act. The public need to be supported in understanding that capable adults have the right to choose to live at risk, and to make decisions that might not be desirable to others.

Both social workers and management spoke positively about the interdisciplinary team approach to assessing capacity, and considered it to be a strength of the Act. However, there continues to be a discrepancy in how capacity is assessed depending on which piece of legislation one is operating under. A standardized team-based approach to assessing capacity across the province was identified as a possible solution.

Peace officers reported having a generally positive working relationship with the regional health authorities, but acknowledged that it could be stronger in some regions. Officers emphasized the need to build relationships with local social workers and engage in more informal consultations with them. They also noted that information sharing remains a challenge. In the absence of a Memorandum of Understanding between police and the regional health authorities, there is sometimes a reluctance to share or to disclose information between agencies. Officers noted that a more formalized arrangement is required to support clients and to protect both officers and social workers.

Overall, stakeholder feedback related to the Act was largely positive, and a number of strengths of the legislation were identified including, but not limited to, the focus on capacity, the interdisciplinary approach to assessing capacity, and stronger protections for vulnerable adults. Some areas of improvement have been identified, including a need for greater cultural representation and acknowledgement in the Act and supporting individuals who have capacity but are being abused or neglected.

1.0 Introduction

1.1 Overview of the Adult Protection Act

The Newfoundland and Labrador **Adult Protection Act** (the Act) was proclaimed June 30, 2014, replacing the **Neglected Adults Welfare Act** which had been in place since 1973. The intent of the Act is to provide a legislative framework where adults who are at risk of abuse or neglect and do not appreciate that risk are protected. The Act applies to every adult in Newfoundland and Labrador, regardless of where they live, excluding those who are subject to a certificate or a community treatment order under the **Mental Health Care and Treatment Act** or currently receiving services under the **Children, Youth and Families Act**. Under the Act, an adult is presumed to have the capacity to make decisions unless proven otherwise.

Under the Act, if a person believes that an adult may be at risk for abuse or neglect (including self-neglect) and has reason to believe that this adult may lack the capacity to understand and appreciate the risk, there is a legal obligation to report this information to the provincial director, a director, social worker or a peace officer. A dedicated 24-hour toll-free telephone line is also available across throughout the province and North America to make such a report. Each report is evaluated to determine whether it meets the criteria of abuse, neglect, or self-neglect. If a report is determined to meet the criteria and it is not clear that the adult in question has capacity, then the report is accepted by a social worker and will be evaluated to determine whether the adult lacks capacity and whether further investigation is warranted. During the evaluation, a social worker will seek the adult's informed consent, assess the situation, speak with the report source (if possible), interview and/or observe the adult who may be in need of protective intervention, assess the level of risk and gather collateral information. There are three possible outcomes of an evaluation:

- No further intervention required as there is insufficient or no evidence to suggest the adult is abused and/or neglected and lacks capacity to appreciate and/or understand risk;
- Professional/supportive services being offered and accepted to mitigate risk; or
- A recommendation is made to the regional director to proceed with an adult protection investigation as there is evidence to suggest the adult lacks capacity, is at risk of abuse and/or neglect, and/or is refusing supportive services.

In the majority of cases, an investigation is not required, as professional/supportive services are implemented to mitigate risk. If an investigation is initiated, a formal capacity assessment may be completed, a thorough risk assessment will be conducted, and a service plan developed to mitigate or resolve the risk. While every effort is made to secure the adult's participation and consent throughout the investigation, the Act also provides investigators with the authority to

operate without consent, to intervene and remove an adult in need of protective intervention. Various warrants and orders may be obtained through the court system, including a Warrant to Enter a home, premises or property, an Order to Conduct an Investigation, or a Warrant to Remove the adult from an unsafe situation.

If an adult is determined to lack capacity and to be in need of protective intervention, an application is made to court to declare the adult to be in need of protective intervention. If a declaration is granted by the court the client will come under the care and custody of the Provincial Director. Further, pursuant to s. 22(9) of the Act and s. 22.1(3) of the **Mentally Disabled Persons' Estates Act**, the Public Trustee shall be the guardian of the client's finances once they receive notice from the Provincial Director.

Any adult who is declared an adult in need of protective intervention by the court will have a written service plan submitted as part of the Court application and reviewed by the social worker minimally every six months following declaration. The service plan details the adult's service needs, applicable court orders, as well as the living arrangements specified by the court. A full review of the service plan is conducted annually by the Review Committee, which is comprised of the provincial director and the regional director from each of the health authorities. The Public Trustee provides input on those cases in which the Office of the Public Trustee is engaged.

1.2 Implementation of the Act

1.2.1 Public Awareness Campaigns

A public awareness campaign was one of the key requirements that had to be met before the Act could be proclaimed. The public awareness campaign for the Act consisted of the distribution of posters and brochures, as well as radio and newspaper advertisements which ran for a four week period from September to October 2014. The primary goals of the campaign were to provide the general public with an awareness of the Act, communicate to the public their obligation to report adults who may need protective intervention, and inform the public how to make a report.

A second public awareness campaign was ran between February 25, 2019 and March 22, 2019, focusing on social media and online platforms (e.g., Google Search, Facebook and YouTube).

1.2.2. Policy Manual

The **Adult Protection Act Provincial Policy Manual** (the manual) provides the policies, procedures, and service principles to be used in carrying out the responsibilities of the Act. The manual also includes resources to assist in the implementation of the Act including the Adult Protection Report Form and User Guide, Risk Assessment Guidelines and Continuum, the Adult Protection Evaluation Form and User Guide, the Adult Protection Service Plan, and the Adult

Protection Decision Tree. The intent of the manual is to establish policies that provide consistent and quality implementation of the Act throughout the province and is available to all staff and managers in the regional health authorities. Following the completion of the midterm evaluation, a second version of the policy manual was developed and distributed to social workers in the regional health authorities.

1.2.3 Education and Training Sessions

The education and training component of implementing the Act included three types of sessions aimed at different target groups: a general information session, a train-the-trainer course, and staff training. The general information session is a one to three hour PowerPoint presentation designed for various stakeholders and staff (e.g., operators of long term care homes, acute and long term care staff, representatives of Indigenous governments and organizations, and various community organizations and groups) that should be aware of the general procedures related to the Act.

The one to one-and-a-half day train-the-trainer courses were designed for service providers directly involved with the implementation of the Act including officers of the Royal Canadian Mounted Police (RCMP) and Royal Newfoundland Constabulary (RNC), social workers, and managers of the regional health authorities. Prior to proclamation of the Act, the train-the-trainer course was provided to a complement of staff who, in turn, were responsible for training staff involved in implementing the Act. Further, subsequent train-the-trainer courses on financial abuse, capacity assessment and documentation were offered to representatives from the regional health authorities.

2.0 Evaluation Purpose and Objectives

2.1 Evaluation Purpose

The primary purpose of the evaluation is to comply with the statutory provision that there be a formal review of the Act, its regulations and the principles upon which the Act is based every five years.

2.2 Evaluation Objectives

The evaluation objectives were determined in consultation with the Provincial Steering Committee and the provincial director. The evaluation objectives are based on the objectives of the Act, and are as follows:

- To monitor and examine the processes and outcomes of each step in the adult protection decision tree (report, evaluation, investigation, and review);
- To assess the effectiveness of the information and training sessions;

- To assess the effectiveness of the public awareness campaign;
- To identify the successes and challenges of implementing the Act; and
- To identify possible changes to the Act and/or manual.

3.0 Evaluation Framework

The evaluation framework (Appendix A) describes what evaluation questions were asked, what information was gathered to answer those questions and how, when and by whom the information was gathered.

4.0 Evaluation Methods

4.1 Review of Administrative Data

A key component of the evaluation involved using information generated from the ongoing collection of administrative data via the Client and Referral Management System (CRMS). Directors in each of the regional health authorities were responsible for compiling regional-level data. Types of administrative data collected include:

- Report source;
- Type of allegation;
- Level of assessed risk;
- Date report received;
- Date evaluation completed; and
- Outcome of evaluation.

Administrative data covering the period of time from June 30, 2014 to June 30, 2019 was used for the purposes of the evaluation.

4.2 Education and Training and Feedback Forms

Feedback forms were developed to evaluate the various training and information sessions. For sessions that were web-based (i.e., participants attended remotely via WebEx) the link to the electronic survey was provided at the end of the session. All feedback forms were finalized in consultation with the Provincial Steering Committee. If the session was held in person, paper-based surveys were distributed to participants immediately following the session. The session facilitator then collected the forms and forwarded them to the provincial office to be entered into the database. Refer to Appendix B for copies of the information session, train-the-trainer, and staff training feedback forms.

4.3 Key Informant Focus Groups

Focus groups were held between October 2019 and February 2020 to gather more detailed information about the effectiveness of the training and information sessions; successes and

challenges of implementing the Act; and possible changes to the Act and/or policy manual. Focus group participants included front-line social workers in all areas of care, other allied health professions, management representatives in each of the regional health authorities and members of the RNC and RCMP. Focus group guides (Appendix C) were developed in consultation with the Evaluation Subcommittee and were designed to address the evaluation questions, as specified in the evaluation framework. Participants were queried broadly on their experience with the Act, as well as more specifically, with respect to:

- The training they had received on the Act and their role in implementing the legislation;
- The forms currently in use (e.g., report form, evaluation form);
- Use of the policy manual and supporting documentation (e.g., decision tree);
- The quality of relationships and communication with RNC/RCMP and regional management;
- Any challenges encountered in implementing the Act; and
- Suggestions for improvements to the Act, its forms, policies and/or manual.

4.4 Public Awareness Campaign Data

The Newfoundland and Labrador Statistics Agency was commissioned to conduct a survey to determine the public's awareness and knowledge of the Act. An interview-assisted telephone survey (see Appendix D) was conducted between December 15, 2014, and February 19, 2015, with a random sampling of selected individuals aged 18 years and older from each of the four regional health authorities. A total of 1,903 telephone surveys were completed between December 2014 and February 2015 with a representative sample of residents from each of the four regional health authorities. Results were weighted to represent the general population.

A second public awareness campaign was launched between February 25, 2019 and March 22, 2019, focusing on social media and online platforms (Google Search, Facebook and YouTube). During the campaign, the advertisements were shown a total of 4,042,389 times and were clicked on 5,147 times on digital networks.

4.5 Public and Stakeholder Engagement

As part of the five-year review of the Act, the Department of Children, Seniors and Social Development, in consultation with the Public Engagement and Planning Division, Communications and Public Engagement Branch, Executive Council, and Newfoundland and Labrador Centre for Health Information, developed a targeted engagement process. The purpose of this process was to gather information about how the Act was operationalized in the community, and any impact it had in the past five years. The results were intended to inform potential changes to the Act, its regulations, and associated policies.

4.5.1 Public Engagement Feedback Form

On October 31, 2019, a Public Engagement Feedback Form was developed and posted on the engageNL website (Appendix E). Questions focused on the public's knowledge of the Act and the duty to report, as well as ways in which the legislation could be strengthened to better protect vulnerable adults. The online questionnaire remained open until December 18, 2019 and was completed by 46 individuals.

4.5.2 Stakeholder Engagement Feedback Form

The Stakeholder Engagement Feedback Form (Appendix F) was developed to gather feedback from community and special interest groups, municipalities, Indigenous governments and other stakeholder groups. The form was available online between October 2019 and February 2020 and was completed by 81 individuals.

4.5.3 Written Submissions

In addition to soliciting feedback from the public, more than 40 stakeholder groups were contacted individually and were invited to submit feedback on the Act, including areas for change. An examples of the communications sent to stakeholders is included in Appendix G.

5.0 Results

5.1 Adult Protection Act Reports and Evaluations

5.1.1 Report Counts, by Regional Health Authority

Between June 30, 2014, and June 30, 2019, a total of 1,671 reports were received. Of these, 1,345 (80.5%) reports met the criteria for adults who may need protective intervention and were accepted and evaluated under the Act. The majority (58%) of these reports were received in Eastern Regional Health Authority. Table 1 shows the distribution of reports accepted under the Act, by regional health authority and fiscal year.

Table 1. Adult Protection Report Counts, by Regional Health Authority and Fiscal Year

Regional Health Authority	2014-15 Q2-Q4 Only	2015-16	2016-17	2017-18	2018-19	2019-20 Q1 Only	Total
Eastern Health	113	180	172	156	124	35	780
Central Health	50	47	50	46	31	11	235
Western Health	30	42	40	53	60	17	242
Labrador-Grenfell Health	11	36	13	8	17	3	88
Total	204	305	275	263	232	66	1,345

During the first two years of the Act, all adult protection reports that were received by a social worker or peace officer were evaluated under the Act. However, beginning in 2016-17, the regional health authorities began screening reports to ensure that they met the criteria for adult protection. If the adult in question appeared to lack capacity and there was sufficient information to suspect abuse, neglect or self-neglect was occurring then the report would be accepted and assigned to a social worker for evaluation. Since the regional health authorities began screening reports, roughly 20% of all reports received have been screened out for failing to meet the criteria for adult protection. Screen-out rates have varied by region, with Eastern Health screening out 16% of all reports received, and Labrador-Grenfell Health screening out 23% of reports. Central Health and Western Health have both screened out an average of 25% of reports received since 2016-17.

5.1.2 Report Counts, by Age and Sex

Most reports accepted under the Act (60%) were for females, with twelve cases where the sex of the adult was not reported at the time of the evaluation. Eighty percent of reports under the Act were for adults aged 60 years or older, while adults 39 years or less comprised only 8% of reports. Figure 1 shows the distribution of reports, by age group, for the first five years of the Act.

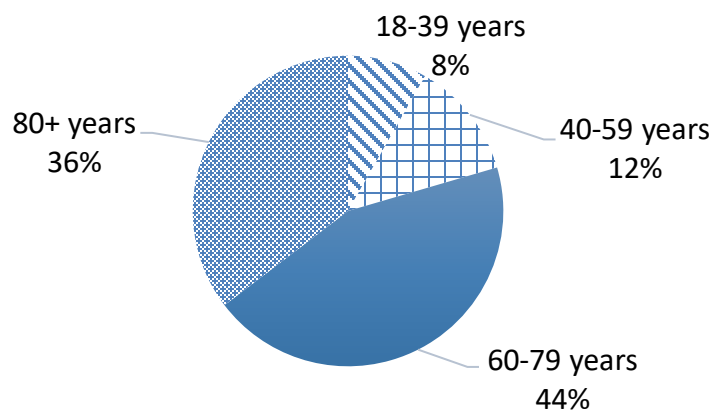


Figure 1. Distribution of Reports, by Age Group

5.1.3 Report Counts, by Location of Alleged Incident

During the first five years of the Act, 31% of all reports accepted were for alleged abuse or neglect occurring in the individual's own home or apartment. Long-term care homes were the second most commonly reported site of abuse and/or neglect, accounting for 10% of all reports. Table 2 displays the distribution of reports, by location and fiscal year.

Table 2. Adult Protection Report Count, by Location and Fiscal Year

Regional Health Authority	2014-15 Q2-Q4	2015-16	2016-17	2017-18	2018-19	2019-20 Q1	Total
Acute Care	17	19	15	15	18	2	86
Alternate Family Care Home	0	0	3	3	2	3	11
Community*	182	257	99	0	0	0	538
Cooperative Apartment	0	0	2	5	3	0	10
Individualized Living Arrangement	0	0	4	1	2	0	7
Long Term Care	5	29	24	45	23	9	135
Other Community Residential Settings	0	0	12	14	8	2	36
Own Home/Apartment	0	0	94	145	140	40	419
Personal Care Home	0	0	18	35	36	10	99
Missing/Unknown*	0	0	4	0	0	0	4
Total	204	305	275	263	232	66	1,345

*Note: In 2016-17, the category of Community was further broken down into Cooperative Apartment, Individualized Living Arrangement, Own Home/Apartment, Alternate Family Care Home, Personal Care Home and Other Community Residential Setting. Location was also made a mandatory field at this time.

5.1.4 Report Counts, by Level of Risk and Response Time

Under the Act, a report must be evaluated within five clear days and in accordance with the risk continuum. Of the 1,345 reports accepted under the Act within the first five years post-proclamation, the largest proportion (44.1%) were assessed as low risk, requiring a response within five clear days. A small number of reports (6%) were assessed as extremely high-risk, necessitating an immediate response. Nearly all reports across all risk levels were responded to within the expected timeframe. There was one low risk report which was not responded to within the five clear days specified in the Act. Table 3 displays the distribution of reports, by level of assessed risk.

Table 3. Adult Protection Report Counts, by Level of Risk

Regional Health Authority	2014-15 Q2-Q4	2015-16	2016-17	2017-18	2018-19	2019-20 Q1	Total
Extremely High (Immediate Response Required)	5	15	18	16	22	4	80
High (Response required within 24 hours)	35	64	30	36	45	16	226
Moderate (Response required within 48 hours)	70	82	88	105	64	26	435
Low (Response required within 5 clear days)	94	144	129	105	101	20	593
Missing	0	0	10	1	0	0	11
Total	204	305	275	263	232	66	1,345

5.1.5 Types of Allegations and Report Sources

An adult protection report may include more than one allegation (for example, alleging both physical and financial abuse). Of the 1,345 reports accepted between June 30, 2014, and June 30, 2019, a total of 1,622 allegations of abuse, neglect and/or self-neglect were made. The most common allegations were of self-neglect (24.7%) and neglect (18.9%), followed by physical abuse (14.4%). Table 4 shows the distribution of allegations of abuse or neglect, by type of allegation.

Table 4. Distribution of Allegations of Abuse or Neglect, by Type

Type of Allegation	Number and Percentage of Reports Alleging Abuse or Neglect
Self-Neglect	400 (24.7%)
Neglect	307 (18.9%)
Physical Abuse	233 (14.4%)
Financial Abuse	218 (13.4%)
Verbal Abuse	182 (11.2%)
Emotional Abuse	144 (8.9%)
Psychological Abuse	70 (4.3%)
Sexual Abuse	65 (4%)
Spiritual Abuse	3 (<1%)
Total	1,622

Although 1,345 reports were accepted during the first five years post-proclamation, sometimes more than one individual would submit a report concerning the same adult and in some instances one report contained multiple allegations. In total, 1,390 sources were responsible for the 1,345 reports that were accepted and evaluated between June 30, 2014, and June 30, 2019. The most common report sources were community members (313 reports), police (180 reports), family (154) and health care professionals (63 reports).

5.1.6 Alleged Sources of Abuse and/or Neglect

Of the reports received during the first five years post-proclamation of the Act, 1,345 alleged sources of abuse and/or neglect were identified. Of these, family (38.3%) and self (31.8%) were the most common sources reported, followed by health care professionals (8.6%) and care providers/home support workers (7.8%). Table 5 shows the number and types of allegations made during the first two years post-proclamation of the Act.

Table 5. Alleged Sources of Abuse and/or Neglect

Alleged Source of Abuse and/or Neglect	Number and Percentage of Reports
Family	515 (38.3%)
Self	428 (31.8%)
Health Care Professional	116 (8.6%)
Care Provider/Home Support Worker	105 (7.8%)
Community Member	82 (6.1%)
Resident	61 (4.5%)
Unknown	20 (1.5%)
Other (e.g., source unknown, friend)	12 (<1%)
Police	6 (<1%)
Total	1,345

5.1.7 Supports Required to Complete the Evaluation

Of the 1,345 reports received, 161 required one or more supports to assist with the evaluation of the report. The majority of supports provided (126 reports) were in the form of a spokesperson. In 16 instances a technical aid was required to support the adult in participating in the evaluation, while 19 reports required the use of translation services to complete the evaluation.

5.1.8 Evaluation Outcomes

At the time of the five-year evaluation, 85 reports (6.3%) had proceeded to an adult protection investigation, while the outcome for 1 report had yet to be identified. The remaining 1,260 (93.6%) reports received under adult protection were evaluated and did not proceed to an investigation. Slightly more than one-third (34.9%) of evaluations resulted in the adult being offered supportive services (e.g., counseling, home supports) in order to mitigate risk.

5.2 Adult Protection Act Investigations

5.2.1 Characteristics of Investigations

Of the 85 cases which proceeded to investigation, the most common allegation was of physical abuse (30 reports), followed by neglect (22 reports), financial abuse (20 reports), self-neglect (16) and verbal abuse (15 reports). Less-commonly alleged abuses included emotional (11 reports), psychological and sexual abuse (6 reports each). Again, an adult protection report may allege more than one type of abuse or neglect. Table 6 shows the distribution of cases which resulted in an investigation, by level of risk.

Table 6. Investigations, by Level of Risk

Level of Risk	Report Counts
Extremely high	12
High	28
Moderate	27
Low	18
Total	85

The length of the evaluation period for the 85 cases that proceeded to investigation was generally brief, with a median of 2 clear days. While the average length of investigation was 49 days, investigations ranged in length from zero to 389 days, with one investigation still ongoing at the time of this evaluation. At the time of reporting, 49 formal capacity assessments had been completed as part of an investigation.

The majority of adult protection investigations resulted a determination that no further intervention was required (55%) or with the provision of professional/supportive services (39%). At the time of reporting for the five-year evaluation the outcome for one case (1.1%) had yet to be determined. Five cases (5.8%) resulted in an application for declaration under the **Act**.

5.2.2. Declarations

Between June 30, 2014 and June 30, 2019, five adults were declared to be in need of protective intervention and an additional eight were transferred from the **Neglected Adults Welfare Act**. On June 30, 2019, four adults remained under the care and custody of the Provincial Director of Adult Protection. Two of these adults were declared under the **Adult Protection Act**, while two were previously declared under the **Neglect Adults Welfare Act**. The remaining cases were deceased or had been repealed (2 cases which were brought over from the **Neglected Adults Welfare Act**). There were no cases in which an individual was declared under the Act, and appealed the decision and no cases in which an application was made to court for declaration which was not successful.

The Act states that when an application is made to court to declare an individual in need of protective intervention, a court hearing must be held within 30 clear days of the application. Further, when the hearing date has been set, the adult (and others, as required) must be notified within 10 clear days of the date of hearing. In four of the five new declarations, the adult was notified within 10 clear days, and a hearing was held within 30 clear days.

5.2.3 Court Orders

Of the 85 evaluations that proceeded to investigation, an emergency intervention was invoked in seven cases (8.2%). An **Order to Conduct an Investigation** was granted in six cases (7%), and a **Warrant to Remove** the adult to a place of safety was executed in three cases (3.5%).

5.2.4 Service Plan Reviews

The Act specifies that the service plan of any adult declared under the Act be reviewed minimally by a social worker within six months and every six months thereafter or as required. During the five-year evaluation period all but one service plan review were completed within the initial six month period, however, across the province, there was a lack of consistency in completing the service plan reviews every six months thereafter. Greater efforts are required to ensure that reviews are completed in a timely manner, according to the legislation.

Further to the six-month reviews conducted by a social worker, all service plans are reviewed annually by the formal Service Plan Review Committee. Between June 30, 2014 and June 30, 2019, all formal committee reviews were completed yearly, as required.

5.3 Education and Training Feedback Forms

5.3.1 Information Session Feedback

Between June 30, 2014 and June 30, 2019, more than 60 information sessions were held with the general public, key stakeholder groups, Indigenous government groups, and staff in the regional health authorities. During each of these sessions, a link was distributed to an online form, where participants could provide feedback on the session. In some sessions, a paper feedback form was also provided. In total, 326 participants provided feedback on these sessions. Most participants attended an information session in-person (71%), with the remainder attending via video, teleconference, or by WebEx. Feedback from participants was largely positive; participants felt the presentation was well-organized and provided useful information about the Act. Overall, participants expressed high levels of understanding of the intent of the Act, as well as of the definitions provided in the session. Most said they would recommend the session to colleagues.

5.3.2 Regional Health Authority Staff Training Sessions

Of the 279 participants who provided feedback on the staff training sessions delivered by the regional health authorities, 62% were associated with the Community Supports Program. The bulk of participants (44%) were from the Eastern Region, and participated in an in-person training session (96%). Staff were asked to indicate to what degree they were comfortable implementing various processes under the Act. Overall, participants expressed moderate-to-high levels of comfort with reporting, evaluation, and risk assessments compared to other processes. Participants reported lower confidence with court procedures, with 19.3% reporting they were "not at all confident" with these procedures. A summary of all responses can be found in Figure 2.

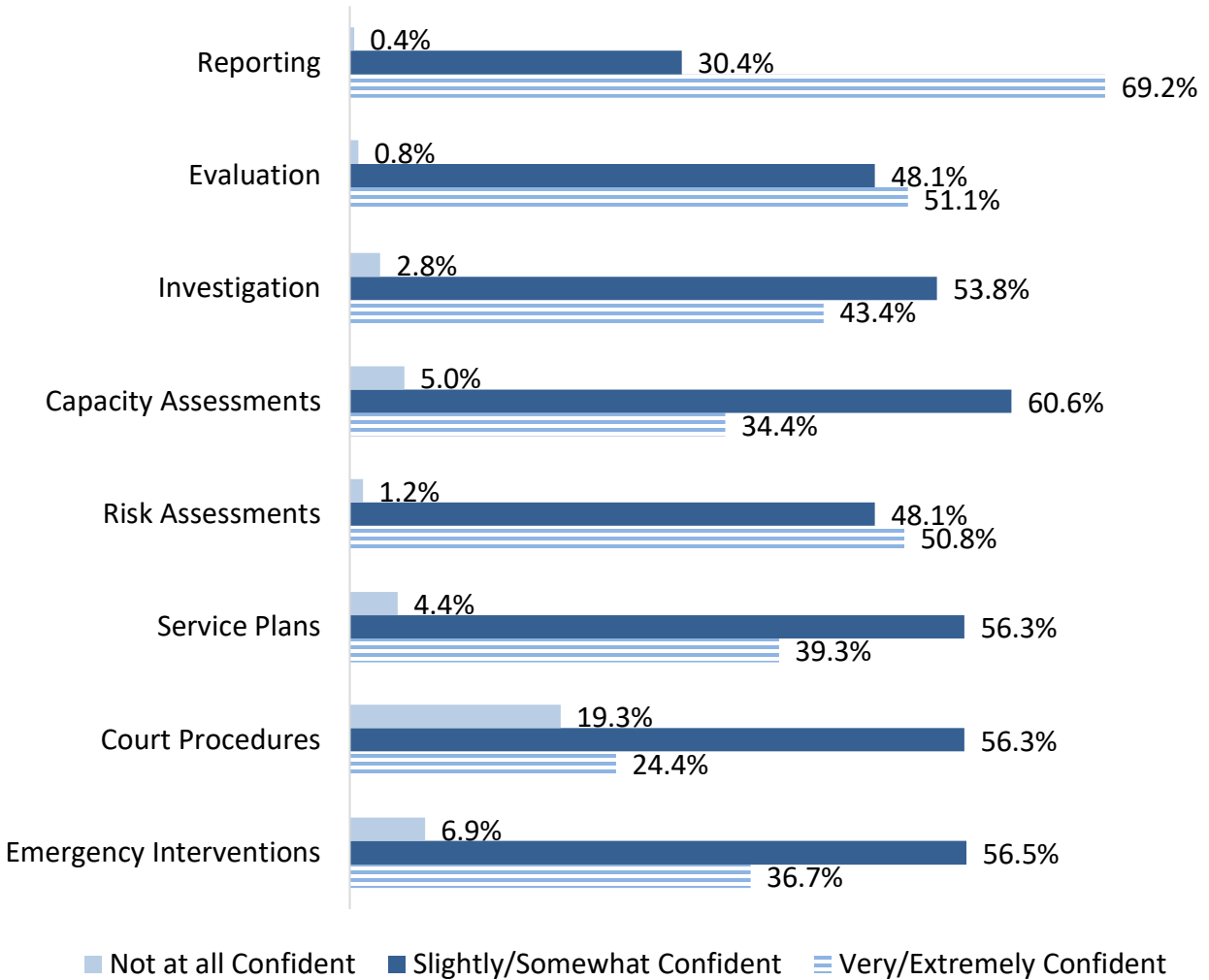


Figure 2. Regional Health Authority Staff Reported Confidence in Implementing Each Adult Protection Process

When asked for suggestions on how to improve the training sessions, staff noted that case examples were particularly helpful in assisting staff in applying these new concepts to real-life situations. More case examples and discussions were requested. Staff also identified a need for further training in capacity assessment.

5.3.3 RCMP and RNC Training Sessions

A total of 76 officers provided feedback on the training sessions they participated in; 45% from the RCMP and 55% from the RNC. Of the RCMP officers, the largest percentage reported working in the Western region of the province (49%), whereas most RNC officers reported working in the North East Avalon (78%). All had completed the training in-person. Following the session, officers indicated a strong understanding of the definitions provided in the training, including the

definition of capacity. Most (93%) rated the training session as highly informative. Further, officers described the training session as concise, well presented, and useful.

“In order for APA to be a priority for front line staff in other disciplines, it needs to be a priority for their managers” - Staff

5.4 Key Informant Focus Groups

Between December 2019 and February 2020, more than 220 key informants participated in focus groups held throughout the province, including regional health authority staff and managers, RNC and RCMP officers, representatives of community and special interest groups, as well as other government departments. A summary of the most common themes heard in the focus groups is contained below.

5.4.1 Regional Health Authority Focus Groups

In discussions throughout the province, regional health authority staff and management highlighted a number of similar themes around the implementation of the Act, along with some regional differences in the challenges that have presented themselves. These themes are presented below.

5.4.1.1 Ongoing Education and Training

Most of the participants in the regional health authority focus groups reported having received some formal training in adult protection, but for many, it had been years since they had received formal adult protection training. While some regions and program areas are provided ongoing adult protection training on a regular basis, for the most part, social workers stated that training was delivered at infrequent intervals both within and across the regional health authorities.

In each region, staff and management highlighted a need for ongoing training, not merely for social workers, but for any regional health authority staff who come into contact with the public. There is a need for all staff who are working within the regional health authorities to be able to recognize indicators of abuse or neglect and to understand their responsibility to report under the Act. Whether incorporated into the orientation that every new staff member undergoes or offered at other times during the year, mandatory training for all staff would ensure that staff are aware of their duty to report and of the respective roles of other professions.

Social work staff and managers identified a need for more training on court processes and documents, as well as significant training in assessing capacity. Staff in each of the regional health authorities commented that refresher sessions would be helpful, given the complexity of the material and the fact that not all social workers are dealing with adult protection cases on a

regular basis. Case examples and discussion were identified as useful tools for training, as well as webinars that staff could go back and view, as needed. Staff and managers both suggested that perhaps continuing education credits could be given as an incentive for staff to participate in ongoing education. They also expressed a desire for more provincial resources, such as a quarterly case conference in which the regions could learn from each other and provide feedback on particularly challenging cases. Social workers emphasized that ongoing training needs to be prioritized, with time set aside to participate in it, rather than expecting social workers to complete training on their own time.

Staff and management alike highlighted a need for managers to receive formal training in the Act, so they can best support their staff. Having managers who have not received training in adult protection may lead to inconsistent messaging and direction on adult protection cases. In addition, not all managers are social workers by profession and may be viewing their work through a different lens than front-line staff.

In addition to training for regional health authority staff, participants stressed the need for ongoing adult protection training for peace officers. The RCMP, in particular, experience frequent changes in staffing, and as partners in implementing the Act, it is critical that officers understand and are comfortable with their responsibilities.

5.4.1.2 Capacity Assessment

The assessment of capacity was one of the most significant challenges for social workers and other clinicians in the regional health authorities. Although many had received formal training in capacity assessment, most are not participating in formal capacity assessments very often, and as such, do not have the opportunity to build confidence in their skills. Social workers in each of the regional health authorities described a lack of confidence in their ability to lead a formal capacity assessment, and requested further training in the process. In addition to ongoing training in capacity assessment, both social workers and managers noted that a list of domain-specific capacity questions would assist with helping social workers when they are called on to lead a formal capacity assessment. While not meant to be prescriptive, these questions could help to build the clinical interview and help the social worker to feel more confident when they are completing an assessment.

Both social workers and management felt positively about the team approach to assessing capacity, and considered it to be a strength of the Act. In some regions, the team approach is being used for capacity assessments that occur outside of adult protection. However, both groups spoke to the fact that capacity is assessed differently depending on which piece of legislation one is operating under. Social workers and managers expressed a desire to see a

standardized approach to capacity assessment across the province using a team approach. While a team approach is preferred, both social workers and managers recognized that there are challenges inherent in asking other health professional groups to participate in a formal capacity assessment. Social workers spoke of pushback from other health professionals, who sometimes felt that it was outside of their scope of practice.

Additional challenges noted by social workers and managers included:

- Lack of comfort in disagreeing with a physician’s or other health professional’s capacity determination;
- Assessing capacity when there are overlapping mental health or developmental concerns;
- Lack of experience assessing capacity in clients who may speak another language, are non-verbal, or present with significant cultural differences; and
- Lack of clear direction on how often capacity should be reassessed.

5.4.1.3 Resources

Across the four regional health authorities, resourcing was described as a significant challenge by social workers and management. Both groups emphasized that more resources need to be directed to adult protection – from additional social workers to enhanced services to support clients. It was noted that clients’ cases are becoming increasingly complex, as people opt to remain in their homes for as long as possible. When an adult protection report is received, social workers described suddenly having a “caseload of one”, where they have to set their regular caseload aside temporarily and focus on completing the adult protection evaluation in the required timeframe. There is a concern among social workers that clients who are on their regular caseload are not always having their needs met

Resources and Support for Staff

“If we don’t support the social workers in doing this [adult protection work], we are not going to keep people in the position. It’s not normal health care, especially the court piece. I am concerned that we are going to have a hard time keeping people in the position.”

- Management

“In community we have up to 80 clients, which is just so overwhelming. And there’s so many other clients in the community who are reaching out, and they want this help. But they have capacity, so we kind of put them on the back burner... and it’s really unfortunate.”

- Staff

“I really do feel that we’re not given enough resources to implement this... it’s not okay to just say ‘oh well, there’s no money for this’ ”.

- Management

during the time that they are consumed with adult protection. While each regional health authority received funding for one full-time adult protection position when the Act was first proclaimed, there was wide agreement among social workers and management that this is insufficient to meet the demands of adult protection. There is a need to examine the resourcing of adult protection work, and the distribution of adult protection resources across the regional health authorities.

In addition to human resources, social workers expressed that sometimes it can be difficult to secure the services required in order to mitigate risk to the client. While one of the core service principles regards the provision of the least intrusive and least restrictive supports, in rural and remote areas there is often a lack of services which might allow vulnerable adults to continue living in the community. In Labrador-Grenfell Regional Health Authority, for example, there is no psychologist in Labrador City. Thus, clients who require psychological services or assessment need to be transported to St. Anthony. Additionally, smaller acute care facilities are not always equipped to handle clients who many need to be detained for assessment. In some cases, individuals from Labrador must be brought to St John's for assessment, removing them from their homes, families and communities.

5.4.1.4 Dual Roles

Social workers in each of the regions spoke to the challenge of acting as a support to a client or family, while also evaluating an allegation of abuse or neglect. At each stage during the adult protection process, there is potential to cause harm to the therapeutic relationship. When an evaluation moves to an investigation, the social worker may be working without the client's consent and may be required to solicit information from the client's family, physician or other close supports. In particular, social workers emphasized the difficulty of trying to support a client through the process of declaration while also continuing to gather relevant information on the client's well-being and situation. Social workers expressed concern that they cannot adequately support and advise clients of their rights while also working to have their rights removed from them. There is a need to explore ways to support adults to exercise their rights in the adult protection process.

A second area where social workers expressed difficulty concerns the role of social workers in evaluating an allegation against another social worker or staff member. Many social workers described a perceived conflict of interest, and questioned whether regional health authority staff ought to be evaluating the conduct of their coworkers. An independent team of investigators was suggested as one way to address this conflict when the alleged source of abuse or neglect is a staff member of the regional health authority. Another suggestion was to have investigators from another program area lead the investigation when a staff member is the alleged perpetrator.

5.4.1.5 Legal Direction and Support

Access to timely and consistent legal advice was identified by social workers and management as crucial to effective adult protection work. Social workers spoke of situations where they had questions about a court process or a definition, and were unable to access legal support within their regional health authority, particularly after hours. To further complicate matters, it was remarked that sometimes the direction given by provincial legal counsel differs from or contradicts that given by the regional health authority's legal resource. A perceived lack of consistency between provincial and regional legal advice leaves social workers feeling stressed and confused about how to proceed with cases.

One area where legal direction has been inconsistent at a provincial level concerns the definition of clear days. Under Section 13.2 of the **Act**, an adult protection evaluation must be completed **“as soon as practicable but no later than five clear days of a director receiving a report”**. However, the definition of “clear days” has changed over time, presenting increasing challenges for the regional health authorities in completing evaluations in a timely manner. Greater clarity and agreement around the definition of “clear days” is required.

5.4.1.6 Timelines

In each of the regional health authorities, staff highlighted difficulty at times completing an adult protection evaluation within five clear days. Social workers spoke of instances where they would make multiple attempts to connect with a client in order to complete an evaluation, and their calls would not be returned. In addition, geography was identified as a challenge to the timely completion of adult protection evaluations. Some social workers spoke of driving several hours to visit with a single client. In addition to the distance some social workers report traveling, there are other considerations, including ferry service, sporadic cell phone coverage, and weather delays which can impact the ability to complete an adult protection evaluation within required timelines. There may be an opportunity for greater flexibility and allowances for circumstances that are outside of social workers' control (e.g., weather).

Another challenge in adhering to the timelines specified in the Act concerns the court processes that support the work of adult protection. While the Act specifies that a hearing must be held

Legal Advice

“When I worked with CSSD our legal was right there, they worked along with us. Nothing went to court without their eyes being on it. The change, I feel, with APA, is that we don't do it often enough [court processes] to the point that we have that legal availability all the time.”

- Staff

within 30 clear days of receiving an application for declaration (Section 21), social workers commented that this requirement not always met. As a further example, Section 23 of the Act states that when an emergency removal is undertaken, the provincial director must make an application for declaration to the court, and that application must be heard by the court within two clear days of filing. In practice, it may take months for an application for declaration to be heard by the courts, leaving the client in a state of “limbo”, during which, the Provincial Director has limited authority to compel them to accept services that might mitigate the risk to themselves. It was suggested that an interim assistance order might be a viable solution to support clients who are awaiting a court hearing and require interim support to remain safe.

5.4.1.7 Documentation

When the issue of documentation was raised, a number of challenges were identified by social workers and management. Central among them was the requirement for social workers to document in multiple places (e.g., paper chart and CRMS) and the extra time that entails. As CRMS does not allow for forms and documents to be attached to the client’s file, social workers must store these paper documents in a separate file and must enter the information manually into the tracking system. A more efficient long-term solution is needed to minimize duplication and eliminate the requirement for paper documentation.

While documentation standards have been developed and disseminated throughout the regional health authorities, some social workers described a lack of confidence in knowing which information to document where (e.g., CRMS vs the client file), as they may not be doing adult protection work regularly. It was suggested by some social workers that adult protection forms contain more detail on which data elements are expected to be included in each section of the form.

Social workers also identified a concern around the lack of integration and communication between systems such as the Client Referral Management System (CRMS) and Meditech, such that social workers in one area of care are not always able to access records entered into another system. Social workers spoke of examples where in acute care, they are not always able to see if a client has an adult protection history. While some social workers in acute care have been given access to CRMS, this is not consistent across the province.

5.4.1.8 Relationship with the Adult Protection Provincial Office

Managers and directors spoke positively about their relationship with the provincial staff for adult protection. Management noted that case consultation occurs regularly with the provincial office, and spoke to the benefit of having social workers in the provincial office with significant clinical experience.

5.4.1.9 Public Awareness

Social workers and managers in all regions spoke to the need for greater public awareness and education around the Act. It was noted that future public awareness campaigns should focus on managing expectations around making a report under the Act. The public need to be supported in understanding that capable adults have the right to choose to live at risk, and to make decisions that might not be desirable to others. The Act is not intended to be used to settle family disputes or to force a capable adult to accept services that they are not interested in receiving. There is also a need for greater awareness that removing an individual's rights under the Act is an act of last resort, and that there are other resources and programs available to assist vulnerable adults.

In addition to increasing understanding around the purpose and intent of the act, social workers identified a need to educate the public on what happens after an adult protection report is made. In some cases, there is an expectation by the public that a report source will be kept "in the loop" and will receive updates on the outcome of the evaluation/investigation. Clear public messaging around the adult protection process and what to expect as a report source may help to address this challenge.

5.4.1.10 Other Feedback

An additional point of concern noted by informants in the regional health authorities, as well as by staff from the provincial office, related to the delegation of provincial director responsibilities. There is currently no formal process through which the Provincial Director can delegate their legislative responsibilities. As such, it has been reported that this position is effectively on call 24 hours a day, seven days a week.

5.4.2 RCMP and RNC Feedback

Focus groups were held in each of the regions in an effort to solicit feedback from police on the Act. Of the 45 officers who participated in the focus groups, there were varying levels of experience with the Act. While many reported having received some initial training in the Act, not all had received formal training in adult protection. Officers identified a need for ongoing training, and stressed the importance of mandatory training for all new members. Educational resources such as flash cards, a list of Frequently Asked Questions, and online modules were identified as helpful.

Officers reported a number of challenges in implementing the Act. Chief among them concerned the sharing of information. In the absence of a Memorandum of Understanding between police and the regional health authorities, there is sometimes a reluctance to share or to disclose information between agencies. Officers noted that a more formalized arrangement is required to protect both officers and social workers. In addition to a Memorandum of Understanding, a

joint investigation protocol was also identified as something that would assist in enabling information-sharing between police and the regional health authority.

Other concerns noted by officers included:

- Relationship with the regional health authority – while in some parts of the province, there is a strong connection to the regional health authority, this is not the case everywhere. Officers emphasized the need to build relationships with local social workers and engage in more informal consultations with them. One suggestion that was offered was to invite community social workers to attend local detachment meetings to meet the officers. Joint training was also suggested as a way to build relationships and solidify each profession’s role under the Act.
- Lack of follow-up – when an adult protection report is made, typically there is no follow-up with the referring officer or local detachment to indicate that the situation is being evaluated or that the risk has been mitigated. While officers recognized that the regional health authorities are limited in what they can share in order to protect client confidentiality, it would be helpful for them to know, at a minimum, that the report was received and a social worker was following up on the report.
- Frequent calls about the same client – in each region, there were examples of situations in which officers would receive numerous calls about the same individual in the community. If the individual is determined to have capacity and does not wish to accept or participate in the supports offered, there is nothing that can be done to compel them change their behavior or their circumstances. This can be very frustrating for officers, as they will continue to receive calls about these individuals from concerned community members.
- Working within multiple pieces of legislation – Officers are not always certain whether a case warrants a referral to adult protection or to mental health and addictions. In addition, many officers were less confident in their authority under the **Adult Protection Act** than they are under the **Mental Health Care and Treatment Act**, due the relative infrequency of their involvement in adult protection cases. More focused education on the Act and on when each legislation may be appropriate is warranted.
- Officers are viewing the world through a different lens than social workers are; they are focused on criminal activity, and not necessarily looking for indicators of risk and capacity.

5.4.4 Feedback from the Nunatsiavut Government

In December of 2019, staff from the provincial office met with representatives from the Nunatsiavut Government in Happy Valley-Goose Bay. In all, 10 representatives from the Nunatsiavut Government participated in a discussion on how the Act could be further

strengthened to protect vulnerable adults. A number of challenges were highlighted by the group, including limited resources in the community, the high turnover of social workers in coastal Labrador, and low levels of clinical confidence concerning capacity assessments amongst new clinicians. The group also highlighted a need for more public awareness around the Act, strengthening the relationship between the regional health authority and the community, and more cultural representation in the formal capacity process.

5.5 Public Awareness Survey Campaign Data

5.5.1 2014 Public Awareness Campaign

Following the initial public awareness campaign in 2014, a random sample of the public was surveyed to assess what elements of the campaign (if any) were effective in imparting knowledge of the Act, and the public's legal responsibilities under the legislation. Findings from the survey revealed that the campaign was somewhat successful in promoting public awareness and knowledge of the Act. Nearly one-third (31.3%) of the public reported being aware of the Act prior to being contacted to participate in the survey. Almost 20% of these individuals indicated they had heard about the Act from radio ads while 11.4% indicated they heard about the Act through newspaper or other print ads. Small proportions of respondents reported hearing about the Act via the posters and brochures. Interestingly, nearly three-quarters of respondents reported hearing of the Act through mediums other than those employed in the public awareness campaign (e.g. television, through work/job, Internet, word of mouth).

Overall, 60.4% of respondents were aware the public has a legal obligation to report adults who may need protective intervention. The level of awareness around the legal obligation to report was 83.5% among individuals who heard of the Act through one of the campaign methods. This level of awareness ranged from 78.4% for those who heard of the Act through newspaper to 92.8% for those who heard of the Act through posters or brochures. Less than half (45.7%) of those who heard of the Act through the public awareness campaign could accurately recall one of the three methods identified by the campaign by which the public could report an adult who may require protective intervention.

In terms of the particular components of the public awareness campaign that were effective, print materials seemed to impart the most knowledge but did not have high uptake among the general public. Radio ads reached greater numbers of the public in terms of general awareness of the Act, but were not as successful in informing the public about their legal obligation to report and how to make a report. Of all campaign methods, the posters and brochures were least effective in terms of reach but resulted in good uptake of information.

5.5.2 2018 Public Awareness Campaign

In 2018, The Department of Children, Seniors, and Social Development contracted Newfoundland Marketing to develop and implement a digital marketing campaign to promote the Act. The campaign ran from February 25 to March 22, 2019. An advertising strategy was designed to target men and women aged 35+ who reside in Newfoundland and Labrador. Advertising efforts were focused on three main digital advertising platforms; the Google Search and Display Network, Facebook, and YouTube. During the campaign, the advertisements were shown a total of 4,042,389 and were clicked on 5,147 (0.1% click-through rate) times on digital networks.

The vendor made a few recommendations for promotion of the Act moving forward. Firstly, it was recommended that the Department of Children, Seniors, and Social Development continue to invest in Facebook advertising as this provides significant opportunity to target their messaging to the right audience at an affordable cost. Although advertisements on Instagram did not result in a high number of views, it is likely that this may be another area of opportunity as Instagram continues to grow in popularity. It was also recommended that Spotify be considered as a digital advertising platform in the future, as it allows for targeted messaging based on age, location, and musical interest.

5.6 Public and Stakeholder Engagement

5.6.1 Public Engagement

On October 31, 2019, the Adult Protection Act Review Questionnaire was posted on the engageNL website. The online questionnaire remained open until December 18, 2019 and was completed by 46 individuals. A majority (83%) reported some knowledge of the Act, with 15% reporting being “very knowledgeable” about the Act.

While most participants (80%) were aware of their legal obligation to report cases where an adult may be at risk of abuse or neglect, only 48% reported knowing how to make a report. Several promotional strategies were suggested by participants including a province-wide advertising campaign utilizing social media, radio, television, print media, flyers, posters (e.g., in hospitals and doctor’s offices), hosting public information sessions (e.g., with 50+ clubs), and posting information on Government websites.

Finally, participants were asked whether or not the provincial government is doing enough to protect vulnerable adults who may not understand or appreciate risk. In response, 68% felt that not enough was being done, and suggested ways in which the Act could be strengthened to better protect vulnerable adults. Some of those suggestions included:

- Developing stand-alone legislation to deal with mental capacity;
- Considering the needs of young adults transferring from the child protection system;
and
- Increasing training in mental capacity for health care providers.

5.6.2 Stakeholder Engagement

Regional Health Authority staff and management, as well as community members and special interest groups, provided feedback on the Act through a series of focus groups, interviews, and written submissions. A further 81 responses were received through the online Stakeholder Engagement Feedback Form. There was stakeholder representation from organizations such as the Newfoundland and Labrador Association of Social Workers, the Newfoundland and Labrador Association for Community Living, Newfoundland and Labrador Association of the Deaf, Canadian Hard of Hearing Association, Canadian National Institute for the Blind, Empower, the Newfoundland and Labrador Brain Injury Association, People First NL and the Coalition of Persons with Disabilities NL.

Participants highlighted numerous strengths of the Act including the strong provincial leadership, its ability to support people in the community, and the current structure of having the Act function within the regional health authorities. Other aspects of the Act that were reported to be working well include the focus on capacity – considering individuals’ right to self-determination as well as appropriate intervention when necessary, purposeful review processes to address procedural issues, and having an interdisciplinary approach to investigation. Some participants also reported that the Act has resulted in improved screening, which provides opportunities to explore other supportive services if an adult does not meet criteria for adult protection. Additional benefits included improved coverage over the **Neglected Adults Welfare Act**, (covers financial abuse and neglect and all environments), and increased collaboration between community, hospital, and peace officers.

Concerning investigations, a common theme emerged from participant feedback regarding information collection and organizational involvement. It was suggested that stronger language be used to compel professionals to provide information to participate in formal capacity assessments. It was also suggested that formal templates and/or letters should be drafted and made available to facilitate information requests during an investigation.

5.6.2.1 Enhanced Procedural Protections

The service principles embedded in the Act are intended to secure the rights of persons that interact with the legislation, as well as ensure the Act is used as a last resort. During the five-year review it became apparent that there are opportunities to further entrench these client protections in the adult protection process, particularly in the investigation stage. For example, securing reasonable timelines for investigations and requiring court orders to be renewed within a particular timeframe, both of which are practices in other jurisdictions, would ensure the rights of clients in an investigation are not infringed without a time constraint. Likewise, securing timely access to legal counsel would institutionalize a process through which clients are informed of their rights and responsibilities under the legislation. These same opportunities can be pursued at the policy and procedure level.

5.6.2.2. Additional Considerations

Key informants offered several additional comments and suggestions for improvement, including:

- Ensuring that all adult protection materials are available in alternate formats;
- Implementing broader capacity/guardianship legislation;
- Considering how best to support individuals that have capacity but who are being neglected or abused; and
- Clarifying the path for individuals aging out of the child protection system.

Stakeholder Feedback

“People have the right to live at risk if they demonstrate the ability to appreciate the risk.”

“The APA has added more accountability in addressing the safety of vulnerable adults. It has also helped increase public awareness of abuse/neglect in relation to vulnerable adults.”

“Vulnerable adults experience complex issues and hence, addressing their needs effectively involves collaborative teams.”

“The Act does not offer equivalent legal protections and rights which are available in the MHCTA [**Mental Health Care and Treatment Act**].”

5.7 Legislative Considerations

Section 16(2c) – Access to information during an investigation

Adult protection investigations can be time sensitive processes that require relatively quick access to supplemental information. This access can be critical to identifying and mitigating risks and ultimately protecting persons who do not understand and appreciate those risks. There have been cases where institutions and professionals have delayed the sharing of information or have initially denied investigators access. Although the Act is still relatively new and agencies and professionals are still developing knowledge around legal compliance with such requests, there is a need to work with internal stakeholders to identify appropriate legislative mechanisms to address this gap.

Section 23

Section 23 of the Act currently requires the Provincial Director to proceed with a declaration following an emergency removal. The timelines and requirements for doing so are perceived by some to be unrealistic and in conflict with the requirement to exhaust all available options before proceeding with a declaration, as well as the requirement to have an interdisciplinary capacity assessment completed as part of that declaration application.

Section 24 – Emergency financial interventions

Under Section 24, the Public Trustee may intervene in the financial affairs of persons at the request of the Provincial Director in emergency situations. The purpose of this intervention is to protect assets and/or contain financial loss for persons who are not yet declared but are likely to be, where there is a demonstrated need. In subsection 2, the Act references the requirement for the Public Trustee to make application to court, however, it does not specify what the Trustee shall make application for. Expanding on this subsection could make the process more effective and increase accountability for clients.

Section 29 – Access to information requests

Section 29 of the Act is included in Schedule A of the **Access to Information and Protection of Privacy Act**. As a result, the right of access to records created or maintained in adult protection is governed by the **Adult Protection Act**. Section 29(5) in particular outlines the parameters around which this access is restricted. The adult protection policy manual outlines the procedures and accountabilities for receiving and making decisions regarding a request for access to records, however, it is recognized that these policies and procedures could be tightened to enhance clarity in respect to the responsibilities of the RHAs and the provincial office respectively.

Right to be heard

The right to be heard is a fundamental service principle that guides the adult protection process. The concept speaks to the need to include the individual in all aspects of the process to the greatest extent, to have their will and preferences included in decision-making processes and to have a spokesperson represent this will and preference, if needed. While social workers strive to include the individual as much as possible throughout the adult protection process, it is recognized that this principle could be more concretely substantiated both throughout the legislation, as well as in policy and practice.

6.0 Improvement Opportunities

Based on the findings of this evaluation, a number of improvement opportunities have been identified.

6.1 Increased Access to Education and Training

- Ensure all regional health authority staff receive consistent training in adult protection and understand their duty to report
- Prioritize the delivery of consistent, comprehensive and ongoing training for social workers, managers and peace officers
- Increase efforts to educate the public on the Act

6.2 Greater Support and Protection for Vulnerable Adults

- Explore ways to assist vulnerable adults to navigate the adult protection process
- Identify ways to imbed cultural representation and sensitivity in the adult protection process and legislation
- Strengthen procedural protections for vulnerable adults who come into contact with the adult protection process
- Continue to explore ways to support adults to participate in the adult protection process to the greatest extent possible
- Explore solutions to assist individuals who have capacity but are being abused or neglected
- Identify appropriate opportunities to entrench the right to be heard throughout the adult protection process
- Establish an interim ability to provide services between investigation and declaration
- Increase the clarity of policies and procedures related to access to information or records pertaining to adult protection (Section 29)

- Review the requirement for the Provincial Director to proceed with a declaration following an emergency removal (Section 23)
- Establish policies to ensure that service plans are completed minimally every six months and shared with the provincial office

6.3 Better Communication and Coordination

- Examine the resourcing of adult protection work, and the distribution of adult protection resources across the regional health authorities
- Clarify the definition of clear days to ensure consistency across regions
- Examine the potential conflict of interest in regional health authority staff investigating other staff members
- Explore the feasibility of adopting a standardized provincial approach to capacity assessment
- Identify operational best practices across regions for all regions to consider
- Improve coordination and communication between provincial and regional health authority legal counsel to establish agreement on key definitions and processes
- Strengthen and formalize the relationship between peace officers and the regional health authorities through the adoption of a Memorandum of Understanding and enhanced communication on adult protection cases
- Identify the appropriate legislative mechanisms to facilitate timely access to information during an adult protection investigation
- Provide clarity on the role of the Public Trustee and on the process of making an application to court for emergency financial intervention (Section 24) on behalf of a vulnerable adult

7.0 Summary

During the first five years following proclamation of the **Adult Protection Act**, 1,345 reports alleging abuse, neglect, and/or self-neglect were received and accepted by the regional health authorities. In most cases, supportive services were offered to the adult, in order to mitigate risk, and the issue was often able to be resolved during the evaluation stage. Of the 85 reports which proceeded to investigation (6.3%), only five resulted in an application for declaration under the Act.

Within the regional health authorities, social workers and management spoke to the importance of ongoing education and training for any regional health authority staff who come into contact with the public. There is a need for everyone to be able to recognize indicators of abuse or neglect and to understand their responsibility to report under the Act. Social workers spoke to the important work that is happening under the umbrella of adult protection and of the enhanced ability to intervene and protect vulnerable adults who are at risk of abuse, neglect, of self-neglect.

Stakeholder feedback was largely positive, and identified a number of strengths of the legislation, including the focus on capacity, the interdisciplinary approach to assessing capacity, and stronger protections for vulnerable adults. Some areas of improvement were identified, and are noted in the section above. Moving forward, it is clear that while the Act is a robust piece of legislation, there are opportunities to further refine and strengthen the legislation, as well as the associated policies and procedures.

Appendix A: Adult Protection Act Evaluation Framework

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
Evaluation objective: to monitor and examine the processes and outcomes of each step in the adult protection decision tree (reporting, evaluation, investigation, and review)				
1. Are the policies and procedures being implemented as outlined in the manual?	Number and percent of reports evaluated within the response time indicated by level of risk	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and percent of applications resulting in a hearing within 30 clear days of filing	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and percent of applications where adult notified of hearing not later than 10 clear days of date being set	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Service plans in place for all cases that were investigated and proceeded to court	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and percent of service plans reviewed every six months for individuals who were declared	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and percent of service plans reviewed by Review Committee once per year for individuals who were declared	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and percent of cases that are appealed	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
(continued)	Number and percent of service plans prepared for adults declared neglected under the Neglected Adults Welfare Act within six months of proclamation of the Adult Protection Act	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Reported appropriateness of policy and procedure implementation	Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
2. Are the service principles being applied to programs and services under the Act?	Self-reported application of service principles by service providers	Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
	Application of service principles throughout the process	Documentation reviews (Service Plans)	Review Committee (Provincial and Regional Directors)	Annually
3. What is the number and characteristics of cases reported?	Number of reports by type of issue, level of risk, referral source, assistance needed, response timeframe	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
4. What is the number of cases that were appropriate to report?	Number and percent of reports that met the criteria of adults who may need protective intervention	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
5. What is the number and characteristics of cases evaluated?	Number of evaluations by type of issue, level of risk, assistance needed, and response timeframe	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
6. What is the outcome of cases evaluated?	Number of evaluations by outcome (no further intervention, supportive services offered, supportive services provided, investigation)	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
7. What are the types of supportive services offered?	Types of supportive services offered	Tracking System (CRMS)	Provincial and Regional Directors	Ongoing
8. What is the number and characteristics of investigations?	Number of investigations by: type of issue, level of risk, timeframe from completion of evaluation to start of investigation, timeline for duration of investigation, if emergency intervention	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
9. What are the outcomes of investigations?	Number of investigations by outcome: no further intervention, supportive services offered, supportive services provided, application for declaration	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
10. If application for declaration, what are the processes in place?	Number of investigations by timeline for court hearing	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and types of applications for warrants and warrants issued	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and types of applications for court orders and court orders issued	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
11. What are the results of applications for declaration?	Number of applications resulting in a declaration	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
12. What are the outcomes of service plan reviews?	Number and percent of service plans by outcome of review (no change, revision, repeal)	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
	Number and percent of reviews conducted within required timeframe	Tracking system (CRMS)	Provincial and Regional Directors	Ongoing
Evaluation Objective: to assess the effectiveness of the information and training sessions				
13. Do information session participants feel they understand what it means to be an adult in need of protective intervention?	Participants' level of understanding of what it means to be an adult in need of protective intervention	Information session evaluation form	Provincial and Regional Directors	Immediately after session
14. Do information session participants feel they understand the processes involved?	Participants' level of understanding of the processes involved	Information session evaluation form	Provincial and Regional Directors	Immediately after session
15. Do information session participants feel they understand their legal obligation to report an allegation of abuse or neglect?	Participants' level of understanding of their legal obligation to report an allegation of abuse or neglect	Information session evaluation form	Provincial and Regional Directors	Immediately after session
16. Do train-the-trainer participants feel they understand the definitions provided in the training?	Participants' level of understanding of definitions provided in training	Train-the-trainer evaluation form	Provincial and Regional Directors	Immediately after training
17. Do train-the-trainer participants feel they understand the service principles described in the training?	Participants' level of understanding of the service principles described in training	Train-the-trainer evaluation form	Provincial and Regional Directors	Immediately after training

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
18. Do train-the-trainer participants feel they are confident to train others in how to implement each process involved in implementing the Act?	Participants' level of confidence in training others in how to implement each process involved in implementing the Act	Train-the-trainer evaluation form	Provincial and Regional Directors	Immediately after training
19. Do core staff training participants feel they understand the definitions provided in the training?	Participants' level of understanding of definitions provided in training	Staff training evaluation form	Provincial and Regional Directors	Immediately after training
20. Do core staff training participants feel they understand the service principles described in the training?	Participants' level of understanding of the service principles described in training	Staff training evaluation form	Provincial and Regional Directors	Immediately after training
21. Do core staff training participants feel they are confident in their roles to implement each process involved in implementing the Act?	Participants' reported level of confidence implementing each process involved in implementing the Act	Staff training evaluation form	Provincial and Regional Directors	Immediately after training
Evaluation objective: to assess the effectiveness of the public awareness campaign				
22. Did the public awareness campaign impart public awareness of the Act?	Public awareness of the Act by campaign method (poster, brochure, print, radio ads)	Survey of public	Provincial Director	6 weeks post campaign

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
23. Did the public awareness campaign communicate the public's responsibility to report adults who may need protective intervention?	Public awareness of responsibility to report adults who may need protective intervention by campaign method (poster, brochure, print, radio ads)	Survey of public	Provincial Director	6 weeks post campaign
24. Did the public awareness campaign communicate how to report adults who may need protective intervention?	Public awareness of how to report adults who may need protective intervention by campaign method (poster, brochure, print, radio ads)	Survey of public	Provincial Director	6 weeks post campaign
25. What components of the public awareness campaign were effective?	Public awareness of the Act, responsibility, and how to report by campaign method (poster, brochure, print, radio ads).	Survey of public	Provincial Director	6 weeks post campaign
26. Were there components of the public awareness campaign that were not effective?	Public self-reported lack of awareness of the Act, responsibility and how to report by campaign method (poster, brochure, print, radio ads).	Survey of public	Provincial Director	6 weeks post campaign
Evaluation objective: to identify the successes and challenges of implementing the Act				
27. Have there been any unforeseen harms and/or disadvantages of the Act?	Key informants report unforeseen harm and/or disadvantages of the Act	Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
28. What facilitated the implementation of the Act?	Key informants report what facilitated the implementation of the Act	Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
29. Were there any challenges encountered in implementing the Act?	Key informants report what challenges, if any, were encountered in implementing the Act	Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
30. What steps were taken to overcome any challenges in implementing the Act?	Key informants report steps taken to overcome any barriers to implementing the Act	Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
31. Is the Act being implemented consistently across the province? If not, what are the differences?	Key informants report the Act being implemented consistently, and if not, report of the differences	Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
Evaluation objective: to identify possible changes to the Act and/or manual				
32. Does the policy manual provide the information needed to implement the Act?	Staff report that the manual provides the information needed to implement the Act	Documentation review (Steering Committee notes, policy manual, forms)	Provincial Director	Ongoing
		Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
33. Are there any policies or procedures that should be changed and if so, how?	Staff report policies or procedures that should be changed and how e.g., Risk Continuum	Documentation review (Steering Committee notes, policy manual, forms)	Provincial Director	Ongoing
		Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
34. Are the forms and guides helpful, if not, what about them should be changed?	Staff report forms and guides are helpful or not, and if not, what about them should be changed	Documentation review (Steering Committee notes, policy manual, forms)	Provincial Director	Ongoing
		Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation

Evaluation Question	Indicators	Data Sources	Who is Responsible	When Collected
35. What aspects of the tracking system work well?	Staff report aspects of the tracking system that work well	Documentation review (Steering Committee notes, policy manual, forms)	Provincial Director	Ongoing
		Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation
36. Are there aspects of the tracking system that should be changed and if so, how?	Staff report aspects of the tracking system that should be changed and how	Documentation review (Steering Committee notes, policy manual, forms)	Provincial Director	Ongoing
		Key informant interviews/focus groups	Evaluation Committee	Years 3 and 5 following proclamation

Appendix B: Education and Training Feedback Forms



Adult Protection Act:
Information Session Evaluation

Thank you for taking the time to complete the Adult Protection Act information session evaluation. Your answers will be anonymous and will be used to help improve future information sessions.

1. Please select the category that best describes your role (please select only one):

- | | |
|---|--|
| <input type="radio"/> Member of the general public | <input type="radio"/> Social worker (Regional Health Authority) |
| <input type="radio"/> Not-for-profit organization | <input type="radio"/> Nurse (Regional Health Authority) |
| <input type="radio"/> Professional association/organization | <input type="radio"/> Rehab services (Regional Health Authority) |
| <input type="radio"/> Private sector | <input type="radio"/> Physician (Regional Health Authority) |
| <input type="radio"/> Indigenous government or organization | <input type="radio"/> Manager (Regional Health Authority) |
| <input type="radio"/> Provincial Government | <input type="radio"/> Student |
| <input type="radio"/> Other (please specify) | |

2. Please select how you participated in the information session:

- In-person
- On-line (via computer)
- Other (please specify)

3. Who provided the information session? If you are unsure, please ask your facilitator.

- Department of Children, Seniors and Social Development
- Eastern Regional Health Authority
- Central Regional Health Authority
- Western Regional Health Authority
- Labrador-Grenfell Regional Health Authority

4. Do you feel you understand the definitions of abuse, neglect and self-neglect?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
- Understand completely

5. Do you feel you understand the definition of capacity?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
- Completely understand

6. Do you feel you understand what it means to be an adult in need of protective intervention?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
- Understand completely

7. Do you feel you understand your legal obligation to report an allegation of abuse or neglect?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
- Understand completely

8. Do you feel you understand how to make a report under the Adult Protection Act?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

9. Overall how informative was the session (i.e., how useful was the information provided)?

- Not informative at all Slightly informative Somewhat informative Very informative Extremely informative

10. Do you have any additional comments or suggestions?



Adult Protection Act:
Staff Training Evaluation

Thank you for taking the time to complete the Adult Protection Act staff training evaluation. Your answers will be anonymous and will be used to help improve future staff training sessions.

1. What best describes your role in implementing the Adult Protection Act (please select only one):

	Coordinator	Manager	Social Worker	Nurse	Rehab Services	Physician
Acute care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long term care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

2. In which region of the province do you work (please select only one):

- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health

3. Please select how you participated in the training session:

- In-person
- On-line (via computer)
- Other (please specify)

4. Do you feel you understand the definitions provided in the training (specifically the definitions of abuse, neglect, self-neglect, capacity)?

- Do not understand at all
 Understand slightly
 Understand somewhat
 Mostly understand
 Understand completely

5. Do you feel you understand the service principles described in the training?

- Do not understand at all
 Understand slightly
 Understand somewhat
 Mostly understand
 Understand completely

6. Listed below is each primary process involved in implementing the Act. Please indicate how confident you are that you have the information you need for your role in implementing each process.

	Not confident at all	Slightly confident	Somewhat confident	Very confident	Extremely confident
Reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Overall how informative was the session (i.e., how useful was the information provided in helping you do your job)?

- Not informative at all
 Slightly informative
 Somewhat informative
 Very informative
 Extremely informative

8. Do you have any additional comments/suggestions?



Adult Protection Act Train-the-Trainer Evaluation (2013) - RHAs

1. What best describes your role in implementing the Adult Protection Act?

- Director
- Manager
- Social Worker

Other (please specify)

* 2. Do you feel you understand the definitions provided in the training (specifically the definitions of abuse, neglect, self-neglect and capacity)?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

* 3. Do you feel you understand the service principles described in the training?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

* 4. Listed below is each primary process involved in implementing the Act. Please indicate how confident you are that you have the information you need to train others in how to implement each process.

	Not at all confident	Slightly confident	Somewhat confident	Very confident	Extremely confident
Reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you have any additional comments/suggestions?



Adult Protection Act Train-the-Trainer Evaluation - RHAs (2015)

1. What best describes your role in implementing the Adult Protection Act?

- Director
- Manager
- Social Worker

Other (please specify)

2. How well do you feel you understand the Adult Protection Act formal capacity assessment process?

- do not understand at all
- understand very little
- understand somewhat
- understand very well
- understand completely

3. Please indicate how confident you are that you have the information you need to train others about:

	not at all confident	not very confident	somewhat confident	very confident	extremely confident
Coordinating a formal capacity assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Completing a social work capacity assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How well do you feel you understand the Adult Protection financial abuse guidelines?

- do not understand at all
- understand very little
- understand somewhat
- understand very well
- understand completely

5. How confident are you that you have the information you need to train others in the Adult Protection Act documentation standards?

- not at all confident
- not very confident
- somewhat confident
- very confident
- extremely confident

6. Do you have any additional comments/suggestions?



Adult Protection Act Train-the-Trainer Evaluation - LT/Acute Care

1. What best describes your role in implementing the Adult Protection Act?

- Director
- Manager
- Social Worker

Other (please specify)

* 2. Do you feel you understand the definitions provided in the training (specifically the definitions of abuse, neglect, self-neglect and capacity)?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

* 3. Do you feel you understand the service principles described in the training?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

* 4. Listed below is each primary process involving long term care/acute care in implementing the Act. Please indicate how confident you are that you have the information you need to train others in how to implement each process.

	Not at all confident	Slightly confident	Somewhat confident	Very confident	Extremely confident
Reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Do you have any additional comments/suggestions?



Adult Protection Act Train-the-Trainer Evaluation - RCMP/RNC

* 1. What best describes your role in implementing the Adult Protection Act?

- RCMP
- RNC

* 2. Do you feel you understand the definitions provided in the training (specifically the definitions of abuse, neglect, self-neglect and capacity)?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

* 3. Do you feel you understand the service principles described in the training?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

* 4. Listed below is each primary process involved in implementing the Act. Please indicate how confident you are that you have the information you need to train others in how to implement each process.

	Not at all confident	Slightly confident	Somewhat confident	Very confident	Extremely confident
Reporting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Investigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Court procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency interventions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

* 5. Listed below are two additional primary processes involved in implementing the Act. Please indicate how confident you are that you have the information you need to explain to other members how each process will be implemented and who is involved in implementing each process.

	Not at all confident	Slightly confident	Somewhat confident	Very confident	Extremely confident
Capacity assessments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Service Plans	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Do you have any additional comments/suggestions?



Adult Protection Act: RCMP/RNC Training Evaluation

Thank you for taking the time to complete the Adult Protection Act training evaluation. Your answers will be anonymous and will be used to help improve future training sessions.

* 1. What is your role in implementing the Adult Protection Act:

- RCMP
- RNC

2. In which region of the province do you work as a member of the RCMP:

- East
- West
- Labrador

3. In which region of the province do you work as a member of the RNC:

- North East Avalon
- Corner Brook
- Labrador

4. Please select how you participated in the training session:

- In-person
- On-line (via computer)
- Other (please specify)

5. Do you feel you understand the definitions of abuse, neglect and self-neglect?

- Do not understand at all
- Slightly understand
- Somewhat understand
- Mostly understand
- Understand completely

6. Do you feel you understand capacity, in the context of the Adult Protection Act?

- Do not understand at all Slightly understand Somewhat understand Mostly understand
 Completely understand

7. Please indicate how confident you are that you have the information you need for your role in making a report under the Adult Protection Act.

- Not confident at all
 Slightly confident
 Somewhat confident
 Very confident
 Extremely confident

8. Overall how informative was the session (i.e., how useful was the information provided in helping you do your job)?

- Not informative at all Slightly informative Somewhat informative Very informative Extremely informative

9. Do you have any additional comments/suggestions?



Adult Protection Act: A Shared Responsibility

1. Please select the category that best describes your role (please select only one):

- | | |
|--|---|
| <input type="radio"/> Social Worker | <input type="radio"/> Speech Language Pathologist |
| <input type="radio"/> Nurse | <input type="radio"/> Physiotherapist |
| <input type="radio"/> Occupational Therapist | <input type="radio"/> Physician |
| <input type="radio"/> Psychologist | <input type="radio"/> Student |
| <input type="radio"/> Behavior Management Specialist | |
| <input type="radio"/> Other (please specify) | |

2. What region of Newfoundland and Labrador do you represent?

- Eastern
- Central
- Western
- Labrador

3. Please select how you participated in the event:

- In-person On-line (via computer)

4. How well do you feel that you understand the intent of the Adult Protection Act in Newfoundland and Labrador?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
- Understand completely

5. How well do you feel that you understand the definition of capacity as it relates to the Adult Protection Act?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
 Understand completely

6. How well do you feel that you understand the capacity assessment process under the Adult Protection Act?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
 Understand completely

7. How well do you feel that you understand the interdisciplinary roles within the adult protection capacity assessment process?

- Do not understand at all Understand slightly Understand somewhat Mostly understand
 Understand completely

8. Do you agree the case studies were useful to your understanding of the adult protection capacity assessment process?

- Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

9. Is there any further information you would like about capacity and adult protection? Please explain.

10. Would you recommend this session to other colleagues or professionals?

- Yes No

If no, why not?

11. Do you have any additional comments or suggestions?



Adult Protection Act: A Shared Responsibility (NLNPEA)

1. Please select the category that best describes your role (please select only one):

- Community organization member
- Senior
- Volunteer
- Other (please specify)
- Student
- Healthcare professional

2. What region of Newfoundland and Labrador do you represent?

- Eastern
- Central
- Western
- Labrador

3. How well do you feel that you understand the intent of the Adult Protection Act in Newfoundland and Labrador?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

4. How well do you feel that you understand the definition of capacity as it relates to the Adult Protection Act?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

5. How well do you feel that you understand the capacity assessment process under the Adult Protection Act?

- Do not understand at all
- Understand slightly
- Understand somewhat
- Mostly understand
- Understand completely

6. Do you agree the case study was useful to your understanding of the adult protection capacity assessment process?

Strongly disagree Disagree Neither agree nor disagree Agree Strongly agree

7. Is there any further information you would like about capacity and adult protection? Please explain.

8. Would you recommend this session to others?

Yes No

If no, why not?

9. Do you have any additional comments or suggestions?

Appendix C: Discussion Guides

Review of the Adult Protection Act Discussion Questions for Managers

Introductory Questions

- How long have you been working as a social worker or other allied health professional? As a manager?
- As a manager, how are you involved in the adult protection process?

Training and Education

- Have you received training in the **Adult Protection Act**?
 - If so, in what ways did the training you received prepare you for your role in implementing the **Adult Protection Act**?
- How is adult protection training being delivered in your region (e.g., online modules; webinars; in-person; combination)?
- Is refresher training offered to front-line staff? If so, on what topics and how often?
- Is there any additional training that you feel would help support your adult protection work?
- As a manager, is there additional training required for your staff?

Implementation of the Adult Protection Act

- How are the adult protection policies and procedures working for you, your clients and staff?
- How are the service principles being applied to programs and services under the **Adult Protection Act**?
- Does the manual provide you with the information you need to implement the **Adult Protection Act**?
 - Is the manual accessible to you when you need it?
 - How often do you consult the manual?
- How is the tracking system (CRMS) working for you? What is working well, and what could be improved upon?
- How comfortable are you with the concept of capacity, as it relates to the **Adult Protection Act**?
- Are you aware of any differences in how the **Adult Protection Act** is operationalized across the province? If so, do any of these differences have implications for how adult protection is operationalized in your region?

Communication and Collaboration

- How is communication with the RCMP/RNC working?
- If you have had to consult or work with other related program areas (e.g., mental health and addictions, housing, other divisions within the RHA), how has that relationship been?
- How is communication with the provincial office working for you? Are there any further supports that we could be providing to you, as managers, which would assist you in implementing the **Adult Protection Act**?

Barriers and Facilitators to Implementation of the Act

- In your opinion, are there any unforeseen harms/disadvantages of the **Adult Protection Act**? If so, please describe.
- Were there any challenges encountered when implementing the **Adult Protection Act**? If so, how were these challenges addressed?

Conclusion

- Is there anything in the **Adult Protection Act** you would like to see strengthened, changed and/or added?
- In your opinion, is the language in the **Adult Protection Act** clear enough?
- Currently, the Adult Protection Act is operationalized by the Regional Health Authorities with the support of the RNC/RCMP and administered by the Provincial Director of Adult Protection from the Department of Children, Senior's and Social Development. The Regional Health Authorities, with the support of the RNC/RCMP, are responsible for the reporting, evaluation and investigation processes, while the Provincial Director is responsible for establishing policies and standards, monitoring and evaluating these policies and standards and maintaining custody of all adults declared to be in need of protective intervention. **Is there anything in this operational and administrative structure that could be strengthened or changed?**
- Is there anything else you would like to share with us regarding the operationalization of the **Adult Protection Act**?

Review of the Adult Protection Act

Discussion Questions for Regional Health Authorities' Frontline Staff

Training and Education

- Have you received any formal training on the **Adult Protection Act**?
- When was the last time you received training on the **Adult Protection Act**?
- What was the topic of that training?
- How is **Adult Protection Act** training being delivered in your region (e.g., online modules; webinars; in-person; combination)?
- Which training method(s) do you prefer?
- Is there any additional training that you feel would help support your adult protection work?

Implementation of the Adult Protection Act

- How are the adult protection policies and procedures working for you?
- How are the service principles being applied to programs and services under the **Adult Protection Act**?
- Does the manual provide you with the information you need to implement the **Adult Protection Act**?
 - Is the manual accessible to you when you need it?
 - How often do you consult the manual?
- How is the tracking system (CRMS) working for you? What is working well, and what could be improved upon?

Investigations and Capacity Assessment

- Have you participated in an investigation?
 - Did you use the adult protection investigation template? If so, how did that work for you?
 - Are there any further supports or resources that could assist you in completing an adult protection investigation?
- How comfortable are you with the concept of capacity, as it relates to the **Adult Protection Act**?
- Have you participated in a capacity assessment?
 - If so, did you receive adequate direction from management?
 - How confident were you in your role as part of the multi-disciplinary team?
 - How well did the team work together to assess capacity? Were there any challenges?
 - Was the interdisciplinary capacity assessment template helpful to you?
- Is there any additional training that you feel you could benefit from in order to participate in a capacity assessment?

Documentation

- What training, if any, have you received in adult protection documentation?
- Are you familiar with the adult protection documentation standards?
- How confident are you that you are documenting everything that is required?
- Is there any further documentation training that you feel you could benefit from?

Communication and Collaboration

- There are times throughout the adult protection process that you are required to consult with management. How is that working? Are there ways in which it could be improved?

- How, if at all, does your manager's training and experience support your work with the **Adult Protection Act**?
- If you have had to consult or work with other related program areas (e.g., mental health and addictions, housing, other divisions within the RHA), how has that relationship been?
- How is communication with the RCMP/RNC working? Are there ways in which it could be improved?
- If you have had communications with the Department of Children, Seniors and Social Development, how has that experience been for you? Are there any ways that CSSD adult protection staff could better support front-line staff?

Barriers and Facilitators to Implementation of the Adult Protection Act

- In your opinion, are there any unforeseen harms/disadvantages of the **Adult Protection Act**? If so, please describe.
- Were there any challenges encountered when implementing the **Adult Protection Act**? If so, how were these challenges addressed?

Conclusion

- Is there anything in the **Adult Protection Act** you would like to see strengthened, changed and/or added?
- Currently, the Adult Protection Act is operationalized by the Regional Health Authorities with the support of the RNC/RCMP and administered by the Provincial Director of Adult Protection from the Department of Children, Senior's and Social Development. The Regional Health Authorities, with the support of the RNC/RCMP, are responsible for the reporting, evaluation and investigation processes, while the Provincial Director is responsible for establishing policies and standards, monitoring and evaluating these policies and standards and maintaining custody of all adults declared to be in need of protective intervention. Is there anything in this operational and **administrative structure that could be strengthened or changed?**
- Is there anything else you would like to share with us regarding the operationalization of the **Adult Protection Act**?

Review of the Adult Protection Act Discussion Questions for RCMP/RNC

Training and Education

- Have you received any formal training in the **Adult Protection Act**?
- When was the last time that you participated in formal **Adult Protection Act** training?
 - How was the training delivered (e.g., webinars, online modules, in-person, combination)?
 - Which training method do you prefer?
- In what ways did the training you received prepare you for your role in implementing the **Adult Protection Act**?
- Is there any additional training that you feel would help support your adult protection work?

Implementation of the Adult Protection Act

- Is your role and authority as a peace officer under the **Adult Protection Act** clear (e.g., assisting the RHA in an emergency removal or escorting an adult to a place of safety)?
- How is the Adult Protection Police Report Form working for you?

Communication and Collaboration

- Are adult protection reports being forwarded to a Regional Health Authority?
- How is communication with the RHA working? Are there any areas that could be improved upon?

Barriers and Facilitators to Implementation of the Adult Protection Act

- In your opinion, have there been any unforeseen harms/disadvantages of the **Adult Protection Act**? If so, please describe.
- Were there any challenges encountered when implementing the **Adult Protection Act**? If so, how were these challenges addressed?

Conclusion

- Is there anything in the **Adult Protection Act** you would like to see strengthened, changed and/or added?
- Currently, the Adult Protection Act is operationalized by the Regional Health Authorities with the support of the RNC/RCMP and administered by the Provincial Director of Adult Protection from the Department of Children, Senior's and Social Development. The Regional Health Authorities, with the support of the RNC/RCMP, are responsible for the reporting, evaluation and investigation processes, while the Provincial Director is responsible for establishing policies and standards, monitoring and evaluating these policies and standards and maintaining custody of all adults declared to be in need of protective intervention. Is there anything in this operational and **administrative structure that could be strengthened or changed**?
Is there anything else you would like to share with us regarding the operationalization of the **Adult Protection Act**?

Appendix D: Public Awareness Campaign Survey (2014)



CONFIDENTIAL WHEN COMPLETED
Collected under the Authority of the
Statistics Agency Act, R5NL1990, c.5-24

Newfoundland and Labrador Statistics Agency
www.stats.gov.nl.ca

DEPARTMENT OF SENIORS, WELLNESS AND SOCIAL DEVELOPMENT
ADULT PROTECTION ACT PUBLIC AWARENESS SURVEY 2014

PURPOSE

The Newfoundland and Labrador Statistics Agency (NLSA) is conducting a survey on behalf of the Department of Seniors, Wellness and Social Development to determine your awareness and knowledge of the Adult Protection Act. The information collected will help the Department of Seniors, Wellness and Social Development evaluate the Act, specifically the effectiveness of the Act's public awareness campaign.

CONFIDENTIALITY

The information is being collected and protected under the authority of the *Statistics Agency Act*. Please be assured that your answers will be kept strictly confidential and published in aggregate form only. No individuals will be identified in the survey's results. Although participation is voluntary, your co-operation is important to ensure that the information collected is as accurate and as comprehensive as possible. The survey will take approximately 5 minutes to complete. Would you like to participate?

If you have any questions concerning privacy or confidentiality, you can contact the Newfoundland and Labrador Statistics Agency at 729-1604 in the greater St. John's area, call toll-free at 1-888-461-5244 or email NLSASurvey@gov.nl.ca. Questions related to the survey's purpose and/or its content should be directed to Carol Snelgrove at the Department of Seniors, Wellness and Social Development at 729-4349.

SECTION A – AWARENESS AND KNOWLEDGE OF THE ADULT PROTECTION ACT

AR1. In June of 2014, a new law came into effect in Newfoundland and Labrador called the Adult Protection Act. The Act serves to protect adults who are at risk of abuse and neglect and who do not understand or appreciate that risk. Earlier this fall, a public awareness campaign was launched to increase public awareness of the Adult Protection Act.

A1. Prior to being contacted to participate in this survey, had you ever heard of the Adult Protection Act?

1 Yes

2 No → Go to A6

<p>A2. How did you hear about the Adult Protection Act? (Interviewer, do NOT read list.) (Select all that apply.)</p>	<p> <input type="radio"/> 1 Radio ads <input type="radio"/> 2 Newspaper or other print ads <input type="radio"/> 3 Posters <input type="radio"/> 4 Brochures <input type="radio"/> 7 Other (specify): _____ <input type="radio"/> 8 Don't know → Go to A5 </p>
<p>A3. Where did you see the posters related to the Adult Protection Act? (Interviewer, read list.) (Select all that apply.)</p> <p>Programming note: ask only if A2=3</p>	<p> <input type="radio"/> 1 Doctor's office <input type="radio"/> 2 Hospital <input type="radio"/> 3 Government office or building <input type="radio"/> 4 Other public space <input type="radio"/> 7 Other (specify): _____ <input type="radio"/> 8 Don't know </p>
<p>A4. Where did you see the brochures related to the Adult Protection Act? (Interviewer, read list.) (Select all that apply.)</p> <p>Programming note: ask only if A2=4</p>	<p> <input type="radio"/> 1 Doctor's office <input type="radio"/> 2 Hospital <input type="radio"/> 3 Government office or building <input type="radio"/> 4 Other public space <input type="radio"/> 7 Other (specify): _____ <input type="radio"/> 8 Don't know </p>
<p>A5. Under the Adult Protection Act, an adult is in need of protective intervention if they are unable to adequately care for themselves and/or are being abused and neglected without understanding the risks.</p> <p>The public awareness campaign identified three methods by which the public could report an adult who may require protective intervention. Which of these methods can you recall? (Interviewer, do NOT read list.) (Select all that apply.)</p>	<p> <input type="radio"/> 1 Call the designated toll-free number <input type="radio"/> 2 Contact the local police <input type="radio"/> 3 Contact your regional health authority <input type="radio"/> 7 Other (specify): _____ <input type="radio"/> 4 None </p>
<p>A6. Are you aware that the public has a legal responsibility to report an adult who is unable to adequately care for themselves and/or are being abused and neglected without understanding the risks?</p>	<p> <input type="radio"/> 1 Yes <input type="radio"/> 2 No </p>

SECTION B – DEMOGRAPHICS

BR1. The final few questions are for research and statistical purposes only. Please be assured that all responses will be kept strictly confidential.

<p>B1. Please indicate your gender.</p>	<p><input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other <input type="radio"/> Prefer not to say</p>
<p>B2. In which year were you born?</p>	<p><input type="radio"/> Enter year of birth: _____ <input type="radio"/> Prefer not to say</p>

SECTION C – RESPONDENT FEEDBACK

<p>C1. Do you have any comments related to this survey or its content?</p>	<p><input type="radio"/> Yes (enter comments): _____ <input type="radio"/> No</p>
--	--

Thank you for your participation.
 Please remember that all responses are kept strictly confidential



Newfoundland and Labrador Statistics Agency
www.stats.gov.nl.ca



Department of Seniors, Wellness and Social Development
www.swsd.gov.nl.ca

Appendix E: Public Engagement Feedback Form

Review of the Adult Protection Act Public Engagement Feedback Form

Please note that all responses are confidential and the collection of information is being done under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of collecting public feedback on the review of the Adult Protection Act.

1. Please indicate whether you are responding as a member of the public or as a member of a community group or organization.

- I am responding as a member of the public
- I am responding as a member of a community group or organization

2. How would you rate your knowledge of the Adult Protection Act?

- Very knowledgeable
- Somewhat knowledgeable
- Not very knowledgeable
- Not at all knowledgeable

3. Are you aware that, under the Adult Protection Act, you are required to report cases where an adult may be at risk of abuse or neglect (including self-neglect)?

- Yes
- No

4. If you were not aware of your legal obligation to report cases where an adult may be at risk of abuse or neglect (including self-neglect), how might we make the public more aware of this duty to report?

5. If you were aware of an adult who may be in need of protection, would you know who you could report it to?

- Yes
- No
- Unsure

6. In your opinion, is the Provincial Government doing enough to protect vulnerable adults who may not understand or appreciate risk?

- Yes
- No
- Unsure

7. Do you have any ideas for how the Adult Protection Act could be strengthened to better protect vulnerable adults?

8. Is there anything else you would like us to know about the Adult Protection Act?

Appendix F: Stakeholder Engagement Feedback Form



Review of the Adult Protection Act Stakeholder Engagement
Feedback Form

Please note that all responses are confidential and the collection of information is being done under the authority of section 61(c) of the Access to Information and Protection of Privacy Act, 2015, for the purpose of collecting public feedback on the review of the Adult Protection Act.

1. Which of the following categories best describes you?

- Regional Health Authority Staff
- Regional Health Authority Management
- Member of a community or special interest group (or other organization)

If comfortable doing so, please specify which organization you are representing.



Review of the Adult Protection Act Stakeholder Engagement
Feedback Form

2. Which of the regional health authorities are you employed by?

- Eastern Health
- Central Health
- Western Health
- Labrador-Grenfell Health



Review of the Adult Protection Act Stakeholder Engagement
Feedback Form

3. Please describe what is working well with the Adult Protection Act.

4. What benefits, if any, have been realized as a result of the Adult Protection Act?

5. In your opinion, is the provincial government doing enough to protect vulnerable adults who may not understand or appreciate risk?

- Yes
- No
- Unsure

6. Are there any ways in which the Adult Protection Act could be strengthened to better protect adults who are at risk of abuse or neglect and who may not understand or appreciate that risk?

7. Is there anything else you would like us to be aware of regarding the Adult Protection Act?

Appendix G: Sample Stakeholder Engagement Letter



Government of Newfoundland and Labrador
Department of Children, Seniors and Social Development
Office of the Minister

Chief Mi'sel Joe
Miawpukek First Nation
saqamaw@mfn.gov.ca

RE: Adult Protection Act Five-Year Review

Dear Chief Joe,

I am writing to invite you to participate in the five-year review of the **Adult Protection Act**. The **Act** is the law in our province that protects adult residents who are at risk of abuse and neglect and who do not understand or appreciate that risk.

The Department of Children, Seniors and Social Development, in consultation with the Public Engagement and Planning Division and the Newfoundland and Labrador Centre for Health Information, is currently leading an engagement process. This process is designed to gather input from stakeholders, as well as the general public, to help evaluate the functioning and implementation of the **Adult Protection Act** and highlight any potential areas in which this legislation may be improved.

In this process, we want to make sure we hear from Indigenous communities and groups about your ideas and experiences working with and protecting adults. Your ideas can make a significant contribution to our review process and can help us improve adult protective services in the province. Below is the consultation schedule.

Community	Dates
Gander & Grand Falls-Windsor	November 18 – November 21, 2019
Corner Brook	December 2 – December 6, 2019
Happy Valley-Goose Bay	December 9 – December 13, 2019

Please contact Steve Ross, Adult Protection Consultant, at (709) 729-6589 or via email at steveross@gov.nl.ca if you have any questions or would like to arrange a meeting while staff is in your area. If you prefer, staff is also available to meet in St. John's and the surrounding areas during November and December 2019. Additionally, you may submit your thoughts online at <https://www.surveymonkey.com/r/APAStakeholderEngagement> or in writing via email to Mr. Ross until **December 18, 2019**.

Sincerely,

LISA DEMPSTER, MHA
Cartwright – L'Anse au Clair
Minister

P.O. Box 8700, St. John's, NL, Canada A1B 4J6 ☎ 709-729-0659 📠 709-729-1049 TTY 1-855-729-2044 www.gov.nl.ca

Newfoundland and Labrador Centre for Health Information

www.nlchi.nl.ca

70 O'Leary Avenue, St. John's, NL A1B 2C7