

How Do We Get To SAFETY PLANNING Part 2 Webinar Series

The information and opinions expressed here today are not necessarily those of the Government of Ontario



Understanding and Responding to Responsive Behaviours to Support Older Adults and their Caregivers

Thursday, March 21, 2019

Speakers

Sudha Vavilla M.Phil, MSW, RSW

*Team Lead – BSO Clinicians, Community
and Intensive Case Management*

Alzheimer Society of Brant, Haldimand Norfolk,
Hamilton and Halton

Jody Weiler, B.A. B.A.Sc., MSW, RSW

Manager, First Step Program, Vulnerable Seniors Team Lead
CMHA Waterloo Wellington

Cathy Sturdy Smith, MSc

Manager, Specialized Geriatric Service
CMHA, Waterloo Wellington Dufferin

Laura Sullivan, MSc

Seniors at Risk Clinical Consultant
CMHA Waterloo Wellington

Welcome to EAO's Webinar!

- All attendees will be muted during the webinar. This session is being recorded and will be posted on EAO website.
- If you are experiencing issues, please type into the **CHAT/QUESTION BOX** and send message to **Mary Mead/Raeann Rideout**
- There will be 15-20 minutes allocated at the end presentation for **QUESTIONS AND ANSWERS.**
- You will be prompted to fill out an **EVALUATION FORM** once the session has ended. Please fill out the form as your feedback will guide us for our future webinars. You will also receive an email link to the evaluation after the session.
- Speaker **CONTACT INFORMATION** will be provided at the end of the presentation to connect directly if you have further questions.



Acknowledgements



Thank You to METRAC and The Law Foundation of Ontario for supporting the development of The Safety Planning Toolkit



Learning Objectives

- Understand the role of Behavioural Supports Ontario (HNHB LHIN) to support older adults with responsive behaviours and their caregivers.
- Gain insight on the difference between responsive behaviors vs coercive control when domestic violence occurs.
- Become knowledgeable of BSO tools to assess changes in risk and approaches to safety planning within the context of responsive behaviours.
- Learn about collaborative team approaches in service provision that support older adults living at-risk to optimize senior's functioning and quality of life.
- Become aware of safety planning options for the person with dementia and their care partner and interventions to maintain wellness.
- Learn about the Safe Pathways Project and the importance of connecting with support services.

Elder Abuse Ontario (EAO)

Mission:

Create an Ontario where all seniors are free from abuse through awareness, education, training, collaboration, service co-ordination and advocacy.

- Not-for-profit charitable organization
- Implemented Strategy in 2002
- Funded by the Province of Ontario, under the Ministry of Seniors and Accessibility

**EAO administers the implementation of
Ontario's Strategy to Combat Elder Abuse**



Elder Abuse Ontario
Stop Abuse - Restore Respect



Ontario

Elder Abuse Strategy

Community
Coordination &
Response

Training

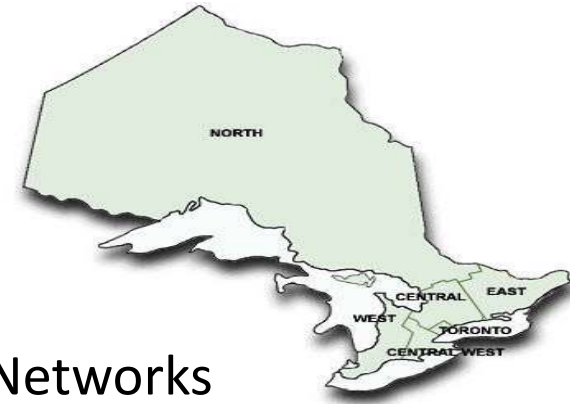
Public
Awareness

EAO's Role In
Responding To
Elder Abuse



Elder Abuse Ontario (EAO)

- ✓ **7 Regional Consultants in Ontario** (Peterborough, Thunder Bay, Woodstock, Sudbury, Ottawa,, Toronto, Mississauga)
- ✓ 2 Francophone Consultants
- ✓ Support over 40 local Elder Abuse Committees/Networks
- ✓ Offers organizations customized training and education for staff.
- ✓ Performs outreach/education activities for seniors' groups
- ✓ Participates in furthering the cause of abuse prevention at conferences and events



Skills to Recognize Elder Abuse

- Elder abuse is sometimes difficult to detect
- The abuser may try to conceal evidence - need to be alert to the signs and subtle changes in behaviours
- Understanding the issues and the potential for abuse allows for more focused observations and assessment of the situation
- Review personal values and experiences
- Clarify with the senior what issues and signs that are being observed



Knowing the red flags or abuse indicators can help determine the level of risk or suspected abuse of an older adult.



Definitions: Intimate Partner, Domestic and Family Violence and Elder Abuse

Violence Between Intimate Partners

Any form of physical, sexual, emotional or psychological abuse, including financial control, harassment and stalking. It occurs between opposite or same-sex intimate partners.

Who commits IPV / DV?:

Current or former partner or spouse, including intimate companion.



Elder Abuse

One or many actions or lack of appropriate action, that harms an older person. It occurs in any relationship where one person is trusted or has authority to care for the older person. (WHO, 2002)

Who commits EA?:

Partner, spouse, adult children, niece, nephew, grandchildren, other family members, non-family members such as paid caregivers, professionals.

Family Violence

Family violence is any form of abuse that a child or adult experiences from any other family member. It is an abuse of power by one person to hurt and control someone who trusts and depends on them. It also includes neglect, which means the family member who is supposed to provide care does not look after a person's living needs, like food, health, cleaning, proper clothing and housing.

Who commits FV?:

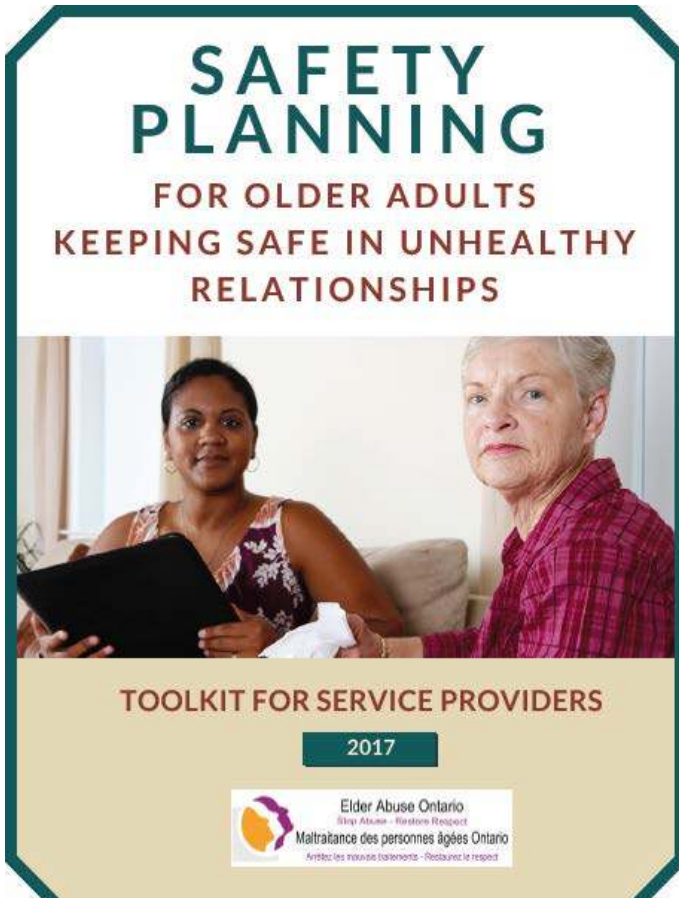
Spouse or intimate partner, sister, brother, child, niece, nephew or other family member.

Rights of Older Adults

- Dignity and Respect
- Autonomy - Independence
- Access to Information
- Privacy
- Freedom
- Confidentiality
- Safety and Security
- Basic Requirements for Life
- All rights under the Ontario Human Rights Code



EAO Resources



Presenters

Jayasudha a.k.a Sudha Vavilla

**Team Lead – BSO Clinicians, Community and Intensive Case Management
Alzheimer Society of Brant, Haldimand Norfolk, Hamilton and Halton.**

With professional and research interests in Dementia and mental health, she has more than 11 years of extensive global multicultural work experience in Social services, Mental health, Healthcare, and Voluntary organizations in Canada, USA, England, India, and Switzerland. She is passionate about developing, reaching out and providing culturally and linguistically appropriate services from a person centered approach for people with Dementia and their caregivers.

She has presented at various conferences at the local, provincial and national level and international dementia conferences held in Toronto, Denmark and has been invited for various speaking engagements. A paper on the workshop she developed titled “The Importance Of Finding Joy And Humour In Caregiving For Family Caregivers Caring For A Person With Dementia” has been published in the Alzheimer’s and Dementia-The journal of the Alzheimer’s association (2016). She was part of 28 Canadians selected from all over the country to determine the top 10 Canadian dementia research priorities.

Presenters

Jody Weiler, Vulnerable Seniors Team Lead for CMHA Guelph Wellington

Jody has worked in the field of geriatrics for 20 years. She has B.A. in Sociology and Anthropology from Carleton University, B.A.Sc. (hons) Gerontology from the University of Guelph and a MSW, RSW from Laurier University.

Worked at CACC as placement coordinator, Homewood Health Centre Guelph – Program for Older Adults transitioning clients to LTC/RH and community In her previous role, Jody worked in Specialized Geriatric Services as the Mental Health Social Work Clinician where she completed comprehensive mental health assessments and worked with geriatric psychiatry, geriatric medicine, acute care, community partners (LHIN, Alzheimer Society, Primary Care, Day Programs, Caregivers) to support and coordinate services for clients. This also included advocacy and conferencing regarding system navigation.

Presenters

Cathy Sturdy Smith, MSc

Manager, Specialized Geriatric Service, CMHA, Waterloo Wellington Dufferin

Cathy started her career in seniors supporting families caring for relatives with dementia and other related neurocognitive disorders in an Adult Day Program setting. Over time and in working with a number of organizations she expanded her work and clinical role to include seniors with addictions and mental health issues in both Long Term Care and in community.

Cathy is responsible for the leadership of the Specialized Geriatric Outreach Mental Health Program at CMHAWW. She also works with Jody Weiler, the Vulnerable Seniors Lead for Waterloo Wellington, to provide oversight to our Intensive Geriatric Service Worker Program. Additionally, CMHA partners with St. Joseph's Health Centre Guelph and Waterloo Wellington LHIN Home and Community Care for Geriatric Medicine so part of her role is also to ensure smooth transitions for people CMHA supports and their families who require both geriatric medicine and geriatric mental health services. She has been with CMHA for a little over 17 years and in a leadership role for over 20 years.

Laura Sullivan, MSc

***Seniors at Risk Clinical Consultant, Specialized Geriatric Services
CMHA Waterloo Wellington***

Worked as Seniors at Risk Consultant for several years and been on the SGS team since 2001.



HNHB LHIN BSO Community Team

Sudha Vavilla M.Phil,MSW,RSW

**Team Lead, – BSO Clinicians, Community and
Intensive Case Management**

Alzheimer Society

**BRANT, HALDIMAND NORFOLK,
HAMILTON HALTON**



Learning Objectives

- Understand what responsive behaviors are?
- The role of Behavioural Supports Ontario (HNHB LHIN)
- Understanding BSO tools to assess, develop behavioral care plan and provide intervention



**“I am who I am
so help me continue
to be me”**



Poll Question #1

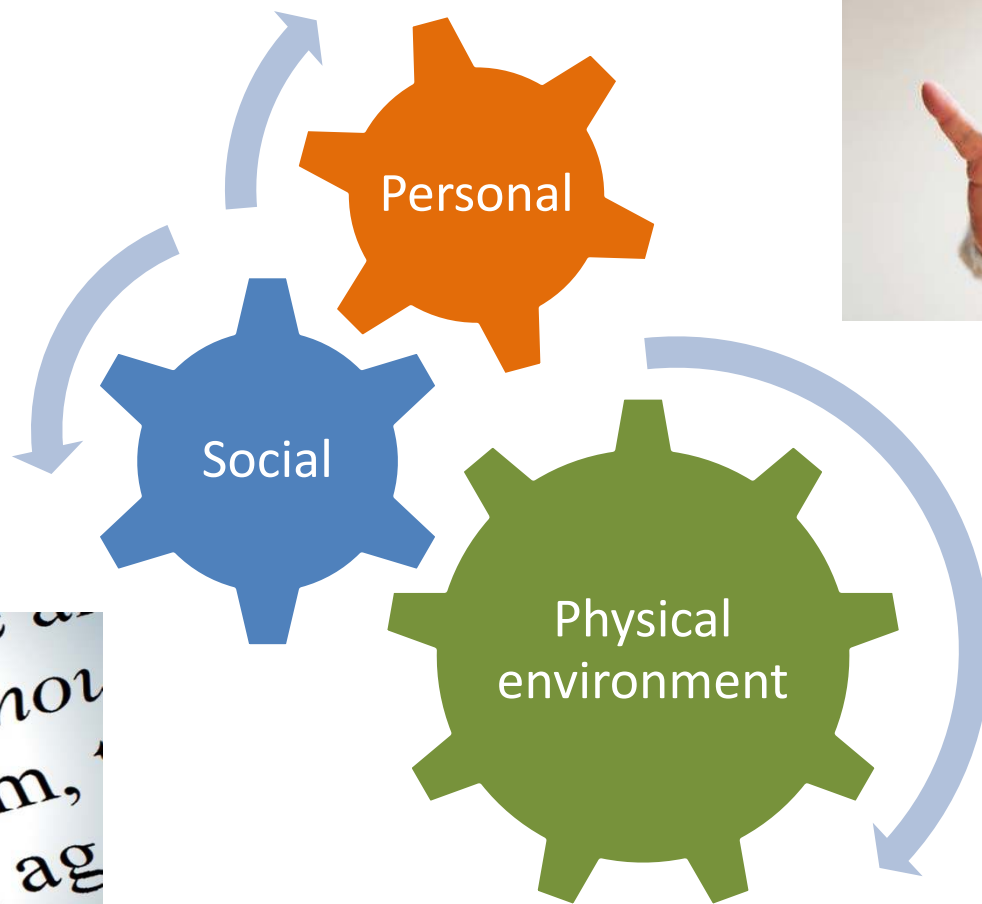
Persons affected by dementia will react to the symptoms of their illness through observable behaviors or emotional response?

- TRUE
- FALSE





What are responsive behaviors?



anger -
belligerence
aggression. not
antagonism,
hostility, ag
bative



Responsive Behaviors

- “All behaviors have meaning”
- Result of changes in the brain affecting memory, judgement, orientation, mood and behavior.
- Personal expressions communicate **meanings, needs and concerns.**



Common terminology

- Behavior and Psychological Symptoms of Dementia (BPSD)
- Responsive Behaviors
- Inappropriate behaviors
- Mood and behavioral symptoms of dementia
- Challenging behaviors
- Neuropsychiatric Symptoms
- Disruptive behaviors of dementia



Examples of Responsive Behaviors

- Wandering/Pacing
- Screaming
- Hitting
- Turning away care efforts
- Not swallowing medication
- Repetitive questioning



Documenting Responsive Behaviors

- All expressions have **meaning**
- **Looking beyond** labels/judgements/pathology
- **Avoiding words** like 'aggressive' or 'exit seeking'
- Language used be **respectful, specific and objective**
- The "**what**" and the "**why**"



Poll Question #2

Responsive behaviors are thought to be an expression of...

- Un-met needs
- Response to a stimulus in the environment
- Psychosocial needs
- Responses to the approach of care team
- All of the above





BSO population

Older adults with cognitive impairments who exhibit or at the risk of exhibiting responsive behaviours due to mental health, addictions, dementia or other neurological conditions and their caregivers.



Role of HNHB LHIN BSO



BSO Community Outreach Team (COT)-CRISIS

Timeline

- 2-3 Weeks

Type of Service

- Crisis Outreach

BSO Community Team

Timeline

- 2 weeks -6 months

Type of Service

- Non-Crisis Outreach



Assessment

Framework

- RISKS
- PIECES

Models of understanding behavior

- Unmet needs theory
- ABC



PIECES

- | | |
|---------------------------|---------------------------------------------------------------------------------------|
| P- Physical | Medication, pain, constipation, BP, dehydration, inflammation, oxygen, sleep, fatigue |
| I - Intellectual | Consider the 7 A's of dementia |
| E - Emotional | Mood, loss, grief, depression |
| C- Capabilities | Ability vs demands too low/too high |
| E- Environment | Lighting, temperature, colours, noise, accessibility, new/old |
| S- Social/cultural | Previous social habits vs now, social interaction, specific cultural aspects |



RISKS

- R-** Roaming, wandering, getting lost
- I -** Imminent physical harm such as: fire, falls, firearms, frailty (e.g. delirium)
- S -** Suicide ideation
- K-** Kinship/relationship - i.e. risk of harm to others/by others, including neglect/ avoidance.
- S-** Self-neglect /Safe driving/Substance abuse



Poll Question #3

It is easy to distinguish between responsive behaviors exhibited by a person with dementia towards care partner versus when intimate partner domestic violence occurs.

- TRUE
- FALSE





CASE STUDY

- Mr.P is 75 year old married male living at home with wife
- Librarian
- Diagnosis of dementia(2012)
- Recent fall &hospitalization
- Discharged home with supports from LHIN
- Risk of falls
- Caregiver stress due to client's behaviors
- Behaviors included pacing, screaming, gesturing to hit wife



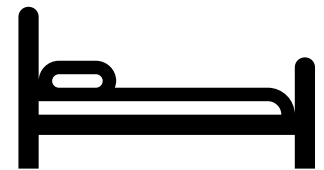
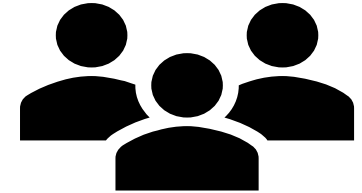
Behavioral Care Plan Sample

	BEHAVIOUR CONCERN	ACTION PLAN(S)	TIME FRAME	CARE PARTNER(S) RESPONSIBLE (Who does what?)	DATE OF EVALUATION	EVALUATION OUTCOMES	FOLLOW UP
1.	Pacing around in the house	-Speak slowly -Give client instructions introducing activities -Face client when talking	4 weeks	All(Wife,PSW)	23/2/19	Less frustration	4 weeks
		Create 'rummage box' with favorite pictures and books from UK	4 weeks	Wife	23/2/19	More engaged.	4 weeks
		Put on 'Mrs.Brown's boys' comedy show	Immediately	Wife		Joyful memories	None
		-Apply for Music player	Immediately	Wife & BSO Clinician	01/3/19	Better mood.	4 weeks
		-Change time of PSW from AM to PM	Immediately	Wife & PSW	23/2/19	Respite for wife	None
		Join Adult Day Program	3weeks	BSO clinician provides resources & Wife to contact ADP	14/2/19	ADP tour scheduled	2 weeks
		Education and coaching on disease,3R's strategy, communication and de escalation techniques	Immediately	BSO clinician to provide education Wife to practice	23/2/19	Decreased caregiver stress	4 weeks
		Support group for wife	6 weeks	BSO clinician to make referral to AS society	01/3/19	Reduced social isolation	4 weeks



OUR BSO Community Team Services

- Long term support for clients and families
- Assessment of behaviors
- Developing, implementing and monitoring care plans addressing responsive behaviors
- Connect with community supports





Referral process

Website: <https://www.alzhn.ca/our-services/first-link-referral-form/>
or
First link referral form



Contact us

Soci t  Alzheimer Society
BRANT, HALDIMAND NORFOLK,
HAMILTON HALTON

First Link Premier lien

First Link® Referral Form

Date: _____ ★ *Please assist us by including Best Daytime phone # AND whether a message may be left. Thank you!*

Location & Fax #: _____

BRANTFORD/DUNNVILLE /SIMCOE/HAGERSVILLE 519-759-8353 HAMILTON 905-529-3787 Niagara BSO Behavioural Clinician Program Only 905-529-3787 HALTON 905-681-7783 Online Referral: alzhn.ca

Referral Source Information:

Name: _____ Title: _____

Organization/Agency/Hospital/ER: _____

Address: _____
Street City Postal Code

Phone#: _____ Fax#: _____ Email: _____
Please provide your fax number so we can follow up and send you a confirmation of your referral.

Person living with dementia/cognitive impairment's information: Please include phone number where a message can be left

Name: _____ DOB: _____

Address: _____ Best Phone #: _____
Message ok? Yes No

Living Alone: Yes No Retirement Home Male Female Preferred language: _____

Diagnosis: _____ Diagnosis Date: _____
(Dementia, Alzheimer's disease, Vascular, FTD, MCI, other)

Family Physician: _____ Phone #: _____

Contact Person Information (*If different than above) Please include phone number where a message can be left

Name: _____ Best Phone #: _____

Address: _____ 2nd Phone #: _____
Street City Postal Code

Email: _____ Male Female ★ **Message ok?** Yes No

Relationship to person living with dementia: Spouse Child Other: _____

Reason for referral: Education Counselling Health Promotion Intensive Case Management (Brantford, Burlington, Haldimand Norfolk, & Six Nations) BSO Behavioural Care Planning BSO Responsive Behaviour Specialist -Retirement Homes (Hamilton & Burlington only)

Comments:

An Alzheimer Society staff member will be contacting the above named contact person to discuss the First Link® community of Dementia learning, services and support.



Canadian Mental
Health Association
Waterloo Wellington

Association canadienne
pour la santé mentale
Waterloo Wellington

Safety Planning for Older Adults: Working with Older Adults with Cognitive Impairment

Jody Weiler, B.A., B.A.Sc. MSW, RSW Vulnerable Seniors Team Lead
CMHA

Laura Sullivan MSc Gerontology, Guelph/Wellington Seniors At Risk
Clinical Consultant, CMHA

Cathy Sturdy Smith MSc Gerontology, Manager, Specialized Geriatric
Service CMHA

Collaborative Approaches with Older Adults Living at Risk

Guelph Wellington Seniors at Risk Program – funded by the City of Guelph and County of Wellington

- Consists of system and clinical functions – intentional development of a program that takes a broad view of at risk and/or vulnerable Seniors
- Focus on capacity building through consultation, coaching and mentoring through joint visits case conferences
- Seniors at Risk Consultation Team – meets every other month – case reviews, building and sustaining relationships across organizations and sectors
- Coordinated care planning with many community partners including Women in Crisis, County of Wellington (Emergency RH beds), Victim Services, Impact Team, Primary care (joint visits with family physician in office)
- No prescribed pathway – unique to the individual situation
- Joint public and provider education to build awareness, and confidence with response

SBAR Assessment Format

- **SITUATION** - What is the presenting concern? What are Risk factors? Are the Risks tolerable or intolerable? What has changed? What is new behavior or situation that is causing harm? Who is involved –supports?
- **BACKGROUND** - What previous interventions/supports have been tried? What has worked well? What does not work now? Have you consulted internal risk manager?
- **ASSESSMENT** - Are there consent and capacity issues? Is there an SDM? Is there imminent risk of harm to self or others? Have you assisted with a safety plan? Community options?
- **RECOMMENDATIONS** - What are you needing help with?

Senior's At Risk/Specialized Geriatric Service
Risk Management Summary

Date of Assessment:	Name:	C.I.D. No:
D.O.B.:	High-Risk Assessment Summary	
Document Name		
Author	Name and Designation Mental Health Clinician, Specialized Geriatric Service, CMHA WW 1-844-264-2993 ext.	

Identified Risks

Identified Risk: information obtained from, evidence, and clinical impression

+
+

Recommendation & Plan
Add list

Information provided by: Name & Designation, Relationship to client

For office use only: Checklist, as per Protocol for Client Safety

- Review of previous file information
- Update issues in CaseWorks
- Identification of flags for risk
- Appropriate alert(s) on file. Add specific alert to CaseWorks re: Risk Management Summary placement in file (include date, and enrolment included in)
- Relevant education to the client and care partner regarding risk (as it relates to for e.g. diagnosis, freedom of movement, living arrangements, family conflict and/or lack of follow-through)
- Assessment of family engagement and/or lack of follow-through on mitigation of risk factors
- Care conference with service providers, client (where possible) and family
- Identification of lead partner for coordination of care and communication to primary care physician
- Documentation of most current risk summary with clearly delineated plan for monitoring including most responsible person(s)

Identified Risks

1. Identified Risk: information obtained from, evidence, and clinical impression
- 2.

Recommendation & Plan

- 1.
- 2.

Name, Designation
Mental Health Clinician, Specialized Geriatric Service, CMHA WW
1-844-264-2993 ext.

Date of signature

CC: Client/Family:
Referral Source/GP:
Other:

Date:
Date:
Date:

Safety Planning Options

Safety planning is 'problem solving in advance'

- **Safety plans are tools that can increase safety for the care partner and family by;**
 - Focusing on the situation
 - Focusing on care partner family needs and resources available to them
 - How you would get help in a dangerous situation
- Safety Planning in **Advance**
- Safety Planning in a **Dangerous Situation**
- **Project Life Safer**
- **Vulnerable Persons Registry** – Brantford, Waterloo, Stratford, Innisfil
- **Care partner education** about the disease, contributing factors for behavioural change, flags for risk, safety planning

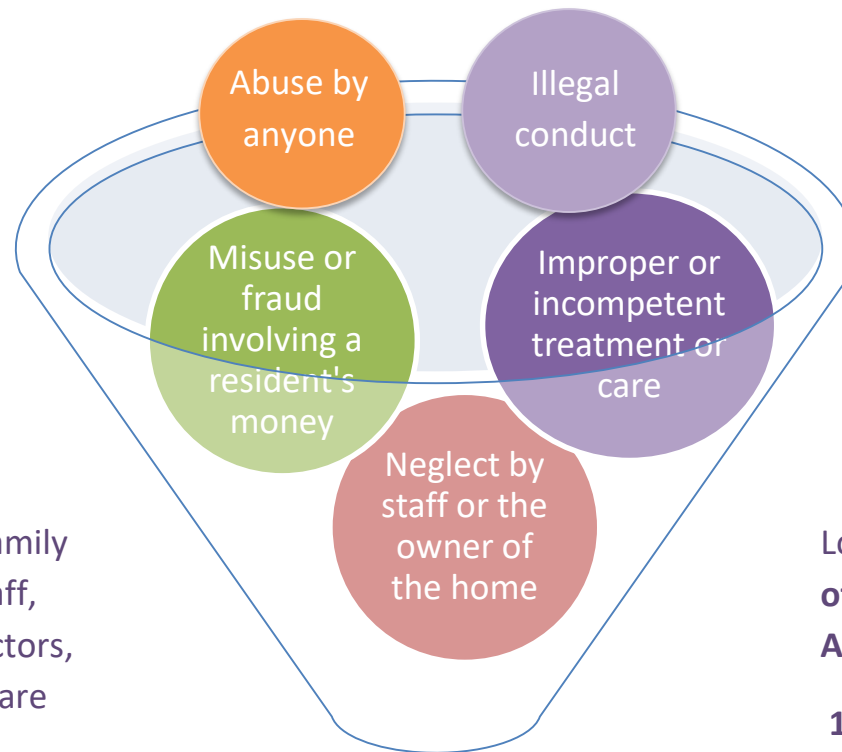
Safe Pathways

- Grant funded by Vital and Safer Communities – Ministry of Community Safety and Correctional services
- Bringing together mental health and justice, police, the crown, victim services, mental health and addictions, and other key service providers
- Safety Plan Booklet developed - a guide for care partners
- In situations where high risk behaviours have been identified referral made to Seniors at Risk Program for consultation and support
- Police – if identified as a domestic, - laying charge based on information provided (ie if reasonable belief an assault has taken place)

Post-Charge Intervention

- Determine if the person with dementia has a recent Specialized Geriatric Services assessment or if he/she would benefit from a follow up/crisis mental health assessment
- Work to ensure safety of the person with dementia and their care partner(s)
- Support the care partner to determine an alternate living plan for the person with dementia as needed.
- Include relevant information from the primary care provider
- Provide referrals to community support services and resource partners as needed
- Provide education and resources
- Provide follow up support

Know the Law



This obligation includes family members of residents, staff, owners of the homes, doctors, nurses and other health care professionals under the *Regulated Health Professions Act*, drugless practitioners and social workers.

Long-term Care Home: **Ministry of Health and Long Term Care ACTION LINE**

1-866-434-0144.

Retirement Home: **Retirement Homes Regulatory Authority**

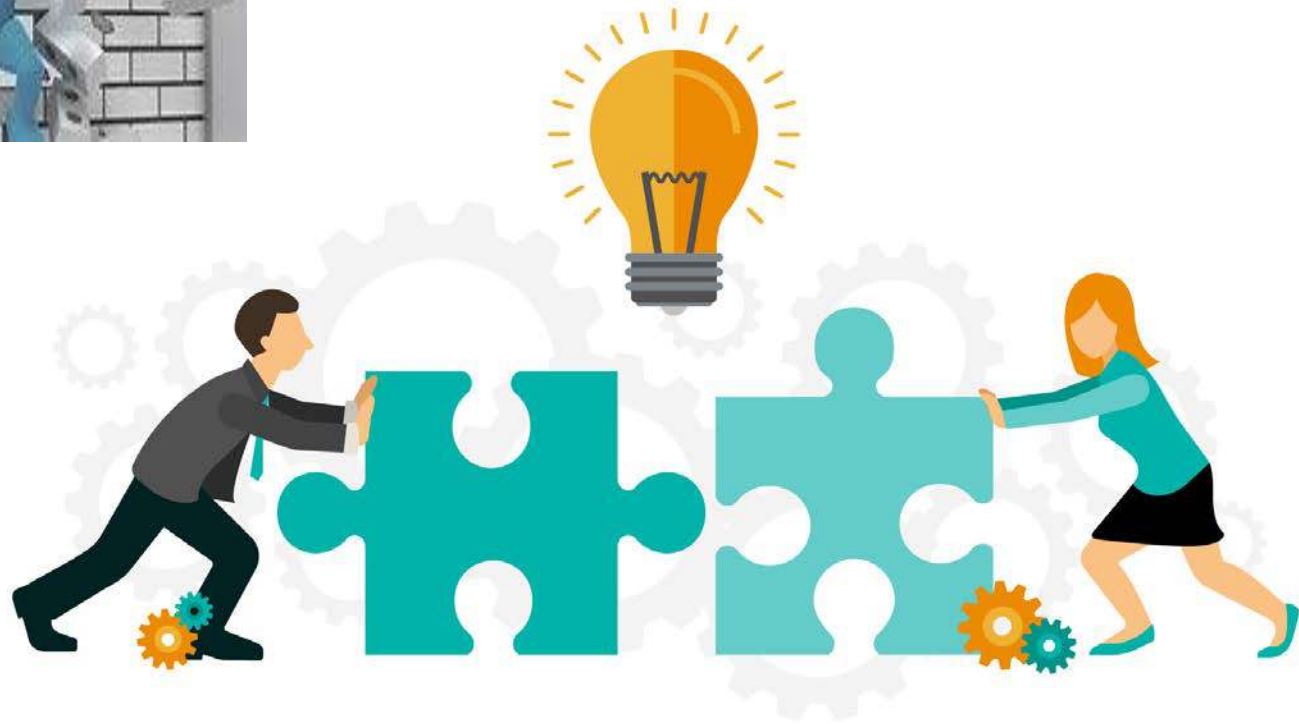
1-855-275-7472.

REPORT

It's against the law for anyone to punish someone who reports abuse of a resident in a home.

Long-Term Care Homes Act, 2007 s.26

Collaboration – Breaking Down Silos




Living Safely Resources



A Practical Guide



Shifting Focus



Online learning

Our short, free, user-friendly online course, "Living Safely in the Community" talks about how we can all help to keep people with dementia safe.

Each of the four modules are only 15 minutes in length, and you can complete them at your own pace. Learn more about the topics we cover below.

[Sign up for the free online course >](#)



Elder Abuse Ontario
Stop Abuse - Restore Respect

Société Alzheimer Society
ONTARIO

Training & Education

Upcoming Professional Development

- Provincial and Regional Conferences
- Events with Community Partners
- Educational Events/Training Workshops
- Intervention Tools
- Intervention Modules
- Case Studies with Case Resolutions
- Safety Planning Tool Kit
- Videos
- Multicultural materials
- EAO Training Resources
- Archived Webinars

Training



Training Sessions



EAO Training Curricula



Intervention Tools



Videos



Spanish Materials



Webcast/Podcasts

Taking Action

Learn more and Connect

- www.findingyourwayontario.ca
- [Design and Dementia CoP](#)
- [brainXchange](#)
- [Rainbow Health Ontario \(LGBTQ\)](#)
- [I-CAARE \(Indigenous perspectives\)](#)

Take an online course www.alzeducate.ca (or your local online training)

Become a Dementia Friend / Connect with people living with dementia: www.dementiafriends.ca www.odag.ca

Intervention Services for Older Adult At-Risk or Experiencing Abuse

- Risk Management
- Care Plans
- GEM Nurses
- Police
- Victim Services
- EASI Tool
- BAT –Behaviour Assessment Tool
- Gentle Persuasion Approach (GPA)
- Montessori Methods for Dementia™



**Get Help
Now**

Call the Seniors Safety Line

1-866-299-1011

Free to call
Confidential
24 hours a day
7 days a week



Elder Abuse Ontario
Stop Abuse - Restore Respect



Provincial Information & Supports

Elder Abuse Ontario

www.elderabuseontario.com

416-916-6728

Ontario Network of Sexual Assault/ Domestic Violence Treatment Centres

www.satcontario.com/en/home.php

(416) 323-7518

Victim Support Line

www.attorneygeneral.jus.gov.on.ca/english/about/vw/vsl.asp

1-888-579-2888

Assaulted Women's Helpline

www.awhl.org/

1-866-863-0511

Senior's Safety Line

1-866-299-1011

**Call your local Police Force
by Dialing 911**

Ontario Provincial Police

www.opp.ca

1-800-310-1122

*Various local/ municipal contact information
depending on location*

Provincial Information & Supports

Ontario Coalition of Rape Crisis Centres

www.sexualassaultsupport.ca/

TALK4HEALING

www.talk4healing.com/

1-855-554-HEAL (4325)

Rainbow Health Ontario

www.rainbowhealthontario.ca/

416-324-4262

Fem'aide

www.femaide.ca

1-877-336-2433

Support Services for Male Survivors of Sexual Abuse

www.attorneygeneral.jus.gov.on.ca/english/ovss/male_support_services/

1-866-887-0015

Provincial Information & Supports

Senior Crime Stoppers

<http://ontariocrimestoppers.ca>

1-800-222-TIPS (8477)

Advocacy Centre for the Elderly

www.advocacycentreelderly.org

1-855-598-2656

Alzheimer Society of Ontario

www.alzheimer.ca/en/on

1-800-879-4226

Law Society Referral Service

www.lsuc.on.ca/lsrcs/

1-855-947-5255

Office of the Public Guardian and Trustee

www.attorneygeneral.jus.gov.on.ca

1-800-366-0335

Provincial Information & Supports

Retirement Homes Regulatory Authority

www.rhra.ca

1-855-275-7472

Ministry of Health and LTC-Action Line

www.ontario.ca/page/long-term-care-home-complaint-process

1-866-434-0144

LHIN Home and Community Care

<http://healthcareathome.ca/>

Consent and Capacity Board

www.ccboard.on.ca

1-866-777-7391

Questions



Stay in touch with us!



[@elderabuseONT](https://twitter.com/elderabuseONT)



www.facebook.com/Elderabuseontario



linkedin.com/in/elder-abuse-ontario/



Elder Abuse Ontario
Stop Abuse - Restore Respect



Questions and Answers



Please fill out the EVALUATION FORM as your feedback will guide us for our future webinars.

You will receive an email link to the evaluation after the session.



CONTACT ELDER ABUSE ONTARIO

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www.elderabuseontario.com



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Elder Abuse Ontario

Stop Abuse - Restore Respect

THANK YOU!

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