THE 35TH ANNIVERSARY HISTORY OF COMMUNITY CARE DURHAM

Table of Contents

Introduction by Board President, Jeff Brown, and Executive Director, Brent Farr: 3
Overview: 3
CCD History: 4
Background (pre-1977): 4
Community Care Becomes a Reality: 8
1977: 8
1978: 11
1979: 13
1980: 14
1981: 14
1982: 15
1983: 15
1984: 15
1985: 15
1986: 16
1987: 16
1988: 16
1989: 16
1990: 16
1991: 17
1992: 17
1993: 17
1994: 17
1995: 17
1996: 18
1997: 18
1998: 18
1999: 18
2000: 18
2001: 18
2002: 18
2003: 19
2004: 19
2005: 20
2006: 20
2007: 20
2008: 21
2009: 21
2010: 22
2011: 22
2012: 22
Community Care Durham's Programs: 23
HOME SUPPORT PROGRAM 23
COPE MENTAL HEALTH & SPECIALIZED GERIATRICS 24
RESPITE PROGRAM 26
VOLUNTEERS: 27
Memories From Long-time Volunteers From CCD's Seven Offices: 29
Nora Bagshaw, Brock: 29
Gail Rickard, Clarington: 29
Margaret Ann Lamb, Scugog: 30

Don Sabean, Oshawa: 31
Sandra Will, Uxbridge: 31
Judith Barker, Whitby: 32
Ann Earley, Ajax/Pickering: 33
AWARDS: 33
Lifetime Membership Award: 33
Lynn Morrall Award: 34
Corporate Leadership Award: 35
Community Service Recognition Award: 35
Lifetime Community Service Award (Special Award): 35
COMMUNITY CARE DURHAM BOARD PRESIDENTS: 35
COMMUNITY CARE DURHAM EXECUTIVE DIRECTORS (formerly COORDINATOR): 36
COMMUNITY CARE DURHAM DIRECTORS: 37
HOME SUPPORT ADMINISTRATORS: 37
COPE MENTAL HEALTH PROGRAM MANAGERS: 37
RESPITE PROGRAM MANAGERS: 37
ADULT DAY PROGRAM MANAGERS: 37
CCD STAFF PICTURES: 38
Ajax-Pickering Home Support & COPE: 38
Ajax-Pickering Adult Day Program: 39
Assisted Living Services: 39
In-Home Respite: 40
Brock Home Support & COPE: 41
Scugog Home Support & COPE: 41
Clarington Home Support & COPE: 42
Clarington Adult Day Program: 42
Oshawa Home Support & COPE: 43
Whitby Home Support & COPE: 43
Uxbridge Home Support & COPE: 44
Uxbridge Adult Day Program: 44
COPE Mental Health Program: 45
Home At Last: 45
Home First: 46
Supported Referral (CHIP): 46
Finance: 47
Remainder of Staff: 47
35th ANNIVERSARY COMMITTEE: 48
Credits: 48

Message from Board President, Jeff Brown, and Executive Director, Brent Farr:

This year marks Community Care Durham's 35th Anniversary of providing services within Durham Region. Our founding governors, volunteers and staff had a vision to create a sustainable means of supporting adults living in their own homes across Durham Region, with the support of a robust volunteer network, and funding from the provincial government and others. Thirty-five years later, here we are, still providing clients with essential support with activities of daily living, and thereby reducing unnecessary admissions to hospital and long term care. While we have certainly grown over the last 35 years, adding numerous new services to an increasing number of clients each year, Community Care Durham (CCD) has never strayed from our roots of providing local access to a basket of needed Home Support, Respite and COPE Mental Health services in each of our local communities. Since 1977, CCD has been a significant contributor to the well-being of clients and their caregivers in communities across Durham Region, creating its own distinctive identity. We wish to express our sincere gratitude to our volunteers and staff for their exemplary efforts in meeting the increasingly complex needs of our clients and their caregivers in these times of change and health system evolution. CCD's success in meeting our clients' needs is a direct result of the people who commit their time and expertise to benefit vulnerable adults in their local communities. CCD is a partnership of volunteers, staff, clients and family caregivers, assisting adults who have needs related to aging, physical and/or mental health, by providing resources necessary for adults to remain safely in their homes and live independently in the community, where they want to be.

With the support of a much wider partnership, including the Central East Local Health Integration Network (LHIN), the United Way of Durham Region, our MPPs, Municipal Councils, service clubs, corporations, and individuals who contribute to the financial needs of this organization, Community Care Durham is able to deliver essential Community Mental Health and Community Support Services in a timely and effective manner. We are truly grateful for the contribution each of these partners make in helping us serve the needs of the community. A special thank you is extended to all of our service provider colleagues with whom we work; together we can and do make a difference in our clients' lives.

Overview:

Community Care Durham (CCD) is a multi-service, registered charitable organization providing Home Support, Respite (Caregiver Relief) and COPE Mental Health services to 8,000 adults and their caregivers in Durham Region. The primary objective of Community Care Durham is to ensure that adults and their caregivers who have needs related to aging, physical and/or mental health, have equal access within each municipality to the range of services offered by CCD. This is achieved by providing support and outreach services so that individuals experiencing these challenges can lead full lives in their own homes for as long as possible. The services are provided free of charge, or for a minimal fee.

From its very beginning, CCD used a regional model, which is a cross between centralization and decentralization, resulting in efficiency, economy and consistency. Administration is centralized, but service-related decisions are primarily a local responsibility. Our programs could not exist without our dedicated volunteer base, but CCD also could not be as efficient and reliable without our paid staff. We have also benefitted throughout the years from the assistance of hundreds of summer students, funded through government grants, who bring their enthusiasm, talents and fresh outlook each summer. The primary objective of CCD has always been to delay the need for institutional care among senior citizens and people with special needs by providing practical support and outreach services so that these people can maintain their independence and quality of life within the comfort of their own home. Community Care Durham operates in close cooperation with other organizations, including the Central East Local Health Integration Network (CE LHIN), Central East Community Care Access Centre (CE CCAC), Ontario Community Support Association, Ontario Shores Centre for Mental Health Sciences, Lakeridge Health, Rouge Valley Health System, Markham Stouffville Hospital Uxbridge site, the Region of Durham, United Way, Salvation Army, Red Cross, mental health organizations, local housing authorities, churches, medical personnel and local service groups.

Today, CCD continues to be responsive to the needs of the community and has become a broadly utilized service in Durham Region, with the support of 2,000 dedicated volunteers and 170 staff. CCD recognizes volunteers as an integral part of the organization, and consistently recruits and supports volunteers with a wide

range of skills and interests. Local Advisory Committee volunteers play an important part in the evaluation process, which determines whether the needs of the clients in a particular community have changed, and identifies the optimum mix of services to fill gaps in support. Our Board of Directors ensures that governance is consistent across all sites and programs, and sets policy and strategic direction for the organization as a whole. The invaluable contribution of CCD volunteers is regularly recognized at a variety of events, and particularly at annual local Volunteer Appreciation events. Without our dedicated volunteers, we could not provide our clients with the support necessary to help them live at home, where they want to be.

Community Care Durham promotes the principles of independent living and community integration, recognizing that each person has the right to maximum independence and control over her/his life, based on the ability and opportunity to make informed decisions that affect their well-being. CCD strives to achieve the most successful possible outcomes for its clients through the development of innovative programs and community partnerships. There is a charge for some of the services provided by CCD, albeit a nominal one. Volunteer drivers are paid to cover the cost of gasoline; people who need work done around the home or yard also pay a fee directly to the volunteers who perform these services. People who need these services wanted to pay for them, and did not want to accept charity. CCD also charges a fee for those who attend Adult Day Programs or use Respite services. Although the programs are aimed at senior citizens to help them to continue living at home, anyone with a need can use the services. Perhaps the greatest accomplishment of CCD has simply been the ability to continue to meet the increasing demand for service from individuals with a wide variety of needs.

2012 is a significant year in the history of Community Care Durham, as we celebrate our 35th anniversary of providing community-based services in Durham Region. This milestone will be recognized at Volunteer Appreciation events, our Annual General Meeting in June, and at other CCD events throughout the year. This 35th History Book you are holding in your hands is a souvenir and record of our achievements since 1977.

According to Dr. Gillian Gilchrist, Chair of the first Steering Committee that worked toward establishing region-wide Community Care, *"It's amazing what they have done. Having a local face is so important!"* Another member of the same Committee, Alan Cavell, was a young Senior Citizen's Program Consultant with the Ministry of Community & Social Services, which was a new role at that time. He says, *"Durham Region has frequently been called a commuter community, and I believe that the local development of Community Care was helpful in developing the sense of local community, and acted as a tool to involve members of the community in identifying and responding to the needs of the community. I valued the program model, and later took the concept to other communities within my area, so that we now have similar multi-service programs in Haliburton, Kawartha Lakes, Northumberland, Peterborough, Prince Edward County, Belleville and Trenton. Other areas have since adopted the model."*

CCD History:

Background (pre-1977):

In the fall of 1972, a group of interested north Durham citizens, including Rev. David Williams, the Anglican minister in Beaverton, met in Beaverton to set up an educational program involving family counseling, counselor training and community and family life education. As an active and influential member of the Brock community, Rev. Williams conducted a survey looking for volunteers. That survey produced 12 volunteers who evolved into the Executive Board of the Lake Simcoe East Family Life Association. The minutes of their meetings reveal a staggering amount of work undertaken by their members. To raise funds and awareness, during the next five years they contacted local organizations, municipalities and Regional Council often, and formed an Executive Council with Rev. Williams as President. They realized the need for an information service to direct people seeking assistance, such support services or transportation for medical appointments, so Information Simcoe was launched. It became apparent that many of the calls were from seniors living at home, but requiring support services to remain there. By October, the seeds of a Home Care and Meals on Wheels programs were planted. The Brock Family Services agencies got together and sent a brief to Durham Region requesting that a social service agency remain within the locality, and requested representation on the

Social Planning Council of Durham Region. By January 1974, Information Simcoe was receiving an overwhelming number of calls about family problems and public services. Rev. Williams and his parishioners began canvassing door to door to see how seniors would respond to a home support services group. In April, a Brock Social Planning Advisory Group (SPAG) was established, and presented a plan to the Social Services Committee of Durham Region, proposing a Coordinator be appointed in each township to recruit volunteers. It was also identified that there was a need to form an advisory group accountable to SPAG, and to contact all voluntary organizations, as there were 25 voluntary associations in the area with very little coordination. Services to be included in the program were volunteer drivers, home maintenance and repair, light housekeeping, extension of Meals on Wheels and friendly visiting. This Family Life project received SPAG support, so SPAG applied to the Province for funding to extend the project throughout Durham Region. The Family Life project would become part of the regional program, and to do this, a separate Board was needed. Brock's solution was a "Family Life" Board. It was decided that the same people who were on the Family Life Board would become the Advisory Committee of Community Care, with a new Chair.

Meanwhile in south Durham in early 1974, the Social Planning Councils (SPC) of Oshawa-Whitby and Ajax-Pickering, and the Family Life Association of Beaverton/Cannington provided leadership to develop SPC's in all areas of Durham Region to provide a local voice on social welfare matters. Kathleen Hertzberg was one of those who were instrumental in these discussions. Representatives from each municipality were asked to organize local meetings and invite influential people from their locality such as ministers, service club and hospital board members, public health nurses, and concerned citizens. People simply answered an ad that asked the question "Do you want to help people stay in their own homes and communities?" Overwhelmingly, they responded YES! From this large group, the plan was to recruit members for each local social planning committee to provide advice and recommendations to the Durham Region Social Planning Advisory Group (SPAG). The Ajax-Pickering Social Planning Council, the Pickering Branch of the Red Cross, Durham Region SPAG and other agencies had begun to lobby for funding at the regional and provincial levels. These groups recognized that seniors and people with disabilities had unmet needs, and that the community could respond to these needs by providing practical neighbourly services. They researched and developed a blueprint for community-based services, realizing that these services could help clients live at home longer, instead of being institutionalized. The Regional government declined the request for funding initially because this level of government was in the embryonic stages of its evolution, and in order to reinforce its image as a regional government it, placed priority on funding projects that were regional in scope. The provincial government looked favourably on the project, but indicated they preferred to deal with one organization for the purposes of administrative efficiency, rather than providing funds to several small community groups. In 1974, the Ministry of Community and Social Services channeled its financial support toward two pilot Community Care projects -- one in Brock Township (rural) and one in Ajax-Pickering (urban).

That same year, members of Durham SPAG decided to accept the challenge of establishing a regional organization. A Steering Committee, chaired by Dr. Gillian Gilchrist, consisting of active members from the Red Cross, Addiction Research Foundation, Mental Health Durham and other agencies provided the infrastructure for region-wide community care in Durham. The members of the founding Steering Committee included: Dr. Gillian Gilchrist, Chair, Elaine Barber, Kay Brown, Barbara Carnegie, Alan Cavell (Ministry of Community & Social Services), H. Cubbage, Dick Fleming, Fred Fountain, Elizabeth Fulford, Don Hanley, Joan Higginson, Ruth Latulipe, D. Lonsdale, Stan Mason, Dorra Morris, J. Mulholland, E. Piper, Mary Ellen Polak, Will Swindall, Rev. David Williams, and Rev. Robert Zimmerman. Here are some comments from some of those founding members:

According to Dr. Gillian Gilchrist, she got involved with social planning and became Chair of the Oshawa Social Planning Council to get Handi Transit established and bring support services to the elderly. At that time, the office of the Social Planning Council was located in the white house on Simcoe Street South which is now home to the United Way of Durham Region. Along with helping to bring Community Care to Durham Region, the time period between 1977 and 1981 were monumental years for Dr. Gilchrist. She was very active in introducing palliative care services to the Oshawa hospital, and was heavily involved in establishing Hospice care and education.

Rev. David Williams pioneered many beginnings for Brock Township, including the Lake Simcoe East Family Life Association, Information Simcoe and Brock Good Neighbours. He remembers one of their successful fundraising events, a Stompin' Tom Connors concert. He especially remembers when the CIVP (Community Involvement Volunteer Program) was incorporated into Brock Community Care "Volunteers kept in touch with clients between visits from the professionals at the Whitby Psychiatric Hospital." Rev. Williams participated in SPAG for a few years, and then moved to Barrie in 1980. When asked to reflect on Community Care Durham's 35th Anniversary, he shared "It's great that it has continued this long, and they still have volunteers and there is still a need."

Rev. Robert Zimmerman was the Pastor of the Peace Lutheran Church in Bay Ridges. Active in his community, he was also the Chair of the Ajax-Pickering Social Planning Council. An invitation to attend a Social Planning Advisory Council (SPAG) meeting shepherded him into a role on the Board of Directors, and eventually into the position of first Community Care Board President. As Rev. Zimmerman recalls, it was his first meeting and he was immediately nominated to the Board. He had joined SPAG because "helping people was in my lifestyle". The basement of his church became the home of the first office of Ajax-Pickering Community Care. In the beginning stages of the Steering Committee, Rev. Zimmerman was involved in the initial spread of information, and introduction of the program to local communities. With the development of Community Care came many meetings and travel throughout Durham Region, and it became apparent that he was spending more and more time away from his church and his duties as the Pastor. Eventually, he resigned from his position as the Chair of SPAG. In retrospect, he felt his time with the Steering Committee was very meaningful. Rev. Zimmerman continued to Chair the Ajax-Pickering Social Planning Council for a number of years, moved to London in 1984, and retired in 2000. Looking back at Community Care Durham and its 35 years, Rev. Zimmerman shared that he "commends those who have worked to make it continue".

Mary Ellen Polak was a member of the Ajax-Pickering Social Planning Council seeking ways to provide support to the senior population within that community. In lobbying for support and funding, this group developed a plan and went before Regional Council. It became apparent that this plan could not just be about Ajax-Pickering, but needed to be available to all of Durham Region. With assistance from Kay Brown of the Whitby Psychiatric Hospital, Mary Ellen and the Ajax-Pickering Social Planning Council were on a mission – to bring all the communities together to establish support services for seniors. Mary Ellen, Kay and others began this undertaking by contacting people from other communities and gathering together those who believed in the need for senior services. The group traveled many miles to different communities within Durham Region and attended many meetings. This gathering of supporters developed into the Durham Region Social Planning Advisory Group (SPAG). As Mary Ellen explained, "We were like 'the little engine that could'". They were in challenging times, breaking new ground, and building something that had not existed before on a region-wide level. In creating the building blocks for Community Care, transportation and home help were incredibly important. Seniors from outlying areas without municipal transit needed transportation to Oshawa General Hospital. A growing number of seniors required assistance within their homes for cleaning and other tasks. Another important area was mental health and understanding how to help people with these issues. Mary Ellen commends Kay Brown for playing such a crucial role in intertwining mental health as a component of Community Care. With her knowledge and experience, Kay played an important role in enabling Community Care to bring mental health issues into the forefront. As Mary Ellen stated, "35 years ago, it was so difficult to get anyone to discuss mental health." Mary Ellen is thrilled that Community Care has survived over the years to reach its 35th Anniversary, and "had the legs to keep going". She is very proud of being part of the original group who, through their hard work and determination, initiated the beginnings of Community Care.

Joan Higginson joined the Social Planning Advisory Group (SPAG) to be part of a social planning initiative. SPAG, as a regionally-focused project, was really the first of its kind. It began as a group of people from different communities, meeting on a monthly basis to collectively work on submitting a proposal to support seniors in their own homes. Joan states that, on approval, they received a small fund to start operating a regionally-based Community Care. It was quite challenging, and became increasingly difficult to budget for the emerging local offices. It was even more of an endeavour to find funding to support a regional administration office. Because each office operated on a limited budget, it was important to gather as many "gift in kind" donations as possible. Joan remembers approaching the CIBC Bowmanville Branch Manager about office

space. They were able to move into a vacant store that had formerly been a bicycle repair shop, and paid only $1.00 per year to rent out the space. The first Bowmanville office was born, and being located on the main street was perfectly placed. As Joan explains, there was much more to the Social Planning Advisory Group than social planning. They initiated something far more meaningful in developing a project to keep people in their homes. "It was grass roots development. They (SPAG) were in the right place at the right time to get this launched". This initiative had a community feel, but having a regional focus was so important. "There were a number of movers and shakers on SPAG, like Dr. Gillian Gilchrist, who had a vision. Through growth and maturity, it really demonstrates how right this project was." As the first Chairperson of the Local Advisory Committee for Clarington (then known as the Town of Newcastle), Joan stayed with Community Care for a number of years. She went on to become President of Community Care from 1979 to 1981. At the time of her appointment as President, Joan noted "Community Care will have to work hard at maintaining the enthusiasm and energy that has characterized this project, as our existence becomes increasingly taken for granted and the number of clients continues to grow." Joan was a graduate of the Family Studies program at the University of Guelph, and her experiences with Community Care and social planning led her back to school to obtain a Masters in Social Work. Community Care certainly influenced Joan, as she enjoyed a long career in social work.

The organizational design was completed that summer. Membership of the Durham Region Social Planning Council Advisory Group in April 1974, representing the municipalities in Durham Region, included the following: Gord Bradley and Greg McClare (Ajax), Wilma Ford, Jane Mayberry and R.S. Newman (Beaverton), Wanda Ball and Ann Simpson (Bowmanville), Rev. David Williams (Cannington), Grace Gibson (Newcastle), Robert Chater (Orono), Dr. Gillian Gilchrist (Oshawa), Bobi Adamson (Pickering), Betty Deeth, Liz Fulford and Judy MacColl (Scugog), and Georgie Corbett and Audrey Stephen (Uxbridge). In May 1974, short term funding (Local Initiatives Program grant) for Brock was running out. The original grant of $5,768 was down to $1,165. A meeting took place in September at Lakeview Manor with the Regional Municipality of Durham Social Services Committee. Elizabeth Fulford advocated for Brock, on behalf of the Social Planning Advisory Group (SPAG) of Durham Region. In 1975, a group of Durham students were hired to conduct an extensive survey to determine what service gaps existed and to avoid duplication of services already provided by Senior Citizens Clubs, the Red Cross, Homemakers, the Victorian Order of Nurses and other agencies. To accomplish this, they interviewed senior citizens who were applying for institutional care to determine what services would be needed to for them to remain in their homes.

A collaboration in 1976 among Mental Health Durham, the Social Planning Councils, the Ministry of Health (through the Whitby Psychiatric Hospital, now Ontario Shores Centre for Mental Health Sciences) resulted in the beginnings of the COPE Mental Health Program. At that time, it was called the Community Involvement Volunteer Program (CIVP). Kay Brown surveyed Durham Region on a one-year project (May 1975 – 1976) under the auspices of Mental Health Durham to determine the need for volunteer assistance to ex-psychiatric patients. While our founders were very aware of the emerging needs of the aging population, they quickly expanded services to assist adults with mental health challenges. The aim was to assist mentally distressed individuals to remain in the community and cope with their challenges. CIVP had been funded through the Ministry of Health and administered through the Whitby Psychiatric Hospital, but hadn't been able to find an organization with local sites providing services across Durham Region. Once Community Care was initiated, it was able to fill that need.

Late in 1976, a brief was submitted by Durham Region SPAG to the Ministry of Community & Social Services requesting $255,887.82 to operate Community Care region-wide. Based on this request, in June 1977, SPAG was granted $63,700 annually for two years, under the Alternatives to Institutions funding, to help the elderly remain in their own homes. This was supplemented by funding from United Way (starting in 1978), municipal grants, and donations from service groups and individuals. The Ministry of Health kept a watchful eye on this pilot project. This funding was used to initiate a pilot Community Care project in Ajax-Pickering (urban) and also fund the pilot in Brock Township (rural). In line with the approval already granted by the Ministry of Community and Social Services, Durham Region approved program pilots for Brock (rural) and Ajax-Pickering (urban), and $2,000 was allocated toward the hiring of a part-time coordinator. Eventually, this was supplemented by an additional $8,000. Rev. Zimmerman was appointed President of the first Durham Region Community Care organization, and Jane Bremner was hired as the Brock Coordinator. The Region supported

the Community Care model. According to the established plan for the organization, Community Care would be supported in each community by an Advisory Committee consisting of concerned local citizens. The Advisory Committees would coordinate local publicity, personnel, financing, etc. During the next three years, many volunteers in the community researched, submitted proposals and waited for approval for both community mental health and home support services to be approved for Durham Region.

In December 1976, Alan Cavell, a member of the founding Steering Committee, had just joined the Ontario Ministry of Community & Social Services (MCSS) as a Senior Citizen's Program Consultant. It was a new role at the time. Around that time, Hugh O'Neill, Minister of Community & Social Services for the Province, announced a major new initiative to allow seniors to stay in their own homes longer. It was called A/C or Alternatives to Institutional Care. They requested proposals, and the Durham SPAG presented a regional program. It called for an employee-driven program, with offices located in each municipality within Durham. The total request unfortunately far exceeded the total available funding. *Alan reminisces "Internally within the local office of MCSS we really liked the concept of "one-stop shopping", local planning and an overseeing Board, local access to services, low user fees, etc. Internally, we discussed the need to stay within budget, and also we believed in the importance of involving the community in meeting its own needs, and therefore saw the potential to develop the volunteer component somewhat more. The final funding was definitely not sufficient, but allowed the program to develop in a naturally accountable fashion, and probably allowed greater community involvement in service delivery." Alan continues "My memory is that of a relatively young Ministry employee, meeting and working with many very competent, enthusiastic and committed community members who wanted to make a difference in the lives of others in Durham Region. At that time, my role covered an area from Pickering to Kemptville. With Community Care my role was that of an ex-Officio member of the Steering Committee, representing the Ontario provincial government on a week-to-week basis." Alan went on to become the Executive Director of Victorian Order of Nurses (VON) for Ottawa/Eastern Ontario & Quebec sites, and recently retired.*

Community Care Becomes a Reality:

1977:

Another senior citizen study, Caring Communities for Senior Citizens, prepared by Stephen and Linda Hagerty, was submitted to the Ministry of Community & Social Services. Among its findings, transportation difficulties, loneliness and an inability to manage routine household chores were identified among the main obstacles preventing seniors from staying in their own homes. Helping Hand, a Pickering organization, paid helpers, through Local Initiative Grants, to provide such services as transporting elderly patients, house cleaning, home repair and visiting. However, once the Local Initiative Grants were discontinued in 1974, a permanent service that would bring community services to the elderly was urgently needed. This resulted in the founding meeting of Ajax-Pickering Community Care Program held on October 14, 1977. Bridget Vipond was the first Chair, and Rev. Frank Conkey was the first Vice-Chair. In November 1976, the Ajax-Pickering Community Care office opened at Peace Lutheran Church, Bay Ridges, with volunteers manning the telephone and looking after incoming requests. Three Board members acted as joint coordinators to provide back-up and support for the volunteers. As the number of phone calls and requests for help increased, it became obvious that the program would flounder without a paid Coordinator. Fortunately, funding from the Ajax-Pickering Social Planning Council and funds from the Purchase of Service contract made with the Community Involvement Volunteer Program (C.I.V.P.) enabled the hiring of Elaine Hlady as Ajax-Pickering Coordinator in March 1977.

According to the established plan for the organization, Community Care would be supervised in each community by an Advisory Committee of concerned local citizens. The Advisory Committee would, through sub-committees, coordinate local publicity, personnel, finances, etc. A salaried Coordinator in each locality in the Region would administer the daily operation of the program and supervise the activities of the large contingent of volunteers who provided the services. The original planning group decided to hire a Regional Coordinator and a Regional bookkeeper/secretary. The Regional Coordinator's initial role was to focus on organizational and community development, in order to set up local boards and assist in hiring local staff.

The first “Regional Coordinator”, Richard Johnston, was hired in August 1977, and used a community development approach to successfully develop the organization, which was founded as “Durham Region Community Care Association” (now Community Care Durham). *To this day, Richard remembers fondly that interview so many years ago. He recalls sitting amongst a group of six ladies. “Here was this very dynamic and community-minded group of women.” Richard says his motivation in working with the elderly was his reason for accepting the role of Regional Coordinator. This new organization was taking on a major social issue, and he wanted to be part of it. Richard had been exploring politics, particularly as a means to deal with issues pertaining to seniors, and this position came up at the same time. As Richard explains, “This was a wonderful opportunity for me, and the ideal spot for me to be in.” It allowed him to engage with people and play a role in helping the elderly. After two years with Community Care, Richard received a call from NDP leader Stephen Lewis – he was stepping down and his riding for Scarborough West was becoming available. As an advocate for issues related to seniors and poverty, this was the perfect opportunity for him, and hence, the beginning of his political career. After his departure from Community Care, Richard would succeed in politics as the MPP for Scarborough West from 1979 to 1990. For a number of years, he served as critic for the Ministry of Community & Social Services. In 1982, Richard crusaded for improved benefits to the poor and disabled by attempting to live for a month on a "welfare diet" , limiting his food budget to that of the average person on welfare. In 1987, he presented a report “Toward a New Ontario” to the legislature, recommending an overhaul of the existing social assistance system. Following his departure from politics, Richard served as Chair of the Ontario Council of Regents for the Ontario Colleges of Applied Arts and Technology, President of the First Nations Technical Institute on the Tyendinaga Mohawk Territory, a member of Trent University's Board of Directors, and President of Centennial College in Scarborough. Since retiring, Richard and his wife have opened a vineyard and winery in Prince Edward County. Although his time with Community Care was short, it had a profound effect on him. He learned so much, and it served as a great influence in guiding his future. “It was an incredible experience, witnessing how all these communities were coming together and uniting for a common goal. The stunning part is how all the communities embraced the Community Care concept. People were engaged and focused on bringing support services to seniors. In the beginning, there were no other Community Care agencies out there. The conception of this organization was truly revolutionary as it was the first of its kind.” As Richard notes, back then keeping people in their homes was a strong statement. During its infancy, it was a challenge to get the organization running and functioning. There was the matter of establishing governance, putting together infrastructure, and being able to effectively report to government. Building relationships with municipal officials also played an important role during the early stages. The development of Community Care also brought attention to and generated interest in mental health issues. As Richard says, having such an active Board made it all possible.*

Diana (Ukrainetz) Kingsley was also hired in 1977 as the first Secretary/Bookkeeper for Community Care. Diana fondly remembers her job interview. Richard Johnston had already been hired as the first staff person, so he and Liz Fulford (Scugog’s first Coordinator) did the interviewing. She expresses “a big thank-you to both Richard and Liz for hiring me and bringing me on board”. Diana was employed by Community Care for a few years, and reminisces about the humble beginnings of their first office. *On a shoe string budget, they first managed out of a little room in the Ajax municipal building with just one desk and a phone. From there, the Administration team moved into a donated office above Fairview Lodge, and considered themselves very fortunate. Diana notes that during Community Care’s infancy, being on the ground floor of a new program, working out of a new office, was both exciting and challenging. She recalls how the founding members and original staff were a deeply passionate group of people, with so much dedication in getting this organization up and running, and meeting the needs of seniors. “Everyone had that family-like feeling. It was like being a part of a big family.”, and everyone involved with Community Care extended that family feeling to its clients. Diana has a heartwarming memory of the Whitby office. The location had just begun operations when an elderly client needed accounting assistance. This client had never filed for his income tax, and was very apprehensive of the whole procedure. A volunteer provided help and guided him through the process, making him feel at ease. Diana considers her time spent working at Community Care a very rewarding experience, which has had a lasting impression on her. “I truly found my calling, because I stayed in the social service field.” After leaving Community Care for family reasons, Diana later became the first secretary/bookkeeper for Parkview Place, a housing complex for seniors. Since then, she has worked for the Durham Children’s Aid Society for over 25 years. Speaking again of job interviews, Diana noted that she was hired for her Children’s Aid Society position by Brent Farr, who later became the Executive Director of Community Care. It is a small world…*

The program was designed to be regionally funded and coordinated, but the priorities and direction were to be established locally to meet local needs. Home Support services began with the delivery of Meals on Wheels, transportation to medical appointments, Friendly Visiting, Foot Care clinics and Home Help. The beginnings of the Respite (caregiver relief) services also emerged. Although government funding was on a temporary basis for a period while the programs were assessed – eventually that became permanent funding. One of the strengths of the program was that it responded to needs as seen by people in the communities where the programs were to be set up (through local citizens' participation in SPAG). Although the primary focus of Community Care was working with the elderly, the agency entered into a contractual relationship with an outside management group (consisting of local mental health associations and psychiatric hospital representatives as mentioned earlier) to administer a one-to-one adult mental health program known as the Community Involvement and Volunteer Program (CIVP). This program focused on helping individuals in the community by providing volunteer support under professional supervision.

History indicates that Uxbridge Community Care came into being through Uxbridge's health nurses. An increasing number of calls from seniors or their families requesting assistance with housework, outside work and transportation convinced the nurses there was a need for a help agency. With such support, more elderly citizens might be able to stay in their own homes rather than be admitted to institutions. Based on the original Regional SPAG plan, a Community Care Advisory Board for Uxbridge was established. Richard Johnston worked with two public health nurses, Marie Forsythe and Shirley Kidd. A Board of Directors was formed from a list of people from the Canadian Cancer Society, Family Services, social workers, Red Cross, Health Units, Correctional Services, Uxbridge Cottage Hospital, Daheim Nursing Home, Royal Canadian Legion, Kinsmen, Lions Club and the local high school. Richard Johnston spoke at the first Board meeting on May 2, 1977, at which time a Steering Committee was set up.

In the summer of 1977, the first meeting prior to the formation of Newcastle Community Care was called by the Social Planning Council of the Town of Newcastle, who wished to set up a program to help senior citizens. A cross-section of citizens from the different communities comprising the Town of Newcastle, numbering close to 80 people, attended this meeting. Of these interested citizens, 18 agreed to form the first Advisory Board for what later was named Town of Newcastle Community Care.

In August 1977, Dr. Gillian Gilchrist, Vice-Chair of the Ajax-Pickering-Oshawa-Whitby SPAG called a meeting of 12 representatives from the Whitby hospitals, community and ministerial organizations to discuss setting up a Community Care office in Whitby. Services were explained, and the importance of having a Local Advisory Committee was stressed. A second meeting took place in late August 30. Presentations on services took place again, but there was no agreement that such services were needed. On September 15, Dr. Gilchrist sent out a letter to everyone who had attended the first two meetings, urging them to attend a third meeting on September 26 to try and secure participation in the Community Care programs already established elsewhere in Durham Region. A small working committee was struck. In November, the Whitby working committee invited all interested parties to attend a meeting with the aim of formalizing a Whitby Community Care committee, establishing service priorities, and deciding the time and method of establishing an office and services. Although there were concerns over financing, a motion was passed to the effect that a Whitby Community Care Advisory Board be established.

The Scugog Social Planning Council held their first meeting on September 29, 1977 at 7:30 p.m. at the Council Chambers in Port Perry to bring together members of the community who might be interested in forming a Scugog office of Community Care. Richard Johnston facilitated a unity development approach. At a meeting on November 17, Scugog Community Care was officially established. The new Scugog Community Care Advisory Board initially had 15 members, with the hope of gaining 10 more members. Each board member was tasked with finding two volunteers willing to either help staff the office or assist as service volunteers. By this means, it was hoped to have around 50 volunteers by February 1978.

On October 3, 1977, Newcastle Community Care opened its doors at 80 King Street West, Bowmanville. The Coordinator's salary was $6,000/year. They held an Open House to inform seniors of the services available and to attract possible volunteers.

The first Regional Community Care Annual Meeting was held on October 19, 1977, at the Peace Lutheran Church, Pickering, with about 40 attendees.

Oshawa Community Care opened its doors on December 5, 1977. Prior to opening, representatives of the Social Planning Advisory Group were instrumental in the initial stages of Community Care development in Oshawa. Several open meetings were held at City Hall to investigate the need for alternatives to institutional care for the elderly. A local Advisory Board was developed, with representation from Red Cross Homemakers, Meals on Wheels, VON, Homes for the Aged, service clubs, seniors groups, Home Care and local churches. The Oshawa office was originally located in cramped but inexpensive quarters at Oshawa General Hospital, and later moved to larger downtown facilities at 80 King Street East, to accommodate increased program demands, including the inclusion of CIVP (the Community Involvement Volunteer Program). The initial SPAG submission assumed full-time staffing requirements based on the large urban client population, but another reason proved to be the competitive nature of volunteer recruitment in an urban center. Rural groups were successful in initial recruitment, but such was not the case in Oshawa. Client acceptance was steady but not overwhelming, which can be explained by the fact that larger urban centers have more available services than rural areas. Oshawa had a public transit system, Senior Citizens' Centre & seniors' clubs, day hospital, central Public Health offices, social services, Red Cross, VON and an existing MOW program. Another factor was the number of seniors apartments located throughout the city, most on major transportation routes.

1978:

In early January, Marie Brooks, Whitby Coordinator, began her duties by setting up a personnel policy, fee structure, volunteer recruitment and training plan, office space, and an operating budget. The official opening of the first Whitby Community Care office at 101 Mary Street was February 24, 1978. The first official report from the Coordinator stated, "We did not expect to open for business until February 1, but in January we had nine clients, helped by eight volunteers on 24 assignments, putting in 53 volunteer hours and 180 miles." By mid-February, there were 50 assignments, 132 hours and the names of 32 volunteers on file. Funding for the first seven months was very limited, with $2,630 each from the Ministry of Health and the Ministry of Community & Social Services. For the second half of 1978, Whitby Community Care operated on a minimal budget of only $2,505, received from Durham Community & Social Services, United Way and the Ministry of Health. With the persistence and enthusiasm of the few who cared, they overcame the general reluctance demonstrated at the beginning, and much of the credit goes to the Coordinator, Marie Brooks, and the first Chair, Margaret Hart. In the first four years of operation, Whitby Community Care grew from nine clients to well over 500, from eight volunteers to over 130, and the hours of operation doubled.

A dedicated group of Scugog volunteers on the first committee recruited 80 volunteers, found office space, scrounged furniture, painted, and hired Elizabeth Fulford part time. Barb Carnegie served on the local Community Care Scugog Hiring Committee that hired Liz Fulford. *Barb, one of the pioneers who served on the Steering Committee that led to the formation of Community Care, recalls going to meetings with her baby son, Gavin, in tow. She helped organize the drive to secure office equipment, including a desk, tables, chairs, a filing cabinet and a typewriter for the Scugog office. Barb remembers humble beginnings in the cold, dark, dank ticket booth in the old Port Perry Arena on Water Street. Thanks to the efforts of late Scugog Councilor, Richard Drew, a one year, no charge lease was negotiated with the Municipality.* An amazing 40 prospective volunteers were lined up before the office opened (mornings only) on February 1. 18 keen volunteers agreed to serve on the first Local Advisory Committee. The official opening at the office in the old arena on Water Street took place February 25, 1978. Clients came into the office with their requests until the phone was installed. *Barb fondly recalls the humble beginnings, volunteering with a devoted and hard-working Board who had a vision, and worked diligently to pursue that dream of providing services to help seniors, the disabled, and those with special needs continue to be able to live at home.* The arena was soon to fall to the wrecker's hammer, and after moving for a short while to an office on Perry Street, Community Care Scugog moved to the municipally-owned house on North Street behind the Township offices.

In February, the Newcastle Community Care Board approved a plan to organize a monthly "Lunch Out" for seniors. Transportation was provided by Community Care, food was prepared by a local nursing home, and after lunch there was entertainment. Newcastle ended its first year of operations with 153 volunteers.

Brock Good Neighbours continued to develop. In April 1978, Durham Regional Council approved a regional grant of $3,500 for Brock Good Neighbours for a pilot project to coordinate and provide services to seniors who wished to remain in their homes, rather than move to senior citizen homes. Brock Mayor Keith Rynard stated "If we can just keep two people out of senior citizen homes, that will pay more than enough to finance this program." Brock Good Neighbours operated out of the Information Simcoe offices in Cannington. Jane Bremner was Brock Good Neighbours' first Coordinator. In May 1978, Bernice Dixon became the Coordinator. By June of 1978, Cannington MOW program has eight clients on record. Meals were prepared at the Bon Aire Nursing Home with each meal costing $1 to cover cost of food, with labour donated. Public donations covered the cost of the disposable containers. Molly Wood delivered the first meal to Frank Halward.

In spring 1978, Community Care received a grant of $6,437 from the Department of the Secretary of State to hire three post-secondary students to conduct interviews with elderly clients who used Community Care services, and compile statistics on the project's operations. The three students were Carol Ross, Joan Duvall and Hugh Lawson. According to Richard Johnston, the information gathered would not only help Community Care improve its services, but would provide the provincial government with important data in developing their Alternate Care policy. It may also have helped the Region plan its proposed Home for the Aged outreach program. "An evaluation format produced by the province will form the basis of the students' work," said Johnston, "and we have asked Regional Social Services Committee Chair Reg Rose and Social Services Commissioner Doug Johns to add elements of Regional concern." The three students were located in Ajax-Pickering, the Town of Newcastle, and Cannington/Port Perry. They uncovered some interesting facts: of the first 407 client files reviewed, 46% were over 75 years of age, and there were almost exactly as many over 85 as between 60 and 65. "What is surprising about the high average age", Johnston said, "is that 60% of these clients are living in their own homes." This compares with 19% in senior citizens apartments and 16% is unsubsidized apartments. Only 5% live with family or in shared accommodation. The students made their final report to Regional Community Care on August 24, 1978.

In May 1978, Durham Region sponsored a Volunteer Recognition Evening to honour all volunteers who give their time and energy in making Community Care a reality. The event was held at Heydenshore Pavilion in Whitby, with guest speaker, Lawrence Crawford, Provincial Director, Senior Citizens. Regional Community Care chose a logo of two interlocking "C"'s in blue and white. Jack Bateson, the husband of Lucy, a friend of founding member Mary Ellen Polak, designed the blue and white double C that Community Care is still using at its 35th Anniversary. Buttons bearing the insignia were distributed to more than 500 Community Care volunteers. The first button was presented to Region of Durham Chairman, Walter Beath. In June 1978, Richard Johnston reported that Community Care's client base has doubled since March.

Ajax-Pickering Community Care received acceptance by the Ajax-Pickering United Way for funding to meet part of its budget. The remainder of the budget came from the proportional grant from the Ministry of Community and Social Services via Regional Community Care. Grants were also received for summer youth employment. In October 1978, Newcastle Community Care moved to 19 Temperance Street, Bowmanville. In October, Community Care Uxbridge's first office opened on the main street in downtown Uxbridge, with the official Open House being held in November. At the Open House, 98 year old Mrs. Neil from Daheim Nursing Home joined hands with 10 year old Kim Ingram to cut the ribbon. Uxbridge LAC Chair, Bill Walder, appeared on the CBC program "From Now On", a show dealing with senior citizens, and explained the function of Community Care. Pat Barnicott was hired to supervise the office and volunteered 25 hours/week. Oshawa Community Care started to receive a large annual grant from United Way (Oshawa/Whitby/Newcastle) and an annual fixed term grant from the City of Oshawa.

By the fall of 1978, offices were set up in seven communities in the Region. These communities included a major urban area (Oshawa), as well as rural areas such as Cannington (serving Brock Township in north Durham Region). Furniture was donated and paint helped to hide the vintage nature of the equipment. These offices had humble beginnings – Ajax-Pickering in the Peace Lutheran Church, Brock in the Information Simcoe office, Clarington in the old bicycle shop, Oshawa in Room 469 of the Oshawa General Hospital, Scugog in the old arena on Water Street, Uxbridge in the long, narrow store at 8 Brock St. W., Whitby on Mary St. in the now upscale Pearson Lanes, and the Regional office in the old Fire Hall in Whitby.

The Steering Committee members in 1978 were: M. Baxter, B. Black, Alan Cavell, J. Duvall, Margaret Hart, H. Lawson, Marian Quapp (staff), C. Ross, Jim Speers and Bridget Vipond. Each Durham Region Community Care had a paid Coordinator (initially part-time), and a Local Advisory Board (LAC) responsible for administering the program in their own area. The LAC usually consisted of 15 to 20 interested persons (about one third seniors), primarily non-professional in composition. The LACs were responsible for: establishing and updating service priorities; hiring, supervising and supporting staff; publicizing the service; recruiting and training volunteers; evaluating the local program and providing input for regional evaluations; working within regional structure; setting local budgets; fundraising; public education about the needs of seniors; and the formation and maintenance of a CIVP sub-committee, and to offer support and assistance to this committee.

Each local board sent two representatives to the Regional Board of Community Care, which also included non-voting representatives from other interested bodies (Ministry of Community & Social Services, regional government, etc.). The major responsibilities of the Regional Board included the following: Regional evaluation (to develop with consultation and to ensure uniformity of use); information-sharing, support and assistance; funding: negotiating with various levels of government, allocation of provincial funds, as well as exploring alternative sources of funding where appropriate; publicity and public relations (regional focus); Board education; provision of regional insurance; ensuring standardization in statistics gathering; hiring and supervision of regional staff; maintaining a regional office and insurance policy; relating to and maintaining a liaison with other regional agencies and bodies where appropriate.

Funding was provided by the Ministry of Community & Social Services, Ministry of Health (CIVP), United Way, local municipal councils, service clubs and individual donations. Each office developed their own budget, with the Regional office having their own separate budget. Right at the outset, Community Care established a clear policy against means testing, because it might prevent services being given in marginal cases. It was decided that nominal fees would be charged for services so that any potential “charity stigma” would be removed, so seniors would not be reluctant to use the service. Of course where this was difficult, the service would be subsidized.

Results of Community Care services in Durham Region were becoming evident. From the Board minutes of February 1978: “Fred Fountain reported on the Homes for the Aged Waiting List, which has decreased in the past few months.” Credit was given to Community Care and other organizations for assisting seniors to stay in their homes. Frequent evaluation was necessary to determine whether the needs of the elderly had changed, and to decide the optimum mix of services to fill gaps in support. Following the first year of Community Care operations, indications were that the number of pensioners on waiting lists for Homes for the Aged and those awaiting care had dropped. By March of 1978, about 1,000 senior citizens had been helped in Durham Region, equal to 457 40-hour weeks, or the same as nine people working full-time for a year. Over 50,000 miles and 18,000 hours had been logged. The support of the caring communities inspired much publicity, both through the media and word of mouth. Eventually newsletters were developed and distributed within each community to keep clients, families, and volunteers informed of upcoming events, additional services and other news.

1979:

In July, Rev. Robert Zimmerman, Chair of the Board of Durham Regional Community Care, announced that the organization has received assurance of ongoing funding from the Ministry of Community & Social Services. In a letter to Rev. Zimmerman, Keith Norton, Minister of Community & Social Services noted that “the accomplishments of the Regional Community Care programs in your various communities have been marked by vigor and enthusiasm in providing services for the elderly. A particularly noteworthy element has been the splendid contribution by volunteers and fine local organizations.” Rev. Zimmerman said, “Community Care is unique, both in its size and its regional organization. The Durham projects may well become a model for other areas wishing to help elderly citizens remain in their own homes.”

By October, 800 volunteers served 1,600 seniors in Durham Region. In the 12 months from August 1978 to July 1979, volunteers drove over 136,000 miles or the equivalent of five and a half trips around the world, and gave over 31,000 hours of service. There are 26 other programs in Ontario designed to provide “home support” for people who might otherwise have to go into institutional care. These range in size from Durham’s Community Care to a small program in Prince Edward County with an annual budget of $600. Their varied experiences were shared in a fall conference.

Richard Johnston decided to leave Community Care to begin a career in politics, and Paul Tuttle became Regional Coordinator. There were only two staff members in the Regional Office, the Coordinator and a secretary. *Paul says, "The budget then was very small compared to now – the Ministry grant was about $64,000 during his first year. After the first few years, comments from people in the communities we served showed the dramatic effect of CCD in people's lives. It's a myth that the community can take care of themselves – the informal system wasn't meeting all the needs. Community Care filled the gap. Organized community support made the difference. Many people commented in the early days that they or their loved one would have been in a nursing home but for Community Care. There's a chain reaction that can result if a person doesn't get to the doctor when they need to, or doesn't eat properly, a domino effect that puts pressure on the long term care/medical system." Paul believes that the beneficial impact of the services Community Care provides is not completely understood. Community Care clients get help in a non-discriminatory way.*

Paul also speaks of the contribution of Community Care to starting the provincial organization known as the Ontario Home Support Association (OHSA), and the impetus for others to emulate a regional model of home support delivery. *"At the time, community support organizations were isolated and had little or no communication among themselves. We had the support of the Ministry of Community & Social Services office in Peterborough, and connected with Ryerson Polytechnical Institute to gain support for a first ever provincial conference, which in turn led to the development of the OHSA. At Ryerson, we had the support of Milton Orris, who was the Dean of Continuing Education, and at the Ministry of Community & Social Services we had support from Geoff Quirt, who was our Ministry liaison at the time (called Program Supervisors). OHSA later joined with Meals on Wheels and the Senior Citizens Centers Association to form the Ontario Community Support Association (OCSA), which not only gave the organizations a voice but served, among other things, to promote a regional model of service. Community Care has had an influence far beyond the borders of Durham Region. I continue to admire the organization, and as a Pickering resident and in my capacity at Extendicare Canada, I run into people who have been impacted positively by Community Care's efforts."*

1980:

By March of 1980, the total Community Care client base was 2,087supported by 937 volunteers. Community Care was developing regional constitution and by-laws. An emphasis was placed on local autonomy, with the central office playing a coordinating role, rather than "directing". A Mental Health clinic was established in Beaverton, supervised by the Whitby Psychiatric Hospital. CIVP volunteers were directly involved with the operation. Diane Hamre was hired as the Newcastle Coordinator, but left in September to pursue a career in municipal politics. Lynda Corneal was welcomed as the new Administrator. Oshawa moved from pilot to permanent agency status under the Ministry of Community & Social Services. The Scugug Coordinator position became full-time, with Elizabeth Fulford at the helm, and the office moved to 208 North Street. Loretta Spence, Uxbridge Coordinator, left and Anne Wells, a founding member of Community Care Uxbridge's LAC, became Coordinator. The office re-located to the rear of 6 Brock Street West. Following is an example from 1980 of how staff and volunteers go above and beyond: the local hospital asked for help for a senior who was moving temporarily from an isolated rural location to town for the winter. The Coordinator and a volunteer slugged through deep snow to retrieve personal effects, and upon entering discovered a hot plate, on full blast, in a frame house that had been empty for nearly two weeks! And with a gas-powered tool sitting nearby!

1981:

Brock CIVP now had its own Coordinator, Marian Groenewegen, and 12 trained volunteers. In addition, CIVP operates a day care clinic for up to 20 patients per week, staffed by a team from Whitby Psychiatric Hospital. Newcastle Community Care received their first United Way donation of $4,000. After developing a constitution defining how Community Care would continue, and adopting common governing documents, all Local Advisory Committees agree to become incorporated. In April, the Board approved two part-time coordinators for Newcastle – Roxy Barnes directed Community Care's Home Support Program, and Lynda Corneal directed CIVP and assisted with Home Support. In December, Lynda Corneal resigned and Gail Spence was hired as

CIVP Coordinator. Group programs were initiated to accompany Community Care's CIVP service to individual clients. At year's end, there were 2,247 clients on file, with total transportation miles at 223,828.

1982:

Newcastle Community Care adopted the Meals on Wheels program from a local church. As of April 1, 1982, all local Community Care offices in Durham Region were required to use the same office forms, set up by a Regional Forms Committee under the direction of Regional Community Care. A Community Care Staff Retreat takes place at the Irwin Inn, Lakefield.

1983:

In Paul Tuttle's Regional Coordinator's Report 1982-83, he stated "The Ministry representative, Alan Cavell, has been helpful in interpreting our concerns within his Ministry." *It should be noted that Paul Tuttle and President Rene Krizanc provided leadership in establishing the Ontario Home Support Association (OHSA). Over the years the OHSA has grown and merged with other community-based organizations (like Meals on Wheels and the Senior Citizens Centers) to become the Ontario Community Support Association (OCSA), which has 345 full member agencies, and 157 Provincial Provider members (Red Cross, VON, March of Dimes, Canadian Hearing Society and Saint Elizabeth Healthcare), for a total of 502 member agencies across Ontario.* In the past six years, Community Care volunteers travelled over a million miles. The New Horizons Committee, under the Chairmanship of Grace Heard, completed The History and Development of Community Care book, funded by a New Horizons grant. Regional Community Care was incorporated on February 24, 1983. Upon incorporation, CIVP became a program of Community Care, fully funded by the Ministry of Health. Regional clients on file were 2343, with 1035 volunteers contributing 52,691 hours and transportation drives of 14,853 miles. The Title of "Regional Coordinator" is changed to "Executive Director".

1984:

In the spring of 1984, a survey was conducted to determine interest in a provincial conference of home support groups. In most cases, there was little or no communication or interaction among the various programs. Two studies were initiated. An Ajax-Pickering Community Care Committee worked with researcher Ruth Adams to explore the need and feasibility of establishing a Seniors Day Centre in their community, funded by a Canada Works grant. At the same time, Victoria Earle explored the need for caregiver relief, funded by a grant from the Ministry of Community & Social Services. The first Ontario Conference on Home Support Services for elderly and disabled people was held in May at Ryerson Polytechnical Institute, bringing together for the first time over 200 home support agency personnel, board members and volunteers. The Conference addressed the challenge of an increasing elderly population and the role of different levels of government in the provision of home support services. Brock Good Neighbours was invited to send their coordinator, Bernice Dixon, to an international exposition in New Delhi, India to share approaches for supporting seniors in rural communities. This exposition was to bring together field workers, community leaders and government and voluntary workers from 56 nations. Unfortunately, funding could not be found to send Bernice to the conference, but it was a high compliment to be invited. In April, a Meals on Wheels Program was started in Sunderland.

1985:

Regional stats showed there were 2,850 clients, and 1,191 volunteers who drove 264,106 miles. A proposal was in the works to provide relief help to people caring for elderly friends or relatives. The Coordinator title changed to Administrative Coordinator. Scugog held its first Luncheon Out (then called Luncheon Date) in September. Kathleen Hertzberg, a member of the Social Planning Council that was instrumental in bringing Community Care to Durham, was Board Chair from 1985 to 1987. *Here's a little background on Kathleen: She was a student in 1938 Nazi Germany and was so angered by what was happening that she became part of the movement to help Jews and others at risk to escape to England. During the blitz in her native England, Hertzberg helped slum children, and after the War she went to Berlin to help distribute supplies to those in need in the blockaded city. Almost 50 years later, she was still serving others as she worked with others to start a Red Cross chapter in Pickering and helped to start the Community Care office in Ajax-Pickering.*

1986:

Scugog office volunteers with over five years of service were recognized by the Ministry of Citizenship & Culture in Peterborough. The "Administrative Coordinator" title changes to "Administrator". The Brock office establishes a Foot Care Clinic in Cannington. A Community Care History booklet, Horizons, the Development of Durham Region Community Care Association was published, researched and written by Garth A. Hardie.

1987:

The Caregiver Relief Program (now the Respite Program) began on January 26. The program was designed to offer respite care services to families finding it difficult to fulfill business or social engagements outside the home due to caring for an elderly family member. Caregiver Relief Program Chair was Barbara Harburn, and the first Respite Program Director was Valerie Coubrough. The Ministry guaranteed three years' funding, with consideration of ongoing funding. An Advanced Training Course at Whitby Psychiatric Hospital was approved and started in March. The16 week course (48 hours) permitted qualified volunteers to expand their knowledge in mental health as well as participate in clinical practice. A CIVP volunteer from Newcastle attended this course. Community Care changed its name to the Durham Region Community Care Association (DRCCA).

1988:

Newcastle and Orono Meals on Wheels programs were transferred over to Newcastle Community Care. This brings all Meals on Wheels services in the Town of Newcastle under one program, and also includes Courtice, Hampton and Tyrone. On September 19, Sally Barrie was hired as Newcastle's Administrative Assistant, starting at 20 hours/week and quickly moving to 35 hours/week. Regional statistics indicate there were 3,700 clients, and 1,100 volunteers providing 100,000 units of service (tasks, hours, contacts). The only program where Community Care staff provided direct service was Caregiver Relief, and this program was growing. Muriel Krizanc, (a Board member who later became Board President) and the Personnel Committee introduced updated policy and procedure manuals. Val Coubrough, Manager of the Caregiver Relief program, advocates for higher wages for relief caregivers. Of the $6.40/hour salary, $4.05 was paid by the client or primary caregiver, and the remainder came from the Ministry of Community & Social Services. Relief caregivers are required to take a 35-hour training session on their own time, and are required to care for clients during the day, evening, weekend or even week-long stays. They must be able to work independently, assess situations and adapt accordingly, all for $6.40/hour. Scugog's Meals on Wheels service included Port Perry, Prince Albert, Blackstock, Nestleton, Caesarea and Scugog Island. Plans were underway to extend service to Greenbank and Seagrave. Elaine Arsenault became Scugog's CIVP Coordinator.

1989:

Durham Region Community Care served 4,132 people in 1989. CIVP (Community Involvement and Volunteer Program) changed their name to the COPE Mental Health Program, which was felt to be a name that more adequately described the program. Taken from Paul Tuttle's 1988-89 Annual Report: "Perhaps the largest question will be to sort out our role in what essentially is still a piecemeal system with many gaps, and respond to needs that are, in some cases, anomalous at best. The perception of the nature of our agency will change as we take on more specialized roles requiring employees with special skills for smaller target populations. These programs could include daycare, respite care and supportive living arrangements."

1990:

In March, Paul Tuttle left Community Care. *Paul went on to become Vice President of Extendicare Canada's Eastern Operations, and in 2006 became President.* Liz Fulford was hired as Executive Director of DRCCA, and Dorothy Imperial became the Scugog Administrator. Liz gives the following history of her time with Community Care*: In 1974, she was the President of Community Living, Members of the SPAG (Social Planning Advisory Group) were canvassing local communities, looking to recruit more members for their Steering Committee, and Liz was happy to join their group. The first Scugog office opened in February 1978 in the ticket booth of the old arena on Water Street. Liz was hired on a part-time basis to run the office as their*

first Coordinator. She worked 9 a.m. to 1 p.m. with a shoestring budget of just over $6,000. Liz provided

administrative support to both the Home Support and CIVP Programs. She eventually went full-time, and staff were hired to manage CIVP (eventually COPE). Liz worked for 12 years at the Scugog office. As administration is in her nature and with encouragement from her colleagues, with the departure of Paul Tuttle, Liz was hired as Community Care's Executive Director, and remained in that role for 14 years. Of her many accomplishments with Community Care, one that is very dear to her heart is the development of the Respite Program. At the time, Liz was already a caregiver at home, so the In-Home Respite service especially held her interest. The growth of the Adult Day Program, Liz felt, really filled a niche for family caregivers. After Liz retired in 2004, it was a natural progression for her to become a volunteer for Community Care Durham. She volunteered for the Ajax-Pickering office from 2004 to 2006, helping with Meals on Wheels and transportation, and from there went on to assist the Clarington office with transportation for four years. Since she was a Port Perry girl, Liz moved back to her home town in 2011, and has been volunteering at the Scugog office's Foot Care Clinic. She has truly come full circle. In May, computers were introduced to the offices. The cost paid by the client for the Caregiver Relief program (based in Ajax) rose to $5.25/hour. A new video was produced, using volunteers to show the work done by Community Care in Durham.

1991:

Bernice Dixon, Brock Coordinator, retired in June. The new Administrator was Marianne Knight. The Provincial government released a public consultation paper "Redirection of Long-Term Care and Support Services in Ontario." DRCCA participated in the consultation process. The COPE Mental Health Program held their first Mental Health Awareness Day, to raise awareness of mental health issues in the community.

1992:

In February, Brock Good Neighbours moves from Laidlaw Street to 24 Cameron Street West in Cannington. The Ajax Day Program opens, providing a safe, comfortable place for clients to enjoy a day of social and recreational programs and refreshments, while providing a break for caregivers.

1993:

The Provincial government released a paper "Partnerships in Long-Term Care: A new Way to plan, Manage and Deliver Services and Community Support". The paper detailed a system of supports needed by adults with physical disabilities, elderly persons needing long-term care and support services, and people of any age requiring health services at home or school. The Durham Region District Health Council held meetings to work towards creation of a long-term care system, responsive to local needs, in partnership with the community.

1994:

Brock Good Neighbours began offering foot care clinics in Beaverton, joining the existing foot clinics in Sunderland and Cannington. Marianne Knight left the Brock office and Joanne Lloyd moved into the role of Brock Administrator. Sharon Barton left as Brock COPE Coordinator, and Elaine Lillico-Carter was welcomed as the new Coordinator. The NDP government introduced a bill to implement one-stop health care shopping for seniors and the disabled. The Long Term Care Act ordered 1,200 services and organizations, many of them operated by volunteers such as Meals on Wheels, under a single agency so seniors can make one phone call for help. District Health Councils would oversee the agencies. The bill met with resistance in the health care industry as local groups worry about losing their autonomy. Health Minister Ruth Grier defended the move, saying the long-term care system would be a growth industry as more seniors were able to stay in their homes instead of institutions.

1995:

Regional Community Care worked on developing a coordinated approach and uniform service delivery standards for all seven Home Support offices. A North Durham Mental Health Awareness Day took place October 24 at the Uxbridge Seniors Centre.

1996:

Computerization of statistics was implemented. In November, after 19 years (four as a volunteer and 15 as Administrator) Roxy Barnes left Clarington to become Regional Home Support Program Director, and Sally Barrie became Administrator. Brock Good Neighbours celebrated their 20th Anniversary. DRCCA had 4,680 clients and 1,416 volunteers providing 120,200 service hours. The Caregiver Relief Program changed its name to the Respite Program. The Pickering Adult Day Program operated at capacity with a waiting list of 17.

1997:

In January, Brock Good Neighbours changed its name to Brock Community Care. In May, as part of government plan to reinvest in community-based services, Durham Region services were awarded $8.1 million. The DRCCA received $273,880 to expand Meals on Wheels and start an Adult Day Program in Clarington. Liz Fulford had a great idea about a major fundraising effort, and the Annual Community Care Golf Tournament was born. In the early years, the golf tournament was all about a group of friends and family getting together for a fun day of golf at Seaton Golf Club. In October, Brock Community Care moved from 24 Cameron Street West to the Brock Township Central Administration Building at 1 Cameron Street East in Cannington, a fully wheelchair accessible location.

1998:

In January: the Newcastle Day Program opened on Robert Street in Newcastle. In May, some Community Care offices gained access to the internet. With the transfer of the Oshawa Meals on Wheels program from the Red Cross to DRCCA on April 1, all Durham Region Meals On Wheels programs were now operated by DRCCA. The Clarington Community Care office moved to the new Older Adults Centre at 26 Beech Street in Bowmanville.

1999:

Ajax-Pickering was the first site to acquire a handivan to transport disabled clients. In March, the Brock office received their first accessible van, and eventually Clarington and Oshawa/Whitby were able to purchase vans through generous donations and fundraising. Drivers were in demand for DRCCA's most used service. The Province boosted funding to the DRCCA by an additional $280,000. DRCCA called on the province for an increase in funding more than a year ago in anticipation of an increase in workload. Executive Director Elizabeth Fulford said the organization would be examining program development, as well as client/ volunteer ratios throughout Durham. 5,900 clients were now served by DRCCA, with the support of 2,100 volunteers. The Annual Community Care Golf Tournament is held on June 9 at Seaton Golf Club.

2000:

Brent Farr joined DRCCA as the Director of Finance and Administration. In November, Karen Liberman, Mood Disorder spokeswoman and Chatelaine Magazine Health Hero, spoke on depression at a COPE Presentation in Oshawa.

2001:

Demand for Community Care services had increased 44.6% from 1996 to 2001. Roxie Barnes retired after 20 years with Community Care, and Annamaria Maccarone was welcomed as the Director of the Home Support Program. Connie Jamieson joined DRCCA as Human Resources Manager.

2002:

DRCCA celebrated its 25th Anniversary, and over the past year had served more than 8,000 clients with the help of 2,200 volunteers. DRCCA continued to see the trend of people needing higher levels of support. The number of individuals served in multiple services rose 1.2% in the past year. More case management time was required due to the increased frailty of Home Support clients and higher support needs of mental health

clients. Police Record Checks were introduced, and while this created additional administration, it was important protection in further protecting vulnerable clients. The Ontario Trillium Foundation funded two initiatives: the new Planned Giving Program gave people new opportunities to support DRCCA, and DRCCA created a new video to help raise public awareness, recruit new volunteers and garner financial support. The Board adopted the Ethical Fundraising and Financial Accountability Code of the Canadian Centre for Philanthropy, and developed policies for the program. A special meeting with the Local Advisory Committees (LAC's) was held in April 2002 to revise the LAC Operational Policies and Procedures. This was an important part in identifying Board and staff roles.

2003:

The Board of Directors decided to change the name of the organization from "Durham Region Community Care Association" to "Community Care Durham" (CCD). Late in the fiscal year, CCD received additional Long Term Care funding from the Ministry of Health & Long Term Care, which enabled CCD to meet budgeted requirements. This increase included funding to open a third Adult Day Program in Uxbridge, and one-time funding to co-locate our programs in Ajax-Pickering. CCD had 2,285 volunteers who provided 159,540 hours of service to clients. The number of individuals served is up 1% from last year. Strategic initiatives were developed at a Board retreat in the fall of 2003. A reassessment of the COPE Program clarified the needs of the program and the roles of the Program Managers and support staff. Ron Whyte was welcomed as COPE Program Director, Kim Lepine as COPE Manager of Oshawa-Whitby, and Derrick Keene as COPE Manager at Ajax-Pickering.

2004:

Elizabeth Fulford, Executive Director, retired on March 26, and Brent Farr became the new Executive Director. *In reflecting on the success and achievements of Community Care, Liz feels "It takes a community to make it happen, with dedicated staff and caring volunteers in place to perform the services. Volunteering – there is not other feeling like it, that sense of making a difference." She expressed how she enjoyed all her experiences with Community Care, whether it was regionally or provincially – "I am so proud how things have progressed."* Brent, a Certified General Accountant, had worked in the health and social services field for over twenty years.

He previously worked for The Children's Aid Society of Durham Region for fifteen years gaining progressive management experience, including Director of Finance and Administration. Brent's volunteer activities included Hospice Durham, St. Vincent's Kitchen, a local youth shelter, a local youth soccer club and DRCCA. The Ministry of Consumer and Business Services approved the name change from Durham Region Community Care Association to Community Care Durham. For a unified look, new signs were installed on all Community Care offices and common letterhead was designed to describe our programs and services to the community. The Planned Giving Program, funded by the Ontario Trillium Foundation, ended January 31, 2004. The Ministry of Community & Social Services approved $40,000 in one-time funding for program-related computer equipment. Goals for each of the six initiatives established in fall 2003 were refined, and a process to involve staff, volunteers and clients was developed. Every three years, Community Care surveys clients, volunteers, staff and community organizations for feedback on the services we provide. The survey is sent on a random sample basis, and helps to improve the quality of our services and our relationship with other agencies. The report was completed in mid-summer. The official opening of the Uxbridge Adult Day Program took place on June 16, 2004. The Pickering office moved to 1420 Bayly Street in Pickering, and the Scugog office moved to the municipal building on Perry Street in Port Perry. The Oshawa-Whitby COPE Program separated into two programs, with Melanie Jackson as the first Program Manager. Community Care Durham staff (numbering 101) had a busy year, coping with effects of SARS (Severe Acute Respiratory Syndrome), concerns over tuberculosis, and the eastern North America power outage. Additional nursing home beds were opened in Durham Region. A Strategic Planning session was held in November, establishing a process of inclusion of key stakeholders, including volunteers (LAC and Board members), staff and the community at large. The objective of the session was the refinement of the goals for each initiative and subsequent action plans. 5,928 different clients (many of whom received more than one service) were provided with 247,544 units of service, and 2,200 volunteers contributed 146,536 hours of their time (a financial value of $2.5 million).

2005:

Ontario's Health Transformation Plan was initiated, to be implemented over the next few years, and having a significant impact on the delivery of health services. The Ministry established 14 Local Health Integration Networks (LHINs). Community Support Service agencies and Mental Health & Addiction agencies would be funded and have accountability to the LHINs by 2007/08. In the past year, CCD staff contributed to a total of 40 associations, boards, committees and working groups, helping to improve service provider collaboration and address gaps in service. Results of the 2004 Customer Service survey showed that CCD carried out its mandate successfully throughout Durham Region. The Respite Program, through office staff and 38 Relief Caregivers, provided 30,763 hours of caregiver relief to clients throughout Durham Region. The Adult Day Programs provided service six days/week in Pickering, five days/week in Newcastle and three days/week in Uxbridge. Connie Julian became the COPE Program Manager in Whitby. COPE staff and 199 volunteers provided 871 clients with 18,453 hours of service. Community Mental Health Advisory Committees, mandated to advise the community mental health sector on delivery of mental health services, were established in Durham Region. Services from Home Support included delivery of 80,632 Meals on Wheels, and 61,513 transportation drives. 2,200 CCD volunteers contributed 143,626 hours of support to clients. Kathy Anderson, Home Support Administrator in Uxbridge retired after 25 years with CCD, and is replaced by Lorrie Houston.

2006:

The Central East LHIN began activities and established a Framework for Community Engagement to outline accountability for health care planning, funding, allocation and reporting. Additional funding from the Ministry of Health & Long Term Care helped deal with inflationary pressures, and allowed expansion of the Pickering Adult Day Program to address a long-standing waiting list. In the past year, CCD participated on more than 50 working groups, associations, boards and committees. Organization-wide, CCD partnered with organizations in over 90 integration activities. A Communications Meeting took place on April 7, where stakeholders had the opportunity to provide feedback on progress in meeting objectives. The Adult Day Programs provided over 31,469 hours of caregiver relief. COPE staff and 189 volunteers provided 21,434 hours of service to 1,002 clients. The first COPE Walk/Run was held on April 30, with 97 non-staff participants. COPE and the Mood Disorder Association of Ontario (MDAO) developed a new evening support group for mood disorders. Home Support staff and 1,990 volunteers provided 87,096 Meals on Wheels and 60,570 transportation drives, and136,641 hours to all Home Support services. CCD minivans were purchased for Clarington (through MHLTC funding), Oshawa and Whitby (through a generous donation from a client) and Ajax-Pickering (generously subsidized by the Nissan Foundation). Additional Ministry funding allowed for the hiring of part-time drivers to assist when volunteers are away or ill. In all, CCD volunteers contributed 150,436 hours of service to more than 6,000 clients. The 2005/2006 Service Plan and Operating Plan incorporated the action plans established at the November 2004 Strategic Planning session. According to Stats Canada Census data, there were over 60,000 older adults (65+) in Durham Region in 2006.

2007:

Community Care Durham celebrated its 30th Anniversary. In the words of Board President, Jack Taylor, and Executive Director, Brent Farr, in the 2006/07 Annual Report, *"Our strength is captured in our focus on the whole person, in creating a caring community for everyone, and in demonstrating the values of caring to all individuals. CCD is a framework that will continue to support families and local communities."* The Psychogeriatric Community Support Program (PCSP) was launched in January 2007, based out of the Oshawa office, and received 41 referrals over the following year. The program provided outreach and supportive services for high risk older adults, 65+, living in the community and with needs related to mental health and/or aging. In the COPE Program, 19,051 service hours were provided to 940 clients, with the help of 179 volunteers. In 2006, the COPE Program, on behalf of CCD, submitted a Health Accord proposal in partnership with Ontario Shores Centre for Mental Health Sciences, and the Alzheimer Society of Durham Region. The goal was to secure funding to support under-serviced, vulnerable older adults living with serious mental health concerns living in the community. A small grant was received, and a memorandum of understanding between CCD and WMHC was secured. Alison Heath became the Whitby COPE Program

Manager. The second COPE Walk/Run took place on May 5 with over 150 people in attendance. The Adult Day Programs provided over 10,000 hours of service, and 30,722 hours in total in-home respite was provided to caregivers. Home Support staff and 1,867 volunteers provided 81,870 Meals on Wheels and 59,756 transportation drives, and a total of 129,808 hours of support to all Home Support Programs. 2,200 CCD volunteers contributed a total of 144,031 hours of service. Community Care Durham entered into a partnership to merge CCD's Golf Tournament with Ontario Shores to bring the tournament to a new level, and the tournament was renamed the Drive Fore Care Charity Golf Tournament.

2008:

The Home at Last program was introduced in December, through the combined efforts of Cheryl MacLeod and Annemieke Dean. This new funded program assists clients to settle in their homes safely and comfortably after a stay in hospital. The collaborative service, developed with the Central East Community Care Access Centre and local hospitals, was operating at all Durham hospital sites, helping to promote timely , safe discharge from hospitals freeing up beds for those who need them. A Personal Support Worker drives the client home from hospital, and provides services at the client's home such as picking up groceries and medications, meal preparation, light housekeeping and a safety check of the home environment. Afterwards, the HAL Care Coordinator follows up with the client, assessing the need for additional supports such as Meals on Wheels, in-home respite or COPE mental health services, as well as referral to other community services. Mandi Burshaw became the Clarington COPE Program Manager.

2009:

In May, the Administration office and the Scugog office both relocated to 16100 Old Simcoe Road in Port Perry when CCD had the opportunity to purchase a building. CCD experienced unprecedented growth in new programs, well beyond our traditional networks. One such partnership was the HAL Program, introduced in December 2008. By mid-2009, 100 clients had been served by this new program, at no direct cost to the client. The Respite Program provided 30,993 hours of in-home respite to 217 clients, and the Adult Day Programs provided 10,000 days of service to 172 clients. The Respite Program provided consistent, reliable and affordable caregiver relief to approximately 400 families/caregivers. The Ajax-Pickering and Uxbridge Adult Day Programs received expansion funding through the Year 1 Health System Improvement Pre-Proposal process of the Central East LHIN. This allowed for an extra day of service in Uxbridge, allowing service four days/week. In Pickering, an additional 425 days of service/year were approved, addressing the wait list. The In -Home Respite Program received Central East LHIN funding for an additional 4,500 hours of service per year. In May, the Uxbridge Adult Day Program relocated from the Uxbridge Cottage Hospital to the Testa Medical Building beside the hospital, with an official Open House in the fall. COPE Mental Health provided 19,345 hours of service to 953 clients, 11,050 of those hours provided by 145 volunteers. The 17th Annual Mental Health Awareness Day was held in October at the Oshawa Centre. The 4th Annual COPE Walk was held May 4 in Whitby. The Camberwell Assessment of Need (CAN) and the Camberwell Assessment of Need for the Elderly (CANE), used by COPE, was piloted province-wide. The Home Support Program provided 88,142 Meals on Wheels to 1,180 clients, and 54,814 transportation drives. Annamaria Maccarone noted *"Service delivery extends far beyond the mere delivery of a meal, a drive or a visit. Our staff and volunteers are compassionate visitors and a secondary source of security and support for many of our clients. Therein lies our strength, in the commitment of our volunteers and staff as they strive to achieve a common goal."* Funding from the Aging at Home Strategy provided a new minivan, additional driver hours, and a new fully accessible van to replace the Brock van. Again, Canada Summer Jobs provided funding for a summer student in each office. 2,000+ CCD volunteers contributed a total of 137,486 hours. Denyse Newton became the new Oshawa Home Support Administrator, and Jennifer Stone was hired as the Whitby Home Support Administrator. Ron Whyte, Director of COPE Mental Health, retired, and Kim Lepine moved into the role, expanded to include Specialized Geriatrics. Carolyne Pennell became the Oshawa COPE & PCSP Program Manager, and CMHA Durham joined as a PCSP partner. In September, CCD and the CECCAC began an exciting collaborative project, Supported Referral, to improve client care through an integrated approach. Doreen Lachance from Home Support was hired as the Supported Referral Coordinator, working with the CECCAC Intake Team at Whitby. The program provides a seamless linkage for consenting clients so that client assessment information can be shared. Where appropriate, clients are referred by CECCAC to CCD to be directed to applicable CCD services. The program, later named the Collaborative Health Intake Program (CHIP), launched on October 5.

2010:

The Clarington office and Newcastle Adult Day Program collectively relocated to the Garnet B. Rickard Recreation Complex at 2440 Hwy. 2 in Bowmanville. The Oshawa and Whitby offices relocated together to 20 Sunray Street, Whitby, Units 6 and 5 respectively. The Respite Program of CCD introduces a new program in June, LEAP (Long-term Emergency Avoidance Program). LEAP was designed to assist adults with needs related to aging, physical and/or mental health to remain at home, postponing long-term care placement and reducing avoidable hospital emergency department use. This was achieved by offering client-centered assistance with routine living activities, provided by qualified Personal Support Workers. These routine tasks included bathing, dressing, light housekeeping, meal preparation, laundry, local drives and shopping. LEAP was available at any time, day, evening or weekend, and was easily accessible and immediately responsive to clients. The cost for the service was $25/hour, with a minimum of one hour service per visit. In August, Kim Bouwmeester left as the Uxbridge/Scugog COPE Manager. Lana Law was hired as COPE Manager in Scugog, and Christine Wildman was hired as COPE Manager in Uxbridge. CCD introduced the Central East LHIN Home First service model, an initiative between hospitals, the CECCAC and partnering Community Support Service (CSS) agencies, with CCD as the lead CSS agency. The Home First philosophy supported patients returning home following discharge from hospital, focusing primarily on frail older adults occupying hospital care beds who no longer required acute hospital care, and considered at risk of becoming designated Alternate Level of Care (ALC). Home First recognized that home is the place where major decisions about future care choices should be made. The CECCAC acted as 'discharge determinator' and 'system navigator' for the hospital patients, with early engagement of CCD's enhanced care coordination staff working within the inter-professional team. Enhanced Services are recommended through a coordinated plan of care that aims to remove barriers to allow a patient's safe, timely discharge. Enhanced Services involved access to CCD's full basket of services, to eligible patients returning home after their acute stay ended. This philosophy was introduced in the Lakeridge group of hospitals in September, and Rouge Valley Ajax-Pickering in December. Two Enhanced Care Coordinators were hired. CCD administered the fifth formal evaluation of its services, and the results showed that CCD was carrying out its mandate successfully throughout Durham Region. Clients, volunteers, community organizations and staff gave high positive ratings for almost all performance indicators. The survey was designed to give feedback on those indicators that measure performance against the organization's mission, goals, beliefs and values.

2011:

Central East LHIN announced $1,000,278 in funding to CCD for a new Assisted Living Supports for High Risk Seniors service. The program would address the needs of high risk seniors residing at home, but requiring the availability of personal support, homemaking, security checks and reassurance services on a scheduled and/or unscheduled visitation basis 24/7. CCD worked with the CE CCAC, in collaboration with the CE LHIN to implement this service. Also included in the announcement was a funding increase for the Home At Last service in the amount of $196,561 (this funding is for HAL settlements across the entire LHIN). Assisted Living Services began operations in Oshawa. The Drive Fore Care Charity Golf Tournament, a partnership between CCD and Ontario Shores, re-locates to the prestigious Wooden Sticks Golf Course in Uxbridge. Jennifer Stone left and Denyse Newton was appointed Home Support Administrator for both the Oshawa and Whitby offices. In April, Lana Law, COPE Manager for Scugog, left and Kathleen Wells was hired. In July, the CHIP Program (Supported Referral) is so successful that Donna Carmichael, of the Home Support Program, is hired as the second Supported Referral Coordinator. As of CCD's third fiscal quarter (April to December), Supported Referral has received 1163 referrals, trending towards an approximate total of 1585 for the 2011-12 fiscal year. The CHIP/SRC model has been replicated in other CECCAC offices — Scarborough and Peterborough. The growth of this program has provided opportunities and challenges as the requests for our services grow and service capacities are maximized. Online ordering of frozen Meals on Wheels is initiated.

2012:

CCD began implementation of new software to bring all CCD services under one database. This involves much training and data entry across the organization. Assisted Living Services expanded to Whitby. In February, the

Home First philosophy, already in place in the Lakeridge hospitals and Rouge Valley Ajax-Pickering, was introduced to the Uxbridge hospital, part of Markham-Stouffville Hospital. The CE LHIN directed CCD to work with ten other local community health service organizations in Durham Region to develop an integration plan that would improve access for local residents and ensure that Community Health Service providers, their staff, volunteers and board members are ready to better address the community health services needs of a growing population. Consequently, a number of new partnerships were developed with other community and institutional health care service providers, including: the Brock Community Health Centre, the Barbara Black Youth Community Health Centre, the Oshawa Community Health Centre, Faith Place, Sunrise Seniors Place, The Regional Municipality of Durham, Sr. Services (Fairview Lodge), Hospice Durham, Oshawa Senior Citizens Centre, VON for Canada -Ontario Branch Durham Region Site. The COPE Mental Health Program announced the trial of Centralized Assessment, piloting from June 18 to September 28. Client referrals are still received locally, but clients requiring OCAN assessments will be handled centrally, with assessments taking place at a convenient location for the client.

Community Care Durham's Programs:

HOME SUPPORT PROGRAM

Community Care Durham's early days began with the services that would become the Home Support Program. Today, Home Support provides the following services: Meals on Wheels, Transportation, Luncheon Out, Home Help, Home Maintenance, Friendly Visiting, Telephone Reassurance and Foot Care Clinics. Here are comments from Annamaria Maccarone, Director of the Home Support Program:

1977 to 2012 – it's hard to believe that it has been 35 years! From modest beginnings, the number of clients that are supported through the basket of Home Support services has grown each year. Whether it is meals, transportation, friendly visiting, a daily reassurance call, foot care, monthly luncheons or help around the home, we continue to assist our clients annually so they can maintain independence and remain within their homes and communities. Special anniversaries provide us with an opportunity to look back and reflect on the journey that has taken us from then to now.

So what has changed in 35 years? In discussions with staff and volunteers, I heard about the "good old days" when the coordination of meals was done by volunteers who worked from home. Statistics were compiled and calculated by hand. Then, typewriters were brought in to provide the needed "technology" to allow letters/ notices etc. to be prepared – albeit one by one. Becoming a volunteer was a simple process of expressing your interest and learning what needed to be done. Volunteer/client ratios were an incredible 2:1 – yes, that's two volunteers for every client!

Now let's fast forward to 2012 – my, how things have changed indeed. Local offices are now equipped with computers, photocopiers/fax machines, scanners, phone systems, postage meters etc. This technology is necessary in order to assist staff who this past year coordinated the delivery of the following volume of services:

- 98,510 hot and frozen meals, delivered with a smile
- 59,582 one way drives for medical appointments, grocery shopping, and attendance at Adult Day Programs, Luncheon Out events etc.
- 8,236 friendly visits with clients within their homes
- 38,813 telephone calls to check on a client's well-being or have a friendly chat
- 5,984 Luncheon Out meals within a congregate setting
- 9,528 Foot Care appointments
- 1,139 arrangements to assist clients in accessing regular assistance with grass cutting, snow clearance and light housekeeping

In addition to all of this, online ordering of frozen meals is now possible, providing greater flexibility to many clients and family members who find it easier to access us after hours. Technology also allows us to provide information easily and contact those volunteers with email to help with the scheduling of volunteer activities. Statistical information is generated through our database and is used internally, but is also tied to sophisticated provincial reporting. Becoming a volunteer involves a comprehensive screening and orientation process that is necessary but takes time. Our client numbers have reached an amazing 6,000 per year, with many clients needing more than one Home Support service. Our volunteer/client ratio is now approximately 1:3 – that's one volunteer for every three clients!

What has not changed is the reason we are here and our focus – ***our clients***. The values of CCD have remained strong and steadfast and are embraced by staff and volunteers. I am proud to say that when we are presented with a request for support, we focus on "how can we do this" rather than why we can't. This is rooted in a deep concern for the clients we serve. What has also remained consistent is the dedication of Home Support staff and volunteers who assist in the delivery of Home Support services, lend support within the offices, and participate on our Local Advisory Committees. Throughout 2011-2012, Home Support staff coordinated over 221,000 units of service and volunteers provided an astounding 128,178 hours of support.

We are also very fortunate to have staff and volunteers who remain with this organization for many years, as this provides consistency and stability for our clients. Over 35% of Home Support staff has been with CCD for 10 years or longer. Several have passed their 20 year mark, and some started as volunteers themselves! Our volunteers are no different. Many have joined the CCD team and supported our clients for 5, 10 15, 20 or more years. In fact, this year we will have the distinct pleasure of recognizing approximately 33 volunteers who have been actively involved with CCD for 30 years or longer – how incredible indeed!

It is my privilege, as we celebrate 35 years of support, to extend my sincerest thanks and recognize the contributions of our service volunteers, office volunteers, Local Advisory Committee members and wonderful Home Support staff. Ultimately ,our clients reap the benefits of their hard work, concern and commitment.

If you want to touch the past, touch a rock. If you want to touch the present, touch a flower. If you want to touch the future, touch a life. ~Author Unknown

Annamaria Maccarone, Home Support Program Director

Community Care Durham – 2012

COPE MENTAL HEALTH & SPECIALIZED GERIATRICS

The COPE Mental Health Program provides the following services: Individual Support, Group Support and Specialized Geriatric Support. Here is some background on the program and how it operates today from Kim Lepine, Director of COPE Mental Health & Specialized Geriatrics:

Program Overview

The COPE Mental Health Program began in 1976 as a result of the de-institutionalization of Ontario Shores Centre for Mental Health Sciences, then known as Whitby Psychiatric Hospital. During this time there was increasing pressure for the hospital to provide community resources to maintain after-care and follow-up for their out-patients. In response, the Community Involvement and Volunteer Program (C.I.V.P.) evolved. This program fulfilled the needs of the hospital, former patients and the community, by utilizing volunteers to support adults within the community who were experiencing mental health difficulties.

In 1977, C.I.V.P. joined Durham Region Community Care Association (DRCCA) and in 1983, the program was amalgamated with DRCCA. In 1990 the program was renamed the COPE Mental Health Program. DRCCA evolved into CCD in 2003. Innovative strengths of the program now include the integration with community support services in a decentralized service delivery model, and partnerships with community mental health services and primary care.

COPE Mental Health Today

COPE Mental Health is a unique community-based program that provides individual and group support to adults living with mental health concerns through the utilization of trained volunteers and staff in seven individual programs throughout Durham Region. The goal is to assist clients to remain in their community, function as effectively as possible, and maximize their quality of life. We are proud that the COPE Program has evolved into a solidly grounded component of the mental health system and accepts referrals from a wide variety of community sources including family physicians, psychiatrists, community mental health services, social services-based case management programs, and hospital crisis services.

Our dedicated COPE staff conducts pre-screening with individual clients to determine suitability for support service delivery. An assessment appointment then takes place. As we take great pride in responding to client needs in an approachable and non-threatening manner, COPE staff will provide assessments either in the comfort of our offices, in the client's home, or a mutually agreed upon location (i.e. coffee shop). The purpose of the assessment is to determine the client's needs from a holistic perspective and to develop next steps together with the client. As of October 1, 2011, COPE implemented the full Ontario Common Assessment of Need (OCAN) tool with a likely outcome of service initiation of either group or individual support services.

COPE enjoys a position as a unique community mental health program, in that we utilize the expertise of trained volunteers to provide individual support to clients for a period of up to one year. COPE volunteers have various backgrounds and life experiences, and may come to us having lived experience, as professionals or post-secondary students with an interest in community mental health. Mandatory training for volunteers on the Fundamentals of Mental Health with the option of Advanced Group Training are imperative components to the success of the COPE Program. Today, COPE provides up to 45 different psycho-educational support groups facilitated by trained volunteers, and staff throughout Durham Region.

Specialized Geriatrics:

In recognizing the increasing need to support older clients living with complex physical and emotional needs, CCD expanded the umbrella of COPE to include Specialized Geriatrics in 2009. Today, three unique initiatives: Psychogeriatric Community Support Program (PCSP), Home at Last (HAL), and Home First/ Enhanced Services encompass Specialized Geriatrics for CCD.

Psychogeriatric Community Support Program (PCSP): In 2006, the COPE Program, on behalf of Community Care Durham (CCD), submitted a Health Accord proposal in partnership with Ontario Shores Centre for Mental Health Sciences, then known as Whitby Mental Health Centre (WMHC) and the Alzheimer Society of Durham Region. The goal of the submission was to secure funding to support under-serviced, vulnerable older adults living with serious mental health concerns living in the community. A small grant was received, and a memorandum of understanding between CCD and WMHC was secured. The Psychogeriatric Community Support Program (PCSP) was launched in January 2007, with the following objectives:

- To improve the quality of life for older adults with mental health needs;
- To provide an accessible, community-based outreach service for assessment, referral and supports for older adults with mental health needs;
- To improve the system's capacity to respond to the needs of older adults with complex health problems;
- To maintain older adults with mental health needs in their home at optimal level of functioning; and
- To improve integration of primary care and mental health support service sectors within a shared care model.

Over five years later, the PCSP continues today with base funding from the Central East LHIN to provide clinical assessments, consultations, and supportive services through the original partnership of Community Care Durham and Ontario Shores Centre for Mental Health Sciences. In 2009, we welcomed a third community partner, CMHA (Canadian Mental Health Association) Durham. Through the dedication and ingenuity of this partnership, we have the capacity to facilitate professional outreach support for at risk older adults living with serious mental health concerns.

Home at Last (HAL): In 2007, the Central East LHIN project charter for Home at Last (HAL) stated that "the successful transition of patients from hospital to home is crucial to opening hospital beds for those who need them, reducing wait times, and keeping people in their home. Without sufficient support, frail elderly individuals will end up back in the hospital and then in a long-term care facility". HAL is a service that not only provides transportation from hospital to home, but assists in the transition and settlement of patients, including picking up prescriptions, shopping for essential foods, homemaking support, and evaluating safety of the home environment through the utilization of Personal Support Workers. HAL also includes a follow-up process by CCD program staff to ensure that the client is 'settling' in to their activities of daily living. Since the inception of CCD's HAL Program in 2008, the recognition and support of the CELHIN, the CECCAC, hospitals, and dedication of CCD staff, have all contributed in the success of the HAL program.

Home First: The Central East LHIN Home First service model is an initiative between hospitals, the CECCAC and partnering Community Support Service (CSS) agencies. In Durham Region, CCD is the lead CSS agency. The Home First philosophy supports patients returning home following their discharge from hospital. The focus of this initiative is primarily toward frail older adults occupying hospital care beds, but no longer requiring acute hospital care, and are considered at risk of becoming designated Alternate Levels of Care (ALC) patients. Home First recognizes that 'home' is the place where major decisions about future care choices should be made. In 2010, CCD formalized our partnership and launched the Home First initiative with the CECCAC and our hospital partners throughout Durham Region. The CECCAC performs roles of 'discharge determinator' and 'system navigator' for all patients in the hospitals. This role involves the early engagement of CCD enhanced care coordination staff who work within the inter-professional team at our partnering hospitals. Enhanced Services are recommended through a coordinated plan of care that aim to remove barriers to allow a patient's safe and timely discharge. Enhanced Services involve access to CCD's full basket of services and are provided to high risk eligible patients returning home after their acute stay has ended. Today, the Home First philosophy has been implemented in all acute care hospitals throughout Durham Region.

The evolution of the COPE Mental Health Program, along with the addition of Specialized Geriatrics to CCD's basket of services, have played a significant role in supporting our most vulnerable clients to remain at home. The implementation and sustainability of these initiatives and programs place CCD at the forefront of supporting our clients. We take great pride in this and are proud of these significant achievements.

Kim Lepine, Director, COPE Mental Health & Specialized Geriatrics

Community Care Durham – 2012

RESPITE PROGRAM

The Respite Program gives family and friends looking after the elderly or disabled a break from caregiving responsibilities. The components of the program include: In-home Respite, Adult Day Programs, Long-term Emergency Avoidance Program (LEAP), and Assisted Living Services. Following are some words from Susan Haines, Director of the Respite Program:

History of the Respite Program

In November 1986, the Ministry of Community and Social Services announced funding for Durham Region Community Care Association (now Community Care Durham) to provide a new innovative Caregiver Relief Program. The Program started January 26, 1987, providing temporary relief to those caring for the frail elderly, adults with a cognitive impairment and physically challenged adults in their home. The Program started with eight staff and 34 clients throughout Durham Region. Staff (Relief Caregivers) were asked to commit 12 hours per week, and clients were allowed up to five hours per week and an additional 17 days per year. Staff were mature women who mostly had experience caring for children and family. A few came with formal training. They needed to be caring, flexible, and have a desire to work with the elderly. These early Relief Caregivers were to act as a "sitter-companion" while the family was out. The user fee in 1987 was $3.90 per hour, and staff were paid $6.40 per hour. Today, Personal Support Workers are trained to maintain a safe environment and provide personal care, assistance with the activities of daily living, social interactions, meal preparation, client-centered light housekeeping and more.

Adult Day Programs

After some time, the In-Home Respite Program was expanded to offer another form of caregiver relief. The Adult Day Program was designed to provide a safe and comfortable setting for clients to enjoy a wide array of social and recreational programs, and at the same time provides a break for caregivers. Clients are also provided with nutritious meals and snacks, and transportation can be arranged.

Pickering Day Program: Funding for an Adult Day Program in Pickering was granted, and we started offering service in May 1992, open Tuesday through Friday, 8:30 a.m. to 4:30 p.m. The daily user fee was $17. Today, dedicated staff provide skilled support Monday through Friday from 8:30 a.m. to 6:30 p.m., and the program fee is $27/day.

Newcastle Day Program: The Newcastle Adult Day Program began in 1998 at 20 Robert Street in Newcastle. In 2010, the Adult Day Program moved to the Garnet B. Rickard Centre in Bowmanville, along with Clarington Home Support and COPE, so all three services were under one roof.

Uxbridge Day Program: The Uxbridge Adult Day Program began in 2003, in partnership with the Uxbridge Cottage Hospital. The program was located in the hospital solarium, offering service three days per week, and increasing to four days per week in 2005. In 2008, the program moved to the Testa Building (next to the hospital), and in November 2011 received funding to provide a fifth day, so now operates Monday to Friday to better serve the clients.

LEAP (Long-term Emergency Avoidance Program)

LEAP, introduced in 2010, is a service aimed at assisting Durham Region adults with needs related to aging, physical and/or mental health to remain at home, thereby postponing long-term care placement and reducing avoidable hospital emergency use. Client-centered assistance is provided by qualified Personal Support Workers, and can include: routine living activities (including bathing and dressing), light homemaking, meal preparation, laundry, local drives and shopping.

Assisted Living Services

In 2011, Central East LHIN provided funding for a new Assisted Living Supports for High Risk Seniors service. The program will address the needs of high risk seniors who reside at home, but require the availability of personal support, homemaking, security checks and reassurance services on a scheduled and/or unscheduled visitation basis 24/7. CCD works with Central East Community Care Access Centre (CE CCAC), in collaboration with the CE LHIN to implement this service, which presently operates in Oshawa and Whitby.

Susan Haines, Director, Respite Program

Community Care Durham – 2012

VOLUNTEERS:

Volunteers are the very essence of Community Care Durham. Volunteers took the initiative that became the beginnings of our organization, and they continue to be the heart and face of Community Care Durham.

Taken from Statistics Canada's 2010 survey, Volunteering in Canada: "In 2010, more than 13.3 million people—accounting for 47% of Canadians aged 15 and over—did volunteer work. Overall, volunteers devoted almost 2.1 billion hours to their volunteer activities: a volume of work that is equivalent to just under 1.1 million full-time jobs. A small proportion of these volunteers (10%) accounted for 53% of all hours given to non-profit and charitable organizations. They dedicated a minimum of 390 hours to their volunteering activities on an annual basis, the equivalent of almost 10 weeks in a full-time job. Another 15% of volunteers logged between 161 and 390 hours, corresponding to between 4 and almost 10 full-time weeks of unpaid work. They contributed 24% of the total hours devoted to volunteer work in 2010.

In 2010, the bulk of volunteering in Canada was done for five types of non-profit and charitable organizations. About 12% of people aged 15 and over did volunteer work for social services organizations, and 6% to those

supporting health issues. On average, volunteers dedicated 116 hours/year to social services. The vast majority of volunteers are motivated by their desire to contribute to their community: 93% gave this reason in 2010. Additionally, 78% wanted to make good use of their skills and experience, 59% said they had been personally affected by the cause the organization supported, and 48% volunteered because they had friends who were involved."

CCD recognizes that volunteers are an integral part of any non-profit organization, and we are constantly recruiting volunteers with a wide range of skills and interests. We place great emphasis on training so that our volunteers are able to identify and respond to the needs of the clients. Volunteers play an important part in determining whether a client's needs have changed, and are therefore able to help direct them to the optimum mix of services to fill gaps in support. The invaluable contribution of CCD volunteers is regularly recognized at a variety of social events, and particularly at local Volunteer Recognition events, where pins are awarded and volunteers are celebrated. Over our 35 years, thousands of volunteers have helped thousands of the elderly and disabled to feel secure in remaining in their own homes and communities.

Taken from the Express Gleaner in 1989: "Voluntary action both arises from and reinforces community identity. From it flows a sense of responsibility for the well-being of the community as a whole and its members as individuals. Through their generosity and commitment, volunteers cement our communities together and enrich the quality and fabric of life in Canada."

Volunteering enriches your *life!*

A day in the life of a CCD office volunteer:

"The day has started, the alarm has made its intrusion on my sleep, and I get out of my warm bed, knowing I must get a move on this morning. I won't be able to sit in the living room, sipping coffee and watching for the school bus to appear and see the youngsters getting aboard. To people still in the work-day world, you may be surprised to know that we retired folks do that sort of thing. Simple pleasures we'll call it! However, I would not be happy having such a limited routine every day. That is why every Friday morning finds me driving to the Community Care office. As I drive, I feel good to be doing a job once again. Knowing I am needed gives me a real boost.

The phone is ringing almost before I get my coat off. "Good morning, Community Care" is my answer, the first of many that will continue until the end of my shift. At the other end of the line may be a lady of senior years, requesting a drive to her doctor's appointment or to her hairdresser. As I talk with her, getting the necessary information about her request, I sense she is a little lonely today, and so I do not hurry, but rather take a little extra time for a "visit" over the phone. The next call may be for assistance in shopping. A gentleman, confined to the house at present, would like some necessary articles picked up at the local grocery store. The office door opens, and a lady enters and accepts my offer of a chair. She is a little worried about a government form which has arrived in her mail. Could someone in our office help her complete the form? Of course we can, I assure her. I work steadily, not only answering the calls, but making calls to our volunteers: drivers who give their time to fill the requests for transportation; volunteers who assist seniors who can no longer do housekeeping; outside maintenance volunteers willing to cut the grass, shovel snow or clean out an eaves trough.

The fact that Community Care provides many services to seniors, enabling them to remain in their own homes and have the independence they dearly love, is very evident, and it makes me proud to be part of the "team", as I do my job as a volunteer!"

More volunteer comments:

- "I find that working as a volunteer is very satisfying. To drive someone to a doctor's appointment or to see the happiness exhibited by a person just out of the hairdresser's or barber's surely makes one feel warm and needed. Give someone a ride, and give someone a lift!"

- "I became a volunteer for the COPE Program after an eight week course to better understand listening and communications skills. I never realized at the time what an impact this course would have on my own life. I have become aware of the many people with personal needs that we meet every day. Lonely and frightened, young and old reach out, and their needs are met in COPE. Most people only need someone to talk to, to air their concerns and know that someone is listening. For others, the world has turned upside down – suicide, divorce, physical and mental abuse, sexual abuse and depression are only some of the problems in our society today. When people become stressed and their lives are in constant turmoil, they reach out for help. The COPE Program has given me the opportunity and the ability to listen. Through caring and sharing I've had the privilege of being able to help people to help themselves to a more stable and enjoyable life."

With respect to how volunteering has changed over the years, Liz Fulford, Executive Director from 1990 to 2004, has particularly noticed the advancement of volunteer management and the need to be constantly reaching out to the younger generations. As Liz says, "Volunteering feeds the soul. There needs to be a balance between self-interest and outreach." It's all about the face to face, hands on helping of others that makes volunteering so rewarding.

Memories From Long-time Volunteers From CCD's Seven Offices:

Nora Bagshaw, Brock:

It was a chance meeting at the Sunderland Fair that brought Nora Bagshaw to Community Care Durham. Back in 1977, she was attending the fall fair and connected with a group of people who were handing out information and looking for volunteers. That's how Nora joined Brock Good Neighbours. Brock Good Neighbours was one of the first two pilot Durham Region Community Care programs. In 1997, they changed their name to Community Care Brock.

Nora first came on board as a volunteer helping in the office, where she answered the phone and helped coordinate appointments and drives. That first office was located in the seniors' building, in the Information Simcoe offices. Along the way there were a few more moves until 1997 when they found their permanent home at the municipal building for the Township of Brock. Over the years, Nora has volunteered in many ways for the Brock office. She participates each year with Tag Days, and helps out with the monthly Luncheon Out program. Up until six years ago, Nora was doing Transportation drives on a regular basis. At 84, she does less driving, but is still an active volunteer. She was also on the Local Advisory Committee for a number of years. While on the Committee, she assisted with setting up and staffing the Community Care booth at the Sunderland and Beaverton fairs.

When reminiscing about her 35 years of volunteering with Community Care Durham, it was evident Nora really enjoys meeting new people and interacting with clients. She finds it rewarding being a part of an organization that helps seniors remain independent in their homes. She has seen a fair bit of change over the years, both to Community Care and volunteerism. There is now more structure in the operations of the organization and a wider range of people are volunteering. "It has been and still is a wonderful experience. I have made lifelong friends." As Nora is now a senior herself, she feels it has come full circle. She regards Community Care as a place where people can turn to and count on for help. When it comes to volunteering and support services for seniors, Nora would "recommend Community Care Durham to anyone".

Gail Rickard, Clarington:

As a lifelong volunteer, Gail Rickard began volunteering for Community Care Newcastle in 1977, first for the Community Involvement Volunteer Program (CIVP), now the COPE Mental Health Program. Gail was a teacher, and while on maternity leave she saw a recruitment ad in the Bowmanville Statesmen. Community Care was looking for CIVP volunteers. She was familiar with Community Care, as she went to the University of Guelph with Joan Higginson, a founding member of the original Steering Committee that created Community Care. It was September and the start of a new school year, and although she was off work raising her family, Gail wanted

to keep busy and active in the community. As Gail explains "Volunteer work was like a substitute job and provided that connection with the community." From there, one thing led to another and Gail broadened her volunteer horizons to include helping in many different areas of Community Care Durham. She volunteered her time to help with Luncheon Out, Foot Care Clinics and Meals on Wheels. The Meals on Wheels program was first organized through the Trinity United Church and later transferred over to Community Care Durham. In the early years, Gail mentions how volunteers did what staff do today. There was a lot of coordination on the volunteers' part in providing services for seniors on a shoe string budget. She comments on how Kathleen Hertzberg spearheaded the Adult Day Program by working tirelessly in launching the program and getting it funded.

In building the foundations of Community Care Durham, it became quite apparent during the development stages the importance of having a network of services for the elderly. The Ministry of Community & Social Services supported the initiative with funding. As Gail explains, "Community Care was really ahead of its time with individual offices operating at the grassroots level. There was no program like it." The local offices were truly the face of each of the communities. Gail reveals that Joan Higginson played an important role in getting the Newcastle office off the ground. The Newcastle office was always based in Bowmanville. The first office was in the downtown area near the four corners in a building owned by the CIBC. In this one room office, there was just one desk and a phone. Over the years there have been a number of moves from renting space from James Publishing on the west end of King Street to locating at the intersection of Scugog/King where the Glen Rae Dairy used to be. For ten years the Newcastle office (since renamed the Clarington office) shared space with the Clarington Older Adult Association on historic Beech Avenue in the Lions Club building (now known as the Clarington Beech Centre). Although this was a perfect fit, additional space was needed, so the Clarington office moved in March 2010 to the Garnet B. Rickard Recreation Complex. This relocation also brought the amalgamation of the Adult Day Program which had been in Newcastle for many years. It was such a positive change to have all three Community Care Durham programs all under one roof. In referencing the current location, Gail notes that the recreation center was named after her father in-law.

At the local level, Gail became the Chair of the Newcastle Local Advisory Committee. She joined the Board of Directors and remained at the regional level for at least six years. Getting involved as a Board member gave Gail a better appreciation of the issues the other communities faced, as well as the challenges at the regional level. After doing some supply teaching, Gail went back to full-time teaching in 1988. From that point, she was primarily a Meals on Wheels volunteer. After retiring in 2001, Gail increased her volunteering to include helping with Luncheon Out and assisting clients on and off the bus for the Luncheon Out at St. Paul's United Church. "Retired people need to keep busy during the day"

In looking back on 35 years of volunteering, Gail feels that volunteerism has really made strides over the years. The basic premise has not changed but there are more volunteer opportunities, more training and more attention to volunteer appreciation. There are higher standards set for volunteers and higher expectations for professionalism. As Gail points out, "Volunteering should be a part of life's experiences."

Margaret Ann Lamb, Scugog:

Margaret Ann has been a volunteer since the inception of Community Care Scugog on February 2, 1978, and fondly remembers the early days in the old Arena on Water Street (demolished decades ago), then in the tiny office in the enclosed porch of the old municipal building on North Street. There were several other moves before the office located to its present location on Old Simcoe Road. She is a dedicated and valued pioneer volunteer in Scugog. In her 34 years with Community Care, Margaret Ann has witnessed significant changes. That she remains a volunteer with the agency is a testimony to her caring, upbeat personality and her unwavering empathy and community spirit.

Margaret has been a driver, Meals on Wheels delivery volunteer, telephone reassurance caller and a Tag Days fundraising volunteer. She is always willing to lend a hand, even on short notice. Margaret Ann not only volunteers with CCD, she is also an active member of her church and the United Church Women's group. She

continues a decades-long commitment to literacy and culture by picking up and delivering books from the library to shut-ins at the Port Perry Retirement Villa.

She also provides significant assistance to an elderly neighbour. Of course we did not learn of this from Margaret Ann, but from the client during an intake appointment in response to the question "What other agencies provide services for you?" That agency was Margaret Ann. Margaret Ann reminisced about the client who she drove to once a week. She was a delightful lady who always requested an extra stop at the liquor store for a bottle of wine. She claimed that her son-in-law visited once a week and she liked to share a glass of wine with him.

Margaret Ann Lamb finds her volunteer work very rewarding because the clients are so appreciative and thankful for the service. Through her commitment to CCD and her informal volunteering, Margaret Ann has helped to make a difference in the community and in the lives of the clients we serve.

Don Sabean, Oshawa:

In the early 1970's, Don Sabean became a member of the Kinsmen Club. During one club meeting in 1974, the Red Cross made a presentation about their Meals on Wheels program. With such a need for volunteers to deliver meals, many Kinsmen members, including Don, signed up to volunteer their time. He has been a volunteer for Meals on Wheels ever since, first with the Red Cross and then continuing with the program once adopted by Community Care Durham.

In the early years, Don remembers delivering meals in a square wooden box with a rope handle. Each volunteer would carry two boxes with three dinners in every box. Each dinner would include a china plate and a china cup. During the delivery, the volunteer would pick up the dishes from the time before. Don would usually visit 6 to 8 clients a day. Right from the beginning, being a financial advisor, Don would work around his schedule to ensure that the client's needs were met. He always tries to be available to fill in when called upon.

As a Meals on Wheels volunteer, Don loves visiting with the clients, especially the older people whose only contact may be the volunteers who come to their door. Some of the clients are very lonely, and the Meals on Wheels volunteers truly make a big difference in their lives. Last year, a client was enjoying Don's visit so much, she followed him down the hall talking away, went down the elevator with him and chatted all the way to his car. A few years ago, Don encountered an emergency situation. He was delivering a meal to a client who was experiencing a heart attack. Don called 911 and comforted the client until the ambulance arrived. After 35 years of delivering Meals on Wheels, Don still enjoys every delivery. "I stay and chat for a little while. The clients really enjoy the company. It makes them so happy and gives them so much joy." Don also volunteers for Community Care Durham in other ways. He is the Chair of the Oshawa Local Advisory Committee (LAC) and is currently on the Board of Directors. Don reveals "Volunteering is the most rewarding thing there is if you are community -minded." In reflecting back on the past 35 years of Community Care Durham, Don notes there has been an increasing demand for services to enable seniors to stay in their homes and in good health. CCD has experienced much growth in meeting the demand and has become a very viable organization.

Sandra Will, Uxbridge:

Sandra Will wears many different hats as a volunteer for Community Care Durham and is always there to lend a hand wherever she can. It all began 34 years ago when Sandra responded to an ad in the local paper. She first helped in the office, answering phones. The first Uxbridge office was located on Main Street in a store that was known back then as the Yellow Brick Road toy store. They were situated in the back of the basement, and there were no windows – it was definitely bare bones. The second office was also in the downtown, but was located in a storefront which provided far more exposure to the community. The Uxbridge office has been in the Seniors Centre on Marietta Street for over 15 years now. Sandra has enjoyed working with the various Administrators over the years. "Each Administrator has

brought something different to the table". The first Uxbridge Administrator was Pat Barnicott, and then came Loretta Spence, Anne Wells, Kathy Anderson., and now Lorrie Houston who started out at the Brock office, and came to Uxbridge nine years ago.

Besides helping in the office, Sandra was really involved in volunteering for the COPE Mental Health Program, providing support for twenty years. She's had many one to one COPE client matches over the years. Sandra is certainly a very active volunteer. She does local Transportation drives on a weekly basis. For the past 20 years, Sandra has driven a client to work every Monday morning. At one point, she used to take clients for medical appointments in Toronto. Sandra also cooks for the Luncheon Out program. 25 years ago, she helped in establishing this monthly social get-together for clients as a means to get her mother out and about. Sandra's mother lived alone and needed more social interaction. The Luncheon Out program was the perfect solution. Also 25 years ago, Sandra made her acting debut when she participated in a Community Care video that was filmed in Uxbridge. For a number of years, she has been the Tag Days Coordinator. She also spent a lot of her time as a member on the Uxbridge LAC. What really sparks her interest is fundraising, and she always available to help out in the many facets of organizing a fundraiser. She recalls one year the Uxbridge office rented out the whole arena and sold tables to various local vendors. This fundraiser was a major undertaking. They did dances and have organized bazaars throughout the years. "We've tried a lot of different things."
As a long standing volunteer, Sandra feels those who volunteer for CCD get a real sense of helping people in the community. "I've met a lot of interesting people and learned so many things. I took to it (volunteering) like a duck to water". She has always instilled in her children and now her grandchildren how essential volunteering is and something we should all do. As Sandra explains, "Younger people have so much more on their plates but most people make the time to do something because there is a need for volunteers for everything". She loves CCD and has made great friendships over the years.

Judith Barker, Whitby:

20 years ago Judith Barker was asked to join Whitby Community Care as a volunteer for their Whitby LAC. Judith was an accountant and the LAC group needed assistance with their budget. Judith was familiar with the Meals on Wheels Program and helping seniors in need as her mother volunteered through the church. She agreed to come on board and the rest shall we say is history.

She is still an active member with the LAC and was on the Board of Directors for a number of years. As Judith points out "I've done it all". Years ago, you could refer to Judith as the 'Bingo Queen'. For 15 years, she organized and managed bingo on a weekly basis at Hideaway Bingo. This fundraiser provided Whitby Community Care with a substantial amount of funding for many years. Judith also helped out with Meals on Wheels.

Judith loves their annual Christmas party and feels it is the best thing that the Whitby office has ever organized. "It's the highlight of the year." About ten years ago, the Whitby Administrator, Lynda Lawson, initiated this special dinner at Christmas time. The party is held at St. Mark's United Church. The church has been so generous, and really goes above and beyond in donating the location and the staff to host the event. People can feel so isolated and lonely especially during this time of the year. This annual event is organized for the clients to bring them out of their homes and gives them the chance to enjoy some holiday celebrations. Judith says, "This is such a success and one of the most gratifying things that we do."

Judith's outlook on volunteering is that it is something that is ingrained in you. People need to be committed and in the right mindset to want to volunteer and share their time. In reflecting how CCD has evolved over its 35 year history, Judith feels that the organization has been faithful to its roots but is also growing and expanding in the areas where the needs are the most. "Providing basic service and the delivering of it is the true essence of Community Care Durham."

Ann Earley, Ajax/Pickering:

Since retiring as a pre-school teacher twelve years ago, Ann has been helping the Ajax/ Pickering office and loves volunteering for Community Care Durham. Ann volunteers in many ways and was first introduced to Community Care through the Meals on Wheels Program. Originally administered by the Red Cross, when Community Care Durham acquired Meals on Wheels Ann decided to stay on and "give it a try". She currently helps with Meals on Wheels on Mondays and Wednesday mornings.

In the beginning, meals were assembled and packed at the Ajax Hospital. In 2002, the whole procedure changed when Ellen's came on-board. As Ann explained "It became a much easier process" with Ellen's delivering the pre-packaged meals to the Ajax/Pickering office. For the past five years, Ann has driven clients for the Pickering Luncheon Out. Using her own vehicle, Ann picks up clients who live off the bus route so they can enjoy the monthly social luncheon. She has participated in the Local Advisory Committee for several years. One area of volunteering that Ann truly enjoys is manning the display booth at various volunteer fairs and events. "I really get a kick out of chatting with all the people".

Ann continues to volunteer for Community Care Durham in her many roles because "The staff is always so friendly and helpful which makes a big difference. It's like being a part of a family. With volunteering, it's all about finding something you enjoy doing".

AWARDS:

In the 1990's, Community Care Durham decided to initiate several awards to recognize outstanding volunteerism and support by individuals. In the 2000's, a series of awards was introduced to recognize the exceptional contributions of organizations, businesses or churches in support of Community Care Durham. Here is a description of the awards and their winners over the years.

Lifetime Membership Award:

This award began in 1995, to recognize an exemplary volunteer whose contribution to Community Care has been outstanding and noteworthy. Here are the Lifetime Members:

1995: Millie Burke, Nancy Chandler, Bill Condie, Marion Coulter, Jessie Mulholland, Eleanor Rycroft, Sandra Will, Betty Witchlow

1996: Mildred Busk, William (Ted) Edwin Farrow, Margaret Glassford, Roy Grierson, Evelyn Hockley, Marie Kowal

1997: Pam Behm, John den Boer (posthumous), Rutt Denby, Dorothy McGriskin, Christine Putt, Irene Sharpe, Olwen Watson, Keith & Alyce Yeo

1998: Win Brown, Ruth Fitzgerald, Vern Garlick, Alison Jones, Beryl Jones, Ross Munro, Sheila Puterbough, Pauline Smith, Linda Townend

1999: Sylvia Amesbury, Charles Brackett, Shirley Kydd, Robert Martin, Maggie MacKay, Elaine McDade, Clayton Morgan, Susanne Robarts

2000: Judith Barker, John Beck, Irene Campbell, Helen Devitt, Alice Head

2001: Ken Cook, Lorraine Filiatrault, Muriel & Alan Hughes, Alice Spence, Irene Stone, Joel Tomlinson, Ena Wassenaar

2002: Earl & Bessie Bell, Juanita Benson, Phyllis De La Matter, Enzo Enzi, Ross & Jeannie Muir, Larry & Trudy Ruest, Ada Veenstra, Anne Wanninkhof

2003: Viola Ashton, Edna Eastman, Robert Heron, Carol Morrow, Philip Passmore, Dan Roach, Trudy Tutert

2004: Dorothy Corner, Mary Fraser, Elizabeth Fulford, Diane Jankovich, Mary Olaisen, Brian & Edna Tatchell, Karen Tatchell, Shirley Vance, Pat Winger

2005: George Chandler, Robert Crone, Ruth Girardi, Kathleen Harrison, Florence Haug, Joan Ongley, Gord Reid, Jack Taylor

2006: Hazel & John Armstrong, Clarkson Arnold, Marina Canrinus, Marjorie Jackson, Mabel McLellan, Elsie Myette, Phyllis Wyper

2007: Rodine Egan, Robert MacDormand, Margaret Mountjoy, Ted Munns, Mary Norton, Don Sabean, Mollie Wood, Roz Yeo

2008: William Bouwma, Dorothy Burcher, Olive Carter, Campbell Grierson, Alma Langmaid, Betty & Ray Laswick, Constance Mallory, Charles O'Connor

2009: Clifford Foulds, Margaret & Gerry Knee, Bob MacCarl, Patricia Mathieu, Maureen Milne, Ross Muir, Lynda Richmond, Patrick Tranquada

2010: Lorna Cooke, Ken Fyall, Anne Hawthorne, Jim Hutchinson, Alan McKim, Carole Walsh, Deborah Wyatt,

2011: Shirley Barr, Greta Down, Ann Earley, Gail Elliott, Babs Fitzgerald, Ruby & John Lambert, Doreen White

2012: Grace D'Andrade, Walter Donaldson, Evelyn & Bill Lamb, Margaret Ann Lamb, Faye McCorkell, Betty McGregor, Cora Mieras, Dale St. Pierre

Lynn Morrall Award:

Lynn Morrall worked at Ontario Shores Centre for Mental Health Sciences (formerly the Whitby Mental Health Centre and the Whitby Psychiatric Hospital) as the Senior Occupation Therapist and the Chief Occupational Therapist. Together with other staff, Lynn worked to establish the Beaverton and Port Perry Mental Health Clinics. These clinics offered support to hospital outpatients by providing social/ recreational activities, therapy groups, meetings with a psychiatrist and medication monitoring. Lynn believed in the value of volunteers and their contribution in providing support to clients living in the community. She was able to incorporate the use of volunteers into the Beaverton Clinic by developing C.I.V.P. (now COPE). Today, COPE still believes in the importance of volunteers for mental health support. The Lynn Morrall award honours a volunteer who has shown outstanding commitment to the COPE program, demonstrated through length of service and ongoing participation. In addition, they are a valuable resource to the client and are responsive to the needs of the program. They have shown outstanding interest in mental health issues and the rights of individuals. They possess a positive attitude towards wellness through recognition of an individual's strengths and abilities. Here are the winners since the award's inception in 1995:

1995: Jessie Mulholland
1996: Marie Kowal
1997: Keith & Alyce Yeo
1998: Jessie Mulholland
1999: Julie Dzavala
2000: Barbara Bracken
2001: Marion Ferdinand
2002: Rosslyn Yeo
2003: Barbara Tschakovsky
2004: Ray Bartodziej
2005: Lloyd McGeachie
2006: Elizabeth Sheedy
2007: Ada Veenstra
2008: Alison Carpenter
2009: Doreen White
2010: Hilda Sutherland
2011: Jack Hampsey
2012: Ray Labrie

Corporate Leadership Award:

Initiated in 2008, the Corporate Leadership Award rewards an exemplary corporate sponsor who has provided to Community Care Durham either a financial contribution, or a donation of time by its employees, either inside or outside of working hours (or a combination of both), or has otherwise distinguished itself in support of Community Care Durham services to clients. The company must have provided assistance to Community Care Durham. Here are the winners since the award's inception in 2008:

2008: Enbridge Gas Distribution

2009: Investors Group

2010: Chartwell Seniors Housing Reit

2011: Annandale Golf and Curling Club

2012: Wilcox Studios (Bryan Wilcox)

Community Service Recognition Award:

This award was created in 2009 to recognize an exemplary not-for-profit organization that has provided to Community Care Durham either a financial contribution, and/or a donation of time by its members or has otherwise distinguished itself in support of Community Care Durham services to clients. Here are the winners since the award's inception in 2008:

2009: The Royal Canadian Legion, Branch 178, Bowmanville Poppy Fund

2010: Municipality of the Township of Brock

2011: Hope Christian Reformed Church of Port Perry,

2012: St. Mark's United Church, Whitby

Lifetime Community Service Award (Special Award):

This lifetime award is presented to an organization that has provided to Community Care Durham either a financial contribution, and/or a donation of time by its members or has otherwise distinguished itself in support of Community Care Durham services to clients. This award is not presented every year, but only when any business, church group, service club or other organization supports Community Care Durham in a special way. Past winners are:

2010: Rohoboth Christian Reformed Church, Clarington,

2011: Gerrits Property Services

COMMUNITY CARE DURHAM BOARD PRESIDENTS:

Community Care Durham is governed by a Regional Board of Directors, governing the activities of all Community Care programs, and representing the interests of Community Care Durham to other social service agencies and the provincial government. One director is elected by each Local Advisory Committee constituted from time to time. The remainder of Board members are directors at large from Durham Communities. The Board strives for equal representation from all areas. Each director is elected for a one year term. The elected officers (President, First Vice-President, Second Vice President, Past President and Secretary) are elected by the Board from among its members. To ensure continuity, the terms expire in alternate years. Directors may be re-appointed for a maximum of four consecutive terms. Each director has one vote. The President, Vice-President, and Past President are elected for no more than two consecutive one year terms.

1977 – 1979: Rev. Robert Zimmerman

1979 – 1981: Joan Higginson

1981 – 1983: Dr. Gillian Gilchrist

1983 – 1985: Rene Krizanc

1985 – 1987: Kathleen Hertzberg

1987 – 1989: Gail Rickard

1989 – 1991: Marjorie Preston

1991 – 1993: Muriel Krizanc

1993 – 1995: Vernon Garlick

1995 – 1997: Elizabeth Powell

1997 – 1999: Sharon Dickinson

1999 – 2001: George Chandler

2001 – 2003: Paul Svana

2003 – 2005: Mary Norton

2005 – 2009: Jack Taylor

2009 – 2011: Campbell Grierson

2011 – present: Jeff Brown

Each Community Care branch is monitored by a Local Advisory Committee (LAC), consisting of local citizens interested in Community Care Durham. These LACs are designed to reflect the needs and interests of seniors and those with special needs in each community. Through the representation of the LACs, the Regional Board is able to effectively coordinate and standardize the operation of each local branch of Community Care Durham.

COMMUNITY CARE DURHAM EXECUTIVE DIRECTORS (formerly COORDINATOR):

The Executive Director is an employee of Community Care Durham, responsible to the Board of Directors for the general administration and direction of CCD, according to the policies of the Board of Directors. The Executive Director is the Liaison between CCD, provincial ministries and the Central East LHIN. The Executive Director also establishes and maintains contact with community health and social services, and creates and promotes a positive image for CCD. Following are the Executive Directors since CCD's inception:

- Richard Johnston (1977 - 1979)
- Paul Tuttle (1979 - 1990)
- Elizabeth Fulford (1990 - 2004)
- Brent Farr (2004 - present)

COMMUNITY CARE DURHAM DIRECTORS, ADMINISTRATORS & MANAGERS: **(staff are listed from the beginning of each program to the present)**

COMMUNITY CARE DURHAM DIRECTORS:

Home Support: Roxy Barnes (combined Home Support & COPE Director for a time), Annamaria Maccarone

COPE Mental Health: David Lieberman, Ron Whyte, Kim Lepine

Respite: Valerie Coubrough, Susan Haines

Finance & Administration: Eleanor Ireland, Brent Farr, Angela Jubinville, Barbara Murcott

HOME SUPPORT ADMINISTRATORS:

Ajax-Pickering: Elaine Hlady, Sally Longo, Heather Tim, Deb Kalogris

Brock: Jane Bremner, Bernice Dixon, Marianne Knight, Joanne Lloyd

Clarington: Diane Hamre, Lynda Corneal, Roxy Barnes, Sally Barrie

Oshawa: Marion Crome, Jean Wienecke, Kirstine Farmer, Kim Evans, Denyse Newton

Scugog: Elizabeth Fulford, Dorothy Imperial, Jenny Yorgason

Uxbridge: Pat Barnicott, Loretta Spence, Anne Wells, Kathy Anderson, Lorrie Houston

Whitby: Marie Brooks-Smyth, Bev Boileau, Manley Lavender, Lynda Lawson, Kathy Little, Kim Evans, Jennifer Stone, Denyse Newton

COPE MENTAL HEALTH PROGRAM MANAGERS (expanded to include Specialized Geriatrics in 2009):

Ajax-Pickering: Ellen Shaeffer, Christine Kent, Sherri Rice, Pam Zygocki, Jennifer Robertson, Derrick Keene

Brock: Bernice Dixon, Marian Groenewegen, Sharon Barton, Elaine Lillico-Carter

Clarington: Lynda Corneal, Gail Spence, Janice Kroft, Mandi Burshaw

Oshawa: Nancy Lemieux, Sharon Wyeth, Kim Lepine, Carolyne Pennell

Scugog: Barbara Phipps-Diamond, Elaine Arsenault, Elaine Knight, Kim Bouwmeester, Lana Law, Kathleen Wells

Uxbridge: Barbara Phipps-Diamond, Elaine Arsenault, Elaine Knight, Kim Bouwmeester, Christine Wildman

Whitby: Nancy Lemieux, Sharon Wyeth, Kim Lepine, Melanie Jackson, Connie Julian, Alison Heath

PCSP: Kim Lepine, Cheryl Ogilvie

RESPITE PROGRAM MANAGERS: Katie Tanious, Cindy Lipsett

ADULT DAY PROGRAM MANAGERS:

Ajax-Pickering: Bonnie Harris, Cindy Lipsett

Clarington: Jennifer Rusaw

Uxbridge: Laurel Pochadt