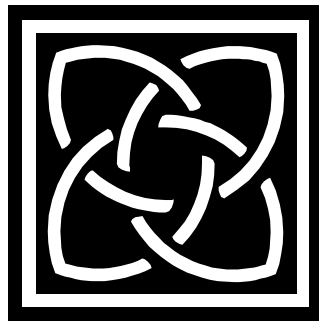


Mobilizing the Power of Prevention and Support



“Together We Are Strong”

A Workshop Prepared for the Delta Community Response Network

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What is Adult Abuse, Neglect and Self-Neglect?

In general terms, adult abuse, neglect and self-neglect is any action or inaction (self-inflicted or otherwise) which results in the physical, mental or emotional harm.

The Adult Guardianship Legislation, which came into force in BC on February 28, 2000, defines abuse as:

Abuse

“Abuse means the **deliberate** mistreatment of an adult that causes the adult physical, mental or emotional harm, or damage to or loss of assets and includes: intimidation, humiliation, physical assault, sexual assault, over-medication, withholding needed medication, censoring mail, invasion or denial of privacy or denial of access to visitors.” (s.1 Adult Guardianship Act)

Seven Categories of Abuse Recognized in BC

Financial or Material Abuse

Misusing an adult's money or property, including taking money, property or possessions by coercion; influencing the making of a will; cashing cheques without authorization; using bank accounts without authorization; or misusing a power of attorney or Representation Agreement. (Guide to Part 3)

Examples:

- Cashing pension cheques and using a portion of the money for personal use
- Threatening withdrawal of care or attention if demands not met e.g. "We won't visit you unless..."
- Taking furniture, jewelry, china or other assets out of an adult's home without their permission

Mental or Emotional Abuse

(Also referred to as psychological abuse)

Severe and continuing intimidation, humiliation, isolation and exclusion from events, activities and decision-making. (Guide to Part 3)

This form of abuse is the hardest to define. Cross-cultural differences, variances in family norms, values and behavioral styles make this more difficult to assess.

A key question in assessing these situations is:

“Is this behavior or style of intervention causing harm to the adult?”

Examples:

- Interacting with the vulnerable adult as if they were a child (infantalizing)
- Removing the decision making power of an individual when they are still competent to make their own decisions
- Isolating the adult through silence or engaging in verbal taunting or issuing threats.

Sexual Abuse

Any unwanted or exploitative sexual behaviour, including harassing, assaulting or using adults for sexual purposes without their consent. (Guide to Part 3)

In short, sexual abuse is any form of forced sexual activity.

Medication Abuse

Withholding medication that the adult needs or giving too much or too little medication. (Guide to Part 3)

Examples:

- Over-sedating the adult to make them more co-operative
- Self-abuse through chemical addictions

Important to note:

- An average adult dose of medication can often be too strong for a senior.

Physical Abuse

Acts of violence or rough treatment, including slapping, shaking, punching and rough handling. (Guide to Part 3)

Examples:

- Pushing, kicking or injuring with an object or weapon
- Deliberate lack of care in leaving an adult in a hazardous situation.

Violation of Entitlements

Censoring mail, invading or denying privacy, denying access to visitors, restricting the movement of an adult, or withholding information to which the adult is entitled. (Guide to Part 3)

Examples:

- Denying an adult use of the telephone or setting unreasonable limits on access
- Inappropriate control of an adult's activities
- Isolating an adult by restricting movement in their living space.

Neglect

The Adult Guardianship Act says neglect:

Means any failure to provide necessary care, assistance or guidance or attention to an adult that causes the adult, or is reasonably likely to cause, within a short period of time:

- **Serious physical, mental or emotional harm, or**
- **Damage to or loss of assets.** (s. 1 Adult Guardianship Act)

Neglect includes self-neglect.

- ❖ Neglect may or may not be deliberate. It can be, for example, the intentional withholding of food and personal care, or it can be unintentionally caused by lack of experience, information, knowledge or support.

Examples:

- Medication needs of the individual are not met (prescriptions are not refilled consistently or dosages are not adhered to or are inconsistent)
- The adult is not adequately supported to complete tasks related to personal hygiene
- Inadequate provisions for food, clothing or shelter.

Self-Neglect

The Adult Guardianship Act defines self-neglect as:

... any failure of an adult to take care of himself or herself that causes, or is reasonably likely to cause within a short period of time:

- Serious physical or mental harm, or
- Substantial damage to or loss of assets,

And includes:

- Living in grossly unsanitary conditions
- Suffering from untreated illness, disease or injury
- Suffering from malnutrition to such an extent that, without intervention, the adult's physical or mental health is likely to be severely impaired
- Creating a hazardous situation that will likely cause serious physical harm to the adult or to others or cause substantial damage to or loss of assets
- Suffering from an illness, disease or injury that results in the adult dealing with his or her assets in a manner that is likely to cause substantial damage to or loss of assets.

Who is Part 3 of the Adult Guardianship Act Intended to Assist?

Part 3 of the *Adult Guardianship Act* does not apply to every adult. It only applies to adults who are:

- Abused, neglected or self-neglected, and
- Unable to seek assistance for one of the following reasons:
 - ◆ **Physical restraint**: the adult is being stopped by force or other physical means from seeking assistance
 - ◆ **Physical handicap that limits their ability to seek assistance**: this could include a lack of mobility, difficulty in communicating, or any other physical restriction which can hinder an adult in asking for assistance; or
 - ◆ **Illness, disease, injury or other condition that affect decision making ability**: this might include mental illness, developmental disability or brain injury.

Who is Affected?

- Interviews with active seniors in British Columbia found that 1 out of 12 or 8% reported financial abuse (abuses which fell under civil laws of the Criminal Code) in amounts that averaged over \$20,000 (Spencer, 1997).
- The Disabled Women's Network of Toronto conducted a survey of women with disabilities and found that over 70% had experienced some type of abuse. (Stimpson & Best, 1991).
- At least 4% of older Canadians (5% in British Columbia) living in private dwellings suffered from one or more serious forms of abuse at the hands of a spouse, relative or other close contact. (Podeniaks & Elizabeth et al., 1990).
- People with disabilities are at greater risk of being abused than people without disabilities. (Sobsey & Varnhagen, 1991).
- For children with developmental disabilities:
 - 40 to 60% of girls will be sexually abused before they reach the age of 18
 - 25 to 30% of boys will be sexually abused before they reach the age of 18 (The Roeher Institute, 1988).
- Nurses and aides in intermediate care facilities were interviewed: 10% admitted to physically abusing their clients (Pillemar and Moore, 1990).

Source: Working Together: More on Developing Community Response Networks

Profile of an Elder Who Has Been Victimized

Any elderly person or other adult may become the victim of abuse. Males and females of any income level, any cultural or ethnic group, persons in good health or persons incapacitated in some way may be abused by someone close to them.

Features Most Often Found Among Elderly Victims

- Average age: mid-70's (age range 55 and up)
- Some physical and emotional problems
- Living with relatives or informal caregiver
- With caregiver for over 10 years
- Female, but there are more women in senior age groups. (About 1/5 of victims are male). Potential for being abused appears to be equal for men and women.
- The amount of care required does not appear to be significant – most (about 2/3) do not require personal care assistance.
- Lack of social contacts and support.

Sources: Social Planning and Research Council of BC
BC Coalition to Eliminate Abuse of Seniors

Features Most Often Found Among Those Responsible for Abuse

Middle-aged

(Most often sons and husbands but more research required)

Most often a spouse in cases of physical abuse

May present as caregiver when no care is needed

Very often controlling

Problems with alcohol or drug misuse were evidenced in about 50% of the cases

Live in same household as person being victimized

Financially or psychologically dependent on the person being victimized

(approximately 50% of those responsible for abuse are partially or fully financially dependent on the older person)

No evidence of psychopathy for about 80% of those who are abusive

Adults who were abused as children are 20 times as likely to be abusive

Sources: BC Coalition to Eliminate Abuse of Seniors
Social Planning and Research Council of BC

Why Does it Happen?

There is never a simple answer to this question. Many factors contribute to this problem and each situation of abuse reflects a unique combination of contributing circumstances.

Abusive Style of Interaction

The family may have a history of non-nurturing and hostile relationships. Violence may be a learned response for dealing with frustration or anger and the adult children may be continuing this style of interaction. **(People who were abused as children are 20 times as likely to abuse their parents).**

A history of spousal abuse may be continuing on into old age or the roles may have become reversed and the former abused partner may be seizing an opportunity to retaliate.

Abuse which begins in the older years can be prompted by stress in having to cope and adjust to changing life circumstances such as: mental or physical illness; retirement; or depleting financial resources.

Dependency/Stress

In any relationship where one individual assumes the care-taking role for another, there is always a potential for misuse of power and breach of trust on the part of the caregiver.

Past studies often suggested that a major cause of adult abuse was the “**stressed caregiver syndrome**”. While this situation was found to be a factor in some cases of abuse, instances of normally caring and supportive care-givers becoming stressed and then turning abusive were relatively few. More recent research in the field of elder abuse focused on the fact that those responsible for abuse are often dependant on the elder they are victimizing (Pillemer, 1986). Abuse is now being considered as a means “**to maintain control in spite of his/her dependency on the elderly person**” (Office for the Prevention of Family Violence).

Nonetheless, caregiver support as a preventative measure is more important today than ever before. These individuals are faced with life stresses and financial pressure never before experienced by past generations.

- Extended periods of caregiving as older disabled individuals live longer
- Longer life expectancy means that care-givers can also be elderly
- In a tougher economic climate and with the closing of institutions, more adults with complex needs are returning to live with their parents
- Increasing divorce and unemployment rates are also forcing adult children back home to live with parents
- Greater longevity and difficult economic times also means that family inheritances are greatly diminished or not forthcoming as perhaps anticipated (enhanced financial pressures)

Drugs and Alcohol

Overuse of drugs or alcohol allows some people to be abusive by breaking down their inhibitions. Some people who are abusive may even use consumption of these substances as an excuse for being abusive. The National Survey on the Abuse of the Elderly found alcohol abuse to be a key factor in 50% of the cases of physical abuse.

Societal Attitudes

Our society in general values beauty, youth, vigor, physical and mental agility and competence. If an individual does not exemplify these virtues, the value of the people themselves is seen as diminished by many in our culture. An inherent lack of respect for those that are perceived to be different, less capable or less attractive can lessen their safety. In working towards the prevention of adult

abuse, neglect and self-neglect, we need to begin the task of changing societal attitudes, perceptions and treatment of these individuals.

Lack of Knowledge

A lack of understanding or awareness of care requirements for a vulnerable adult can lead to unintentional abuse or neglect on the part of the caregiver. This is an area where education and awareness initiatives can have a powerful impact on abuse prevention.

Lack of professional awareness of abuse, neglect and self-neglect issues also mean that cases of abuse go undetected. This, coupled with the fact that detection and reporting protocols are often not clear or even non-existent in some organizations makes it all the more difficult to report and provide support in these situations.

Adults themselves are often not familiar with the different types of abuse, their rights in a situation or of help that is available to them.

❖ It is important to note that rarely will any one of the above situations lead to abuse. Moreover, any or all of the above factors could exist in a situation where no abuse is occurring.

Sources: Office for the Prevention of Family Violence
Social Planning and Research Council of BC

Values and Assumptions to Guide Intervention

Self-Determination, Choice, Competency

The *Adult Guardianship Act* says:

s.2(a) All adults are entitled to live in the manner they wish and to accept or refuse protection as long as they do not harm others and they are capable of making decisions.

s.2(b) All adults should receive the most effective, but least restrictive and intrusive, forms of support, assistance or protection when they are unable to care for themselves or their assets.

s.2(c) The court should not be asked to appoint, and should not appoint, decision-makers or guardians unless alternatives, such as the provision of support and assistance, have been tried or carefully considered.

s.3(1) Every adult is presumed to be capable of making decisions about personal care, health care, legal matters or about the adult's financial affairs, business or assets until the contrary is demonstrated.

Intervention and Community Resources

Every situation is different and requires an individual approach. Once adult abuse, neglect or self-neglect is suspected or identified, the following basic principles must be considered before intervention can take place.

- 1) There must be respect for the abused/neglected adult's right to accept or reject help. Adult abuse/neglect violates the rights and well-being of people. It is also a violation of the adult's rights to insist on some form of intervention without that person's agreement when the person is capable of understanding. Care must be taken to ensure that intervention does not deny the rights of the adult to self-determination.

Adults must not be labeled incompetent simply because they decide, or their own free will, to remain in a situation. Consent for intervention should be a priority except where the short-term resources are required to prevent the adult from suffering immediate or irreparable physical injury or death, or the person is unable to give consent.

- 2) Intervention must be appropriate and only as intense as the situation demands. Inadequate or inappropriate intervention in some situations is worse than none at all. A plan for intervention should include consideration of how change will affect each of the persons involved.
- 3) Realistic assessment must be made as to whether the adult will benefit most by leaving or staying in the situation. **The wishes of the adult are of primary importance in making a recommendation.**

- 4) A positive model of care giving can be demonstrated and learned by family members. People of all ages have the potential to learn and change. A spouse or child can be helped to sort out feelings about unresolved conflicts. The adult can be helped to find out about resources or think about alternative living arrangements for care.
- 5) Development and use of community-based services can be important resources for the individual and the family. In some instances, the resources might enable the adult to manage on their own. More availability of respite care would also enable caregivers to have more time for themselves.
- 6) Caregivers of adults can be encouraged to join or form support groups, which would provide assistance in stressful times.
- 7) There is nothing to be gained from accusing the person responsible for the abuse or the adult who is abused. The purpose of the intervention is to try to bring about change in a harmful situation.
- 8) In situations where there has been sexual or physical violence, the police may recommend the laying of charges. Fraud or misappropriation of funds are crimes and can be reported to the police.
- 9) Unless there is immediate danger of physical harm, intervention should be undertaken with great care as the person who is responsible for the abuse could retaliate, putting the adult at great risk.

*The above discussion is an excerpt from the pamphlet “**Elder Abuse and Neglect**” produced by the Office for the Prevention of Family Violence – Alberta Family and Social Services. The Delta Community Response Network has edited the text for the workshop **Mobilizing the Power of Prevention and Support**. The terms “senior” and “elder” have been replaced with the term “the adult”.*

How to Support Adults to Help Themselves

Given the types of adult abuse/neglect and the possible contributing factors, a multi-disciplinary approach to prevention and intervention is considered the best way to deal with this problem. Professionals who might be consulted are doctors, social workers, community health nurses, the police, psychologists and lawyers.

If abuse is suspected or discovered, it is important to discuss all aspects of the situation with the adult. This might include:

- Discussing all options which might be available
- Encouraging contact with a doctor, lawyer, home care person, social worker or public health worker, if applicable
- Helping the adult understand that protecting the “reputation” of the person responsible for the abuse does not do anything to help them change and grow
- Informing the adult about benefits for which he or she might be eligible – benefits which could help them to be more independent
- Helping the adult to understand that nobody deserves to be abused, and that there is probably a solution to a problem that seems unsolvable
- Providing information on separate counseling services for both the adult who is abused and the person responsible for the abuse
- Helping the person understand that abuse occurs among rich and poor, the better educated and the less educated, and that the perfect family is a myth
- Explaining the dynamics of spousal abuse and the cycle of family violence so the adult might better understand his/her situation

Timely and appropriate intervention strategies might help to prevent or alleviate the abuse of adults. This might include the use of existing community services such as:

- Contacting the home care program of the local health unit to assist with chores, light housekeeping, rehabilitation, personal care or nursing services if needed (where available)

- Discussing with the adult their options to have a friendly visitor drop in occasionally to provide outside contact. A friendly visitor may also be able to monitor an abusive situation.
- Providing information on adult day services or drop-in centres (where they exist) so adults have the choice of attending if they want or need support.
- Making adults aware of services provided in community centres such as: meals on wheels, telephone buddy calls, health counseling, information services and volunteer opportunity programs.

*The above discussion is an excerpt from the pamphlet “**Elder Abuse and Neglect**” produced by the Office for the Prevention of Family Violence – Alberta Family and Social Services. The Delta Community Response Network has edited the text for the workshop **Mobilizing the Power of Prevention and Support**. The terms “senior” and “elder” have been replaced with “the adult”.*

Indicators of Physical Mistreatment

- Unexplained cuts, scrapes or bruises
- Injuries for which explanation does not fit evidence
- Avoidance of significant family, friend or paid caregiver
- Injuries to scalp, evidence of hair pulling
- Marks on furnishings/walls indicating use of restraints
- Symmetrical bruising – grip marks
- Delay in seeking treatment
- History of repeated injury/illness
- Unhealed sores and/or pressure marks

Source: BC Coalition to Eliminate Abuse of Seniors

Indicators of Neglect (By self or others)

Physical	
Person	
	Dirty
	Unkempt
	Smelly
	Malnourished
	Dehydrated
	Pressure sores
	Dressings not changed
	Unkempt, dirty or inappropriate clothing
Home	
	Messy, uncared for
	Bedding unchanged
	Little food on hand
	Padlocks on rooms or food storage
	Necessary aids not provided or not within reach (e.g. walker)
	Communication aids (e.g. telephone) not available
Psychological	
	Confusion, withdrawn, unresponsive, etc.
	Socially isolated
	Denial

Neglect may be: unintentional, stemming from ignorance and/or it may be intentional

Source: BC Coalition to Eliminate Abuse of Seniors

Indicators of Financial Abuse

If you have access to an adult's home, you may be aware of:

- Unexpected discrepancy between known income and standard of living
- Possessions disappearing

If you work in a financial institution you may see:

- Surprised response by adult to an overdrawn or lower than expected bank account
- An adult who is visibly nervous making a large withdrawal in the company of another person
- Unusual transactions conducted on behalf of an adult account holder

An adult may tell you about being wronged. All too often this is dismissed as paranoia or confusion. Sometimes it is, but every allegation should be checked out.

Source: BC Coalition to Eliminate Abuse of Seniors
Adapted by Delta Community Response Network (1999)

Case Studies

(from Together Against Violence Network)

Scenario #1

Mrs. Boon, aged 87, lives with her 87-year old husband who is her main caregiver. They live in their own condominium apartment.

Mrs. Boon has a history of heart trouble, hip replacement and dementia. She is very confused, underweight, uses a walker, and is incontinent.

There is a past history of tension in their relationship. Mr. Boon tends to be short tempered, and has been heard to yell at his wife.

Recently, Mr. Boon pulled his wife out of bed so she would not wet the bed. She has bruises on her ankles and arms.

Questions

1. Do you think this is abuse? If so, what kind?
2. Which individuals/agencies might be involved in problem solving? (What community resources would be appropriate in this situation?).
3. Who might initially identify that there may be some concerns? (Delivery person, building manager, doctor, etc).

Scenario #2

Mrs. Lane is 83 years old; she has severe arthritis and cataracts and has two sons. The eldest, John, is 50 years old and lives nearby. The other son is 45 and lives 500 miles away. John has a history of mental illness and drug addiction. Mrs. Lane continues to decline in health and relies on John to provide essential services such as paying bills, depositing cheques in the bank, grocery shopping, picking up prescriptions and doing laundry.

When John stays on his medication his mental state is stable. However, lately he has not been taking his medication and has ventured into hard narcotics. As a result Mrs. Lane has not been eating properly because John has not been buying groceries. John has repeatedly taken her pension cheques and cashed them, not paying any of the bills, or depositing any of the money in her accounts.

Recently John has become increasingly abusive while under the influence and has pushed Mrs. Lane resulting in fractured ribs. He had threatened his mother that if she says a word to anyone he will leave her to die in her own apartment and no one would ever know. When Mrs. Lane refused to give him her cheques, he withheld her prescription medications. The other son phones his mother twice weekly but has no knowledge of what has been happening because the mother always presents a cheerful front when he calls.

Questions:

1. What types of abuse do you think are evident?
2. Which individuals or agencies in the community might become involved?
3. What interventions might be helpful?
4. How would the response be different if Mrs. Lane were 50 and her sons were teenagers?

Scenario #3

A brother and sister live together in their family home. Neighbours have reported concerns of disturbed behaviour and there is a known history of mental illness. They refuse all support, services and contact despite repeated approaches, therefore no assessment can be done. No family members live close by or have regular contact. The telephone has been disconnected and the delivery of heating oil has ceased. Additionally, it was later discovered that the property taxes were in arrears and there had not been any financial management since the death of their brother 3 years prior. BC Hydro was preparing to disconnect services due to non-payment of the bills. The neighbours had not seen either of them for over 2 weeks.

Forced entry with the RCMP led to the discovery of the sister deceased in the premises and the brother clearly in need of psychiatric treatment.

Questions

1. Do you think that this is a case of abuse?
2. What are the issues that need to be dealt with? Who should do this?
3. Do you believe that adults have the right to live “at risk”? If yes, under what circumstances?
4. Should there have been forced entry?
5. How and to whom are seriously “at risk” people identified?

Scenario #4

Ms Vee is 32 years old and single. She has cerebral palsy and uses an electric wheelchair, and her speech is very difficult to understand. She has no close family.

For many years she has been involved and visible in her community and she loved to socialize. About 8 months ago she became part of the individualized funding program and interviewed and hired her own attendants. She cherished the freedom that the new program gave her. She was thrilled when she hired a woman, Sally, who became a close friend as well as her primary caregiver.

Since hiring Sally, Ms Vee has been less visible and available to her friends. Sally accompanies her to the bank and directs the banking, and is heard speaking loudly and sternly to Ms Vee. In the past, Ms Vee was always dressed neatly, but now her clothes are untidy and her hair is greasy and unkempt. Sally's boyfriend always accompanies them.

People at the bank are concerned about Sally's apparent control over Ms Vee as well as the suspicious appearance of the boyfriend. Friends are worried that Ms Vee does not look healthy and clean. They are also worried about her isolation.

Questions

1. What do you think is happening?
2. What could be done to help? Who do you think should intervene?
3. If someone in the community was to intervene and Ms Vee declined support saying that Sally only had her best interests at heart, what would the next step be?
4. What community resources might be helpful in this situation?

Scenario #5

Mrs. Erkson is an 85-year-old woman who has lived alone since the death of her husband 5 years earlier. In her working life she was a physician and municipal politician in the small rural community where she still resides. Mrs. E was always known for her strong opinions and pointed remarks that would be directed at those who disagreed with her. Today her two daughters still live in the same community but find their mother difficult to support because of her critical nature.

Mrs. E. underwent a relatively unsuccessful hip operation three years ago and today experiences periods of intense pain and discomfort. She uses a walker and refuses pain medication for fear of becoming addicted. Her daughters describe their mother as angry and bitter. She is currently suing the specialist that performed the unsuccessful surgery and her daughter's state that this lawsuit consumes her every waking moment.

A home support worker that has been coming to Mrs. E's home, 3 mornings a week, to help with meal preparation and housekeeping has reported that she had experienced Mrs. E becoming more and more confused. She would sometimes find cartons of milk stored in closets and plates with half-eaten meals put away in cupboards. Also, Mrs. E's personal hygiene appeared to be failing. She would refuse help with bathing and would often wear the same clothes for weeks at a time.

When Mrs. E learned that the home support worker was "having delusions" (her words) she immediately went to her doctor for a written statement attesting to her competency. She then forwarded a copy of the doctor's statement to the home support office along with a scathing letter suggesting that the society should be sued for character malignment. Since this incident she would have nothing to do with community support services and only trusted **one** daughter to help with daily tasks.

One month after this accident the "trusted" daughter of Mrs. E contacted the home support office stating that she and her mother had "a huge falling out" and now Mrs. E. refused to let her into her home. The daughter was distraught and clearly stated that she was

emotionally drained and could no longer support her mother. She also stated that she agreed with the home support worker that her mother was becoming more and more confused and she was now concerned for her physical safety. Her mother had started a kitchen fire the previous week that would have turned disastrous if she hadn't been visiting at the time.

Questions

1. What are the key issues in this situation?
2. Is abuse indicated in these circumstances? If so, what kind of abuse?
3. What would you like to see happen in this situation? What community resources would support your ideal plan? What issues could block implementation of your ideas?

Resources

(e.g. for Seniors)

Service	How it Helps	Available in Delta
Home support/ Home nursing	Reduces isolation and gives practical help	Delta Home Support Society 604-946-9556 SFHR Continuing Care North Delta 604-543-5275 Ladner/Tsawwassen 604-946-2042
Daily Phone Support Volunteer Shopper Friendly Visitor		Deltassist Family and Community Services (DFCS) 604-946-2042
Information Services	Enhances opportunities for self-advocacy and community support	Enquiry BC 604-660-2421 or 1-800-663-7867 provides information on all provincial government programs Deltassist Information Centre (DCFS) 604-946-9526 Information on programs in Delta that support seniors
Help with Household Odd Jobs (e.g. gardening, snow removal, letter writing, etc.)	Supports Independence	Helping Hands Program DFCS (Volunteers) 604-946-2042 Deltassist for low cost paid help – 604-946-9526 (DFCS maintains a listing of individuals that can be referred out to do odd jobs)
Adult Day Care	Provides relief for caregiver/social network for seniors	Adult Day Care Centre 604-943-0155 loc. 314 Kinsmen Retirement Complex
Respite Care		Delta Home Support Society 604-946-9556

This sample template can be tailored to resources in each community.

Sources

- 1) BC Coalition to Eliminate Abuse of Seniors
#304 – 5050 Kingsway
Burnaby, BC V5H 4C2
(604) 437-1940

Leader Training Kit

2. Public Guardian and Trustee of British Columbia
700 – 808 W. Hastings Street
Vancouver, BC V6C 3L3
(604) 660-4444

- **Working Together – More on Developing Community Response Networks**
- **Adult Guardianship Act: Part 3 – Support and Assistance for Abused and Neglected Adults – A Guide for Communities**

3. Social Planning and Research Council of BC
(Committee for the Prevention of Elder Abuse and Neglect)
#106 – 2182 W. 12th Avenue
Vancouver, BC V6K 2N4
(604) 736-8118

Guidelines for Educational Activities with Adults

4. Office of the Prevention of Family Violence
Alberta Family and Social Services
11th Floor, Seventh Street Plaza
10030 – 107th Street
Edmonton, AB T5J 3E4
(403) 422-5916

Elder Abuse and Neglect

5. Together Against Violence Network
North Shore Health
5th Floor – 132 W. Esplanade
North Vancouver, BC V7M 1A2
(604) 983-6713

Case Studies