



# **OLDER ADULTS SERVICES REVIEW**

**2024**

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# Executive Summary

The **Dufferin County Older Adult Services Review (OASR)** was initiated to identify service needs, gaps, and opportunities in serving the older adult population within the county. The review's goal was to align programs, services, and infrastructure with the evolving needs of older adults, ensuring they can live independently and with dignity.

## Key Findings:

- **Demographic Trends:**

- The older adult population in Dufferin County has grown significantly, with a 17.7% increase from 2016 to 2021. Projections indicate continued growth, particularly among those aged 75 and over, who are expected to increase by 45.2% by 2034.
- A notable number of seniors live alone, highlighting the need for strong social networks to combat isolation.

- **Housing Needs:**

- There is a pressing need for more affordable, accessible, and suitable housing for older adults. This includes rental units, senior-friendly housing, and long-term care options.
- Current gaps include a shortage of long-term care beds and supportive housing units. The demand for these is expected to grow substantially by 2044.

- **Health and Social Services:**

- The review identified gaps in transportation, social participation, and in-home supports, which are critical for aging in place.
- The growing senior population will increase pressure on healthcare services, necessitating access to primary care, specialist services, and mental health support. There will be a higher demand for services addressing chronic conditions, mobility issues, and cognitive decline, including dementia care.

- **Community Engagement:**

- Engagement activities revealed that older adults and service providers see strong collaboration in service delivery but also highlighted significant gaps, particularly in housing, transportation, and system navigation.

## Strategic Recommendations:

- **Expand Housing Options:** Increase the availability of affordable and accessible housing, including supportive and long-term care units.

- **Enhance Information and Communication:** Implement a centralized information hub for seniors to access services and improve communication strategies to reach isolated older adults.
- **Increase Support Services:** Expand in-home supports, transportation services, and community programs to address social isolation and help seniors remain in their homes.
- **Advocate for Funding:** Secure additional funding from provincial and federal sources to support the expansion of critical services and infrastructure.

Detailed recommendations are provided within the body of the report, including recommendations to enhance the capacity of the DCCSS Department.

The OASR provides a comprehensive strategy to address the needs of Dufferin County's growing older adult population. By implementing the recommended actions, the County can improve service delivery, enhance the quality of life for older adults, and ensure a more age-friendly community.

# 1. Introduction

## Purpose and Scope of the Older Adult Services Review

The County of Dufferin initiated a review of older adult services to identify service needs, gaps, and opportunities. The goal is to better align programs, services, and infrastructure with the evolving needs of the older adult community, ensuring they can live with dignity and as independently as possible.

The scope of the review included:

- **An analysis of current services** – Preparation of an inventory of services available in the community and analysis of the availability of services.
- **An assessment of future needs** – Review of the current demographic profile to inform forecasts of changes to the older adult population and older adult service needs. Development of older adult population projections.
- **Identification of service gaps** – Identification of gaps in service provision and development of recommendations for expanding services to address gaps and improve service delivery.
- **Housing needs analysis** – Identification of current and future housing needs of the older adult population and options to expand assisted living and supportive housing models specific to older adults. Analysis of long-term care options and identification of potential gaps to inform future planning.
- **Operational review** – An operational assessment of Dufferin County Community Support Services (DCCSS) to identify gaps, opportunities, and needs. Recommendation of opportunities to consolidate resources, standardize business processes, and improve service outcomes.
- **Review of communication strategies** – Review of ways older adults are informed about and can access available services and identify ways to improve marketing and communication to ensure older adults are aware of available services.
- **Strategy development** – Development of a plan that outlines priority focus areas, recommended actions, and requirements for implementation, such as staffing needs.

## Needs Assessment and Strategy Report

This report encompasses both a needs assessment and a strategy. It consolidates data on the current and future needs of older adults, which has been used to develop recommendations aimed at optimizing the effectiveness of older adult services in Dufferin County, forming the Strategy for older adults.

## Methodology

A data-driven approach has been used to conduct the review of older adult services. Information sources include:

- **Review of Existing Reports, Plans, and Policies** – A review of relevant reports, strategic plans, and policy documents related to older adult services within Dufferin County.
- **Analysis of Existing Data** – An analysis of data from Statistics Canada’s Census and other demographic sources to analyze the population trends and characteristics of older adults in Dufferin County as well as a review of administrative data collected by the County, including service utilization records to assess current service usage and identify gaps.
- **Research on Broad Trends, Existing Services, and Communication Strategies** – Research on trends affecting older adult services, identification of existing services provided in the community, and research on current communication strategies used to inform older adults about available services.
- **Benchmarking Service Availability Data Against Other Communities** – Research to compare the availability of older adult services in Dufferin County with similar communities.
- **Best Practices Research on Effective Service Delivery Models** – Research to identify effective models of service delivery from other jurisdictions to understand what works best for older adult services.
- **Engagement** – Engagement with interested and affected parties, including older adults, caregivers, service providers, community organizations and County staff through key informant interviews, focus groups, and community surveys to collect qualitative data on service needs, gaps, and opportunities.

## Limitations

This report faced several limitations that impacted the breadth and depth of its findings. Key among these are gaps in the availability of comprehensive service demand and supply data, which restricted our ability to fully assess current needs. Additionally, the lack of comparable data from other communities hindered our ability to benchmark service levels. These limitations suggest that the findings should be interpreted with caution, recognizing the potential for unaddressed gaps in the analysis.



## 2. Existing County Policy Direction

Dufferin County's existing policy documents provide various policy directions aimed at addressing the needs of older adults:

### Strategic Plan

Dufferin County's Strategic Plan (2023 to 2026) outlines a mission and goals that significantly align with the needs of older adults, particularly in areas of housing, healthcare, and age-friendly community services. The mission statement articulates Dufferin County's core purpose as aiming to foster a thriving, equitable, and resilient community. This includes ensuring the well-being of older adults.

Goals and actions relevant to older adults include:

- **Increase affordable and attainable housing options:** Actions include streamlining planning policies and processes, increasing the housing supply for both owners and renters, ensuring that housing is adequate, accessible, and affordable and, addressing the need for supports for vulnerable populations.
- **Explore opportunities to improve access to healthcare services:** Actions include initiatives to support physician recruitment, advocating for better access to mental health and addiction services, and advancing the work of the local Ontario Health Team.
- **Align programs, services and infrastructure with changing community needs:** Actions include implementing the County's Age-Friendly Strategic Action Plan and its four priorities relating to transportation, communication and information, housing, and community support and health services.

### Official Plan

Dufferin County's Official Plan (2017) emphasizes the **need for affordable, accessible housing and age-friendly community initiatives**. The plan encourages local municipalities to create flexible zoning provisions to support a diverse range of housing types, including those suited for older adults. It promotes maintaining and improving established neighbourhoods and older housing stock through federal and provincial programs. The development of low-maintenance housing options, such as condominiums and townhouses, specifically for low-income seniors, is also encouraged.

**Special needs housing is a key focus**, with policies to improve access to assisted living, supportive housing, and emergency housing. The plan advocates for age-friendly communities by supporting housing options that allow seniors to age in place and ensuring proximity to community services and facilities. Additionally, the plan emphasizes the importance of a barrier-free environment, adhering to the Ontario Building Code and Accessibility for Ontarians with Disabilities Act.

A new Official Plan is currently being updated and will be consistent with the new Provincial Policy Statement.

## Housing and Homelessness Plan

The Dufferin County 10-Year Housing and Homelessness Plan (updated September 2019) indicates that one of the primary housing issues in Dufferin County is the provision of suitable housing for the increasing population of seniors. Issues include a growing proportion of seniors living alone and the vulnerability and increased risk of social isolation of seniors who live in rural communities.

Goals and actions relevant to older adults include:

- **Address housing affordability, availability and equity:** This includes exploring alternative solutions for affordable seniors housing
- **Meet a range of complex community needs:** This includes exploring alternative solutions for seniors housing (i.e. home sharing).

## Age Friendly Plan

Dufferin County prepared an Age-Friendly Needs Assessment & Strategy Action Plan (2019), which identified a number of issues and recommendations relevant to the current Older Adults Services Review:

### Transportation

Issues identified include significant gaps in transportation services for older adults and a lack of a centralized, accessible resource detailing available transportation options.

Recommendations:

1. **Advocate for additional funding to improve and expand transportation services**
2. **Create an interactive and integrated map of transit options for older adults, accessible through a central information hub.**

### Information and Communication

Issues identified include no central resource for older adult programs and services, diverse communication preferences, difficulty in reaching isolated or vulnerable older adults, lack of coordination among community partners, and confusing public communications.

Recommendations:

1. **Establish a comprehensive, user-friendly database of programs and services, serving as a central information hub.**

- 2. Use public facilities and housing for older adults as satellite information centers.**
- 3. Encourage information sharing and cross-promotion among community partners.**
- 4. Organize an annual Older Adult Information and Active Living Fair.**
- 5. Offer one-on-one customer service at local libraries.**
- 6. Implement a communication campaign to educate residents on available programs and services.**
- 7. Partner with local organizations to promote programs for older adults.**

## **Housing**

The Age Friendly Needs Assessment (2019) identified that Dufferin County faces several challenges in meeting the housing needs of older adults, including a shortage of accessible and suitable housing options. There is a geographic inequality in housing access, with certain areas lacking adequate facilities dedicated to older adults. Additionally, there are limited rental alternatives, exacerbating affordability concerns as housing prices, property taxes, and maintenance costs rise. Long waiting periods for long-term care and supportive housing further strain the system, leaving many older adults without timely access to necessary care. Finally, there is insufficient support for older adults who choose to age in place, hindering their ability to maintain independence and quality of life in their own homes.

### Recommendations:

- 1. Develop a specialized older adult housing directory.**
- 2. Launch an education program to illustrate housing options.**
- 3. Consult with developers to address barriers in older adult housing development.**
- 4. Encourage the development of Community Improvement Plans for accessibility retrofits.**
- 5. Advocate for funding for various housing supports for older adults.**
- 6. Explore tax relief programs and assistance for home renovations.**
- 7. Educate about cohousing benefits and legal considerations.**
- 8. Establish intergenerational programs and household assistance initiatives.**
- 9. Launch diversion programs for those on long-term care waiting lists.**

## **Community Support and Health Services**

The Age Friendly Needs assessment (2019) identified a lack of awareness and difficulty navigating available services and limited capacity for expanding community support and health services.

Recommendations:

- 1. Create a central online database of support and health services.**
- 2. Share testimonial stories and spider maps to illustrate the navigation of services.**
- 3. Advocate for new financial support programs and increased funding for community services.**
- 4. Research older adults' needs regarding food security and improve referral programs.**
- 5. Incorporate a mental health policy lens in planning new programs.**
- 6. Partner with educational institutions for service delivery.**
- 7. Identify vulnerable older adults through local doctors and connect them with services.**
- 8. Improve and expand hospital discharge care programs and supports.**
- 9. Advocate for primary care and case coordinator positions for vulnerable populations.**

## **Social Participation**

The Age Friendly Needs Assessment (2019) identified issues related to infrequent and incomplete information about programs; events not catering to diverse needs and abilities; and financial barriers and inflexible scheduling for recreation and leisure activities.

Recommendations:

- 1. Establish a buddy system and designate older adult ambassadors.**
- 2. Consult older adults when establishing new programs.**
- 3. Enhance flexibility in scheduling and create innovative recreational programs.**
- 4. Introduce inclusive programming for diverse cultural, ethnic, and religious groups.**
- 5. Leverage private facilities for supplementary recreational programs.**
- 6. Develop a coordinated older adult continuing education initiative.**
- 7. Establish a staff position to advocate for older adult services.**
- 8. Create a Community Connect Program and a vulnerability index.**

**9. Establish a County-wide Snow Angel Program for volunteer snow removal.**

The Older Adult Services Review provides recommendations that reinforce existing direction to create an inclusive, supportive environment, and enhance the well-being of older adults.

### 3. Demographic and Trend Analysis

A review of Census and other demographic data was conducted to inform the forecasts of long-term population changes and service needs for older adults in Dufferin County. The following is a summary of the findings of that review as well as an analysis of broader trends related to older adults.

#### Population by Age and Gender and Growth Trends

From 2016 to 2021, the older adult population (55 years and older) in Dufferin County grew by 17.7%. This was more than five times the growth rate of the population under 55 years old. As of 2021, the population aged 55 and over, represented 30.4% of Dufferin County's population. Older adults aged 55 to 64 accounted for the largest portion (14.5%), followed by seniors aged 65 to 74 (9.3%), and seniors aged 75 and over (6.6%).

Future projections indicate a continued increase in the older adult population (increasing by 5,155 between 2021 and 2044), driven by the aging baby boomer generation (individuals born between 1946 and 1964) and, to a lesser extent, the attractiveness and affordability of the County to new seniors. The older adult population is projected to have increased by 3.8% between 2021 and 2024 and is anticipated to increase by another 9.7% over the next 10 years (to 2034), and a further 9.5% by 2044.

As a group, older adults are anticipated to account for approximately 32% of the population over the next 20 years. However, the 75 and over age cohort is anticipated to represent an increasingly larger share of the total population (increasing from 6.8% in 2021 to 9.8% by 2044 or 5,038 more people) and the 55 to 64 age group is anticipated to represent a smaller share of the population (decreasing from 14.9% to 11.4% or 645 fewer people). The growth in seniors ages 75 and over is anticipated to have the most impact, as this age group typically generates the greatest service demand.

#### Dufferin County Older Adult Population, Historical (Including Census Undercount) 2011-2021 and Forecast 2024-2044

Age	Historical			Forecast				
	2011	2016	2021	2024	2029	2034	2039	2044
55-64	7,172	8,313	9,897	9,668	8,860	8,309	8,424	9,252
65-74	4,105	5,563	6,367	6,832	7,768	8,083	7,500	7,128
75+	4,098	3,788	4,536	5,094	6,085	7,311	8,740	9,574
<b>Total</b>	<b>15,375</b>	<b>17,664</b>	<b>20,800</b>	<b>21,594</b>	<b>22,713</b>	<b>23,703</b>	<b>24,664</b>	<b>25,954</b>

Source: Prepared by Watson and Associates

The gender distribution within the older adult age groups is balanced, but there are slightly more females than males in the 75 and over category, which aligns with typical longevity trends.

## Household Composition and Living Arrangements

Approximately 2,050 seniors (ages 65 and over) in Dufferin County live alone. One-person households account for approximately one-third of all senior households, while approximately half (51.8%) of senior households are couple-family households. Relatively few seniors live in multigenerational households (4.3% of senior households are multigenerational) or dwellings that are shared with non-family members (these households account for 2.2% of senior households). The relatively large number of seniors living alone highlights the importance of social networks to combat potential social isolation.

The vast majority of seniors reside in private dwellings. Although a breakdown by age is not available, census data showed 755 people reside in collective dwellings, such as long-term care homes, most of whom are likely seniors. The majority (82.8%) of senior households live in dwellings owned by a member of the households, one-third (32.8%) of which have mortgages on their homes. There is a trend towards entering retirement with some debt, increasing financial vulnerability for those with low incomes or chronic health issues. Approximately 13% of senior households (795 households) live in rented dwellings, including 4.6% of senior households who live in subsidized housing (280 households). Almost one in 10 senior households (9.1%) live in a condominium dwelling unit.

Almost three-quarters (73.2%) of senior households still live in homes with three or more bedrooms. Many seniors are staying in their family homes as they age, emphasizing the need for home modifications and community support. Downsizing decisions will depend on financial resources and the availability of suitable housing, such as senior-friendly rental and accessible housing.

One quarter (24.7%) of senior households are not living in acceptable housing, meaning that they are spending 30% or more of their income on either shelter costs (19.8%), living in housing requiring major repairs (2.6%), living in housing with not enough bedrooms for the number of occupants (1.0%), or multiple of these conditions. Most senior households who are not living in acceptable housing do not have the means to move to an appropriate unit. This is evident by the 14.1% of senior households living in core housing need. Rates of core housing need are significantly higher for renters than owners, with 41.5% of senior renter households in core housing need compared to 7.8% of owners.

The total number of older adult households in Dufferin County is projected to increase from 11,614 in 2014, to 12,874 over the next 10 years (to 2034). This represents a 10.8% increase (1,259 households).

The anticipated growth is most pronounced in the oldest age cohort (75+), where households are expected to increase by nearly one and a half times (45.2%), from 2,648 in 2024 to 3,845 in 2034. By 2044 the number of households led by this age

cohort is anticipated to almost double (92.8% increase) from 2024 (to 5,106 households), with the aging of those in the 64-74 category. This indicates a growing need for senior-specific housing and age-friendly housing options.

The number of older adult owner households is projected to grow, but at a slower rate compared to renters. The total number of owner households is anticipated to increase from 9,644 in 2024 to 10,314 in 2034 and 10,818 in 2044. The 55-64 and 65-74 age cohorts show a peak followed by a decline, whereas the 75+ age cohort shows consistent growth, indicating that aging in place among homeowners may be common, but eventually, many may transition to other living arrangements.

The number of older adult renter households is expected to grow more rapidly, from 1,970 in 2024 to 2,560 in 2034 and 3,440 in 2044, almost doubling over the period (74.6% increase). This increase suggests a growing demand for rental housing among older adults, possibly due to downsizing or economic factors, necessitating a focus on affordable rental housing for seniors.

**Dufferin County Older Adult Households by Age of Household Head, Historical (Including Census Undercount) 2011-2021 and Forecast, 2024-2044**

Age Cohort	Historical			Forecast				
	2011	2016	2021	2024	2029	2034	2039	2044
55-64	3,915	4,490	5,365	5,256	4,795	4,563	4,648	5,161
65-74	2,275	2,990	3,439	3,711	4,213	4,465	4,164	3,991
75+	1,775	1,970	2,351	2,648	3,148	3,845	4,620	5,106
<b>Total</b>	<b>7,965</b>	<b>9,450</b>	<b>11,155</b>	<b>11,614</b>	<b>12,157</b>	<b>12,874</b>	<b>13,432</b>	<b>14,258</b>

Source: Prepared by Watson and Associates

**Dufferin County Older Adult Owners by Age of Household Head, Historical (Including Census Undercount) 2011-2021 and Forecast, 2024-2044**

Age Cohort	Historical			Forecast				
	2011	2016	2021	2024	2029	2034	2039	2044
55-64	3,440	3,805	4,610	4,443	3,919	3,593	3,574	3,980
65-74	2,010	2,560	2,924	3,146	3,545	3,666	3,197	2,810
75+	1,210	1,570	1,806	2,056	2,465	3,054	3,699	4,028
<b>Total</b>	<b>6,660</b>	<b>7,935</b>	<b>9,340</b>	<b>9,644</b>	<b>9,930</b>	<b>10,314</b>	<b>10,470</b>	<b>10,818</b>

Source: Prepared by Watson and Associates



**Dufferin County Older Adult Renters by Age of Household Head, Historical (Including Census Undercount) 2011-2021 and Forecast, 2024-2044**

Age Cohort	Historical			Forecast				
	2011	2016	2021	2024	2029	2034	2039	2044
55-64	475	685	755	813	876	970	1,074	1,181
65-74	265	430	515	565	668	799	967	1,181
75+	565	400	545	592	683	791	921	1,078
<b>Total</b>	<b>1,305</b>	<b>1,515</b>	<b>1,815</b>	<b>1,970</b>	<b>2,227</b>	<b>2,560</b>	<b>2,962</b>	<b>3,440</b>

Source: Prepared by Watson and Associates

**Income and Economic Status**

In 2021, the median household income of seniors in Dufferin County was \$75,500 and the average was \$94,300. Seniors living alone have lower incomes than their counterparts living in two-or-more-person households (median income of \$38,800 compared to \$94,000).

Some 12.1% of senior households are living below the low-income measure (LIM-AT). Older adults are more likely to experience low income than other age groups, particularly females aged 75 years and over<sup>1</sup>.

Over half (56.3%) of senior households had at least one person with employment income in 2020. Other primary income sources include pensions and government transfers. It is anticipated that seniors will continue to rely on diverse income streams, including employment, pensions and investments.

Local data is available on seniors’ incomes, but is not available on wealth. However, data is available nationally that can provide some indication of seniors’ net worth and the proportion of seniors with limited financial resources. Nationally, senior homeowners have a significantly higher median net worth (\$685,400) than renters (\$24,000)<sup>2</sup>. This suggests that renters in this age group have not accumulated a large nest-egg in preparation for retirement. Despite this, many seniors are anticipated to be wealthier than previous generations, potentially reducing the necessity for age-based discounts in favour of income-based criteria.

**Education and Employment**

The level of education of older adults in Dufferin County varies widely, with a significant number having completed secondary education (33%) and some post-secondary (29%). Another 16% have a university certificate, diploma or degree and 22% have less than a high school education. Older adults are much more likely to not have a high school diploma or equivalent than younger generations. Over the next 10 to 20 years, seniors

<sup>1</sup> Source: Wellington-Dufferin-Guelph Public Health, A Portrait of Older Adults  
<sup>2</sup> Source: Statistics Canada

are expected to have higher educational attainment than previous generations, leading to more opportunities for engagement in various sectors.

Labour force participation decreases with age, with many transitioning to retirement. However, more seniors are continuing to work beyond traditional retirement ages due to financial necessity or the desire for personal fulfillment, with the 2021 Census showing 21.5% of seniors aged 65 and older were still working. Seniors often seek part-time or flexible employment options. Over half of the seniors continuing to work worked either part of the year or part-time. Baby boomers are more likely than preceding generations to continue working in their 60s and even 70s. This is especially true of females.

Seniors are anticipated to continue to seek part-time work, remote opportunities, and self-employment, indicating a need for adaptable work environments and policies. There is anticipated to be a trend of seniors pursuing new careers and personal development opportunities, highlighting the need for lifelong learning programs and professional development resources.

### Use of Technology

Seniors are anticipated to increasingly use the internet and technology for information, social connection, and accessing services, necessitating digital literacy programs. However, while technology can be a great tool to help seniors stay connected, it is neither accessible nor adopted by all due to affordability and comfort with using various communication technologies<sup>3</sup>.

### Cultural and Linguistic Diversity

Dufferin County's older adult population includes various ethnic and cultural groups, including 6.8% of seniors who are of a visible minority. The largest groups are South Asian (2.3% of seniors) and Black (2.0%). Based on the 2021 Census, approximately 1.0% of seniors are Indigenous.

Approximately 2% of seniors cannot speak English. These seniors are likely to face barriers to social inclusion and participation as a result of a lack of information or services in the language of their choice.

### Sexual Orientation

An emerging trend is the growing segment of the older adult population that identifies as LGBTQ2+<sup>4</sup>. There is little Canadian or international literature on LGBTQ2+ older adults

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<sup>3</sup> Government of Canada, Report on the Social Isolation of Seniors

<sup>4</sup> Government of Canada, Seniors Forum Report, <https://www.canada.ca/en/employment-social-development/corporate/seniors/forum/reports/age-community.html#h2.09>

or the expectations of the working-age LGBTQ2+ population for their later years. What existing research points to are barriers to housing options that result from prejudice against LGBTQ2+ older adults and the lack of positive and welcoming spaces for them to age in the community.

## Health and Disability Status

Wellington-Dufferin-Guelph Public Health's Portrait of Older Adults reported that those above age 75 in Wellington-Dufferin-Guelph had the lowest proportion of people rating their general health as positive (76%) compared to 88% for those ages 65 to 74 and 55 to 64, while 94% of people under 55 years old self-report positive general health.

Seniors (65 years of age and older) face poorer functional health in their day-to-day activities, especially in the areas of mobility (ability to walk or be mobile for short distances) and cognition (ability to remember, think and solve problems). In Dufferin County, 31.7% of seniors reported having activity limitations 'always or often'. Percentages of seniors with activity limitations increase from 27.5% of 65- to 69-year-olds to 54.1% of seniors ages 85 years and over.

As the senior population grows, health promotion and protection for seniors will become increasingly important. An increase in seniors with mobility issues is also anticipated to drive demand for specialized transit services.

Wellington-Dufferin-Guelph Public Health's Portrait of Older Adults also identifies issues related to the prevalence of health conditions among older adults. It reported that:

"Seniors are much more likely than other age groups to live with chronic conditions such as cancer, high blood pressure (46.3%), diabetes (13.3%), Chronic Obstructive Pulmonary Disease (COPD) (4.3%), the effects of a stroke and heart disease. The impact of chronic diseases on seniors is profound and far-reaching. These conditions not only hamper their ability to perform daily tasks but also significantly diminish their overall quality of life, casting a shadow over their well-being. Several factors, including age and behaviours like smoking, poor diet, and lack of physical activity, contribute to the prevalence of chronic diseases."

"Mental health issues are prevalent in seniors. Depression, suicide, anxiety disorders, dementia, delusional disorders, delirium and late onset psychotic disorders are all common issues facing seniors. Estimates of the prevalence of mental health issues in seniors range from 17 to 30 per cent (or higher depending on what diagnoses are included). Stigma and discrimination further compound these challenges, making it essential to address mental health issues in older adults to ensure their holistic wellbeing<sup>5</sup>."

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<sup>5</sup> Wellington Dufferin Guelph Public Health, Portraits of Older Adults in Wellington-Dufferin-Guelph 2023, [https://wdgpublichealth.ca/sites/default/files/bh.01.dec0623.r35\\_-\\_older\\_adults.pdf](https://wdgpublichealth.ca/sites/default/files/bh.01.dec0623.r35_-_older_adults.pdf)

Despite these rates of mental health issues, most seniors in Wellington-Dufferin-Guelph report their life satisfaction as 'satisfied' or 'very satisfied' (90.7%). Life satisfaction is often correlated with better mental and physical health, suggesting that seniors are generally experiencing good overall well-being.

A significant percentage of older adults will likely have spent part or many years with physical or mental disabilities prior to entering their later years<sup>6</sup>. As the senior's population in Dufferin County ages, there is anticipated to be higher rates of dementia and cognitive decline, requiring more services and support for affected individuals.

### Health Care Utilization

Seniors (65 years of age and older) account for almost half of total public healthcare spending in Canada. Local data for Wellington-Dufferin-Guelph shows that seniors are twice as likely to visit an Emergency Department and three times as likely to be hospitalized compared to those under 55 years. Older adults accounted for 34.6% of Emergency Department visits in Wellington-Dufferin-Guelph with 22.8% being from the 75+ age group. Older adults accounted for 57.8% of hospitalization in Wellington-Dufferin-Guelph with 27.8% being from the 75 years and older age group.

Data from 2019/2020 shows that 97.0% of seniors in Wellington-Dufferin-Guelph have a regular health care provider<sup>7</sup>.

Health services are anticipated to face increased pressure as the senior's population in Dufferin County ages.

### Sence of Belonging to Community

Most (90.7%) seniors in Wellington-Dufferin-Guelph report a strong or very strong sense of belonging to the local community (78.4%). This suggests that many seniors in the region feel connected and integrated within their community.

## Key Implications from the Demographic and Trend Analysis

The above demographic and trend analysis points to several key implications for services aimed at older adults in Dufferin County:

**Increased Demand for Services:** The significant growth in the older adult population, especially those aged 75 and over, will drive increased demand for healthcare, home

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<sup>6</sup> Morris et al., 2021, Canadian Survey on Disability Reports, <https://www150.statcan.gc.ca/n1/pub/89-654-x/89-654-x2021003-eng.htm>

<sup>7</sup> Statistics Canada. [Table 13-10-0096-16 Has a regular healthcare provider, by age group](#)

care, and community support services. Service providers will need to expand capacity and tailor services to meet the needs of a growing senior population.

**Support for Aging in Place:** Many seniors prefer to remain in their own homes, necessitating investments in home modification programs, community support services, and initiatives that facilitate aging in place.

**Addressing Financial Vulnerability:** With a notable portion of seniors entering retirement with debt and living on fixed incomes, financial planning/counselling, affordable housing, employment support, income supplementation and income support programs will be important to help seniors manage their financial needs. Programs should focus on reducing financial insecurity, especially for low-income seniors and those with chronic health issues.

**Enhanced Healthcare Services:** The growing senior population will increase pressure on healthcare services, necessitating access to primary care, specialist services, and mental health support. There will be a higher demand for services addressing chronic conditions, mobility issues, and cognitive decline, including dementia care.

**Preventive Health and Wellness Programs:** Investment in health promotion and preventive care programs will be needed to address the high prevalence of chronic diseases and mental health issues among seniors. Programs aimed at encouraging healthy lifestyles, such as exercise and nutrition initiatives, can help mitigate some health challenges.

**Flexible Employment Opportunities:** As more seniors continue working beyond traditional retirement ages, there will be a need for lifelong learning and professional development programs will support seniors seeking to remain active in the workforce or pursue new careers.

**Digital Literacy and Accessibility:** Increased use of technology by seniors requires the development of digital literacy programs to ensure they can effectively use digital tools and access online services. Efforts should be made to ensure technology is affordable and accessible to all seniors.

**Social Participation and Support Networks:** Enhancing social participation opportunities and building robust social support networks will help address the potential for issues of social isolation and loneliness, particularly among the large number of seniors living alone.

**Rental, Affordable and Accessible Housing:** There is a need for accessible and affordable housing options to accommodate seniors who may need to downsize or move into more suitable living arrangements. Both senior-friendly rental and accessible housing will be important.

**Long-Term Care:** The number of individuals who may require long-term care is anticipated to increase with the substantial projected growth of seniors aged 75 and over.

**Improved Transportation Services:** Expanding specialized transit services to accommodate seniors with mobility challenges will be necessary. Initiatives to support seniors who rely on personal vehicles or provide transportation for peers should be considered.

**Cultural and Linguistic Sensitive Communications and Services:** Although they are a relatively small group, culturally and linguistically diverse seniors will require tailored approaches to ensure inclusivity and accessibility of services.

## 4. Housing

### Current Housing Options for Older Adults

There are several types of housing options available to seniors in Dufferin County, each catering to different needs based on the level of care, support, and affordability required:

- **Independent living** – Private seniors' apartments or housing communities are designed for seniors who are able to live independently but prefer the convenience and social environment of a community. These may have communal areas and recreational activities and may include meal plans. **Seniors subsidized housing** is a subset of this category and includes both rent-geared-to-income units and units at market rates.
- **Seniors care residences** – The term seniors care residences is being used in this report as an umbrella term for collective dwellings that provide support services (such as meals, housekeeping, medication supervision, assistance in bathing) and supervision for seniors who are independent in most activities of daily living. This category includes retirement homes and supportive housing.
  - **Retirement homes** – Retirement homes are a registered form of assisted living housing for older adults who generally need less medical care than long-term care home residents. They do not receive government funding and residents pay the full cost of their accommodation and any care services they purchase. Retirement homes decide what care services they will offer to their residents. Residents may purchase any of the care services offered by the retirement home, or arrange for external care providers, including private-pay or publicly funded. There are no specific criteria to be eligible to live in a retirement home and they are accessed directly through the retirement home.
  - **Supportive housing** – Supportive housing is another form of assisted living that provides assistance to help seniors live independently, ranging from meals and housekeeping to personal care services (e.g. grooming, bathing, dressing and assistance with medications, ambulation and eating). Each apartment complex may offer varying degrees of assistance. Supports may be available on a self-pay basis (either as part of a base fee or as an additional purchase) or may be government-funded for eligible individuals.
  - Note that for the purposes of this review, we have considered assisted living to be a service rather than a housing option because this service supports seniors in their own homes. Government funded assisted living programs can support 'high risk' seniors to continue to live in their own home setting while maintaining safety and well-being. These individuals require higher levels of support and more frequently scheduled and unscheduled assistance than home care can provide yet they still do not require the medical monitoring, nursing care or supervision that is provided in a long-term care home. Services available vary according to need and can include personal care,

essential homemaking, and an emergency response system. Eligibility assessments and access are through Ontario Health at Home.

- **Long-term care** – Long-term care homes are subsidized facilities providing nursing and personal care to individuals who have high care needs that can no longer be managed in the community.

## Independent Living

The County of Dufferin administers funding for 60 rental units that are specifically targeted at seniors, including both both rent-geared-to-income units and units rented at market rates. Including both housing specifically targeted at seniors and non-targeted units that seniors occupy, there were 178 senior households in County housing units and 25 in rent supplement units as of September 2024. As of 2023, there were 186 senior households on the waiting list for subsidized housing. This is down from 254 households in 2022. In 2023, 32 senior households were housed from the waiting list. This is up from 23 in 2022. The average wait time for seniors housed in 2023 was 5.27 years (up from 4.08 years in 2022).

## Retirement Homes

The *Retirement Homes Act* (2010) sets out the legal standards and requirements for all retirement homes to operate safely and successfully. Under the *Act*, all homes defined as “retirement homes” must apply for and obtain a licence.

“Retirement home” for the purposes of the *Act* is as follows:

A building or related group of buildings, or a part of a building or a part of a related group of buildings, with one or more rental units of living accommodation that meets the following criteria:

- Occupied primarily by persons who are 65 years or older;
- Occupied or intended to be occupied by at least six persons who are not related to the operator of the home;
- Makes at least two of the 13 care services set out in the *Act* (and listed below) available, directly or indirectly, to residents.

“Care services” for the purposes of the *Act* are as follows:

- Administration of a drug
- Assistance with bathing
- Assistance with dressing
- Assistance with ambulation
- Assistance with feeding
- Continence care
- Assistance with personal hygiene



- Provisions of a meal
- The provision of a skin and wound care program
- The provisions of a dementia care program
- Any service that a member of the College of Nurses of Ontario provides while engaging in the practice of nursing
- Any service that a member of the College of Physicians and Surgeons of Ontario provides while engaging in the practice of medicine
- Any service that a member of the Ontario College of Pharmacists provides while engaging in the practice of pharmacy

There are four registered retirement homes, with space for 427 residents, in Dufferin County listed on the public register maintained by the Retirement Homes Regulatory Authority, all of which are located in Orangeville:

- Avalon Retirement Lodge – 63 suites with a total resident capacity of 74 people
- Bethsaida Retirement Home – 30 suites/resident capacity
- Chartwell Montgomery Village Retirement Residence – 258 suites/resident capacity
- Lord Dufferin Centre – 76 suites/resident capacity.

A full inventory of non-registered seniors’ residences including private apartments or housing communities targeting seniors has not been identified for this report.

### Supportive Housing

In Dufferin County, the only supportive housing targeting seniors is 7 units of supportive housing operated by March of Dimes in Shelburne.

<b>Service Provider</b>	<b>Location</b>	<b>Spaces</b>	<b>Wait List Information</b>
March of Dimes	200 Mill St, Shelburne	7 units	10 people waiting

SHIP also has 27 supportive housing units. The County administers funding for 10 of these units. Seniors may be eligible for SHIP’s supportive housing if they are diagnosed with mental health or addiction issues.

### Long-Term Care

There are currently 357 regular long-term care beds in Dufferin County. There are no specialized long-term care beds in the County, such as:

- Elder Care Capital Assistance Program beds (beds in and operated by acute hospitals)
- Peritoneal dialysis beds

- Convalescent care bed
- Behavioural support beds
- Short-stay respite beds.

Dufferin Oaks does, however, have secure entry and exits to allow some behavioural management.

### Current Long-Term Care Options

Long Term Care Facility (Service Provider)	Location	Spaces	Wait Time Information
Avalon Care Centre (Jarlette)	Orangeville	137	117 Days
Dufferin Oaks (County of Dufferin)	Shelburne	160	77 Days
Shelburne Residence (Southbridge Care)	Shelburne	60	100 Days

The Ministry of Health and Long-Term Care has approved for construction 23 new and 137 upgraded long-term care beds in Dufferin County. As of September 2024, the Southbridge Shelburne (Southbridge Health Care LP) project noted below is in the early planning stages of development. No projects by Southbridge have been approved for construction.

### Future Potential Long-Term Care Developments

Long Term Care Facility (Service Provider)	Location	Spaces
Avalon Care Centre (Jarlette)	Orangeville	23 new spaces, in addition to the redevelopment of 137 current spaces
Shelburne Residence (Southbridge Care)	Shelburne	68 new beds and upgraded 60 current beds

Note: The Ministry of Long-Term Care’s Long-Term Care Capital Development Division indicated there are no active long-term care home projects in Dufferin County with Primacare Living Solutions identified as the operator.

## Current Housing Gaps and Future Needs

Due to data limitations, the following estimates of current housing gaps and future needs focus on seniors aged 65 and over, rather than older adults aged 55 and over.

## Total Housing Units Required for Seniors by Tenure

### *Future Needs*

The estimated total need for senior housing (age 65+) is projected to reach approximately 5,733 units by 2034 and 6,003 units by 2044. This represents an increase of 1,372 and 2,020 units compared to 2024, respectively, based on projections by Watson and Associates. Details on ownership versus rental units are outlined in the table below.

### Projected Seniors Households by Tenure, 2024-2044

	<b>2024</b>	<b>2029</b>	<b>2034</b>	<b>2039</b>	<b>2044</b>
Owners	5,201	6,011	6,720	6,897	6,838
Renters	1,157	1,351	1,590	1,888	2,259
<b>Total</b>	<b>6,358</b>	<b>7,362</b>	<b>8,310</b>	<b>8,785</b>	<b>9,097</b>

Source: Projections prepared by Watson and Associates

## Condominium Units

### *Future Needs*

Analysis by CMHC of Statistics Canada data shows that 36% of Canadian owner households aged 75+ sold their home between 2016 and 2021<sup>8</sup>. The rate of home selling increases with age, from 21.5% among 75 to 79-year-olds to 83.5% among 95 to 99-year-olds. Most elderly households, however, remain homeowners through this stage of life. The sell rate for households aged 75 and over has been trending downward since the early 1990s, potentially due to supply shortages influencing their decision to stay in their homes.

The data also indicate that some elderly households move to condominiums, though the number is limited. The proportion of condominium-owner households increases with age, peaking at around age 85. Consequently, demand for condominiums is expected to rise as Dufferin's population ages. However, because the shift to condominiums is gradual, the overall impact will be modest.

To estimate the number of senior owner households living in condominiums by 2034, the 10-year change was applied in the proportion of owner households residing in condominiums by age group (based on Toronto CMA data) to the current proportion in Dufferin County. This suggests that the demand for ownership condominiums may

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<sup>8</sup> CMHC, Housing Market Insight, Canadian Metropolitan Areas, November 2023, [https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/housing-markets-data-and-research/market-reports/housing-market-insight/2023/housing-market-insight-canada-m11-en.pdf?rev=5c8061aa-7f46-4750-a20f-e60f134e8c0a&\\_gl=1\\*19pcg85\\*\\_gcl\\_au\\*MzQzNDg1MjgxLjE3MjYyNTg5NDY.\\*\\_ga\\*MzI2NjQzOTUyLjE3MjYyNTg5NDY.\\*\\_ga\\_Cy7T7RT5C4\\*MTcyNTI4NDk3My4zMi4wLjE3MjYyODQ5NzQuNTkuMC4w](https://assets.cmhc-schl.gc.ca/sites/cmhc/professional/housing-markets-data-and-research/market-reports/housing-market-insight/2023/housing-market-insight-canada-m11-en.pdf?rev=5c8061aa-7f46-4750-a20f-e60f134e8c0a&_gl=1*19pcg85*_gcl_au*MzQzNDg1MjgxLjE3MjYyNTg5NDY.*_ga*MzI2NjQzOTUyLjE3MjYyNTg5NDY.*_ga_Cy7T7RT5C4*MTcyNTI4NDk3My4zMi4wLjE3MjYyODQ5NzQuNTkuMC4w)

increase by approximately 325 households by 2034, up from 430 senior owner households in 2021.

## One- and Two-Bedroom Units Versus Three or More Bedroom Units

### *Future Needs*

CMHC's analysis of Statistics Canada data also reveals that starting at age 50, the proportion of households living in homes with three or more bedrooms declines with age. The proportion decreases by about 5 percentage points in each five-year age group over a decade.

To project the number of senior households residing in homes with three or more bedrooms by 2034, we applied the 10-year change in the proportion of such households by age group (based on Toronto CMA data) to the current proportion in Dufferin County. The results suggest a decrease of approximately 1,250 homes by 2034, down from 7,605 senior households in 2021. Conversely, the number of senior households living in one- to two-bedroom homes is expected to increase by the same amount.

## Non-Market Rental Units

### *Current Gaps*

Approximately 790 senior households currently have unmet housing needs based on core housing need data. Additionally, two senior households were experiencing homelessness as of May 2024<sup>9</sup>, indicating a total unmet housing need of approximately 792 units.

### *Future Needs*

Based on the income profile of senior renters and owners, the need for rental housing for very low-income senior households is expected to increase by approximately 66 households by 2034 compared to 2021. An additional 319 rental units will be needed for seniors in the low-income category, who could afford units priced under \$1,150 in 2021, which is well below the average rent for a one-bedroom unit in Orangeville/Mono in 2023 (\$1,285). The private market is generally not producing rental homes with rents below \$1,150, indicating that government assistance will be required to meet these housing needs. Most of the rental needs for seniors are concentrated in the bottom two income categories. An additional 125 rental units are expected to be needed in the moderate to high-income categories by 2034 to meet seniors' housing needs, which could be met by the private market.

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<sup>9</sup> Data provided by County of Dufferin

## Assistance for Very Low- and Low-Income Homeowners

### *Future Needs*

The number of senior households in the very low- and low-income categories who own their homes is projected to increase by approximately 626 by 2034. This suggests a need for strategies that address the financial challenges faced by these senior homeowners. Potential strategies include property tax deferral programs, home repair and renovation grants or loans, reverse mortgages, energy assistance programs, and energy efficiency initiatives.

### **Current and Projected Senior (65+) Households by Income Category and Tenure, 2021 and 2034**

Income Category	2021 (Census)		2034 Forecast			Increase 2021-2034		
	Owners	Renters	Owners	Renters	Total	Owners	Renters	Total
Very low income (20% or under of AMHI)	105	140	154	206	360	49	66	115
Low income (21% to 50% of AMHI)	1,230	675	1,807	994	2,801	577	319	896
Moderate income (51% to 80% of AMHI)	1,215	150	1,785	221	2,006	570	71	641
Median income (81% to 120% of AMHI)	1,025	60	1,506	88	1,594	481	28	509
High income (121% and over of AMHI)	1,000	55	1,469	81	1,550	469	26	495
<b>Total</b>	<b>4,575</b>	<b>1,080</b>	<b>6,720</b>	<b>1,590</b>	<b>8,310</b>	<b>2,145</b>	<b>510</b>	<b>2,655</b>

Note: AMHI refers to Area Median Household Income, which was \$92,000 in 2020

## Seniors Care Residences (Retirement Homes and Supportive Housing)

### *Current Gaps*

We do not estimate current gaps in private retirement homes, as the market typically adjusts to meet the demand of those who can afford it, ensuring that supply aligns with the needs and preferences of paying residents. However, we do estimate gaps in supportive housing, as supply often falls short of demand due to funding limitations, regulatory constraints, and the complex needs of residents, which the market alone cannot adequately address without targeted interventions.

Waiting list data shows a minimum gap of 10 supportive housing units for seniors in Dufferin County. However, due to limited supply and awareness of supportive housing options, actual demand may be higher. This is consistent with Statistics Canada's Community Health Survey data on unmet care needs.

Long-term care (LTC) waiting list data can also inform estimates for gaps in supportive housing. Research has indicated that 20% to 50% of individuals on LTC waiting lists

could potentially be “diverted” safely and cost-effectively into the community if they had access to necessary health and social care services<sup>10</sup>. Based on this, the current unmet need for supportive housing could range from 36 to 90 individuals.

Another approach is to estimate the need based on national data on the percentage of seniors by age group living in seniors' care residences (excluding LTC) and the percentage of seniors needing non-market housing. Using this method, the total estimated current demand for supportive housing in Dufferin County is 44 seniors. After accounting for the current supply of 7 units, the estimated unmet demand is 37.

### *Future Needs*

Applying the same national data on the percentage of seniors by age group living in seniors' care residences, we estimate that the total demand for senior care residences will reach approximately 196 units by 2034 and 294 units by 2044, up from the current demand of 117.

Based on the income profile of seniors, approximately 39% of these seniors would require a non-market solution. Consequently, the estimated need for supportive housing is projected to be 75 units by 2034 and 112 by 2044. The remaining 121 units by 2034 and 182 units by 2044 could be met by retirement homes operated by the private sector.

## Long-Term Care

### *Current Gaps*

Based on current supply and waiting list data, the total demand for long-term care beds in Dufferin County is estimated at approximately 550 people, suggesting a current gap of approximately 193 beds given the current supply of 357 beds.

### *Future Needs*

Considering the projected senior population by age, the demand for long-term care beds could reach approximately 833 by 2034 and 1,151 by 2044. However, recognizing efforts to serve more seniors in their homes and supportive housing, the need for long-term care could be reduced to approximately 763 beds by 2034 and 1,045 by 2044<sup>11</sup>.

Based on these projections, the planned future long-term care beds are not anticipated to meet Dufferin County's total need for long-term care. The gap between planned units

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<sup>10</sup> Canadian Research Network for Care in the Community, In Focus Fact Sheet, the Balance of Care, <https://www.torontomu.ca/content/dam/crncc/knowledge/infocus/factsheets/InFocusBoCNovember2009FINAL.pdf>

<sup>11</sup> Based on methodology applied by the Conference Board of Canada to estimate long term care demand, <https://www.conferenceboard.ca/product/sizing-up-the-challenge-meeting-the-demand-for-long-term-care-in-canada/>

and total need is anticipated to be 315 beds by 2034, with an additional 282 beds needed by 2044.

### Summary of Current Seniors Housing Gaps and Future Needs

A summary of the current gaps in seniors housing and anticipated increases in housing needs by 2034 are summarized in the table below.

#### Current Seniors Housing Gaps and Increase in Need by 2034

	Current Gap	Increased Need by 2034
Total units		1952
Ownership units		1519
Rental units		433
Ownership condominium units		325*
One- and two-bedroom units		1,250*
Non-market rental housing	792	385*
Assistance for very low- and low-income homeowners		626*
Retirement homes (private)		121
Supportive housing	10-90	38
Long-term care	193	315

\*Where indicated with an \* the increase is from 2021. Where no \* is shown, the increase is from 2024

## 5. Services

### Existing Services

To support the needs assessment, an inventory of services available to seniors in Dufferin County was created. A listing of service providers by service type has been provided below.

The inventory is based on an internet scan as well as a survey of older adults that asked which service providers respondents receive services from, and therefore may not capture the full range of programs and services offered in the area. Therefore, there may be programs that are available but not captured in the inventory, particularly more informal services. Similarly, there may be services based outside Dufferin County, that provide services within Dufferin County that may also be missing.

The inventory generally identified multiple service providers for each type of service. Most services are available throughout the County, but some are specific to individual municipalities.

#### **Service Providers Delivering Services for Older Adults in Dufferin County by Service Type**

##### **Adult day program**

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Active Lives Canada  
DCCSS  
VON

##### **Bathing (not in home)**

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DCCSS

##### **Emergency response services (medical alert devices, regular check-in calls or visits)**

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Caledon Dufferin Victim Services  
Caledon Meals on Wheels  
Comfort Keepers  
Community Paramedic Program

##### **Exercise, fitness and sport programs**

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Aging Well in Caledon Dufferin  
CMHA Peel Dufferin  
Dufferin Area Family Health Team  
High County United Church  
Orangeville & District Seniors Centre  
Town of Orangeville  
Town of Shelburne  
Township of Mulmur  
VON

##### **Food and nutrition (such as meal delivery or dining program)**

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Caledon Meals on Wheels



DCCSS  
Faith Fellowship  
Grand Valley Food Bank  
Orangeville & District Seniors Centre  
Orangeville Food Bank  
Salvation Army - New Hope Community Church  
Trinity Primrose United Church

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**Home care services (health services, bathing, dressing, toileting, mobility assistance)**

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Caring for Seniors  
Comfort Keepers  
Home and Community Care  
Home Instead  
March of Dimes  
Right at Home  
SK Homecare Services  
VON

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**Home maintenance (yard work such as lawn mowing or snow shoveling or minor home repairs)**

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DCCSS

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**Home respite services (ie. overnight respite)**

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Caring for Seniors  
Comfort Keepers  
DCCSS  
Home Instead  
Hunter Support Services  
SK Homecare Services

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**Housekeeping services (cleaning, laundry, dishwashing, garbage removal)**

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Caring for Seniors  
Comfort Keepers  
DCCSS  
Home Instead  
Right at Home

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**Legal/financial**

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Caledon Dufferin Victim Services

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**Literacy, Skills and Employment**

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High County United Church  
Orangeville Library

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**Mental health or wellness (including support group, mental health case management)**

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Bethel Hospice (Caledon)  
CMHA Peel Dufferin  
Dufferin Area Family Health Team  
High County United Church  
Home Instead

SHIP

**Other**

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Dufferin County Alzheimer's Society  
Family Transition Place  
Health 811  
March of Dimes  
March of Dimes  
Salvation Army - New Hope Community Church  
SHIP

**Other caregiver support (not including home respite or adult day program)**

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Hunter Support Services

**Physical health (including physical therapy exercises, monitoring blood pressure or blood sugar, medication management)**

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Comfort Keepers  
Community Paramedic Program  
Community Safety Partners  
March of Dimes  
Orangeville & District Seniors Centre  
Right at Home  
Telecheck  
WDGPHU

**Recreational and culture**

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Caledon Meals on Wheels  
High County United Church  
New Horizon's Seniors Club  
Orangeville & District Seniors Centre  
Orangeville Library  
Royal Canadian Legion - Shelburne Branch 220  
Salvation Army - New Hope Community Church  
Shelburne Public Library

**Social isolation (out of home activities)**

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Dufferin Area Family Health Team  
East Garafraxa Library

**Social isolation in home (friendly visiting)**

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Bethel Hospice (Caledon)  
Caledon Meals on Wheels  
Caring for Seniors  
DCCSS  
Home Instead  
Hunter Support Services  
Polycultural Immigrant & Community Services  
VON

**Transportation services (rides to medical appointments, rides for errands, transportation for social or recreational activities)**

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Comfort Keepers

Where available, data has been provided below on the capacity and service usage of existing services.

### In-Home Supports

Ontario Health reported that there were 897 active patients (of all ages) with addresses in Dufferin receiving home care services as of August 14, 2024<sup>12</sup>. A breakdown of billings (not patients) by service type for the fiscal year April 2023 to March 2024 has been provided below. Estimated hours for home care are approximately 2.3 hours/week for the least complex individuals and 12.3/week for the most complex.

#### Ontario Health at Home Billed Services to Patients with Treatment Address in Dufferin County (Apr 2023 to Mar 2024)

Service Type	Billed Unit Type	Billed Units*
Nursing Clinic	Hours	9,922
Shift Nursing	Hours	14,962
Visit Nursing	Visits	24,742
Nurse Practitioner	Visits	624
PSW	Hours	138,056
Respite	Hours	765
PT	Visits	5,418
OT	Visits	1,788
SP	Visits	268
SW	Visits	326
Dietetics	Visits	202
eHomecare	Hours	1,028
Group Exercise Programs	Hours	36
Pharmacy Consultation	Hours	6
Respiratory Therapy	Visits	5

\*Billed Units vary depending on service type. Please refer to Billed Unit Type column. Total billed units is not equal to the total number of patients. Source: Data provided by Ontario Health August 14, 2024

Two non-profit service providers, March of Dimes and VON, provide in-home “assisted living” for up to 22 and 35 people respectively. March of Dimes reported that their assisted living program provides up to 90 minutes of supports a day, including meals, medication reminders, and housekeeping. March of Dimes provides services in the Shelburne area and VON provides services in the Orangeville area, using 40 Lawrence as a hub.

<sup>12</sup> Source: Data provided by Ontario Health August 14, 2024

March of Dimes also has 16 spaces of attendant care, which provides up to 21 hours a week of supports in seniors' own homes. This program provides a higher level of supports than the "assisted living" program to address ADLs and IADLs, including bathing, meal preparation, and laundry.

### Adult Day Services

There are currently approximately 34 adult day service spaces available per day (the number can vary slightly depending on the needs of the clients), which are delivered by two service providers VON (18 spaces) and DCCSS (Shelburne - Mel Lloyd) (16 spaces).

### Respite

Ontario Health at Home reported 269 active patients receiving respite services in the Central West service area. These individuals receive an average of 12 hours of service per month.

## Existing Service Gaps and Future Needs

To quantify gaps in seniors' services, we can rely on datasets such as Statistics Canada's Canadian Community Health Survey and DCCSS waitlist data. These sources help identify deficiencies in home health care services, other in-home support services, and Adult Day Programs. However, consistent quantitative data is lacking for other services, limiting our ability to accurately estimate gaps. As a result, qualitative assessments and anecdotal evidence, which are discussed in the following section (Engagement Feedback), become necessary.

### Services Provided by DCCSS

A detailed overview of the number of seniors and adults aged 18-64 served, service units provided, new referrals, and discharges for DCCSS's services during the 2023/2024 fiscal year is presented in the following table. The data indicates that new referrals outpaced discharges for all services, except for home help, home maintenance, and friendly visiting service arrangements. This suggests that the demand for DCCSS's services is increasing faster than the available capacity.

## Service Statistics for DCCSS Services, 2023/2024 Fiscal Year

Service	Service Units Provided	Seniors Served	Individuals 18-64 Served	New Referrals of Seniors	New Referrals Individuals 18-65	Discharges
Meals-on-Wheels	6,337 meals	191	16	51	7	41
Services Arranged (home help, home maintenance, friendly visiting services)	318 visits	76	5	37	3	44
Congregate Dining	247 attendance days	29	4	29	4	7
Transportation	2,377 trips	574	84	190	34	87
Friendly Visiting	8 visits	8	0	N/A	N/A	2
Adult Day Services	2,132 attendance days	84	9	48	3	32
Assisted Living Services	21,394 hours	53	0	N/A	N/A	42
Personal Support/ PSW/ Bathing	743 hours	31	1	32	1	13

Source: data provided by DCCSS

### In-Home Supports

#### Current Gaps

Local waitlist data indicates minimal gaps between the need for and the availability of home care services in Dufferin County. As of August 14, 2024, there were 954 active home care patients, with fewer than five people waiting for personal support worker services and seven for respite services<sup>13</sup>. Ontario Health at Home and March of Dimes reported that eight to 10 people are waiting for “assisted living” in their own homes in the Shelburne area. The longest wait has been 226 days. Ontario Health at Home reported that 19 people are waiting for “assisted living” in Orangeville. The person who has waited the longest has been waiting 884 days. There are 4 people waiting for March of Dimes’s attendant care. However, this data only captures individuals who are aware of the services, have been deemed eligible, and have not yet received their first service visit.

Statistics Canada’s Canadian Community Health Survey (CCHS) data suggests significant unmet care needs among Canadian seniors, arising from service availability, lack of awareness, costs, and eligibility issues.<sup>14</sup> By applying national rates of perceived unmet home care needs by age from the CCHS to Dufferin’s current population by age, we estimate that approximately 600 adults aged 50 and over have unmet care needs.

<sup>13</sup> Source: Data provided by Ontario Health August 14, 2024

<sup>14</sup> Source: Statistics Canada, Health Reports, Unmet home care needs in Canada, <https://www150.statcan.gc.ca/n1/pub/82-003-x/2018011/article/00002-eng.htm>

This includes 203 with unmet needs for home health care services<sup>15</sup> and 492 with unmet needs for support services<sup>16</sup>, with some individuals requiring both. These figures may include older adults already receiving some in-home supports but who feel their needs are not fully met.

DCCSS reports over 100 seniors on their waiting list for home help, home maintenance, and friendly visiting services, though disaggregated data by service type is unavailable.

### *Future Needs*

Estimating future service needs using CCHS data is challenging due to the lack of information on the overlap between seniors receiving some in-home supports and those with unmet needs. If we assume all unmet needs are among those already receiving some support, we project an increase in the need for in-home support services by approximately 507 seniors by 2034 and 1,029 by 2044. Alternatively, if all unmet needs are assumed to be among those not currently receiving any in-home supports, the projected increase is 651 seniors by 2034 and 1,311 by 2044.

## Adult Day Programs

### *Current Gaps*

As of August 14, 2024, Ontario Health reported 50 people waiting for adult day services in Dufferin County, suggesting a minimum gap.<sup>17</sup> Additional unmet needs likely exist due to service availability, lack of awareness, and eligibility barriers.

### *Future Needs*

Based on the current number of seniors receiving and waiting for adult day services, and the anticipated increase in the senior population aged 75+, we estimate a minimum increase of 122 seniors requiring adult day services by 2034, and 162 by 2044, compared to 2024.

## Respite

### *Current Gaps*

Ontario Health at Home reported that as of April 2024, there were 229 people on the waiting list for in-home respite. This number, however, does not reflect the total demand

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<sup>15</sup> Home health services include nursing care (e.g. dressing changes, preparing medications, VON visits), other health care services (e.g. physiotherapy, occupational or speech therapy, nutritional counselling) and medical equipment or supplies (e.g. wheelchair, pads for incontinence, help with using a ventilator or oxygen equipment).

<sup>16</sup> Support Services includes personal or home support (such as bathing, housekeeping, meal preparation) and other services such as transportation and meals-on-wheels.

<sup>17</sup> Source: Data provided by Ontario Health August 14, 2024

as Ontario Health at Home has put a hold on adding to the wait list due to the high volume of service requests.

### *Future Needs*

Based on the current number of seniors receiving and waiting for adult day services, and the anticipated increase in the senior population aged 75+, we estimate a minimum increase of 225 seniors requiring respite services by 2034, and 735 by 2044, compared to 2024.

## 6. Engagement Feedback

Engagement with older adults, community organizations and service providers, and other key stakeholders was an important component of the Older Adult Services Review. Several different opportunities and platforms were created to share project information and to listen to the experiences and insights from the community:

- **Key Informant Interviews:** A series of conversations were held with County and Municipal Staff, and with local health sector service providers.
- **Focus Group:** An online focus group with local service providers and representatives from community groups was held.
- **Service Provider Survey:** To supplement the focus group, community organizations and local service providers were invited to complete an online survey.
- **Older Adult Surveys:** Surveys were conducted with older adults across Dufferin County. Surveys were conducted by telephone, through the County's Join In Dufferin webpage, and in hard copy at locations throughout the County.
- **Seniors Luncheon:** Information sharing and intercept interviews at the annual Seniors Luncheon held in Orangeville.

Engagement activities were aimed at learning about the current strengths, gaps, and potential solutions to meeting the service needs of older adults across Dufferin County. The following are summaries of service provider feedback and feedback from older adults. Additional details on the engagement activities, who we heard from, and responses to the older adults' survey by question can be found in Appendix A.

### Service Provider Feedback

The following is a summary of the feedback from service providers across Dufferin County. Feedback was collected through a survey, focus groups, and interviews with health system planning organizations.

#### Strengths of Current Services

Service providers have identified several strengths in the current system:

- **Strong Collaboration:** There is robust collaboration among service providers, which facilitates better service delivery.
- **Diverse Support Programs:** A variety of programs are in place to support older adults in their homes, including telecheck services, paramedic programs, home care, and food delivery.
- **Enhancements to Long-Term Care (LTC):** Improvements have been made to LTC.



- **Community Programs:** Programs like Meals on Wheels and senior activities (games, recreation) are well-received.
- **Food Bank Services:** Pop-up locations and home delivery options have improved accessibility to food bank services.

## Gaps in Services

Despite the strengths, several gaps have been identified by service providers:

- **Social Isolation:** High levels of social isolation among older adults.
- **Shortage of Services:** A shortage of affordable housing, transportation, and home care options.
- **Long Waiting Lists for LTC:** Extended waiting times for long-term care.
- **System Navigation Challenges:** Difficulties in navigating the service system.
- **Legal Protection:** A need for better legal protections for seniors.
- **Work and Affordability:** More seniors are working longer due to affordability issues.
- **Mental Health Supports:** Insufficient mental health support services.
- **Caregiver Burnout:** Caregiver burnout and gaps in respite care services.

## Potential Solutions to Address Gaps

Service providers suggest several solutions to address these gaps:

- **Increased Funding:** More funding for home care supports.
- **Social Visiting Programs:** Implementation of free friendly/social visiting programs.
- **Housing Options:** Expansion of housing options, including supportive housing, shared housing, and more affordable housing.
- **Transportation Services:** Enhanced transportation services.
- **Respite and Case Management:** More respite services and case management.

## The current methods of communication include:

- **Telecheck, Doctors, Paramedics, Social Workers:** These professionals play a key role in communication.
- **Family Members and Word of Mouth:** Informal communication channels.
- **Newspapers:** Traditional media outlets.

## Improving Accessibility, Marketing, and Communication

To enhance communication and accessibility, the service providers recommended the following measures:

- **Central Information Platform:** Development of a central location or platform for information.
- **Enhanced Communication:** Improved communication of services through information sessions, newspapers, and strategies targeting older adults.
- **Information in Key Locations:** Availability of information in key community locations.
- **Addressing Visual Impairments:** Communication needs of visually impaired individuals should be addressed.

## Prioritizing Housing Options

Housing is a critical area of focus, with several priorities identified:

- **Affordable Housing:** Increased availability of affordable housing.
- **Diverse Housing Options:** Options such as shared housing, assisted living, intergenerational housing, and rental housing.
- **Accessible Design:** Housing should be designed to be accessible.
- **Subsidized Housing:** More subsidized housing
- **Long-term Care:** More LTC beds are needed.

## Housing Programs and Initiatives

Several housing programs and initiatives were proposed:

- **Affordable Housing:** More affordable housing options.
- **Multi-Generational Homes:** Development of multi-generational homes and granny flats/additional development units.
- **Funding for Housing:** Increased funding for subsidized housing and LTC.
- **In-Home Supports:** More support for in-home care.
- **Rental Housing:** Expansion of rental housing options.
- **Dementia-Friendly Housing:** Development of dementia-friendly housing.

## Challenges in Staying in Own Home

Challenges faced by older adults in staying in their own homes include:

- **Isolation and Mental Health:** Issues of isolation and mental health challenges.
- **In-Home Services:** Lack of sufficient in-home services.
- **Transportation and Community Access:** Limited access to transportation and community services.
- **Safety Concerns:** Concerns about safety.
- **Home Maintenance:** Need for support with home maintenance and modifications.

### **Supports Needed to Remain at Home**

To help older adults remain in their homes, the following supports are needed:

- **Affordable In-Home Services:** Affordable services for in-home care.
- **Transportation Access:** Improved access to transportation, including volunteer driver programs.
- **Respite Services:** Increased availability of respite services.
- **Seniors At Risk Coordinator:** Re-establishment of the Seniors At Risk Coordinator role.
- **Home Maintenance Support:** Support for home maintenance and snow removal.
- **Legal Advice:** Subsidized legal advice.

### **Expanding Assisted Living and Supportive Housing**

To improve assisted living and supportive housing, service providers suggested that more funding is required for housing and staffing.

### **Gaps in LTC Services**

Service providers identified that long-term care services face several challenges:

- **Long Waiting Lists:** Extended waiting times for beds.
- **Training and Specialized Services:** Need for more training and specialized services.
- **LTC Reputation:** Addressing the poor reputation of LTC facilities.
- **Comprehensive Care:** Need for more comprehensive care services.

## Older Adult Feedback

The following is a summary of the feedback from older adults across Dufferin County. Feedback was collected through a survey (online, telephone, hardcopy).

### Types of Services Being Accessed

Older adults report varying levels of service access:

- **Non-Access:** Many older adults are not accessing any services.
- **Commonly Accessed Services:** Exercise/fitness/sports programs are the most accessed, followed by social and recreational programs, home maintenance services, and wellness programs.
- **DCCSS Services:** Most respondents are not accessing services through Dufferin County Community Support Services (DCCSS).

### Needed Services

The top services needed but not accessed include:

- **Exercise and Fitness:** Exercise and fitness programs.
- **Social/Recreational Programs:** Social or recreational programs.
- **Home Maintenance:** Home maintenance services

### Barriers to Service

Several barriers to accessing services are identified:

- **Cost:** Affordability of services.
- **Availability and timing:** Limited availability and timing of services.
- **Awareness:** Lack of awareness about available services.
- **Transportation:** Limited transportation options.

### Housing Needs

Feedback on housing needs highlights:

- **Current Housing:** Most people feel their current housing meets their needs.
- **Unmet Needs:** Affordability is the top reason for unmet housing needs, followed by the desire to downsize, accessibility needs, and health issues.
- **Smaller Housing Forms:** A number of respondents are seeking smaller housing forms and rental options.

- **Affordability Barrier:** The primary barrier to finding suitable housing is affordability, followed by a lack of available units.

### **In-Home Supports**

To remain at home longer, the most needed supports include:

- **Home Maintenance and Housekeeping:** Essential services for home upkeep.

## 7. Service Communication

Accessing information on local senior programs and services can be found on several central (online) service locations such as 211, Central West, and Dufferin County's website. These service directories, however, are largely incomplete and generally focus on health-related services. 211 for example includes DCCSS services, and some service providers but misses many other local service providers. DCCSS's webpage (found on Dufferin County's site) does provide a list of their services but very little information is provided (i.e., costs, eligibility, applications), users are directed only to a phone number.

The *My Dufferin Service Directory* is the most complete service directory found in our research. This site includes services for all ages, with a dedicated page for Seniors Services. This page includes links to three core areas: housing (Dufferin County housing), retirement and long-term care, and senior resources. Approximately 30 services are listed on the senior resources page. This site is not found on the County's general website and can be difficult to find using general search terms. Some municipal websites have links to services, while others do not. Those that do often provide just a few services such as DCCSS services. A couple of municipalities do provide links to My Dufferin Service Directory.

While a few organizations provide some hard copy information on services, there is not a comprehensive hard copy directory of senior services.

Feedback from the community, including older adults, emphasizes a need and desire to have a more central location for all services. Engagement participants highlighted the need for a central location, possibly a dedicated 'senior platform' on the County's website, to streamline and enhance communication. Additionally, there is a call for information sessions, local newspaper announcements, and strategically placed information in key community locations such as hospitals and community centres. Addressing the communication needs of visually impaired individuals is also emphasized.

Older adults responding to the survey identified 'information and awareness' as a barrier facing them in accessing services.

Overall, while finding DCCSS services as well as services funded by Ontario Health at Home may be more accessible, current resources are incomplete and can be challenging to find and navigate.

## 8. Best Practices for Supporting Older Adults

### Identification of Effective Models of Service Delivery

Our review of industry-leading practices related to older adult services and housing options found that leading practices focus on a combination of person-centred care, aging in place, community integration, senior-friendly housing models, affordable housing solutions, and continuums of care. Key practices include:

#### Older Adults Services

- **Person-centred care:** Tailoring care to meet the unique needs, preferences, and values of each individual. This can include developing individualized care plans, taking a holistic approach to addressing health and wellbeing, encouraging choice and autonomy about care and daily activities, and providing coordinated care across different settings and providers.
  - Both the Sherbrooke Community Centre and The Green House Project emphasize personalized care and autonomy, which have been shown to improve residents' quality of life (See Appendix B for further details on these models).
  - Ontario Health at Home's (formerly Central CCAC) Balance of Care program was developed for clients eligible for long-term care placement in need for community support service to help seniors waiting for admission to LTC remain in their homes and communities with enhanced support<sup>18</sup>. The program is a partnership between Ontario Health at Home, in partnership with Community Home Assistance to Seniors (CHATS), Circle of Care (COC), Downsview Services to Seniors (DSS), Yee Hong and CareFirst. Dedicated Balance of Care Case Managers and Community Support Service Agency staff work with the client and family to determine the best combination of services to meet client needs. Services available to eligible clients go beyond those traditionally provided by Ontario Health at Home and include Adult Day Programs, transportation, caregiver respite, Meals on Wheels and homemaking assistance. Each Balance of Care client is eligible for up to 80 units of service per month; the equivalent cost of a long-term care home, and the services have allowed clients to continue living in the community, delaying or eliminating the need for placement in LTC.
- **Aging in Place:** Designing housing and community services that allow older adults to remain in their homes for as long as possible. This includes retrofitting homes with accessibility features, providing in-home health services, and promoting smart home technologies that support independence.

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<sup>18</sup> Health Standards Organization, Leading Practices, Balance of Care, <https://healthstandards.org/leading-practice/balance-of-care/>

- Oasis Senior Supportive Living and Peel Senior Link are examples of programs that enables older adults to remain in their communities. The VON’s SMILE Program, which provides non-medical assistance tailored to meet the individual needs of seniors, is another example of a program that enables seniors manage daily activities and maintain their quality of life. (See Appendix B for further details on these models).
- **Telehealth and Remote Monitoring:** Expanding access to health services through technology, enabling older adults to receive medical care and monitoring without leaving their homes.
- **Smart Home Technology:** Implementing devices that enhance safety and independence, such as fall detection systems, voice-activated assistance, and automated lighting.
- **Health and Wellness Integration:** Offering services that address physical, mental, and social well-being, including fitness programs, mental health support, and social engagement activities.
- **Preventative Care Initiatives:** Focus on maintaining health and preventing illness through regular check-ups, health education, and lifestyle support.

## Housing Options

- **Age-Friendly Communities:** Developing neighborhoods that are accessible, inclusive, and supportive of the needs of older adults, with features like walkable streets, accessible public transportation, and proximity to health services and community centers.
- **Intergenerational Living:** Creating spaces where older adults can live alongside younger people, fostering connections between generations. This can include co-housing models, where shared spaces and resources promote social interaction.
- **Home modification programs:** can assist with home repair, renovations and adaptations.
  - In British Columbia, there is a Home Renovation Tax Credit for Seniors and Persons with Disabilities assists individuals 65 years or older and persons with disabilities with the cost of certain home renovations to improve accessibility and safety in the home.<sup>19</sup>

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<sup>19</sup> Federal/Provincial/Territorial Ministers Responsible for Seniors Table. (2019). “Report on Housing Needs of Seniors.” <https://www.canada.ca/en/employment-social-development/corporate/seniors-forum-federal-provincial-territorial/report-seniors-housing-needs.html#h2.11-3.1>



- Alberta has a Seniors Home Adaptation and Repair Program (SHARP) which provides a low-interest home equity loan to help senior homeowners finance home repairs, adaptations and renovations.
- Dufferin County's Ontario Renovates program is another example. The program provides interest free loans to assist moderate income households with necessary home repairs.
- **Senior-Friendly Housing Options:** There is a range of leading senior-friendly private-market housing models. These include:
  - **Mainstream housing designed for seniors** are housing units specifically intended for seniors.
    - In La Crete, Alberta, bungalows were designed specifically for seniors, with wider doors and a walk-in shower stall and are priced at the lower end of the market rate.<sup>20</sup>
  - **Naturally Occurring Retirement Communities (NORCs)**, which support older adults who live in communities not specifically designed for aging but have aged in place over time. These communities often receive targeted support services to address the needs of their aging population.
    - OASIS Senior Supportive Living Inc. in Kingston, Ontario is an example of a NORC support services model.<sup>21</sup> OASIS was established by a grassroots group of seniors as tenants in an ordinary apartment building of mid-range rent in the Kingston area market. With a small but growing number of frail seniors, they co-created a partnership model between seniors, the landlord and the South East Ontario Local Health Integration Network (LHIN). The landlord agreed to provide and modify space within the building for a common dining and recreational space for use by seniors and supported by voluntarism by seniors. Funding was provided by the South East Ontario LHIN to provide onsite coordination of supportive services tailored to what the seniors needed and wanted to enable them to stay in their homes and age in place.
  - **Village models**, which involve the creation of a grassroots organization where members pay dues to receive services like transportation, home maintenance, and social activities, allowing them to age in their current homes and communities.
  - **Seniors co-housing** is another model, where older adults come together to design, develop, and manage their own communities, often with shared

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<sup>20</sup> Hashim, J., Pacini, A., Starr, E., SHS Consulting, & CBCL Limited. (2014). [City of St. John's Seniors Housing Research Project](#),

<sup>21</sup> Bedney, B. J., Goldberg, R. B., & Josephson, K., 2010, Aging in Place in Naturally Occurring Retirement Communities: Transforming Aging Through Supportive Service Programs. *Journal of Housing For the Elderly*, 24(3-4), 304–321, <https://www.tandfonline.com/doi/abs/10.1080/02763893.2010.522455>

common spaces and resources that promote community and mutual support.

- Baba Yada Place is one example of a senior's co-housing model. (See Appendix B for further details on this model). Solterra Co-housing in Bracebridge, Ontario is another example, where four to six seniors share ownership of a home, and each home has a staff member that provides meal preparation, shopping, and housekeeping.
- **Abbeyfield houses** are a non-profit housing option that provides independent living accommodation in the form of co-housing, where residents live in one house and each have their own room and bathroom but share common areas. There are Abbeyfield houses in Caledon and Ottawa, Ontario where a manager does regular cleaning and maintenance, prepares meals, and provides support to residents. The rent each month covers the cost of accommodation, utilities and meals.<sup>22</sup>
- **Home sharing programs** match seniors with extra space in their homes with students or other adults looking for affordable housing. These models aim to address housing affordability, social isolation, and the need for support among older adults.
  - The City of Toronto ran a HomeShare pilot project in partnership with the National Initiative for the Care of the Elderly (NICE), where seniors were matched with students looking for affordable housing. The program provided financial incentives and support to encourage participation.
- **Senior-Friendly Affordable Housing Options:** Leading practices for affordable housing for older adults include solutions that are not only affordable but have:
  - **Universal design**, build or retrofitted with features like no-step entries, wider doorways, lever-style door handles and accessible bathrooms
  - **Adaptable**, as needs change such as being able to add grab bars or stairlifts without significant renovations,
  - **Offer on-site health services**, in partnership with local health providers
  - **Community spaces** for service delivery such as meal programs, fitness classes or mental health support.
- **Affordable Housing Partnerships:** Some affordable housing models incorporate partnerships with non-profits or private developers to leverage expertise and resources to create more affordable housing options.
- **Rental Assistance Programs:** Subsidies that help ensure that housing remains affordable for older adults on limited incomes.

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<sup>22</sup> Hashim et al., 2014

- **Comprehensive Supportive Housing:** Supportive housing that provides comprehensive support services to address both health and social needs.
  - Models like SHIP and LOFT Community Services demonstrate the effectiveness of integrating housing with comprehensive support services to address both health and social needs. Cheshire Supportive Housing is another example. (See Appendix B for further details on these models).
  - The Assisted Living Southwest Ontario’s (ALSO) model is a “hub and spoke” model. ALSO offers a basket of supports for daily living to clients living in several supportive housing sites across Windsor, as well as individuals in their own homes within a given geographic radius from the supportive housing sites. ALSO locates staff in each of the hubs to flexibly support clients, with 24/7 availability<sup>23</sup>.
  
- **Continuum of Care:** Offering a range of housing and care options that allow for seamless transitions as needs change, from independent living to supportive housing or assisted living and long-term care.
  - Village of Humber Heights is an example of a Continuum of Care site that offers a seamless transition between care levels, reducing stress for residents and improving health outcomes. (See Appendix B for further details on this model).
  
- **Small, Homelike Environments in Long-term Care:** One industry-leading long-term care model focuses on creating a homelike environment and fostering a sense of community among residents.
  - The Green House Project’s small home-like settings have proven successful in creating a more supportive and engaging environment for older adults. (See Appendix B for further details on this model).

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<sup>23</sup> ALSO Neighbourhoods of Care presentation, [https://www.ryerson.ca/content/dam/crncc/knowledge/eventsandpresentations/2017/BuildingCommunityCapacity/CALDER\\_OCSA2017.pdf](https://www.ryerson.ca/content/dam/crncc/knowledge/eventsandpresentations/2017/BuildingCommunityCapacity/CALDER_OCSA2017.pdf)

## 9. Operational Assessment of Dufferin County Community Support Services

### DCCSS Profile

Established in 1985, [Dufferin County Community Support Services](#) (DCCSS), located in the Mel Lloyd Centre, in Shelburne, provides services to older adults across the county to assist in all aspects of their day-to-day life. In coordination with community partners, DCCSS offers older individuals a range of community services and resources, including meals, transportation, home maintenance, and bathing programs, to name a few.

DCCSS operates under a multi-service accountability agreement with Ontario Health, which outlines funding accountability and service levels. This agreement falls under the long-term care (LTC) portfolio.

As of Summer 2024, there are 882 active clients with DCCSS.

### Service Offerings

As indicated above, DCCSS currently offers 10 programs for older adults. These include:

- Meals on Wheels
- Transportation to and from medical appointments
- Friendly Visiting
- Home Maintenance
- Home Respite Services
- Adult Day Programming
- Home Help
- Congregate Dining
- Personal Support Worker Escort Service
- Bathing Program

According to current growth analysis, Dufferin County older adult programs and services are becoming more utilized, and demand will continue to increase over the next decade. While current programs are meeting some of the waitlist and community needs, this DCCSS program review identified challenges and opportunities in each program.

## Meals on Wheels

The program aims to provide nutritious meals to older adults, ensuring they have access to both hot and frozen meal options. The central kitchen that facilitates this program is in Dufferin Oaks and is distributed to clients from there.

### Challenges:

1. **Decreased Demand:** There has been a noticeable decline in demand for meal services compared to pre-COVID levels. There is a lack of information on the reason for the decline.
2. **Volunteer Shortage:** The program relies heavily on volunteers for meal preparation and delivery. Due to challenges with attracting and retaining volunteers, staff at Dufferin Oaks have been required to deliver meals, which diverts them from other services and incurs additional costs for the program.
3. **Increased Costs:** Suppliers are raising their prices, which puts pressure on the program's budget. There is hesitation to pass these costs onto clients, and potentially impacting financial sustainability for those clients, therefore impacting the sustainability of the program overall.

### Opportunities:

1. **Partnerships:** There is a good relationship with meal providers, which can be leveraged to negotiate better terms or explore additional services.
2. **Frozen Meals Demand:** The increased interest in frozen meals presents an opportunity to expand this aspect of the service, potentially attracting new clients.
3. **Marketing Potential:** Developing a marketing strategy could help increase awareness and demand for meal services, should resources be available to manage increased demand.

## Transportation to and from medical appointments

This program provides essential transportation services to older adults, focusing on medical-related transportation while maintaining a commitment to accessibility and convenience for users. The service is delivered through referrals, ensuring that clients receive appropriate transportation for medical appointments, and is 100% funded by Ontario Health. The program is well-equipped with enough vehicles, ensuring reliable service availability.

### Challenges:

1. **Technology Acceptance:** Many older adults are reluctant to use scheduling software or technology, complicating the coordination of transportation services.

2. **Driver Limitations:** Drivers are not allowed to assist clients with lifting, which may limit service delivery for those who need extra help.

3. **Recruitment Difficulties:** Attracting volunteers or casual workers, particularly retirees, has proven challenging for the program.

4. **Data Management:** There are concerns regarding the ownership and management of client data, which is crucial for effective service delivery and compliance.

#### **Opportunities:**

1. **High Demand:** The program is in high demand, indicating a strong need for transportation services among older adults. Consequently, there is significant potential for growth within the program, particularly in expanding the medical-based transportation services. The opportunity to explore expanded programming similar to other municipalities with Transhelp or Wheeltrans programs would be beneficial, with support from Ontario Health to support an increased budget.

2. **Fleet Management Development:** The County is developing a fleet management program through its operations department, which can enhance efficiency and service quality.

3. **Accessible Vehicles:** All vehicles are equipped for accessibility, and there is a push to further improve services by adding lifts to enhance client convenience.

#### **Friendly Visiting**

Friendly Visiting services involve volunteers or staff visiting older adults to provide companionship, reduce social isolation, and offer emotional support. These visits can include conversation, recreational activities, or even helping the individual attend community events.

#### **Challenges:**

1. **Volunteer Recruitment & Retention:** It can be difficult to recruit and retain volunteers, especially in rural areas in Dufferin County. Volunteers may lack the time or be discouraged by travel requirements.

2. **Low Engagement:** With only 8 clients in 2023-2024, the program has very low participation. However, this program currently has a waitlist, indicating insufficient resources to increase the number of clients served through this program.

#### **Opportunities:**

1. **Expanding Digital Visitation:** Introducing virtual visiting through video calls for those comfortable with technology could help alleviate social isolation when physical visits are not possible.

**2. Partnerships with Local Organizations:** Collaborating with local schools, churches, and community centers to recruit volunteers or hold joint events could help build a broader volunteer base.

## **Home Maintenance**

Home Maintenance services involve assistance with household chores, minor repairs, and other tasks that help older adults maintain their homes and live independently. Services can range from yard work, and snow removal, to small home repairs. These services target older adults who may have physical limitations or who lack the financial or physical capacity to manage home upkeep.

### **Challenges:**

1. **Higher Demand:** With 41 clients in 2023-2024, this service is frequently used, which could strain available resources such as skilled workers or funding.
2. **Sustainability:** If the demand continues to grow, the program may face sustainability issues, particularly if it's reliant on limited contractors or volunteers. This links with the challenges of finding skilled tradespeople or volunteers willing to assist with home maintenance tasks, which can be difficult, especially in more rural areas of Dufferin County.

### **Opportunities:**

1. **Workforce Development Partnerships:** Collaborating with local vocational schools or apprenticeship programs could provide a steady stream of workers while giving students practical experience.
2. **Increasing Funding and Establishing a Preferred List:** Given the high client load, developing a preferred list of contractors, and providing more funding to support home maintenance, would encourage greater participation of contractors if they knew they'd be likely to obtain an increased amount of work through the program.

## **Home Respite Care Services**

Home respite care services provide temporary relief to primary caregivers by offering short-term in-home care for individuals who require assistance due to age, illness, or disability. These services ensure the individual's needs are met while allowing the caregiver to rest or attend to other responsibilities.

**Challenges may include the following, but further data is needed to validate assumptions:**

1. **Extremely Low Level of Service Delivery:** This service was provided to one individual in 2023/2024. However, Ontario Health at Home reported that as of April 2024, they had 229 people on their waiting list for in-home respite. Further assessment is required to better understand the level of engagement, usage and capacity of the program.

2. **Availability of Specialized Providers:** Home respite care requires a specific skill set to manage the physical aspects of care (pain management, hygiene, etc.) and to provide emotional and psychological support. A shortage of professionals with this expertise could limit the availability of quality respite services.

#### **Opportunities:**

2. **Outsourcing Respite Care:** Given the high demand for home respite across the County and limited availability, there is an opportunity for the County to work with local partners and Ontario Health at Home to plan ways to address respite care needs.

### **Adult Day Programming**

Adult Day programming focuses on providing comprehensive support for older adults, including socialization, meal services, and transportation, while fostering individual growth and engagement. Three staff members are responsible for the day-to-day delivery of the program, ensuring smooth operations and support for participants. The program relies on the Dufferin Oaks kitchen for meal preparation, which is essential for providing quality food to clients. Each participant receives an individualized program plan, catering to their specific needs and preferences. Additionally, the program receives referrals primarily from home help services, and there has been little to no marketing, which could help reach a broader audience.

#### **Challenges:**

1. **Staff Support:** The capacity to support the team is a concern, particularly as the program experiences increased diversity and the challenges that come with it. There is a need for additional support for the staff to effectively manage these changes. This can include specialized and targeted training for staff, and increased resource allocation for demand times.

2. **Limited Marketing:** The absence of marketing efforts has hindered outreach and awareness, impacting the program's growth potential.

#### **Opportunities:**

1. **Socialization Benefits:** Offering socialization opportunities can improve the overall well-being of participants, promoting community engagement and mental health.



2. **Capacity for Growth:** With proper support and resources, there is significant potential for program expansion and enhanced service delivery. This program could provide valuable positive outcomes for older adults and support priorities in the Community Safety and Wellbeing strategy.

## Home Help

Home Help is delivered by DCCSS in partnership with Ontario Home Help team and assesses older adults' cognitive and physical abilities to facilitate socialization, respite, and referrals to higher-functioning adult day programs.

### Challenges:

1. **Resource Allocation:** Ensuring adequate resources for assessments and support services can be challenging.

### Opportunities:

1. **Referral Pathways:** Strong potential to connect participants to adult day programs, enhancing socialization and engagement.

2. **Collaborative Framework:** The OHT structure fosters teamwork and resource sharing, improving service delivery.

## Congregate Dining

This program offers congregate dining to older adults, emphasizing the social aspect of shared meals.

### Challenges:

1. **Geographic Limitation:** Currently only available in Shelburne and delivered from Dufferin Oaks kitchen, limiting access for those in other regions.

2. **Menu Variety:** Meals are similar to those provided to long-term care residents, leading to a desire for more diverse food options.

### Opportunities:

1. **Regional Expansion:** There is a strong interest in expanding the program to other areas of the County, increasing access and participation. With financial support, partnerships with other organizations across the County may result in new approaches to broaden the scope of this program.

## **Personal Support Worker Escort Service**

Personal Support Worker (PSW) escort services involve a trained caregiver accompanying individuals providing assistance with mobility, personal care, and overall safety during their outings. This service supports individuals who may need help navigating outside of their home due to physical or cognitive limitations.

Further data and assessment is required to better understand challenges and opportunities with this program.

## **Bathing Program**

The bathing program is offered through March of Dimes, which includes transportation services, and includes weekly bathing to assist older adults with their personal care needs. March of Dimes submits invoices to the Community Supports Service Manager for reimbursement of costs.

### **Challenges:**

1. **Scheduling:** Coordination of transportation and bathing appointments can be complex.

### **Opportunities:**

1. **Consistent Care:** The weekly bathing program enhances personal hygiene and well-being for participants and can be considered a prevention program for health issues that could arise without this support.

## **Assisted Living Referrals**

Coordinated through VON Canada and March of Dimes, assisted living referrals is offered through supportive housing opportunities in Dufferin County

### **Challenges:**

1. **Accountability:** Due to the already constrained resources at DCCSS, there is limited time and ability to hold these contracts accountability and audit them accordingly.

2. **Updating Agreements:** There is a need to manage and update service agreements to ensure alignment with current laws and regulations.

### **Opportunities:**

1. **Positive Community Feedback:** This program has received positive numbers and with the support of further partnerships and government funding allocations, Dufferin County can look at expanding this program to support more people in the community.

## Service Effectiveness and Alignment with Community Needs

This program review aligns well with Dufferin County's Community Safety and Well-Being Plan (2021), which recognizes changing needs and services in the community as a key pillar moving forward. The plan outlines transformational steps to improve community well-being, including exploring new ways of delivering services, and realigning programs to meeting evolving community needs.

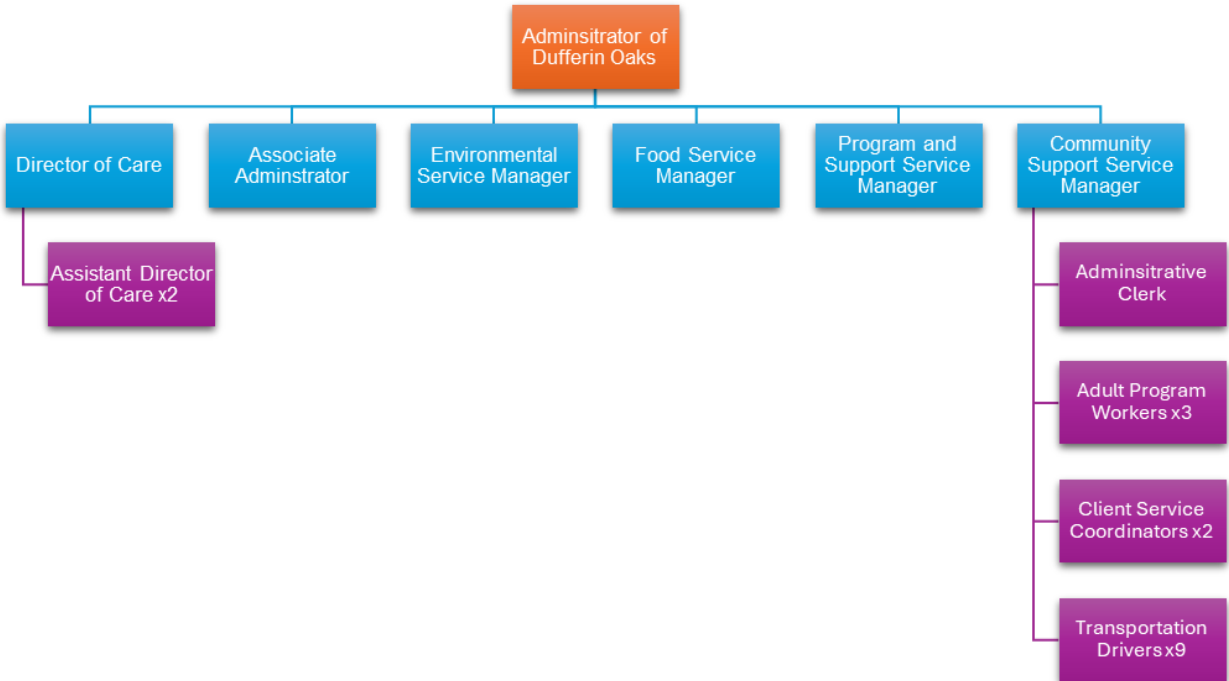
Currently, the DCCSS waitlist on daily programs is minimal and there is no waitlist for priority services like Meals on Wheels or Transportation to medical appointments. However, considering the growing older adult population in Dufferin County, and the currently stretched resources and staffing in the DCCSS department, there is a critical need to increase capacity to fully address the growing needs of the older adult community.

Currently, there is a lack of marketing to communicate the services being delivered through DCCSS. If Dufferin County were to begin marketing its services to the whole community, there is a concern that due to the rate of population growth and aging, DCCSS would not have the staff to deliver the needed services.

## Operational Structure, Resource Allocation and Quality Assurance

Currently, DCCSS falls under the portfolio of Long-Term Care and Dufferin Oaks. This alignment is largely influenced by the funding model, as DCCSS programs are funded through Ontario Health. The following figure offers an illustration of the DCCSS organization chart

# Dufferin County Community Support Services Organization Chart



By aligning DCCSS under the LTC portfolio, as opposed to community services, it has been identified that older adult services staff and programs have difficulty approaching the service in an integrated service system approach. As such, inefficiencies were recognized due to the siloed nature of older adult services from the broad community service portfolio. It is recommended that consideration be given to aligning this portfolio under an expanded Community Services Division to allow for increased integrated planning of services in the community and improving access to additional services and staff resources in similar roles to manage program shifts.

Another challenge identified has been establishing effective lines of funding with Ontario Health. With the provincial shift to Ontario Health Teams, more bureaucratic challenges have arisen to access funding.

Upon review of the Community Support Services department, it has been identified that the diversity of roles and skills along with limited professional development and succession planning, presents areas of risk to the organization. As a single management position, the Community Support Service Manager is responsible for DCCSS program design, delivery and evaluation, management of staff for all programs, relationship management with partners both internal and external and strategic planning for the portfolio. This structure presents challenges in developing strategic approaches,

building new relationships and service evaluation to inform expanding and defining services to address the anticipated population growth and aging in the County.

It is recommended that a non-union middle management position be created to support day-to-day operation of programs to allow lead management staff the opportunity to support staff capacity building, performance monitoring, strategic growth planning and relationship management.

Expanding staff capacity is critical for effective maintenance and growth of DCCSS programs. Several staffing needs were identified in this program review. First, there are no employees dedicated to data collection and analysis. To access funding, provide transparent reporting and develop business cases, effective data management is critical, and there is a fundamental need to hire someone in DCCSS to support data coordination and analysis.

Additionally, there is a need for dedicated staff to conduct program reviews and evaluation of current services including client satisfaction, to inform service models and improvements.

## Opportunities to Consolidate Resources and Standardize Business Processes and Tools

In an ever-evolving business landscape, the ability to consolidate resources and standardize processes is critical for organizations aiming to thrive. As DCCSS strives to enhance efficiency, the importance of staying connected to human resources cannot be overstated. A seamless connection between human resources and the DCCSS operational team fosters a culture of collaboration and drives organizational success.

To improve communication, DCCSS should invest in robust services that facilitate information sharing and collaboration among employees. By implementing unified communication tools, teams can engage in real-time discussions, ensuring that all members are aligned with the organization's objectives. These tools serve not only to enhance productivity, but also to build a sense of community among employees, regardless of their physical location.

In addition to communication, effective data collection emerges as a cornerstone of informed decision-making. Gathering data on client needs and program outcomes is essential for tailoring services and processes to better serve Dufferin County older adults. This would result in DCCSS having the ability to effectively identify areas of improvement and create initiatives that can support programs, employees and community residents. Furthermore, collecting client satisfaction data is vital; understanding participants' experiences and gathering feedback can guide adjustments in service delivery and enhance overall client relations. Having accurate data is also critically important for advocacy efforts to the provincial government and other potential funders to support program growth.

Organizations often grapple with user-friendly data management systems. Current methods can be cumbersome and not intuitive, resulting in frustration and inefficiency. To address this issue, DCCSS should prioritize the improvement of their data management systems, ensuring they are accessible and user-friendly. By doing so, they can empower employees to easily collect, analyze, and utilize data to drive their initiatives forward.

Finally, talent recruitment and management are also critical components of organizational success. Ensuring that the organizational structure in the portfolio supports the day-to-day operational supports, strategic planning, and performance feedback is critical to attracting and maintaining staff resources. There is a need for staff capacity building and planning to address the anticipated increase in need going forward.

The opportunity to consolidate resources and standardize business processes and tools is one that DCCSS cannot afford to overlook. By fostering effective communication, prioritizing data collection, and improving data management systems, DCCSS can create a cohesive work environment that empowers employees and enhances community satisfaction.

## Other Opportunities for Improvements

To better integrate overall community service systems in Dufferin County, it is recommended that DCCSS be aligned under an expanded Community Services Division to allow for increased integrated planning of services in the community and improving access to additional services and staff resources in similar roles to manage program shifts. While the current placement in the organizational structure may be relevant with respect to service to seniors, the operational models for LTC and community-based programs are not as well aligned and leave the programs without sufficient resources and supports that could result in efficiencies.

## 10. Recommendations

Drawing on the above sections, we offer recommendations to optimize the effectiveness of older adult services in Dufferin County.

### 1. Enhance Housing Options for Seniors

- a. **Work with Local Municipalities to Encourage Private Market Development of Senior-Friendly Housing Models:** Senior-friendly housing includes units with universal designs, adaptable units, condominiums, one- and two-bedroom units, senior's co-housing, and other housing types that meet the needs of older adults looking to downsize or find more suitable living arrangements. Strategies to encourage senior-friendly development may include flexible zoning; incentives such as increased density or reducing parking requirements for developments with senior-friendly features; financial incentives such as planning fee waivers, tax incentives, or grants; pre-approved design templates; encouraging or mandating universal design standards; developer education campaigns; and demonstration projects.
- b. **Increase Subsidized Housing Targeting Seniors:** Work with all levels of government to develop more subsidized housing units to meet the growing demand among low-income seniors, as the current wait times are extensive, with significant unmet needs. Strategies to increase subsidized housing for seniors may include leveraging existing housing programs, advocating for increased federal and provincial funding, establishing County funds for senior housing development, allocating County-owned land for the development of subsidized senior housing, and establishing partnerships with non-profits.
- c. **Expand Supportive Housing:** Collaborate with healthcare system planning organizations, health service providers, social service providers, and non-profit housing providers to expand the availability of supportive housing through new developments and new programs to deliver support services in existing seniors housing. The County could use many of the same strategies outlined above for subsidized housing to support increases in supportive housing as well.
- d. **Facilitate Housing Programs that Help Seniors Age in Place:** This could include solutions such as home-sharing programs, naturally occurring retirement communities (NORC) support services models, village models, and Abbeyfield houses.
- e. **Expand Strategies to Address the Needs of Low-Income Senior Homeowners.** This could include property tax deferral programs, reverse mortgages, and expanding the current home repair and renovation loan program.

## 2. Enhance Long-Term Care

- a. **Advocate for Increases to Long-Term Care Beds:** Along with system partners, advocate for the development of additional long-term care beds to meet the projected increase in demand, ensuring that the growing senior population has access to appropriate care.
- b. **Advocate for Diversified Long-Term Care Options:** Advocate for exploration of the creation of specialized long-term care beds or facilities, such as those for individuals with dementia or other specific needs such as peritoneal dialysis, convalescent care, and short-stay respite, to provide more tailored care.

## 3. Strengthen In-Home Support Services

- a. **Advocate for Increased Funding for In-Home Services:** Advocate for increased funding to expand in-home services including home health care services, personal support workers, housekeeping, and home maintenance, addressing both current gaps and future needs.

## 4. Improve Access to Health and Community Support Services

- a. **Enhance Transportation Services:** Expand transportation services for older adults to improve access to medical appointments, social activities, and essential services, particularly for those with mobility challenges and in rural areas. This could include specialized transit services, volunteer driver programs, subsidized public transportation where available, and/or community shuttles that cater to seniors and provide transport to social events, shopping centres, and service centres.
- b. **Advocate for Increases to Mental Health Support:** Advocate for the development and expansion of mental health services tailored to older adults, addressing the high prevalence of depression, anxiety, and other mental health issues among older adults.
- c. **Encourage Preventative Health Programs:** Encourage community partners such as Wellington Dufferin Public Health, local municipalities, and non-profit service providers to enhance and promote programs focused on preventative care, including exercise, nutrition, and chronic disease management, to reduce the long-term burden on healthcare services.

## 5. Address Social Isolation

- a. **Work with Community Partners to Reduce Social Isolation Among Seniors:** A variety of tools and strategies can be used to address the social isolation of seniors, including digital literacy programs, telehealth and virtual support groups, friendly visiting, check-in calls, social and recreational programs, and



transportation services. The County should work with community partners to confirm the priority strategies and roles of various partners.

## 6. Enhance Support for Caregivers

- a. **Work with Health System Partners to Expand Adult Day Programs and In-Home Respite Care Services:** Work with health system partners to increase the availability of adult day services and in-home respite care to support caregivers, reducing burnout and ensuring that both caregivers and older adults receive the support they need.
- b. **Provide Caregiver Training and Resources:** Offer training programs and resources for caregivers to better equip them with the skills needed to care for older adults, particularly those with complex needs.
- c. **Engage Partners in Service Planning Initiatives Aimed at Identifying and Addressing Needs of Seniors with Needs** The County should collaborate with local health system planning organizations, social service agencies, and community organizations to engage in service planning initiatives focused on identifying and addressing the needs of seniors with care needs. This should include facilitating partnerships between healthcare providers, housing agencies, and other stakeholders to create coordinated care plans that integrate medical, social, and housing supports. The County should working with partners to design and implement tailored programs or services that address the specific needs of seniors with complex needs, such as enhanced in-home care, specialized housing options, or access to medical and social resources. The staff person responsible for this action could participate in existing tables related to seniors services.
- d. **Allocated County Resources to Provide System Navigation and Individualized Care Planning for Seniors with Complex Care Needs:** The County should work with partners to establish a coordinated system navigation and care planning model. This may include a physical and/or virtual hub for seniors and their caregivers to access information, receive referrals and connect with system navigators who can guide them through the complexities of the healthcare and social service systems. This may also include developing a process for individualized care planning, where seniors with complex care needs to work with a care coordinator to create an individualized care plan and connect them with necessary services. It is recommended that this along with the above action be delivered through at least one full-time position and that the County consider incorporating into DCCSS so the care coordinator can work closely with other DCCSS and Community Services staff to plan and implement solutions and there is a direct line of reporting to County senior leadership and Council.

## 7. Improve Communication and Information Access

- a. **Develop a Centralized Information Hub:** Establish a comprehensive, user-friendly online platform that consolidates information on available services, programs, and housing options for older adults in Dufferin County.
- b. **Enhance Outreach Efforts:** Implement targeted communication strategies to ensure that older adults, particularly those who are isolated or have limited digital literacy, are aware of available services and how to access them.

## 8. Strengthen the Capacity of the DCCSS Department

- a. **Expand staff capacity:** Expand staff capacity to allow dedicated resources for data coordination and analysis and dedicated staff to conduct program reviews and evaluation of current services including client satisfaction, to inform service models and improvements. A non-union middle management position should also be created to support the day-to-day operation of programs to allow lead management staff the opportunity to support staff capacity building, performance monitoring, strategic growth planning and relationship management.
- b. **Consider Aligning this Portfolio under the Community Services Division:** This would allow for increased integrated planning of services in the community and improve access to additional services and staff resources in similar roles to manage program shifts.
- c. **Invest in Information Sharing and Collaboration Tools:** To improve communication, DCCSS should invest in robust services that facilitate information sharing and collaboration among employees.
- d. **Improve Collection of Data on Client Needs and Program Outcomes:** Gathering data on client needs and program outcomes is crucial for tailoring services to better serve older adults in Dufferin County. It enables DCCSS to identify areas for improvement, create supportive initiatives, and enhance programs for employees and residents. Collecting client satisfaction data is vital for understanding participant experiences and guiding service adjustments, which improves client relations. Accurate data is also essential for advocacy efforts, helping to secure support from the provincial government and other funders for program growth.
- e. **Prioritize Improvement of Data Management Systems:** Data management systems should be accessible and user-friendly.
- f. **Implement a Standardized Approach to Talent Recruitment and Management at DCCSS:** This should include clear guidelines and data-driven strategies to identify the best candidates and ensure a strong cultural fit. Additionally, establish regular performance reviews and feedback mechanisms to

improve employee retention and satisfaction. Ensure that the organizational structure supports day-to-day operations and performance feedback to attract and maintain staff resources effectively.

# Appendix A – Older Adults Survey Summary

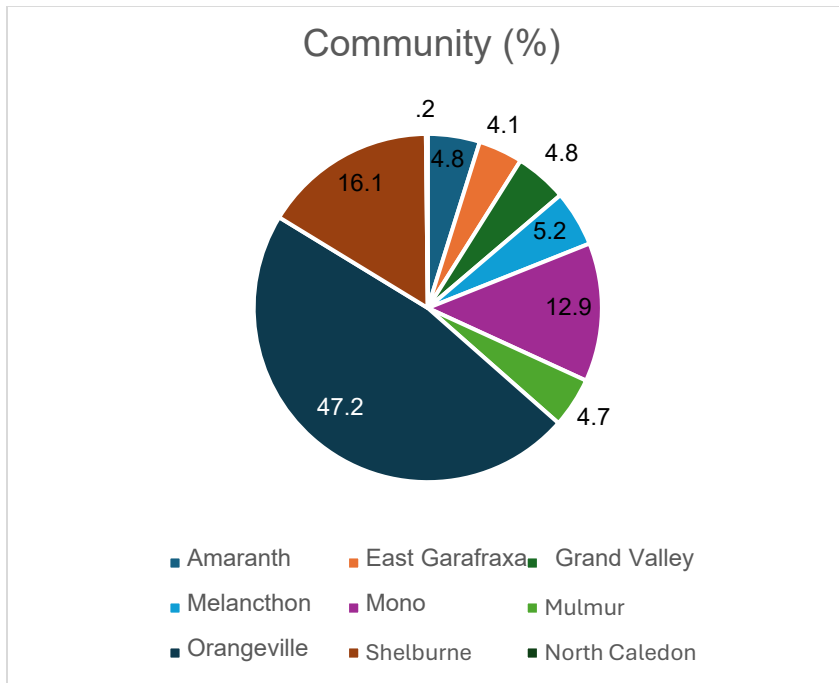
The following is a summary of the responses to the Older Adults Survey by question. Unless otherwise stated, all responses are out of 559 (n=559).

## 1. Are you a resident of the County of Dufferin?

Through the survey, we heard from 559 Dufferin County residents. This includes 370 telephone surveys, and 189 who either completed the survey directly online or by paper copy which was then input into the online survey tool.

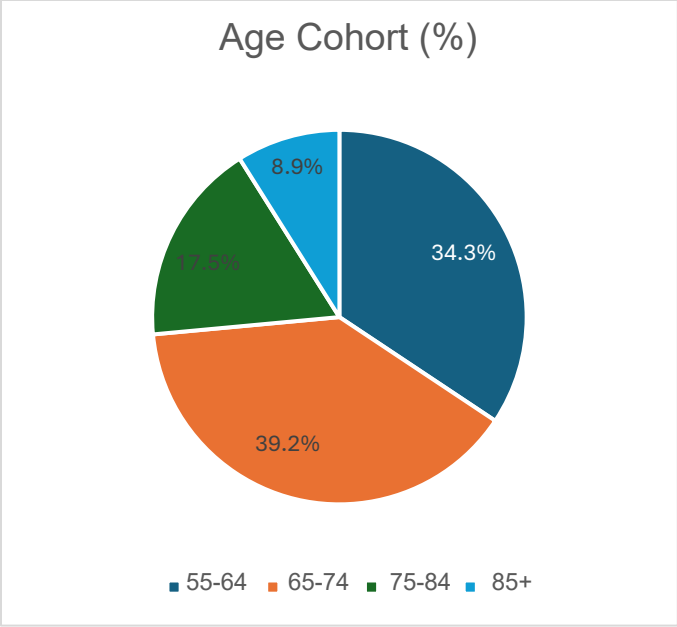
## 2. Please tell us which community you live in.

All communities were represented in the survey, with the majority of respondents from Orangeville (47.2%), followed by Shelburne (16.1%) and Mono (12.9%).



## 3. What is your current age range?

Respondents to the survey represented a range of older adult age-cohorts, with most (39.2%) respondents within the 65-74 age range, followed by the 55-64 age range (34.3%), 75-84 age range (17.5%), and 85+ age range (8.9%).



**4. What is your current living situation?**

Most older adults responding to the survey reported living with either a spouse or partner (45.6%), or living along (37.4%). Some (3.8%) reported living with relatives/family, living with a roommate (3.0%), and one individual reported being unhoused/homeless.

**5. How do you describe your gender?** (Gender describes a person’s internal sense of gender, whether as a man, a woman, or beyond the gender binary.)

By gender, nearly two-thirds (65.5%) of respondents are women, 33.5% are men, 2 older adults identified as non-binary, 1 as gender-fluid, and three people preferred not to answer.

**6. Please tell us more about your identity by responding to the following:**  
**Do you:**

- a) Have 10 years or less of living experience in Canada?
- b) Primarily speak a language at home other than English?
- c) Identify as Indigenous (First Nations, Inuit, or Métis)?
- d) Identify as a member of the 2SLGBTQIA+ community? (Members of the 2SLGBTQIA+ community, includes individuals who identify as Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual, Demisexual, Fluid, Pansexual, and others who identify with diverse sexual orientations and gender identities beyond the gender binary)
- e) Have a disability? (Disability may include intellectual disability; learning disability; long-term medical illness; long-term mental health condition;

mobility impairment; hearing and/or vision impairment not correctable by glasses or contact lenses; sensory processing or integration disorder)

Most (81.6%) respondents have lived in Canada for longer than 10 years. 17.4% reported living in Canada for less than 10 years. The majority of survey respondents (90.2%) speak primarily English. Just 9 respondents (or 1.6%) identify as Indigenous, some (21 or 3.8%) identify as from the 2SLGBTQIA+ community, and about one-third (32.9%) of respondents indicated that they have a disability.

**7. Which of the following types of services do you currently access? (Select all that apply)**

Most (83.4%) of respondents indicated accessing services. Top services accessed by respondents include exercise and fitness programs, social or recreational programs, home maintenance services, and physical or mental health or wellness services.

<b>Services</b>	<b>%</b>
Exercise, fitness and sport programs	29.9%
Social or recreational programs	28.3%
Home maintenance (yard work such as lawn mowing or snow shoveling or minor home repairs)	21.5%
Physical or mental health or wellness services (physical therapy exercises, monitoring blood pressure or blood sugar, me	21.3%
Housekeeping services (cleaning, laundry, dishwashing, garbage removal)	13.4%
Transportation services (rides to medical appointments, rides for errands, transportation for social or recreational act	9.3%
Food and nutrition, such as meal delivery or dining program	7.3%
Technology assistance (setting up computers, tablets or phones, assistance with video calls or emails)	5.9%
Home care services (health services, bathing, dressing, toileting, mobility assistance)	5.5%
Emergency response services (medical alert devices, regular check-in calls or visits)	5.0%
Respite services	1.1%
None	16.6%

**8. Do you access any of these services through Dufferin County Community Support Services?**

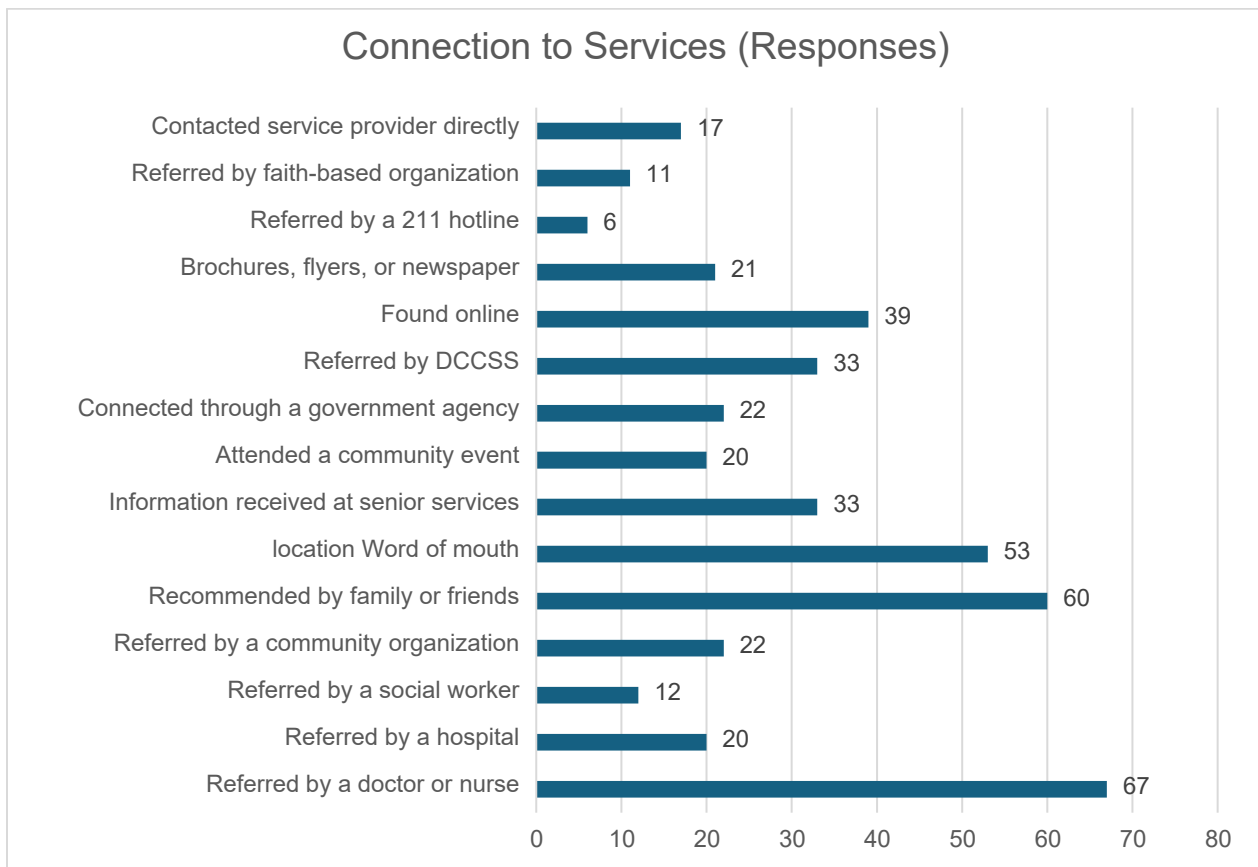
Most (85.7%) respondents do not access these services through Dufferin County Community Support Services.

**9. Which other service providers do you receive these services from? (n=240)**

Some (11.3%) respondents reported receiving services from private providers/local gym/community organizations, others (9.2%) reported receiving services from DAFHT/family health teams, some reported receiving services from local senior service clubs (6.7%), and a few reported receiving services from either a foodbank or Meals on Wheels (4.2%).

**10. How did you get connected with these service providers? (Select all that apply)**

Overall respondents highlight a range of ways of connecting with services. For example, many people report connecting with service providers either through their doctor (61), through a recommendation from family or friends (60), or from word of mouth from other community members (53). Respondents also report connecting with service providers through internet searches, brochures and newspaper ads, and through community referrals (DCCSS, faith-based organizations).



**11. Have you accessed services through Dufferin County Community Support Services?**

Overall, just under 20% of survey respondents have accessed services through Dufferin County Community Support Services.

**12. If you have accessed services through Dufferin County Community Support Services, what improvements would you suggest?**

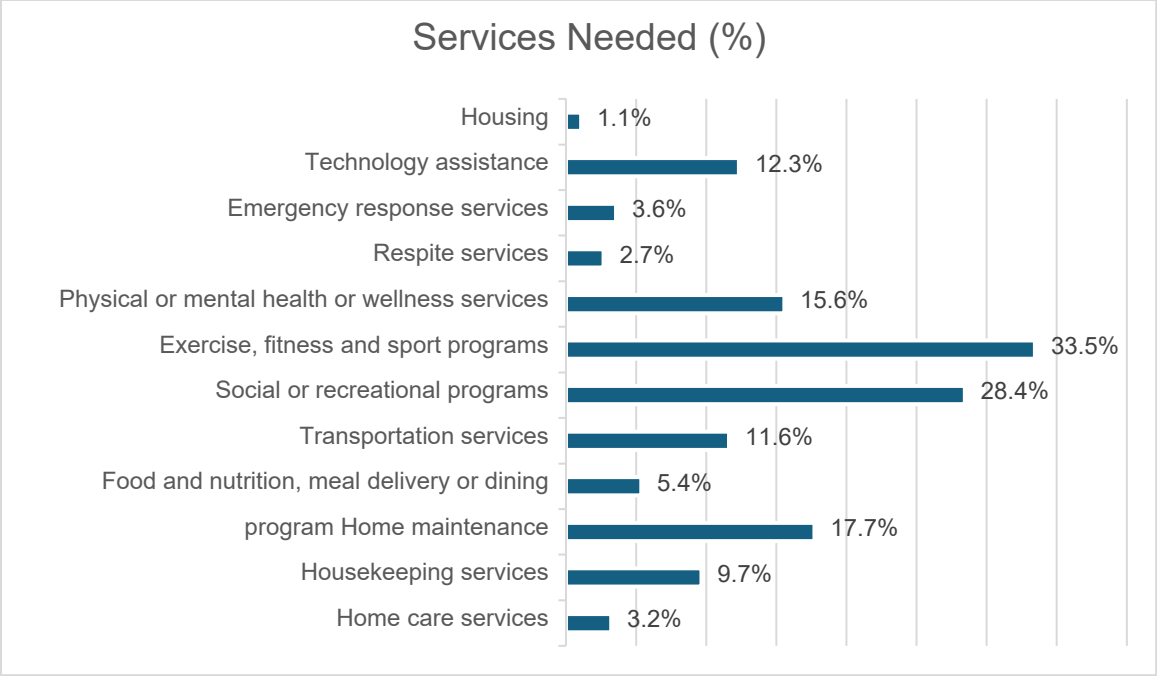
Of those who have accessed DCCSS (107 respondents), most reported having no suggestions for improvement; 54 people made suggestions for improvement. Suggested improvements include transportation services (11), home health services (10), house cleaning and home maintenance (9), and exercise or physio programs (7). Other suggestions include affordable housing, financial assistance, and more engagement/availability to ask questions.

**13. Are there any services you need but are not currently receiving? (Select all that apply)**

Most (444) survey respondents identified at least one service that was needed, that was not being received. When asked what services people need but are not accessing, most people report needing exercise/fitness programs (33.5%) , social or recreational programs (28.4%), home maintenance programs (17.7%), or physical or mental health or wellness programs (15.6%). Other services needed include transportation services (11.6%), technology assistance (12.3%), and housekeeping (9.7%).

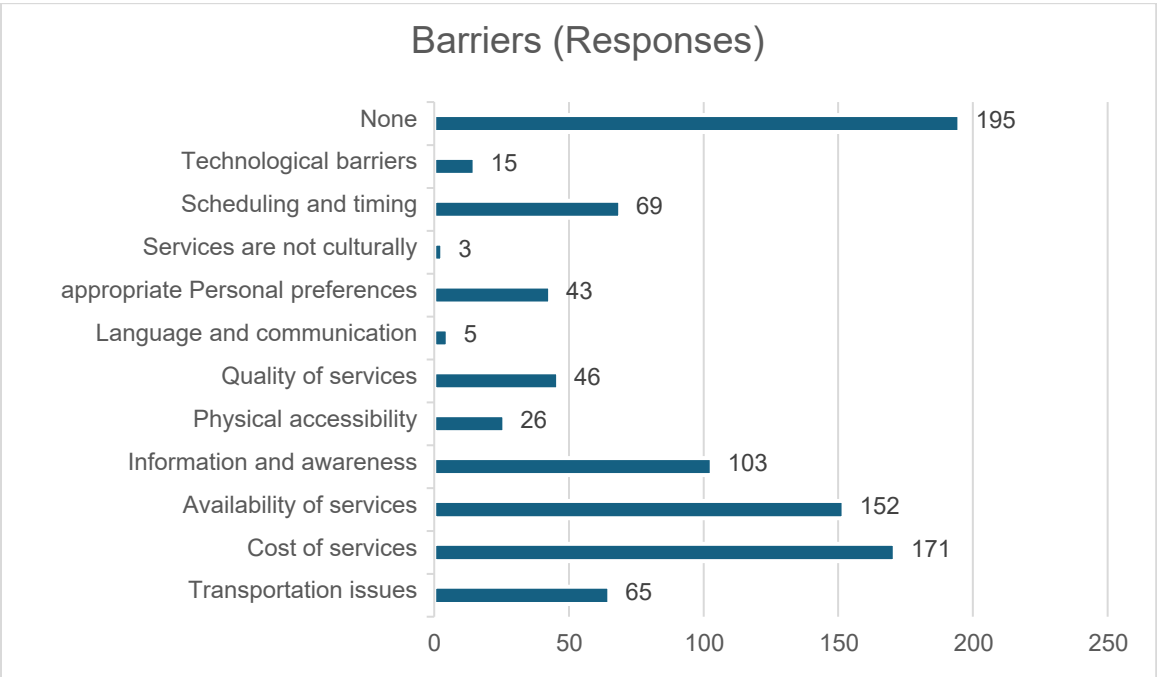
115 older adults (or 12.4%) stated that there are no services they need that they are not receiving.





**14. What difficulties or barriers do you face in accessing the services you need? (Check all that apply)**

A range of barriers and challenges were identified by older adults in accessing services. Top responses include the cost of services (171), availability of services (152), lack of awareness (103), and transportation (65). 195 older adults reported no difficulties or barriers in accessing the services they need.



### Section 3: Housing Needs and Gaps

#### 15. How would you describe your current housing situation?

Most (73.2%) older adults responding to the survey own their own home. 15.6% of respondents rent their home, 7.2% are living with family, and 2.3% are living in assisted living.

#### 16. Do you feel your current housing meets your needs?

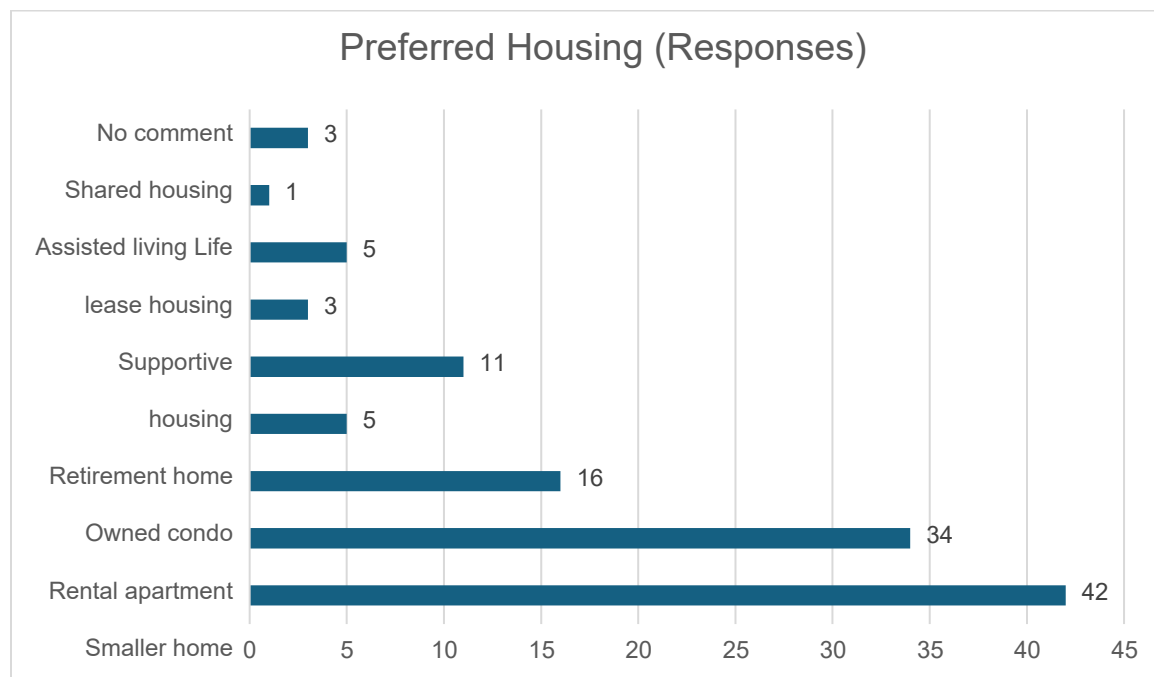
Most (85.5%) people report that their current housing is meeting their needs. For those who reported their housing does not meet their needs (81 respondents), affordability was the top reason (33). Other reasons include the need to downsize (12) or lack of options (11), accessibility reasons (9) and health issues (7).

#### 17. Are you considering moving in the next 5 years?

21.5% of survey respondents indicated that they are considering moving in the next 5 years. Almost half (27.8%) of survey respondents indicated that they are not considering moving in the next 5 years and 30.8%) are unsure.

#### 18. If you are considering moving, what type of housing would you prefer?

For those considering moving (120), most reported wanting a smaller home (42) or rental apartment (34), while others are looking for a condo (16), or supportive housing (11).



**19. What difficulties or barriers do you face in accessing housing that meets your need?**

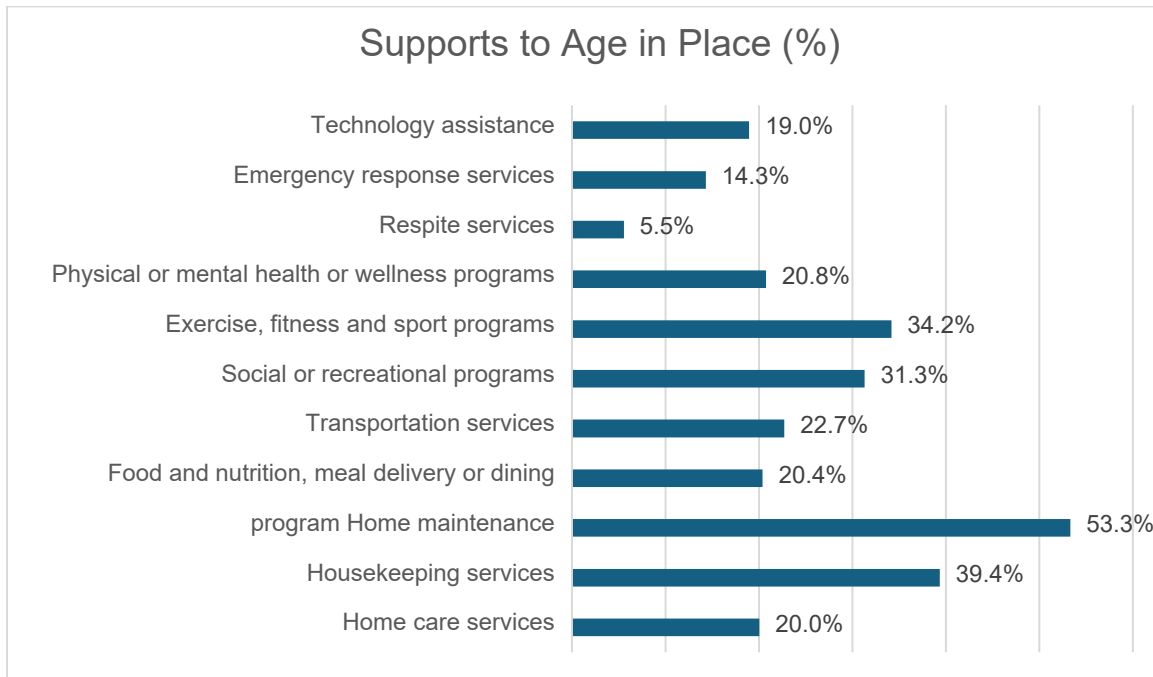
When asked what barriers or difficulties older adults are facing in accessing housing that meets their needs, the top response was affordability (35.4%), followed by a lack of available housing (27.5%), lack of housing to meet specific needs (i.e., single level homes) (22.4%), long waiting lists for suitable housing (16.5%), lack of information on housing options (13.1%), lack of housing options in desired location (10.2%), and poor condition of housing options (9.5%).

<b>Supports to Age in Place</b>	<b>%</b>
Affordability (housing is too expensive)	35.4%
Lack of available housing units	27.5%
Long waiting lists for suitable housing	16.5%
Housing options are not in a desirable location or too far from family, friends or necessary services	10.2%
Housing options are not physically accessible (e.g. lack of ramps, elevators)	5.0%
Housing units are too small	4.8%
Housing units are too large	3.9%
Lack of housing options that meet specific needs (eg. single-level homes)	22.4%
Quality and condition of housing options	9.5%
Lack of support services in the housing community or difficulty accessing support services	7.7%
Unaware of available housing options or difficulty finding information about suitable housing options	13.1%
Complicated application processes	3.4%
Landlord screening issues (e.g. eviction history, credit score)	4.1%
Preference for staying in current home despite challenges	16.1%
None	39.9%

**Section 4: Supports to Age in Place**

**20. If you want to stay in your current home, what supports would help you stay in your current home longer? (Select all that apply)**

505 older adult survey respondents identified at least one support that would help them stay in their home longer. Over half of survey respondents (53.3%) identified home maintenance services as supports that would help them stay in their current home longer. Other supports that would help people stay in their home longer include housekeeping services (39.4%), exercise and fitness programs (34.2%), social or recreation programs (31.3%), transportation services (22.7%), home care services (20.0%), and food and nutrition services (10.4%).



## Appendix B – Examples of Different Housing and Service Delivery Models for Older Adults

Detailed information on some examples of different housing and service delivery models for older adults has been provided below.

### Long-term care

#### Sherbrooke Community Centre, Eden Alternative Model

<https://www.sherbrookecommunitycentre.ca/>

- **Location:** Saskatoon, Saskatchewan
- **Description:** Sherbrooke Community Centre is a long-term care home that adopts the Eden Alternative model, focusing on creating a homelike environment and fostering a sense of community among its residents. Elder-directed, or person-directed, care is the cornerstone of the community.
- **Problem Trying to Solve**
  - **Loneliness and Social Isolation:** Reduces feelings of loneliness and social isolation by fostering strong community bonds.
  - **Institutional Living:** Moves away from traditional institutional care models to create a more homelike and personalized environment.
  - **Lack of Engagement:** Provides meaningful activities and social interactions to keep residents engaged and active.
  - **Helplessness and Dependency:** Encourages residents to participate in decision-making and daily activities, promoting a sense of purpose and autonomy.
- **Target Client Segments**
  - Seniors requiring long-term care.
  - Individuals with chronic health conditions or disabilities.
  - Residents with dementia or other cognitive impairments.
  - Older adults seeking a community-oriented living environment.
- **Channels (how services are delivered)**
  - **On-Site Care:** Care services provided onsite, ensuring residents have access to necessary medical and personal care.
  - **Eden Alternative Philosophy:** Care delivered through the principles of the Eden Alternative, focusing on supporting the whole person and overall well-being.
  - **Intergenerational Programs:** Programs that bring together residents with children and young adults to foster intergenerational connections.

- **Therapy and Pet Programs:** Incorporation of pet therapy and other therapeutic activities to enhance emotional well-being.
- **Key Services**
  - **Comprehensive Medical Care:** 24/7 nursing care, medical supervision, and specialized care for various health conditions.
  - **Person-Centered Care:** Individualized care plans tailored to each resident's preferences and needs.
  - **Social and Recreational Activities:** A wide range of activities and events to promote social engagement and physical activity.
  - **Rehabilitation Services:** Physical, occupational, and speech therapy to support recovery and maintain mobility.
  - **Nutritional Support:** Nutritious meals prepared on-site, accommodating various dietary needs and preferences.
  - **Pet Therapy:** Programs involving pets to provide comfort and companionship to residents.
  - **Intergenerational Programs:** Activities that connect residents with younger generations, fostering meaningful relationships.
- **Key Partners**
  - **Healthcare Providers:** Collaboration with local hospitals, clinics, and healthcare professionals.
  - **Educational Institutions:** Partnerships with schools and universities to facilitate intergenerational programs and research initiatives.
  - **Community Organizations:** Engagement with local community groups to enhance social and recreational offerings.
  - **Volunteers:** Involvement of volunteers to support various programs and activities within the center.
- **Discussion of Outcomes**
  - **Enhanced Quality of Life:** Residents report improved quality of life due to the supportive and engaging environment.
  - **Reduced Loneliness and Isolation:** Strong community bonds and social activities reduce feelings of loneliness and isolation.
  - **Improved Health and Well-Being:** Comprehensive care and personalized attention contribute to better overall health and well-being.
  - **Increased Resident Engagement:** Meaningful activities and resident involvement in decision-making foster a sense of purpose and autonomy.
  - **Successful Intergenerational Programs:** Interactions with younger generations enhance social connections and provide emotional benefits for both residents and participants.

- **Innovative Care Practices:** Adoption of the Eden Alternative model showcases successful implementation of innovative care practices, serving as a model for other long-term care facilities.

### The Green House Project

<https://thegreenhouseproject.org/>

- **Location:** Various location across the United States.
- **Description:** The Green House Project redefines long-term care by creating small, homelike environments where residents receive personalized care and support. This model emphasizes deinstitutionalization, focusing on providing a supportive and community-oriented atmosphere that promotes independence and dignity.
- **Problem Trying to Solve**
  - **Institutional Atmosphere:** Replaces traditional nursing homes with small, home-like settings.
  - **Lack of Personalization:** Offers personalized care tailored to each resident's unique needs and preferences.
  - **Social Isolation:** Reduces loneliness and promotes social engagement through a community-focused living environment.
  - **Quality of Care:** Improves the quality of care by implementing a resident-centered approach and empowering care staff.
- **Target Client Segments**
  - Seniors requiring long-term care and support.
  - Individuals with chronic health conditions or disabilities.
  - Residents with dementia or other cognitive impairments.
  - Older adults seeking a more personalized and homelike living environment.
- **Channels (how services are delivered)**
  - **Small, Home-Like Settings:** Care is delivered in small, self-contained homes typically housing 10-12 residents, each with private rooms and bathrooms.
  - **Consistent Caregiving Teams:** Dedicated teams of caregivers known as "Shahbazim" provide personalized care and build strong relationships with residents.
  - **Resident-Directed Care:** Residents have a say in their daily routines and activities, promoting autonomy and independence.
  - **Integrated Health Services:** Comprehensive health services are provided within the home environment, ensuring continuity of care.

- **Key Services**
  - **Personal Care and Assistance:** Help with activities of daily living such as bathing, dressing, and grooming.
  - **Medical and Nursing Care:** On-site nursing and medical care tailored to residents' health needs.
  - **Rehabilitation Services:** Physical, occupational, and speech therapy to support recovery and maintain function.
  - **Social and Recreational Activities:** Programs designed to engage residents and promote social interaction.
  - **Nutritional Support:** Home-cooked meals prepared in a communal kitchen, accommodating dietary needs and preferences.
  - **End-of-Life Care:** Compassionate end-of-life care provided in a comfortable, familiar setting.
  
- **Key Partners**
  - **Healthcare Providers:** Collaboration with local hospitals, clinics, and healthcare professionals.
  - **Non-Profit Organizations:** Partnerships with non-profits focused on senior care and advocacy.
  - **Government Agencies:** Support from federal and state programs to promote and fund the model.
  - **Research Institutions:** Engagement with research organizations to evaluate and improve care practices.
  
- **Discussion of Outcomes**
  - **Improved Quality of Life:** Residents report improved quality of life due to the personalized and homelike environment.
  - **Better Health Outcomes:** Enhanced health and well-being through comprehensive, resident-centered care.
  - **Reduced Hospitalizations:** Lower rates of hospitalization and emergency room visits due to proactive health management.
  - **Increased Resident Autonomy:** Residents experience greater autonomy and control over their daily lives.
  - **Positive Staff Experience:** Caregivers report higher job satisfaction and stronger relationships with residents.
  - **Scalable Model:** The success of the Green House Project has led to its adoption and adaptation in various locations across the United States.



## Continuing Care Retirement Communities (CCRCs)

### Village of Humber Heights

<https://schlegelvillages.com/humber-heights-etobicoke>

- **Location:** Etobicoke, Ontario
- **Description:** The Village of Humber Heights is a Continuing Care Retirement Community (CCRC) that provides a continuum of care for older adults, allowing residents to transition through different levels of care as their needs change. This community offers independent living, assisted living, memory care, and long-term care within a single campus, creating a supportive environment for aging in place.
- **Problem Trying to Solve**
  - **Continuity of Care:** Providing consistent care to seniors as their health and support needs evolve.
  - **Aging in Place:** Provides a range of care options within one community, allowing residents to remain in familiar surroundings.
  - **Comprehensive Support:** Offers a holistic approach to senior care, addressing physical, mental, and social well-being.
  - **Reducing Relocation Stress:** Minimizes the stress and disruption associated with moving between different care facilities as needs change.
- **Target Client Segments**
  - Older adults (typically 55+).
  - Seniors looking for independent living with the option to access additional care services if needed.
  - Individuals with memory-related conditions requiring specialized memory care.
  - Residents in need of long-term care with 24-hour nursing support.
- **Channels (how services are delivered)**
  - **On-Site Care:** Care services provided on the same campus.
  - **Integrated Care Teams:** Multidisciplinary teams including doctors, nurses, therapists, and social workers.
  - **Community Activities:** A range of social, recreational, and educational activities to promote engagement and well-being.
  - **Family Involvement:** Encouragement of family participation in care planning and community events.
  - **Virtual Health Services:** Virtual options for consultations and follow-ups to complement in-person care.
- **Key Services**

- **Independent Living:** Private apartments with access to community amenities and activities.
  - **Assisted Living:** Personal care services, medication management, and daily living support.
  - **Memory Care:** Specialized programs and environments designed for residents with dementia.
  - **Long-Term Care:** 24-hour nursing care and medical support for residents with complex health needs.
  - **Rehabilitation Services:** Physical, occupational, and speech therapy to support recovery and maintain mobility.
  - **Health and Wellness Programs:** Fitness classes, health education, and preventive care services.
  - **Dining Services:** Meals prepared on-site, catering to various dietary needs.
  - **Housekeeping and Maintenance:** Regular housekeeping, laundry, and property maintenance services.
- **Key Partners**
    - **Healthcare Providers:** Collaboration with local hospitals, clinics, and medical professionals.
    - **Government Agencies:** Support from province.
    - **Non-Profit Organizations:** Partnerships with local organizations focused on senior care and support services.
    - **Community Groups:** Engagement with local community organizations to enhance social and recreational offerings.
- **Discussion of Outcomes**
    - **Enhanced Quality of Life:** Residents report high satisfaction with the comprehensive care and community life.
    - **Improved Health Outcomes:** Access to a continuum of care services has led to better health management.
    - **Reduced Hospital Admissions:** Proactive care and rehabilitation services help prevent hospitalizations and promote recovery.
    - **Strong Community Bonds:** A sense of community and belonging.
    - **Family Satisfaction:** Families of residents report appreciation for the holistic care approach and involvement in care planning.

# Supportive Housing

## SHIP – Services and Housing In Province

<https://shipshey.ca/>

- **Location:** Locations across Peel, Halton and Dufferin Counties, and Toronto
- **Description:** SHIP provides a range of supportive housing and community-based services to individuals experiencing mental health issues, addictions, and those at risk of homelessness. The organization focuses on offering affordable housing options integrated with comprehensive support services to enhance the quality of life and independence of its clients.
- **Problem Trying to Solve**
  - **Homelessness and Housing Instability:** Provides stable and affordable housing option to individuals facing homelessness or at risk of losing their homes.
  - **Mental Health and Addiction Support:** Provides support services for individuals with mental health challenges and substance use disorders.
  - **Aging in Place:** Supports seniors to live independently within their communities with appropriate support.
  - **Social Isolation:** Reduces isolation by fostering community engagement and support networks.
- **Target Client Segments**
  - Individuals with mental health issues and/or substance use disorders.
  - People experiencing homelessness or at risk of homelessness.
  - Low-income individuals and families in need of affordable housing.
  - Older adults requiring supportive housing to maintain independence.
- **Channels (how services are delivered)**
  - **On-Site Support:** Residential facilities with on-site staff providing 24/7 support and care.
  - **Community Outreach:** Mobile teams delivering services directly to individuals in the community.
  - **In-Home Support:** Personalized support services provided in home.
  - **Partnerships:** Collaboration with healthcare providers, social services, and community organizations.
- **Key Services**
  - **Supportive Housing:** Affordable housing units with integrated support services to meet individual needs.
  - **Case Management:** Personalized case management to help clients navigate services and achieve their goals.

- **Mental Health Services:** Counseling, therapy, and support groups for individuals with mental health challenges.
- **Addiction Support:** Harm reduction programs, counseling, and addiction recovery support.
- **Health and Wellness Programs:** Health education, physical health monitoring, and chronic disease management.
- **Life Skills Training:** Workshops and programs to enhance daily living skills and independence.
- **Social and Recreational Activities:** Activities designed to foster social connections and community engagement.
- **Crisis Intervention:** Immediate support and intervention during crises to ensure client safety and stability.
- **Key Partners**
  - **Healthcare Providers:** Collaboration with hospitals, clinics, and mental health agencies.
  - **Government Agencies:** Funding support from municipal, provincial, and federal governments.
  - **Non-Profit Organizations:** Partnerships with other non-profits to provide comprehensive services.
  - **Community Organizations:** Engagement with local community groups to enhance service delivery.
- **Discussion of Outcomes**
  - **Housing Stability:** Clients experience improved housing stability, reducing the risk of homelessness.
  - **Enhanced Health and Well-Being:** Integrated support services leading to better mental health, physical health, and overall well-being.
  - **Increased Independence:** Clients gain the skills needed to live independently.
  - **Reduced Hospitalizations:** Proactive support and crisis intervention help prevent hospital admissions and emergency room visits.
  - **Community Integration:** Clients become more engaged and connected within their communities, reducing social isolation.
  - **Cost Savings:** Providing supportive housing and community-based services is a cost-effective alternative to institutional care.

### Oasis Senior Supportive Living

<https://www.oasis-aging-in-place.com/>

- **Location:** Kingston, Ontario

- **Description:** Oasis Senior Supportive Living is a community-based model that integrates affordable housing with comprehensive support services tailored to the needs of seniors. The program is designed to help older adults age in place by creating supportive living environments within existing apartment buildings and communities.
- **Problem Trying to Solve**
  - **Aging in Place:** Supports seniors to remain in their own homes and communities as they age.
  - **Social Isolation:** Reduces loneliness and social isolation by fostering a sense of community and connection among residents.
  - **Comprehensive Support:** Provides integrated support services to help seniors manage daily living activities and health needs.
  - **Affordable Housing:** Offers affordable living options combined with support services for seniors on fixed incomes.
- **Target Client Segments**
  - Older adults (typically 55+) seeking to live independently with access to supportive services.
  - Seniors experiencing social isolation or loneliness.
  - Individuals with chronic health conditions or disabilities needing assistance with daily activities.
  - Low-to-moderate income seniors in need of affordable housing options with integrated support.
- **Channels (how services are delivered)**
  - **On-Site Support:** Services provided within the residential community, including on-site staff and support workers.
  - **Community-Based Programs:** Engagement with local resources and services to enhance support.
  - **Peer Support Networks:** Encourages peer-to-peer support and community building among residents.
  - **Virtual Support and Activities:** Use of technology for virtual health consultations and social activities.
- **Key Services**
  - **Personal Care and Assistance:** Help with activities of daily living such as bathing, dressing, and grooming.
  - **Health and Wellness Programs:** Regular health screenings, fitness classes, and chronic disease management.
  - **Social and Recreational Activities:** Organized activities, events, and clubs to promote social interaction and engagement.

- **Meal Programs:** Access to nutritious meals and assistance with meal preparation.
- **Transportation Services:** Assistance with transportation for medical appointments, shopping, and social outings.
- **Housekeeping and Maintenance:** Help with household chores, cleaning, and minor home repairs.
- **Educational Workshops:** Programs on health, wellness, and life skills to empower residents.
- **Key Partners**
  - **Healthcare Providers:** Collaboration with local health care services, clinics, and hospitals.
  - **Community Organizations:** Partnerships with community centers, social service agencies, and volunteer organizations.
  - **Government Agencies:** Support and funding from municipal, provincial, and federal government programs.
  - **Non-Profit Organizations:** Working with non-profits specializing in senior services and affordable housing.
  - **Private Sector:** Engagement with property management companies and developers to secure suitable housing.
- **Discussion of Outcomes**
  - **Improved Quality of Life:** Residents report higher satisfaction and enhanced quality of life.
  - **Increased Independence:** Seniors are able to maintain their independence and live in their own homes longer.
  - **Reduced Social Isolation:** Enhanced social connections and community engagement lead to reduced feelings of loneliness.
  - **Better Health Outcomes:** Regular health and wellness programs contribute to improved physical and mental health.
  - **Cost Savings:** The model provides a cost-effective alternative to institutional care by supporting seniors in a community setting.
  - **Resident Empowerment:** Seniors feel more empowered and engaged in their communities through participation in activities and decision-making processes.

### Cheshire Supportive Housing – Maple Grove Place

- **Location:** Dunnville, Ontario
- **Description:** Cheshire Supportive Housing at Maple Grove Place provides accessible, affordable, and supportive housing for seniors and adults with physical disabilities. This program aims to foster independence and improve

quality of life by offering a combination of housing and personalized support services tailored to the needs of its residents.

- **Problem Trying to Solve**
  - **Accessible Housing:** Provides housing that is physically accessible for individuals with disabilities.
  - **Aging in Place:** Supports seniors and adults with disabilities to live independently in their communities.
  - **Comprehensive Support:** Offers a range of services to assist with daily living activities and health needs.
  - **Social Isolation:** Reduces loneliness and promotes social engagement through community activities and support.
  
- **Target Client Segments**
  - Seniors (typically 55+) with physical disabilities.
  - Adults with physical disabilities requiring accessible housing and support.
  - Low-to-moderate income individuals in need of affordable, supportive housing options.
  
- **Channels (how services are delivered)**
  - **On-Site Support:** Services provided within the residential facility, with on-site staff available to assist residents.
  - **Community-Based Services:** Engagement with local resources and services to enhance support.
  - **Personalized Care Plans:** Development of individualized care plans tailored to the specific needs of residents.
  
- **Key Services**
  - **Personal Care:** Assistance with activities of daily living such as bathing, dressing, and grooming.
  - **Health and Wellness Programs:** Regular health monitoring, fitness programs, and chronic disease management.
  - **Homemaking Services:** Help with cleaning, laundry, meal preparation, and shopping.
  - **Transportation Services:** Assistance with transportation for medical appointments, shopping, and social outings.
  - **Social and Recreational Activities:** Organized activities and events to promote social interaction and community engagement.
  - **Crisis Intervention:** Immediate support during emergencies to ensure the safety and well-being of residents.
  - **Accessibility Modifications:** Home modifications to ensure the living environment is fully accessible.

- **Key Partners**
  - **Healthcare Providers:** Collaboration with local hospitals, clinics, and healthcare professionals.
  - **Government Agencies:** Funding support from County, and province (LHIN).
  - **Non-Profit Organizations:** Partnerships with other non-profits specializing in disability and senior services.
  - **Community Organizations:** Engagement with local community centers, social service agencies, and volunteer groups.
  
- **Discussion of Outcomes**
  - **Increased Independence:** Seniors and adults with disabilities maintain their independence and live in their own homes longer.
  - **Enhanced Health and Safety:** Regular health monitoring and support services contribute to better health outcomes and reduced risk of accidents.
  - **Reduced Social Isolation:** Social and recreational activities foster community connections and reduce feelings of loneliness.
  - **Cost Savings:** Provides a cost-effective alternative to long-term care facilities by supporting individuals in a community setting.
  - **Empowerment:** Residents feel more empowered and engaged in their communities through participation in activities.



# Assisted Living

## LOFT Community Services

<https://www.loftcs.org/>

- **Location:** Various locations across GTA including Toronto, York Region and Simcoe Region
- **Description:** LOFT Community Services provides a range of supportive housing and assisted living programs designed to support older adults, including those with mental health challenges, addictions, and complex health needs. The organization aims to help individuals live independently in the community while receiving the necessary support to maintain their health and well-being.
- **Problem Trying to Solve**
  - Lack of affordable and supportive housing for seniors with mental health and addiction challenges.
  - Need for comprehensive care services to support aging in place.
  - Reduce hospital readmissions and long-term institutionalization by providing adequate community-based support.
- **Target Client Segments**
  - Older adults (55+) with mental health issues, addiction problems, or complex physical health needs.
  - Seniors at risk of homelessness or currently homeless.
  - Individuals transitioning from hospital or institutional care back to the community
- **Channels (how services are delivered)**
  - **In-Home Support:** Direct services provided in home, including personal care and homemaking.
  - **On-Site Staff:** Supportive housing sites with on-site staff available 24/7 to assist residents.
  - **Community Outreach:** Mobile teams provide support and services in various community settings.
  - **Virtual Support:** Virtual consultations to support continuity of care.
- **Key Services**
  - **Supportive Housing:** Affordable housing with on-site support services tailored to individual needs.
  - **Assisted Living Services:** Help with daily living activities, personal care, medication management, and meal preparation.
  - **Mental Health and Addiction Support:** Counseling, case management, and harm reduction programs.

- **Health and Wellness Programs:** Physical health monitoring, chronic disease management, and health education.
- **Social and Recreational Activities:** Programs designed to promote social interaction and reduce isolation.
- **Crisis Intervention:** Emergency response and support to manage crises and prevent hospitalization.
- **Key Partners**
  - **Healthcare Providers:** Collaboration with hospitals, community health centers, and primary care physicians.
  - **Government Agencies:** Funding and support from municipal, provincial, and federal government bodies.
  - **Non-Profit Organizations:** Partnerships with other social service organizations to provide comprehensive care.
  - **Housing Providers:** Collaboration with housing authorities and private landlords to secure affordable housing units.
- **Outcomes**
  - **Improved Health and Well-Being:** Clients report better management of their health conditions and an overall improvement in their quality of life.
  - **Reduced Hospitalizations:** Decrease in emergency room visits and hospital readmissions due to proactive health management and crisis intervention.
  - **Increased Housing Stability:** Clients maintain stable housing, reducing the risk of homelessness.
  - **Enhanced Social Connections:** Participation in social and recreational activities reduces isolation and promotes community integration.
  - **Cost Savings:** By preventing hospitalizations and long-term institutional care.

## Peel Senior Link

<https://peelseniorlink.com/>

- **Location:** Peel Region, Ontario
- **Description:** Peel Senior Link provides assisted living services to seniors living in designated buildings and within the community. The program aims to support seniors in maintaining their independence and quality of life through a range of personal care and support services.
- **Problem Trying to Solve**
  - **Aging in Place:** Supports seniors to live independently in their homes for as long as possible.
  - **Comprehensive Care:** Provides a range of health and personal care services to manage daily living activities.
  - **Social Isolation:** Reduces loneliness by promoting social interaction and community involvement.
- **Target Client Segments**
  - Seniors (65+) living in Peel Region who require assistance with daily activities.
  - Low-income seniors in need of affordable assisted living services.
  - Individuals with chronic health conditions or disabilities.
- **Channels (how services are delivered)**
  - **On-Site Support:** Staff available on-site to provide 24/7 assistance.
  - **Community-Based Services:** Outreach and support services within the community.
  - **Personalized Care Plans:** Development of individualized care plans in collaboration with healthcare providers.
- **Key Services**
  - **Personal Care:** Assistance with bathing, dressing, grooming, and other daily activities.
  - **Health Monitoring:** Regular health checks and chronic disease management.
  - **Housekeeping:** Help with cleaning, laundry, and meal preparation.
  - **Social Activities:** Programs and events to promote social engagement.
  - **Transportation Assistance:** Support with transportation to appointments and community activities.
- **Key Partners**
  - **Peel Region:** Funding support from region.

- **Healthcare Providers:** Collaboration with local health services and hospitals.
- **Community Organizations:** Partnerships with local non-profits and social service agencies.
- **Discussion of Outcomes**
  - **Improved Quality of Life:** Enhanced well-being and satisfaction reported among residents.
  - **Reduced Hospital Admissions:** Better health management and reduced emergency room visits.
  - **Increased Independence:** Seniors maintain their independence and live in their homes longer.

## Other Senior Focused Housing

### Baba Yaga Place – Co-Housing for Seniors

<https://babayagaplace.ca/index.html>

- **Location:** Toronto, Ontario
- **Description:** Baba Yaga Place is a co-housing initiative designed to provide affordable, community-oriented living for older adults. Inspired by a model from France, it aims to create a supportive environment where seniors can live independently while benefiting from mutual support and shared resources.
- **Problem Trying to Solve**
  - **Social Isolation:** Reduces loneliness by fostering a strong sense of community and social interaction among residents.
  - **Affordable Housing:** Provides affordable housing options for seniors.
  - **Aging in Place:** Supports seniors to age in place by offering a living arrangement that adapts to their changing needs.
  - **Mutual Support:** Encourages a cooperative living environment where residents help each other with daily activities and emotional support.
- **Target Client Segments**
  - Older adults (typically 50+) looking for an alternative to more traditional retirement homes.
  - Seniors interested in living in a community-oriented environment.
  - Individuals seeking affordable housing options in Toronto.
  - Older adults who value independence but also desire social connections and mutual support.
- **Channels (how services are delivered)**
  - **On-Site Living:** Residents live together in a shared housing complex with private living spaces and communal areas.
  - **Community Activities:** Regular social and recreational activities organized within the co-housing community.
  - **Peer Support:** Mutual assistance among residents for daily tasks and emotional support.
  - **Governance Participation:** Residents actively participate in the decision-making processes of the community.
- **Key Services**
  - **Affordable Housing:** Provides affordable housing units within a supportive community setting.
  - **Social Interaction:** Regular community meals, events, and activities to promote social engagement.

- **Shared Resources:** Communal spaces such as kitchens, gardens, and recreational areas.
- **Peer Support:** Residents offer each other assistance with daily living tasks and provide emotional support.
- **Collective Decision-Making:** Residents are involved in the governance and management of the community.
- **Key Partners**
  - **Non-Profit Organizations:** Partnerships with non-profits focused on senior services and affordable housing.
  - **Government Agencies:** Support from municipal and provincial governments for funding.
  - **Community Groups:** Engagement with local community organizations to promote the co-housing model.
- **Discussion of Outcomes**
  - **Enhanced Social Connections:** Residents report stronger social networks and reduced feelings of isolation.
  - **Affordable Living:** Provides an affordable housing option for seniors in Toronto.
  - **Increased Independence:** Seniors maintain their independence while benefiting from a supportive community environment.
  - **Improved Well-Being:** The mutual support system and social engagement contribute to mental and emotional health among residents.
  - **Sustainable Living:** The co-housing model promotes sustainable living practices.

## Services

### SMILE (Seniors Managing Independent Living Easily) Program

<https://von.ca/en/smile>

- **Location:** Located in Trenton, Ontario, providing service to people living in Hastings, Northumberland and Prince Edward Counties.
- **Description:** The SMILE program, operated by the VON, provides personalized support services to help seniors live independently in their own homes. The program offers a range of non-medical assistance tailored to meet the individual needs of seniors, enabling them to manage daily activities and maintain their quality of life.
- **Problem Trying to Solve**
  - **Aging in Place:** Supports seniors to remain in their own homes.
  - **Daily Living Challenges:** Assists with daily tasks that may become difficult for seniors due to age or health conditions.
  - **Social Isolation:** Reduces loneliness and isolation by providing regular social interaction and support.
  - **Health and Safety:** Enhances the health and safety of seniors living at home through regular check-ins and assistance.
- **Target Client Segments**
  - Seniors (typically 65+) who require assistance with daily living activities.
  - Older adults with chronic health conditions or disabilities that impact their ability to live independently.
  - Individuals at risk of hospitalization or institutionalization due to lack of support at home.
  - Low-income seniors needing affordable support services.
- **Channels (how services are delivered)**
  - **In-Home Support:** Personalized services delivered directly in the homes of clients.
  - **Community-Based Services:** Local outreach and coordination with community resources.
  - **Telephone and Virtual Support:** Regular check-ins and consultations through phone or virtual platforms.
  - **Collaborative Care Plans:** Development of individualized care plans in collaboration with healthcare providers and family members.
- **Key Services**
  - **Personal Care:** Assistance with bathing, dressing, and other personal hygiene tasks.

- **Homemaking Services:** Help with cleaning, laundry, meal preparation, and shopping.
- **Transportation Assistance:** Support with transportation to medical appointments, grocery shopping, and other essential activities.
- **Companionship:** Regular visits and social interaction to reduce loneliness and provide emotional support.
- **Home Maintenance:** Light home maintenance and safety modifications to ensure a safe living environment.
- **Health and Wellness Support:** Coordination with healthcare providers, medication reminders, and health monitoring.
- **Respite Care:** Temporary relief for family caregivers through respite services.
- **Key Partners**
  - **Healthcare Providers:** Collaboration with local doctors, nurses, and healthcare facilities to ensure comprehensive care.
  - **Community Organizations:** Partnerships with local community centers, social services, and volunteer groups.
  - **Government Agencies:** Support and funding from Counties, provincial and federal governments.
  - **Non-Profit Organizations:** Coordination with other non-profits to enhance service delivery and outreach.
- **Discussion of Outcomes**
  - **Improved Quality of Life:** Seniors report higher satisfaction and better quality of life due to personalized support services.
  - **Increased Independence:** Clients maintain their independence and continue living in their own homes safely.
  - **Enhanced Health and Safety:** Regular support and monitoring contribute to better health outcomes and reduced risk of accidents.
  - **Reduced Caregiver Burden:** Family caregivers experience relief and support through respite services and assistance with daily tasks.
  - **Community Engagement:** Seniors become more engaged and connected within their communities, reducing feelings of isolation.
  - **Cost Savings:** The program provides a cost-effective alternative to hospitalization or long-term care facilities by supporting seniors at home.