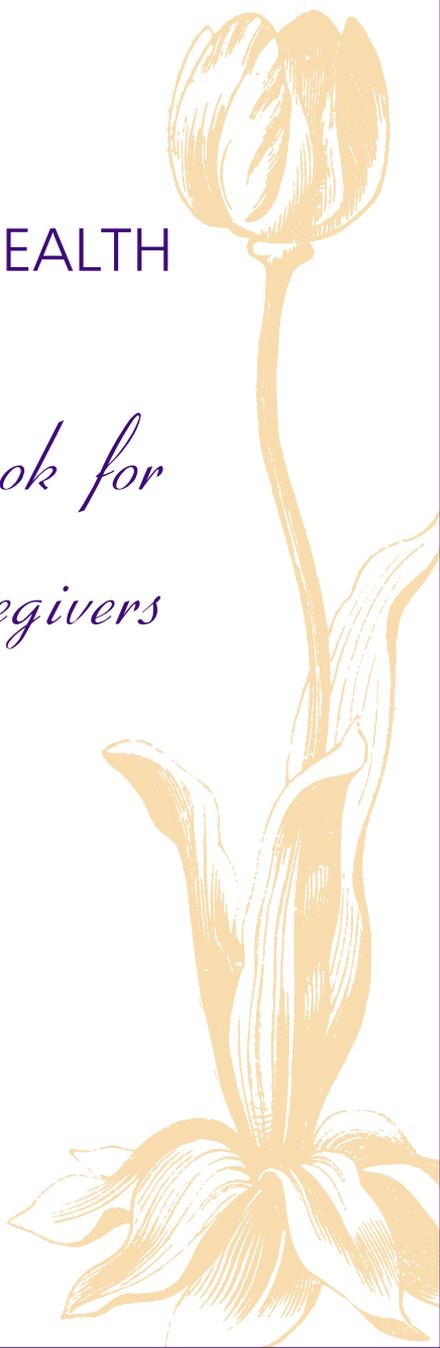


FRASER HEALTH

*Handbook for
Caregivers*



April 2005

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Note: As the information in this handbook is primarily intended as a resource for caregivers and caregivers-to-be, "you" will be used when referring to caregivers. For brevity and consistency, "he" will be used when referring to care receivers.

INTRODUCTION

"There are only four kinds of people in the world - those who have been caregivers, those who are caregivers, those who will be caregivers and those who need caregivers."
(Statement made by Former First Lady Rosalind Carter)

Caregiving Today

Caregiving is an emerging social and health care phenomenon; a new midlife rite of passage. An estimated three million Canadians are providing some form of care to an older adult. While caregiving is not a new phenomenon - family members have always looked after each other since the beginning of time - the context in which caregiving occurs has changed.

Canadians are getting older. The number of people aged 65 and over is growing, and in the next 20 years it is expected to grow even faster. In particular, there will be a large increase in the very old (80+). While old age is not synonymous with ill health, older adults are at greater risk of injury and chronic disease. As people live longer, they are more likely to need some help in their day-to-day living.

Right now most of this help comes from relatives and friends. Approximately 80% of the care for our seniors is provided by family and friends, many caregivers are seniors themselves. Caregivers can live a distance away or live right in the home with the person being cared for. Caregiving can be a part time role with the caregiver stepping in only as the need arises, or it may be full time when the caregiver cannot leave the person by himself.

Caring for an aging relative and having to work has become a common and challenging experience for many families. Many caregivers do not see themselves as caregivers but rather as good sons or daughters, good wives or husbands, good friends or relatives. And, many are not prepared for the physical and emotional demands they will face.

What You Will Find in This Handbook

When an unexpected health crisis occurs, caregivers will frequently scramble and make critical decisions with little or no knowledge or preparation. The purpose of this handbook is to provide you with some information to support you in caring for your loved one.

The first section talks about the person you are caring for, the care-receiver; the normal aging process; possible red flags that a chronic illness may be developing and more specifically, about two of the more common illnesses older adults face, depression and confusion.

The second section talks about you, the caregiver; the physical and emotional challenges and rewards associated with caregiving and some common signs of caregiver stress.

The third section talks about how you can manage the caregiving; about developing a crisis or back up plan; about asking for and accepting help and finally, a self-care checklist that may help you sustain your caregiving energy.

The final sections outline the supports available to you and your loved one through a variety of programs provided by Fraser Health and your local community.



We suggest you use this booklet as a personal journal, read each section as it becomes relevant and add your own notes.

We hope you will discover that you are not alone in the caregiving journey and that this handbook will help make each day less stressful for both you and the person you are caring for.

"I would have preferred to grow into the caregiver role rather than being plunked into it."



INTRODUCTION

BEING A CARE-RECEIVER

What Does It Mean To Be A Care Receiver?



The care receiver is any person who has a disability, a frailty, a chronic or long term illness that requires care by a caregiver. Just as caregivers have mixed feelings about their situation, the person receiving care is also likely to be going through some strong emotions. The changes he is dealing with may cause him to feel afraid, angry, ashamed, frustrated, helpless, lonely, or depressed.

It can be very difficult for someone to accept help, especially if he has never had to do so before. In making the adjustments to new health concerns, the care-receiver may:

- experience a sense of losing control over his life and resist offers of care
- try to fight what is happening to him and try to hold on to the life he knows
- worry about becoming a burden or dependent on his spouse or children
- refuse to admit he needs help or become very demanding
- fear that old friends will distance themselves
- fear isolation, or gradually become isolated, as he can no longer get around like he used to do
- experience sadness because of a changing self-image



Failing health of a loved one can be very upsetting for the whole family, but, if one understands that he is just trying to cope, it may help with the overall caregiving. Some helpful ideas include:

- **Setting up a caregiving routine** to meet his needs and mood. Don't force him to take part in activities he doesn't want to, but encourage him to join in those he enjoys.
- **Building self-respect and not over-helping.** It is easy to focus on what he can't do instead of what he can do. You may be tempted to take over everything. But, that will only make him more dependent and helpless and perhaps resentful. Encourage him to do whatever he can for himself even if it takes more time and isn't done as well as you would like.
- **Finding ways so he can help you.** You may have to break tasks down into smaller parts, for example folding laundry but not putting it away. People like to feel that they are contributing something, even if it is only advice or companionship. It helps them to feel a sense of belonging and improves self-esteem.
- **Including him in his care and in the conversation.** Have him take part in family decisions whenever possible, especially if the decision affects him.
- **Asking visitors to set up a time** before they come so that he can be ready. One or two visitors at a time is probably all that a confused person can handle. It is important to maintain social contact, but if he is weak or ill he may not feel like having visitors.

Understanding the Aging Process

Aging is a slow and natural process that begins when we are born. Changes take place in our bodies and in our minds throughout our lives. If we can adapt to these changes, our lives will be happier and more satisfying.

Caregivers need to understand the normal changes that take place with age and how these are different from changes caused by disease. If you know what happens as people get older, it may help you understand what the person you are caring for is going through.



"Aging is not just decay, you know. It's growth. It's more than the negative that you're going to die, it's also the positive that you understand you're going to die, and that you live a better life because of it."

From Tuesdays with Morrie, Mitch Albom

Social Changes with Aging

Employment

The way we feel and think about ourselves is often tied up with the work we do. Work gives us a sense of identity, status, and purpose. It brings us into contact with other people. Retirement usually means a major change in one's life. Some adults welcome the extra time to spend with family and on their favourite activities while others may feel a great loss upon retirement.

There may also be a change in financial status at retirement. Many older adults have to get by on a limited income. This can be very stressful.

Relationships and Roles

As adults age, they may have to give up some of their activities. Their friends and relatives may start to become ill, die, or move away. It feels like their social world is shrinking. Many older adults, especially women, have to face the death of a spouse.

Most adults are interested in staying sexually active throughout life. The loss of a partner as well as negative ideas our society holds about sexuality and older adults affects the development of intimate relationships. The need for warmth and intimacy does not change as we age, but many older adults have difficulty satisfying these needs.

If older adults become less involved in the social world they may find fewer rewarding things to do. Their emotional well-being may be threatened. If their health starts to break down, they may need help from others to manage their daily activities. Adults who are used to looking after themselves may lose self-esteem if they have to depend on others.

Emotions

The older adult you are caring for is probably feeling a lot of stress. He is dealing with many changes in his life. It is normal for him to feel emotional about these changes. You and other family members can help by trying to understand what it is like for your older relative.

Physical Changes with Aging

We all grow older differently; no two bodies age in exactly the same way. There is also a difference between the normal changes to a body caused by aging and those that are caused by disease. Many older adults are able to adapt to changes that occur gradually, and the changes only become a concern when they start to interfere with day-to-day living.



Generally, the body slows down as it ages. Reactions are slower, sleep patterns change, and stamina is lower. There are changes in appearance caused by complicated internal changes. Hair becomes thinner and turns gray. Skin dries out and wrinkles. There are also normal changes in the body's systems.

Cardio-Vascular System (heart and blood vessels)

The heart and blood circulation are less efficient. Older adults may tire more easily and feel cold more quickly. They may also feel dizzy when they change position suddenly.

Respiratory System

The lungs may not expand as much or as easily when an older adult takes a breath. As muscles get weaker, it may be difficult to exhale fully or cough effectively.

Musculo-Skeletal System (muscle and bones)

There is a loss of muscle mass and strength, and loss of bone density. The joints are weaker and show signs of wear and tear. Older adults may feel unsteady and move more carefully (falls and broken bones are a common problem).

Urinary System

The flow of blood to the kidneys is reduced. The kidneys are less able to filter out impurities in the blood because of a decrease in kidney cells. As a result, the body of an older person may not be able to deal with adult doses of many drugs. In addition, older people may take trips to the bathroom more often (frequent urination) and are more likely to have less control of their bladders (incontinence).

Digestive System

The stomach and intestines become weaker and the digestive system doesn't work as well. There is an increase in heartburn and indigestion. The bowel is more likely to have pouches. A slowdown in digestion may lead to constipation or, in some cases, to loss of bowel control. Older adults sometimes have problems swallowing or absorbing food. As a result, they may not eat well. Many problems are caused by poor nutrition, so it is important for older adults to eat well-balanced meals.

Sensory System



Vision

People may begin to notice a change in vision during their 40s. Women are more often affected than men. The eye becomes slower at adapting to changes in light and it is more difficult to see in the dark. Glare can be a problem and colour vision changes. It is harder for the eye to focus on close objects. Older adults often have more trouble judging space and distance. Some diseases of the eye such as cataracts and glaucoma may develop.

Hearing

A gradual loss of hearing begins in the 20s, but only about one-third of older adults have a serious hearing loss. It becomes more difficult to figure out where a sound is coming from and to hear sounds with high frequencies. An older adult may have trouble hearing a voice during a conversation if there is noise in the background.

Taste and Smell

The sense of smell is decreased. Older adults lose some sense of taste because they have fewer taste buds. Food may need more flavouring to make it more appetizing.

Touch

The sense of touch is reduced, especially in the palms of the hands and soles of the feet. It may be more difficult to feel pain and so there is an increased risk of burns.

Changes to the senses may make it more difficult for older adults to get around. They may be confused about their surroundings and feel embarrassed because they can't see or hear as well. They may try to cover up and cause you to think they are acting "strange". It is important to encourage older adults to have their vision and hearing tested. A hearing aid or glasses may make up for some of the loss if the person is willing to use them.

Psychological Changes with Aging

There are some normal changes that may occur in the mental functioning (thinking, understanding, memory, etc.) of older adults. Past events may seem easier to remember than those more recent. Age does not affect intelligence and creativity. We are able to continue to learn throughout life, but it may take more time to learn new material as our bodies slow down and our senses change. Older adults who keep their minds active are more likely to hold on to their mental abilities.

In the past, it was believed that we lose other kinds of mental abilities as we age. The word "senility" was used to imply that people become weak, forgetful and confused just because they are old. But this is a myth; "senility" is not part of normal aging. While it is true that the likelihood of developing cognitive impairment increases with age, most people stay alert throughout their lifetimes. It is important to keep in mind that changes to mental function are often the result of illness or disease. Some of these can be treated and reversed if a correct diagnosis is made, and so it is important to have a proper medical assessment.

Two of the more common mental health problems faced by older adults are depression and confusion.

Depression

There are many seniors and adults with disability and long term illness, who experience symptoms of depression without being treated. Older adults have a suicide rate which is higher than the rate for the general population. Depression may be related to losses of a spouse, employment, income, a sense of control and, self-confidence resulting in low self-esteem. It may last for a short time or a very long time.

While it is normal at times to feel sadness at life the way it is, persistent feelings of loss of hope, interest, pleasure, concentration, feelings of guilt, worthlessness, and a change in sleep patterns or eating patterns can signal that the problem has become more serious. Denial, irritability, agitation and continuous complaints of fatigue or aches and pain, are the most prominent feelings and behaviours of depression of the older adult.

Sometimes it is difficult to tell a serious depression from a physical problem. Depression can be treated so it is always important to get a complete assessment and a correct diagnosis from a physician or a mental health professional.



Confusion

There are two types of confusion: acute and chronic. The behaviour in both types may seem the same, but the causes are different. Some common behaviours observed may be associated with:

- an inability to remember (especially recent events)
- disorientation (does not know where he is, what time or day it is, or who people are)
- an inability to follow instructions
- difficulty following conversations
- an inability to reason or think on his own
- poor judgment (e.g. cannot choose appropriate clothing)
- difficulty paying attention
- sudden changes in emotions without reason (suddenly laughing or crying)

Acute Confusion (Delirium)

Acute confusion is a temporary state. If the cause is found and treated, the confusion will probably disappear. The mental changes happen suddenly within hours or days. It is very important to get a quick and complete medical assessment.



Possible Causes of Acute Confusion:

- over medication or toxic reaction to medications, drug interactions
- malnutrition - eating too little or eating the wrong kinds of food
- dehydration - serious loss of body fluids, not getting enough to drink
- severe constipation
- infections (e.g. pneumonia, urinary tract infections)
- relocation to a new place
- fall or injury (e.g. broken hip)
- loss of vision or hearing
- surgery (after surgery confusion may occur for a short time)
- severe emotional stress
- heart attack
- liver or kidney disease
- lack of sleep
- severe pain

Chronic Confusion (Dementia)

This type of confusion is caused by disease that has destroyed cells in the brain. It is thought to be permanent. There are a number of names for these types of mental changes, such as: chronic brain syndrome, organic brain disorder, or dementia. Dementia of the Alzheimer's type makes up more than 50% of the cases.

Signs of Chronic Confusion

- a slow loss of memory, knowledge and understanding
- at first, changes in behaviour and thinking will be minimal
- understanding messages and making decisions will become more difficult
- at first, appropriate behaviour will hide the loss of intellectual ability; later, changes in mood, thought, and behaviour will be obvious

Caregivers may describe a host of behaviours when a person has or is suspected of having a dementia:

- Unpredictable moods, such as laughing or crying,
- Indecisiveness or avoidance of new situations (loved ones frequently are aware of their impairments and want to hide them from the outside world),
- Getting lost in familiar places
- Impaired social judgment, including embarrassing behaviours,
- Agitation (especially if there is an underlying illness such as pain or infection, or simply a need to void or a change in the home life),
- Repetitive actions or sentences, which comes from not remembering having asked the question,
- Difficulty in word finding,
- Impaired judgment such as an inability to make reasonable decisions when dealing with family, or work or activities he or she was normally engaged in, such as banking, or shopping,
- Personality changes including extreme suspiciousness
- Delusional behaviours

Look into the sources of help available to you in the community. You can get information, suggested reading materials and support from health professionals, caregiver support groups, and the Alzheimer Society (see the Community Resources section). The more you know about the disease and what to expect, the less stressful it will be for you to cope.

Note: This has not been an in-depth study of depression, delirium or dementia so do not attempt to diagnose any of these complex symptoms on your own. Rather, keep a journal and make a note of those behaviours you observe in your loved one and review them with your family doctor or a health professional.

Normal Aging vs. the Development of Chronic Illness

The ability to adapt to unpredictable setbacks and adjust one's priorities is part and parcel of the aging process. Most older adults are both physically and mentally active and lead successful independent lives. Yet, negative stereotypes of old age associated with illness and disability continue to persist. For example,

- Older adults are set in their ways and cannot adapt to change
- Older adults are crabby and mean
- Older adults are isolated and lonely
- Older adults are not healthy enough to carry out normal activities
- Most older adults are in, or will end up in, nursing homes
- Senility inevitably comes with old age
- Disease in an older adult will take its natural course and there is nothing more that can be done

While these generalizations are unfounded, the reality is that limitations and losses do occur and diseases do happen. **Sudden, slow or uncharacteristic** physical, mental or social changes are red flags that may indicate the need for an assessment by a health professional. The most common chronic health problems among older adults are arthritis and rheumatism, followed by high blood pressure, allergies, back problems, chronic heart problems, cataracts and diabetes.

BEING A CARE-RECEIVER

It is very important to know the difference between normal aging and the development of a chronic illness. The lack of knowledge or having assumptions about what normal aging is and the symptoms of a chronic illness or disability can interfere with decision-making about how and when to seek help for your loved one. Again, discuss your concerns with your family doctor or a health professional.



BEING A CAREGIVER

Five million Canadians are providing at least 15 hours of care a week to a chronically ill or disabled loved one. Caregiving is not new, but families are now providing more difficult care, for a longer time than ever before. This is because we are now successful at treating serious, acute illnesses, and so people are living longer. And, people who live longer develop more on-going or chronic diseases that make it difficult to look after themselves.

The family caregiver may be described as a family member or friend who provides unpaid care and support for a loved one who is frail, elderly, chronically ill, or has a long term illness or disability.

Emotions and Caregiving

If you are the main caregiver in your family, you are probably the spouse or adult child of the person needing care. You may have chosen to be a caregiver out of love or a sense of duty or, both. Or you may have taken on the job because there was no one else to do it. You may be caring for your relative in the same house or helping him to live in his own place.

When you become a caregiver, you may take on roles that are very new to you. You may have to learn new skills and do jobs that your spouse took care of such as doing the housework, paying the bills, or driving the car. You may also have to help with personal tasks that are not the usual role of a husband or wife such as toileting and bathing.

If you are an adult child, it may be even harder to accept the change in roles. As your parent becomes more dependent, the ways you are used to behaving together will no longer be possible. It can be very disturbing to find that your dependable father or mother now depends on you to get through the day. It may be tempting to think of this as a reverse in roles. However, it is more important for you to focus on maintaining your parent's sense of dignity and control.

It is not surprising to have some strong feelings about caregiving. You may find it hard to deal with some of your feelings. Maybe you think some of them are not acceptable. You must remember that it's natural for a caregiver to feel many different kinds of emotions. One minute you're angry because your older relative has done something that is very upsetting. The next minute you feel sorry because you know he didn't mean to act that way.

"I kept thinking that if only I could get over this hurdle, the caregiving would get better, until I learned that there would always be another hurdle after the one I was going through."



Challenges and Rewards of Caregiving

You have probably experienced a host of challenges as a caregiver. It is important to acknowledge these challenges. Let's take a closer look at some of the normal challenges that will affect you as a caregiver.

Physical Challenges

The day in and day out wear and tear of providing care can test even the most patient and determined caregiver, especially when there are added demands, such as when a loved one has a dementia, and is awake at night, or has depression and becomes difficult to motivate.

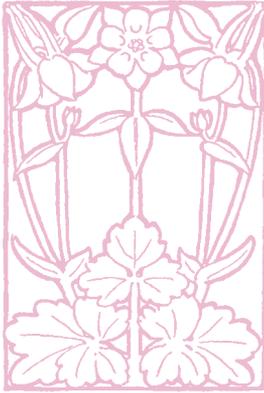
Emotional Challenges

Many caregivers have said that the most stressful part of care giving is the emotional part. Common feelings described by family caregivers during the care giving journey are fear, anger, grief and guilt. Caregivers begin to fear that they will not be strong enough, or brave enough to do what needs to be done to help their loved one in the face of not only the ongoing crises, but the day to day challenges.

You may feel angry for being forced into a role that you do not feel comfortable with, for putting your own plans on hold and for the loss of control of so many aspects of your life. You may feel angry at family and friends, who have conflicting ideas about what should or should not be done. Anger may also come from a sense of helplessness at watching your loved one's health diminish and disintegrate before your eyes, no matter how much care you are providing.

There is also grief, where you may not only mourn the loss of the person as he once was physically, but also the changes in your relationship as you have known it. Perhaps the most haunting feeling described by family caregivers is the sense of guilt they experience. They believe they could have done things differently in the past to change the outcome.

Intellectual Challenges



There are many things to learn when family caregivers become committed to the cause. There is new knowledge needed to learn about the disease and its lifecycle. It seems at times that one must possess extraordinary problem solving strengths, which feels even more impossible when one is already feeling stretched.

Some challenging questions you may face include:

What should I be doing to manage the illness now?

How do I start planning for the future?

How do I communicate with a loved one who has had a stroke or, problem solve behaviours that I have no idea where they are coming from?

How and when do I seek help from the health care system?

How can I enable independent living in the home for as long as possible?

Social Challenges

Caregivers often feel that they are struggling alone. Perhaps it comes from a lack of personal time or lack of energy, making the social world seem like it is slowly shrinking. Often, if one has not experienced what caregiving means for a parent or a spouse, it is difficult to describe to others, and still harder for others to understand.

Sometimes caregivers gradually give up outside interests and pleasures to the point that there is no life outside of caregiving. The caregiving experience, when intense, or having lasted a number of years, may make caregivers feel that they are in a situation that is an impossible and a never ending one. Friends may not understand and relationships may be altered. However, friends can also help as described in a later section of the handbook, "About Asking For and Accepting Help".

Financial Challenges

Managing financial resources at this time can be very stressful as well as critical. There may be a loss of income as a result of a loved one's health issues or forced reduction in work hours for the caregiver. In addition, the health situation can increase medical costs. Managing the finances may be a new experience for you and you may need to consult a financial planner or accountant.



Some questions you may need to ask or research:

- What are the current sources of income?
- Are we eligible for Canada Pension Plan (CPP), disability pension, spouse or children allowances, old age security (OAS), guaranteed income supplement (GIS), guaranteed available income for need (GAIN), shelter aid for elderly renters (SAFER), compassionate care benefits or Veteran Affairs benefits?
- Am I aware of and should I have access to necessary banking information such as account numbers, investment/retirement information, safety deposit boxes and monthly bills?
- Am I familiar with the full coverage of extended work benefits, group benefits plan, and private insurance?
- Am I familiar with tax benefits for which I may be eligible and what receipts I should keep and file?
- Am I familiar with enduring power of attorney or the representation agreement?

You may be eligible for some financial assistance for items such as special equipment, medical supplies or home medications/treatments. A case manager or community professional will be able to discuss this with you further.

Spiritual Challenges

Finding hope and meaning is difficult to maintain in the face of long term illness. There may be ongoing losses, both present and anticipated for the future. There are feelings of grief for what once was, what is, and what will no longer be. The grieving cycle is not a one time affair, but is revisited time and time again along the journey of long term illness and disability and frailty.

Rewards of Caregiving

Despite the emotional, financial, social and physical strains of caregiving, family caregivers find their role has very rewarding moments and are highly motivated to provide for their loved ones. Quite likely, you have often experienced many of the feelings of satisfaction that come from your acts of caregiving. Most family caregivers believe they receive what they give to the loved one they are caring for.

The positive experiences of family caregiving culminate in an inner joy in knowing that a huge difference is being made to someone we care about who is in need. Family caregivers are often referred to as the glue that binds the family - "the unsung heroes".

At the same time, it is impossible to think that you can continue your journey as a caregiver unless you find ways to gain and maintain the energy needed for the long haul of caregiving.

"There is no formula to relationships. They have to be negotiated in loving ways, with room for both parties, what they want and what they need, what they can do and what their life is like."

Excerpt from Tuesdays with Morrie, Mitch Albom

Signs of Caregiver Stress

Each one of us is affected by stress that occurs in our daily lives. Stress, however, if left unmanaged, can take its toll and put your own health at risk. Accumulated stress develops slowly in the long journey of family caregiving. If unrelied, or unresolved, you become at greater risk for a condition called "burnout", or "caregiver fatigue".

Caregivers who are at risk for burnout will sacrifice their own health by placing high expectations on themselves; they will have a hard time saying "no". They will believe that they should make things perfect, or near perfect for their loved one's situation, and will believe that they are the only ones who should provide care because only they can do it best.

Are you experiencing any of these symptoms of burnout?

- **Exhaustion** or lack of energy, as in not wanting to get out of bed in the morning. Everything seems, including even the simplest of chores, like just too much. Nothing seems to bring pleasure, including previous activities, friends or activities.
- **Sleeplessness**, caused by the worries of caregiving, or actual sleep loss due to caregiving duties.
- **Irritability**, and mood swings, increased anger at the person being cared for, or at the health team, or the "system" in general.
- **Lack of concentration** that makes it difficult to perform familiar tasks.

- **Social withdrawal** and feeling that no one else understands, or no one is there anymore to listen.
- **Anxiety** about facing another day, wondering how you will continue in the same intensity of care giving, especially knowing that the needs of your loved one are slowly but surely increasing. You may have come to the point where you are experiencing loss of faith or hope for your situation.
- **Thoughts of** "I just don't care anymore."
- **Health problems** of your own, such as headaches, stomach aches, chest pains.

If you routinely experience any of these symptoms, get in touch with a caregiver support group, talk to your doctor or a community professional. There is no need to suffer alone.

WARNING!

Sometimes when the caregiving becomes too much to handle, frustrations may be taken out in a physical or verbal way. This is more likely to occur if there are problems or strains between the adult needing care and the caregiver. It may begin in a subtle way, such as speaking in a harsh tone, or an extra tug of the arm when assisting a loved one with his or her clothing. It can escalate into withholding of care, or actual physical abuse.

Stress alone does not cause abuse but can be one of the reasons for it. If you feel stress building up, get some help before it becomes more than you can bear. It is important for you to know that support is available - several Fraser Health and community resources are listed at the end of the handbook.

STOP what you are doing and get help **NOW**.

MANAGING THE CAREGIVING



Maintaining Wellness

Clearly, it is very important to be aware of your own feelings. Don't keep them bottled up inside of you until they explode. Our feelings affect our actions and our judgment. If you do not deal with your feelings towards the person you are caring for, they may get in the way of doing your best for his care. You need to find ways of getting rid of the tension that comes with strong feelings. It can drain your energy and your health.

It might help to write about your feelings in a journal. You could think and write about questions such as the following:

- How do I feel about getting older or requiring care?
How much does this bother me?
- Have I taken on too much? Do I feel like I am carrying a larger load than I can handle? Do I feel others or the family are not doing their fair share?
- What am I doing to take care of myself? (A self-care checklist has been prepared for you and can be found at the end of this section.)
- Do I like the person I am caring for? If I didn't like him before, this is not likely going to change. Family members don't always like each other.
- Am I still dealing with problems from the past at the same time as I am trying to deal with the changes in my relative? It helps sometimes to think about past experiences to figure out what is going on now.

Providing the Physical Care

Caregiving duties may range from running errands, reminding the person to take their medications, or providing personal care for him or her.

Find out how to keep your loved one as comfortable and free from pain as possible. Ask his doctor or other health care professionals - for example, his nurse or rehabilitation therapist. You will need to know what to do for him each day. Ask how to manage medications, what changes to look for, and what to expect in the future.

Your loved one needs to eat a well-balanced diet and get regular exercise to stay healthy. His mouth, skin, and feet also need to be checked regularly. A sore mouth often keeps an older person from eating properly. Have a dentist make sure dentures fit correctly or find out about special eating aids. Sore feet or shoes that fit poorly make it hard to walk. A podiatrist can take care of foot problems.

People tend to feel better about themselves when they are clean and well groomed. Encourage him to dress each day even if he isn't going out. If he resists, remind him gently why bathing and changing clothes are necessary.

He may need grab bars or a bath board in the bathroom for safety. This may make it possible for him to bathe alone or make it easier for you to help him.

It is possible to have a community health worker (home support worker) come in to help with personal care of the older person if this is needed. You can find out about this service by contacting your local Home Health Office. (See the Community Resources section).

If there is a problem with bladder or bowel control (incontinence) you can get advice on how to set up a toileting routine. Try to remind the person to go to the bathroom every two hours. Also, give a special reminder when he gets up in the morning, eats a meal, and just before he goes to bed. If a confused person suddenly becomes restless, it may mean he needs to take a trip to the bathroom, but he doesn't recognize the signals.

There are special clothes and disposable pads for the incontinent adult. They can be found in many drugstores. There are also disposable bed pads and protective bedding available. It may help to have a urinal or commode beside the bed.

About Medications

Your loved one may be taking medication that is prescribed by his doctor or "over the counter" drugs. If he has a chronic or terminal condition, he may be taking many medications. These are usually needed for different reasons, but caregivers and families need to know about the possible problems related to their use.

Be sure to tell the doctor and pharmacist about ALL medications he is taking. This includes natural or herbal or complementary medications. These drugs can interact with each other and cause side effects that may be dangerous. Try to use only one pharmacy or drugstore. Tell the pharmacist about any changes in the person's health or medication. Go over all information the pharmacist or doctor gives you. Ask questions if you do not understand. Ask to have the information in plain language and in writing.

Keep the original bottles or packages of medications while they are being used. Don't combine medications in one bottle. Return all unused or outdated medications to the pharmacy where they were purchased for proper disposal. Do not throw them in the garbage or flush them down the toilet as they may harm our water system. Unused medications are not useful if kept too long and do not use other people's prescribed medications for any reason.

When older adults start a new medication, look for changes in mood, alertness, balance, appetite, etc. Be especially careful with the use of pain medication or sleeping pills with people who are confused or have chronic diseases.

Keep track of all medications, that is, both those prescribed or purchased over the counter. It may help to write out a list or use a dosette box (a small pill box for individual doses according to times of the day or days of the week). It is also possible to have all daily and weekly medications "bubble-packed". The pharmacist or community health nurse can help you with this.



Communications and Problem-solving

Communications

Every day you have to communicate with the person you are caring for and with many other people: family, friends, health workers, and business people. You can reduce stress if you are able to communicate clearly with these people.

Good communication skills help us to avoid misunderstandings. Every day many of us fail to communicate clearly. We miss important pieces of information. We speak but don't say exactly what we mean. We say "yes" when we mean "no" and "no" when we mean "yes." The result is confusion, tension and anxiety.

Clear communication is especially important to families who are trying to cope with difficult times. Family members may run into problems because they take each other for granted. Or they may have grown apart. They may never have known much about each other's true feelings and values. If you are open and honest, it will be easier to deal with the problems that come with caregiving.

Touch can be an especially important part of communication. A pat on the hand or a hug can show how much you care. But make sure the person doesn't mind being touched.

Some older adults have special communication problems because their hearing, vision or comprehension may be impaired. But, there are many ways to communicate, and with a little extra thinking, understanding, and patience, these problems can be overcome.

If hearing is impaired:

- Speak a bit louder and use a lower voice. Speak at a normal speed.
- It is easier to have a conversation in a quiet, well-lighted spot without distractions.
- Get the person's attention by calling his name, touching him or making eye contact before begin talking.
- Speak at eye level to make it easier to read your lips.
- Use a statement that will let the listener know what you are going to talk about each time you change topics.

If vision is impaired:

- Make sure the light is on your face
- Face the person when speaking
- Speak clearly and in a moderate tone
- Alert the person before you do something unexpected
- Be specific when giving directions e.g. "on your left" vs "over there"
- Always identify yourself and use the person's name often
- Be safety conscious but don't restrict the person's freedom

If comprehension is impaired:

- Use shorter sentences and speak slowly.
- Give the person lots of time to respond.
- If he is having trouble coming up with the right word, give him some time to think. Then, politely suggest a word or give a cue that will help him think of it.

TIPS: for Improving Communication

Non-Verbal Messages:

Look right at the person. Lean forward a little to show that you are interested. Be sure you have the listener's attention before you begin to speak.

The expression on your face should match your words. If you smile when you are angry or joke when you have something unpleasant to say, you will confuse people and they may not trust you.

Pay special attention to the level and tone of your voice. A firm and even voice sounds assertive. A soft, pleasant voice communicates warmth and affection. A whining, nasal voice can put off the listener.

Speaking and Listening:

When you are speaking, be brief, direct, and clear. Use words that have the same meaning for the listener. Some words have different meanings to different people.

Use "I" rather than "You" sentences i.e. "I feel upset when you ..." rather than "you make me upset when you..."

Listen with an open mind. Make sure you understand what the other person is trying to say. Many problems occur because the speaker thinks she has said one thing and the listener has heard something different.

Problem Solving

Even when we make special efforts to communicate clearly, there will still be some conflict and misunderstandings. It often helps to have a family meeting to deal with problems. Get as many family members as possible to come. Choose a time and place that works best for the most members. Then give each person a chance to state his or her views.

Our values and beliefs affect the way we decide to deal with a problem. If your values and beliefs are different from your family members', it is important to understand that your decisions may be also be different.

Here is a simple problem solving model you may find helpful:

1. Assess the situation to identify the problem.
2. Set a goal or desired outcome.
3. Explore potential causes and get the facts.
4. Choose a solution.
5. Trial the solution for a set period.

Try out the problem solving exercise on a problem you have identified as needing your attention and amaze yourself with your creativity.

If the desired outcome was not reached then ask yourself:

- Is there newer information?
- Do we need a longer trial period?
- Was the original goal realistic?
- Should we try something else?

Problem Solving Exercise

1. The problem I want to deal with is

2. The outcome I desire is

3. Some of the potential causes are

4. What facts do I know from:

Doctor _____

Case Manager _____

Home Care Nurse _____

PT or OT _____

Social Worker _____

Home/Community Support _____

Other Health Professionals _____

Support Groups _____

5. Details of the behaviour _____

When does it occur _____

What time of day is worse than another _____

What happens just before _____

6. Some options for a solution

Option #1 _____

Option #2 _____

Option #3 _____

7. Which option has the fewest unwanted results? _____

Which option is preferred by the care receiver? _____

Which option has the most support of
family/friends? _____

Which option do I prefer? _____

8. Trial period agreed upon is _____ days/weeks/months

9. Date for evaluation of results is _____

Are things better for the care receiver? _____

Are things better for me? _____

Are the results acceptable to everyone? _____

Was the goal reached? _____

10. Is another care or family conference required?

If yes, when _____

Developing a Crisis Plan

A crisis plan is a back-up or contingency plan that comes into effect if you are unable to care for your loved one. It may be because:

- You have become ill
- There is another responsibility or personal emergency that requires your immediate attention
- You need a break from your caregiving obligations
- You are having some difficulty managing needs
- You are unable to reach the care receiver due to circumstances beyond your control e.g. car trouble or bad weather



Developing your back-up plan will help you think about what you can do during the unexpected and allow you to consider details you may not have time to think of later. A well-thought out plan will help decrease stress and anxiety during a crisis and identify who your supports are and how you can reach them.

Take the time to discuss and develop your crisis plan with your loved one and emergency supports. It can be as simple as the sample provided.

"I learned that the harder I tried, the more exhausted I became at the new tasks that just kept on piling on".

OUR CRISIS PLAN

For: (care-receiver) _____

And: (caregiver) _____

Health Team

Family Dr _____ Tel. # _____

Case Manager _____ # _____

Home Care Nurse _____ # _____

Pharmacist _____ # _____

Emergency Contacts and Supports

Name _____

Relationship _____ Phone # _____

Name _____

Relationship _____ Phone # _____

Name _____

Relationship _____ Phone # _____

Important facts my supports will need to know:

Date to review and update plan: _____

About Asking For and Accepting Help

Your health can be a shared responsibility between you, your loved one, your family and friends, your health community and other communities that you belong to. It begins with doing all you can for yourself, and then learning to accept help, when help is needed.

You can gain support by linking with other caregivers either through support groups or a telephone buddy. Having peers with whom you can share information and support can significantly improve your coping capacity.

Feeling alone and isolated is avoidable; when you reach out to others, you open the door for others to reach out to you. Here are a few things that family and friends can do for you:

- Listening is the most important thing one can do for a caregiver
- Giving a caregiver a break by offering to stay with her loved one
- Inviting the caregiver to go out
- Offering specific help, such as shopping, yard work or banking
- Not giving advice unless asked for
- Being supportive of decisions made by the caregiver

If you are currently a caregiver, start by recognizing that you are one, that you are not alone and that there is a range of supports available to help you.

Accept help.

You owe it to yourself.

You owe it to your loved one.

You owe it to the people who care about you.

Self-care for the Caregiver

Many parts of your life are affected when you take on the care of another adult. It is not always easy for members of your family to understand the changes. To avoid conflict, it is important for everyone to communicate openly. Be honest about how you feel and what you expect of each other.

There are also changes taking place in society that have an effect on family caregiving. For example, today more middle-aged women are working than ever before. This is the same group that has usually taken care of older family members. It is now common for families to have three and four generations.

If you belong to the "crunch" or "sandwich" generation in the middle, you may be a parent, a child, a spouse, an employee, and a caregiver all at the same time. You may find it a challenge to balance the expectations of your partners in each of these relationships and it is likely that you will manage some of these roles better than others.

You may often be confused by all these emotions. But remember, it is possible to feel both anger and love towards a person at the same time. Once you accept that you can have all kinds of feelings, it is easier to deal with them. Then you can begin to understand your own needs.



Caregivers Self Care Checklist

- ✓ Caregiving can be very stressful - acknowledge this.
- ✓ Take care of your own needs and take a regular break from your caregiving duties to rest and renew your energy.
- ✓ Set aside regular times to do things you enjoy like, taking a bath, visiting with friends, watching a TV show from start to finish, reading, getting your hair done, listening to music, catching up on your sleep. Remember this is your time to rest and recharge your batteries.
- ✓ Exercise - walk, swim, jog, play golf, work in the garden. Do some stretching. Try Tai Chi or Yoga.
- ✓ Eat a well-balanced diet. Good nutrition is important to your health.
- ✓ Have regular check-ups. Talk to your doctor about any health problems. Use medications with care.
- ✓ Try to get enough sleep. Although it may be difficult, sleep is important for staying healthy. If you have trouble getting to sleep, try breathing or relaxation exercises (there are books or tapes to help).
- ✓ Build a support network. Keep in touch with friends. You need a life apart from your caring role. If you cut yourself off, you are also cutting off the support that friends will give you. And you will find it hard to pick up the pieces of your life when you are no longer spending so much time caregiving. You might like to join a support group. It is a good way to meet new people who have the same concerns you do

- ✓ Don't try to be superman or superwoman. Be realistic. Think about what really matters most to you. Let the less important things wait and learn to say "no".
- ✓ Think about your supports and use them. Talk with other family or friends who could share the responsibilities
- ✓ Find out what resources are available in your community and make contact before or when you need help
- ✓ Reward yourself. Remember to congratulate yourself for all your successes, however small you feel they are.



PARTNERS IN CARING - YOU AND THE HOME HEALTH TEAM

Fraser Health - Home and Community Care Services

Fraser Health is one of six health authorities established by the government of British Columbia in December 2001, serving 1.47 million people living within the boundaries that stretch from Burnaby to Boston Bar and from White Rock to Mission. Health care services range from acute care hospitals to community-based residential, home health, mental health, and public health services.

Home and Community Care Services provide a range of health care and support services for eligible residents in Fraser Health who have acute, chronic, palliative or rehabilitative health care needs. These services are designed to:

- Support clients to remain independent in their own homes for as long as possible.
- Complement and supplement, but not replace the efforts of individuals to care for themselves with the assistance of family, friends and community.
- Provide services at home to clients to prevent an admission to hospital or to enable sending clients home earlier from hospital.
- Provide residential care services to clients who can no longer be supported in their homes.
- Provide respite for a client's unpaid caregivers.
- Provide services that support the dying and their family.

To find out more about these community-based services, contact your local Home Health office who will help you access the right service for you and your loved one's specific needs. You will find the phone numbers in the community resources section of this handbook.

Eligibility Requirements

Clients may be eligible for services such as, home care nursing, case management, physiotherapy or occupational therapy if they:

- are a B.C. resident; and
- are a Canadian citizen or have permanent resident status; and
- require care following discharge from an acute care hospital, care at home rather than hospitalization or care because of a terminal illness.

Clients may be eligible for home support services, assisted living, adult day programs, residential care and/or palliative care services if they:

- are 19 years of age or older;
- meet BC residency eligibility requirements; and
- are a Canadian citizen or have permanent resident status; and
- are unable to manage on their own because of chronic health-related problems or they have been diagnosed with an end-stage illness.

How to Access Home Health Services

A client or someone representing the client can apply for these services by contacting the local Home Health office. A staff member will determine the urgency of the client's situation, the necessity for a care assessment and follow-up by the appropriate health professional.

A case manager or other health professional will make arrangements for a home assessment and determine eligibility for government services, some of which will also require a financial assessment. If the client is eligible and agreeable, the client and case manager will develop a care plan with contributions from the family, physician and other relevant health professionals to ensure the plan will best meet the client's presenting needs.

Power of Attorney and the Representation Agreement



Sometimes a family member needs help with his financial affairs and gives someone, often a family member, close relative or friend, the legal authority to make financial and legal decisions on his behalf. This is referred to as a

power of attorney (POA) and can include decisions regarding the paying of bills, withdrawing or investing money or selling a house.

To ensure financial decisions will be carried out as was planned an enduring power of attorney must be considered. Should this family member become mentally incapacitated, a POA designation will automatically end unless it is clearly written that the POA is to continue and may be exercised during any subsequent infirmity. An enduring power of attorney covers financial affairs but does not cover health care or personal care decisions such as consent for medical treatment or making arrangements for home care.

The Representation Agreement Act allows for an adult to appoint his spouse, friend, or a family member to make decisions about his financial, legal, health, and personal care matters. It is a good idea for every adult to consider whether he will need an Agreement. A Representative can both help him make decisions now and represent him when he can't speak for himself in the future. Representation agreements speak for a person while he is living, that is, how he is to be taken care of, and how his property is to be managed, when he become too ill to do this himself. Wills speak for a person after death.

The above information is only an introduction to the management of legal affairs and does not replace professional advice obtained from a lawyer. You will also find contact numbers, which may be helpful, in the Community Resources section of this handbook.

Community Care Services Provided by Fraser Health

Case Management

Case management or care coordination is both a service and a process. Case Managers, in consultation with the care receiver and his significant others, enable access to government funded home and community care services that are best suited to individual client needs.

Coordination of care services includes planning and arranging services, as well as monitoring and reassessment to ensure that clients continue to receive appropriate assistance and support. The Case Manager will stay in touch with clients to arrange their care services and make any adjustments necessary in the event their care needs change.

Home Care Nursing

Home care nursing provides in-home assessments, monitoring, and treatment by registered nurses. Nursing care is available on a non-emergency basis for clients requiring acute, chronic and palliative support e.g. care after an operation, wound care and care for people with terminal illnesses. They teach about health conditions such as diabetes, ostomies and physical disabilities help people learn to care for themselves as much as is possible.

Community Rehabilitation

Physiotherapists (PTs) and occupational therapists (OTs) provide in-home assessment and treatment for people who can not get out, or when the home could be changed to make daily tasks easier and safer for people. They teach exercises to help people improve muscle strength and keep active as well as life skills in order to improve a person's quality of life. Therapists may also provide information about home health aids, devices and equipment.

Clinical Social Work

Social Workers provide short-term counseling and support to people living through difficult and overwhelming situations associated with chronic illnesses, disability, and other losses.

Community Nutritionist

Community nutritionists provide telephone or in-home assessments of nutritional needs for people who are home bound. They help people on special diets with more practical and easy to follow instructions and give food suggestions, feeding tips, recipes, and menu ideas to anyone who needs to improve or maintain healthy eating. They are also available to speak to community groups.



Palliative or End-of-Life Care

End of life care is provided wherever the client is living, be it home, in hospital, an assisted living residence or a residential care facility. It is supportive and compassionate care with the main focus of improving the quality of life for people who are in the end stages of a terminal illness or preparing for death.

When someone chooses to die at home the necessary supports can be provided to make the situation easier on everyone. It is important to know that community services provided include palliative care coordination and consultation as well as professional nursing services, home support, and respite for the caregiver.

Hospice Program

Hospice provides an alternative for people who cannot be cared for at home, are unable to remain at home, or choose not to die at home and do not require care in a hospital. A palliative care client may also move to a hospice on a short-term basis to provide respite to family caregivers.

Hospital Liaison

Health professionals work closely with hospital and community health services staff to plan and organize care in the community. This may be home care nursing, case management, and rehabilitation services. The nurse helps people and their families with a smooth transfer of care from the hospital to the community.

Home Support

Home support services help people remain independent and stay in their own home as long as possible. Community Health Workers can provide personal assistance with daily activities such as bathing, dressing or grooming. Clients with high care needs may also be assisted with essential, light household tasks which help maintain a safe environment, such as cleaning the tub after a bath, meal preparation or laundry. There may be a charge for this service, depending upon your financial assessment.

Choice in Supports for Independent Living (CSIL) may be an alternative for eligible home support clients. CSIL is a self-managed model of care, for people with daily personal care needs who want more responsibility and flexibility in managing their home support services. Check with the case manager, who will be able to assess for eligibility under this program.

Adult Day Programs

Adult day centres assist people to continue to live in their own homes by providing a variety of supportive programs and activities in a group setting.

Activities available in an adult day centre may include personal care services, such as bathing programs and administering medications. Day centres may also provide therapeutic recreation and social activities, as well as caregiver respite, education and support. Meals and transportation may be provided or arranged through some centres.

Respite Care

Respite care is available in some care facilities. A case manager must first assess people to see if they are eligible to use this care. An eligible person can stay in the care facility for up to four weeks per year (depending on availability). This service provides the caregiver a break from caregiving responsibilities. Respite is also available to caregivers through home support and adult day programs.

Assisted Living

Assisted living environments enable British Columbians who can direct their own care to live in the community as long as they are able to do so. Housing, hospitality services and personalized assistance services are provided for seniors and people with disabilities who can live independently but require regular help with daily activities. Support services are designed to promote independence for tenants, while involving family and friends in their care.

Residential Care Facilities

Residential care services provide 24-hour professional nursing care and supervision in a supportive environment for adults who have complex care needs and can no longer be safely cared for in their own homes.

Residential care facilities provide residents with:

- assisted meal service
- medication supervision and administration
- personal assistance with daily activities such as bathing, dressing and grooming
- a planned program of social and recreational activities.

B.C.'s residential access policy now ensures people with the highest need and urgency have priority for the first available, appropriate care facility bed.

Clients with complex care needs who have been assessed as needing facility care will be expected to take the first room that comes available. They may request a transfer to a preferred care facility when there is an opening.

For more specific information about residential care services in Fraser Health, contact the local Home Health office for a copy of [When your care needs change...Moving to a Residential Care Facility](#) .

Working With the Health Care Team

As a caregiver, you will need to develop good working relationships with the health care providers to ensure proper care and decisions on behalf of the care receiver. There are many caring staff delivering the home and community care services to clients and the intention is that the services you receive are helpful, and that your relationships with the health care team are pleasant.

Remember that being a caregiver does not mean "doing it all - all the time", especially if there is a history of troublesome family dynamics or your own health status is in jeopardy. And, because your experience and knowledge of the care receiver is invaluable, it is important for you to have conversations with other members of the health care team about the kind of relationship and the level of involvement you wish to have.

Your loved one will obtain overall better care if you and the health care team work in collaboration and in a mutually respectful manner.

Finally, check in regularly with yourself and refer back to the "*Caregivers' Self Care Checklist*".

COMMUNITY RESOURCES IN FRASER HEALTH

In addition to the Home Health services directly offered by Fraser Health, there is an array of support and resources available through your local community. Knowing what kinds of supports are "out there" may ease the frustration and confusion during your caregiving journey.

The following resource list is not meant to be an exhaustive list but rather a sampling of available sources of help. One contact may lead to another and by writing in new contacts and new numbers, you will be able to create your own personalized handbook.

Fraser Health Home and Community Care

Fraser East Home Health Offices

Abbotsford	604 556-5000
Agassiz	604 793-7160
Chilliwack	604 702-4800
Hope	604 860-7747
Mission	604 814-5520

Fraser North Home Health Offices

Burnaby	604 918-7447
Maple Ridge (East)	604 476-7100
Maple Ridge (West)	604 476-7800
New Westminster	604 777-6700
Tri-Cities	604 777-7300

Central Intake/Inquiries for Coquitlam,
Port Coquitlam and Port Moody

Fraser South Home Health Office 604 953-4965

Central Intake/Inquiries for Delta,
Surrey, White Rock and Langley

Fraser Health Residential Care Services

Central Office	604 542-3150
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Fraser Health Hospitals

Fraser East

Chilliwack General Hospital	604 795-4141
Fraser Canyon Hospital	604 869-5656
Mission Memorial Hospital	604 826-6261
MSA General Hospital	604 853-2201

Fraser North

Burnaby Hospital	604 434-4211
Eagle Ridge Hospital	604 461-2022
Ridge Meadows Hospital	604 463-4111
Royal Columbian Hospital	604 520-4253

Fraser South

Delta Hospital	604 946-1121
Langley Memorial Hospital	604 534-4121
Peace Arch Hospital	604 531-5512
Surrey Memorial Hospital	604 581-2211

Fraser Valley Cancer Centre	604 930-2098
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Fraser Health Mental Health and Addictions

Fraser East

Abbotsford	604 870-7800
Chilliwack	604 702-4860
Hope	604 860-7733
Mission	604 814-5600

Fraser North

Burnaby Central	604 453-1900
Burnaby North	604 453-8030
Burnaby South	604 777-6870
Maple Ridge	604 476-7165
New Westminster	604 777-6800
Port Coquitlam	604 927-2084
Tri-Cities	604 777-8400

Fraser South

Delta - North	604 592-3700
Delta - South	604 948-7010
Langley	604 514-7940
Surrey	604 953-4900
White Rock/South Surrey	604 541-6844

General Information and Emergency Numbers

Ambulance/Fire/Police-Emergency	911
Assisted Living Registrar	604 714-3378
	1-866-714-3378
BCCEAS (Elder Abuse)	604 437-1940
BC Nurseline	604 215-4700
	1-866-215-4700
BC Drug and Poison Emergency	604 682-5050
BC Drug and Poison Information	604 682-2344
	Local 62126
BC Health & Seniors Information Line	1-800-465-4911
BC Housing/Independent Living	1-800-257-7756
Crisis Line - 24 hour	604 951-8855
Dial -A- Dietitian	1-800-667-3438
Drug and Alcohol Abuse Info Line	1-800-663-1441
Fair PharmaCare	1-800-387-4977
Medic Alert	1-800-668-1507
Medical Services Plan of BC	1-888-788-4357
Veteran Affairs Canada	604 666-3776

Financial Resources

Federal Income Security Programs	1-800-277-9914
(Old Age Security, Guaranteed Income Supplement, Canada Pension Plan, Disability Pension)	
Guaranteed Available Income for Need	604 584-8535
Provincial Seniors Supplement	604 682-0391
Shelter Aid for Elderly Renters	604 501-5900

Hospice Societies

Abbotsford	604 852-2456
Burnaby Hospice	604 291-1930
or	604 524-5616
Chilliwack	604 858-0999
Coquitlam	604 516-0670
Delta Hospice	604 948-0660
Hope	604 869-5656
	Ext 213
Langley Hospice	604 530-1115
Maple Ridge	604 463-1899
Mission	250 826-2235
Surrey	604 543-7006
White Rock Hospice	604 531-7484

Illness-Specific Support Groups

Alzheimer Society of BC	1-800-667-3742
Lower Mainland/Burnaby	604 681-6530
Abbotsford/Mission	604 859-3889
Chilliwack/Hope	604 702-4603
New Westminster/TriCities/Maple Ridge	604 528-9060
Langley	604 533-5277
Surrey/Delta	604 502-7588
White Rock/South Surrey	604 541-0606
ALS Society of BC	604 685-0737
Arthritis Answers Line	604 875-5051
Toll Free	1-800-321-1433
Fraser Regional Centre	604 514-9902
Bipolar Affective Disorders	604 536-4221
Brain Injury Association, BC	604 521-0833
Brain Tumor Support Group	604 877-6000
CNIB, Lower Mainland/Fraser Valley	604 431-2121

Canadian Council of the Blind	604 669-2001
Toll Free	1-800-874-4666
Cancer Information Line	604 930-2098
Toll Free	1-800-523-2885
Cardiac Rehab Programs	
New Westminster	604 521-5801
Surrey	604 575-9622
Diabetes Resource Centre Info. Line	604 732-4636
Canadian Continece Foundation	1-800-265-9575
Epilepsy Society, BC	1-866-374-5377
Hear Society for the Hard of Hearing	604 944-8332
Heart and Stroke Information Line	1-888-473-4636
Huntington Disease Resource Centre	604 822-7195
Lung Association, BC	1-800-665-5864
Lupus Society, BC	604 714-5564
Multiple Sclerosis (MS) Society, BC	604 689-3144
Muscular Dystrophy Assoc of Canada	604 732-8799
Osteoporosis Resource Line	604 731-4997
Ostomy Chapters	
BC	604 540-7360
Coquitlam	604 464-1960
Surrey	604 522-7819
Paraplegic Association, BC	604 324-3611
Parkinson's Society	
BC	1-800-668-3330
Surrey	604 531-5545
Stroke Recovery Association of BC	604 688-3603
Abbotsford	604 852-5722
Burnaby North	604 464-0837
Burnaby South	604 521-6251
Coquitlam	604 933-6093
S. Delta	604 948-1454
Langley	604 882-4672
Maple Ridge	604 462-0380

Mission	604 826-3425
Port Coquitlam	604 942-2334
Surrey	604 581-0040
White Rock	604 541-1290

Legal Services

Many caregivers face complex legal problems and may need some expert advice. The following organizations may be helpful to you:

Dial-A-Law	604 687-4680
Law Line	604 601-6100
Lawyer Referral Service	604 687-3221
Legal Aid	604 585-6595
Living Wills (Jack Bell Foundation)	604 879-7433
People's Law School	604 331-5400
Public Guardian and Trustee of BC	604 660-4444
Representation Agreement Resource Centre	604 408-7414

Meal Services

Better Meals	604 299-1877
Gold Card Catering	604 594-5520
Meals on Wheels	
Abbotsford	604 870-3764
Chilliwack	604 792-4267
Hope	604 869-2466
Mission	604 826-3634
Burnaby	604 299-5778
	Ext 23
Maple Ridge	604 467-6911
	Ext 218
New Westminster	604 524-0516
Port Coquitlam	604 942-7506
Delta	604 946-9526
Langley	604 533-1679

Surrey 604 588-6325
White Rock 604 541-6325

Red Cross Equipment Loan

1-800-565-8000
Abbotsford 604 870-7528
Agassiz 604 796-9932
Burnaby 604 522-7092
Chilliwack 604 792-2343
Coquitlam 604 931-6911
Delta 604 594-3455
Hope 604 869-2466
Ladner 604 946-9529
Langley 604 514-3345
Maple Ridge 604 463-6600
Mission 604 826-6261
Ext 5372
Surrey 604 588-5858
White Rock 604 536-7911

Support Groups for Caregivers and Seniors

Caregivers Association of BC 604 734-4812
National Family Caregivers Association 1-800-896-3650
Abbotsford Caregiver Support 604 859-7681
Ext 257
Abbotsford Peer Support for Seniors 604 850-0011
Agassiz/Harrison Community Services 604 796-9932
Hope Community Services 604 869-2466
Burnaby Informal Caregivers Support Group
604 434-2100
Burnaby Senior Outreach Services 604 291-2258
Burnaby Support Services for Seniors 604 294-7980
Caregivers Network of Surrey/Delta 604 686-3793
Deltassist Seniors Services 604 946-9526
South Delta Caregivers Network 604 943-3921

Seniors Phone Support	604 946-9526
Seniors People Helping People	604 589-1373
ElderHealth Services (White Rock)	604 535-4577
Peace Arch Community Services	604 531-6226
White Rock Senior Support Services	604 531-9400

Transportation

BC Bus Pass Application	604 682-0391
Driver License Application/Renewal	1-800-950-1498
Handicapped Parking Decals	604 718-7744
HandyCard/HandyDART	
Abbotsford/Mission	604 855-0080
Chilliwack/Agassiz	604 795-5121
Burnaby/Tri-Cities/New Westminster	604 524-3655
Maple Ridge	604 462-8522
North/South Delta	604 596-1777
Langley	604 576-1167
Surrey	604 591-3346
White Rock/S Surrey	604 576-6653
Transit Schedules/Information	604 953-3333



ADDITIONAL CONTACT NAMES AND NUMBERS

Contact _____ Ph# _____

NOTES: _____

SOME RESOURCEFUL WEBSITES:

Alzheimer Society of Canada
www.alzheimers.ca/english/index.php

BC Hospice Palliative Care Association
www.hospicebc.org/

BC Housing/Independent Living BC
www.bchousing.org/About_BC_Housing/

BC Seniors On-line
www.mcaaws.gov.bc.ca/seniors/index.htm

Canadian Caregiver Coalition
<http://www.ccc-ccan.ca/en/frame.html>

Canadian Mental Health Association
www.cmha.ca/english/info_centre/mh_pamphlets/index.htm

Canadian newsmagazine on home care
www.thefamilycaregiver.com/publication

Caregiver Network Inc (Toronto)
www.caregiver.ca

The Community Resource Directory for Seniors (BC)
www.seniorsnet.ca/index.php

Family Caregivers Network Society (Victoria, BC)
www.fcns-caregiving.org/index.html

Family Caregivers Online (USA)
www.familycaregiversonline.com/index_start.html

Guide to Care (BC Government publication)
www.healthservices.gov.bc.ca/hcc/pdf/guidetocare.pdf

Guide for seniors housing and care (BC)
www.thecareguide.com

Internet links to support groups for neurological diseases (BC)
www.neurobc.com/Web_links/support_groups.htm

National Family Caregiver Support Program (USA)
www.aoa.dhhs.gov/prof/aoaprogram/caregiver/caregiver.asp

People's Law School (BC)
www.publiclegaled.bc.ca/home/index.htm

Seniors Health -Public Health Agency of Canada
www.phac-aspc.gc.ca/sh-sa_e.html

Trusted medical sites (Vancouver Coastal Health)
www.vch.ca/your_health/your_health_trusted_medical_sites.htm

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