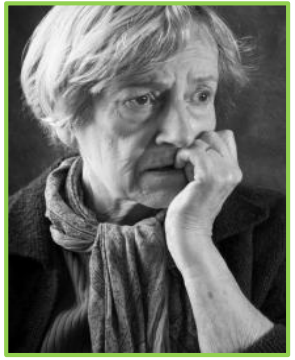


Creating a Collaborative Approach to Seniors Issues in Rural Communities

DURHAM REGIONAL POLICE
leaders in community safety

Brock Community Health Centre

Outline

- Identify the partnership
- Best practices interventions
- Coordination of Services
- Case Review
- Questions

Brock Community Health Centre

Our Vision

To maximize the health and well-being of the residents of Brock Township and surrounding area through continuous pursuit of accessible, exceptional, integrated and sustainable health care resources, services and programs. Services are provided by a collaborating inter-professional team supported by committed community partners.

Our Mission

The Brock Community Health Centre exists to optimize the health of the residents of Brock Township and surrounding area through access to quality primary health care services, health promotion, education and illness prevention with timely service delivery

Durham Regional Police

North Durham is a very expansive policing jurisdiction that covers the Townships of Brock, Uxbridge, Scugog, as well as northern portions of Oshawa, Pickering and Whitby.

Bounded by York Region to the west, Lake Simcoe to the north and the City of Kawartha Lakes to the east, North Division encompasses over **1,200 square Kilometers** and comprises about 50 per cent of the land mass of Durham Region.

Where the heck is Brock?

- Small rural community, located on the most northern part of Durham Region.
- 18% of the senior population in Durham Region resides in Brock Township
- Inconsistency of services and resources
- 3 small communities and hamlets that are not connected by any consistent forms of public transportation

Seniors and Community Health Worker

- Advocate
- Navigator
- Community Partner
- Coordinator of Services
- Deliver of services
- Resource seeker
- Most important a true believer that our seniors are the foundation of our community and they deserve dignity and respect and nothing less.

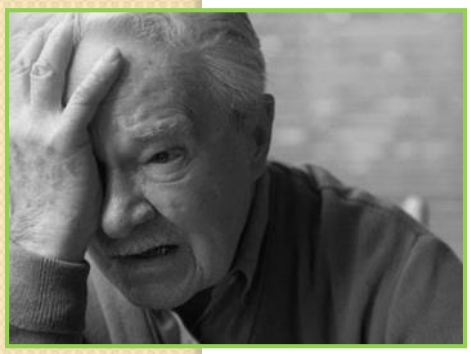
Community Liaison Officer

- The role has evolved over the years. Initially the CLO was put in place to be the Liaison between the rural communities and police. While that is still the case it has become a role in which one of the primary functions is educating seniors and working with other community partners to develop strategies to keep seniors safe, at home and well cared for. It is a pro-active role which serves to decrease 911 calls to front line officers while protecting those most vulnerable in our communities.

How does it all come together?

- Community Referral
- Identify Risk Factors
- Background Information
- Home Visit
- Classify the Risk Factors
- Reassess
- Next Steps?

Education is key



What are the issues in Rural Communities

- Physical Abuse
- Financial Abuse
- Psychological/Emotional Abuse
- Verbal Abuse
- Sexual Abuse
- Neglect and Self-Neglect

Elder Abuse
Response in Durham

- Dedicated police response
- Dedicated social service response
- A number of dedicated community partners willing to expand their mandates and work together

Utilizing Community Partners

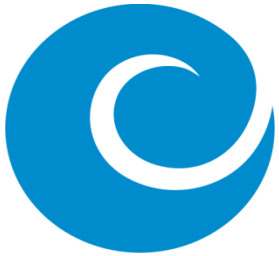
- **Durham Regional Police Service/Emergency Services**
- **Canadian Mental Health Association**
- **Brock Community Health Centre**
- **Community Care Access Centre**
- **Community Care Durham**
- **Local Foodbanks**
- **Faith Communities**
- **Durham Mental Health Services**
- **Victoria Order of Nurses**
- **Crowns Office**
- **Durham Elder Abuse Network**

Social Considerations

- Collaboration
- Ripple Effect
- Baby-boomers vs Youth
- Rapid population growth
- Lack of appropriate housing
- Supply and demand of services
- Essential to plan to expand existing mandates and identify potential future problems/gaps/trends

Case Studies

DURHAM REGIONAL
POLICE
leaders in community safety



Brock
Community
Health Centre

Case – Mrs. B

- Numerous calls to police to do "well-being check" on senior in remote rural community
- No grounds to apprehend under mental health act (MHA – risk to harm self, other, or inability to care for oneself)
- Officer and Community Health Worker attend call and identified needs beyond police mandate

The House

Season's Change

Collaboration

- Identified safety risks
- Police identified that this was beyond police mandate
- She required fire safety, nutrition, isolation, pets, medical attention, etc.
- Lack of personal items – warm clothing, winter coming
- Primary Health Care

Outcome

- Registered Client of the CHC Primary Care
- Regular visits to Nurse Practitioner
- Weekly food delivery
- Weekly telephone assurance call/drop by visits
- Fire inspection
- Donations of clothing and necessary items
- Donations to ensure necessary emergency veterinary care

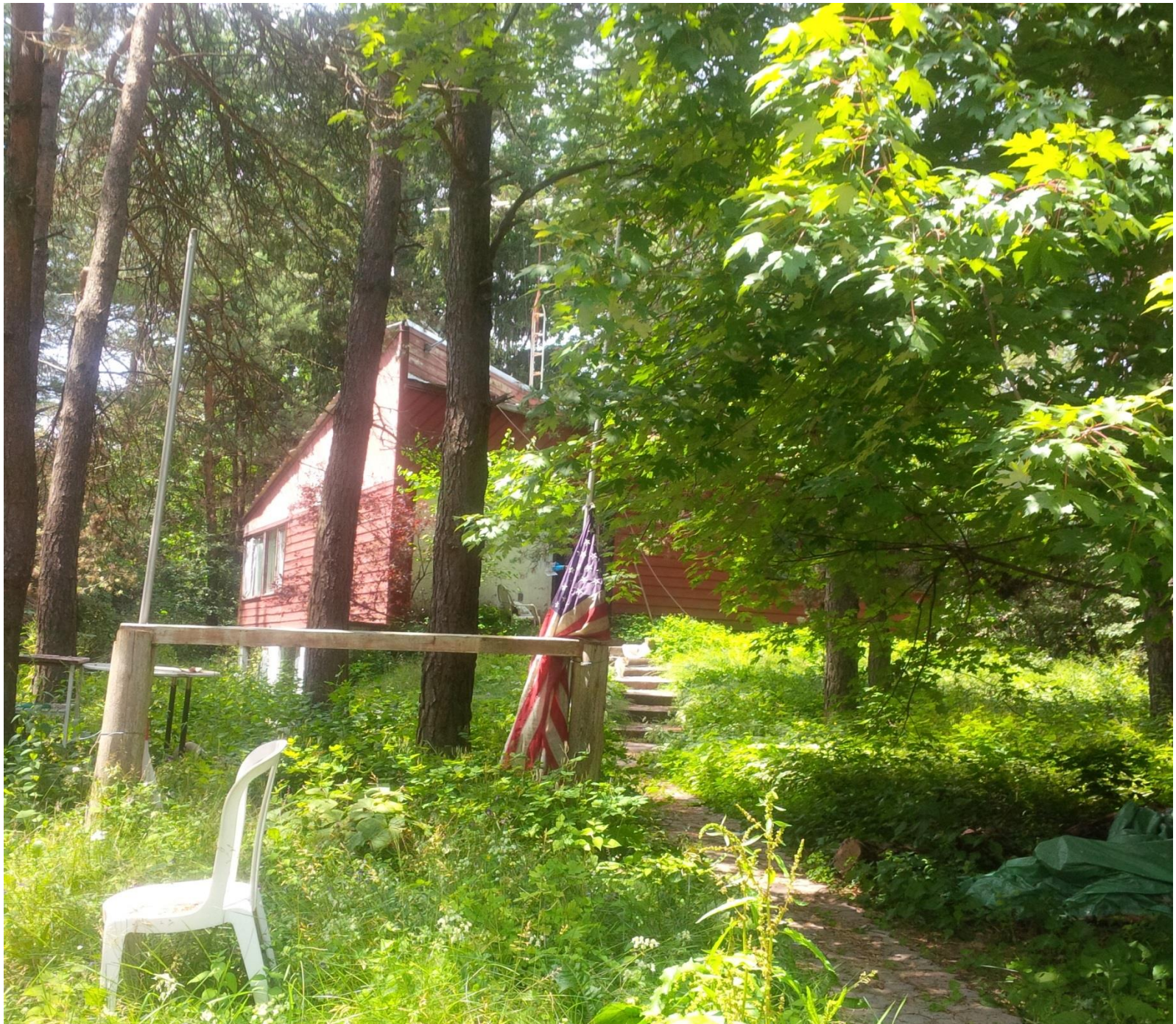
Mrs. B today……

Mrs D

- Call to police for a Check on Wellbeing from a concerned friend
- Police attend elderly woman meets them at the door
- Immediate safety cleared
- Obvious issues relating to conditions of the home
- Isolation
- Physical needs

Collaboration

- Joint visits
- We get inside the home
- Spend significant time talking with senior
- Identify risks
- Call in partners
- Involve family
- Implement strategies



Coca-Cola

Outcome

- Assistance from fire
- By-law
- Building inspector
- Medical assistance
- Connection to community support
- Extreme Clean
- On-going follow-up

Ms. C

- 2 calls to frontline-suspending driving
- Requested follow-up
- Responding officer addressed the driving but knew they needed more assistance.
- Unscheduled check/911 call

Collaboration

- Assistance with systems navigation
- Assistance with housing
- Assistance with health care

Outcome

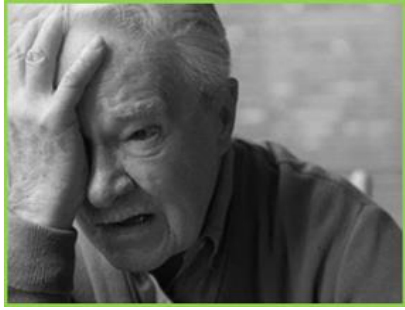
- Female presented well initially
- Gained extensive history from others
- She became more confused and disoriented
- Combative
- Assaultive
- MHA Apprehension

Gaps in the system….

- Taken to hospital under MHA
- Geriatric nurses notified
- Information and incident fully explained by accompanied police
- Released a few hours later
- Reprehended 2 hours later –same behaviour-different hospital
- Released to shelter
- Readmitted to hospital

What we have learned

- Gaps
- Collaboration=best practice
- Capacity
- Each case is fluid
- Education and prevention
- Temporary solution



Where to start??

- Elder Abuse Ontario (EAO)
- Advocacy Centre for the Elderly (ACE)
- Connecting with your local Elder Abuse Networks and Police Departments
- Community Development be the driver of change in your communities!!!

Contact information

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