



# **Delta Community Response Network**

## **Member Resource Guide**

**c/o Deltassist Family & Community Services Society  
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Community Development**

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# **Delta Community Response Network**

## **“Constitution”**

**Adopted January 1999   Amended October 2001**

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### **Vision Statement**

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The Vision of the Delta Community Response Network (CRN) is that all adults in Delta will live in a safe and caring community where there is an inherent respect for each other.

### **Mission Statement**

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The Mission of the Delta CRN is to assist the community in recognition, prevention and elimination of abuse neglect and self-neglect of vulnerable adults in Delta.

# **Delta Community Response Network Role Statements**

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## **Role Statements - Roles, Goals & Activities**

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In order to achieve our Mission, the Delta CRN will:

1. Foster change and work towards prevention of abuse, neglect and self-neglect of vulnerable adults through community education and advocacy.
2. Outreach on an on-going basis to involve those people served and affected by the legislation in developing and maintaining a coordinated community response.
3. Help adults receive support when they are experiencing or at risk of experiencing abuse, neglect or self-neglect by referring the adult to appropriate agencies based on their needs and advising the adult of services that are available to them.
4. Support independence, free will and the right to self-determination of adults, as long as they do not harm others and are capable of making those decisions.
5. Recognize and support the role of an advocate whether formal or informal, in achieving the supports needed for the adult.
6. Refer any reports of alleged abuse, neglect or self-neglect to appropriate agencies, including designated agencies, where their internal protocols and the Adult Guardianship Act dictate actions.
7. Observe the response to abuse, neglect and self-neglect, and identify and address gaps in services through meeting regularly, open communication and networking.
8. Promote communication and cooperation of the Delta CRN Membership by making members, and ultimately the community at large, aware of designated agencies, member agencies, and the services they provide.
9. Remain committed to developing protocols that provide consistent and effective support to vulnerable adults in Delta.
10. Network with other CRNs around the province.

# **Delta Community Response Network**

## **Guiding Principles**

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### **Guiding Principles for the Delta CRN**

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1. Zero tolerance for situations of abuse, neglect and self-neglect, while recognizing that all adults are entitled to live in a manner they wish, and to accept or refuse support, assistance or protection as long as they do not harm others and they are capable of making decisions about these matters.
2. Adults are presumed capable.
3. Individuals must be held accountable for their behaviours.
4. All adults should receive the most effective, but least restrictive and intrusive form of support, assistance or protection when they are unable to care for themselves or their assets.
5. Recognition of the cultural diversity that exists in Delta.
6. Prevention requires a comprehensive and inclusive response from the community.
7. A safe, secure environment is a right, not a privilege.
8. Policies, procedures, protocols and regulations should be developed from the ground up.

# Delta Community Response Network

## Terms of Reference

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### Operating Principles of the Delta CRN:

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1. The people involved in developing a coordinated community response include those individuals served by the legislation and those in the community affected by the legislation (see *Membership of the Delta CRN*).
2. The needs, interests and participation of those individuals served by the legislation leads the planning and implementation process.
3. The skills and knowledge of all participants are recognized, valued and supported.
4. All participants have the opportunity to be heard and respected.
5. All participants endeavor to work together as equal partners in the on-going work of the Delta CRN.
6. Information should be in plain language and accessible to everyone to enable to broad participation.
7. Professionals transform the practice from 'doing for' to 'doing with' to enable full participation.
8. The community-based system of alternatives to formal guardianship may include: Advocacy, Personal Supports, and the Prevention of Abuse and Neglect. We will utilize the tools as defined in the Adult Guardianship legislation.
9. The Delta CRN will strive for consensus decision making. If unable to reach consensus, then the Delta CRN will go to a recorded vote, with the chair having the deciding vote.
10. Quorum for the Delta CRN is fifty percent (50%) plus one (1) of the membership in attendance.

## **Membership of the Delta CRN:**

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We are a partnership of:

- adults vulnerable to abuse, neglect or self-neglect;
- community agencies;
- the South Fraser Health Region, Community Licensing, Continuing Care, Mental Health, etc.;
- government agencies such as the Ministry for Children and Family Development and the Ministry of Health Services;
- financial institutions;
- senior's groups and senior's counselors;
- law enforcement;
- church groups;
- local MLAs; and
- families and concerned individuals,

who work together to realize our Vision.

1. Membership in the Delta CRN is acknowledged upon receipt of the completed "Proud Member" form.
2. Members will have one vote.
3. Service Provider members must have authority to speak for their parent bodies and report back to their organizations.
4. The representative for the adult population as identified in the Adult Guardianship Act have an interest in, and knowledge of, broad issues and participate as members of the public.
5. Members of the Delta CRN shall elect from the Membership a Chair, Vice Chair and a Recording Secretary and at least three (3) members at large to act on behalf of the Delta CRN and sit on the Delta CRN Steering Committee.
6. The Delta CRN will strive to meet quarterly.

# **Delta Community Response Network Steering Committee Terms of Reference**

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## **Purpose of the Delta Community Response Network Steering Committee:**

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To provide leadership and support the work of the Delta Community Response Network (CRN). The Delta CRN Steering Committee is guided by the principles and values of the Delta CRN and the Adult Guardianship legislation.

## **Goals of the Delta CRN Steering Committee:**

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1. To direct and supervise the work of individuals contracted to assist in the work and development of the Delta CRN.
2. To provide leadership in the development and implementation of the Role Statements of the Delta CRN.
3. To coordinate and facilitate meetings of the Delta CRN.
4. To carry out the evaluation and on-going monitoring of the Delta CRN activities.
5. To obtain on-going financial support for the continuing work of the Delta CRN.

## **Operating Principles of the Delta CRN Steering Committee:**

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1. The Steering Committee is accountable to the Delta CRN and to contracted funding sources.
2. The Delta CRN Steering Committee will strive for consensus decision-making. If unable to reach consensus, then the Delta CRN Steering Committee will go to a recorded vote, with the Chair having the deciding vote.
3. Quorum for the Delta CRN Steering Committee is 50 %, plus one (1) of the Committee Members in attendance.
4. The Delta CRN Steering Committee meets monthly, as operations require, or as called by the Chair.

## **Membership of the Delta CRN Steering Committee:**

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1. Membership on the Delta CRN Steering Committee is representative of the diversity of the Delta CRN, yet is limited in size to be operational.
2. Agencies with a legislated mandate under the Adult Guardianship Act are invited to appoint a representative(s) to the Steering Committee.
3. Other members of the Delta CRN Steering Committee are elected by the Delta CRN, and must be members of the Delta CRN.
4. Each Member of the Delta CRN Steering Committee will have one vote.
5. Service Provider members of the Delta CRN Steering Committee must have authority to speak for their parent bodies and report back to their organizations.
6. The Steering Committee will strive to include at least one member of the adult population as identified in the Adult Guardianship Act.
7. The term of office for Delta CRN Steering Committee members is a minimum of two (2) years.
8. In an effort to maintain the continuity of the Delta CRN and the Delta CRN Steering Committee, the term of office for those elected is:
  - The Chair, Recording Secretary and two (2) members at large shall be elected in the first and third year; and
  - The Vice Chair and one (1) member at large shall be elected in the second and fourth year.

# Definitions & Indicators of Abuse

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Please Note: Unless stated otherwise, all definitions are from the Public Guardian and Trustee's Office.

**Abuse** means 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-medicating, withholding needed medication, censoring mail, invasion or denial of privacy, or denial of access to visitors.

Abuse can take many forms. Some examples are:

- physical abuse: acts of violent or rough treatment, including slapping; shaking; punching and rough handling;
- mental or emotional abuse (also referred to as psychological abuse): severe and continuing intimidation; humiliation; isolation; and exclusion from events, activities and decision-making;
- sexual abuse: any unwanted or exploitive sexual behaviour, including harassing; assaulting; or using adults for sexual purposes without their consent;
- financial abuse: misusing an adult's money and property, including taking money, property or possessions by coercion; influencing the making of a will; cashing cheques without authorization; or misusing a power of attorney or Representation Agreement;
- medication abuse: withholding medication that an adult needs; or giving too much or too little medication;
- 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.

**Designated Agencies** are Local and Regional Health Authorities including: Continuing Care; Mental Health; and Community Care Facilities Licensing, and the Ministry of Children and Family Development: Community Living Services, appointed by the Public Guardian and Trustee to look into reports of abuse, neglect and self-neglect. If a Designated Agency receives information about possible abuse, neglect or self-neglect of an adult, it **must**:

- look into the situation
- involve the adult as much as possible
- report criminal offenses to the police.

Designated Agencies **may** also:

- deal with emergencies
- involve supportive family and friends
- offer any assistance that may be needed
- inquire further if the adult appears to be abused, neglected or self-neglected, refuses assistance and appears to be mentally incapable of deciding not to accept assistance.

**Developmental Disability** is a condition due to abnormality, trauma, deprivation, or disease at birth, that interrupts or delays the sequence and rate of normal growth, development, and maturation.

(Source: *Taber's Cyclopedic Medical Dictionary*, 19th ed., 2001)

**Mentally Challenged - Mental Disability** is any mental impairment that limits activities, either partially or completely. The definition of disability is controversial. To some experts, it refers to any restriction or inability to perform socially defined roles or tasks that are expected of an individual in specific social contexts. Another concept of disability is that it is any restriction or lack of ability to perform tasks or roles in a manner previously considered normal for the individual.

(Source: *Taber's Cyclopedic Medical Dictionary*, 19th ed., 2001)

**Mental Illness** is a term that describes a broad range of mental and emotional conditions including:

- mood disorders,
- anxiety disorders,
- schizophrenia and psychotic disorders,
- eating disorders,
- dementia and related disorders,
- substance abuse disorders,
- dissociative disorders, and
- personality disorders. (For a complete list, refer to the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition [DSM-IV])

According to DSM-IV, to be diagnosed with a mental illness a person has to exhibit "a clinically significant behavioural or psychological syndrome or pattern ... that is associated with present distress (e.g. a painful symptom) or disability (e.g. impairment in one or more areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom." (Source: Canadian Mental Health Association)

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

- serious physical, mental or emotional harm; or
- substantial damage to, or loss of assets.

**Neglect includes self-neglect.**

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

**Physical Disability** is any physical impairment that limits abilities or activities. (Source: *Taber's Cyclopedic Medical Dictionary*, 19th ed., 2001)

**Self-neglect** means any failure of an adult to take care of himself or herself that causes, or is likely to cause within a short time:

- serious physical or mental harm; or
- substantial damage to, or loss of assets, and includes:
  - living in grossly unsanitary conditions;
  - suffering from an 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 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 the assets.

## **Indicators of Abuse**

(Source: Langley Community Response

Network)

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**Financial:** misuse of adult's funds and assets.

Indicators could include:

- unexplained discrepancy between known income and standard of living;
- misusing an adult's money or property;
- influencing the making of a will;
- possessions disappearing; or
- unusual banking transactions conducted on behalf of an account holder.

**Psychological or Emotional:** infliction of emotional injury by repeated yelling, swearing, threatening, or may include use of silence or isolation from the community.

Indicators could include:

- apathy, depression or withdrawal. These are not uncommon, but should at least cause you to look at relationships in the home;
- adult appears nervous around caregiver(s);
- caregiver(s) put(s) obstacles in the way of you seeing the adult alone;
- caregiver(s) speak(s) of adult in a derogatory or disinterested manner.

**Physical:** Inflicting of bodily injury, may include inappropriate use of restraints resulting in physical injury.

Indicators may include:

- unexplained cuts, scrapes or bruises;
- injuries for which explanation does not fit evidence, or a delay in seeking treatment;
- injuries to scalp - evidence of hair pulling;
- marks on furnishings/wall - indicating use of restraints; or
- symmetrical bruising - grip marks.

**Sexual:** Any form of sexual contact without consent.

Indicators could include:

- adult appears fearful of caregiver(s);
- genital bruising or injury; or
- physical injuries such as indicators of physical abuse.

**Medication:** Over-sedation, misuse of adult's medications and prescriptions, non-compliance with medication refills.

Indicators could include:

- adult appears over-sedated, or sleeps most of daytime hours;
- adult undergoes sudden behavioural changes (e.g. can no longer feed self or walk unassisted).

**Violation of Rights:** Includes right to receive basic necessities such as food and housing, adequate medical care, freedom of association, etc.

Indicators could include:

- live-in caregiver(s) restricts access to telephone or mail; or
- visitors are not permitted, etc.

**Neglect:** May be intentional (active neglect) or the result of a caregiver's lack of knowledge (passive neglect). Self-neglect also occurs - the right of the individual to be at risk must be considered.

Indicators could include:

- evidence of malnutrition or dehydration;
- unsanitary or unsafe surroundings; or

# Delta Community Response Network Resources

## In an Emergency

Delta Police	911
Delta Police Victim Services	604-940-5019
Rape and Assault Crisis Line	604-255-6344
South Fraser Regional Crisis Line	604-951-8855

## When Reporting Incidents of Abuse, Neglect or Self-Neglect

### Designated Agencies

Ministry of Children and Family Development	604-501-3139
SFHR Community Care Facilities Licensing	604-572-2600
SFHR Health Services for Community Living	604-543-5744
SFHR Delta Hospital	604-946-1121
SFHR Delta Mental Health – North	604-592-3700
SFHR Delta Mental Health - South	604-948-7010

Or

Public Guardian & Trustee of BC: Intake Services for Adults	604-775-0202
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## Delta Community Response Network Members

Bank of Montreal	604-952-6811
Canadian Mental Health Association - Delta	604-943-8515
Delta Advocates for Community Mental Health	604-596-6694
Delta Community Living Society	604-946-9508
Delta Continuing Education	604-536-2402
Delta Home Support Society	604-946-9556
Delta Police Victim Services	604-940-5007
Deltassist Family & Community Services Society	604-594-3455
Deltassist FCSS - Community Services Division	604-946-2178
Deltaview Habilitation Centre	604-596-8842
First Heritage Delta Credit Union	604-501-4210
Gateway Society	604-946-0401
Kennedy House & McKee House (Delta Parks & Rec)	604-594-2717
Kinsmen Retirement Centre	604-943-0155
Ministry of Children and Family Development (MCFD) Designated Agency	604-501-3139
Mood Disorders Association	604-594-1870
Northcrest Care Centre	604-597-7878
ScotiaBank	604-501-7541
Scottsdale House	604-572-9550

Senior Citizen Counsellor - North Delta	604-594-9115
Senior Citizen Counsellor - South Delta	604-948-0036
SFHR Community Care Facilities Licensing Designated Agency	604-572-2600
SFHR Health Services for Community Living Designated Agency	604-543-5744
Surrey Delta Immigrant Services Society	604-597-0205
VanCity	604-877-7192

### **Delta Community Response Network Steering Committee Members**

Jim Poole - Chair	604-594-3455
Deltassist Family & Community Services Society	
Linda Bell	604-946-9556
Delta Home Support Society	
Muriel Hansen	604-501-3139
Ministry of Children & Family Development	
Jennifer Haw	604-946-1121
Delta Hospital - SFHB A. G. Implementation Committee	
Cheryl-Anne Hendy	604-946-9508
Delta Community Living Society	
Karen Johnson	604-946-9531
Deltassist Seniors Services	
Marty Smith	604-507-5475
SFHR Health Services - Continuing Care	
Ian Vowles	604-501-4211
First Heritage Delta Credit Union	
 Robby Yateman	 604-594-3455
Delta CRN Community Development Coordinator	

## Other Resources and Information

After Hours Emergency Mental Health Program	604-951-8855
BC Association for Community Living (BCACL) - Family Support Institute	604-875-1119
BC Coalition to Eliminate Abuse of Seniors (BCCEAS)	604-521-1235
Bus Passes for Seniors and People with Disabilities	604-682-0391
CMHC Residential Rehabilitation Assistance Program - Assistance with housing modifications for disabled persons	604-433-1711
Delta Hospice Grief and Loss Programs	604-948-0660
Delta Hospital Caregivers Support Group	604-946-1121 Local 340
Delta Hospital Life Line - Personal Emergency Response System	604-946-1121 Local 268
Delta/Surrey Meals On Wheels	604-588-6325
Delta Parks and Recreation Special Needs Program	604-946-3288
Enquiry BC - Information on provincial programs	604-660-2421
Family Violence Information Line	1-800-563-0808
Geriatric Psychiatric Outreach Team	604-943-6906
Health Ministry Information Line 665-4347	1-800-
Legal Services Society - Legal Aid	604-585-6595
Medication Information Line	604-822-1330
Ministry of Children and Family Development - Information Services	604-660-3143
Provincial Ombudsman	1-800-567-3247
Parking Permits for People with Disabilities	604-718-7733
Planned Life Advocacy Network (PLAN)	604-439-9566
Provincial Emergency Program	604-586-4390
South Fraser Mental Health Consumer Advisory Network and Development Organization (CANDO) Society	604-930-6224
SFHR Nutritionist	604-507-5441
Spousal Assault-Abuse Information	1-800-563-0808

# **History of the Delta Community Response Network**

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In May of 1997, the Delta Inter-Agency Administrators Committee invited representatives from the Public Guardian and Trustee of BC (PGT), South Fraser Health Region, Ministry for Children and Families, seniors representatives and a representative from the Abbotsford CRN to orient members present to the Adult Guardianship Legislation and the benefits of establishing a Community Response Network, (CRN).

From this meeting a Steering Committee was established to initially monitor the progress of the Adult Guardianship Legislation and begin preliminary discussions on establishing a CRN in Delta.

In the fall of 1997, the Steering Committee was invited by the PGT to apply for funds to begin developing a CRN in Delta. After applying for and receiving these funds, the Steering Committee in the spring of 1998 contracted a Community Development Coordinator to initiate contact with agencies who supported and offered assistance to adults vulnerable to abuse, neglect and self neglect. Additionally, individuals from the community were also contacted and invited to become involved in the CRN development. Meetings were held to orient participants to the forthcoming legislation and to begin the necessary work of establishing the Delta CRN and linking service providers.

The work conducted during this initial contract resulted in the Delta CRN developing:

- A Mission and Vision Statement
- Guiding Principles for the Delta CRN
- Terms of Reference for both the Delta CRN and the Steering Committee.

While the legislation had not been proclaimed, the Steering Committee felt the benefits of establishing a CRN and working collaboratively with service providers and individuals served and effected by the legislation would enhance the community's awareness of the issues and to begin mapping out how service providers were currently responding/reporting adult abuse, neglect and self neglect.

In the fall of 1998, the Delta CRN obtained additional PGT funds to undertake a demonstration project that would provide Awareness Training for "Gate Keepers", (financial institutions, local businesses etc.) in the Community. The project was to encourage Gate Keepers to become aware of adult abuse, neglect and self neglect. In addition to the

orientation/training offered, it was proposed that Gate Keepers be encouraged to display posters and/or brochures that would orient customers to the issues of abuse, neglect and self neglect and provide information on available resources in Delta. .

It was felt that Gate Keepers would be an effective means of heightening public awareness on these issues. It was further felt that Gate Keepers should only act as a distribution point for resource information and not be placed in a position of having to violate the valued customer, Gate Keeper relationship

With the support and assistance of the BC Coalition to Eliminate the Abuse of Seniors, (BC CEAS) The Delta CRN hosted two workshops that focused attention on Financial Abuse and Consumer Fraud. With the cooperation of Delta Cable, a series of videos were produced and have been shown periodically on Delta's local cable television station. These video's are also available for loan to groups, organizations and other CRNs.

In the winter of 1998/99 the Delta CRN again received funding from the PGT to recruit a second Coordinator to continue the work that had been started the previous year.

During the first six months of 1999, the Delta CRN along with other CRNs, community organizations and concerned individuals advocated to both the PGT and the Ministry of the Attorney General for provincial government proclamation of the four pieces of the Adult Guardianship legislation. Through numerous meetings and discussion stream lined portions of the four acts were proclaimed on June 29<sup>th</sup> and came into effect on February 28<sup>th</sup>, 2000.

In June, 2000, representatives from the Bank of Montreal, Bank of Nova Scotia, Delta Credit Union, HSBC Bank Canada, Royal Bank, Richmond Savings Credit Union, TD Bank, and VanCity Credit Union, the Delta Police, BC CEASE and other community organizations and individuals held discussions about hosting a series of seniors awareness workshops

Working with Kennedy House, McKee House and Kinsmen Adult Day Care, three workshops were offered at these locations to orient seniors to the issues of financial abuse and consumer fraud. Workshops were held in September and October and were well attended by seniors in the area.

During the early discussions regarding these three seniors awareness workshops, Delta's financial community requested and received an

Over the past couple of years, the Delta CRN has been instrumental in establishing an ad hoc South Fraser Regional CRN committee. The purpose of the committee is to stay in touch with developments taking place with the other three South Fraser CRNs.

In May 2000 this ad hoc committee organized a workshop for the region to look at the new legislation and get a better picture of its intent.

This ad hoc Committee is currently attempting to establish stronger working relationships with the South Fraser Health Region and the Ministry for Children and Families to discuss common areas of concern and to ensure that we are all working towards the same goal. With so many entities involved, there is a possibility of over lap or duplication of efforts.

In December 2000, the PGT once again provided the Delta CRN with funds to recruit its third Coordinator and in April the Steering Committee contracted with Ms. Robby Yateman. Ms Yateman's initial priority is to help the Delta CRN clarify its role, responsibility and accountability. Ms. Yateman has begun her task by consolidating some of the work performed by earlier CRN Coordinators.

## Proud Members List

- ◆ Bank of Montreal
  - ◆ Canadian Mental Health Association - Delta Branch
  - ◆ Delta Advocates for Community Mental Health
  - ◆ Delta Community Living Society
  - ◆ Delta Continuing Education
  - ◆ Delta Home Support Society
  - ◆ Delta Police Victim Services
  - ◆ Deltassist Family & Community Services Society
  - ◆ Deltassist Family & Community Services Society - Community Services
  - ◆ Deltaview Habilitation Centre
  - ◆ First Heritage Delta Credit Union
  - ◆ Gateway Society
  - ◆ Kennedy House & McKee House (Delta Parks & Rec)
  - ◆ Kinsmen Retirement Centre
  - ◆ Ministry of Children & Family Development - Designated Agency
  - ◆ Mood Disorders Association
  - ◆ Northcrest Care Centre
  - ◆ ScotiaBank
  - ◆ Scottsdale House
  - ◆ Senior Citizen Counsellor (North Delta)
  - ◆ Senior Citizen Counsellor (South Delta)
  - ◆ SFHR Community Care Facilities Licensing - Designated Agency
  - ◆ SFHR Health Services for Community Living - Designated Agency
  - ◆ Surrey Delta Immigrant Services Society
  - ◆ VanCity
-