CanAge

Canada's National Seniors' Advocacy Organization

Submission to the call for contributions on older persons and the right to housing 2022 General Assembly Report

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1. INTRODUCTION

1.1 Housing and Seniors: A Canadian Perspective

Canada, like so many other countries globally, is also wrestling with the challenges and opportunities resulting from the aging of its population. As the world's second largest country by land mass, and with a population of only 39 million people, Canada's housing needs are characterized by a concentration of the population within 2 degrees of the United States border, and a vastly dispersed population through the rest of the country.

Canada's mix of urban, rural and remote communities also make for some practical challenges for aging in place strategies as well as basic housing provision. This patchwork of population housing needs can be compounded by the often harsh weather conditions Canadians face and long distances to travel. Due to Canada's long and cold winters, increasingly hot summers and dry summers, and mounting climate impacts, housing must be able to support not just aging in place, but aging in Canada's unique geographic landscape in particular.

That landscape is also a 'cultural landscape'. Canada is fiercely proud of its population diversity. Some of those types of diversity are the result waves of immigration leading to varied multicultural backgrounds, racial, religious and linguistic traditions. These immigation waves have been layered onto existing traditional rich and proud cultures of Indigenous populations in our country.

In short - the housing needs of Canada's aging population do not lend themselves to a "one size fits all approach", but must be informed by this geographic and cultural tapestry.

CanAge, Canada's National Seniors' Advocacy Organization, is pleased to provide this submission to the United Nations Independent Expert on the Enjoyment of all Human Rights by Older Persons, for consideration in her report to the General Assembly in 2022.

1.2 Demographic Aging in Canada

An estimated 18.5% of the Canadian population is over the age of 65 with that percentage expected to increase to 23% by 2030 (Statistics Canada, 2021a; Government of Canada, 2014).

The housing profiles of Canadian seniors are diverse:

- older adults are homeowners, landlords and renters;

- they live in cities and rural areas;
- they live in many types of homes, from apartments to assisted living;
- they live alone, with partners, with family; and,
- they experience homelessness, poverty and wealth.

Recent studies have confirmed that overwhelmingly most Canadian older adults - notably ~81% - ~95% want to age in place (ranging by study, cohort and physical ability to live independently: March of Dimes, 2021; National Institute on Ageing, 2020).

In Canada, the government definition adopted by the Canadian Mortgage and Housing Corporation (CMHC) for Aging in place is “the ability to live in the same home or community safely, independently, and comfortably, as you age.” (CMHC, n.d., para. 1).

Within the Canadian National Housing Strategy (NHS), published in 2018, seniors are recognized as a group requiring significant investment in order to have safe and affordable housing. This submission provides an overview of some of the most pressing challenges, across housing settings, facing older adults in Canada.

The following statistics help to paint a broad picture of housing and seniors in Canada:

- 26% live alone (Tang et al., 2019)
- 21.5% live in rural areas (Randle et al., 2021)
- Seniors are less likely to live in rented dwellings (22%) than the total population (27%), but when they rent, they are more likely to live in subsidized housing and more likely to be living in unaffordable housing (Randle et al., 2021)
- 10% of seniors live in household in core housing need (a dwelling does not meet standards for condition of the dwelling, suitability or affordability and affordable alternatives are not available) (Randle et al., 2021)
- 25% of people experiencing homelessness are 50+ (Employment and Social Development Canada (ESDC), 2019a)
- The most recent Census data (2016) found 6.8% of Canadians 65+ live in collective dwellings (eg. nursing homes, residences for senior citizens) (ESDC, 2019b)
- An estimated 4-10% of older people experiencing abuse. Most experts agree this number is vastly underestimated. (Gabor & Kiedrowski, 2009; Ploeg et al., 2013)
- 76.3% of Canadians 65+ are internet users (Statistics Canada, 2021d).
- Approximately 35% of Canadians (18+) needing home care services reported unmet needs. The number one perceived barrier to receiving home care services was availability of home care services (Gilmour, 2018).

1.3 A Note on Terminology:

In this submission, the terms 'seniors,' 'older adults' and 'older persons' are used interchangeably to describe people aged 65+. In Canada, 65 is the chronological age most commonly used to identify individuals as 'seniors' as it is the age traditionally associated with retirement and the receipt of benefits such as Old Age Security. However, the experience of aging, including as it relates to housing, varies significantly between different groups of older adults. For example, approximately 7% of people 65+ live in an institutional setting (ex. long-term care) but that percentage increases to approximately 30% for Canadians who are 85+ (Statistics Canada, 2019a). At the same time, a younger, frailer person who has experienced challenges with the social determinants of health, such as poverty and food insecurity, may have higher or different housing needs than an older person who has experienced less barriers.

1.4 WHO DECIDES AND WHO PAYS? : Federal v. Provincial / Territorial Jurisdiction for Health and Housing Services in Canada

Canada is a federation. It has an overarching federal government which has purview over issues like defense and national security, air transit, shipping and others.

1.4.i Powers of the Parliament of Canada

The powers of Parliament, enumerated in ss. 91 and 92 (10) of the *Constitution Acts, 1867 to 1982*, concern matters of national interest (see also notes). They include the following:

- Public Debt and Property
- Regulation of Trade/Commerce
- Unemployment insurance (note 46)
- Direct/Indirect Taxation
- Postal Service
- Census/Statistics
- Defence
- Navigation/Shipping
- Quarantine
- Sea Coast and Inland Fisheries
- Ferries (interprovincial/ international)
- Currency/Coinage
- Banking /Incorporation of Banks/Paper Money
- Weights and Measures
- Bankruptcy
- Patents
- Copyrights
- Indians/Indian reserves

- Citizenship
- Marriage/Divorce
- Criminal law, including Criminal Procedure
- Penitentiaries
- Works connecting provinces; beyond boundaries of one province; within a province but to the advantage of Canada/or more than one province (https://www.canada.ca/en/intergovernmental-affairs/services/federation/distribution-legislative-powers.html)

In this division of powers, health and housing *delivery* are firmly in provincial/territorial (PT) jurisdiction. Investments typically flow from a centrally collected individual income tax paid to the federal government by Canadians, which is then transferred by the federal Minister of Finance to PT governments for use.

The jurisdictional purview is not always so crisply defined, however. There are shared areas where responsibility is divided.

1.4.ii Exclusive Powers of Provincial Legislatures

The exclusive powers of Provincial legislatures, enumerated in ss. 92, 92(A) and 93 of the *Constitution Acts, 1867 to 1982*, concern matters of a local nature (also see notes). They include the following:

- Direct Taxation within Province
- Management/Sale of Public Lands belonging to Province
- Prisons
- Hospitals
- Municipalities
- Formalization of Marriage
- Property and Civil Rights
- Administration of Civil/Criminal Justice
- Education
- Incorporation of Companies
- Natural Resources
- Matters of a merely local or private nature

  (https://www.canada.ca/en/intergovernmental-affairs/services/federation/distribution-legislative-powers.html)

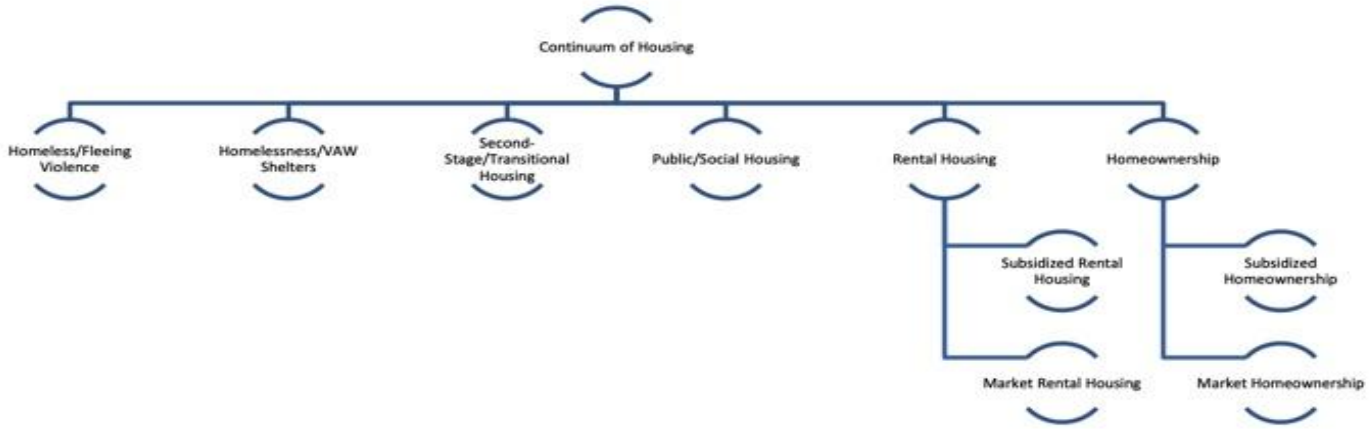
For instance, the Public Health mandate, the National Housing Strategy and the Canadian Mortgage and Housing Corporation are federal jurisdiction. Delivery of health and provision of housing are PT jurisdiction. This can lead to tension, and in some unfortunate cases each claiming the issue is the other jurisdictions' responsibility.

Beyond the direct scope of this report is the unique relationships between the federal government of Canada and the Indigeonous peoples. Indeed, much of the provision of services and supports for the Indigenous population are funded or provided by the federal government, however inadequately and in some cases, historically abusively.

An Indigenous lens is, however, required when considering this submission, and key areas of concern for Indigenous older adults and Elders is highlighted.

Canada has a comparatively robust public health care system, which is run by the 13 PTs, and allows citizens and residents to fairly easily access health care services, including preventive and acute care without individual cost, with some narrow exceptions in coverage.

1.5 Federal National Housing Strategy (NHS)(2017)



Canada's first ever NHS was announced on November 22, 2017 with the goal of making sure Canadians across the country can access housing that meets their needs and that they can afford. Building on investments announced in Budgets 2016 and 2017, the NHS is a detailed 10-year, $40 billion plan that will deliver results and benefit all Canadians – including building more affordable, accessible, inclusive and sustainable homes.

The primary focus for the strategy was identified as for seniors, Indigenous peoples, people with disabilities, those dealing with mental health and addiction issues, veterans and young adults.

However for seniors, the NHS had an extremely limited scope of support - only some modest rent subsidies.

The NHS does not include housing with care and supports, congregate care such as Assisted Living, LTC or Hospice Care. It also did not consider supports for older people who own their own homes but have little else - who are known in Canada as “House Rich, Cash Poor”. While local property tax deferral systems often exist at the municipal level, little is done to assist this significant cohort. Canada will need more creative housing solutions for older people who wish to remain at home, but have little income.

2. THE SENIORS’ HEALTH AND HOUSING CONTINUUM:

Canada has an imperfect health and housing continuum. While overwhelmingly most older Canadians are able to age in place, in their own homes, often supported informally by social relationships. However, with the success of Canadian longevity comes the reality that many more people will need housing and care bundled together in some more structured fashion.

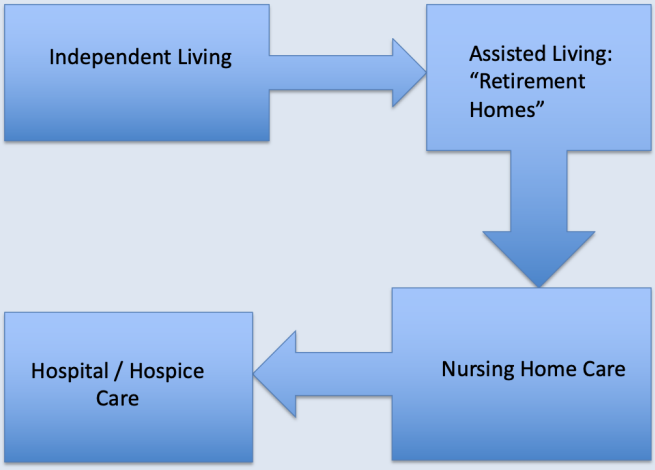
Right now, that system is not ideal.

Indeed, there have been dozens of studies, reports and commissions - well received and evidence-based, which have proposed significantly transforming the system to a more “Nordic” model. This would include prioritizing aging in place, emphasizing home care as the primary model of care (“Care at Home”) with its significant expansion in both types of care provided and service hours.

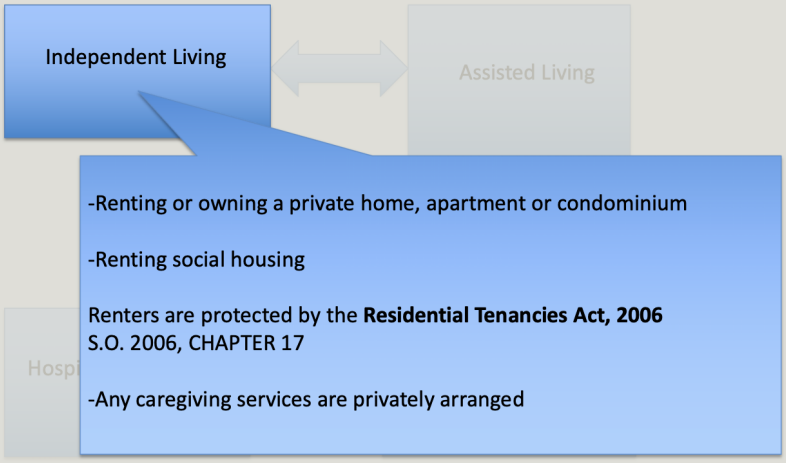
The congregate models of care ranging from rented apartments, to receiving light supports, and layering on more robust supports as needed all in the same building complex is both widely approved of in Canada, and rarely created. There are a number of key barriers and frustrating to this Campus of Care model for aging in place, including the silo’ing of the health and housing provision in each PT, the inconsistencies of public vs private funding coverage, and the awkwardness of many types of different legislation governing each segment of the continuum.

Broadly, the health and housing continuum for Canada’s aging population still looks more like this, and may require the aging adult who is needing more care to move several times to get the support and housing mix they need:

The Health and Housing Continuum



The Health and Housing Continuum Perfected



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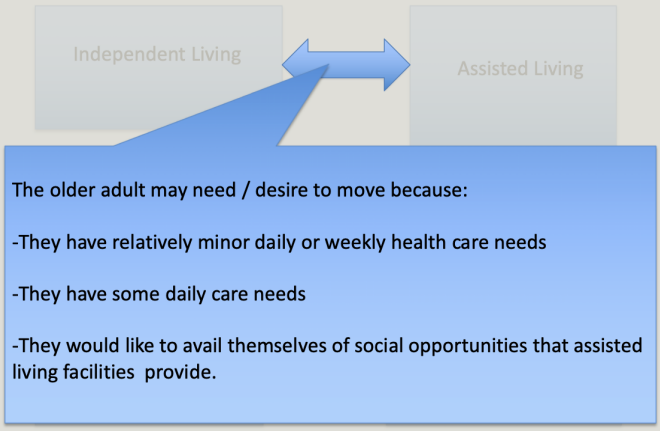


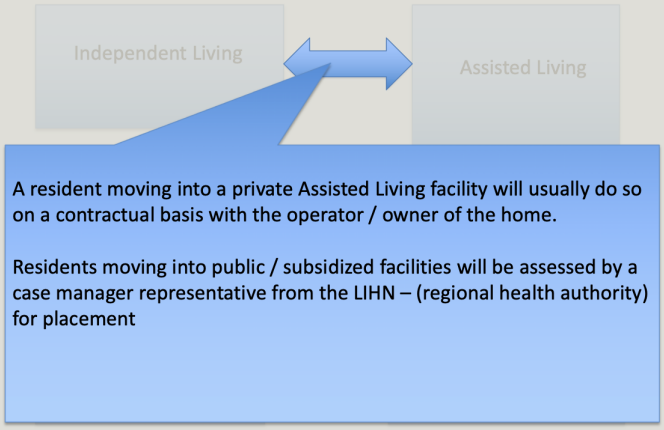
The older adult may need / desire to move because:

-They have relatively minor daily or weekly health care needs

-They have some daily care needs

-They would like to avail themselves of social opportunities that assisted living facilities provide.

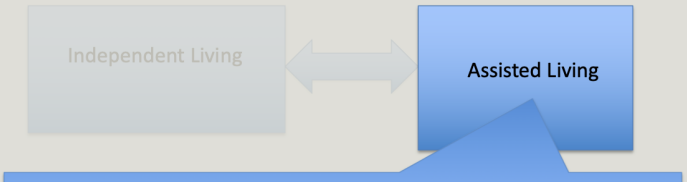
The Health and Housing Continuum Perfected



A resident moving into a private Assisted Living facility will usually do so on a contractual basis with the operator / owner of the home.

Residents moving into public / subsidized facilities will be assessed by a case manager representative from the LIHN – (regional health authority) for placement

The Health and Housing Continuum Perfected



Huge variety of facilities across Canada and Ontario specifically from luxury private facilities to modest publicly funded ones

Assisted living are usually apartment buildings or townhouse complex with individual private suites for individuals and couples. Ontario calls them Retirement Homes. Could be other forms of group homes.

Services may overlap with what is available in nursing home care

The Health and Housing Continuum Perfected

The RHRA is responsible for administering the *Retirement Homes Act, 2010* (Act). The Act establishes the RHRA and sets out its role, responsibilities and powers. The Act also contains care and safety standards and other requirements applying to licensed retirement homes in Ontario.

Retirement Homes Act, 2010:
Ontario Regulation 166/11:
Ontario Regulation 53/12: General (Amending Regulation 166/11)

The Health and Housing Continuum Perfected

The Resident may need / wish to move if their care needs exceed what is available at the Retirement Home for reasons such as:

-The onset of a mental illness / capability issue

-Worsening chronic conditions

-An acute increase in care needs such as a severe fall

Hospital / Hospice Care

Nursing Home Care

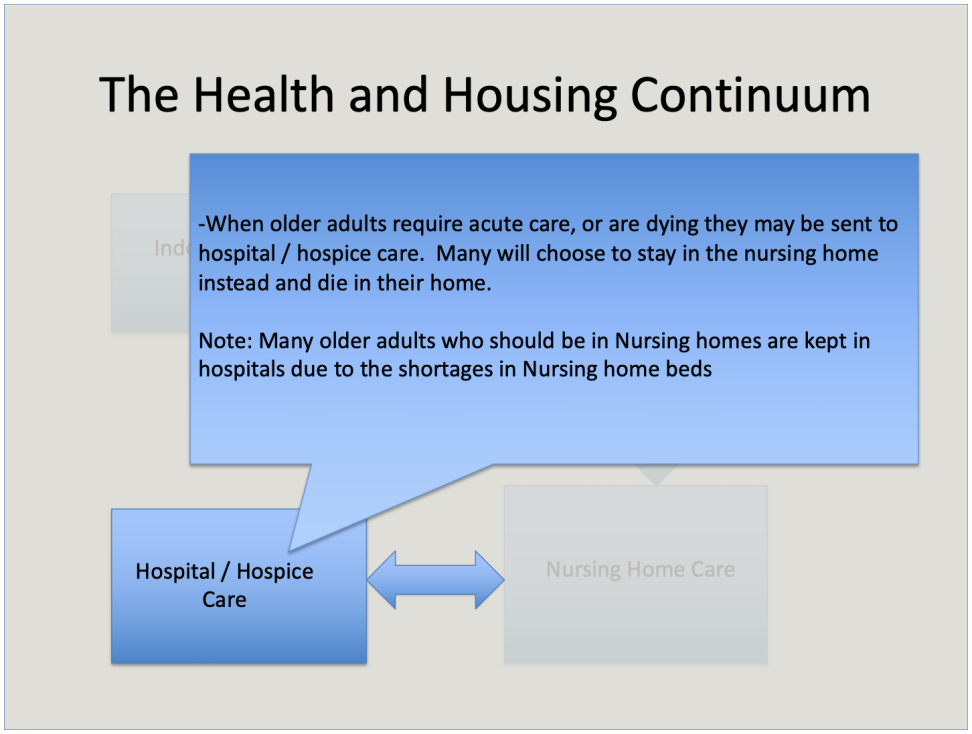
The Health and Housing Continuum Perfected

Need help with the activities of daily living, access to 24-hour nursing care or supervision in a secure setting.

All Long-Term Care Homes in Ontario (including those formerly known as Nursing Homes, Municipal Homes for the Aged, and Charitable Homes) are governed by the Long-Term Care Homes Act, 2007 (LTCHA).

Hospital / Hospice Care

Nursing Home Care



A 2008 report by the Canadian Centre for Elder Law ably described the health and housing continuum for older Canadians, whilst specifically references the British Columbia context:

> "Informing and operationalizing the concept of aging in place is the concept of the health and housing continuum. At its most basic, this continuum commences with an older adult living independently in their owned or rented home. When supports are required to assist with activities of daily living such as cooking and cleaning, then some form of public or privately funded home support worker will be able to come to the older adult's home and assist with those activities. As the older adult progresses along this continuum, some physical adaptations to the home (referred to in the literature as the 'built environment') may be required.
>
> Eventually, however, it may become necessary for the older adult to move out of their own home to a more congregate setting where additional personal assistance services can be provided. This next state along the health / housing continuum is known as 'supportive housing' (SH) or 'assisted living' (AL). The BC Office of the Assisted Living Registrar describes this genre of health / housing mix as being based on a philosophy of providing housing with supports that enable residents to maintain an optimal level of independence. Services are

responsive to residents' preferences, needs and values, and promote maximum dignity, independence and individuality'. Many understand AL as being at the higher-care support end of the broader SH context; others consider it a different next stage in the continuum entirely.

Such a health / housing system may provide adequate supports for some older adults, but for those experiencing a health decline, the continuum moves generally into the area of more traditional nursing-base care, found most often in institutional residential care facilities.

This health / housing continuum is, however, not necessarily so linear, nor so smooth. Most older adults will need little in terms of supports outside their own homes, predominately until they reach into their 80's. Some older adults may suffer acute health crises which result in an immediate need of the highest possible level of institutional nursing / residential care. Older adults may have health gains, such that they need fewer supports and services than previously required. Some may decide to move in with family or friends, or remarry, thus veering off this somewhat artificial continuum. External relationships, lack of available housing, an overarching desire to stay in one's own home and the care needs of others such as children or grandchildren can significantly impact health / housing choices for older Canadians. (Canadian Centre for Elder Law, 2008)"

2.1 LTC vs Assisted Living: Both Congregate Seniors' Housing with Care But Quite Different

Not only are there numerous terms for the 24/7 nursing home care (LTC) but it also has even more confusing and inconsistent terms for the "middle option" between living independently in your own home and LTC.

These types of congregate housing with supports are often known as: Retirement Homes, Seniors' Lodges, Seniors' Continuing Care, Assisted Living, Supported Housing. The generic term used to describe this middle option of housing with limited care supports is "Assisted Living" (AL) and will be used in this report (Canadian Centre for Elder Law, 2008).

Depending on the individual PT jurisdiction, there may be government subsidies for the housing, care or other services such as social inclusion activities. Other PTs do not have these subsidies because they are considered entirely private-pay and outside the health care provision by the individual government. This is a profound area of

inconsistency and leads to health and housing inequities for the aging population in Canada.

2.2 Retirement Homes: A Popular But Expensive Choice

A retirement home is defined as a facility where individuals reside in a place where they pay for their accommodations and care services (Canada Mortgage and Housing Corporation, 2018). It is one form of the “middle option” of assisted living and is not funded by public health funding.

People who live in retirement homes might have a range of needs. The typical distinguishing feature of a retirement home is that all costs fall to the tenant, with no public funding. Given the shortage of long-term care beds and the stricter eligibility criteria for admission, retirement homes need to be more available to provide a viable housing option.

Although retirement homes may be an option for some older Canadians, issues such as affordability, geography and safety still exist. (Blair et al., 2019).

2.2.i.Cost

A barrier that many older adults in Canada may face is paying for the lodging, services and costs of living in a retirement home. Retirement living is targeted to those in the higher income bracket (Ismail-Teja et al., 2020a). There is a lack of housing options for older adults who are in the low and middle income brackets, who may also have some care needs but are not eligible for long-term care (Ismail-Teja et al., 2020a).

Costs in Retirement Homes routinely fall between $2500-$3000 per month on the low end to $15,000 per month on the high end (Comfort Life, 2020). Costs can vary dramatically between homes or jurisdictions. Additionally the “health” services and additional care payments are typically added on monthly, which can quickly add up.

While some assisted living “middle option” congregate housing options exist that have public subsidies, this is not consistent across Canada.

2.2.ii Location

An Ontario-based study found that many retirement homes are built in communities that are surrounded by hospitals, transportation services, and places for social interaction close to the retirement home and community (Blair, 2017). These are very important services and places to have nearby, but also excludes individuals who do not live near

built up communities or those who live in rural and remote settings (Ismail-Teja et al., 2020b).

This leaves some older adults, unable to live in a retirement home within their community.

As a result of this, older adults may have to transition and move into a different community in order to obtain the services and resources provided in retirement homes.

3. WHAT IS LONG-TERM CARE?

A broad definition of LTC in Canada encompasses facilities that “provide living accommodation for people who require on-site delivery of 24 hour, 7 days a week supervised care, including professional health services, personal care and services such as meals, laundry and housekeeping” (Government of Canada, 2004, para. 1).

Background There are more than 2,000 LTCHs in Canada, which approximately a quarter-million residents call home. LTCH ownership and operation is a combination of public, private for-profit, and private not-for-profit. About 54% of LTCHs are privately owned and 46% publicly owned. In 2018, Canada spent 1.3% of gross domestic product (GDP) on residential LTC, which is above the average for Organisation for Economic Co-operation and Development (OECD) countries (0.85%)—the Netherlands spent the most on residential LTC in 2018 (2.5% of GDP).1 The built environment of LTCHs, which can vary significantly, shapes resident experiences and outcomes. LTCHs vary from large institutional models to freestanding household models. In 2019, approximately 40,000 Canadians were on waitlists for LTCHs.2 The Conference Board of Canada estimates that the demand for LTC beds will double by 2035, requiring an additional 199,000 beds to meet the demand of our ageing population.3 Demand for LTC is determined by many factors, including the availability of home care services. While most older Canadians would prefer to age at home with supports, there are significant unmet home care needs in many areas of the country. LTC exists along a continuum of care. The most appropriate care and housing setting shift along with an individual’s care needs. Where along the continuum an individual resides and receives care depends on many factors, including the availability of services, housing, geography, income, etc.

Defining long-term care (LTC) There is no standard definition of LTC or what LTCHs are called within Canada (nursing home, personal care facility, residential continuing care facility, etc.). LTC services vary across the country and typically include bathing, dressing, meal assistance, ambulation, toileting, and behaviour management. These services may be required at any age but are most commonly needed by older people, and the need may be triggered by age or a decline in physical or cognitive capacity (CSA Group, 2022).)

Residents of long-term care, then by definition are experiencing profound health issues and often frailty. For example, across Canada almost 35% of residents have very severe cognitive impairment and ~63% of residents had a dementia diagnosis (Canadian Institute for Health Information (CIHI), 2021a).

However, in some of the more populous jurisdictions such as Ontario, due to the triaging and LTC shortage, the figure is closer to 90% of residents with cognitive impairment including dementia (Ontario Long Term Care Association, 2019).

3.1 Resident profile

- 90% have some form of cognitive impairment
- 86% need extensive help with activities such as eating or using the washroom
- 80% have neurological diseases *
- 76% have heart/circulation diseases *
- 64% have a diagnosis of dementia
- 62% have musculoskeletal diseases such as arthritis and osteoporosis *
- 61% take 10 or more prescription medications
- 40% need monitoring for an acute medical condition
- 21% have experienced a stroke

Some residents also may face intersectional vulnerabilities, such as, for example, a physical disability and having a low income. In Canada, LTC is provided to everyone,

and you cannot be refused LTC because of lack of ability to pay. In some cases the amount may be “owed” by an estate or settled after the sale of an asset.

3.2 Who is Long-term Care Run By, And Who Pays What?

The “nursing home” model of LTC is not part of publicly insured healthcare under the federal *Canada Health Act R.S.C., 1985, c. C-6* nor is it generally understood to be governed by “housing” type legislation. It has unique legislation at a PT level which regulates this type of high needs 24/7 nursing care “housing”. It is left to PTs to organize, fund and deliver. This “betwixt and between” approach has created a lack of consistent standards of care across the country, inadequate funding, and a confusing co-pay system unlike other health care in Canada.

Adding further confusion, it varies across PTs as to what ‘nursing home’ LTC facilities are called, how they are governed and how services are delivered (Government of Canada, 2004). In British Columbia LTC is referred to as “Residential Care”. In Manitoba, LTC is called “Personal Care Homes”. In Quebec, it is known as a “Centre d'hébergement et de soins de longue durée” (long-term care and housing centre).

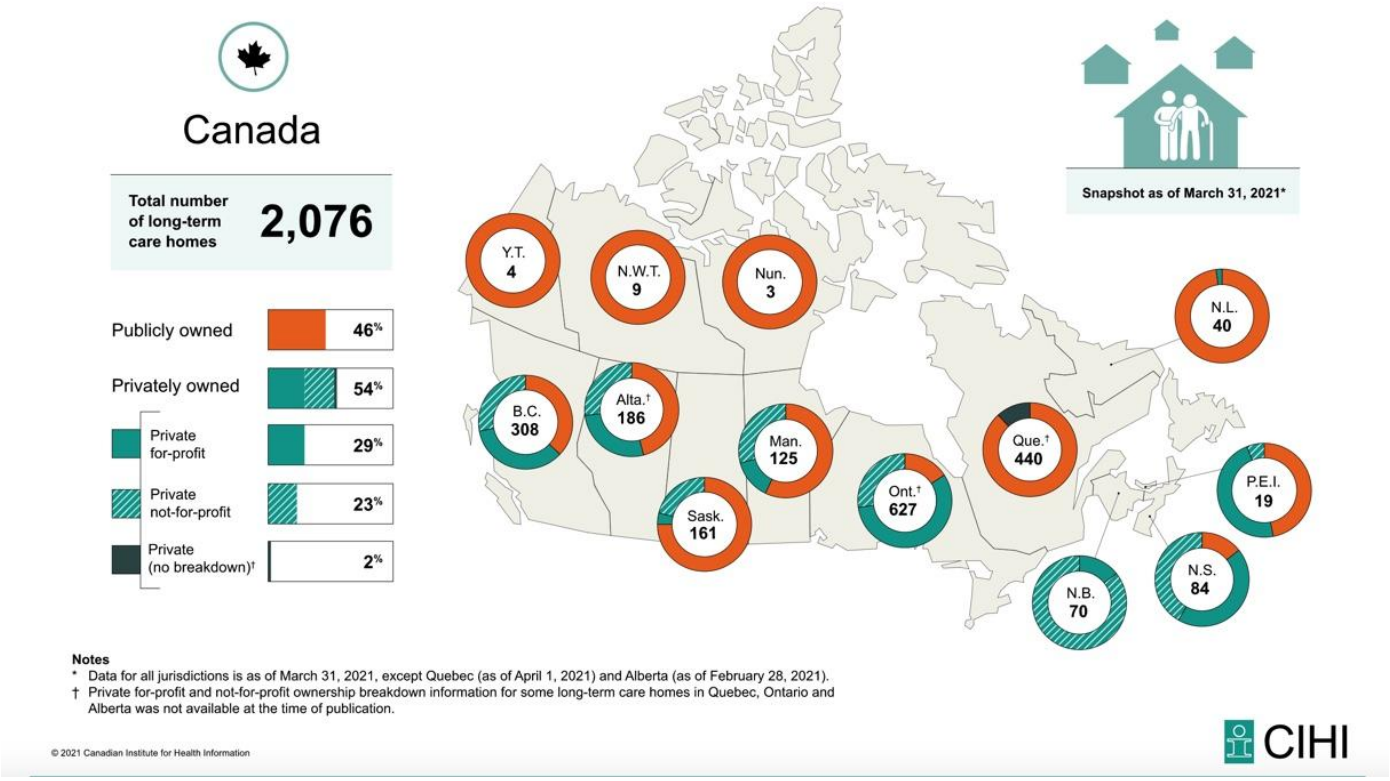
LTC is generally provided by a mix of for-profit companies, non-profit organizations or municipal (local) governments (CIHI, 2021b). Each PT has a specific funding mix and cost structure, but broadly there will be a pocket of funds which the individual pays, a pocket of funds which the government pays directly to the LTC to take care of the health and care needs, and some additional areas of services which may be optional (haircutting, some hand and foot care etc.).

(CIHI, 2021b)

Definitions

- LTC homes with similar characteristics can be called different names across the country (e.g., nursing homes, continuing care facilities, residential care homes).
- Ownership of publicly funded LTC homes offering 24-hour nursing care can be **public** or **private**.
- Privately owned LTC homes can be subdivided into **for-profit** and **not-for-profit organizations**.

The proportion of private and publicly owned LTC homes in Canada varies by jurisdiction. Overall, 54% of LTC homes in Canada are privately owned and 46% are publicly owned. Due to the varying size of LTC homes, the proportion of beds by ownership type may differ from the number of homes by ownership type.



Text version of infographic (CIHI, 2021b)

- Newfoundland and Labrador has a total of 40 long-term care homes; 98% are publicly owned, and 2% are owned by private for-profit organizations.
- Prince Edward Island has a total of 19 long-term care homes; 47% are publicly owned, 47% are owned by private for-profit organizations and 6% are owned by private not-for-profit organizations.
- Nova Scotia has a total of 84 long-term care homes; 14% are publicly owned, 44% are owned by private for-profit organizations and 42% are owned by private not-for-profit organizations.
- New Brunswick has a total of 70 long-term care homes; 14% are owned by private for-profit organizations and 86% are owned by private not-for-profit organizations.
- Quebec has a total of 440 long-term care homes; 88% are publicly owned and 12% are privately owned. Breakdown information for private for-profit and not-for-profit long-term care homes in Quebec was not available at the time of publication.
- Ontario has a total of 627 long-term care homes; 16% are publicly owned, 57% are owned by private for-profit organizations and 27% are owned by private not-for-profit organizations. Breakdown information for private for-profit and not-for-profit long-term care homes was not available for 1 home in Ontario at the time of publication.

- Manitoba has a total of 125 long-term care homes; 57% are publicly owned, 14% are owned by private for-profit organizations and 29% are owned by private not-for-profit organizations.
- Saskatchewan has a total of 161 long-term care homes; 74% are publicly owned, 5% are owned by private for-profit organizations and 21% are owned by private not-for-profit organizations.
- Alberta has a total of 186 long-term care homes; 46% are publicly owned, 27% are owned by private for-profit organizations and 27% are owned by private not-for-profit organizations. Breakdown information for private for-profit and not-for-profit long-term care homes was not available for 1 home in Alberta at the time of publication.
- British Columbia has a total of 308 long-term care homes; 35% are publicly owned, 37% are owned by private for-profit organizations and 28% are owned by private not-for-profit organizations.
- Yukon has a total of 4 long-term care homes; 100% are publicly owned.
- Northwest Territories has a total of 9 long-term care homes; 100% are publicly owned.
- Nunavut has a total of 3 long-term care homes; 100% are publicly owned.
- Canada has a total of 2,076 long-term care homes; 46% are publicly owned and 54% are privately owned; the breakdown for privately owned homes is 29% for-profit and 23% not-for-profit. Private for-profit and not-for-profit ownership breakdown information for some long-term care homes in Quebec, Ontario and Alberta was not available at the time of publication.

3.3 Key Challenges In LTC in Canada

3.3.i Staffing Shortages

In LTC, housing and care go hand in hand. Staff providing care are essential to providing adequate housing. As many experts have noted, “the conditions of work are the conditions of care” and the conditions of work for staff in many Canadian long-term care homes have long been found to be substandard (Armstrong et al., 2020, p. 7).

Not having enough LTC staff, poor pay, limited job security and inadequate benefits combine to create working conditions that result in exhausted staff caring for too many

residents and not being able to provide dignified or even sufficient care (Armstrong et al., 2020; Banerjee et al., 2012; Daly & Szebehely, 2012).

COVID-19 exacerbated and exposed these gaps, but it is important to note that staffing reform in Canadian LTC has been an advocacy issue for decades (Armstrong et al., 2020).

There is broad consensus on this topic from all sides: including from the Canadian Association of Long Term Care Homes (CALTC) on one hand to seniors' advocates on the other. Some modest steps are being taken at the PT level to improve the Health and Human Resources issues in the seniors' care field, and most particularly in the LTC sector. The federal government has promised in its recent platform and budgets to create federal legislation and immigration, training and staffing initiatives to increase sector capacity for staffing.

3.3.ii Bed Shortage

There simply are not enough LTC beds in Canada, now or planned in the foreseeable future. (CIHI, 2017) (OLTCA, 2019)

While new and profound home care investment is a key recommendation to reduce LTC admissions and encourage aging in place, it has not yet occurred. Even with such new and robust home care implemented, it seems deeply unlikely that the housing stock of LTC homes will meet demographic needs.

Canada needs more, better, and new models of aging in place which focus on reduction of LTC institutionalization care. And yet - as lifespans stretch, comorbidities compound and frailty increases, there will always be a need for some form of LTC which provides 24/7 high needs nursing congregate care provision.

Patient flow gets stopped up. Frail seniors are left to wait in hospital or at home in often dangerous conditions without the care or support they need. Wait times for LTC admission compound.

The wait times for admission into LTC vary across the country.

For example, as of March 2022, there are about 40,000 people waiting for LTC in Ontario out of a population of 14.8 million people. In other provinces there are very short waiting lists. Unlike the US, however, LTC beds are not empty. There is a consistent under-capacity.

Wait times for LTC mean people are housed inappropriately, either at home without sufficient supports or too often in hospital. Hospital care is not appropriate for aging in place, and does not provide the housing and home environment needed. Beyond the inappropriateness of a hospital as a substitute for housing, those precious acute care resources need to be directed towards emergency and surgical needs.

This lack of patient system flow has created the offensive term of older Canadians stuck in hospital waiting for LTC as ‘bed blockers’.

In some other cases, particularly in rural and remote areas, older people may simply not have any access to appropriate LTC for their care and housing. They may not be able to access care that meets their needs due to a lack of capacity in both LTC beds and in staffing. An extreme example can be found in the territory of Nunavut, where older adults, often Inuit older adults and Elders, who have dementia are often displaced from their region, and institutionally rehoused in LTC in Ottawa, thousands of kilometres away. Inuit and other Indigenous older adults and Elders are then physically disconnected from their home, support network and culture (Grant, 2022).

For many Indigenous older adults and Elders across Canada, being forced to leave their close communities and moved into an institutional congregate care environment may retraumatize them, having experienced the horror of being displaced as children and forced into Residential Schools. This lifelong trauma, and extending to intergenerational traumas, harms both individuals, as well as communities and potentially cultures. The lack of culturally appropriate, local and community-based integrated care and housing for Indigenous Elders remains deeply problematic in Canada.

The lack of diverse and culturally appropriate care also extends to other cultures in Canada as well, although the experience is of course, different.

Indeed, despite the formal equality of being admitted into LTC by government process based on needs and training, the shameful reality is that differential treatment for access to LTC can still exist.

For example, Um & Ivenuik (2020) found Ontarians 85+ were more likely to sit on waitlists for long-term care than younger older adults.

People who do not speak English or French or require admission to a religious, ethnic or culturally-specific long-term care home were also more likely to have longer wait times. In the study, 12 of the 20 LTC homes with the longest wait times were ethnic, religious, or cultural specific homes. The median wait time for a ethnic, religious or cultural specific home was 246 days longer than for a non specific home.

Culturally specific LTC homes and services are in great demand in Canada, there are simply not enough diverse services or homes available.

Other forms of intersectionality can limit access to aging in place housing and care services such as LTC. For instance, there is little dedicated space for the LGBTQ2+ community in LTC in Canada, although the interest is high and is predicted to become more prevalent (Qureshi et al., (2021)).

Participants discussed the idea of designated LTCHs or wings within LTCHs designated for members of the 2SLGBTQI+ community. Some supported the idea, whereas others preferred improved inclusivity and integration with the broader community. Others noted that the demand for designated spaces would depend on several factors, including the size of the LTCH, the size and needs of the 2SLGBTQI+ community, and where the LTCH is located. Participants also shared their thoughts about helpful ways to raise questions and dismantle assumptions of staff, management, and residents. For example, LTCHs could hold regular informational meetings with staff, residents, community members, and subject matter experts to engage with issues impacting 2SLGBTQI+ residents and other equity-deserving communities. These engagements could include roleplays for instances of misgendering so that staff and management have the active language and tools to create an inclusive, safe and respectful care environment for all residents. (CSA Group, 2022)

3.3.iii Infrastructure

The built infrastructure and design of many LTC homes may compromise both the dignity and safety of LTC home residents. For example, Ontario, Canada's most populous province, has approximately 40% of the total LTC housing stock in Canada (CIHI, 2021). That housing stock is also older than some of the buildings in other parts of Canada. Older homes are more likely to have shared bedrooms, and communal toilets and bathing facilities. Indeed, 64% of those Ontario LTC beds are in rooms that either have multiple beds (2-4) or shared washrooms (Office of the Auditor General of Ontario, 2021).

With older homes not up to acceptable built standards, a percentage of residents lack privacy and personal space in their own homes. This can infringe on their right to housing that respects their dignity. It also can have the secondary effect of endangering residents through poor infection prevention and control, discussed in greater detail below.

The poor HVAC design and infrastructure of LTC homes can also pose a danger to residents. A recent heat wave in British Columbia spotlighted the issue that not all long-term care homes in Canada have air conditioning, a significant threat to vulnerable older persons more susceptible to heat-related health consequences, including death (Weisgarber, 2021). In not having single rooms with en-suite bathrooms, sufficient supplies, enough staff, and effective HVAC systems, the quality of life of older adults is threatened. More effective infection prevention and autonomy of space can be created through better designed infrastructure in LTC.

More from the Canadian Standards Group What We Heard Final Report (CSA Group, 2022):

Infection prevention and control (IPAC)

Frontline staff and operators suggested that IPAC should be focused on the most effective measures and take precautions to avoid negatively impacting residents' quality of life. Participants emphasized the importance of hand hygiene and recommended placing accessible handwashing stations throughout LTCHs. LTCHs also struggled to procure personal protective equipment (PPE), and there was limited space for storage or donning and doffing. Many staff experienced overheating and dehydration while wearing PPE due to a lack of temperature regulation in many LTCHs and staff shortages that made it more difficult to take breaks.

Heating, ventilation, and air conditioning (HVAC)
Participants and respondents stressed the need for HVAC systems in LTCHs that can provide proper heating, cooling, and microbial filtration. Many older HVAC systems lack fresh air exchanges, and many survey respondents emphasized the need to upgrade the systems in older buildings to help ensure all units have air conditioning.

Environmental design
We consistently heard that LTCHs are residents' homes and should be comfortable, safe, inclusive, and culturally appropriate in terms of design. Participants relayed the importance of accessibility and dementia friendly design to enable residents to safely and easily access common areas and the outdoors. Access to nature and culturally safe spaces were also priorities for many stakeholders.

Some participants emphasized that LTCHs should not be institutional—this was particularly important for residential school and day school survivors who may be re-traumatized by institutional settings. Some suggested that smaller LTCHs are more home-like and better equipped to facilitate IPAC and people-centred care. Participants emphasized the importance of single occupancy bedrooms and private washrooms for several reasons—it improves IPAC through physical distancing, enhances privacy and dignity, and allows residents to personalize their living space. However, we also heard that residents who want to live together, such as couples, should be accommodated.

3.3.iv Spotlight on:COVID-19 and LTC in Canada

COVID-19 has had an enormous impact on LTC residents, staff, and families. More than 2,500 care homes across Canada experienced a COVID-19 outbreak between March 1, 2020 and February 15, 2021, resulting in the deaths of more than 14,000 residents and nearly 30 staff.5 As of May 2020, more than 80% of COVID-19 deaths in Canada

occurred in care homes— the highest rate among thirty-eight Organisation for Economic Co-operation and Development (OECD) countries and well above the OECD average of 38%. The Royal Society of Canada's report on the impact of COVID-19 on LTC argues that “[t]he pandemic just exposed long-standing, widespread and pervasive deficiencies in the sector." The report recommends federal, provincial, and territorial governments work in partnership to improve Canada's LTC sector, including developing and implementing national standards. (CSA Group, 2022)

COVID-19 has been a tragedy in LTC in Canada.

In the first wave of the pandemic alone, 81% of COVID-19 deaths were in LTC, the highest of any OECD country, where the average proportion was 38% (CIHI, 2020a).

With the introduction of COVID-19 vaccines, numbers dropped, but in the first three waves of the COVID-19 pandemic, LTC residents accounted for 3% of all COVID-19 cases and 43% of COVID-19 deaths (CIHI, 2021c).

In April 2020, Quebec and Ontario, requested assistance from Canadian Armed Forces (CAF) medical and support personnel for 30 LTC homes (Foss, 2020). Failings in infection prevention practices and a lack of staff were two major problems identified.

The observations in Ontario detailed horrific conditions including: residents left unbathed and in soiled briefs for extended periods, improper wound care and medication administration, presence of insects and improper assistance with eating and hydration. Similar conditions were found in Quebec. Other provinces fared better and worse, depending on the public health measures in the community, the availability of staffing and funding, and the age and design of the home.

There are many reasons for the humanitarian crisis in LTC during COVID-19.

Investigations into COVI19 staffing shortages revealed long-standing issues with the sector. The Auditor General of Ontario confirmed, in 2021, that there is an enduring, foundational and systemic failure in the LTC system when staff are underpaid, undertrained, often without job security and working in a long-term care system with aging infrastructure that is not well integrated into the healthcare system (Office of the Auditor General of Ontario, 2021).

Concretely, this translates to having a workforce that is already vulnerable to the COVID19 virus because the staff are predominantly underpaid racialized women (Lightman, 2021) often working short handed and part-time at multiple homes with multiple beds to a room with poor HVAC.

Numerous efforts were made to stem the infection coming in and out of LTC homes, but many of them had problematic downflow effects. For instance, policies designed to protect residents, such as a limiting LTC workers to one job site put added pressure on

staffing. As infection rates rose in LTC staff, staffing shortages have been exacerbated (Clarke, 2021). Visitor restrictions were put in place, having the effect of isolating LTC residents often in their own small rooms. Unsurprisingly depression, social isolation, physical and mental deterioration was the near immediate result.

Excerpt from : *Social Isolation of Residents in Long-term Care & Assisted Living: EXAMINING THE CONSEQUENCES OF THE COVID-19 PANDEMIC* July 26, 2021

Key Findings:
• Residents of care homes, including long-term care and assisted living residences, are at higher risk of serious illness, complications, and death due to COVID-19.
• Infection prevention measures in long-term care and assisted living residences have included restrictions on visitors, social gatherings, and activities. These measures have led to increased social isolation and decreased physical health, mental health, and quality of life for residents.
• When limited visits were allowed to resume, 61% of family members reported that their loved ones in care homes seemed worse than when they had last seen them, in terms of reduced cognitive function (58%), mood and emotional well-being (58%), and/or physical function (46%). (Office of the Provincial Health Officer & BC Centre for Disease Control, 2021)

But the fact remains that LTC residents have a right to safe housing, and COVID-19 has shone an ugly spotlight on the fact that this is simply not the case for many LTC residents across Canada (Estabrooks et al., 2020).

3.3.v Improvements in LTC:

National Standards for LTC:

In response to the tragic impact of the COVID-19 pandemic in Canadian LTC, two national standards are currently being developed (Health Standards Organization (HSO), 2022).
One standard is oriented towards the care provided in LTC homes: CAN/HSO 21001:2022 – Long-Term Care Services National Standard of Canada (National Long-Term Care Services Standard), which “will provide long-term care (LTC) homes across Canada with evidence-informed practices to provide safe, reliable, and high-quality care for residents” (HSO, 2021).

The other standard is Operation and Infection Prevention and Control of Long-Term Care Homes (CSA Z8004). It will “provide requirements for the safe operation and infection prevention and control of long-term care homes to protect residents and health care workers” (Standards Council of Canada, 2020., para. 1). However, it should be noted that given LTC is under PT jurisdiction, it is still unclear how the standards will be implemented, enforced and perhaps most importantly, funded.

4. SHELTERS

4.1 Failures of the Shelter System for Older Adults in Canada

"Shelters" in Canada refers to an establishment for persons lacking a fixed address or for persons needing transitional shelter or assistance. Included are shelters for persons lacking a fixed address (such as homeless shelters or shelters for street youth), shelters for abused women and children, and transition homes or halfway houses for ex-inmates or persons on conditional release (Statistics Canada, 2019b). Within Canada, there are various types of shelters, including emergency shelters, short-term living options like safe homes and transition houses, and longer-term living such as second-stage housing and rental housing (Government of British Columbia, 2021).

Shelter options should be available when needed and should meet the needs of all older adults who require them. Most older adults who use the shelter system have complex needs, and are often seeking safety from homelessness (Schwan et al., 2020) or violence and abuse (LeBlanc and Weeks, 2013). Older adults experiencing homelessness made up 24% of people experiencing homelessness in Canada in 2016 (in this context, older adults have been categorized as 50+ as the experience of homelessness can mean people have the health of someone 1-2 decades older chronologically) (Canham et al., 2020; Humphries and Canham, 2021)

In Canada, the number of older people who are homeless, at risk of homelessness or precariously housed will both naturally grow as the senior population proportionately increases, but is also expected to expand further as resources for care and housing will be stretched. The risk of chronic homelessness for older adults in Canada includes poverty, lack of affordable housing, loss of income, social isolation, and family dysfunction (Stergiopoulos and Herrmann, 2003). Canada does not have a robust system to support older adults retain or regain appropriate housing - and the demographic shifts will increase these risk pressures.

For older adults in Canada, navigating the shelter system for adequate, safe, and suitable shelter options is challenging. Precarity is the core theme for seniors' who are homeless and/or seeking shelter options. Appropriate shelter housing for seniors is very limited. Research shows that older adults relying on shelters for housing tend to be in the shelter system for long durations of time, and have a lowered probability of transitioning out of the system and into stable housing (Stergiopoulos and Herrmann, 2003).

This is especially true for older adults who are marginalized, including women, those identifying as LGBTQ2SI+ (LGBT*), immigrants and refugees, Indigenous peoples, non-white, and those with physical disabilities, mental health problems, and addiction issues. These demographics typically do not have access to shelter services and resources which are inclusive, specialized, and culturally-appropriate for them in Canada. (Schwan et al., 2020).

4.2 Spotlight on: LGBT* Homelessness in Later Life

Older lesbian, gay, bisexual, transgender, 2-Spirited and gender diverse adults (LGBT*) are historically overlooked, marginalized, and disadvantaged within Canada's aging population. This is in part due to the stark reality that many older LGBT* adults live alone, do not have close or any connections with their families of origin, may live in poverty, and have experienced systemic discrimination and harassment across the life course (Addis et al., 2009; Emlet, 2016; K.I. Fredriksen-Goldsen et al., 2017). Even as there are significant differences among the constituent groups that comprise the LGBT acronym, a consistent and pervasive facet of their experience is their "otherness" – their minority status (Emlet, 2016; Institute of Medicine, 2011; K.I. Fredriksen-Goldsen et al., 2017).

Canadian older adults experiencing homelessness often have complex and chronic health conditions which may impact their ability to access shelters which do not have the universal design or staff capacity to assist with their needs. Examples of barriers to inclusion in the shelter system can include standing in line for extended periods of time, needing assistance to transfer from a mobility aid to a bed, not being able to climb stairs, or care needs (Canham et al., 2019).

Some research characterizes the shelter system as a whole as perpetuating systemic elder abuse through, for example, requiring shelter users to leave for most of the day, which can be hard on an older adult with chronic conditions. Shelter users have also reported having trouble learning about and accessing older adult oriented services. If older adults are seeking emergency shelter or short term living options due to experiences of abuse, options oriented towards older adults specifically are few and far between for both older adult males and females. It is assuredly even more complex for older adults experiencing homelessness who do not identify in the traditional male/female binary which service provision often focuses on. As a result, their shelter and safety needs are often left unmet (LeBlanc and Weeks, 2013).

4.3 Spotlight on: COVID-19 and Homelessness in Later Life

The COVID-19 pandemic has had tremendous social and health implications for older adults generally in Canada. Older adults were, and still are, in danger of severe outcomes from the virus including complex symptoms and health complications, increased hospitalization and death. In fact, during the first year of the pandemic, seniors accounted for 93% of COVID-19 related deaths in Canada (Statistics Canada, 2021b).

Homeless and precariously housed populations generally also have had disproportionately negative impacts from the pandemic (Perri, Dosani, and Hwang, 2020; Richard et al., 2021). Brought together, older people who are precariously housed

or homeless have deeply struggled in the past 2 years, including suffering both higher infection rates and impacts.

A 2021 study based in Ontario found people experiencing homelessness were 20 times more likely to contract COVID-19 and had a 5x greater risk of dying from the virus (Richard et al., 2021).

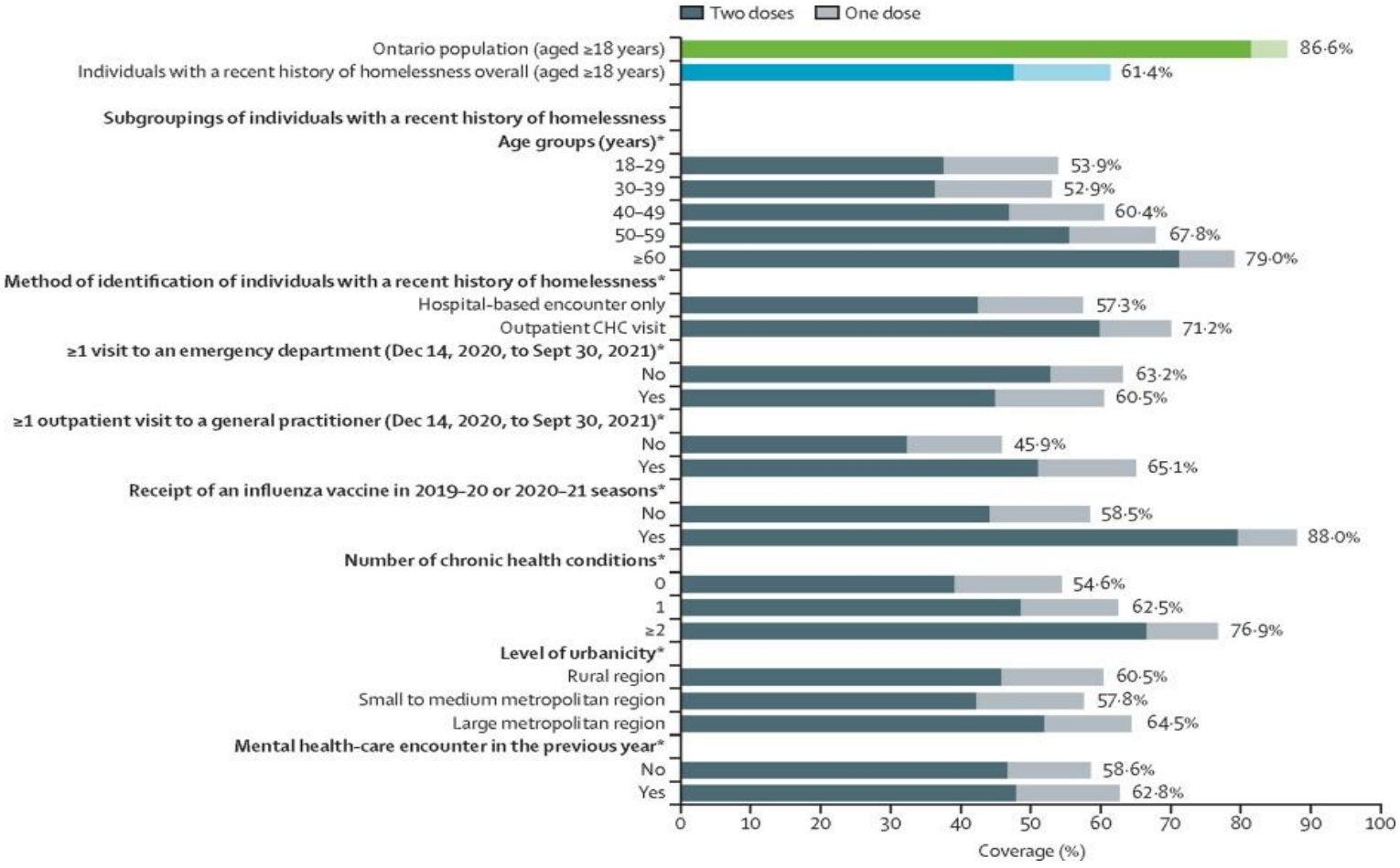
Key reasons older adults experiencing homelessness have been at higher risk of contracting the COVID-19 virus include:

- Lack of access to health and social resources
- Lack of access to hygiene
- Lack of personal protective equipment including masks,
- Lower vaccination uptake amongst this population
- Infrastructure limitations in homeless shelters including crowded and shared spaces
- General challenges in physical distancing, and,
- Difficulties for staff to implement proper infection control measures.
- Closure of many social supports or drop-in resources
- Closure of public spaces who may utilize these services daily to meet basic needs
  (Perri et al., 2020).

It is clear that the combination of age-related risks coupled with the unpredictability of homelessness has left older adults living in precarious housing situations highly vulnerable to COVID-19.

4. 4 Call Out: Ontario Vaccination of Homeless Population by Age

In Ontario, COVID-19 vaccine coverage among adults with a recent history of homelessness has lagged and, as of Sept 30, 2021, was 25 percentage points lower than that of the general adult population in Ontario for a first dose and 34 percentage points lower for a second dose.



4.5 Improving the Shelter System for Older Adults

The shelter system in Canada has a long way to go to better recognize, understand, and address the issues faced by marginalized older adults who rely on their services for safety and support.

This means utilizing age-focused, cultural-specific, and person-centered lenses to help develop programs, policies, and practices which meet the distinct needs of older adults

(Dawson, 2021). While residing in a shelter, older adults should feel confident in knowing that their safety is a top priority.

- ➢ Creating shelter-related services which are confidential, in a geographically accessible location, are culturally inclusive, have security systems, and have 24-hour staffing all contribute to fostering a consistent, safe, supportive, and trustworthy environment (Abbott et al., 2015).

- ➢ Older adults should also be granted extended time to transition from a shelter setting into a long-term affordable and suitable housing option (Abbott et al., 2015). When older adults do transition into long-term housing, the shelter system may need to continue to support them in a variety of stabilizing ways to provide social and health care services. For example, outreach workers, counseling and sexual assault centres, senior's centres, food banks, and mental health and addiction services are key partners which can assist older adults with transition back to their communities (Abbott et al., 2015).

- ➢ Modifying and improving the overall structural design of shelters can also work to develop a more age-inclusive, supportive, accessible and inviting environment for older adults. Utilizing a universal design concept in shelters establishes a space that is accessible to all shelter users and accommodates individuals of every size, age, ability, or disability (Government of British Columbia, 2021).

- ➢ Designs which are age-inclusive means creating more private spaces for them to use, having staff provide assistance with medication use (LeBlanc and Weeks, 2013).

- ➢ Accommodating pets is also a key issue, as many older adults will not seek shelter they need because of concerns about pets. Animal-friendly units, rooms, or secure outdoor spaces can assist in filling this gap (British Columbia, 2021).

- ➢ Developing more shelter options for older adults living in rural areas is vital to ensure they have appropriate access to shelter safety. Rural areas in Canada have comparatively fewer choices in shelter, particularly for older adults who make up the majority of the rural population, compared to those residing in urban areas (LeBlanc and Weeks, 2013).

Canada must engage in targeted community-based research on homelessness in later life, particularly around barriers in the shelter system to meet current and future needs (Schwan et al., 2020).

4.6 Innovations and Promising Practices To Address Later Life Homelesses:

4.6.i Tiny Homes: Through the Homes for Heroes Foundation, there are currently two sites in Alberta and one site in development in Ontario for veterans

experiencing homelessness. Along with housing, participants are paired with a case manager to assist with other needs such as finding employment and creating treatment plans (Homes for Heroes Foundation, n.d.).

4.6.ii Transition Housing Specifically For Older Adults Fleeing Violence:

Although few, there are some shelters designed to meet the needs of older adults fleeing elder abuse. Some examples include:

- Safe Suite in Manitoba provides accomodation, including pets, to anyone 55+ who has experienced abuse or is in imminent danger. Clients can stay for 60 days and receive social work support to plan next steps (A & O Support Services for Older Adults, n.d.).

- In Toronto, Ontario, Pat's Place is a single suite for an older person to have transitional housing for up to 6 months. (See below)

- In Calgary Alberta, The Kerby Shelter is a safe place for men and women 55+ who are experiencing elder abuse. Qualifying elder abuse may present as physical abuse, emotional abuse, financial abuse, sexual abuse, verbal abuse or neglect, usually occurring within a relationship where there is an expectation of trust. Any of these can allow qualification for this housing. (See below)

FAMILY SERVICE TORONTO
For People. For Change.

Pat's Place

Pat's Place is a temporary safe haven for older people experiencing abuse. At Pat's Place we offer a welcoming environment where residents can take time out from their current situation.

At Pat's Place we believe that all older people have the right to live a life free of harm. We are striving to create an environment where an older person can live with dignity and in peace.

FAQ

What kind of accommodation is available at Pat's Place?

Pat's Place offers a cozy, modern bachelor apartment with the following features:

- A small bedroom area with a single bed, sheets, dresser and spacious closet with sliding doors.
- A cozy living room which includes a comfortable futon, dinner table and TV with cable connection. Sliding doors allow light and fresh air into the space.
- Compact kitchen with utility storage space and drawers, oven with top hood/vent, microwave and refrigerator.
- Full washroom with bathtub/shower.

- Both the building and the apartment are wheel-chair accessible.

Is Pat's Place a shelter?

No, it is important to realize that Pat's Place is not a shelter. It is an apartment in a secure location in Toronto. It is not staffed like a shelter (i.e. staff on site 24/7).

Who is eligible for Pat's Place?

People 60 years of age and older who are being abused emotionally, physically, sexually, financially or in other ways by a family member can use Pat's Place. Pat's Place is open to women, men and transgendered persons.

People who move to Pat's Place must be able to care for themselves. If a person requires some supports we will work with them to determine if we can put them in place. If the person can function independently when support services are not present, they will be considered for entry to the program.

Where is Pat's Place located?

Due to the nature of this program, the location of Pat's Place is confidential. The unit is located in an apartment building in Toronto, steps away from TTC, shops and grocery stores.

How long can a person stay at Pat's Place?

Pat's Place is a temporary, short-term safe haven. People who move to Pat's Place can stay for up to 60 days.

What will happen if a person can't leave after 60 days?

Pat's Place is not a long-term form of accommodation. It is critical to be thinking about future plans from the time a person moves in. Staff will work with the resident to set goals that are realistic and achievable within the 60 day stay.

Residents will be asked to sign a document that acknowledges they can stay for up to 60 days.

How can someone access Pat's Place?

Any person experiencing abuse who is 60 years of age or older can call Family Service Toronto's Service Access Unit at 416 595 9618 to inquire about Pat's Place.

We encourage service providers who are working with someone who is experiencing abuse to call, with the person's consent, to determine if this program would be a proper match.

What will happen after a first contact is made with Family Service Toronto?

During a first contact with Family Service Toronto the caller will be asked to provide basic information about who the potential resident is (i.e. name, age, address, contact information and issues the person is facing).

If a service provider calls to refer someone to Pat's Place it is important to secure verbal consent from the older person prior to making a call to Family Service Toronto.

A counsellor from the Seniors and Caregivers Support Service Unit will contact the caller to gather more information. They will make an appointment to meet with the potential resident either in their current home, in the community, in one of our offices or any other safe place.

During this appointment we will share more information about Pat's Place and work with the potential resident to determine if it is the right fit.

What can a person expect during their stay at Pat's Place?

A counsellor from the Seniors and Caregivers Support Service at Family Service Toronto will be assigned to work with the resident. If the person is connected to one or more organizations in the community we will work with them to determine how we can best support the resident. A range of services are available such as:

- Counselling
- Crisis intervention
- Safety planning
- Referral to, and liaison with, community resources
- Assistance with housing applications
- Developing plans for the future beyond Pat's Place

How much does it cost to live at Pat's Place?

There is no charge for rent at Pat's Place. People are asked to contribute to the day-to-day costs (i.e. buying food, clothing, medications, doing laundry and so on). Family Service Toronto is currently fundraising to be able to cover these costs and to install an emergency response system.
(Family Service Ontario, n.d)

Shelter for older adults fleeing elder abuse

The Kerby Shelter is a safe place for men and women 55+ who are experiencing elder abuse.

Elder abuse may present as physical abuse, emotional abuse, financial abuse, sexual abuse, verbal abuse or neglect, usually occurring within a relationship where there is an expectation of trust. The abuse can result in distress, serious harm or even homelessness to the older adult in some situations.

If you have been experiencing elder abuse, we can help you regain your confidence, sense of peace and place in the community. In addition to various programs and amenities, we provide individualized case management support to help you re-establish yourself in the community.

Our shelter provides temporary transitional housing for up to 3 months, and our services include:

- Meals: Groceries are provided and Seniors Prepare Their Own Meals In A Communal Kitchen
- A Private Bedroom
- Case Management Support Provided By Licensed Social Workers
- Income Tax Services
- Foot Care Services Provided by Kerby Centre's Wellness Clinic
- The FIT Room (Gym)
- Support with Financial Applications
- Counselling Referrals
- Homecare Referrals
- Assistance with Housing Applications
- Weekly Programs such as Art Classes and More

- Safety Planning
- Weekly Cleaning Services
- Sagesse Support Groups
- Kerby Centre's Education and Recreational Programs
- Outreach Support Upon Discharge For Up To 1 Year
- And various referrals to Community Resources According To An Individual's Needs

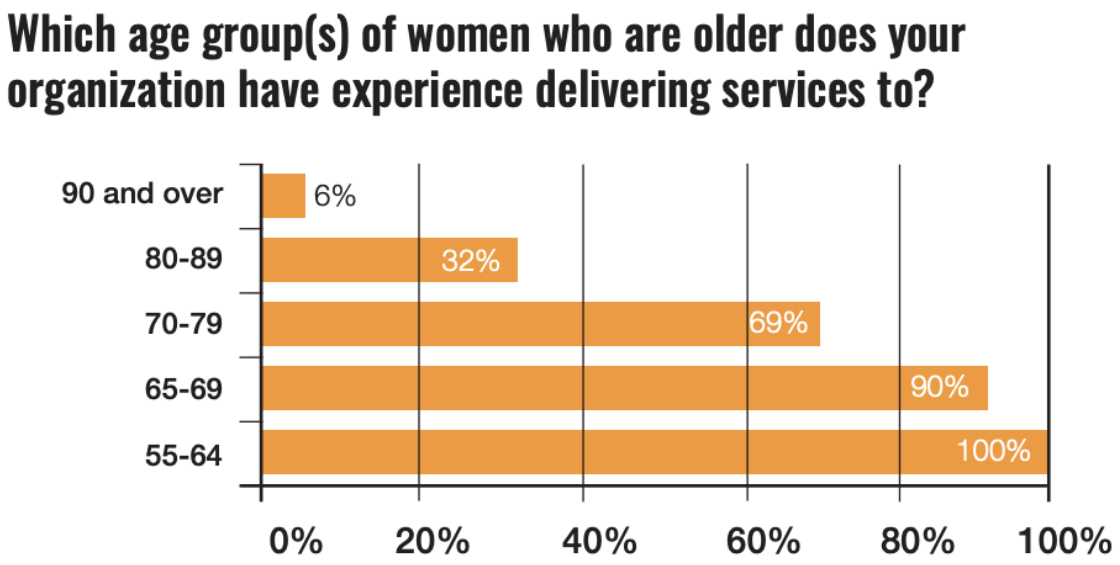
(A fee of 30% of a senior's total monthly income – up to a MAX of $400.00/month is associated with shelter stay). (Kerby Centre, n.d)

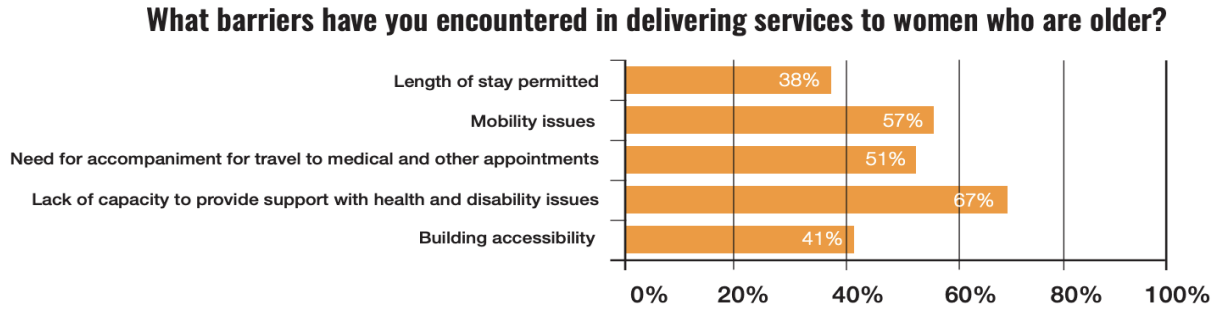
4.7 Transition Housing Specifically For Older Women Fleeing Abuse:

Domestic, intimate partner and sexualized violence remains a critically important issue which intersects directly with housing safety. However, in Canada, transitional or sheltered housing rarely has adequate services targeted for older women fleeing violence. One of the key reports on this was written by Krista James, National Director of the Canadian Centre for Elder Law for the Atira Women's Resource Society. The report was directly informed by the insights of older women fleeing domestic violence and/or elder abuse.

As part of this report, Atira Women's Resource Society Commissioned an electronic survey of more than 400 organizations, 83 of which included transition and safe houses who assisted women who were older. This survey notably revealed key barriers to service delivery including:

Length of Stay Permitted: 38%
Mobility Issues: 57%
Need for Accompaniment: 51%
Health & Disability Issues: 67%
Building Accessibility: 41%





The Atira Report ultimately arrived at 11 Promising Practices for Housing Women Who are Older and Fleeing Abuse:

1. Nurture an environment that values women who are older
2. Develop outreach strategies tailored to women who are older
3. Provide individualized, woman-centred support for women who are older;
4. Focus on relationships and relationship-building for women who are older
5. Focus on safety for women who are older
6. Facilitate access to health care for women who are older
7. Develop strategic partnerships to help women who are older get the services they want and need
8. Provide women who are older with more time to transition
9. Support women who are older after they leave the transition house
10. Integrate evaluation into practice, including documentation of use of services by women who are older, and

11. Work towards system change for women who are older

5. Intergenerational Housing

5.1 Indigenous Elders and Youth

Canada has significant challenges in Indigenous housing for many aspects of these populations, but Elders and youth housing presents especially pressing needs. CMCH has been working with various Indigenous communities to reduce housing precarity and homelessness by bringing these generations together.

One recent example of this type of promising approach to housing was opened in 2020 in Kamloops, BC. It was named: "Kikékyelc: A Place of Belonging". Its role is to provide a place where Indigenous Elders and Youth will experience safe, supported and affordable housing in an environment where their culture and traditional teachings are honoured."

5.2 Indigenous Women and Girls

The Native Women's Association of Canada Report on Indigenous Housing - Policy and Engagement sums up the dire current housing situation of Indigenous women and girls with elegance and power. Their words are directly included below to ensure their voices are heard, as reported:

"The Native Women's Association of Canada (NWAC) is a National Indigenous Organization representing the political voice of Indigenous women and girls in Canada. Incorporated in 1974, NWAC works to advance the social, political, and cultural well-being and equality of Indigenous women through advocacy, education, research and policy. NWAC recognizes Indigenous women in the broadest and most inclusive sense, and is inclusive of status and non-status First Nations, Métis, Inuit, self-identified Indigenous, on and off reserve, Two-Spirit folks, and members of the LGBTQ+ community who consider themselves to be included under NWAC's mandate.

While there are some housing issues shared by Indigenous communities, each faces unique challenges in developing, constructing, and maintaining an adequate housing supply. Indigenous women additionally face gender-specific challenges in securing a safe, stable housing situation for themselves and their families, both on and off-reserve. Racialized violence disproportionately affects Indigenous women and girls in Canada, with housing issues being a contributing factor to the lack of safety and security they may feel. The insufficiency of accessible shelters and affordable housing for Indigenous women leaving abusive situations, especially in remote, rural, and Northern communities, means they and their children cannot always live in safety. Colonization, patriarchy, and the effects of intergenerational trauma shape Indigenous women's experiences of homelessness and housing insecurity. Any approach to address these impacts must recognize the complex social, historical, economic, and legislative issues that contribute to these experiences.

The federal government must incorporate an intersectional, and gender-based approach that is inclusive of voices that have been unrepresented and under-represented in previous policy discussions. Indigenous women are the experts of their own lived experiences and are best suited to deliver recommendations on the housing policies that will impact them.

Background

Housing insecurity is identified as one of the most pressing issues impacting Indigenous women, girls and gender diverse peoples. Throughout urban, rural and Northern communities, safe, sustainable and accessible housing remains a challenge and a lifelong struggle for community members to work through. Challenges related to housing in Indigenous communities are underpinned by the histories of colonization of Indigenous peoples in Canada and continuing marginalization of Indigenous peoples through existing systemic and institutionalized barriers. Particularly, the impact of housing challenges on Indigenous women, girls and gender-diverse people is rooted in the colonial oppression of Indigenous women, not just through oppressive structures of colonial society, but also through gender-based discrimination inherent in these structures. Research on Indigenous women's housing insecurity consistently points, gender-based discrimination experienced by Indigenous women is not just a form of patriarchy, rather stems directly from the Indian Act, which structured Indigenous women's marginalization in to public policy (Yerichuk, Johnson, Felix-Mah, & Hanson, 2016). The long-lasting impacts of the Indian Act policies, and the intergenerational trauma experienced by Indigenous peoples as a consequence of

violent settler colonialism of Canada continue to impact Indigenous women, girls and gender-diverse peoples today. Housing challenges, experienced by Indigenous women, girls and gender-diverse people, are at the core of the historical, social and cultural experiences of Indigenous peoples in Canada. Prominent research on Indigenous women and gender-diverse people's housing experiences has largely established the disproportionate burden of housing challenges on Indigenous women. Housing insecurity experienced by Indigenous women spans across the continuum of housing1 (See Figure 1). From pathways into homelessness to to homeownership, each aspect of housing is punctuated by gender-based barriers to access and influenced by cycles of intergenerational trauma experienced by Indigenous women. Policies across the continuum of housing consistently fail Indigenous women, whose lived experiences have long been silenced in planning for housing solutions and policies in Canada.

Even as research increasingly argues for the importance of considering lived experience as policy expertise, policies and programs focusing to resolve the housing crisis are lacking solutions informed through Indigenous ways of knowing, underpinned by United Nations Declaration of Rights of Indigenous Peoples, and responding in action to calls made by the Truth and Reconciliation Report. Furthermore, recognizing Indigenous women as knowledge-keepers in their communities, it is critical that Indigenous women and gender-diverse people's voices are at the forefront of solution planning."

Other significant work has been done by, with and for Indigenous women and housing needs. One important example was a project on "Indigenous Women Fleeing Domestic Violence, Housing and Homelessness" which included a thorough Scoping Review Consultation in Alberta, 2016. This process and report included representatives of Indigenous communities, women's shelters (on-reserve and off-reserve), universities, health organizations, family shelters, police, government, and community-based organizations in the housing and health sectors.

5.2.i. Policy Approaches to Housing and Homelessness for Indigenous Women

Key recommendations for Policy Approaches to Housing and Homelessness for Indigenous Women resulted. They are excerpted here in entirety to ensure that their words are represented directly:

"Recommendations on Policy Approaches to Housing and Homelessness:

Focusing on the intersection of Aboriginal women, homelessness, and domestic violence means that while some recommendations referred specifically to housing and homelessness, many recommendations looked at the larger contexts requiring attention before meaningful change can be made in housing for Aboriginal women. Prioritizing these complex issues that inform housing policy is in deference to the insistence that Indigenous communities have continuously made on adopting "*Wholistic6"* approaches to approach policy development.

Five key themes of this nature were evident across the sources.

1. Policy development should be approached through the frame of colonization and intergenerational trauma, which demands a complex analysis and comprehensive inter-sectoral solutions.

2. Indigenous women need to have central roles in development of public policy at all levels of governance, including Indigenous governing bodies. That involvement should come with appropriate financial resources and technical training.

3. Housing and homelessness policy development must use *Wholistic* approaches. Policymakers need to work across ministries and across jurisdictions, as well as with community stakeholders, particularly Aboriginal communities. Policies affecting service delivery also need to understand domestic violence as a community issue and approach healing in terms of body, mind, spirit and emotions.

4. Culturally sensitive policy development is necessary, which requires sustained and meaningful cultural sensitivity training for non-Aboriginal policy makers and service providers, and a commitment to culturally relevant gender-based analysis.

5. Financial investment is needed across the entire housing spectrum, including infrastructure, operations, and services."

Additionally, this project arrived on a narrower and more specific set of key recommendations. These have been synthesized below.

5.2.ii Policy Recommendations Specific to Housing/Homelessness:

- Invest in shelters, transitional housing and permanent housing
- Provide and invest in culturally appropriate services or services provided by Aboriginal women
- Rectify inequitable funding of on-reserve emergency shelters
- Research why Indigenous women tend to leave shelters early
- Consider if Housing First should be pursued, or if the model needs modifications and refinement to meet safety needs as well as housing needs.
- For social housing, ensure Indigenous women fleeing violence have adequate and safe shelter.
- Prioritize women on wait lists for social housing
- Ensure that women do not lose their social housing in the event of domestic violence.
- Subsidize women to rent or own homes.
- Improve the poor quality of existing housing stock
- Improve the quality of housing conditions for Indigenous women overall

It is beyond the scope of this paper to fully address profound Indigenous housing issues and their historical, intersectional and marginalizational impacts. Canada must move

forward with its process of Reconciliation, and ensure that housing equity is part of this needed work.

6. AGING IN PLACE

6.1 What is Aging in Place?

Aging in place refers to living safely, comfortably, and independently in your home or community as you age, with the access to the health and social supports and services you need (Government of Canada, 2021). According to a 2021 research survey, more than 78% of Canadians want to age in a place but only 26% of Canadians currently expect to be able to do so. Currently there are challenges and barriers to aging in place when it comes to costs and equitable access to transportation, technology and healthcare.

Key findings from the survey include:

The aging-in-place gap needs immediate solutions such as government-funded home modifications programs, particularly for Canadians with below average incomes, as the COVID-19 pandemic has only increased Canadians' desire to avoid long-term care as they age. Key insights from the research show:

- 78% of working age adults and 93% of seniors agree that home modifications help people to age-in-place.
- The cost of home modifications is an identified barrier for over 50% of adults and seniors.
- Almost 2/3 of adults and seniors agree that home modifications should be publicly funded for seniors and Canadians with permanent disabilities with below average incomes.
- Home modifications were seen as a more cost-effective solution than living in a retirement home or long-term care facility by 63% of adults and 83% of seniors.
- Remaining independent and avoiding long-term care are key drivers for more than half of Canadians, including over 60% of seniors, who said they are planning to modify their homes for care reasons.

6.2 Home Modification and Home Care Support

Being able to age in place safely requires the resources and supports to adapt housing to meet evolving needs.

This could mean small home modifications such as changing furniture layout and installing grab bars to respond to changing mobility needs, assistance with household maintenance, or larger projects such as ramps and lifts.

Home modifications for care related reasons include:

- to support homecare services
- to support an individual with/without a disability to live more independently at home,
- to avoid or delay inappropriate or early admission to a hospital or long-term care facility.

To avoid inappropriate or early admission to a hospital or long-term care facility (for oneself or someone else) is the top reason to perform home modifications among those who plan to modify in the coming years.

6.3 Home Modification to Support Aging in Place: By the Numbers

- 28% of Canadians live in a home that has been modified for reasons related to care
- 36% live in a home which they plan to modify for care related reasons
- Canadians who already modified their homes for care related reasons spent an estimated $46 billion on modifications within the past 5 years.
- Those who plan to modify will spend an estimated $44 billion in the next 2 years. These modifications range from the installation of handrails, access ramps, a barrier free accessible shower modification, to an in-home elevator, etc.

Although essential, home modifications remain out of reach for many seniors.

11 to ~15 % of senior led households live in core housing need because housing:

- Costs more than 30% of gross income (not affordable)
- Does not meet occupancy standards (not suitable)
- Requires major repairs (not adequate) (CMHC, 2021)

Of this group, the urban / rural divide is particularly stark when it comes to adequate housing for older people. In Canada, 10% of urban seniors and a near staggering 25% of rural seniors lived in inadequate housing.

Cost and affordability issues were very high as well. It was a key issue for 95% of urban seniors and 81% of rural seniors. (CMHC, 2021).

For low-income seniors, the cost of renovation is simply too expensive (McDermott, 2020). As a result, older adults who cannot afford or do not have the resources to remodel their homes to accommodate their physical needs, are likely to end up moving to LTC or other types of congregate personal-care facilities (McDermott, 2020).

6.4 Home Care

Beyond the built environment, many seniors require home care in order to remain in their homes safely. However, home care is often sometimes not available, not

appropriate or simply insufficient for the needs of the individual (Johnson et al., 2017; Busby, 2021).

Home care includes a wide range of services provided to all people, but predominantly older Canadians, in their home rather than in a health care, hospital or long-term care facility.

The goals home care services are broad. They can include shorter-term recovery from surgery or illness, to longer-term care for those who are disabled or experiencing limitations because of a chronic condition or aging. It can even include care for those who are at the end of life.

However, home care is not an insured service under the Canada Health Act. This means that PTs have to pay out of their own health transfers and budgets to provide services. This is one of the key reasons that home care services are so inconsistently provided across the country.

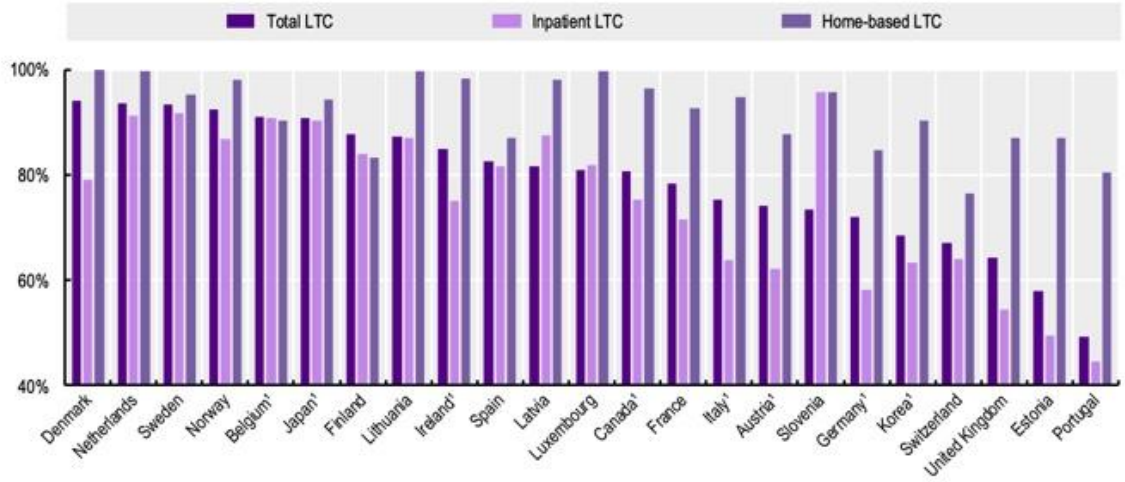
Variations in how expenditures are recorded and which services are included make it very difficult to assess overall costs. Two highly conservative estimates of home care expenditures in Canada ranged from $3.7 billion to $5.9 billion in 2013. By 2018, the total estimated home care expenditures was $10 billion. This trend is only going to significantly increase with the aging of the population and increased longevity.

However, this is a fraction of 7.8% of the overall health budget, which has home care as part of the “Other Health Spending (OHS)”. Home care is one of the least expensive forms of care for any person receiving health services, but this is particularly true for older people who would otherwise require housing in institutions like LTC.

Canada dramatically underspends on home care. Denmark, a world leader in providing continuing care options for older adults, allocates approximately 60% of its continuing care budget on home care and the rest on care in LTC institutions. No Canadian jurisdiction is even close to this level. In fact, Denmark spends, as a share of its national income, nearly double the amount on continuing care services that Canada spends. (OECD,

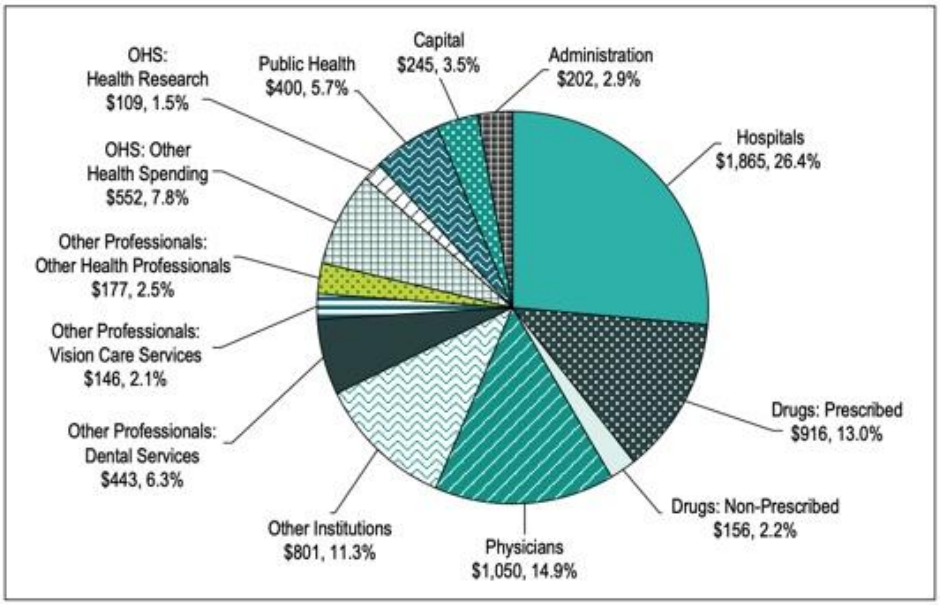
In order for aging in place to be successful, and for Canada to address its aging population, home care must be rethought. It must include a much wider scope of care, equitable access to this care, an investment in making it the primary type of care for seniors in particular, and the cost ratio between home care and LTC needs to be reversed. Canada must ensure that home care is robust, flexible and is not just medicalized support. Social supports and engagement, housekeeping services and upkeep

Figure 2. Share of public spending for different LTC services, 2018 (or nearest year)



1. Countries that do not report LTC (social).
Source: OECD Health Statistics 2020, https://doi.org/10.1787/health-data-en.

Figure 1 Total health expenditure per capita by health spending category,[ii] Canada, 2019^ (dollars and percentage share)



Notes
^ 2019 revised preliminary estimate.
OHS: Other Health Spending includes a new broader definition of home and community care spending. Publicly funded home and community care expenditures by provincial and territorial governments in Canada are estimated at about $10 billion for 2018–2019. For information on the development of home and community care spending estimates in Canada, see the Methodology Notes.
See data tables A.3.1.2 and A.3.1.3 in the companion Excel file. See the Methodology Notes for definitions.
Source
National Health Expenditure Database, Canadian Institute for Health Information.

The reality of the under-investment is supported as well by the perception Canadian adults have of this problem as well.

A 2018 Statistics Canada Report found that more than one-third of community-living adults with perceived home care needs did not have those needs met in 2015/2016.

This was more prevalent among those with broader aging-in-place support needs than just narrower medical home health care (HHC) needs.

The availability of services was most often cited as a barrier to obtaining home care services, particularly for those with an unmet need for HHC services. Age group, household type, long-term care insurance and health status factors were associated with perceiving an unmet home care need, with few differences by type of unmet need.

The lack of appropriate, adequate and equitable home care leads to an over-institutionalization of adults into LTC. In fact, an estimated 1 in 5 seniors in LTC could be cared for in their community with adequate home care supports (CIHI 2017). This is particularly impactful for older adults in Canada who live alone or have a physical or cognitive impairment. For these cohorts, social supports alone are rarely enough to meet health care needs, and thus those groups are more likely to end up in LTC (CIHI, 2017; Johnson et al., 2017).

Home care is needed more than ever. While government promises in PTs and by the federal government are encouraging in improving home care, there remains a significant lack of resources allocated to it anywhere in Canada. There is broad agreement that the model of care, which focuses on LTC as the “seniors’ solution” is outdated, unwanted and overly expensive. In order to promote aging-in-place for the nearly 95% of Canadian seniors who will live in the community, home and social care prioritization is desperately needed.

The COVID-19 pandemic only exacerbated the home care crisis: in Ontario as many as 4000 home care workers have left home care during the pandemic because of pay inequities across the health care sector and the current waiting list in that province for any home care service provision at all is estimated at 6000 people as of March 2022. (Thompson, 2022).

6.5 Technology

Technology plays an important role in supporting aging in place. Some examples of these technologies include:

- virtual healthcare
- technology to remotely monitor health status
- technology to foster social connections
- smart home technology to support people living with dementia and their care

partners facilitate improved care and safety
- enhances social connection among community-dwelling seniors (Kim et al., 2017).

These are essential features to safe, dignified housing.

Although technology can be used as a tool to empower older adults to age in place, issues of accessibility need to be considered. Many technologies require an internet connection. However in Canada, many rural and remote communities do not have access to a reliable broadband internet connection (defined as 50 Mbps download, 10 Mbps upload) (Canadian Radio-television and Telecommunications Commission (CRTC), 2020). The following chart reveals stark disparities in broadband internet connections across the country:

Urban households	98.6%
Rural households	45.6%
First Nations reserves	34.8%
OLMC (official language minority communities) households	90.6%

The theoretical availability of technologies to support aging in place also does not mean there is equitable access to them.

In a study conducted among low-income homebound older adults, participants reported that the cost of internet, computer and other relevant equipment was one of the reasons for not using internet technology (Choi & Dinitto, 2013).

Other reasons include ergonomic barriers, lack of computer knowledge, and physical limitations (Choi & Dinitto, 2013). These results are supported by internet use among Canadian seniors, where older seniors, seniors in poorer health, seniors with less education, seniors living alone and seniors with low incomes were less likely to be internet users (Davidson & Schimmele, 2019).

In the case of assistive technologies, which can widely range from a walker to a piece of software, government funding assistance for individuals varies in terms of eligibility criteria and across provinces and territories (Tsertsidis et al., 2019).

AGE-WELL is a national network “dedicated to the creation of technologies and services that benefit older adults and caregivers.” Since 2015, AGE-WELL has supported research, commercialization and policy development in the agetech sector, with projects benefiting older adults in a variety of housing settings. AGE-WELL’s

Scientific Director, Dr. Alex Mihailidis notes that “AgeTech” is a growing trend with an expanding need.

Technology is no substitute for the human touch or connection, aging in place, and modern housing for seniors can be made more possible through additional technological enhancements. Technologies reduce caregiver burden. It can allow regular data to flow to monitors or care providers automatically, allowing caregivers to focus on meaningful interaction and support of older adults in need of the assistance. Technology can improve safety, confidence and data collection.

AGE-WELL is a critically important driver in Canada for the stable housing, well-being and aging-in-place through technological advances and commercialization of research. Its outputs are practical. Its value is immense. As its Scientific Director notes:

“Shifting someone from a bed to a gurney or a wheelchair often requires several people, with the constant risk of injury for the staff. A Toronto startup called Able Innovations has developed a compact device called the Delta Platform, which allows a single caregiver to safely transfer an individual to and from a bed, without contact and while preserving the person’s dignity.

Infection prevention and control are long-standing issues that predate COVID-19. A Nova Scotia company called Tenera Care is now testing a wearable device that can help trace, reduce and prevent the spread of infectious diseases like COVID-19 by providing a readout of everyone who has been in contact with an infected visitor, resident or care worker. The system can also “see” people moving around and alert staff if a resident falls or goes into the wrong room.

Nighttime can be particularly challenging for staff spread thinner. A Vancouver-area startup called Tochtech Technologies has developed a non-wearable health tracking device that is placed under the leg or frame of a bed and allows staff to monitor residents as they sleep. It could make work easier and more effective for hard-pressed workers on the overnight shifts, alerting them when a resident is experiencing heart or breathing problems.

The isolation felt by older people in long-term care has been heartbreaking to witness during pandemic lockdowns. While nothing can replace face-to-face contact with loved ones, a Canadian-designed app called FamliNet helps fill the gap, with an easy-to-use communications platform that allows older adults with little or no computer experience to connect with family and friends.

And there are new technologies that can help to increase cognitive and physical stimulation for residents in long-term care.”

Integration of technology is the way forward for an aging population and housing. Smart buildings, integrated care supports, diagnostic tool improvements, data tracking and social engagement are all areas where AgeTech must continue to flourish and grow to aid in aging-in-place, whether in the community or in congregate care settings.

6.6 Spotlight on: Rural Seniors

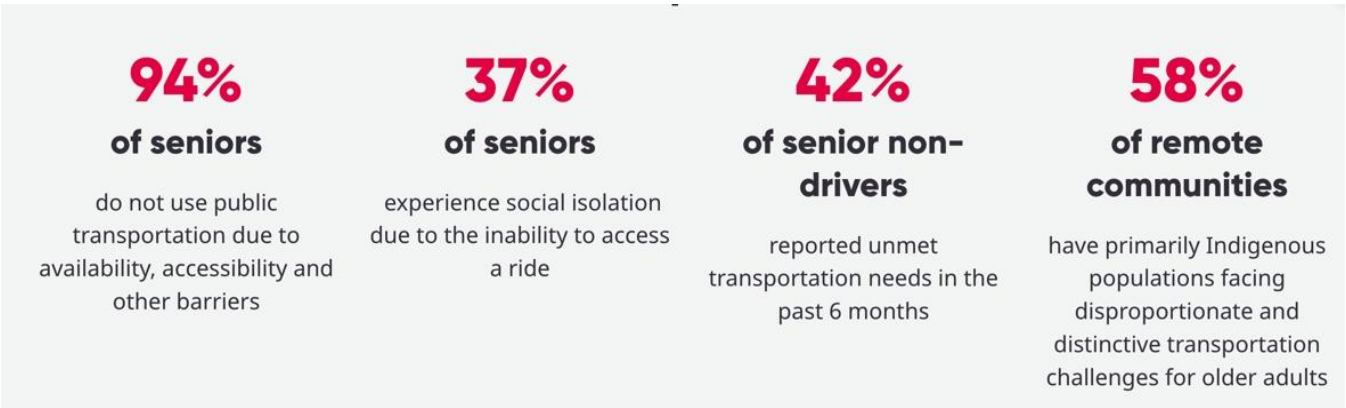
Rural-based seniors make up a sizable part of the senior population in Canada at 21.5% (Randle et al., 2021).

They also make up a larger proportion of the rural population (19.9% - 25%) than corresponding senior populations in suburban (16.9%) or urban areas (15.5%) (Channer et. al., 2020).

Rural seniors have particular barriers when it comes to aging in place which challenge their ability to live safely and well.

Transportation: Getting around in rural areas often depends on the ability to drive because of a lack of alternative options in rural locations (Bacsu et al., 2012). Rural seniors tend to maintain their licenses longer than urban seniors, even though they no longer feel as capable. Public transportation resources are rare in rural areas and often inconvenient or inappropriate for older people.

Lack of healthcare, personal services or social engagement closeby in rural areas exacerbate aging-in-place for seniors in Canada. Seniors need to drive in order to get healthcare, socialize or do errands because services and resources no longer exist in their communities (Bacsu et al., 2012, Hansen et al. 2020).



The lack of home based services also adds significantly to the barriers rural Canadians face to aging in place.

Beyond the common barrier of uncovered costs of home care services rural seniors have also reported not being able to access home care services, including for people living with a dementia diagnosis (Morgan et al., 2015), because they are simply not available. This means nursing care, personal care, homemaking and assistance with tasks such as snow clearance or gardening are harder to access in rural areas forcing rural seniors to relocate because their housing does not meet their needs. (CIHI, 2020b)

6.7 Innovations/Promising Practices: Aging in Place

6.7.i HomeShare: Canada HomeShare offers an intergenerational housing solution that pairs post-secondary students and older adults with a spare room in their home. In exchange for reduced rent of $400- $600 a month, the student provides up to seven hours of companionship and/or assistance with completing light household tasks for the older adult, such as tech support or putting out bins. The program is currently rolled out in four cities across Canada (Canada HomeShare, n.d).

6.7.ii NORCs: Naturally Occurring Retirement Communities (NORCs) are apartment buildings, condos or co-operatives that were not originally built for seniors, but which have organically gained a significant population of seniors (OpenLab, n.d.). It is a flexible model that can offer support to older adults aging in place, through strategies developed by the community to meet their needs (OpenLab, n.d.). NORCs are not unique to Canada, but there are excellent exemplars, such as OASIS in Kingston, Ontario (Oasis, 2020).

6.7.iii Golden Girls: Golden Girls of Port Perry is a shared home ownership group that provides an alternative to retirement home living. The group consists of four individuals who purchased a home in 2016 and they

currently live together. They renovated the property for themselves so that they can effectively age in place, and prioritized safety, socialization, affordability, and independence when designing their home (Golden Girls Port Perry, 2020).

7. ELDER ABUSE AND NEGLECT

Elder abuse and neglect is broadly understood to be “a single or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust, which causes harm or distress to an older person” (World Health Organization [WHO], 2021, para. 7).

While it is beyond the scope of this submission to delve into the complexities of elder abuse and neglect, many Canadian seniors do not have access to safe, appropriate housing or supports because of violence, intimidation, coercion and abuse.

Approximately two thirds of elder abuse is perpetrated by those closest to the older person - family and friends. Abuse happens in homes which are owned or rented by seniors and in congregate care settings. Abuse can lead to precarious housing and homelessness, intersecting with the shelter and transition systems discussed above. (McDonald, L. et al. 2015)

8. CONCLUSION

Canada’s aging population will need more and better housing solutions quickly.

The divide between “housing” and “care” must narrow. Soon.

Home care supports should be robustly invested in and become the primary model of seniors’ care. It should not just include medical care, but also provide social supports such as housekeeping, food preparation, snow removal and social engagement must be integrated as well.

Assisted living models, such as retirement homes or seniors’ lodges should have fair and reasonable government subsidies for those who need it.

LTC should be renovated to current HVAC and building standards, with a resident-focus. Where possible LTC should have an emotion-focus, be provided within smaller homes with a high staff ratio. Staff should be well-supported and have the use of modern technology to help support care. Capacity for assisting older people to age-in-place should be grown, including health care providers, volunteers, community based organizations and social care professionals.

The intersectionality of various populations should increasingly inform housing planning and supports. This is especially true for many marginalized populations such as LGBT*, indigenous, disabled, low-income, ethnically and racially diverse populations, amongst others.

Rural Canada is aging even more rapidly than in urban or suburban communities. To age-in-place well in rural communities greater investments must be made supporting in keeping up owned houses which can fall into disrepair, as well as providing appropriate rent supports and tax relief. Transportation solutions for rural communities are critical to link rural communities and allow seniors to age-in-place. Technology and better digital infrastructure must continue to be prioritized in rural communities.

Abuse and violence are housing issues for older people experiencing domestic, intimate partner, or sexualized violence. Dedicated and specifically designed shelter and transitional housing should be expanded upon across the country - most shelters and transitional housing are not appropriate for older people.

Promising approaches such as intergenerational housing, co-housing, tiny homes, NORCs, are bright lights in Canada's seniors' housing future and must be built upon.

In Canada, housing is a fundamental right. However, this national right is often not able to be exercised by older people. As Canada, like so many other countries, starts to grapple with its aging population, adequate, appropriate and affordable housing must be addressed urgently.

As Canada's National Seniors' Advocacy Organization, CanAge has created a robust "Roadmap to an Age-Inclusive Canada". With its 6 Compass Points, 40 Issues and 135 Recommendations, housing is woven throughout.
Learn more at: www.CanAge.ca/voices.

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