

National Seniors Council



Conseil national des aînés

Final Report of the Expert Panel

Supporting Canadians Aging at Home: Ensuring Quality of Life as We Age

June 2024



Government
of Canada

Gouvernement
du Canada

Canada



Final report of the Expert Panel: Supporting Canadians aging at home: Ensuring quality of life as we age.

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Contents

Acknowledgements	4
Letter of acknowledgement from the Ministers	6
Executive Summary	7
Context.....	10
Expert Panel Mandate	10
Definitions.....	11
Policy Context.....	13
A Vision for Aging at Home	14
Scope of Work	15
Considerations	17
Key Factors for Consideration	17
The 4As: Availability, Accessibility, Affordability and Accountability and their Collective Impact	18
The Quality of Life Framework for Aging in Canada	19
Recommendations	20
Quality of Life Framework Domain: Prosperity	21
Quality of Life Framework Domain: Health	24
Quality of Life Framework Domain: Society.....	26
Quality of Life Framework Domain: Environment	29
Quality of Life Framework Domain: Good Governance	31
Areas for Further Exploration and Future Considerations	34
Conclusion and Next Steps	36
Annex A: Community Engagement: List of Participant Groups, Sectors and Professionals.....	38
Annex B: Recommended Actions for Federal Consideration	40
Annex C: Glossary of Foundational Definitions	41
Annex D: Guiding Values and Principles of the Expert Panel on Supporting Canadians Aging at Home	45
References.....	46



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Disclaimer: The authors made every effort to ensure the accuracy of the information provided. Links integrated in the text were accurate at time of submission.

Contributors

The National Seniors Council (the Council) would like to express its gratitude to all the individuals and organizations who shared their knowledge, experiences, and advice. Their input contributed to the process that shaped this final report. The Council welcomed all contributions. The Council hopes this final report will contribute to paving the way to make Canada a great place to age at home. A list of the entities and sectors represented in the Council's community engagement activities is under [Annex A](#).

Finally, the Council would like to thank government officials who supported this project. Their ongoing support made it possible for the Council to fulfill its mandate within the time frame provided.

Land and Labour Acknowledgments

The National Seniors Council respectfully recognizes and acknowledges the relationship that the First Nations, Inuit, and Métis across Canada have with the land all Canadians live on and enjoy.

The Council encourages all Canadians and visitors to these lands to learn about and acknowledge the historic and current relationship that exists between the unceded land on which we live and work and the First Nations, Inuit, and Métis. We also encourage all



Canadians to consider how they can personally contribute to Canada's reconciliation with Indigenous Peoples.

The in-person meetings and the coordination work took place mainly on the traditional territories of the Anishinaabe Algonquin People. We are grateful to live, work and learn on these lands. We honour the Nations who have always cared for these lands, waters and air and continue to do so today.

We also acknowledge the historical presence and contributions of African Canadians and persons of African descent, whose forced labour played a significant role in forming the foundations of Canada, and whose own relationship with land has been complicated by the impacts of slavery and colonization.



Letter of acknowledgement from the Ministers

On behalf of the Government of Canada, we would like to sincerely thank the members of the National Seniors Council for the Final Report of the Expert Panel, entitled “*Supporting Canadians Aging at Home: Ensuring Quality of Life as We Age.*”

We recognize and deeply appreciate the diligent work and multifaceted approach taken by the Council to examine this matter in such a short amount of time. We recognize that the Council looked to evidence gathered about existing practices domestically and internationally, and undertook crucial engagement by way of an online consultation, roundtables and key informant interviews. We also recognize that the Council’s deliberations anchored on commonly agreed upon core concepts, and factored in key guiding principles and existing frameworks like the Government of Canada’s Quality of Life Framework for Canada.

We are taking the time to carefully examine the recommendations, and look to it to inform our approach as we strive to help Canadians age with the care and dignity they expect and deserve.

On behalf of the Government of Canada, we thank the Council again for providing your expert advice on how the federal government could further support older Canadians who wish to age at home and in their communities.

Please accept our best wishes.

Yours sincerely,

The Honourable Seamus O’Regan Jr., P.C., M.P.

Minister of Labour and Seniors

The Honourable Mark Holland, P.C., M.P.

Minister of Health



Executive Summary

On October 6, 2022, the Minister of Seniors and the Minister of Health announced that the National Seniors Council (the Council) would serve as the Expert Panel on Supporting Canadians Aging at Home (the Expert Panel). The Expert Panel was asked to provide recommendations on new and/or enhanced measures that could support seniors aging at home.

This final report contains advice on recommended actions for federal consideration.

The 4As: Availability, Accessibility, Affordability and Accountability and their collective impact

The Expert Panel identified and analyzed the barriers to aging at home, focusing on 4 key policy pillars:

- Availability
- Accessibility
- Affordability
- Accountability

These pillars are key to ensuring people can benefit from the services to age at home.

The 4 perspectives are linked and can have a stronger collective impact when addressed in parallel or together. Also, a comprehensive approach would involve various service sectors and disciplines, fosters collaboration across levels of government, and brings together diverse partners. Such an approach would more likely achieve system-level change and maximize impact.

The Quality of Life Framework for Aging in Canada

As final recommendations are being presented to Ministers, the Council has aligned its recommendations with the Quality of Life Framework for Canada (Finance Canada, 2021). As a result, the Expert Panel created a framework called the "Quality of Life Framework for Aging in Canada".

The recommendations align with the 5 domains of the Quality of Life Framework for Canada:

- prosperity
- health
- society
- environment
- good governance



Recommended Actions for Federal Consideration

These 20 recommendations for immediate action support the broader, long-term outcomes pursued by the federal government. Implementing these recommendations will help older persons to age at home and achieve and/or maintain their quality of life.

The Expert Panel believes that given national and international demographic trends, the 3 main areas of focus should be:

- financial benefits focusing on low-income older persons (often women). See recommendations [#1](#), [#3](#) and [#9](#)
- community-based support and services. See recommendations [#10](#) and [#11](#)
- planning for aging, retirement, and life in later years. See recommendations [#2](#) and [#7](#)

Strengthening governance and accountability will be important complementary measures to ensure quality of life as we age in Canada. This can be achieved by adopting relevant legislations, regulations, standards, governance, and accountability. See recommendations [#16](#), [#17](#), and [#18](#).

List of the 20 recommendations

Aligned to the 5 domains of the Quality of Life Framework for Aging in Canada and to the 4 priority policy pillars (4As).

Prosperity (Priority Pillars: Availability, Accessibility and Affordability)

1. Introduce a new Age at Home Benefit
2. Establish a public national insurance program for home care and support
3. Increase the Guaranteed Income Supplement (GIS)
4. Expand, modify eligibility criteria, and promote existing programs that provide housing for older persons
5. Convert the Canada Caregiver Credit into a refundable tax-free benefit, allowing all caregivers to receive up to \$1,250 a year

Health (Priority Pillars: Availability, Accessibility and Affordability)

6. Develop a strategy for recruitment and retention of human resources to support aging at home
7. Focus on disease prevention and health promotion
8. Enhance palliative care at home

Society (Priority Pillars: Availability, Accessibility and Affordability)

9. Support innovation with affordable housing alternatives for older persons
10. Invest in new and existing navigation and social prescribing initiatives



11. Expand existing grants and contributions programs to include longer-term funding options
12. Invest in organizations that support caregivers

Environment (Priority Pillars: Availability, Accessibility and Affordability)

13. Invest in technology and digital literacy and further invest in innovation in technology
14. Expand support for Age-Friendly Communities
15. Invest in safe, local public transportation services

Good Governance (Priority Pillar: Accountability)

16. Enact legislation on home care (within the *Canada Health Act* or new legislation)
17. Enact legislation on long-term care
18. Support the development of national home care standards
19. Increase prevention of mistreatment of older persons
20. Actively engage in discussions at the United Nations regarding the potential development of a convention on the rights of older persons



Context

On October 6, 2022, the Minister of Seniors and Minister of Health announced that the National Seniors Council (the Council) would serve as the Expert Panel on Supporting Canadians Aging at Home (the Expert Panel). The Expert Panel was asked to examine measures, potentially including an aging at home benefit, that could further support older persons in Canada to age at home. The Ministers asked the Council to focus their work on areas of greatest need. They also asked that recommendations factor in overall government fiscal constraints.

The Council members bring diverse perspectives and experiences to the initiatives.

These include but are not limited to:

- lived experience
- research
- public policy development and evaluation
- program design, delivery and evaluation
- elected office

The Expert Panel undertook a range of activities in developing its advice on measures to age at home. These activities led to the key findings and recommendations outlined in this report. These findings and recommendations provide insights into the services, support, strategies, and solutions that make it possible to age at home in Canada and achieve or maintain quality of life as we age in Canada. Based on these activities, the expertise of Council members, and thoughtful deliberations, this final report has advice on recommended actions for federal consideration.

Expert Panel Mandate

This project gave members a unique opportunity to understand what is needed to successfully age at home. Also, to understand what it takes to impact the well-being and quality of life of older persons and caregivers across the country. The goals of this work were to:

- identify existing measures in Canada (for example, federal, provincial, territorial, and municipal support) as well as international best practices that help older persons age at home (for example, disease prevention, health promotion, home and community care, health care, social and community services, income support and tax policy)
- identify what is needed to further support older persons to age safely at home with dignity and address the areas of greatest need to help identify domains of actions
- identify and assess current and potential new federal measures to address the greatest need to support aging in place, factoring in overall government fiscal constraints



Definitions

There are many terms and perspectives used in Canada and internationally to name key elements and concepts related to aging. The Expert Panel carefully considered the literature and its past deliberations. The Expert Panel has agreed upon the following definitions of key terms to be used in the context of its work.

Older Persons

The Expert Panel prefers to use the term “older persons” instead of “seniors”. The Expert Panel believes it better acknowledges the reality of aging. It positively reflects the inherent personhood of every individual, reminding us that everyone has worth regardless of age and that aging does not devalue a person. The United Nations and other international organizations now use the term “older persons”.

Aging at Home

In the context of the Expert Panel's mandate, “Aging at home” can be understood as enabling healthy aging in one's home and community. It also refers to the ability to live safely, independently, and comfortably in one's own home and community, regardless of age, income, or capacity. “**Aging in place**” is a term often used by practitioners, policymakers, and researchers.


Aging in the Right Place

The Expert Panel recognizes that the term “aging in the right place” is used by many organizations and researchers. The term extends the concept of aging in place to the ability to live in a dwelling with the closest fit to the person's culture, identity, needs and preferences, which may or may not be one's home (National Institute on Ageing, 2022). For some, this goal may be achieved in a setting other than their current (where they have lived for a long-time) home, such as:

- through downsizing
- living in a multigenerational household
- congregate living
- supportive housing
- a retirement community
- a long-term care facility (nursing home)
- or a naturally occurring retirement community

Home

The Expert Panel recognizes that a home can be created in different types of dwellings. It also recognizes that alternative housing options ensure that each home provides an optimal level of independence. The Expert Panel deliberately excluded long-term care facilities and acute care settings from its definition of 'home' for this report. Its mandate



was to consider support for aging at home as an alternative to moving prematurely into a long-term care setting.

Long-Term Care

Internationally, long-term care is usually defined as including long-term care activities in any setting. This includes a person's own home or a long-term care setting. Those activities are undertaken by others to ensure that older persons can achieve and/or maintain quality of life. This includes achieving optimal well-being consistent with their basic rights, fundamental freedoms, and human dignity.

In other words, long-term care is simply a means to ensure that older people with a significant loss of capacity can still experience healthy aging (World Health Organization, 2015).

From a more operational perspective, long-term care (health and social) involves a range of services. They may include personal care, medical and nursing care, and social support services. These services aim to improve the quality of life and ensure healthy aging.

Older persons with progressive, intense and/or long-term illness, injury or disability may need support with their personal care. This can include activities of daily living (ADLs), such as eating, washing, and dressing. Also, making it possible for them to live independently through help with instrumental activities of daily living (IADLs). Examples of IADLs are cooking, shopping, and managing finances (Organization for Economic Co-operation and Development, 2023).

In Canada, long-term care is often understood to include only services and support delivered in long-term care settings. These settings include congregate living environments and/or institutional settings where people have access to support where they live, such as continuing care or personal care.

In these settings, individuals may live with limited independence or choice about their time, activities, meals, recreational activities, and accommodations. Long-term care homes are defined as facilities formally recognized by jurisdiction (that is, are licensed and/or permitted to formally operate as such). They provide a wide range of personal (for example, help with everyday activities) and medical services 24 hours, 7 days a week. The long-term care home is considered the person's formal 'home' address.¹

In the context of this project, "long-term care" refers only to care delivered in long-term care settings.

A glossary of definitions is under [Annex C](#).

¹ Based on Health Standards Organization's definition of Long-term care homes. (Standards Council of Canada, 2021)



Policy Context

More and more people in Canada and around the world are finding ways to improve and support the independence and quality of life of older persons. As the older population in Canada is expected to grow, it's crucial to factor in healthy aging when designing policies, programs, services, and spaces. This will make it possible for older persons to achieve, maintain or improve their quality of life as they age.

People are living longer and are healthier than in previous generations. By 2052, one quarter (24.9%) of Canadians could be 65 years of age or older (Statistics Canada, 2022a). Those aged 85 and over are among the fastest-growing age groups, with a 12% increase between 2016 and 2021 (Statistics Canada, 2022b).

Most older persons in Canada prefer to age in their homes and communities. In a 2020 survey, as many as 96% of Canadians aged 65 and older reported that they would do everything they could to avoid going into a long-term care facility (National Institute on Ageing, 2022).

With the right support, some older persons can stay in their homes, while others may transition to congregate or institutional living. The Canadian Institute for Health Information (CIHI) notes that about 1 in 10 newly admitted long-term care residents potentially could have been cared for at home (CIHI, 2022). Statistics Canada also reported that in 2021 475,000 people (1.6% of the Canadian population) reported unmet home care needs. Unmet home care needs were the most prevalent among Canadians aged 65 and older (Statistics Canada, 2023).

Improving home care would improve quality of life and result in significant savings through reducing the increasing demand for new long-term care setting units. Scenario-based analysis performed in the Quebec context also found that government costs for long-term care services delivered through home care would be less expensive than services delivered in long-term care settings and intermediate and family-type resources for most levels of needs (Clavet et al., 2021).

Aging at home requires a comprehensive and multi-sectoral approach that ensures older persons, caregivers, community organizations, and governments have the resources and tools to ensure older persons can achieve or maintain quality of life. This includes access to social support and services to live safely, happily, and independently and in their own homes for as long as possible.

Yet healthcare, social and community services are often fragmented, unavailable, inaccessible, and/or unaffordable. Complex processes for accessing services, limited alternative care, and living solutions, and a lack of age-friendly environments, are obstacles to seniors experiencing a smooth continuum of care in a way that meets their physical, mental, social, and psychological health and well-being (Deloitte Canada, 2020).



Also, an aging population affects family and friend caregivers, many of whom (almost one-quarter) are over the age of 65 (Statistics Canada, 2020). Caregivers play a key role in making it possible for people to age at home. However, the continued rise of one-person households could mean that older persons will increasingly not have kin family to rely on (Statistics Canada, 2022c).

As people age, they tend to access the health care system more often, continuing into their final years of life (Salde et al., 2019; Rotermann, 2017). According to a 2018 Conference Board of Canada report, population aging was expected to add \$93 billion in health care related costs between 2017 and 2026. This represents 20% of all health care spending growth over that decade (Conference Board, 2018). This comes at the same time as an aging population reduces labour force participation. As a result, employment and tax revenues are decreasing.

The Organization for Economic Co-operation and Development (OECD) data also suggests that Canada is lagging behind leading countries such as the Scandinavian countries and the Netherlands when looking at total long-term care spending (inclusive of care at home and in institutions). Canada also lags behind leading countries such as Denmark, Belgium or Norway when looking at the proportion of spending on home care as a share of total long-term care. Those countries spend about 50% of their total long-term care spending on home care based on the OECD methodology, while Canada spent 18% in 2019 (OECD, 2021).

Connecting with others and keeping personal relationships with family and friends is central to one's sense of purpose, identity, culture, belonging and security. Social cohesion, community vitality and opportunities for cultural expression are essential for personal enrichment, fulfillment, health, and well-being. They also make sure that older persons feel valued, respected, and included.

A Vision for Aging at Home

The National Seniors Council envisions a Canada where...

- everyone can achieve and maintain a quality of life as they age
- one's quality of life is not dependent on where you live or how much money you have
- everyone has access to public funds and publicly funded supports to help offset the cost of aging at home
- publicly funded programs, benefits, and services are indexed to the cost of living,
- people living alone, independently (or with support) can achieve or maintain quality of life
- governments at all levels work together to ensure older persons can access the programs and services to achieve, and/or maintain their quality of life



Scope of Work

From October 2022 to June 2023, the Expert Panel examined the topic through various activities, including:


- deep dialogue among Council members to determine the basis for the environmental scan and community engagement. This resulted in the development of 4 primary policy pillars, the **4As: Availability, Accessibility, Affordability and Accountability**
- an environmental scan to identify existing provincial, territorial, Indigenous, and international strategies, programs, and services. It also took into account 15 key factors for consideration (see [Key Factors for Consideration](#) section below)
- a literature review to assess the most recent evidence (knowledge acquisition), thinking (knowledge translation) and leading and emerging practice (knowledge application). This included almost 300 documents, studies, articles, reports, etc.
- a robust community engagement strategy, including:
 - a survey (with over 12,000 respondents)
 - roundtables (2 English, 1 French with 22 participants)
 - key informant one-on-one interviews with over 70 individuals with diverse perspectives. These included older persons in Canada, their family members, caregivers, and care providers
- development of a set of 11 guiding principles ([Annex D](#)). These were used as anchor to ensure that the recommended approaches are responsive to the human rights of older persons
- development of a Quality of Life Framework for Aging in Canada. It is based on Canada's Quality of Life Framework developed by Finance Canada and supported by Statistics Canada

The Expert Panel's work and recommendations focus on what it takes to age at home with autonomy, dignity, safety, security, and quality of life in the Canadian context. Its advice focuses on measures the federal government can either directly implement with its levers or encourage through collaborative leadership. The Expert Panel considered a broad range of measures, including a potential aging at home benefit.

The Expert Panel recognizes and acknowledges all the work being done to better support aging at home at all levels. Those include regional, national, and international levels. The considerations and lessons drawn from existing measures have helped the Expert Panel understand the context and shaped their recommendations.

Insights gathered from the Expert Panel, confirmed a wide range of support and services are required to achieve and maintain quality of life as people age at home in Canada. Examples include:

- community services such as transportation, meals, social and recreational services, activities, or home renovations/adaptations

- 
- access to basic health care such as access to a primary health care provider, a family physician or family health team
 - a broad variety of aging at home services, including:
 - home health care (for example, nursing, palliative care)
 - home support services (for example, activities of daily living such as bathing and eating, and instrumental activities of daily living such as housecleaning and laundry)
 - community support services
 - caregiver supports
 - system navigation services (for example, increase accessibility)
 - financial support to help cover out-of-pocket expenses

While each of these unique initiatives is helpful, these interdependent initiatives increase in value when considered together to achieve and/or maintain quality of life as people age at home.




Considerations

Key Factors for Consideration

Based on its experience as well as on the environmental scan and community engagement, the Expert Panel identified the following social, economic, environmental, and political key factors. The Expert Panel took these factors into consideration as they developed their recommendations and advice:

- respecting federal, provincial, territorial, and Indigenous jurisdictions and facilitating collaboration
- respecting fiscal responsibilities and financial considerations
- recognizing the recovery and learnings from the COVID-19 global pandemic
- adjusting to the impacts of climate change and extreme weather events
- using a healthy aging lens
- achieving and maintaining quality of life as people age in Canada
- applying the Quality of Life Framework for Canada
- integrating equity, diversity, inclusion, belonging, anti-racism, justice and reconciliation
- integrating Sex- and Gender-Based Analysis Plus and the gendered elements of aging
- aligning with Canada's international commitments to the United Nations Decade of Healthy Aging and the United Nations Sustainable Development Goals
- integrating the social determinants of health and moral determinants of health²
- recognizing the importance of the integration of health and social support at the community level
- acknowledging the pervasiveness and the need to address ageism in Canada
- acknowledge the pervasiveness and need to counter the mistreatment of older persons in Canada
- understanding the significant challenges faced by the health care and home care sectors (including labour force and human resources)
- applying the continuum of care and recognizing the importance of independence
- recognizing the heterogeneity of the population of older persons and their diverse requirements to age at home

² The moral determinants of health refer to the requirements that must be present in a just society to ensure health and well-being equitably for all across the lifespan (Islam, 2019). The moral determinants of health address in particular issues of inequity, marginalization, racism, sexism, colonialism, and the social and political conditions to address inequities. Berwick argues that social and political solidarity is the basic moral determinant. (Solidarity would mean that individuals “legitimately and properly can depend on each other for helping to secure the basic circumstances of healthy lives, no less than they depend legitimately on each other to secure the nation’s defense. If that were the moral imperative, government – the primary expression of shared responsibility – would defend and improve health just as energetically as it defends territorial integrity.” (Berwick, 2020)

- 
- acknowledging biases and assumptions related to older persons and aging. For example, capability, confidence, technology readiness, retirement readiness and health status solely based on age

The 4As: Availability, Accessibility, Affordability and Accountability and their Collective Impact

The Expert Panel has identified and analyzed the barriers to aging at home using 4 key angles (policy pillars):

- Availability
- Accessibility
- Affordability
- Accountability

These policy pillars are key to ensuring people can benefit from the services to enable aging at home and achieve or maintain quality of life. Yet, it is important to acknowledge factors such as income and how some measures will have a greater impact on older persons with low income versus those with middle and high income.

Availability: Ensuring information, resources and supports are available. This can be done by enhancing support to community organizations, the care workforce, other levels of government and individuals to provide a range of health and social support. Improving integration and coordination of health and social services. Increasing the availability of the care workforce. Increasing the availability of alternative housing options and increasing service availability in rural and remote areas.

Accessibility: Ensuring equal access to information, services and supports, by improving navigation services. Streamlining/simplifying program requirements and application processes. Ensuring that equity-deserving groups can access services and that services are culturally and linguistically adapted. Expanding health promotion, disease prevention, and chronic disease management programs to delay and prevent loss of independence and to decrease demand on long-term care facilities.

Affordability: Ensuring older persons can afford services and supports. This can be done by increasing income support to specified target audiences to age at home. For example, enhancing or expanding existing tax measures.

Accountability: Ensuring governments, organizations, service providers and vendors are held accountable. Examples include:

- implementing long term care standards and home care legislation
- collaboration and partnerships across jurisdictions and within communities
- documenting and sharing information on promising/leading practices
- scaling up key promising/leading practices

The 4As framework also suggests that the 4 policy pillars are interconnected. They can have a stronger collective impact when addressed in parallel or simultaneously. For



example, affordability measures, without improved availability or accessibility, will leave many older persons behind. Increasing availability without proper standards and accountability mechanisms to provide quality oversight will lead to sub-optimal outcomes. No single, narrow measure will significantly improve the ability of older persons to age at home.

Actions need to be taken on many fronts to support the collective impact of the 4As leading to large improvements.

The approach should bring together various service sectors and fields, foster collaboration across different levels of government, and bring together diverse partners and stakeholders. Such an approach would achieve system-level change and have a bigger impact.

The Quality of Life Framework for Aging in Canada

The Expert Panel created the Quality of Life Framework for Aging in Canada, inspired by the Quality of Life Framework in Canada.

This approach recognizes that:

- aging at home requires a holistic effort and a broad range of services and support
- aging at home should not strictly aim at helping people stay at home. Instead, help people live fulfilling lives at home. This aligns with the goals of the Quality of Life Framework
- a successful aging at home policy will lead to improved quality-of-life indicators for older persons living in the community. Statistics Canada is building a measurement framework through its Quality of Life Hub. Those indicators, broken down by age and intersecting factors, can track the outcomes of aging at home policies

Aligning recommendations with the 5 domains (prosperity, health, society, environment, and good governance) of the Quality of Life Framework for Canada showcases how aging at home recommendations support the ultimate, long-term, whole-of-government outcomes pursued by the federal government. The cross-cutting "Fairness and Inclusion Lens" and the "Sustainability and Resilience Lens" included in the Quality of Life Framework for Canada align with the Expert Panel's principles and recommendations for equity-deserving groups and intergenerational equity.

The Expert Panel's recommendations are tagged to the 4As. This is to showcase how the recommendations are expected to have the most significant impact in supporting older persons in Canada to age at home.



Recommendations

The Expert Panel is presenting 20 recommendations for immediate action. Implementing them will increase the number of people who are able to age at home.

The Expert Panel studied the current and projected demographic trends, and international examples. Opportunities lie within the following 3 areas:

- financial benefits focusing on low-income older persons (often women). See recommendations [#1](#), [#3](#) and [#9](#)
- community-based support and services. See recommendations [#10](#) and [#11](#)
- planning for aging, retirement, and life in later years. See recommendations [#2](#) and [#7](#)

Improving governance and accountability will support quality of life as we age in Canada. Adopting relevant legislations, regulations, standards, governance, and accountability would make that possible. See recommendations [#16](#), [#17](#) and [#18](#).

These recommendations have been aligned with the domains in the Government of Canada's Quality of Life Framework for Canada. The recommendations are ranked under each domain. The order of priority is based on the most significant impact, ease of implementation, feasibility, and relevance to federal responsibilities. The first recommendation under each domain is the area of action with the greatest impact for people wishing to age at home and stay engaged in their communities.

This section also includes references to measures and actions for future consideration.

Collective Impact

The Expert Panel identified the importance of acting on several key recommendations at the same time to make a difference and make it possible for more older persons to age at home. The Expert Panel reiterates the critical importance of implementing multiple actions in parallel to ensure older persons with all socioeconomic experiences, demographics and health status feel the impact. For example, providing financial support might not go a long way if services are not available.



Applying the Quality of Life Framework for Canada

Quality of Life Framework Domain: Prosperity

Priority Pillars: Availability, Accessibility and Affordability

Summary of Recommendations (Prosperity):

1. Introduce a new Age at Home Benefit
2. Establish a public national insurance program for home care and support
3. Increase the Guaranteed Income Supplement (GIS)
4. Expand/change eligibility criteria, and promote existing programs that provide housing for older persons
5. Convert the Canada Caregiver Credit into a refundable tax-free benefit, allowing caregivers to receive up to \$1,250 a year

Since...

- many older persons in Canada face income insecurity (particularly older women) even though they qualify and/or receive income supports (for example, Old Age Security and the Guaranteed Income Supplement). This:
 - limits their ability to access basic necessities and services, known as social determinants of health, like nutritious foods, social activities, health services
 - can be a factor to prematurely moving into a long-term care setting
- many older persons with disabilities cannot access and afford home care and support services to live at home
- many older persons in Canada with low/or fixed incomes:
 - can not afford renovations or adaptations to stay in their homes longer
 - have trouble affording devices such as hearing aids, walkers, and wheelchairs
 - don't benefit from the current Home Accessibility Tax Credit³ since it is a non-refundable tax credit
- many older persons in Canada rely on family/friend caregivers. Caregivers provide at least 75% of the home care and often incur significant cost (National Institute on Ageing, 2023)
- Canada is lagging behind leading countries such as Denmark, Belgium or Norway on total long-term care spending (including care at home and in facilities) and home care spending as a share of total long-term care spending. There are also differences between provinces and territories

...the Expert Panel recommends the federal government undertake the following actions.

³ The Home Accessibility Tax Credit provides a non-refundable tax credit of 15% on up to \$20,000 of eligible home renovation or alteration expenses per calendar year (for a credit value of up to \$3,000). This means that individuals can access the support multiple times in their lifetime (e.g., if they move to a new home that needs to be adapted, or their health status changes, and they need to do additional renovations in a subsequent calendar year).



1. Introduce a new Age at Home Benefit

Introduce a new annual benefit to age at home to support today's older persons. The annual benefit could fund services based on an assessment conducted by a qualified practitioner using a validated and recognized tool⁴. The benefit could be adjusted according to the results of the assessment and the older person's income. It could cover services selected by the older person, for example health care, personal care and domestic tasks to make it possible to age at home and achieve or maintain quality of life.

Anticipated Outcomes and Impacts

- Older persons will have access to funds for services to stay at home, regardless of their functional abilities or income status
- Premature transfer to a long-term care setting will be delayed or prevented
- Demand for publicly funded long-term care in long-term care homes will be decreased
- Older persons and their families, caregivers and support workers will have access to more publicly funded home care and support services, with better coverage across the country

2. Establish a public national insurance program for home care and support

Create a public national insurance program to cover home health care and home support service expenses enabling older persons to age at home. This program could also cover some expenses for healthcare and support services in long-term care settings, not already provided. This program could be based on existing insurance programs in several other OECD countries.

Anticipated Outcomes and Impacts

- Older persons will have access to funds for services to stay at home, regardless of their functional abilities or income status
- Premature transfer to a long-term care setting will be delayed or prevented
- Demand for publicly funded long-term care in long-term care homes will be decreased
- Older persons and their families, caregivers and support workers will have access to more publicly funded home care and support services, with better coverage across the country
- Canada will better align with other OECD countries that better support aging at home

⁴ Validated and recognized tools currently in use to assess the needs of older persons across Canada include among others, the *Home Care Inter-RAI*, and the *Outil d'évaluation multivalent*. The Council, as the Expert Panel, is not recommending any specific tool at this time.

3. Increase the Guaranteed Income Supplement (GIS)

Implement right away the Government of Canada's⁵ 2021 mandate commitment to increase the GIS. For single older persons, consider expanding this commitment by increasing the amount by \$50 per month (\$600 per year). For older couples, consider increasing the amount by \$75 per month (\$900 per year).

Anticipated Outcomes and Impacts

- Higher income security among at-risk older persons improves factors related to the social determinants of health, like sufficient food and nutrition. It also leads to greater affordability of aging at home support
- This measure will make it possible for older persons at risk to age at home for longer while having quality of life

4. Expand, modify eligibility criteria, and promote existing programs that provide housing for older persons

Assess the commitments within the National Housing Strategy⁶, current tax credits, and other financial incentives or funding programs available to individuals for home accessibility⁷. Change the eligibility criteria so more older persons can access the funds, without any negative impact on their existing benefits, services or supports. Ensure that measures consider the broad range of housing options available to older persons including owned, rented, and shared dwellings.

Anticipated Outcomes and Impacts

- Older persons will be able to stay in their homes longer because they have the appropriate adaptations made within their home spaces

5. Convert the Canada Caregiver Credit into a refundable tax-free benefit, allowing all caregivers to receive up to \$1,250 a year

Change the Canada Caregiver Credit into a refundable tax-free benefit, allowing all caregivers to receive up to \$1,250 per year. The funds could support caregivers, regardless of their income, to lower the financial effects of providing care. Caregivers are mostly women. Consider expanding eligibility to non-family members who are like family. This would align with the Compassionate Care Benefit that defines a caregiver as "a family member or someone who is considered to be like family providing care or support to the person who is critically ill or injured or requiring end-of-life care."

⁵ [Minister of Seniors Mandate Letter December 16, 2021](#) (Government of Canada, 2021)

⁶ Canada Mortgage and Housing Corporation – National Housing Strategy (CMHC, 2018)

⁷ These include, but are not limited to, the Home Accessibility Tax Credit, the Multigenerational Home Renovation Tax Credit and the Home Adaptation for Seniors Independence (for seniors living on reserve).



Anticipated Outcomes and Impacts

- Expanding the Canada Caregiver Credit into a refundable, tax-free benefit will help more individuals qualify and benefit from the credit
- Eligible caregivers will receive up to \$1,250 per year. This will alleviate caregivers' financial burden and expected shortages of family caregivers, and in the end help older persons age at home
- Expanding the eligibility to people “like family” would reflect the fact that many older persons rely on close friends. Not all older persons have family members to rely upon

Quality of Life Framework Domain: Health

Priority Pillars: Availability, Accessibility and Affordability


Summary of Recommendations (Health):

6. Develop a strategy for recruitment and retention of human resources to support aging at home
7. Focus on disease prevention and health promotion
8. Enhance palliative care at home

Since...

- most older persons in Canada may be able to live on their own in their place of choice for much longer if:
 - the onset of neurocognitive disorders (for example dementia) and frailty could be prevented or delayed
 - they had access to opportunities to maintain social connections and meaning in their lives
 - vulnerability to fraud and scams could be addressed or decreased.
 - functional mobility could be kept
 - the burden of chronic disease (for example, hypertension, diabetes, cancer, heart disease, and stroke) could be prevented or reduced
- while 75% of Canadians would prefer to die at home, only about 15% have access to palliative home care services (Health Canada, 2018)
- there are many challenges in recruitment and retention across all provinces and territories in all health sectors. This includes community-based health for older persons in Canada

... the Expert Panel recommends the federal government undertake the following actions.



6. Develop a strategy for recruitment and retention of human resources to support aging at home

Develop a strategy for recruiting and keeping health and social human resources for home and community care. This includes occupational therapists, physiotherapists, speech and language therapists, personal support workers, palliative care nurses, etc.⁸

The strategy could align with the recommendations made in the Canadian Academy of Health Sciences' Canada's Health Workforce reports.⁹ The strategy could seek to address issues related to fair wages and benefits (including parity), and safe working conditions. It could also provide access to training and professional development for health staff working in home care and community/health care. This strategy would help in solving inadequate and unsustainable staffing approaches.

Anticipated Outcomes and Impacts

- Proper staffing of public, private, and voluntary agencies to provide high-quality home care and support services
- Reduce the premature move to a long-term care facility

7. Focus on disease prevention and health promotion

Invest in a new national public awareness campaign. Also, invest in a broad disease prevention and health promotion strategy and action plan. This would enable healthy aging, targeting younger and middle-aged adults and older persons.

The campaign, strategy and action plan should be evidence-based. It should include disease prevention and health promotion activities, focusing on:

- physical, mental and brain health
- community and work force engagement
- anti-ageism
- safety awareness, etc.

Activities could be diverse: exercise, balance, stress reduction, nutrition and cognitive stimulation. Other examples are social connections, community engagement and management of chronic diseases, like diabetes.

⁸ Given its importance to aging at home and in the community, the Expert Panel also recognizes the significant efforts underway by all levels of government to improve access to the availability of family doctors and family health teams. This includes the federal government's plan (outlined in Budget 2023), "Working Together to Improve Health Care for Canadians", to provide nearly \$200 billion in additional funding over ten years to provinces and territories, including \$46.2 billion in new funding to improve health care services for Canadians across the country. The plan emphasizes the key health priorities: Access to family health services; Building a resilient health workforce and addressing backlogs; Access to mental health and substance use services; Modernizing the health system through digital health and health data; and Helping Canadians age with dignity.

⁹ Reports on Assessment on Health Human Resources (Canadian Academy of Health Sciences, 2023)



Anticipated Outcomes and Impacts

- Improved awareness of actions that support healthy aging, reduce ageism and ageist behaviours, and support communities to become more age-friendly
- Individuals achieve better health outcomes. This could include better balance and mobility, decreased loss of muscle mass, improved cardiovascular health, and delayed onset of neurocognitive disorders

8. Enhance palliative care at home

Maintain inclusion of people aging at home with serious illness in the Government of Canada's Action Plan on Palliative Care¹⁰. This improves quality of life for them, their families, and caregivers. It also enhances access, quality of care and health care system performance.

Anticipated Outcomes and Impacts

- Older persons will spend a greater percentage of their last months of life at home
- A greater percentage of older persons will also die at home with the support of family and friends
- Families and caregivers will receive support

Quality of Life Framework Domain: Society

Priority Pillars: Availability, Accessibility and Affordability

Summary of Recommendations (Society):

9. Support innovation with affordable housing alternatives for older persons
10. Invest in new and existing navigation and social prescribing initiatives
11. Expand existing grants and contributions programs to include longer-term funding options
12. Invest in organizations that support caregivers

Since...

- aging at home often requires a mix of in-home and community programs and services
- housing is a priority for many people in Canada and older persons are vulnerable to housing insecurity
- housing alternatives for older persons in the community are scarce and costly and can result in a premature move to a long-term care facility
- older persons are often unaware of what programs and services are available or how to access them

¹⁰ Government of Canada's Action Plan on Palliative Care (Health Canada, 2019)



- information on existing services, support programs and benefit entitlements are primarily available online
- accessing services often requires completing complex forms or filing out an application
- most community-based seniors service organizations across Canada rely on grants to deliver their programs and support older persons in their communities
- there is extensive knowledge and expertise within the community-based seniors' services sector across the country
- studies have shown that social and recreational activities have measurable positive effects on health and well-being. By considering the social determinants of health, social prescribing strives to reduce barriers to health and well-being, and ultimately, gaps in population health (Ontario Hospital Association, 2020)
- family/friend caregivers are the backbone of our health care and social system, but many experience stress and report significant financial burden related to their caregiving work

...the Expert Panel recommends the federal government undertake the following actions.

9. Support innovation with affordable housing alternatives for older persons

Support more alternative, affordable, intermediate housing options as part of the National Housing Strategy. More funding for housing programs and initiatives would help older persons to stay in their current home, move to an apartment, retirement home or seniors' residence, and pay several thousands of dollars per month in rent or move into a long-term care setting.

Anticipated Outcomes and Impacts

- More older persons will be able to live as independently for as long as possible in the type of dwelling they most prefer
- Older persons will avoid or delay moving to long-term care homes

10. Invest in new and existing navigation and social prescribing initiatives

Provide funding to support new and existing navigation services and social prescribing initiatives which have shown effective results. This could be provided through existing federal grants and contributions programs, such as the New Horizons for Seniors Program and Age Well at Home Initiative.



Anticipated Outcomes and Impacts

- Investing in system navigation services and social prescribing projects across Canada will increase program participation, increase accessibility, and optimize program impact
- Investing in these types of projects will result in more older persons participating in recreation and accessing other supports. This could include increased access to home support and services, reduced stress in accessing support, increased physical activity and exercise, improved fitness, increased social connections, reduced social isolation, and aging at home longer
- These things will help delay the onset of both frailty and neurocognitive disorders. They will also improve quality of life for people living with neurocognitive disorders and caregivers

11. Expand existing grants and contributions programs to include longer-term funding options

Increase the investment in and review the current terms of reference for grants and contribution programs, such as the New Horizons for Seniors Program and Age Well at Home Initiative. For example, provide longer term and more predictable funding. Ensure a part of the funding is used for projects that support or are led by equity-deserving groups. This could add to the current short-term project-based funding which supports community-based projects and service organizations. This short-term project-based funding provides critical services to enable older persons to age at home.

Anticipated outcomes and impacts

- Increased and predictable funding will help community-based organizations better support an aging population on a longer-term and continuous basis
- Enable community organizations to hire qualified staff, keep trained individuals, improve program stability and quality. This would make it possible for them to continue serving Canada's aging population and make it possible to age at home

12. Invest in organizations that support caregivers

Provide funding to family/friend caregiver associations, organizations, and networks (national, provincial, territorial, regional, and local). This would support ongoing work to recognize, train and assist family/friend caregivers as they enable older persons in Canada to age at home.

Anticipated Outcomes and Impacts

- A recognition of the valuable work of family/friend caregivers and how much their care enables older persons in Canada to age at home

- Increase the coordination and implementation of initiatives that support caregivers reducing their fatigue, stress, and burnout. As a result, this would prolong the time older persons can age at home and caregivers can stay in the workforce

Quality of Life Framework Domain: Environment


Priority Pillars: Availability, Accessibility and Affordability

Summary of recommendations (Environment):

13. Invest in technology and digital literacy and further invest in innovation in technology
14. Expand support for age-friendly communities
15. Invest in safe, local public transportation services

Since...

- aging at home also extends to aging in one's own community
- older persons in Canada are directed more often to use technology to access health and social programs and services. Internet, computer, smartphone and tablet are often needed to book appointments, access laboratory results, participate in virtual care appointments, etc. Education, training, relevant tools and resources would make it easier for older persons to use technology
- innovative technology can make it easier for older persons stay at home safely. It can also improve the integration of care among older persons, caregivers and care providers. However, technology must still allow for in-person care and respect older persons' preference and privacy
- the Age-Friendly Communities model:
 - includes the engagement of older persons in the age-friendly community process
 - can lead to concrete improvements for older persons in their communities at the municipal level
 - policies, services, and structures related to the physical and social environment are designed to help older people live safely, enjoy good health, and stay involved. For example, safe and walkable neighbourhoods free of obstacles and hazards or neighbourhoods conducive to using mobility devices
- provincial, territorial, municipal and Indigenous governments play a key role in planning for and developing age-friendly communities
- while many older adults value the independence of driving, changes that happen with age may alter a person's ability to drive safely. This can have important impacts on their capacity to live independently and affect their quality of life
- older persons in Canada are diverse. They need a variety of accessible, affordable, innovative and supportive transportation services. For example, adapted and accessible transportation, with schedules that enable predictable use

- 
- some older persons are not comfortable or sometimes not capable of using public transportation. For example, public transportation may require clients to walk significant distances, walk in adverse weather conditions or on icy sidewalks. In some areas, public transportation is absent or too expensive

...the Expert Panel recommends the federal government undertake the following actions.

13. Invest in technology and digital literacy and further invest in innovation in technology

Invest in existing and innovative technologies that can be used by older persons, caregivers, and practitioners. For example, personal alarm and safety alert systems. Invest in digital literacy programs for older persons. They could benefit from health innovation and use technology to get information about services, develop and maintain social connections, use devices and technical applications, access support, etc.

Anticipated Outcomes and Impacts

- Older persons in Canada will have increased knowledge and improved access to resources and ongoing supports. This will make it possible for them to obtain and use the technology essential to access health and social programs and services to age at home
- Innovative technologies with proven impacts on care improvement are more broadly deployed and used across the country

14. Expand support for age-friendly communities

Provide support to speed up the uptake of the Age-Friendly Communities model across Canada. This would increase even distribution, sustainability, and evaluation. It is important to recognize that each community is unique and has specific priorities. For example, implementing age-friendly communities in rural and remote communities might have a different focus than in urban communities.

Anticipated Outcomes and Impacts

- Contributes to the mainstreaming of aging at the municipal or local level. Improved capacity of older persons to age at home in their community for longer

15. Invest in safe, local public transportation services

Invest in and collaborate with provincial, territorial, municipal and local levels of government to explore other innovative and alternative transportation options designed for older persons to age at home. Alternative transportation could include a combination of volunteer and paid services with incentives to cut out-of-pocket expenses for volunteers.

Anticipated Outcomes and Impacts

- Older persons in Canada, especially those with low-income and/or living in rural or remote areas, will have access to transportation and basic life necessities. They will be able to maintain or enhance socialization and community involvement. This support will contribute to their quality of life as they continue aging in their home or community

Quality of Life Framework Domain: Good Governance

Priority Pillar: Accountability

Summary of Recommendations (Good Governance):

16. Enact legislation on home care (within the *Canada Health Act* or new legislation)
17. Enact legislation on long-term care
18. Support the development of national home care standards
19. Increase prevention of mistreatment of older persons
20. Actively engage in discussions at the United Nations regarding the potential development of a convention on the rights of older persons

Since...

- home care and support and long-term care, in general, are not insured services under the *Canada Health Act*
- the Government of Canada welcomed the release of long-term care standards¹¹. These standards provide guidance for delivering services that are safe, reliable, and centred on residents' quality of life. In the wake of the newly released long-term care standards, the Government is currently asking input around the development of a *Safe Long Term Care Act*
- mistreatment of older persons (also known as elder abuse) is a social and public health problem that affects at least 10% of older persons every year (Burnes et al., 2022)
- mistreatment of older adults is perpetrated by various individuals, communities, or organizations with whom older persons have a presumed relationship of trust (spouse, children, grandchildren, neighbors, friends, paid care, and service providers, etc.)
- mistreatment has short, medium and long-term physical, psychological, material, financial and social consequences. This can have a direct impact on an older individual's confidence and ability to live at home

¹¹ On January 31, 2023, the Standards Council of Canada, Health Standards Organization and CSA Group announced the completion and public release of new national long-term care standards. The federal government welcomed the release of these complementary, independent long-term care standards. Health Canada provided funding to CSA Group and HSO to support enhanced engagement and consultations with Canadians and stakeholders to ensure that diverse perspectives were considered during the development of both standards.



...the Expert Panel recommends the federal government undertake the following actions.

16. Enact legislation on home care (within the *Canada Health Act* and/or new legislation)

Enact legislation that would set criteria and conditions for federal transfers to provinces and territories for home care to give it a status similar to what has been put in place for “insured health services” in the *Canada Health Act*. The legislation could set guidelines for establishing and supporting the implementation of national quality standards for home care, similarly to what is currently being done through the development of a Safe Long-Term Care Act. This legislation could also encourage provinces and territories to make those standards mandatory in their respective jurisdiction.

Anticipated Outcomes and Impacts

- Recognition of the importance of home care. Opportunity to enhance the federal, provincial and territorial cooperation to improve important services for older persons in Canada
- This new legislation would have the potential to drastically transform home care in Canada

17. Enact legislation on long-term care


Finalize and adopt a *Safe Long-Term Care Act* to reflect the new national standards for long-term care homes. Encourage provinces and territories to make those standards mandatory in their respective jurisdiction. Legislation could also be adopted to give long-term care a status similar to what has been put in place for “insured health services” in the *Canada Health Act*. Similar to recommendation [#16](#) above regarding home care.

Anticipated Outcomes and Impacts

- Recognition of the importance of long-term care standards and opportunity to enhance the federal, provincial and territorial cooperation in improving important services for older persons in Canada
- This new legislation would have the potential to drastically transform long-term care in Canada

18. Support the development of national home care standards

Support the development and promotion of updated home care and community care standards by a Canadian accredited standards development organization (for example, Health Standards Organization). This would promote consistency and equity among persons living at home and in the community. A national home care and community care standard could be reflected in a new legislation establishing and supporting the



implementation of national quality standards for home care as recommended under recommendation [#16](#).

Anticipated Outcomes and Impacts

- Building consensus and agreement across all government levels and stakeholders around shared common principles for home care
- Setting standards for monitoring and assessing home care quality will contribute to increase accountability and quality of home care services

19. Increase prevention of mistreatment of older persons

Finalize a federal policy definition of mistreatment of older adults (also known as elder abuse). Support recurrent data collection and, if possible, longitudinal data on the various forms (violence and neglect) and types (physical, psychological, material/financial, sexual, etc.) of mistreatment¹². Increase efforts to prevent mistreatment by supporting national organizations specializing in the fight against mistreatment.

Anticipated Outcomes and Impacts

- Finalizing a federal policy definition will support dialogue and consultations between the various stakeholders
- Documenting the issue will make it possible to track its evolution and support the development of public policies and programs
- Increasing the capacity of national anti-mistreatment organizations will raise awareness. It will also provide a more rapid and appropriate response to older persons living at home. This will help prevent mistreatment and reduce its consequences

20. Actively engage in discussions at the United Nations on the potential development of a convention on the rights of older persons¹³

Increase the federal government's role in advocating for an international convention on the rights of older persons. This would ensure a higher level of accountability towards the rights of older persons in Canada and around the world.

¹² Based on a 2022 report by Beaulieu and St-Martin prepared for the Department of Justice, the following are the three possible options to improve longitudinal data on elder abuse: 1. Work with the Canadian Longitudinal Study to improve the abuse data gathering module; and ensure that the study is repeated with the same respondents on a regular basis; 2. Improve general social surveys (GSS) with a complete module on abuse of older persons 3. Provide regular funding for various research projects assigned to university researchers or research firms. (Justice Canada, 2022)

¹³ The United Nations Open-Ended Working Group on Ageing considers the existing international framework of the human rights of older persons and identifies possible gaps on how to best address them, including by considering, as appropriate, the feasibility of further instruments and measures.



Anticipated Outcomes and Impacts

- Older persons living at home in Canada and around the world would benefit from an international convention. This would allow a better recognition of their rights and the establishment of mechanisms to prevent the violation of these rights

Areas for Further Exploration and Future Considerations

While the Expert Panel's recommendations covered a wide range of measures, some issues need further attention to support aging at home in the Canadian context in the longer term.

The federal government uses different fiscal measures to reduce the amount of taxes paid by people with complex medical or disability challenges. Complementary measures with various income levels and eligibility criteria can be complex to understand and navigate. For example, the Medical Expense Tax Credit has been criticized by commentators and scholars for decades for being too regressive (Philipps, 2001; Tedds, 2012). Changes to tax policies will not solve the issue of availability, accessibility, and affordability of aging at home supports. But refundable measures and simpler and broader eligibility criteria would lead to more fairness.

Ensuring quality of life as we age would benefit from leadership at the federal level, even for factors mainly within provincial, territorial or Indigenous jurisdictions. For example, the availability and delivery of in-home rehabilitation services, supports and devices should be improved. Access to medication and nutritional substitutes for older persons who can not afford them is also important. Through federal, provincial, territorial and Indigenous engagement, the federal government could highlight these issues. It could also engage in dialogue and innovative solutions for easier access to rehabilitation services, medication and nutritional substitutes.

Collaborative efforts among stakeholders also benefit from advancing effective and innovating aging at home programs and services. The federal government could consider ways to further connect organizations serving older persons across Canada. This would ensure effective, regular and extensive knowledge sharing on emerging and leading practices related to aging at home.

Dedicated research funding is also important to document the results of various initiatives and approaches and to identify successful strategies that could be scaled up. Expanding and improving national data on long-term care and home care through further working with provinces, territories and Indigenous communities would also strengthen researchers in the field. This would help governments and stakeholders assess the efficacy of aging at home initiatives from a regional and national perspective.

Lastly, past initiatives from the National Seniors Council could be leveraged to get better outcomes for older persons. The age-friendly/healthy aging lens could be promoted and published. The lens could help a variety of stakeholders make their policies, programs, and initiatives more inclusive and age-friendly. The lens could also be applied to federal



measures, regardless of age, and to examine existing policies and programs. This could include application of the lens to health bilateral agreements with provinces and territories to identify areas where age discrimination might be at play. Then, integrate safeguards as part of the agreements to prevent this discrimination from occurring.



Conclusion and Next Steps

The federal government should think about the economic cost of inaction. Supporting aging at home involves major investments to respond to Canada's diverse aging population. This report provides various recommendations and topics for future considerations that, taken altogether, would much improve older persons' capacity to age at home in Canada.

The Expert Panel's recommendations reflect a multi-sectoral approach building from the analysis of 4 key policy pillars, the 4As (Availability, Accessibility, Affordability, and Accountability). The 4 pillars are linked and can have a stronger collective impact when addressed in parallel or together. A comprehensive approach involves various service sectors and disciplines, fosters collaboration across levels of government, and brings together diverse partners. Such an approach will more likely achieve system-level change and maximize impact.

Among all the recommendations and areas for further exploration in this report, the Expert Panel strongly believes that 3 priority areas offer significant opportunities for action. These include:

- additional financial benefits for low-income older persons
- reinforced community-based support and services
- new initiatives to promote and help plan for aging, retirement and life in later years

While provinces, territories and municipalities are mainly responsible for delivering measures to enable aging at home, the Expert Panel believes that the federal government can and should play a leadership role. It could better support individuals across the country in aging at home and facilitate the coordination and integration of these supports.

Municipal governments can play a key role in planning and developing communities that are more age-friendly. As the population ages, it is crucial that we work on access to affordable and equitable resources to stay active, as well as to services, programs, benefits, and innovative housing options in their communities.

Prioritizing age-friendly communities can have a positive impact on older persons' quality of life. Older persons aging at home includes a consideration of the home (the dwelling, in immediate proximity of the dwelling, the community in which the dwelling exists) and the social connections and social engagement beyond the home.

Many Canadian municipalities have joined the Age-Friendly Communities model. They have embarked on an ongoing process to make their communities more conducive to "aging actively". The Expert Panel invites all levels of government to think more broadly about ways to further leverage and encourage these initiatives as means to further support aging at home.



Indigenous peoples, equity-deserving older persons and people living with low income deserve to get aging at home services and supports.

It is up to governments, community service organizations, caregivers, professionals, and older persons to innovate, collaborate and communicate. Doing so will ensure the availability, accessibility, affordability, and accountability of benefits, services, and supports to age at home. This will achieve and maintain quality of life as we age in Canada.



Annex A: Community Engagement: List of Participant Groups, Sectors and Professionals

In examining aging at home in Canada, the Expert Panel engaged with individuals, representatives of organizations serving or advocating for older persons, and subject matter experts. The Expert Panel was deliberate in its outreach by seeking to engage a wide variety of stakeholders and gather diverse views and perspectives.

Individuals engaged included:

- older persons
- retirees
- soon-to-be seniors
- family members
- caregivers
- volunteers
- individuals who identify as or work closely with Indigenous Peoples
- immigrants
- newcomers
- Black people
- people of colour
- members of cultural and religious communities
- women
- members of LGBTQ2IS+ communities
- people with disabilities
- people living in poverty, with no or low income, and no or limited assets
- members of official language minority communities
- people that speak neither official language
- people living in rural, remote, and northern communities
- people who live alone and those with large extended families
- older persons living in congregate housing
- families living in multigenerational homes

Representatives of sectors and occupations engaged included, but was not limited to:

Health services and home care:

- nurses
- personal support workers
- occupational therapists
- physiotherapists
- recreation therapists



- chiropractors
- psychiatrists
- geriatrics/gerontologists
- home care workers
- family physicians
- family medicine
- gerontology
- mental health
- organizations concentrating on specific diseases or conditions (for example, Alzheimer's disease, cancer, etc.)
- public and private residences
- long-term care facilities
- palliative care, hospices, etc.

Community services:

- community centres
- recreational and social services
- adaptive technologies
- transportation
- housing
- prevention of mistreatment of older adults
- faith leaders, etc.

Public services:

- governments and government agencies at all levels (federal, provincial, territorial, Indigenous, and municipal)
- police
- first responders
- program specialists (for example, transportation, public safety, recreation, etc.)

Subject matter experts and academics:

- teachers
- researchers and academics
- economists
- notaries
- unions
- age-friendly communities advocates, etc.



Annex B: Recommended Actions for Federal Consideration

The National Seniors Council, as the Expert Panel examining measures to further support Canadians aging at home, proposes 20 recommendations for immediate federal action. Implementing these recommendations will enable older persons to age at home and achieve and/or maintain their quality of life.

1. Introduce a new Age at Home Benefit
2. Establish a public national insurance program for home care and support
3. Increase the Guaranteed Income Supplement (GIS)
4. Expand, modify eligibility criteria, and promote existing programs that provide housing for older persons
5. Convert the Canada Caregiver Credit into a refundable tax-free benefit, allowing all caregivers to receive up to \$1,250 a year
6. Develop a strategy for recruitment and retention of human resources to support aging at home
7. Focus on disease prevention and health promotion
8. Enhance palliative care at home
9. Support innovation with affordable housing alternatives for older persons
10. Invest in new and existing navigation and social prescribing initiatives
11. Expand existing grants and contributions programs to include longer-term funding options
12. Invest in organizations that support caregivers
13. Invest in technology and digital literacy and further invest in innovation in technology
14. Expand support for age-friendly communities
15. Invest in safe, local public transportation services
16. Enact legislation on home care (within the *Canada Health Act* or new legislation)
17. Enact legislation on long-term care
18. Support the development of national home care standards
19. Increase prevention of mistreatment of older persons
20. Actively engage in discussions at the United Nations regarding the development of a potential convention on the rights of older persons

Annex C: Glossary of Foundational Definitions

Aging at Home and Aging in Place

Older persons can be empowered to age in the most appropriate and preferred place when effective aging-in-place support and services exist, including but not limited to health promotion (for example, fall prevention programs, vaccination campaigns) and disease prevention programs. As a result, supporting:

- **aging at home** can be understood as enabling healthy aging in one's home and community
- **aging in place**, according to the World Health Organization (WHO), refers to the ability to live safely, independently, and comfortably in one's own home and community, regardless of age, income, or capacity level
- **aging in the right place** extends this concept to the ability to live in the place with the closest fit with the person's culture, identity, needs and preferences which may or may not be one's home (National Institute on Ageing, 2022)

Partners in care

Older Persons: Although there is no universal definition of older persons, the age of 65 is widely considered in Canada as the age of retirement by provisions in the retirement income system and society at large. As such, the primary target population for potential measures would be people 65 years and older, with family/friend caregivers who provide care to older persons as a secondary target. When developing measures, it is important to consider the diversity of older persons and different life experiences and life transitions. For this report, a functional ability¹⁴ lens rather than an age-based focus has been used.

Care Recipient: A person who receives care from an unpaid family/friend caregiver, a paid care provider or a volunteer, either at home or in a long-term care setting. A care recipient may receive care for:

- a shorter time (for example, 6 to 8 weeks post surgery or recovery from a heart attack)
- an extended period of time (for example, 6 to 8 months during cancer treatment)
- episodically (for example, period of depression)
- with increased intensity over time (for example, following a stroke, a neurocognitive disorder, Parkinson's, Amyotrophic lateral sclerosis (ALS), etc.)

Care Provider: A person who provides care and usually receives a salary or wage for their time or provides care as a volunteer through an organization. They may be

¹⁴ Functional ability is defined as the "health-related attributes that enable people to be and to do what they have reason to value." "It comprises the abilities of older people to (a) be mobile and move around; (b) build and maintain relationships; (c) meet their own basic needs; (d) learn, grow and make decisions; and (e) contribute to society." (WHO, 2021)



recruited as volunteers or be employed, self-employed, or contracted to work in facilities, clinics, offices, or at the care recipient's home. The relationship between a care provider and a care recipient starts when care providing begins and usually ends when care ends.

Family/Friend Caregiver ("caregiver"): A person who typically gives unpaid care to someone with a physical or mental health condition or who is chronically ill or frail, either at home or in a long-term care setting. Caregivers can sometimes receive money for their care from the care recipient, for example, in jurisdictions where governmental financial benefits are available to help offset costs incurred by caregivers. Caregivers may be spouses, adult children or in-laws, parents, siblings, youth, extended family members, or someone outside the family. The relationship between a caregiver and a care recipient pre-dates caregiving and may continue until end-of-life.

Types of support

Aging at home support and services refer to all types of care and support that enable individuals who stay in their home or community as they age. The support and service may include home care, access to social or recreational programs, and/or caregiver support. Home care can be grouped into two broad categories¹⁵ of support, including:

Home Health Care

Home health care supports focus on services provided by trained professionals such as:

- nursing care (for example, dressing changes, preparation of medications, etc.)
- physiotherapists
- occupational therapists
- recreation therapists
- nutritionists
- physicians
- pharmacists
- speech therapists

Home health care supports also focus on help with medical equipment and supplies (for example, wheelchair, incontinence products, ventilators, or oxygen equipment), rehabilitation, and palliative care.

Home Support Services¹⁶

Home support services focus on facilitating activities of daily living (ADLs) and instrumental activities of daily living (IADLs). ADLs refer to the basic activities necessary for daily life (WHO, 2021), such as:

¹⁵ Note that specific terminology may differ across provinces and territories in Canada.

¹⁶ 'ADL support' and 'IADL support' may sometimes be treated separately as distinct subcategories of home care, however for the purposes of this project they are both included under the category, "home support services."



- bathing or showering
- dressing
- eating
- getting in or out of bed
- getting in or out of chairs
- using the toilet
- getting around inside the home

IADLs include activities that facilitate independent living (WHO, 2021), such as:

- using the telephone/technology
- taking medications
- managing money
- shopping for groceries
- housecleaning
- doing laundry
- preparing meals
- using a map

IADLs often occur intermittently and include non-medical services. These services can be delivered by trained persons, volunteers, or caregivers. Some IADL services can be provided by community organizations (for example, Meals on Wheels).

Community Support Services

Community support services focus on activities that help older persons engage in their social and physical environments. Social participation, engagement, and health promotion activities focus on programs that support the social participation and inclusion of older persons and health promotion through various actions. For example:

- physical activity and exercise
- cognitive stimulation
- community involvement
- recreation
- leisure
- cultural activities
- cooking
- gardening
- transportation



Home maintenance services include, for example:

- home maintenance and repairs
- renovations
- adaptations (for example, ramps, grab bars, etc.)
- Yard work/snow removal

Caregiver Support

Support for caregivers can take different forms, such as:

- financial support
- caregiver compassionate leave
- respite services
- caregiver education
- counselling or support groups
- community care coordination



Annex D: Guiding Values and Principles of the Expert Panel on Supporting Canadians Aging at Home

The following 11 guiding values and principles were used as an anchor to ensure that approaches recommended by the Council, as the Expert Panel, to support older persons aging in place are responsive to the human rights of older persons:

1. Ensure that low-income and equity-deserving people can access equitable services (equity, diversity, inclusion, and the impact of intersectionality)
2. Uphold the human rights of older persons and be based on the engagement of them, their loved ones, caregivers, and care providers
3. Ensure programs and benefits are designed and delivered with empathy in a manner that enhances older person's dignity and honours their contributions to society, where respect is at the core of all programs, services, and benefits
4. Promote self-expression and, where possible, empowerment so older persons can make decisions and have choices, including the choice to live at risk
5. Enhance older persons' intrinsic capabilities and capacities using a strength-based lens and an asset-based perspective
6. Be person-centred and oriented around the needs of the older person with a team-based and multi-disciplinary approach rather than the structure of the service
7. Ensure the health and social care workforce (care providers) are respected, valued, and appreciated. Building capacity and competency, having access to training and professional development opportunities
8. Ensure that family, friends, neighbours, and caregivers are respected, acknowledged, valued, supported, and recognized for their contribution to society
9. Ensure that governments at the federal, provincial, territorial, and municipal levels work collaboratively and in partnership and take overall responsibility for the stewardship of support systems. They should set standards on the quality of care and support and implement evidence-based decision-making
10. Adopt innovative approaches to aging at home, to strike the right balance between technology-based (high-tech) approaches and in-person care and support (high-touch). It should also be conditional to technology acceptance by older persons
11. Ensure older persons achieve quality of life as they age and receive equitable services, no matter their geographical location in Canada

References

Berwick, D. 2020. The Moral Determinants of Health. JAMA. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2767353>

Burnes et al. 2022. Elder abuse prevalence and risk factors: findings from the Canadian Longitudinal Study on Aging. Retrieved from <https://pubmed.ncbi.nlm.nih.gov/37118505/>

Canadian Institute for Health Information (CIHI). 2022. Your Health System. Retrieved from <https://yourhealthsystem.cihi.ca/hsp/inbrief?lang=en#!/indicators/082/new-long-term-care-residents-who-potentially-could-have-been-cared-for-at-home;/mapC1;mapLevel2;/>

Clavet et al. 2021. Les impacts financiers d'un virage vers le soutien à domicile au Québec, Chaire de recherche sur les enjeux économiques intergénérationnels. Retrieved from https://creei.ca/wp-content/uploads/2021/05/cahier_21_04_impacts_financiers_virage_soutien_domicile_quebec.pdf

Canada Mortgage and Housing Corporation (CMHC). 2018. National Housing Strategy: What is the Strategy? Retrieved from <https://www.cmhc-schl.gc.ca/nhs/guidepage-strategy>


Canadian Academy of Health Sciences. 2023. Assessment on Health Human Resources. Retrieved from <https://cahs-acss.ca/assessment-on-health-human-resources-hhr/>

Deloitte Canada. 2020. Making Canada the best place in the world to age by 2030: a senior-centric strategy. Retrieved from <https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/fcc/ca-en-canada-2030-senior-centric-strategy-policy-brief-aoda.pdf>

Finance Canada. 2021. Measuring What Matters: Toward a Quality of Life Strategy for Canada. Retrieved from <https://www.canada.ca/en/department-finance/services/publications/measuring-what-matters-toward-quality-life-strategy-canada.html>

Gibbard, R. 2018. Meeting the Care Needs of Canada's Aging Population. The Conference Board of Canada. Retrieved from <https://www.cma.ca/meeting-care-needs-canadas-aging-population#:~:text=This%20CMA%2Dcommissioned%20Conference%20Board,needs%20of%20an%20aging%20population>

Government of Canada. 2021. Minister of Seniors Mandate Letter, December 16, 2021. Retrieved from <https://www.pm.gc.ca/en/mandate-letters/2021/12/16/minister-seniors-mandate-letter>



Health Canada. 2018. Framework on Palliative Care in Canada. Retrieved from <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada.html>

Health Canada. 2019. Action Plan on Palliative Care. Retrieved from <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/action-plan-palliative-care.html>

Justice Canada. 2022. Enhancement of Canadian Data on the Abuse of Older Persons: An exploratory study. Retrieved from https://publications.gc.ca/collections/collection_2022/jus/J4-118-2022-eng.pdf

Islam, M. 2019. Social Determinants of Health and Related Inequalities: Confusion and Implications. *Frontiers in Public Health*. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6376855/pdf/fpubh-07-00011.pdf>

National Institute on Ageing (NIA). 2022. Ageing in the Right Place: Supporting Older Canadians to Live Where They Want. Retrieved from <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/638e0857c959d1546d9f6f3a/1670252637242/AIRP+Report+Final2022-.pdf>


National Institute on Ageing (NIA). 2023. Aging in the Right Place: Enabling a More Promising Future for Long-Term Care in Canada. Retrieved from <https://static1.squarespace.com/static/5c2fa7b03917eed9b5a436d8/t/64da284a18aad449147343f0/1692018764623/Long-term%2BCare%2BPaper%2B3-.pdf>

Ontario Health Association (OHA). 2020. Population Health Series: Social Prescribing. Retrieved from <https://www.oha.com/Bulletins/Social%20Prescribing.pdf>

Organisation for Economic Co-operation and Development (OECD). 2021. Health at a Glance 2021: OECD Indicators: Long-term care spending and unit costs. Retrieved from https://www.oecd-ilibrary.org/sites/ae3016b9-en/1/3/10/10/index.html?itemId=/content/publication/ae3016b9-en&_csp_ =ca413da5d44587bc56446341952c275e&itemIGO=oecd&itemContentType=book

Organisation for Economic Co-operation and Development (OECD). 2023. OECD Health Statistics 2023 Definitions, Sources and Methods: Long-term care resources and utilisation. Retrieved from https://www.google.ca/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEWjk5tOlobH8AhXrElkFHcaVCTsQFnoECBAQAQ&url=https%3A%2F%2Fstats.oecd.org%2Ffileview2.aspx%3FIDFile%3Da29d8d56-e227-4e7b-a90f-b2232b074723&usg=AOvVaw0QxYxig_Zwx2-RPEosKTf0

Philipps L., 2001. Disability, Poverty, and the Income Tax: The Case for Refundable Credits. *Journal of Law and Social Policy*. Retrieved from <https://digitalcommons.osgoode.yorku.ca/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1053&context=jlsp>



Rotermann, M. 2017. Health Reports: High use of acute care hospital services at age 50 or older". Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/82-003-x/2017009/article/54855-eng.htm>

Salde et al. 2019. Health Care for an Aging Population: A Study of how Physicians Care for Seniors in Canada. Retrieved from <https://royalcollege.ca/rcsite/health-policy/senior-care-e>

Standards Council of Canada (SCC). 2021. Long-Term Care Services. Retrieved from <https://www.scc.ca/en/standards/notices-of-intent/hso/long-term-care-services>

Statistics Canada. 2020. The Daily: Almost one-quarter of Canadian seniors are caregivers. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/201124/dq201124a-eng.htm>

Statistics Canada. 2022a. The Daily: In the midst of high job vacancies and historically low unemployment, Canada faces record retirements from an aging labour force: number of seniors aged 65 and older grows 6 times faster than children 0 to 14. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/220427/dq220427a-eng.htm>

Statistics Canada. 2022b. A portrait of Canada's growing population aged 85 and older from the 2021 Census". Retrieved from <https://www12.statcan.gc.ca/census-recensement/2021/as-sa/98-200-X/2021004/98-200-x2021004-eng.cfm>

Statistics Canada. 2022c. The Daily: Home alone: More persons living solo than ever before, but roomies the fastest growing household type. Retrieved from <https://www150.statcan.gc.ca/n1/daily-quotidien/220713/dq220713a-eng.htm?indid=32985-1&indgeo=0>

Statistics Canada. 2023. Health of Canadians: Access to health care. Retrieved from <https://www150.statcan.gc.ca/n1/pub/82-570-x/2023001/section3-eng.htm>

Tedds L., 2012. Reduce your tax liability by claiming medical expenses. The Globe and Mail. Retrieved from <https://www.theglobeandmail.com/globe-investor/personal-finance/reduce-your-tax-liability-by-claiming-medical-expenses/article4102668/>

World Health Organization (WHO). 2015."World Report on Ageing and Health". Retrieved from https://iris.who.int/bitstream/handle/10665/186463/9789240694811_eng.pdf?sequence=1&isAllowed=y

World Health Organization (WHO). 2021. Framework for countries to achieve an integrated continuum of long-term care. Retrieved from <https://www.who.int/publications/i/item/9789240038844>