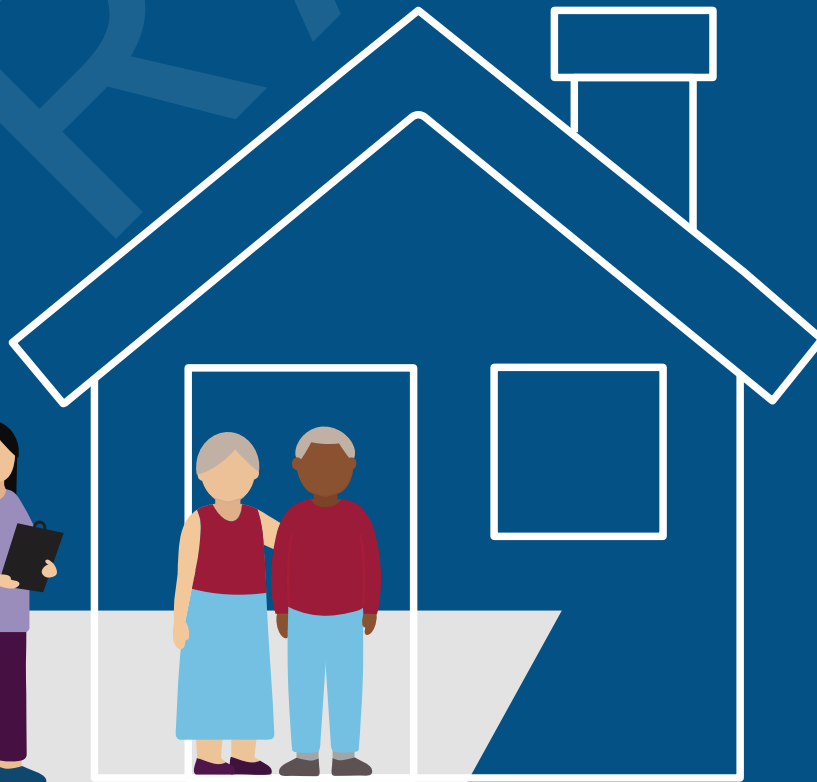
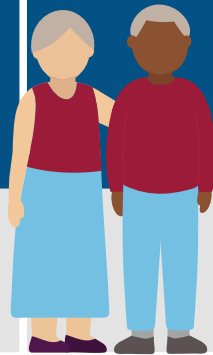


# It's Time to Unleash the Power of Canada's Community-Based Seniors Services Sector to Better Enable Healthy Ageing and Ageing in the Right Place



# National Institute on Ageing

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## **Mailing Address:**

National Institute on Ageing  
Ted Rogers School of Management  
350 Victoria St.  
Toronto, Ontario  
M5B 2K3  
Canada

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# About the National Institute on Ageing

Founded in 2016, the National Institute on Ageing (NIA) is celebrating a decade of impact in our mission to improve the lives of older adults and the systems that support them. Over the past 10 years, the NIA has become Canada's leading voice on ageing policy — convening stakeholders, conducting research, advancing policy solutions and practice innovations, sharing information and shifting attitudes. Our vision remains clear: a Canada where older adults feel valued, included, supported and better prepared to age with confidence.

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# Authors

**Hoda Herati, MBBS, PhD, MPH**

Health Policy Researcher,  
National Institute on Ageing,  
Toronto Metropolitan University

**Madison Brydges, PhD**

Associate Fellow  
National Institute on Ageing,  
Toronto Metropolitan University

**Zahra Belosch, MA**

Junior Fellow,  
National Institute on Ageing,  
Toronto Metropolitan University

**Amanda Bull, MA**

Junior Fellow,  
National Institute on Ageing,  
Toronto Metropolitan University

**Samir K. Sinha, MD, DPhil, FRCPC,  
FRSM, FCAHS, AGSF**

Director of Health Policy Research,  
National Institute on Ageing,  
Toronto Metropolitan University

Professor of Medicine, Family and Community  
Medicine, Health Policy, Management and  
Evaluation, University of Toronto

Geriatrician and Clinician Scientist, Sinai Health  
System and University Health Network

## External Contributors and Reviewers

The authors gratefully acknowledge the following individuals for their valuable insights and feedback that greatly improved this draft report. The authors alone remain responsible for any information expressed or omitted.

**Adrienne Scott**

Director of Policy (A),  
Ontario Community Support Association (OCSA)

**Amy Bryan**

PwC Australia

**Bobbi Symes, MA, CPG**

Director, Healthy Aging,  
United Way British Columbia

**Bukola Ojemakinde**

Chief Executive Officer,  
Bridge to Oasis (BTO) Foundation

**Connie Newman**

Executive Director, Manitoba Association of  
Senior Communities (MASC)

**Daisy Au**

Coordinator, MOSAIC Seniors Club  
Coordinator, Chinese Community Response  
Network (BCCRN)

**Hilda Groen**

PwC Netherlands

**Karen Willy, MA (Learning and Technology)**

Executive Director, NWT Seniors' Society

**Katie Smith Sloan**

Executive Director,  
Leading Age and the Global Ageing Network

**Laura Kadowaki, PhD**

Research & Knowledge Mobilization Specialist  
Healthy Aging, United Way British Columbia

**Lori Holloway, MBA, National Health  
Fellow, McMaster University**

CEO,  
Ontario Community Support Association (OCSA)

**Marta Hajek**

CEO, Elder Abuse Prevention Ontario (EAPO)

**Marty Jovic**

Health Advisory Partner, PwC Australia

**Patricia A. Fletcher, PhD, MS, MA**

Social Scientist and Gerontologist, AgeRocks

**Dr. Raza Mirza, PhD**

Chief Operating Officer, HelpAge Canada  
Assistant Professor (Status Only), Institute for  
Life Course and Aging, University of Toronto

**Shirley Ann Burdoch, B.Comm., HCA,  
M.Ed, HRD**

Executive Director, Aging Well Nova Scotia

**Sue Hesjedahl**

Executive Director, Older Adult Centres'  
Association of Ontario (OACAO)

**Tanya Elliott**

Vice President, Community Health & Wellbeing,  
Canadian Red Cross | Croix-Rouge canadienne

**Veerle Hendriks**

PwC Netherlands

**Vi Sorenson, BSW**

**Venkat Somasundaram, MBA (Social  
Impact), BEng.**

Partner, Health and Human Services Consulting  
PwC Canada

## Internal Reviewers

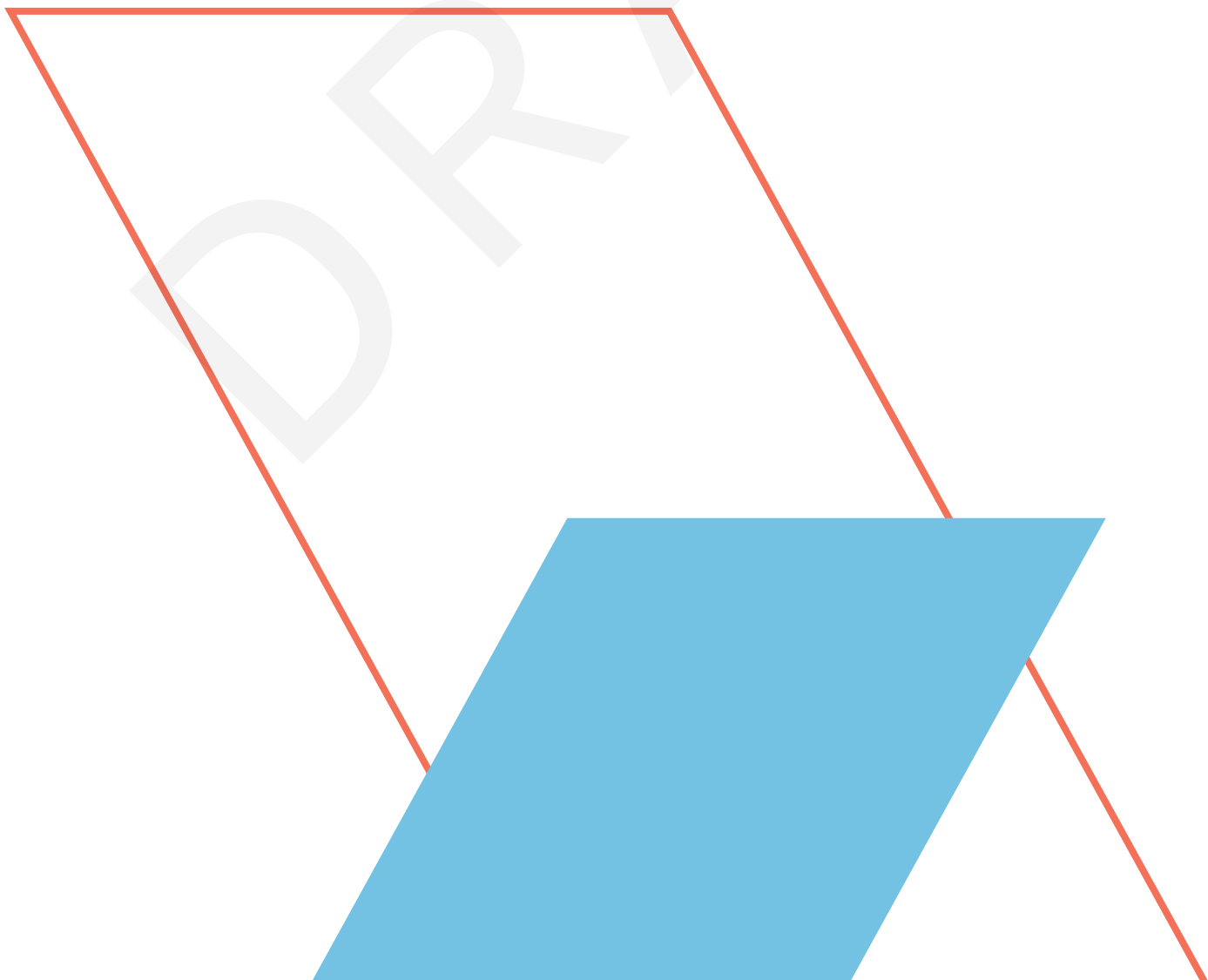
**Mark Hazelden**

Interim Executive Director,  
National Institute on Ageing,  
Toronto Metropolitan University

**Talia Bornstein**

Director of Policy,  
National Institute on Ageing,  
Toronto Metropolitan University

DRAFT



## List of Acronyms

- Administration for Community Living (ACL)
- Administration on Aging (AoA)
- Activities of Daily Living (ADLs)
- Aged & Community Care Providers Association (ACCPA)
- Aged & Community Services Australia (ACSA)
- Age & Opportunity: Support Services for Older Adults (A & O)
- Age-Friendly Communities (AFC)
- Age-Friendly Manitoba Initiative (AFMI)
- Age Well at Home (AWAH)
- Ageing in the Right Place (AIRP)
- Alberta Elder Abuse Awareness Council (AEAAC)
- Area Agencies on Aging (AAAs)
- Association québécoise de défense des droits des personnes retraitées et préretraitées (AQDR)
- Australian Dollars (AU\$)
- BC Association of Community Response Networks (BC CRN)
- British Columbia (B.C.)
- Canada Health Transfer (CHT)
- Canadian Dollars (CA\$)
- CBSS (Community-Based Seniors Services)
- Centre Local de Services Communautaires / Local Community Service Centres (CLSC)
- Centres Intégrés de Santé et de Services Sociaux / Integrated Health and Social Services Centres (CIUSSS)
- Centres Intégrés Universitaires de Santé et de Services Sociaux / Integrated University Health and Social Services Centres (CIUSSS)
- Collaborative Online Resources & Education (CORE)
- Commonwealth Home Support Programme (CHSP)
- Community Safety and Wellbeing (CSWB)
- Community Support Services (CSS)
- Coordinated Community Response (CCR)
- Coronavirus Disease 2019 (COVID-19)
- Council on the Ageing Australia (COTA Australia)
- Council to Reduce Elder Abuse (CREA)
- Elder Abuse Action Australia (EAAA)
- Elder Abuse Prevention Ontario (EAPO)
- Elder Abuse Prevention Unit (EAPU)
- Fédération de l'âge d'or du Québec (Réseau FADOQ)
- Global Network for Age Friendly Cities and Communities (GNAFCC)
- Gross Domestic Product (GDP)
- Group of Seven (G7)
- Guaranteed Income Supplement (GIS)
- Health Equipment Loan Program (HELP)
- Home and Community Care (HCC)
- Home Care Packages (HCP)
- home and community-based services (HCBS)
- Instrumental Activities of Daily Living (IADLs)

## List of Acronyms

- Katholieke Bond van Ouderen / Protestants Christelijke Ouderen Bond (KBO-PCOB)
- Leading Age Services Australia (LASA)
- Local Aging and Disability Resource Centers (ADRCs)
- Long-Term Care (LTC)
- Los Angeles (LA)
- Manitoba Association of Senior Communities (MASC)
- Ministry for Seniors and Accessibility (MSAA)
- National Adult Day Services Association (NADSA)
- National Center on Elder Abuse (NCEA)
- National Council on Aging (NCOA)
- National Institute of Senior Centers (NISC)
- National Institute on Ageing (NIA)
- New Brunswick (NB)
- New Horizons for Seniors Program (NHSP)
- Newfoundland and Labrador (NL)
- Newfoundland and Labrador Network for the Prevention of Elder Abuse (NLNPEA)
- Non-Governmental Organizations (NGOs)
- Northwest Territories (NWT)
- Nova Scotia (NS)
- Old Age Security (OAS)
- Older Adult Centres' Association of Ontario (OACAO)
- Ontario (ON)
- Ontario Community Support Association (OCSA)
- Persoonsgebonden budget (PGB)
- Prevention of Elder Abuse Manitoba (PEAM)
- Prince Edward Island (PEI)
- Public Health Agency of Canada (PHAC)
- Regional Health Authorities (RHAs)
- Saskatchewan Seniors Mechanism (SSM)
- Seniors Active Living Centres (SALCs)
- Service Delivery Organizations (SDOs)
- State and Territorial Units on Aging (SUAs)
- Support Services to Seniors (SSS)
- The Alliance of Information and Referral System (AIRS)
- Two-Spirit, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual + (2SLGBTQIA+)
- United States (U.S.)
- Wet langdurige zorg (Wlz)
- Wet maatschappelijke ondersteuning (Wmo)
- World Health Organization (WHO)
- Zorg in natura (Zin)
- Zorgverzekeringswet (Zvw)

# Table of Contents

<b>Executive Summary</b>	<b>10</b>
<b>Introduction</b>	<b>14</b>
<b>The Historical Development and Evolution of Community-Based Seniors Services in Canada</b>	<b>22</b>
<b>Defining Community-Based Seniors Services</b>	<b>27</b>
Defining What Services Are Delivered by Canada's CBSS Sector	29
<b>Understanding the Current State of Canada's CBSS Sector</b>	<b>33</b>
An Overview of the Provision of CBSS Across Canada's Provinces and Territories	33
National Structures and Services	34
Provincial/Territorial Structures and Services	37
Provincial and Territorial Coverage Across CBSS Categories	41
<b>An Examination of International Approaches to the Organization and Delivery of CBSS Sector Programs</b>	<b>68</b>
United States	68
Australia	71
The Netherlands	74
<b>Insights for Canada from the NIA's Analysis of the United States, Australia and the Netherlands' CBSS Sectors</b>	<b>80</b>
<b>Strengths, Challenges and Opportunities Facing Canada's CBSS Sector</b>	<b>84</b>
<b>Understanding the Potential Impact of Canada's CBSS Sector</b>	<b>90</b>
<b>A Strategic Roadmap for Strengthening Canada's Community Based Seniors Services to Better Enable Healthy Ageing and Ageing in the Right Place</b>	<b>94</b>
<b>References</b>	<b>100</b>
<b>Appendices</b>	<b>115</b>

# Executive Summary

For decades, Canadians have expressed a clear and consistent preference to age in their own homes and communities for as long as possible. Today, that preference is stronger than ever. As Canada becomes a super aged nation — with one in five Canadians now aged 65 years and older, and nearly one quarter expected to be over 65 within the next decade and for the foreseeable future thereafter — it faces a growing imperative to rethink how it supports older adults to live well, safely and with dignity in the places they call home.

**Canada's rapidly ageing population is changing in ways that are placing new demands on the communities in which people live and the services they rely on. In particular, increasing numbers of Canadians are ageing alone, living on fixed incomes, and managing multiple chronic conditions.**

Nearly one third of older adults currently live alone, a proportion that rises to more than 40% among those aged 85 and older. Social isolation and loneliness — already significant concerns prior to the COVID 19 pandemic — remain prevalent and are now widely recognized as major risk factors for poor health outcomes, functional decline and avoidable hospitalizations and premature long-term care home admissions. At the same time, fewer family members will be available to provide unpaid care in the future, even as the need

for such support continues to grow. Canada's older population is also becoming increasingly diverse in their cultural, linguistic, gender and other identity-based experiences of ageing. Taken together, these demographic realities and societal shifts underscore the growing importance and necessity of community based care and supports that better address everyday needs and help prevent crises before they occur. Addressing the ways in which systemic barriers such as language, transportation, cost, digital exclusion and discrimination shape access to care and support can better ensure more inclusive, culturally safe, and locally responsive approaches for older adults.



While most efforts in the sector have focused on providing care for ageing populations in hospitals and long term care homes, the reality is that the vast majority (93%) of older Canadians live in private homes within their communities. For these individuals, health and wellbeing depend not only on having timely access to appropriate clinical care, but also on a wide range of non clinical, preventive and supportive services that can help them remain independent, socially connected and safe in their own homes and communities for as long as possible. These services are collectively delivered by what this report recognizes and refers to as Canada's Community Based Seniors Services (CBSS) sector. Together, they form an essential, but often overlooked and underappreciated, part of Canada's broader health and social care systems.

**The National Institute on Ageing (NIA) defines community-based seniors services as non-clinical, preventive and supportive services that facilitate safe, independent and dignified ageing for older adults within their homes and communities. These services are developed to respond to the local practical, social, emotional and physical needs of older adults beyond the traditional scope of health care systems and are primarily provided by non-profit organizations, community groups, municipalities and volunteers.**

These services encompass information, referral and navigation services; services that promote social connection and combat isolation; recreation, education, arts and wellness programs; meals and nutrition support services; community transportation services; affordable, accessible, safe and supportive housing services;

home modification and maintenance programs; personal support services; caregiver supports, respite and training programs; and safety awareness and advocacy services.

**Collectively, these services address the social determinants of healthy ageing – factors that shape a large share of health outcomes – and complement the formal delivery of health care services by helping people remain healthy and socially connected as they age.**

Canada's CBSS sector has largely evolved from grassroots, community led responses to address unmet local needs. Programs such as Meals on Wheels, community transportation services and friendly visiting initiatives were developed long before governments formally recognized the importance of ageing in place. Over time, thousands of organizations across the country have arisen that have built trusted, innovative and cost effective ways to support older adults within their communities. Despite its reach and impact, however, Canada's CBSS sector remains structurally fragile. It is not formally recognized under the Canada Health Act or other legislation at the national or provincial and territorial levels, lacks a consistent policy framework and relies heavily on short term funding, charitable donations, user fees and volunteer supports. As a result, access to these services varies widely depending on where people live, creating what many experience as a "postal code lottery" of support.

**Although some provinces, including Alberta, British Columbia and Nova Scotia, have begun to invest more intentionally in CBSS sector coordination and capacity building efforts, in most Canadian jurisdictions these services remain fragmented, under resourced and difficult to navigate for both older adults and the organizations seeking to support them.**

Strengthening the CBSS sector is therefore not only about improving the quality of life for older adults; it is also about improving the performance and sustainability of Canada's health and social care systems as a whole. Growing evidence shows that community based seniors services can reduce social isolation and loneliness, better support unpaid caregivers and reduce caregiver burnout, prevent avoidable hospitalizations and emergency department visits, enable safer and timelier transitions from hospital to home and delay or avoid premature admissions to long term care homes. In this way, CBSS organizations can help ensure that people's homes and communities continue to function as viable, safe and effective places to age, while reducing the need for more costly forms of institutional care. Realizing this sector's preventative potential depends on stronger integration between CBSS providers and primary care, housing, public health, transportation and social services, supported by sustained investment in relational infrastructure such as trust-based partnerships, shared accountabilities and place-based coordination.

International experiences reinforce these assertions. Countries such as Australia, the Netherlands and the United States have taken deliberate steps to formally recognize through legislation the provision of community based supports as integral components of their health and social care systems. These jurisdictions typically define a core basket of services, establish clear access and navigation pathways and provide stable funding for community based service delivery organizations.

**While Canada's community driven approach, rooted in local knowledge, trust, and volunteerism, is a significant strength of its CBSS sector, the absence of coherent national, provincial and territorial frameworks places the sector at risk and limits its ability to develop, scale and better coordinate services to their full value and potential.**

Canada is now at a crossroads. As demographic pressures intensify, doing more of the same will not be sufficient. This report thus calls for a deliberate shift in how Canada understands, funds and integrates community based seniors services within its broader national, provincial and territorial systems of care and support. Such a shift will require clear recognition of community-based seniors services as essential social infrastructure; stronger coordination and capacity building at the national, provincial and territorial levels; more stable, long term and equitable funding models; improved service navigation and integration with health, housing

and social systems; and the development of common definitions, data and performance measures to support accountability and learning. It will also require policies and practices that embed equity, diversity and inclusion and that strengthen the relational infrastructure needed to connect community-based services with the broader care continuum. Above all, this shift must be guided by the lived experiences, preferences and strengths of older adults and their communities to truly enable both healthy ageing and ageing in the right place.

For decades, Canada's community based seniors services sector has quietly supported and enabled healthy ageing and ageing in the right place across the country. However, with the right recognition, investment and coordination, it can play a much larger role in better enabling older Canadians to age where they want to live — with independence, dignity, respect, confidence and connection. This is the time to unlock the full potential of this sector and ensure it becomes a cornerstone of a more responsive, equitable and sustainable future for ageing across Canada.

# Introduction

Canada is currently undergoing an unprecedented demographic shift due to its rapidly ageing population. This shift is driven by a combination of falling birth rates and increasing life expectancies, with most of Canada's large post-war baby boom generation becoming older adults.

**As one in five Canadians is now aged 65 years and older, Canada recently earned the designation of being a “super-aged” nation<sup>1</sup>. Additionally, by 2031, the proportion of older Canadians will be closer to 25% as all members of Canada's baby boom generation will be at least 65 years of age, with the oldest members beginning to turn 85<sup>2</sup>.**

While one quarter of Canada's population is expected to remain aged 65 years and older over the forthcoming decades, additional projections from Canada's 2021 Census indicate that the population of Canadians aged 85 years and older is also expected to triple over the next 25 years<sup>3</sup>. See Box 1 to learn more.

The number and proportion of Canadians who are living alone has been increasing steadily for decades, reaching 4.4 million people in 2021 up from 1.7 million in 1981<sup>4</sup>. Although solo living is rising rapidly, Canada's overall rate of single person households — 29.3% — remains comparatively low among G7 countries, surpassed by several European

nations such as Finland, Germany and Norway, where more than 40% of households consist of one person<sup>9</sup>. Nevertheless, the growth in numbers of people living alone has largely been driven by population ageing, as older adults, particularly those in their mid 70s and beyond, are the people most likely to be living alone. For example, while 28% of older Canadians live alone<sup>10</sup>, this rises to 42% of Canadians aged 85 and older, making this latter age group the most prominent among Canada's solo dwellers<sup>9</sup>. This pattern aligns with the global phenomenon of “solo ageing,” where growing proportions of older adults are increasingly living without a spouse, partner or nearby adult children<sup>5</sup>. Several demographic and social shifts also help explain why more Canadians are ageing on their own: longer life expectancy means many older adults, especially women, ultimately outlive a partner. Meanwhile, declining fertility rates and changing relationship patterns, such as delayed marriage, higher divorce rates and choosing not to marry or re-partner, have contributed to a steady rise in adults reaching later life without a partner or children, which in turn increases the likelihood of living alone in older age<sup>6-15</sup>.

**Although ageing alone is not a concern in itself, it can become challenging without access to the supports required to maintain one's independence at home and in their community. While 28% of Canadians aged 65 years and older live alone<sup>10</sup>, the latest NIA Ageing in Canada Survey found that 43% of older Canadians are at risk of social isolation and 57% have experienced loneliness<sup>6</sup>.**

### **Box 1: What Does Ageing Currently Look Like Across Canadian Communities?**

As a super-aged and largely urbanized country, a remarkable 38% of Canada's 5,161 municipalities or census subdivisions have 25% or more of their population aged 65 years and older<sup>7</sup>. These are overwhelmingly rural areas, small towns and retirement-oriented municipalities. While less than a quarter of Canada's older population live in rural and remote communities, these areas tend to have higher concentrations of older people compared to younger people, meaning the populations tend to be older on average.

Currently, 93% of older Canadians live in private homes and dwellings, rather than in collective or institutional settings like retirement, assisted living and long-term care homes, with the latter setting becoming more common at very advanced ages<sup>8</sup>. The reality is that older Canadians prefer to age in their own homes, close to friends, family and familiar places that give them a sense of both independence and belonging. While increasing numbers of older Canadians are continuing to remain active members of the workforce, many also continue contribute to their communities as volunteers, caregivers and participants in local activities.

Experiences of ageing can vary widely and are influenced by factors such as where a person lives, their income and their health and social wellbeing. Older Canadians living in urban areas often have better access to health care and services, while those in rural or remote communities may face greater social isolation and fewer supports.

As many older Canadians live on fixed incomes, rising living costs, combined with increasing health and mobility challenges, can make daily life more difficult for some<sup>9</sup>. For older Canadians, access to home care, community supports and support from friends and family caregivers is essential to remaining active, connected members of their communities<sup>11</sup>.

Ageing well and in the community is about helping older adults maintain their independence while having the right supports in place, to help them live with dignity, purpose, and connection<sup>12</sup>.

Family members and friends are also significant providers of unpaid care and support to older persons, with an estimated 6.4 million Canadians currently providing unpaid care to adult care recipients<sup>16</sup>. Notably, 67% of these care recipients are Canadians aged 65 years and older, meaning that most unpaid caregiving in Canada is directed toward older adults<sup>16</sup>. This translates to millions of Canadians supporting ageing parents, partners, relatives or neighbours with ageing-related needs<sup>16</sup>. However, declining birth rates and other factors are also contributing to a growing decline in the availability of family members able to take on caregiving roles, with prior research from the NIA estimating that between 2019 and 2050 there will be approximately 30% fewer family members available to provide unpaid care, while the remaining family members will need to increase their productivity by 40% to maintain current levels of family caregiving occurring across Canada<sup>17</sup>.

Without the right supports to help enable healthy ageing and ageing in place, Canada risks worse health and social outcomes and thus increasing demands on health, housing and social services.

While Canada's unprecedented demographic changes are affecting younger generations and partners who provide unpaid care, policies and programs must safeguard the physical, emotional and financial wellbeing of older adults, recognizing both the needs and strengths of an ageing population and supporting older adults to remain in their homes and communities for as long as possible<sup>18</sup>.

Although Canada's ageing population is often associated with rising demand for health, housing and social services, it is equally

important to recognize that older adults are also among the country's strongest contributors to community wellbeing. Indeed, while Canada's ageing population is often framed as a challenge, its "silver economy" is thriving, with its growing population of older adults making continuous societal contributions as workers, caregivers, volunteers, consumers and donors, and in doing so help sustain a broad ecosystem of businesses and community-based organizations focused on serving the needs of older adults.<sup>8</sup>

Older adults are among Canada's most dedicated donors and volunteers. In 2022, older Canadians accounted for 34.2% of all charitable donors and 48% of all charitable dollars, nearly half of all giving nationwide<sup>19</sup>. Although formal volunteering is less common among older generations — with 32% of Matures (born 1918–1945) and lower rates among baby boomers (born 1946–1965) compared with younger groups — those who do volunteer contribute substantially more hours on average than younger volunteers, underscoring the intensity of their commitment.

Older volunteers contributed three times more annual hours on average than the youngest generation, with Matures logging roughly 222 hours per year, compared with 82 hours among younger groups (born 1996 or later). Furthermore, Canada's oldest generations were the most likely to be counted among its "top volunteers" — the top 25% who contribute at least 132 hours annually; nearly 31% of baby boomers and 40% of Matures fell into this high commitment category<sup>20,21</sup>. The number of older Canadians volunteering, however, is in an overall state of decline, driven by post pandemic behavioural shifts and increasing burnout and ageing out, contributing to a growing shortage of volunteers<sup>22</sup>. See Box 2 to learn more.

## Box 2: A Look at the Declining Participation Rates of Older Volunteers in Canada

New data from Volunteer Canada has revealed a clear divergence in trends between younger and older groups of volunteers within Canada's older population. While volunteer participation among adults aged 65–74 years has dropped sharply, from 37% in 2013 to 25% in 2024, participation among those aged 75 years and older increased slightly, rising from 27% to 31% over the same period. Despite these contrasting patterns, older adults across all age groups are volunteering less intensively overall, with their average volunteer hours dropping significantly; among those aged 75 years and older, for instance, hours volunteered have fallen by more than 40%, mirroring similar declines among younger cohorts<sup>23</sup>.

Evidence from the 2023 Generosity in Canada study helps understand what may be behind these concerning trends. It shows that older adults are the least likely age group to be asked to volunteer their time, with only 32% of adults aged 65 years and older reporting being asked to volunteer in the previous 12 months, compared with nearly half (49%) of those aged 18–34 years<sup>23,24</sup>. Yet despite being asked less often, older adults are the most likely group to say yes when invited to volunteer. While just over one third (36%) of Canadians generally agree to volunteer when asked, this rose sharply to 48% among adults aged 65 years and older, also making them Canada's most receptive demographic. By comparison, only 30% of adults aged 35–54 years said they typically accept such requests<sup>23,24</sup>.

In 2022, 21% of Canadians aged 65 to 74 years also remained employed, with more than half continuing to work by choice<sup>8</sup>. At a time when many community-based organizations and services and the broader social services sector are experiencing significant labour shortages, older workers and volunteers can continue to bring experience, mentoring capacity and stability, directly helping to address workforce gaps while supporting the continuity of important community services<sup>8</sup>.

Recognizing the significant economic and social contributions that older adults continue to make, it becomes even more important to ensure that they are supported to live safely and independently in their preferred settings.

Enabling 'ageing in place,' or what the National Institute on Ageing (NIA) has more broadly conceptualized as 'ageing in the *right* place' (AIRP), is widely considered the most preferable and cost-effective approach for appropriately supporting the needs of ageing populations.

The NIA defines AIRP as "the process of enabling healthy ageing in the most appropriate setting based on an older person's personal preferences, circumstances and care needs." Four interconnected elements are recognized as key to enabling ageing in the right place: promoting preventive health and better chronic disease management; strengthening home and community-based care and supports for unpaid caregivers; developing more accessible and

safer living environments; and improving social connections to reduce loneliness and social isolation<sup>18</sup>.

**Given the choice, almost all older Canadians express a strong desire to remain in their own homes and communities for as long as possible<sup>6,25</sup>.**

The 2025 NIA Ageing in Canada Survey noted that 81% of older Canadians want to remain in their own homes, or a smaller more manageable home, for as long as possible, and this desire only increases with age<sup>6</sup>. See Box 3 to learn more.

### **Box 3: Where Older Canadians Want to Age**

While the overwhelming preference among older Canadians is to remain in their own homes and communities as they age, only a small minority express a desire to move into long term care (LTC) or retirement residences. The 2025 NIA Ageing in Canada Survey highlights that 81% of Canadians aged 50+ want to stay in their own homes or a smaller home for as long as possible, a preference that strengthens with age. At the same time, very few (3%) respondents indicated LTC or retirement residences as their preferred future housing option. The remainder expressed alternative intentions, such as living with family, or noting that it was still too early to decide. Collectively, these findings reinforce that the vast majority of older adults aspire to age within their own homes and communities rather than in institutional care settings<sup>6</sup>.

Supporting the strong desire of older persons to live in their own homes and communities for as long as possible can significantly enhance their independence, wellbeing and overall quality of life. However, many still face substantial barriers to doing so. Limited access to affordable and accessible housing and transportation, insufficient health and social services, inadequate supports for unpaid caregivers and persistent issues of social isolation and loneliness all make it difficult for older persons to age in place safely and comfortably<sup>26</sup>.

**The Community-Based Seniors Services (CBSS) sector, and the thousands of mostly local organizations it comprises across Canada, deliver an array of services including community transportation services, meals and nutritional support services, personal support services, recreation, education, arts and wellness programs and services to promote social connection and combat isolation.**

The sector is increasingly understood and appreciated as an essential cornerstone of enabling both healthy ageing and ageing in the *right* place across Canada. While the term “CBSS sector” will be used throughout this report, the NIA acknowledges that it is not yet formally recognized as a sub-sector of Canada's more general Community Support Services (CSS) sector, which comprises organizations that support people of all ages; this report thus aims to contribute to the work of both better defining and strengthening the CBSS sector.

The CBSS sector can also be considered as part of the broader provision of non-institutional Long-Term Care (LTC) services also known as Home and Community-Based Care, but should be considered distinct from the provision of home care or hospice and palliative care<sup>27</sup> as is shown in Figure 1.

Across the continuum of services represented in Figure 1, unpaid caregivers play an integral role, often providing most of the care and support that their family members and friends receive

to enable both healthy ageing and ageing in the right place.

It should also be noted that these services are usually not provided exclusively to one another. In other words, a person could be utilizing services across the three broad areas of home and community-based care; they may be receiving these services from one multi-services organization or several individual organizations depending on what services exist in their area and how they are organized and delivered locally.

**Figure 1. Continuum of Home and Community-Based Care and Support Services**

Home Care	Community Support Services (CSS)	Community-Based Hospice & Palliative Care
<ul style="list-style-type: none"> <li>• Personal Care</li> <li>• Nursing Care</li> <li>• Physiotherapy</li> <li>• Occupational Therapy</li> <li>• Social Work</li> </ul>	<ul style="list-style-type: none"> <li>• Information, Referral and Navigation Services</li> <li>• Services to Promote Social Connection and Combat Isolation</li> <li>• Recreation, Education, Arts and Wellness Programs</li> <li>• Meals and Nutrition Support Services</li> <li>• Community Transportation Services</li> <li>• Affordable, Accessible, Safe and Supportive Housing Services</li> <li>• Home Modification and Maintenance Programs</li> <li>• Personal Support Services</li> <li>• Caregiver Supports, Respite and Training Programs</li> <li>• Safety Awareness and Advocacy Services</li> </ul>	<ul style="list-style-type: none"> <li>• Hospice and Home-Based Palliative Care</li> <li>• Bereavement Support Services</li> </ul>
<p><b>Community-Based Seniors Services (CBSS) as a subset of the CSS Sector</b></p>		
<p>These represent the above services specifically designed and organized to support older persons and their caregivers</p>		

Like Canada's long-term care services sector, the services largely provided by its broader CSS sector are neither formally recognized nor enshrined under the Canada Health Act or other enabling national legislation (unlike in other countries such as the United States, Australia and the Netherlands). As a result, there is no requirement for the universal provision of long-term care or community-based non-clinical support services to enable the care and support of Canada's ageing population. Nevertheless, growing local needs for support saw local communities naturally organize and respond to better meet the needs of community members, largely through the support of volunteers and charitable donations. Over the years, thousands of local organizations have emerged or expanded their work to develop and deliver a range of services, many with some forms of government funding. Many have also emerged and evolved to specifically address and fill critical gaps left by more traditional and formal government-funded care and support systems, particularly for diverse ethno-cultural groups and to meet other specific and poorly met community needs<sup>28</sup>. Collectively, they have worked towards a common goal of providing local and cost-effective solutions to support older adults in continuing to live independently in their homes and communities for as long as possible. This has in turn helped to delay or avoid the premature need for older persons to leave their own homes and communities to live and receive care in institutional care settings, like hospitals and long-term care settings<sup>28</sup>.

Beyond enabling ageing in the right place, community-based seniors services also play a critical role in enabling people's home and communities to safely and effectively receive older adults transitioning home from hospitals

and other institutional care environments like rehabilitation settings. As health care systems are increasingly trying to advance home and community-based treatment and recovery and facilitate shorter hospital stays, the ability to successfully achieve this will depend not only on clinical readiness, but on the availability of effective home and community-based care and supports.

In this context, the broader CSS and more specific CBSS sectors should not be understood as "nice-to-have" supplements to existing health care systems, but as an essential component of a broader continuum of care. Indeed, preventing hospitalizations and improving post-discharge outcomes that most commonly involve older adults, including the avoidance of preventable hospital readmissions, are closely tied to the strength and availability of community-based primary care, home care and non-clinical supports provided by CBSS sector organizations. Therefore, strengthening the CBSS sector strengthens communities as discharge destinations and contributes to improved health, social and system-level outcomes for older adults.

**Although the CBSS sector has grown to include a diverse range of thousands of public, private, and non-profit service delivery organizations (SDOs), it is fundamentally a sector rooted in community leadership and sustained by the vital contributions of government grants, charitable donations, user and membership fees and the support of volunteers.**

Importantly, older adults themselves are among the most significant contributors to the volunteer workforce that enables these organizations to operate<sup>20,21</sup>. As highlighted earlier, they donate more of their time on average than any other age group and provide a substantial share of the volunteer hours that keep CBSS functioning<sup>20,21</sup>.

The “CBSS” acronym and term itself was coined relatively recently and is used by groups like HelpAge Canada to help bring a greater level of recognition and support for this sector at a national level. While HelpAge notes that thousands of mostly local organizations across Canada are providing community-based seniors services, many may also be providing services for other demographics, and are constituents of a broader CSS sector.

To further support and advance national discussions about the role, work and overall value of the CBSS sector, the NIA has developed the following definition to clarify the purpose and scope of community based seniors services and to help ensure greater consistency in how the sector's organizations and work are described and understood:

***Community-based seniors services are non-clinical, preventive and supportive services that facilitate safe, independent and dignified ageing for older adults within their homes and communities. These services are developed to respond to the local practical, social, emotional and physical needs of older adults beyond the traditional scope of health care systems and are primarily provided by non-profit organizations, community groups, municipalities and volunteers.***

Given the growing recognition of the importance of Canada's CBSS Sector and the need to strengthen its role to better enable healthy ageing and ageing in the right place, the purpose of this report is to:

- 1) Understand the historical development and evolution of Canada's CBSS sector along with its current organization, funding, impact, challenges, strengths, value and opportunities to better enable healthy ageing and ageing in the *right* place.
- 2) Explore how other international jurisdictions have approached the delivery of CBSS to better meet the needs of their ageing populations.
- 3) Provide recommendations to governments, health and social services authorities and the sector itself to strengthen and support the future growth and sustainability of Canada's CBSS sector.

# The Historical Development and Evolution of Community-Based Seniors Services in Canada

Canada's approach to supporting its older citizens has evolved over the past century from providing basic income security measures to enabling a diverse ecosystem of non clinical, community based programs and services designed to help people age safely and independently in their own homes and communities.

In 1927, the federal *Old Age Pensions Act* established a cost-shared, means-tested pension for low-income persons aged 70 years and older. This represented Canada's first significant national intervention to support older adults and laid the groundwork for later community-oriented efforts to better enable ageing in the right place<sup>29</sup>. In 1952, the federal government replaced its earlier means tested pension with a new universal benefit called Old Age Security (OAS) in 1952. In 1967, the Guaranteed Income Supplement (GIS) was further added to provide an income tested benefit for low income older adults, further strengthening the system by reducing persistent poverty within this group<sup>30</sup>.

In 1943, the Report on Social Security for Canada produced for the House of Commons identified major gaps in Canada's social security

provisions and recommended comprehensive welfare reforms, including better pensions, health services, employment programs and disability supports. Its recommendation for non-institutional community-based supports and a universal pension framework helped to shape broader public policies that enabled future community-level initiatives<sup>31</sup>.

In 1965, the federal *Medical Care Act* established universal coverage for hospital and physician services, laying the foundation for Canada's publicly funded provincial and territorial health care systems. However, it did not include the provision of long-term care services or community-based non-clinical support services that many older adults require to remain

independent at home and in their communities, such as personal care and support, meals and nutrition support, community transportation and services to promote social connection and combat isolation.

This gap highlighted the growing need for complementary community-based support services, leading to the creation and expansion of organizations focused on meeting the unmet needs of older Canadians.

During the 1960s and 1970s, Canadian health and social policies also began to shift towards the idea that people should be better supported to live in their own homes and communities for as long as possible rather than moving to institutional settings. This transition was most visible in the growing deinstitutionalization of psychiatric care provision, which saw rapid closures of psychiatric hospital beds in the 1970s and 1980s, followed by increased investments in the provision of community mental health services and, ultimately, a reduction in overall inpatient psychiatric hospital bed days by the 1990s<sup>32-34</sup>. Although this movement focused largely on the evolving delivery of mental health care services, its philosophy of providing care closer to home also resonated within ageing-related policies and reinforced the importance of better enabling older adults and individuals with disabilities to age whenever in their own homes and communities for as long as possible. This in turn helped to promote the growing development of home care and community support programs and services<sup>32,35</sup>.

Community-based seniors services across Canada have largely developed in response to diverse and local needs. To enable ageing in the right place, older adults not only require access

to appropriate health care services, but also practical assistance and social supports to stay healthy and independent for as long as possible. In Canada, most of these services arose as grassroots initiatives rather than via formalized mechanisms led through government acts, policies or funding mechanisms. For example, in 1963, volunteers with the Soroptimist Club launched Canada's first Meals on Wheels program in Brampton, Ontario, delivering nutritious meals to older adults living at home<sup>36</sup>. That same year, the Canadian Red Cross established a similar program in Brantford, Ontario after local community members advocated for this model that they had witnessed abroad<sup>37</sup>. This community-based seniors service quickly spread across the country through more grassroots initiatives. In 1965, Alberta's first Meals on Wheels program was launched in Calgary through the leadership and support of church women's groups and local charities before becoming a formally incorporated local community service<sup>38</sup>.

These volunteer led initiatives demonstrated that the provision of practical help, such as meals and nutrition support services and services to promote social connection and combat isolation through routine friendly visiting and wellness checks, could dramatically strengthen the ability of older persons to remain independent and age in their own homes and communities. Over time, local programs increasingly evolved into coordinated regional networks (e.g., Meals on Wheels Ontario) that helped to better standardize practices, support knowledge exchange, amplify the reach of these services and collectively advocate for the role of these services within their jurisdiction's broader care services.

While regional networks have improved the coordination of services within individual provinces and territories, most community based initiatives, such as Meals on Wheels, have not evolved beyond their provinces and territories into single, centralized national programs; exceptions are 211 Canada and the National Friendly Calls program offered by the Canadian Red Cross. Instead, most community-based seniors services are locally governed; occasionally, they function as coordinated provincial/territorial services that have a collective national presence but are rarely part of a unified national federation. For example, Meals on Wheels programs now exist across all Canadian provinces and in hundreds of communities nationwide; however, coverage remains uneven, particularly in rural, remote and northern regions, including much of the territories, where communities more often rely on informal nutrition support programs rather than standardized meal delivery services like Meals on Wheels<sup>39-41</sup>. As a result, access, eligibility criteria, service frequency and funding models vary considerably depending on local, provincial and territorial contexts.

Throughout the 1970s and 1980s, several non-governmental organizations (NGOs) began to fill gaps where equivalent government services didn't exist or were limited. For example, HelpAge Canada, which has been nationally active since 1975 and is a network member of HelpAge International, has played an early role in advancing community based responses to the needs of older adults through advocacy, partnerships and support for local initiatives. Rather than operating as a direct service provider, HelpAge Canada has helped to strengthen and expand community based supports addressing

issues such as social isolation and connection and age friendly transportation, particularly in areas where public services are limited or absent<sup>42</sup>. By the 1990s, the concept of "ageing in place" became more prominent as a guiding philosophy and principle, emphasizing the importance of allowing older people to remain in their own homes and communities for as long as possible<sup>43</sup>.

Building on these largely community grassroots and NGO-led efforts, the early 2000s marked a turning point as Canada's rapidly growing ageing population and demand for non-clinical supports continued to reveal the inadequacy of its existing community-based care and support systems. During this period, federal and provincial governments also began to emphasize "ageing in place" in their policy frameworks and publications; however, funding and implementation of related initiatives were often inconsistent and short-term at best<sup>44</sup>.

From the 2010s onward, Canada's provincial and territorial governments have played an increasingly central role in supporting the provision of community based non clinical supports for older adults. Increasing levels of formalization and investment have occurred through the funding of targeted programs and services, especially by the governments of Alberta, British Columbia and Nova Scotia, which are the only provinces that have specifically invested in supporting greater coordination and capacity planning among the largely grassroots organizations comprising their respective CBSS sectors.

These provincial efforts take place within a broader federal-provincial policy and funding environment. The Canada Health Transfer (CHT) is the federal government's primary

mechanism for supporting Canada's provincial and territorial health systems. It primarily supports the provision of services covered under the *Canada Health Act* and influences overall provincial health priorities. Although the CHT does not directly fund home or community-based care, it affects how much money provinces can allocate to related services, such as CBSS, which fall outside hospital and physician care<sup>45</sup>.

Within this context, provincial investments have also been complemented by more limited but strategically important federal contributions. Over the past two decades, Canada's federal government has expanded its role in supporting the CBSS sector, helping advance national priorities related to social participation, inclusion and helping older adults remain connected to their communities.

A foundational milestone in federal engagement was the launch of the New Horizons for Seniors Program (NHSP) in 2004–05. The program represented the federal government's first sustained commitment to strengthening community driven initiatives for older adults. Rather than financing provincial service systems, NHSP adopted a capacity building approach, supporting local organizations to promote social participation, volunteerism, intergenerational connections and community inclusion. Over time, NHSP expanded across Canada and became the federal government's principal mechanism for investing in community based initiatives supporting older adults.

In 2010, the World Health Organization (WHO) launched its Global Network for Age Friendly Cities and Communities (GNAFCC), formalizing a growing global movement to make communities better places to age. The concept of Age-Friendly

Communities (AFC) was based on a framework that comprised eight interconnected domains that are essential for supporting healthy ageing and enabling older adults to age in place. These domains focused on the importance of creating accessible outdoor spaces and buildings; ensuring reliable transportation; expanding affordable and accessible housing options; fostering opportunities for social participation; promoting respect and social inclusion, supporting civic participation and employment; improving communication and information mechanisms; and enhancing the availability of community support and health services.

These domains aligned closely with Canada's expanding ageing-related policy priorities which led to the Government of Canada both endorsing and supporting this model<sup>46</sup>. The Public Health Agency of Canada (PHAC), in particular, has supported the adoption of AFC principles and the creation of age-friendly cities and communities through the development of national guides and an evaluation framework, helping municipalities, including rural and remote areas, plan and measure their progress towards becoming a WHO recognized AFC<sup>47</sup>. As a result of this sustained commitment, Canada has emerged as one of the global leaders in the age friendly communities movement, alongside the United States, Chile, Mexico and Brazil, with 113 Canadian communities currently being recognized as members of the WHO's GNAFCC<sup>48,49</sup>.

Building on the WHO's framework, the broader Canadian policy discourse has continued to evolve. In 2022, the NIA formally advanced the concept of "ageing in the *right* place" (AIRP), building on existing ageing-in-place principles. The AIRP framework aligns closely with age-

friendly domains by emphasizing preventive health and chronic disease management, home and community-based care and caregiver supports, accessible and safe living environments and strong social connections to reduce loneliness and social isolation<sup>18</sup>.

These elements closely align with the WHO's age-friendly domains and have further informed the NIA's policy recommendations to better enable AIRP, such as expanding home care and community supports; encouraging greater universal design principles in the development of housing; investing in more inclusive transportation supports; better integrating strategies to address loneliness; supporting Indigenous, racialized, newcomer and low income older adults; and strengthening supports for unpaid caregivers by advancing caregiver friendly workplace policies and expanding access to financial, mental health and respite resources.

The federal government's involvement in supporting CBSS provision deepened further in 2022 with the introduction of its Age Well at Home Initiative, which signaled a notable shift toward supporting ageing in place efforts nationwide. While still modest compared to provincial investments, this initiative marked the first time the federal government provided direct support to volunteer based CBSS organizations to help older adults remain safely in their homes and communities.

**More recently, the federal government further expanded its support of the CBSS sector through the creation of its Aging with Dignity bilateral agreements**

**that extend from 2023-24 through to 2027-28, which provide substantial additional funding, beyond the Canada Health Transfer to provinces and territories, to specifically strengthen the provision of home and community-based care.**

Although much of this investment supports the provision of home care, the agreements also encompass the provision of community support services and, in several jurisdictions, include flow through funding to non-profit organizations delivering community-based seniors services<sup>50</sup>. Together, these agreements have reinforced a growing federal recognition of the role of CBSS within the broader health and social care system, while continuing to respect provincial/territorial responsibility for service design and delivery of health and social services.

Alongside the above-described government-level activities, the past decade has also seen the emergence of national collaborative platforms such as Healthy Aging CORE (Collaborative Online Resources & Education) Canada. Initially launched through regional initiatives in 2018, Healthy Aging CORE expanded nationwide in 2021 with the goal of strengthening the CBSS sector ecosystem by promoting greater networking, knowledge exchange and collaboration at a national level. These developments have helped build a more connected network of non-profit organizations, government representatives and academic groups working on healthy ageing initiatives across Canada<sup>51</sup>.

# Defining Community-Based Seniors Services

Although community-based seniors services have long been part of Canada's social supports systems, formal sector branding under the CBSS acronym has developed incrementally over the past decade. British Columbia, which formally articulated and organized the CBSS sector beginning in the mid 2010s, began using the CBSS label around 2016–2017, followed by Alberta, which initiated parallel sector building work around 2019<sup>52–54</sup>. National alignment around the acronym has emerged more recently.

In late 2023, HelpAge Canada, with the support of the Waltons Trust, began hosting cross-country consultations to support dialogue and shared learning across the CBSS sector. Through this convening role, HelpAge Canada helped advance the use of the CBSS acronym as a common reference point to support clearer communication and greater visibility for the sector at a national level. Importantly, this work has been undertaken in an enabling role, supporting sector led discussion and coordination rather than directing it.

The reality is that many CBSS organizations also serve younger and other population groups, providing similar categories of services that are widely recognized across Canada within the broader Community Support Services (CSS) sector.

As was previously noted, to further support and advance national discussions about the role, work, and overall value of the CBSS sector,

the NIA has developed the following definition based on its Canadian and international jurisdictional scan to clarify what services community based seniors services include and to ensure greater consistency in how the sector's organizations and work are recognized and described:

*Community-based seniors services are non-clinical, preventive, and supportive services that facilitate safe, independent, and dignified ageing for older adults within their homes and communities. These services are developed to respond to the local practical, social, emotional and physical needs of older adults beyond the traditional scope of health care systems and are primarily provided by non-profit organizations, community groups, municipalities, and volunteers.*

**In June 2024, Canada's inaugural CBSS Sector Summit, organized and hosted by HelpAge Canada in Ottawa, marked a significant milestone in bringing together provincial and territorial CBSS leaders, formalizing a shared national dialogue and engaging in sector-building and coordination efforts<sup>55</sup>.**

Starting in late 2024, HelpAge Canada began organizing national CBSS sector consultations with local service provider organizations,

sector leaders and older adult advocates across Canada's provinces and territories. These consultations, organized in partnership with local or provincial seniors-serving organizations, included roundtables, listening sessions and community workshops to explore local realities, identify sector priorities and work toward shared solutions for enabling ageing well at a national level<sup>56</sup>. The summaries of these national consultations have been published as *What We Heard Reports*, available on the HelpAge Canada website<sup>56</sup>.

Canada's CBSS sector refers to a broad network of service delivery organizations (SDOs), primarily non-profit and local and/or regional agencies, that deliver health, social and wellness supports at the community level. The CBSS sector includes:

- 1) **Government-led organizations:** local and/or regional agencies and programs funded and operated by local or provincial governments;
- 2) **Government-enabled organizations:** non-profit organizations and community groups that receive public funding or operate under government frameworks; and
- 3) **Independent community-based organizations,** including non-profit organizations, ethno-cultural associations and multi-service agencies that rely on donations, grants and volunteer support<sup>55,57</sup>.

There are currently thousands of CBSS service delivery organizations across Canada, including community hubs, cultural associations and seniors centres serving millions of older adults annually nationwide<sup>58</sup>.

With the goal of formalizing and coordinating CBSS as a distinct sector, sector representatives



from all provinces and most territories came together in 2024 to form an interim Canadian Community Leadership Council supported by HelpAge Canada. While new in its national scope, this work built directly on sector development, coordination and consultation models that had already been established at the provincial and territorial level. The Council was established as a strategic “bridge” to extend these proven approaches nationally, providing guidance on sector development by holding national consultations and engaging across a diverse and decentralized landscape of CBSS providers<sup>55</sup>. HelpAge Canada and the interim Canadian Community Leadership Council include representation from existing provincial/territorial organizations and networks such as Aging Well NS, Association québécoise de défense des droits des personnes retraitées et préretraitées, Elder Abuse Prevention Ontario, Manitoba Association of Community Centres, NWT Seniors' Society, Older Adult Centres' Association of Ontario, Ontario Community Support Association, Saskatchewan Seniors Mechanism and SeniorsNL, that along with others have been providing regional leadership and informing a national approach<sup>59,60</sup>.

## Defining What Services Are Delivered by Canada's CBSS Sector






**The services delivered by CBSS organizations are designed to help older persons age in the right place and maintain their wellbeing at home and in their communities for as long as possible. These service delivery organizations often provide low barrier supports that are not typically organized or formally provided by provincial or territorial health care and social services sectors.**






By doing so, the CBSS sector plays a critical role in advancing both community wellbeing and safety for older persons. Situated within existing municipal frameworks, the provision of community-based seniors services aligns closely with both WHO Age Friendly Communities (AFC) approaches and Community Safety and Wellbeing (CSWB) plans. From an AFC perspective, community based-seniors services support both healthy ageing and ageing in the right place by delivering services that help older adults remain safe, connected and supported in their own communities, while from a CSWB perspective, these services emphasize prevention, social development, risk reduction and coordinated community responses to address the diverse and evolving needs of older adults. As a result, through low barrier supports, these services help to address safety, social inclusion, financial security and protection from harm — key contributors to community

wellbeing and to the age friendly conditions that enable older adults to age safely and with dignity in their communities<sup>61</sup>.

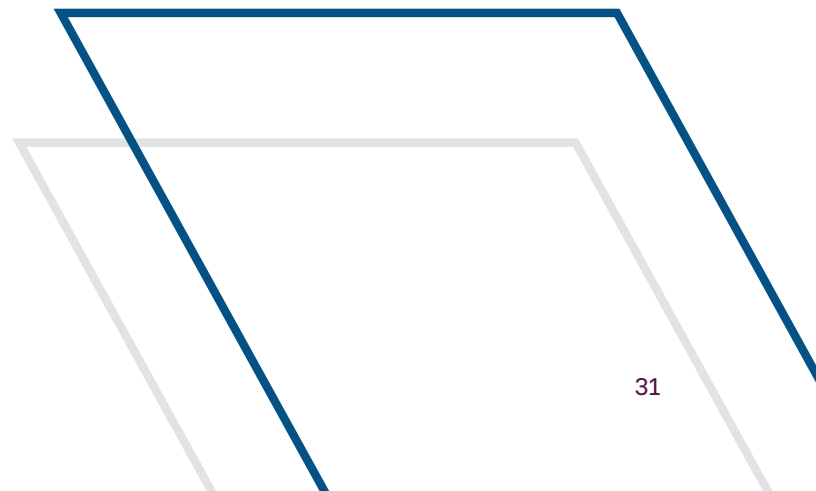
To better understand and describe the scope of services provided under the CBSS umbrella, the NIA developed the following framework comprising ten distinct categories to systematically classify the diverse supports offered across Canada's provinces and territories by many CBSS organizations. This framework and the NIA's overall definition of the CBSS sector were developed by an in-depth, year-long collaborative jurisdictional scan and supported by the national consultations results that have been summarized in HelpAge Canada's *What We Heard Reports*. The framework and definition also enabled national and international comparisons and helped identify sector strengths and gaps both at a regional and local level (see Table 1).

**Table 1. The 10 Principal Service Categories of Community-Based Seniors Services**

Category	Description
<p><b>1. Information, Referral and Navigation Services</b></p> 	<p>These services provide information and guidance to connect older adults to local resources and supports that help them age safely and comfortably in their communities, supporting early intervention and risk prevention. Services range from providing timely, accurate information and referrals (e.g., service directories and helplines like 211) to offering more intensive, person-centred navigation support and follow-up and coordination across systems for those with more complex needs (e.g., community navigators, link workers embedded in CBSS organizations and social prescribing programs).</p>
<p><b>2. Services to Promote Social Connection and Combat Isolation</b></p> 	<p>These programs are aimed at reducing loneliness through friendly visits (in-person, phone or virtual), social groups, wellness checks and other outreach efforts that help older adults stay connected and supported, while reducing risks associated with isolation, neglect and declining wellbeing.</p>
<p><b>3. Recreation, Education, Arts, and Wellness Programs</b></p> 	<p>These community-based activities, including adult day programs, provide opportunities for physical exercise, learning, creative expression and social engagement, supporting physical health and social connections while contributing to personal development, mental wellbeing and community belonging. Programs can be adapted for people living with dementia.</p>
<p><b>4. Meals and Nutrition Support Services</b></p> 	<p>These services, such as Meals on Wheels, congregate dining programs, food banks and other food assistance programs ensure older adults have access to nutritious meals, often at low or no cost, helping to prevent health decline, food insecurity and related safety risks.</p>
<p><b>5. Community Transportation Services</b></p> 	<p>The services offer free and/or reduced-cost transportation options to help older adults move around their communities for everyday activities, reducing mobility-related risks and supporting safer access to essential services and social participation opportunities. These include municipal transit discounts, specialized transit services and training programs to improve mobility and independence.</p>

<p><b>6. Affordable, Accessible, Safe and Supportive Housing Services</b></p> 	<p>These services provide safe, cost-effective and accessible living options and/or housing supports tailored to the evolving needs of older adults. Supportive living services are often integrated with health and mobility equipment to promote safety, enable healthy ageing in the right place and support housing stability as a foundation for community safety and wellbeing.</p>
<p><b>7. Home Modification and Maintenance Programs</b></p> 	<p>These programs assist older adults with household modifications and maintenance services, including repairs, gardening and yard work, snow removal and cleaning. This helps them maintain a safe and comfortable living environment, reducing fall risks, injuries and housing-related safety concerns.</p>
<p><b>8. Personal Support Services</b></p> 	<p>These services provide non-clinical help performing instrumental activities of daily living, such as meal preparation, light housekeeping, laundry and running errands, enabling older adults to maintain their independence at home while reducing risks associated with functional decline or unmet needs.</p>
<p><b>9. Caregiver Supports, Respite and Training Programs</b></p> 	<p>These services support unpaid caregivers of older adults through education, peer support, counselling, wellness programs, navigation assistance and respite services. These programs support caregiver wellbeing and capacity and strengthen informal support networks.</p>
<p><b>10. Safety Awareness and Advocacy Services</b></p> 	<p>These services promote the safety, rights, autonomy and financial security of older adults. They raise awareness of the risks of elder abuse, neglect, mistreatment, fraud and financial insecurity, and provide prevention, counselling, individual advocacy and system navigation supports and capacity building that reduce risk, protect against harm, and uphold the independence and wellbeing of older adults within their communities.</p>

The 10 principal service categories within the CBSS sector reflect the primary ways in which CBSS organizations contribute to community safety and wellbeing for older adults. Together, these categories capture the range of prevention-focused, supportive and protective services that address the safety, health, social and economic wellbeing needs of older persons, while enabling them to age in the right place.



These services also address key social determinants of health, including social inclusion, connectedness, housing stability, financial security and protection from harm, which are central to municipal community safety and wellbeing priorities. This is critically important, as up to 80% of an older person's health outcomes have been demonstrated to be influenced by their social determinants rather than their health care alone<sup>62</sup>.

These services also closely align with several domains of the Age-Friendly Communities framework — such as transportation, housing, social participation, communication and information, community support and health services and respect and social inclusion into practical, local supports for older adults (See Figure 2).

Finally, while existing national datasets do not break down volunteer hours provided specifically within the CBSS sector, available evidence shows that older adults consistently volunteer in roles that closely align with core CBSS service areas such as providing one to one support, counselling, advice and assistance related to the operation of community meal programs, health and other social services<sup>63,64</sup>. In addition, community and non-profit organizations frequently highlight that older adults remain highly engaged volunteers across the provision of information and referral services, sports and recreation programs and community based supports<sup>64</sup>. Their ongoing engagement, whether through direct service provision, mentorship or organizational governance, plays a critical role in strengthening the capacity of CBSS organizations and ensuring that essential programs remain accessible, community driven and responsive to evolving local needs.

**Figure 2. WHO: Eight Domains Defining Age-Friendly Communities**



# Understanding the Current State of Canada's CBSS Sector

To understand the current state of Canada's CBSS Sector, the NIA conducted a comprehensive jurisdictional scan and structured analysis of Canada's CBSS sector to identify the current delivery structures, organizations involved, services being provided and sector challenges and strengths. This analysis was used to develop both a definition of CBSS and categorical descriptions of its programs and services, introduced earlier in this report. The NIA's jurisdictional scan was conducted first through an online review of publicly available information. (Refer to Appendix A for the detailed methodology.) This work was supplemented by what HelpAge Canada and the NIA have discovered through a series of national consultations, summarized by HelpAge Canada in its series of recently published What We Heard Reports. Finally, the NIA's overall findings were verified by HelpAge Canada and the Canadian Community Leadership Council. (Refer to Appendix B for the detailed methodology.) Together, these sources provide a strong foundation for this report's sector level insights and ultimate policy recommendations.

## An Overview of the Provision of CBSS Across Canada's Provinces and Territories

The CBSS sector in Canada comprises a diverse and essential network of thousands of service delivery organizations, whose programs and services are primarily delivered by non-profit organizations, municipalities and volunteers.

These organizations provide non-clinical supports that allow older adults to age more safely and independently within their own homes and communities for as long as possible.

While these services are increasingly being recognized as essential for helping older adults age in the right place, they also require adequate and consistent funding, which remains a major challenge for the CBSS sector.

Current funding for CBSS organizations is fragmented and inconsistent, but broadly includes the following sources:

- Government grants and funding, through provincial health and other ministries and federal programs supporting older adults, such as the New Horizons for Seniors Program (NHSP).
- Charitable grants and donations and volunteer supports that strengthen program reach, delivery and overall sustainability.
- Membership and user fees collected from older recipients of certain CBSS.

**Although CBSS programs and services exist in every Canadian jurisdiction, there is wide variation in funding, governance and access, sector terminology, navigation and coordination mechanisms and degrees of integration with local health and social systems. This variation has heavily influenced the sector's overall visibility, as well as access to and consistency of programs and services being offered across Canada.**

It also limits the ability to conduct comparative evaluations, establish greater national alignment and more effective advocacy to better improve the CBSS sector's overall impact and ability to truly enable both healthy ageing and ageing in the right place.

To provide a comprehensive understanding of the CBSS sector across Canada, this section aims to provide an overview and comparative analysis outlining the key similarities and differences found within existing provincial and territorial approaches to the funding, governance and organization, delivery and coverage of programs and services.

## **National Structures and Services**

While most CBSS sector provider organizations exist at a local or regional level, there are a handful examples of services being delivered nationally. These national initiatives complement provincial and territorial systems by strengthening knowledge sharing, supporting community capacity, and, in some

cases, delivering core CBSS nationwide.

### **Federal Government Funding Streams**

#### **The New Horizons for Seniors Program (NHSP) – Canada's National Seniors Community Grants Program**

The federal government's longest-standing national program supporting CBSS organizations is the New Horizons for Seniors Program (NHSP), established in 2004-05. Administered by Employment and Social Development Canada, NHSP was created to enhance social participation, volunteerism and the inclusion of older adults by funding community driven initiatives. While its focus has never been to deliver direct services, NHSP has played a critical capacity building role by providing small community grants, typically up to \$25,000, to support projects such as intergenerational mentoring, elder abuse awareness activities, social inclusion programs for vulnerable older adults and modest capital improvements to community spaces. Larger pan Canadian streams have enabled broader national initiatives. In 2023-24, the program distributed \$71.27 million to 3,451 projects across Canada, reflecting its ongoing significance in supporting local CBSS organizations<sup>65</sup>. These projects addressed a wide range of wellness priorities for older persons, including recreation, active living, arts and culture, continuing education and mental health, underscoring the federal government's indirect yet influential role in strengthening local capacity for community based seniors services and supports while respecting provincial and territorial responsibilities<sup>66,67</sup>. Since its launch, NHSP has invested more than \$850 million in approximately 40,000 local and national

projects in communities across the country, making it one of the most substantial federal contributors to community-based supports for older adults<sup>65</sup>.

### **Age Well at Home Initiative – Canada's National In Home Support Initiative**

The Government of Canada expanded its involvement in the delivery of community-based seniors services with its introduction of the Age Well at Home Initiative in 2022<sup>68</sup>. Unlike NHSP, which focuses on social participation and community inclusion, Age Well at Home marked the first instance of the federal government directly funding organizations to provide practical, in home and community based supports for older adults who wish to remain safely in their homes. Through a national open call for proposals, the federal government funded 71 In Home Support Pilot Projects, representing up to \$39.6 million in project funding, as part of a broader \$90 million commitment through 2025-26<sup>69</sup>. These projects have enabled several CBSS organizations across Canada to offer services such as meals and nutrition support services, personal support services, home modification and maintenance support services, and information, referral, and navigation services — representing an important shift in federal policy toward more direct support for the provision of community-based seniors services.

### **National Non-Profit Service Providers**

#### **The Canadian Red Cross – A Pan-Canadian Provider of Community-based Seniors Services**

As a national charity with a longstanding history of providing community health and support services to meet local needs, the Canadian Red Cross delivers a range of community based

seniors services across Canada. However, the scope, scale and mix of community-based seniors services delivered by the Red Cross varies significantly across provinces and territories, reflecting differences in provincial mandates, funding arrangements, community partnerships and local service ecosystems.

Currently, a wide range of community support services are offered by the Red Cross throughout Canada to provide daily supports to older adults, vulnerable people and their caregivers. The Red Cross supports clients working to maintain their quality of life and independence, as well as supporting their active participation in society where possible.

See Table 2 for an overview of the types and numbers of Community Support Services provided by the Canadian Red Cross in 2025.

**Table 2: An Overview of the Types and Numbers of Community Support Services, Including Four Categories of Community-Based Seniors Services, Provided by the Canadian Red Cross in 2025**

CBSS Category	Types and Number of Services Delivered
<b>Services to Promote Social Connection and Combat Isolation</b>	Friendly Calls Program: 2.5+ million minutes of support (Nationwide in 2025)
<b>Community Transportation Services</b>	Transportation Services (Ontario): 97,971 rides provided covering 1.1+ million kilometres
<b>Meals and Nutrition Support Services</b>	Meals on Wheels (Newfoundland and Labrador, Ontario): 238,972 meals delivered Mobile Food Bank (Toronto, ON): 654,812 lbs (297,018 kg) of food distributed.
<b>Affordable, Accessible, Safe and Supportive Housing Services</b>	Health Equipment Loan Program (Alberta, British Columbia, Nova Scotia, New Brunswick, Newfoundland and Labrador, Prince Edward Island, and Yukon,): 330,427 pieces of health equipment loaned

The figures presented in the table above reflect the most recent data available at the time of reporting and are based on internal program reporting and publicly available sources.

- **Services to Promote Social Connection and Combat Isolation**

These programs offer volunteer visiting and friendly telephone calls. The Canadian Red Cross Friendly Calls Program is a free, nationwide service connecting trained volunteers with adults (18+) who feel isolated or need support. It offers regular, scheduled telephone chats in English and French to provide skilled emotional support, coping strategies and individualized referral pathways to improve social connectedness, prioritizing older adults, Indigenous peoples, newcomers, parents and caregivers. The program is available to any adult, anywhere in Canada, who would like

support with social connection and coping and resilience. The frequency and duration of calls (usually 20–60 minutes) are customized to the individual's needs 70,71.

- **Community Transportation Services**

These programs offer affordable transportation options that enable people to attend social gatherings, medical appointments (including life-saving treatments such as dialysis and chemotherapy) or shopping excursions with paid staff and/or volunteers.

- **Meals and Nutrition Support Services**

These are offered through programs such as Meals on Wheels and mobile food banks.

- **Affordable, Accessible, Safe and Supportive Housing Services**

A unique service the Canadian Red Cross offers to enable ageing in the right place is its Health Equipment Loan Program (HELP), which currently operates in B.C., Alberta, New Brunswick, PEI, Nova Scotia, Newfoundland and Labrador and the Yukon territory. HELP provides short term loans of mobility and medical equipment to individuals recovering from illness or injury and empowers people to live with independence and dignity. Like a prescription, health care professionals can refer clients to the Canadian Red Cross, and health equipment is selected to safely meet the needs of each individual. HELP is a community-based service made possible through the support of provincial governments, health authorities, donations of used equipment, donor contributions, and the efforts of thousands of volunteers and staff.

- **Hospital-to-Home Transition Support Services**

In addition to delivering services within the individual CBSS categories outlined above, the Canadian Red Cross, along with other CBSS providers, provides Hospital-to-Home Transition Support Services in Ontario. These are inherently cross cutting and integrate the provision of multiple CBSS categories of service.

These services support older adults transitioning home following a hospital stay and aim to prevent unnecessary hospital readmissions. Transition Support Services may include elements of information, referral and navigation services; community transportation services; meals and nutrition support services; services to promote social connection and

combat isolation; and other time limited supports tailored to individual needs. In 2025, the Canadian Red Cross supported 1,008 individuals with these services.

## **National Non-Profit Information, Referral, Coordination and Capacity Building Organizations**

### **211 Canada – A National Resource to Support Information and Referral Services for the CBSS Sector**

211 is an information and referral service that operates across Canada, providing 24/7, free and confidential navigation to community and government social services, including food, housing and health care. The service is accessible anywhere in Canada by dialing 2-1-1 on a telephone, via texting or via web chat, or by using the 211 Canada app. It and can support communication in over 150 languages.

In 2001, following an application from United Way Canada and its partners, the Canadian Radio-television and Communications Commission approved the use of 211 for access to community information and referral concerning health, community, social and governmental services. Initially launching the following year in Toronto, it continued to gradually expand across Canada through partnerships between local United Ways and regional governments. A key milestone enabling its national expansion was the 2006 formalization of the Canadian Taxonomy of Human Services, and the creation of a sublicensing agreement with 211 LA, a U.S.-based non-profit that manages the service classification system developed with AIRS (the Alliance of Information and Referral Systems), to ensure standardized, high-quality data mapping

would occur across Canada to enable service consistency.

In 2020, 211 Canada — with funding support from the Government of Canada in partnership with provincial/territorial and municipal governments — was enabled to operate as a 24/7 nationwide service led by the United Way Centraide Canada, with local United Ways providing operational support. While this service is available nationally, its information and referral services are specialized by provincial and territorial region to help users find local resources. In certain provinces, where informational and referral services related to the CBSS sector are not otherwise supported, 211 has become the principal portal through which older Canadians and their families, caregivers and care and support providers receive support navigating and accessing CBSS programs and services.

### **Healthy Aging CORE Canada – A National Knowledge Hub**

A leading example of growing national coordination is Healthy Aging CORE (Collaborative Online Resources & Education) Canada. Initially launched in British Columbia in 2019 and expanded to Alberta in 2020, CORE became a fully national platform in 2021. The CORE Canada platform is designed to connect non-profit organizations, governments and academic partners to share training, evidence based resources, tools, events and communities of practice focused on healthy ageing and support for older adults<sup>51,72</sup>.

Over time, Healthy Aging CORE Canada has become a central platform supporting the exchange of lessons between federally funded initiatives such as the New Horizons for Seniors

Program and Age Well at Home, linking project teams across the country and strengthening Canada's overall CBSS knowledge infrastructure.

### **HelpAge Canada – An Emerging National Coordination and Capacity Builder**

In addition to government led initiatives, HelpAge Canada, a national not-for profit organization, has begun to play a growing role in supporting Canada's CBSS sector. HelpAge Canada, for example, has expanded its national reach through the development of national funding streams, knowledge exchange initiatives and partnerships aimed at reducing isolation, strengthening community capacity and advancing healthy ageing. Alongside Healthy Aging CORE Canada, HelpAge has been actively contributing to enabling a more connected CBSS landscape by linking organizations, government representatives and researchers working across Canada's provinces and territories.

### **Men's Sheds Canada – A National Organization Supporting Social Connection and Wellbeing for Older Men**

Men's Sheds Canada is a national registered charity that supports and coordinates a growing grassroots movement of community-based "Sheds" across the country. Originating internationally and expanding in Canada since the early 2000s, Men's Sheds are volunteer-led groups—primarily engaging older men—who come together in informal, community settings to build social connections, share skills and contribute to local initiatives<sup>73,74</sup>.

Formally established in 2022, Men's Sheds Canada serves as the national coordinating body for this network, working to strengthen existing

Sheds and support the development of new ones across Canada. Its activities include facilitating collaboration and knowledge exchange, providing resources and training, supporting provincial networks and advancing partnerships with governments, health organizations and community stakeholders<sup>73</sup>.

Through its focus on peer support, social participation and community engagement, this organization aims to contribute towards improved mental health and reduced isolation among older adults<sup>75</sup>.

### Canadian Network for the Prevention of Elder Abuse

The Canadian Network for the Prevention of Elder Abuse is a national non-profit organization dedicated to preventing elder abuse and neglect in Canada. It operates as an electronic hub and collaborative network, fostering knowledge exchange, policy reform and education to support older adults and ensure they live free from violence.

See Table 3 for an overview of national CBSS structures and coordinating bodies.

**Table 3: An Overview of National CBSS Structures and Coordinating Bodies**

National Organization / Initiative	Type of Organization	Provides Coordination / Capacity Building / Advocacy	Provides Direct CBSS Nationally	Notes
<b>211 Canada</b>	National non-profit government funded + information and referral service; led by United Way Centraide Canada	National navigation and coordination infrastructure	(Not a direct service provider; connects people to service providers)	24/7 nationwide service; supports over 150 languages; key national CBSS navigation access point
<b>Healthy Aging CORE Canada</b>	National non-profit knowledge hub	National sector coordination + capacity building infrastructure	(Not a direct service provider)	Connects CBSS organizations, governments and researchers; enables communities of practice resource sharing and training
<b>New Horizons for Seniors Program (NHSP)</b>	Federal government granting program	Supports national capacity-building and service delivery via short-term community grants	Indirectly — funds local community-based organizations to deliver CBSS	Largest longstanding federal investment in CBSS initiatives; >40,000 projects funded since 2004

National Organization / Initiative	Type of Organization	Provides Coordination / Capacity Building / Advocacy	Provides Direct CBSS Nationally	Notes
<b>Age Well at Home Initiative</b>	Federal government CBSS funding program	Supports national capacity-building and service delivery via operational grants	Indirectly — funds local community-based organizations to deliver CBSS	First federal program to directly fund the provision of a range of CBSS
<b>Canadian Red Cross</b>	National registered charity	Delivers a national friendly calls service to promote social connection and combat isolation, as well as several regional services and supports	National CBSS provider organization	Provides a range of CBSS
<b>Men's Sheds Canada</b>	National non-profit, volunteer-led coordinating organization supporting a grassroots community movement	National coordination, capacity building and knowledge sharing across local Sheds	(Not a direct service provider; supports locally delivered programs)	Registered charity supporting over 170 Sheds across Canada; focuses on reducing social isolation and improving wellbeing among older men through peer-based, community activities
<b>HelpAge Canada</b>	National registered charity	Supports national coordination, capacity building and service delivery via short-term community grants	Indirectly — funds local community-based organizations to deliver CBSS	Emerging national enabling organization supporting coordination, connection and capacity building for CBSS organizations across Canada

National Organization / Initiative	Type of Organization	Provides Coordination / Capacity Building / Advocacy	Provides Direct CBSS Nationally	Notes
<b>Canadian Network for the Prevention of Elder Abuse</b>	National registered charity, network based organization	National coordination, capacity building, policy advocacy and knowledge mobilization focused on elder abuse awareness and prevention	(Not a direct service provider; supports and connects service providers)	Pan Canadian leader on elder abuse awareness and prevention; convenes networks across provinces and territories; develops tools, training and policy frameworks (e.g., Future Us)

## Provincial/Territorial Structures and Services

### **Alberta, British Columbia and Nova Scotia – Provinces Enabled with Provincially Funded CBSS Coordinating and Capacity Building Organizations**

In these three provinces, the CBSS sector has been supported by a combination of provincial coordinating and capacity building organizations and digital knowledge hubs that work together to strengthen service delivery, sector capacity and cross organizational collaboration.

**Over the past decade, the governments in each of these provinces have each committed to funding coordinating and capacity building organizations, which provide on the ground sector leadership through service coordination, shared planning, training, and support for community based organizations.**

In British Columbia and Alberta, provincial coordinating and capacity building organizations like United Way BC's Healthy Aging initiative and Healthy Aging Alberta support their provincial CBSS sectors through dedicated digital knowledge hubs, Healthy Aging CORE BC and Healthy Aging CORE Alberta. These online platforms provide training materials, curated resources, opportunities for networking and tools for sharing information to help community-based organizations strengthen and coordinate their services for older adults. In Nova Scotia, a similar function is carried out through a different approach. Rather than a stand alone digital platform, sector coordination and capacity building are led by Aging Well Nova Scotia through community development work, convening and resource sharing. While the delivery models differ across these provinces, they share a common purpose: supporting organizations working in the CBSS sector. None of these approaches are designed for public information or referral; instead, they focus on strengthening the capacity of community based organizations that serve older adults.

Together, these provincial coordinating and capacity building organizations — supported by dedicated digital knowledge hubs in Alberta and British Columbia, and by organization led coordination in Nova Scotia — have enabled strong and distinct, structured CBSS ecosystems within these three provinces. These ecosystems provide province wide coordination, shared learning, and consistent sector level support rarely matched elsewhere in Canada.

### **Alberta**

In 2020, the Government of Alberta's Ministry of Seniors, Community and Social Services, often in collaboration with the Ministry of Health, began providing targeted investments specifically aimed at strengthening coordination and capacity building infrastructure through the creation of Healthy Aging Alberta. This work was developed through a co creation model with community based seniors serving organizations, grounded in shared leadership between government, community organizations and sector partners. Healthy Aging Alberta thus acts as the province's coordinating and capacity building organization, connecting, strengthening and amplifying the province's network of CBSS service delivery organizations while advancing shared initiatives and sector-wide system change<sup>59</sup>.

As part of this model, clear roles were established between community leadership, enabling support and government funders, with United Way of Calgary and Area serving as the enabling organization to support coordination, infrastructure and capacity building<sup>76</sup>. Healthy Aging Alberta operates through a “constellation of networks” approach, including regionally based community developers who support

engagement, capacity building and relationship building across the province. This mandate has helped to formalize CBSS system infrastructure in Alberta, including prevention oriented and upstream supports that contribute to the safety and wellbeing of older adults<sup>77</sup>.

More recently, the Government of Alberta has significantly expanded its investment in the CBSS sector through Healthy Aging Alberta, committing \$12.5 million over three years from 2026 to 2028 to support home based non clinical supports, social prescribing and community transportation services for older adults. In addition, the province has committed \$2 million over the same period to support enabling infrastructure and capacity building functions, including support for CORE Alberta. These investments reflect a shift toward sustained system level support for both service delivery and sector coordination and align with recent structural reforms to Alberta's health system, through which non clinical, community based supports have now been formally embedded within the province's continuing care system.

CORE Alberta functions as the province aligned online hub for training, curated resources, networking and practice exchange—supporting CBSS organizations rather than providing direct, public-facing information and referral services.

Alongside this broader CBSS infrastructure, elder abuse prevention and awareness in Alberta is coordinated through the Alberta Elder Abuse Awareness Council (AEAAC), a provincially oriented non profit organization that was first formed in 2002. AEAAC received targeted support from the Government of Alberta in March 2021, with a time-limited commitment of \$750,000 over two years to strengthen province wide

elder abuse prevention efforts. This investment enabled AEAAC to support and coordinate 31 local Coordinated Community Response (CCR) teams across the province<sup>78</sup>. Since that time, provincial investment in elder abuse prevention has continued through subsequent funding commitments, including a \$7.4 million provincial investment announced in 2023 — of which \$3.2 million was allocated to AEAAC<sup>79</sup> — as well as an additional \$3.3 million in multi year funding announced in late 2023 to support community based elder abuse prevention, safe spaces and CCR linked services<sup>80</sup>. AEAAC has continued to play an ongoing coordinating and funding role for CCR based activities across Alberta<sup>81</sup>.

These community led, multi sector tables bring together organizations serving seniors,

social services, health providers, municipalities and law enforcement to focus on prevention, education, early identification and coordinated community responses to elder abuse. While AEAAC operates separately from Healthy Aging Alberta, its mandate and funding are closely aligned with the work of Alberta's CBSS sector, emphasizing upstream prevention, community capacity building and non statutory supports to enable elder abuse prevention and awareness rather than enforcement based or investigative functions<sup>82,83</sup>.

See Table 4 for an overview of the types and numbers of Community Supports Services provided by Healthy Aging Alberta [November 2022 to September 2025].

**Table 4: An Overview of the Types and Numbers of Community Supports Service, Including Six Categories of Community-Based Seniors Services Provided by Healthy Aging Alberta [November 2022 to September 2025].**

CBSS Category	Types and Number of Services Delivered*
<b>Information, Referral and Navigation Services</b>	System Navigation and Supported Referral: 23,467
<b>Services to Promote Social Connection and Combat Isolation</b>	Social Connection Programming: 12,219. Social Contact and Companionship: 3,959
<b>Recreation, Education, Arts and Wellness Programs</b>	Education/Recreation Programming: 6,624
<b>Community Transportation Services</b>	Transportation Services: 7,133
<b>Home Modification and Maintenance Programs</b>	Home Maintenance: 1,912
<b>Personal Support Services</b>	Meal Preparation/Delivery: 14,821. Housekeeping: 8,382. Assistance with Grocery Shopping: 775

\*Other types of services: 2,285

The figures presented in the table above reflect the most recent data available at the time of reporting and are based on internal program reporting and publicly available sources.

### **British Columbia**

In 2012, British Columbia introduced a major provincial initiative funded through its Ministry of Health called Better at Home. This signalled a shift towards wanting to enable the more formalized and structured delivery of community-based seniors services following a successful multi year pilot. In BC, United Way BC's Healthy Aging initiative<sup>60</sup> acts as the province's coordinating and capacity building organization that manages initiatives such as Better at Home, a province-wide non clinical home support program delivered through local non profit community organizations. This program helps older adults with simple non-clinical, day-to-day tasks so that they can continue to live independently in their own homes and remain connected to their communities.

As this model expanded over the past decade, it became increasingly standardized with more systematic capacity planning, consistent oversight, clear operational expectations and local accountability to create a more coordinated system of community supports. Sustained provincial investments and a strong commitment to integrating community-based organizations more fully into the broader continuum of care for older adults have helped catalyze the growth of a robust CBSS sector across the province, positioning BC as Canada's first province to implement a province-wide framework for the coordinated provision of community-based supports to enable ageing in the right place.

Since its launch, Better at Home has benefited from sustained provincial funding, expanding from an initial pilot project serving five communities to more than 90 community-based organizations delivering services in over 260 communities across the province. In 2024-2025, Better at Home operated in 97 communities and provided 363,725 services to 20,126 older adults across BC. Notably, 7,665 of these individuals were newcomers to the program<sup>84,85</sup>. Provincial funding has also increased substantially over time, from an initial investment of approximately \$36 million from 2012 to 2017 to \$304 million from 2025 to 2030 to expand the Better at Home program and other community based seniors services delivered through United Way BC — reflecting the government's growing commitment towards supporting older adults to live independently in their communities for as long as possible<sup>86</sup>. This rapidly growing and sustained level of investment in the provision of community-based non-clinical supports has widely been viewed as a key catalyst in both the growth of a thriving CBSS Sector for British Columbia and its national leadership in supporting the development of ageing-in-place policies and practices.

Today, the United Way BC Healthy Aging program portfolio includes Better at Home, Social Prescribing, Family & Friend Caregiver Supports, Therapeutic Activation Program for Seniors, Social Meals, Volunteer Coordination & Supports and Aging in Motion: Transportation Supports and Innovation. All of these programs are managed by United Way BC, delivered locally by community-based seniors' services, and funded by the Province of BC<sup>87</sup>. In 2024-25, a total of 348 Healthy Aging programs delivered by 169 community agencies provided more than 802,000 services to over 65,600 older

adults<sup>85</sup>. United Way BC determines operational standards for locally delivered Healthy Aging programs and services, and programs submit quarterly reports on their progress and program outcomes. Healthy Aging programs also participate in regular learning and quality assurance activities such as communities of practice, training and education opportunities, co-creation sessions, regional consultations and biennial Provincial Summits on Aging.

British Columbia determines funding allocations and operational standards for its provincially funded and locally delivered CBSS programs and services based on the distinct community characteristics and demographics of the more than 260 communities currently being served across the province, such as the number of older persons residing in each community as well as their income levels. While some programs and services are offered at no cost, the province also establishes service fees for certain services on an income-based sliding scale, which ensures that services are provided free for low-income older persons and at market rate for older adults with an income above the provincial average. All volunteers providing services directly to older persons must have a criminal record check. Programs must have a local advisory committee for guidance and advocacy, to help support the integration of the program into the community and remain responsive to the needs of older persons. Programs must submit regular reports to the provincial office to monitor their performance and progress. Finally, program coordinators are required to engage in a provincial community of practice which includes sharing learning activities, discussing best practices on an online portal and meeting annually for training opportunities

and participation in a collective dialogue. These activities are meant to help develop the capacity of each local program to best serve and support local older adults<sup>88</sup>.

In addition to managing Healthy Aging programs, United Way BC plays a broader role in capacity-building and sector strengthening for the CBSS sector in BC. United Way BC developed the Healthy Aging CORE platform model, launched in 2019 with funding from the Province of British Columbia and Employment and Social Development Canada. BC was also the first province to establish a CBSS Leadership Council, which was a legacy of the Raising the Profile Project (2016-17): a provincial grassroots initiative that played a key role in defining and advocating for the expansion of the CBSS sector in BC<sup>89</sup>.

Elder abuse prevention and awareness services in British Columbia operate as a complementary component of this broader CBSS ecosystem, with two provincially funded non profit organizations playing central roles: the BC Association of Community Response Networks (BC CRN) and the Council to Reduce Elder Abuse (CREA). BC CRN supports a province wide network of over 90 local Community Response Networks serving 260 communities across BC in coordinating local responses to protect vulnerable adults, with plans to expand up to 100 networks across the province. This work is supported by multi year provincial funding, including a \$4.2 million grant over three years announced in 2023<sup>90</sup>. CREA's mandate focuses on providing provincial leadership, capacity building grants, public education and professional development related to elder abuse prevention and is supported through project based provincial funding, including a \$300,000 grant awarded in 2023<sup>90</sup>. Both organizations receive core

and project based funding from the Government of British Columbia, primarily through its Ministry of Health, with their mandates emphasizing prevention, education and coordinated community responses rather than statutory protection or enforcement, positioning elder abuse prevention

squarely within the work of British Columbia's CBSS sector<sup>90</sup>.

See Table 5 for an overview of the types and numbers of Community Support Services, provided by the United Way BC in 2024-2025.

**Table 5: An Overview of the Types and Numbers of Community Support Services, Including Eight Categories of Community-Based Seniors Services Provided by United Way BC in 2024-2025.**

<b>CBSS Category</b>	<b>Types and Number of Services Delivered*</b>
<b>Information, Referral and Navigation Services</b>	Social Prescribing: 51,382. Navigation and Peer Support/Information and Referral: 17,146**
<b>Services to Promote Social Connection and Combat Isolation</b>	Friendly Visiting Encounters: 58,133**. Digital Literacy/Tech Support: 2,396**
<b>Recreation, Education, Arts and Wellness Programs</b>	Therapeutic Activation Program for Seniors: 77,518. Group Activities: 18,720**
<b>Meals and Nutrition Support Services</b>	Social Meals: 147,738. Meal Deliveries: 77,119**
<b>Community Transportation Services</b>	Transportation: 23,313**. Aging in Motion (Transportation Supports and Innovations): 15,853
<b>Home Modification and Maintenance Programs</b>	Light Yard Work: 10,174. Snow Removal: 5,062. Minor Home Repairs: 976**
<b>Personal Support Services*</b>	Light Housekeeping: 112,636. Grocery Delivery: 21,298. Prescription Pick-up/Drop-off: 1,268
<b>Caregiver Supports, Respite and Training Programs</b>	Family and Friend Caregiver Support: 42,390

\*Other services delivered by Better at Home (including document and income tax assistance, laundry, group events, farmer's market coupons, firewood procurement): 15,484

\*\*Services delivered by Better at Home

The figures presented in the table above reflect the most recent data available at the time of reporting and are based on internal program reporting and publicly available sources.

## Nova Scotia

Since the early 1990s, Nova Scotia has supported community development activities aimed at strengthening rural organizations that support older adults. Beginning in the mid-2010s, these efforts became more structured through the introduction of provincial granting programs and sustained government-community partnerships. While Nova Scotia has not pursued the funding and development of province-wide CBSS, the province has steadily expanded its support for local grassroots organizations initiatives by supporting coordination and capacity building activities through Aging Well Nova Scotia (formerly known as Community Links) which has been supporting older persons and advocating for age friendly communities since 1992<sup>91</sup>. It acts as the province's coordinating and capacity building organization that collaborates with CBSS groups, facilitates knowledge exchange, develops educational resources, promotes the interests of older adults and provides workshops, networking and community-based capacity building across the province.

**Unlike Alberta or British Columbia, Nova Scotia's investments in community based seniors services have emphasized supporting community led initiatives rather than developing a centralized provincial delivery model.**

Aging Well Nova Scotia — now primarily funded by the Nova Scotia Department of Seniors and Long Term Care — has played a central role in strengthening the capacity of community based organizations and groups that support older persons. What began in 1992 as a community

development project designed to connect isolated rural communities has since evolved into a provincial impact organization that supports, collaborates with and advocates for older adults and the broader CBSS sector.

In 2024-25, Aging Well Nova Scotia received an operating grant of \$464,500 to advance its mission. Since 2020, it has also partnered with the Department of Seniors and Long Term Care to administer the Seniors Support & Connect Grants, which enable CBSS organizations to help older Nova Scotians age at home while staying connected and engaged in their communities. In 2024, for example, \$100,000 in provincial funding supported 52 organizations, most receiving a \$2,000 micro grant, to strengthen local programs and services for older adults.

Additionally, since 2017, the Government of Nova Scotia has funded the Nova Scotia Age-Friendly Communities Grant Program to provide municipalities and community-based non-profit organizations and groups with support for initiatives that help older adults stay active, healthy and socially connected. The program supports projects in areas like age-friendly community planning activities and in the delivery of non clinical services such as community transportation, services to promote social connection and combat isolation, digital skills training, meals and nutrition support services and recreation and wellness programs focused on promoting physical activity. In their proposals, projects are encouraged to consider affordability, accessibility, inclusion and engagement with culturally diverse and traditionally marginalized communities. While most projects receive a grant of up to \$10,000, large-scale in-depth or provincial initiatives can

receive funding of up to \$20,000, while planning grants can receive funding of up to \$25,000 and require a minimum 10% contribution, provided in cash or in kind, from the applying organization or its partners. The 2024-25 funding round supported over 40 annual community projects with over \$500,000<sup>92</sup>.

**Ontario and Quebec – Provinces Whose CBSS Sectors are Treated as Extensions of their Local Health Systems, Which Primarily Provide Funding and Support Navigation to Community-Delivered Services**

Across Ontario and Quebec, the development, funding and delivery of CBSS has occurred primarily through provincial health systems, rather than through separate provincial coordinating and capacity building organizations.

**Ontario**

CBSS sector organizations like the Ontario Community Support Association (OCSA) and the Older Adult Centres' Association of Ontario (OACAO) represent community support service agencies and older adult centres in Ontario. They play important roles in supporting sector system-level advocacy and other supports for their member organizations; however, they have not been given an overall mandate or sustained funding to enable provincial coordinating and capacity building, build system level infrastructure or lead ongoing sector-wide development initiatives comparable to the mandates given to Healthy Aging Alberta, United Way BC Healthy Aging, or Aging Well Nova Scotia. Thus, unlike provinces that have made intentional investments in province-wide coordination and capacity-building

infrastructure for their CBSS sectors, Ontario's approach remains largely fragmented — relying on a network of locally delivered programs without a formally recognized or resourced system-level coordinating or capacity building structure.

**In Ontario, the development, funding and delivery of community support services (CSS) has evolved primarily through local health systems rather than through a dedicated sector strategy.**

Core funding for many CSS organizations flows through the Ministry of Health via Ontario Health and its regional organizations, supporting the delivery of services such as meals and nutrition support services, community transportation services and caregiver supports and respite and training programs. However, this funding is typically allocated on a program-by-program basis, rather than as part of a coordinated, system-level framework for the broader provision of home and community-based care.

Ontario Health Teams and Ontario Health atHome, the provincial home care agency, play a central role in coordinating the provision of home and community-based care, primarily focusing their efforts on supporting system navigation, the delivery of clinical services and access to and coordination of long-term care services. While community-based support services are seen as an important component of care plans, they are accessed largely through referral processes rather than through a deliberately structured and integrated CSS

system. As a result, Ontario's CSS sector operates as a collection of programs rather than a fully integrated system. Service availability, eligibility criteria, funding levels and delivery capacity vary significantly across Ontario's regions, limiting equitable access, service consistency and scalability. This ongoing fragmentation has constrained the CSS sector's ability to fully contribute to the realization of broader key health system priorities, including reducing hospital and long-term care home utilization, addressing alternate level of care pressures and supporting safe and timely transitions from hospital to home.

Despite the absence of a formalized provincial structure, OCSA has emerged as the primary provincial voice and a central coordinating presence within the sector since it was created in 1992, bringing together Meals on Wheels Ontario with other provincial home and community support services organizations. Through this transition, the responsibility for supporting coordination and advocacy did not diminish but evolved into a more integrated, provincial system-level approach. Today, OCSA continues to carry forward this mandate, providing provincial leadership, coordination and advocacy on behalf of a broad range of community-based services including those provided by the CBSS sector. OCSA currently represents more than 200 not-for-profit community-based organizations delivering home care and community support services to over one million Ontarians, supported by approximately 20,000 employees and 100,000 volunteers. These organizations are funded through a mix of Ontario Health contracts, municipal contributions, charitable donations and user fees.

While OCSA is not formally mandated nor funded to act as a provincial coordinating or capacity building body, it has demonstrated its ability to support system-level alignment, coordination and delivery at scale on numerous occasions. This capability was particularly evident during the COVID-19 pandemic, when OCSA was engaged by the Ministry for Seniors and Accessibility (MSAA) to administer the Ontario Community Support Program. Through this initiative, more than \$21 million in provincial funding supported over 2.3 million deliveries of meals, groceries and essential supplies to more than 85,000 low-income older adults and persons with disabilities across the province who were self-isolating at home between April 2020 and March 2023. The scale and speed of this response required centralized funding administration, province-wide coordination, performance monitoring and collaboration across hundreds of local service providers, which are functions typically associated with a formal system-level coordinating structure. This experience demonstrated that Ontario's CBSS sector has the capacity to operate in a more integrated and coordinated manner when supported by appropriate infrastructure and investment.

See Table 6 for an overview of the types and numbers of Community Support Services provided by OCSA in 2024-2025.

**Table 6: An Overview of the Types and Numbers of Community Based Services, Including Eight Categories of Community-Based Seniors Services Provided in 2024-2025.**

CBSS Category	Types and Number of Services Delivered*
<b>Services to Promote Social Connection and Combat Isolation</b>	<b>Friendly Visiting Encounters:</b> 45,896 individuals served 9,641 new referrals 1,935 awaiting services
<b>Recreation, Education, Arts and Wellness Programs</b>	<b>Adult Day Programs:</b> 36,866 individuals served with 83,360 visits 10,687 new client referrals 4,233 awaiting services
<b>Meals and Nutrition Support Services</b>	58,075 individuals served 3,245,844 meals across 25,900 visits, 161 awaiting services
<b>Community Transportation Services</b>	90,122 individuals served with 1,244,462 rides, 22,659 new client referrals, 363 awaiting services
<b>Affordable, Accessible, Safe and Supportive Housing Services</b>	26,377 individuals served with 154,680 visits, 3,645 referrals, 8,882 awaiting services
<b>Home Modification and Maintenance Programs</b>	11,868 individuals served with 15,803 visits, 657 referrals, 951 awaiting services
<b>Personal Support Services (including support with ADLs and IADLs)</b>	<b>Personal Care Services (ADLs)<sup>2</sup></b> 23,818 individuals served with 80,379 visits, 5,326 new referrals, 4,433 awaiting services  <b>Personal Support Services (IADLs)<sup>3</sup></b> 17,865 individuals served with, 52,693 visits, 7,787 referrals, 3,782 awaiting services
<b>Caregiver Supports, Respite and Training Programs</b>	95,988 caregivers served with 398,784 visits, 37,330 referrals, 546 awaiting services  <b>Caregiver Respite Programs</b> 9,869 individuals served with, 10,170 visits, 4,906 referrals, 706 awaiting services

<sup>1</sup> Community Support Services funded by Ontario Health

<sup>2</sup> ADLs include assistance with bathing, dressing, grooming, toileting, mobility and transfers, eating, etc.

<sup>3</sup> IADLs include light housekeeping, laundry, meal preparation, grocery shopping, snow removal, etc.

The figures presented in the table above reflect the most recent data available at the time of reporting and are based on internal program reporting and publicly available sources.

In addition to Ministry of Health-funded services, Ontario supports CBSS-related activities through other targeted programs. The Ministry for Seniors and Accessibility funds the Seniors Active Living Centres (SALCs) program, Seniors Active Living Fairs and the Seniors Community Grant Program delivered in partnership with municipalities and community organizations, which provide social, recreational and wellness programming for older Ontarians.

As of 2024-25, the MSAA expanded the SALC Program by approving 97 new SALC programs, in partnership with local municipalities and not-for-profit organizations, bringing the total number of SALC programs to 413 reflecting growing demand for community based supports that promote healthy ageing, reduce social isolation and support ageing in place<sup>93,94</sup>. Alongside this expansion, SALC funding levels were recently increased for the first time in more than 14 years. In 2024, the maximum maintenance and operating funding provided per SALC increased from \$42,700 to \$50,000 and increased again in 2025 to \$55,000. These collective investments, now representing almost \$23 million in annual funding, support close to half a million older adults who participate in SALC activities across Ontario<sup>95,96</sup>. Many SALCs programs are operated by CBSS organizations and deliver accessible programs such as programs to promote social connection and combat isolation as well as recreation, education, arts, and wellness programs.

The Older Adult Centres' Association of Ontario (OACAO), a provincial non profit organization, provides leadership and capacity building support for Ontario's SALC programs. For over 50 years, the OACAO has strengthened

the community infrastructure that enables older adults to age well. OACAO represents and supports more than 275 community based older adult centres and SALC programs across the province and is recognized as a stakeholder leader within the SALC sector<sup>97</sup>. In its coordination role, OACAO provides sector wide infrastructure by connecting both established and newly approved SALCs to training, networking, partnership development, and system integration opportunities through webinars, regional meetings, resource development, evaluation activities and initiatives such as the Seniors Active Living Fairs program. In 2025-26, OACAO supported the delivery of more than 100 Seniors Active Living Fairs across Ontario through in person and virtual models, further enhancing community engagement and access. As the SALC network continues to expand, maintaining a sustained alignment between program scale and available resources will be essential to maintaining quality, equitable access and geographic reach of these initiatives across the province<sup>98</sup>.

The MSAA also supports the work of its CBSS sector through its Seniors Community Grant Program, which was established in 2014 to support local, not-for-profit community projects for adults aged 55 and older that aim to reduce social isolation and promote healthy and independent living. The program provides small one-year grants ranging from \$1,000 to \$25,000 to help local organizations offer social, wellness and engagement activities. These grants have funded over 2,100 community projects since 2018 and reached over a half a million individuals, making the program an important source of support for many groups, much like the federal New Horizons for Seniors

Program (NHSP). While these grants play an important role in supporting local innovation and community participation, they remain time-limited and project-based, and do not provide the sustained funding required to build the long-term capacity of Ontario's CBSS sector.

Elder abuse awareness and prevention in Ontario is further coordinated at the provincial level through Elder Abuse Prevention Ontario (EAPO), a non profit organization recognized as the provincial leader in elder abuse prevention and awareness. EAPO does not deliver statutory protection services but instead functions as a coordinating and capacity building body, positioning elder abuse prevention squarely within the work of Ontario's CBSS sector as a preventive and upstream support rather than an enforcement driven response. EAPO engages with over 40 local area Elder Abuse Networks across Ontario to meet the unique prevention needs of their local communities. EAPO is funded through a mix of provincial funding from the Government of Ontario's Ministry for Seniors and Accessibility, federal project based grants and philanthropic contributions. Its role is to promote public awareness of local supports, deliver professional training and education programs and develop resources that help older adults who are at-risk or experiencing abuse in their communities<sup>99</sup>.

Despite the critical role community-based seniors services play in supporting the overall sustainability of Ontario's health care system, the OCSA notes that public funding increases for the sector, to manage wage and inflationary pressures, have not kept pace with those given to institutional care providers like hospitals and long-term care providers.

**Although CBSS providers account for less than 2% of Ontario's overall health care budget, rising cost pressures—including the ability to offer competitive wages—are making it increasingly difficult for them to sustain services and meet local demands. This, in turn, has undermined their ability to support healthy ageing and ageing in the right place.**

Taken together, Ontario's current funding approach reflects a longstanding pattern of investment in individual programs and services rather than in the underlying infrastructure required to coordinate, scale and sustain the CBSS sector as a provincial system as it does for other parts of its health care system. In order for this sector to do so, it is increasingly demanding that it be better recognized, enabled and funded<sup>100</sup>.

### Quebec

In Quebec, Réseau FADOQ (Fédération de l'âge d'or du Québec), Canada's largest membership network of older adults, provides system-level advocacy along with advocacy on behalf of older Quebeckers. It works with the Quebec government to deliver recreation, education, arts, and wellness programs for older adults and initiatives against elder abuse; however, it does not function as a provincial coordinating and capacity building organization for the provincial CBSS sector<sup>97,101,102</sup>. Similarly, the AQDR (Association québécoise de défense des droits des personnes retraitées et préretraitées) is a non-profit organization dedicated to defending the individual and collective rights of older

persons. It promotes the social, economic and political rights of retirees and pre-retirees, focusing on dignity, autonomy, and justice, and combats elder abuse, fraud and discrimination. It operates as a provincial structure with many local sections and offers individual counseling, collective advocacy, conferences on rights and support for navigating housing or health services.

In Quebec, CLSC (Centre Local de Services Communautaires / Local Community Service Centres) — funded by Quebec's Ministère de la Santé et des Services Sociaux (Ministry of Health and Social Services) and operated by regional CISSS (Centres Intégrés de Santé et de Services Sociaux / Integrated Health and Social Services Centres) and CIUSSS (Centres Intégrés Universitaires de Santé et de Services Sociaux / Integrated University Health and Social Services Centres) — serve as the central access point for assessment and referral, while non-profit community-based organizations including community action centers (centres d'action bénévole) and church groups, social economy businesses, seniors associations like FADOQ and municipalities deliver the majority of social and community-based services and supports. In Quebec, social economy businesses are defined as democratically run, collective enterprises (cooperative, non-profit or mutual) that sell goods or services to meet community needs rather than solely to generate profit for investors.

Beyond what is provided by Quebec's home care program, known as the Support Program for the Autonomy of Seniors, including services delivered under the Programme de Soutien à Domicile (Home Support Program), the Quebec

Ministère de la Santé et des Services Sociaux enables access to non-clinical personal support services through the Régie de l'assurance Maladie du Québec. Specifically, the Financial Assistance Program for Domestic Help Services enables eligible individuals to receive a reduced hourly rate for these services, which must be delivered by a social economy business recognized by the Ministry. The program provides \$4 in fixed financial assistance per hour of service to eligible persons. This amount may be supplemented by variable financial assistance measures (ranging between \$2.70 and \$21.60 per hour), depending on a person's age, income and family situation. Care and support recipients have to pay any difference between the total financial assistance granted to them and the business's hourly rate.

In Quebec, meals and nutrition support services like Regroupement des Popotes Roulantes (Meals on Wheels) are also made available at an affordable cost for older persons and people with disabilities. Meals are delivered by a network of over 150 local, non-profit community-based organizations including community action centers (centres d'action bénévole) and church groups enabled by funding support from the Ministère de la Santé et des Services Sociaux.

Across both provinces, navigation, access and coordination functions related to CBSS and supports is largely embedded within their public health system, while program delivery remains largely community based. This creates a model in which access and navigation depend heavily on the health system rather than the CBSS sector itself, which can potentially limit awareness of, and access to, essential services that can support healthy ageing and ageing in the right place.

**Manitoba, Newfoundland and Labrador, New Brunswick, Prince Edward Island and Saskatchewan – Provinces with Limited Sectorial Coordination and Capacity Building Mechanisms**

**Across the rest of Canada's provinces, the CBSS sector has largely been shaped by grassroots community organizations locally delivering programs, which are often funded by grants and charitable donations and are dependent on the availability of local volunteers.**

While all of these provinces except for New Brunswick have provincial organizations attempting to serve as a coordinating and capacity building organization for their CBSS sectors, none have been given an explicit mandate or the necessary funding to do so by their respective governments. The types of community-based seniors services being offered, such as Meals on Wheels, are not uniformly available across all provinces, which limits the ability of the CBSS sector in some jurisdictions to support healthy ageing and ageing in the right place.

**Manitoba**

In Manitoba, older adults are recognized as vital contributors to the development of Age Friendly Communities (AFC), with provincial policy emphasizing their active participation, social inclusion and continued engagement in community life<sup>103,104</sup>. This approach is reflected in Manitoba's 2023 Provincial

Seniors Strategy, which positions community based seniors services as central to healthy ageing, independence and wellbeing<sup>105</sup>. This commitment includes targeted investments in provincially funded programs such as Manitoba's Support Services to Seniors (SSS) — which received a 25% funding increase in 2023, bringing total annual funding to approximately \$15 million — along with additional provincial investments totaling \$4.5 million to strengthen AFC development, navigation supports, professional capacity building and elder abuse prevention across the province<sup>106</sup>.

In Manitoba, provincially funded CBSS are principally organized through Manitoba's five regional health authorities (RHAs) and delivered by community-based organizations and resource councils. Through the SSS program, funding supports a range of non clinical, preventive services aimed at promoting the physical, psychological and social wellbeing of older adults and supporting their ability to remain healthy and independent in their communities. Services, including information, referral and navigation services, community transportation services, services to promote social connection and combat isolation, meals and nutrition support services like Meals on Wheels and home modification and maintenance support services are coordinated by local resource councils or non-profit community organizations. As part of the 2023 enhancements, RHAs also received an additional \$500,000 specifically to strengthen service navigation and coordination efforts to better enable older adults to more effectively identify and access appropriate community based seniors services<sup>106</sup>.

The Manitoba Association of Senior Communities (MASC, formerly known as the Manitoba Association of Senior Centres) is a network of over 80 older adult centres that offer recreation, education, arts and wellness programs for older adults. MASC plays a key enabling role within Manitoba's CBSS landscape and has been specifically funded by the Manitoba Government to expand the Age-Friendly Manitoba Initiative (AFMI) by supporting the development of more age-friendly communities and recreational facilities. Through AFMI, MASC is funded to collaborate with municipalities to advance wellness focused, age friendly environments at the community level. This includes the provision of planning tools and a grant program to support municipal level senior friendly initiatives, with participation from cross sector partners such as the Association of Manitoba Municipalities, Manitoba Municipal Administrators, chambers of commerce, insurers and other community stakeholders. In 2023-24, MASC was provided \$300,000 in ongoing provincial funding to support these activities, including support for new and emerging AFCs and the integration of Indigenous and ethnocultural perspectives<sup>107,108</sup>. The initiative has also begun exploring dementia friendly community approaches aimed at fostering inclusion, dignity and continued participation for people living with dementia<sup>107</sup>.

An additional \$90,000 provincial funding has further supported professional development for approximately 70 organizations and more than 100 seniors' resource coordinators, strengthening capacity in areas such as healthy ageing, dementia, governance and senior safety<sup>107</sup>.

Age & Opportunity: Support Services for Older Adults (A & O) is one of Manitoba's leading not-for-profit community-based organizations, dedicated to serving older Manitobans since 1957. The agency provides specialized programs and services designed to empower older adults and support their wellbeing within the community and assists over 31,000 older adults and their caregivers annually. The organization's programs and services are focused on providing information, referral and navigation services; caregiver supports, respite and training programs; services to promote social connection and combat isolation; elder abuse awareness and prevention services; and counselling and legal services<sup>109</sup>. As part of the 2023 provincial funding package, A & O received \$70,000 in 2022-23 and \$100,000 in ongoing funding beginning in 2023-24 to stabilize and expand elder abuse services, including home safety planning, community awareness initiatives and support for victims of abuse and crime<sup>107</sup>.

Elder abuse awareness and prevention in Manitoba is further supported by Prevention of Elder Abuse Manitoba (PEAM), a provincially oriented non profit organization with a mandate focused specifically on elder abuse awareness and prevention. PEAM works in collaboration with community based organizations, service providers and seniors' networks to deliver public education, training and prevention initiatives across the province. Through this role, PEAM complements the work of broader CBSS providers by strengthening community capacity to recognize, prevent and respond to elder abuse at the local level<sup>110</sup>.

At the provincial level, collaboration among senior serving organizations is further

supported through the Manitoba Seniors Coalition, established in 2016. Chaired by the University of Manitoba Centre on Aging, the Coalition meets quarterly and includes organizations such as the Alzheimer Society of Manitoba, Active Aging in Manitoba, the Long Term and Continuing Care Association of Manitoba, the Association of Senior Support Coordinators, the Retired Teachers Association of Manitoba and Federal Retirees of Manitoba. The Coalition provides an important forum for information sharing and collaboration<sup>111,112</sup>.

Despite these investments and collaborative structures, MASC, A & O, PEAM and the Manitoba Seniors Coalition have not been given formal mandates or resources to provide CBSS sector wide coordination, advocacy or comprehensive capacity planning. As a result, Manitoba's CBSS landscape remains largely decentralized, with coordination occurring primarily at local and regional levels.

Otherwise, home care services in Manitoba are organized as a universal, publicly funded program to enable ageing in the right place by providing personal support services to eligible older persons as well as respite care for caregivers. First established in 1974, making it the oldest comprehensive province-wide home care system in Canada, Manitoba's services are currently organized and delivered by the province's RHAs, ensuring consistent services across the province. Services require an assessment by an RHA case coordinator who determines needs that exceed family or community capacity, develops and coordinates individualized care plans and conducts regular reassessments.

While community based seniors services in Manitoba are non clinical in nature, they operate

alongside and intersect with the formal health system. Shared Health, Manitoba's provincial health authority, has developed community focused clinical pathways that recognize and reference non clinical entry points such as seniors' centres, active living centres and senior resource coordinators. These linkages position CBSS as connectors and preventive supports, while clinical assessment and medical services remain the responsibility of the health care system<sup>113,114</sup>.

### **Newfoundland and Labrador**

In Newfoundland and Labrador, SeniorsNL operates as the province's central information, referral and community outreach hub.

Established in 1989, it has long served as the key organization supporting the CBSS sector by connecting older adults, caregivers, friends, family members and service providers to community based services and supports. Its dedicated team of peer support volunteers deliver information and referral services through a provincial Information and Referral line and through community engagement activities<sup>115</sup>.

The Government of Newfoundland and Labrador's Department of Children, Seniors, and Social Development reinforces the sustainability of SeniorsNL's core information and referral work through an annual operating grant, which totalled \$343,100 in 2024-25<sup>116</sup>. Beyond this core CBSS mandate, SeniorsNL also serves as the provincial host organization for the Newfoundland and Labrador Network for the Prevention of Elder Abuse (NLNPEA), a collaborative, province wide network focused on elder abuse awareness, public education, training and prevention.

The NLNPEA evolved from a group of earlier interagency elder abuse committees that first convened in the early 1990s and was formally established as a provincial network in 2011, with support from federal New Horizons for Seniors Program funding. While NLNPEA plays a key coordinating and knowledge sharing role for elder abuse prevention, its activities are funded through external project grants and charitable donations rather than sustained provincial core funding. As such, elder abuse prevention in Newfoundland and Labrador operates primarily as a community based, prevention focused function embedded within the broader CBSS sector landscape rather than as a dedicated, provincially funded coordinating body<sup>117</sup>.

Although SeniorsNL plays an essential role in linking older adults with available supports and advancing elder abuse awareness and prevention, neither SeniorsNL nor NLNPEA has been given a formal mandate or stable funding to provide system-level CBSS sector coordination, advocacy or capacity planning — functions that, in other provinces, are carried out by provincially funded coordinating organizations.

Alongside SeniorsNL's community facing work, the province's Home Support Program provides personal support services to eligible older persons as well as respite care for caregivers. These services are accessed through the provincial Department of Health and Community Services or through regional health authorities and require a needs assessment conducted by a NL Health Services professional. Depending on a financial assessment, services may be subsidized.

## **New Brunswick**

In New Brunswick, there is currently no provincial organization or body providing CBSS sector system-level coordination, advocacy and capacity planning.

Provincially funded CBBS in New Brunswick are principally organized through the province's Department of Social Development, which offers access to personal support services and meals and nutrition support services like Meals on Wheels, delivered by local non-profit organizations based on a person's assessed needs. These services, while subsidized by the Department of Social Development, usually require a co-payment based on a person's income. The Department of Social Development also supports community programs like Nursing Home Without Walls, a pan-provincial program to better enable healthy ageing and ageing in the right place.

Social Supports NB (a government-led online navigation portal) and 211 NB have been established to support access and navigation to CBSS<sup>118</sup>.

## **Prince Edward Island**

In Prince Edward Island, the PEI Senior Citizens' Federation is a province-wide non-profit charitable organization consisting of over 50 clubs, groups and organizations serving older adults. It provides information, referral and navigation services and programs and services to promote social connection and combat isolation. While the PEI Senior Citizens' Federation has not been given a clear mandate or funding to provide CBSS sector system-level coordination, advocacy and capacity planning, it has nonetheless taken on this role in advocating for older Islanders<sup>119</sup>.

The PEI government funds local seniors centres and community-based organizations through annual granting programs. Currently, it offers Seniors Secretariat Grants of up to \$5,000 per project to non-profit organizations, community-based groups and municipal governments to support projects designed to enable recreation, education, arts and wellness programs, promote social connection and combat isolation and improve safety<sup>120</sup>. The PEI Government also supports meals and nutrition support services like Meals on Wheels PEI, whose meal delivery programs are coordinated by local community organizations, and provides Seniors Community Meal Grants of up to \$5,000 to eligible organizations to offset the costs of providing free, communal, in-person meals for older persons that further promote social connection and combat isolation<sup>121</sup>.

Beyond the provision of traditional home care services, PEI recently launched its Seniors Independence Initiative which is funded and administered by the Government of PEI. The initiative provides eligible low-income older persons with direct financial assistance — up to \$1,800 annually as of 2021 — to help pay for services including personal support services, community transportation services, meals and nutritional support services, and home modification and maintenance support services from local service providers or family members. This program complements the Government of PEI's Seniors Safe @ Home Program, which provides low-income older homeowners aged 60 and older with up to \$10,000 for home modifications to improve accessibility, such as ramps and grab bars. It is designed for low-income homeowners<sup>122</sup>.

Finally, to better enhance information and referral services like 211 PEI and the work of the PEI Senior Citizens' Federation and its partner organizations, PEI established its Seniors Navigator program by hiring two full-time specialized navigators. Navigators provide personalized, free assistance to help older adults and their families and caregivers across Prince Edward Island access information, programs and services. Their support includes help navigating various federal, provincial and community programs, filling out applications, finding local resources and reducing isolation to better enable healthy ageing and ageing in the right place.

### **Saskatchewan**

The Saskatchewan Seniors Mechanism (SSM) serves as a province-wide umbrella organization that brings together seniors' groups and promotes age-friendly communities across Saskatchewan. It also organizes activities that promote social connection and combat isolation for older adults in both urban and rural areas and provides advocacy and education including workshops to combat ageism and elder abuse. While the SSM hasn't been given a clear mandate or funding to provide CBSS sector system-level coordination, advocacy and capacity planning, it has taken on this role nonetheless in acting as a voice for older persons and advocate on their behalf<sup>123</sup>.

Beyond the provision of traditional home care services, Saskatchewan recently launched its Age Well at Home Support Program, funded by the federal government's Age Well at Home (AWAH) initiative to help low-income and vulnerable older persons. Operated by the Seniors Centre Without Walls, the program funds community-based organizations to

provide supports to vulnerable older persons, such as community transportation services, personal support services, home maintenance services and advocacy supports. It primarily helps low-income older persons at no cost, with a sliding scale for others.

The Saskatoon Council on Aging also hosts six Seniors Neighborhood Hub Clubs for adults aged 55+ across Saskatoon. The clubs offer free local recreation, education, arts, and wellness programs and other social activities to promote social connection and combat isolation.

### ***The Northwest Territories, Nunavut and the Yukon – Highly Localized, Community-Based Seniors Services Delivery Models Designed to Meet the Realities of Canada's North***

All of Canada's three northern territories are highly motivated to support ageing in the right place, meaning older persons and elders remain in their homes and communities as long as possible. Otherwise, this small population of just over 130,000 people, living across approximately 75 smaller and geographically isolated communities and hamlets, may need to leave their communities permanently to receive institutional care. However, services differ due to population size, infrastructure and Indigenous governance structures, with several First Nations and Métis governments across the Yukon and Northwest Territories and Inuit organizations and hamlets in Nunavut.

Across the territories, CBSS programs and services are largely organized and delivered through highly localized, community-based systems often in response to unique local circumstances. Programs such as meals and

nutrition support services or community transportation services are organized quite differently from those in southern Canada. The differences stem from the north's mostly small, remote communities, limited road networks and strong reliance on local infrastructure, organizations and family networks to support both healthy ageing and ageing in the right place. Instead of running more standardized programs like Meals on Wheels, services tend to be flexible, community-run initiatives, such as locally administered "elder transportation vans" and meal programs for elders and older adults, and the greater leveraging of home care workers to support some activities of daily living. Table 7 helps to illustrate the distinct features and considerations differentiating the delivery of CBSS sector program and services between rural and remote northern communities, versus urban and largely southern communities.

**Table 7. Distinct Features and Considerations Differentiating the Delivery of CBSS Sector Program and Services Between Rural and Remote Northern Communities vs. Urban and Largely Southern Communities**

Features and Considerations	Urban and Largely Southern Communities	Rural and Remote Northern Communities
<b>Delivery Structure</b>	Mix of large and small non-profit service delivery agencies and organizations	Most services are provided primarily by Indigenous and territorial governments working with small local organizations and community groups, with a limited number of non-government organizations in small communities
<b>Programs and Services</b>	More formalized programs with standardized delivery models	More informal programs with highly localized delivery models that suit the community
<b>Workforce</b>	Large volunteer workforces; more paid program and service providers	Small volunteer workforces and less paid program and service providers; greater need to leverage community workers and family caregivers
<b>Geography</b>	Integrated urban road networks	Isolated communities with limited road networks and access
<b>Digital Infrastructure</b>	Strong digital connectivity	More fragmented, weak or nonexistent digital connectivity

Furthermore, very limited coordination of this sector exists within Canada's Northern territories. Given the realities of serving small populations across many rural and remote communities, service development and delivery of non-clinical supports have often emerged from local community centres and groups, such as elders' councils and volunteer groups. This has resulted in programs and services that are highly decentralized and local, often culturally rooted and Indigenous led and shaped by the

geography and unique needs of each community. Like most of Canada's provinces, none of the territories have organizations that have been given an explicit mandate or the necessary funding to serve as coordinating and capacity building organizations for their respective CBSS sectors by their governments.

What follows is an overview of how CBSS programs services are typically structured and delivered in Canada's three northern territories.

## Northwest Territories

Community-based seniors services in NWT are generally organized through a hybrid system, whereby territorial government programs provide policy direction and targeted funding, while local non-profit organizations, Indigenous governments, municipalities and volunteer groups deliver services at the community level. However, CBSS organizations in NWT do not receive stable, ongoing core operational funding; instead, federal and territorial supports, such as the New Horizons for Seniors Program and Aging with Dignity funding, are primarily provided for project-based, time-limited or initiative-specific funding mechanisms, with limited stabilization funding available on an application basis<sup>124</sup>.

Because most NWT communities are small and remote, services such as meal delivery or transportation tend to be locally designed rather than standardized across the territory. Instead of formal programs like Meals on Wheels, food-related supports are typically delivered through community meal programs, volunteer food deliveries and other locally coordinated initiatives. Home care services delivered by the Government of the Northwest Territories focus on personal and clinical supports and do not include meal services, reflecting clear service distinctions within the territorial system<sup>122</sup>. As a result, meals and nutrition supports are often small-scale and volunteer-driven, with common delivery models including community kitchens and congregate meal programs operated by local seniors' societies, community centres or Indigenous governments. In some larger communities, organizations such as United Way Northwest Territories and other non-profit

groups may also coordinate food deliveries for older adults with mobility or health challenges.

Within this context, the Government of the Northwest Territories delivers Home and Community Care (HCC) through its Continuing Care Services, with a primary focus on in home nursing, personal care and support, caregiver respite programs and palliative care. These services are intended to support older adults and others with care needs to remain safely at home and to reduce reliance on hospital or long term care settings. While the availability of specific HCC services varies by region and community size, this territorial model emphasizes clinical and personal care rather than broader non clinical supports such as meal programs or transportation, which are typically addressed through community based and volunteer led initiatives<sup>125</sup>.

Similarly, community transportation services are largely organized at the local level. Most NWT communities lack public transit; in larger centres such as Yellowknife, accessible transit and specialized community transportation services help older adults attend appointments and complete daily errands. In smaller communities, transportation is commonly provided through municipally- or community-operated vans, non-profit organizations or informal volunteer driver networks that support older adults with accessing medical care, grocery shopping and participating in community activities.

Beyond these core community based services, the CBSS sector in the Northwest Territories also includes network based initiatives that focus on prevention, education and capacity-building. Established in 2011, the NWT

Network to Prevent Abuse of Older Adults is a territory wide, community based network dedicated to advancing elder abuse awareness and prevention. The Network brings together over 50 members — including community organizations, service providers, Indigenous governments, territorial departments and individual community members — to support collaboration, public education, training and knowledge sharing. Guided by early territorial frameworks for action, the Network works to strengthen local and regional capacity to prevent abuse and neglect, promote older adults' safety and wellbeing and support aging in place across a range of living settings, including private homes, public housing and care facilities. Through workshops, community events and information sharing, the NWT Network plays a key role in embedding elder abuse prevention within the broader CBSS landscape of the Northwest Territories<sup>126</sup>.

The NWT Seniors' Society is an advocacy and information organization that works to enhance the quality of life, independence and safety of older adults across the Northwest Territories. It provides direct information and referral services like the Seniors' Information Line and delivers the Train the Trainer Elder Abuse Prevention Workshop, while providing ongoing mentorship to a territorial network of community based facilitators who deliver elder abuse awareness and prevention activities within their communities<sup>127</sup>.

This organization also supports age-friendly community development by organizing town halls on topics like dementia and healthy ageing, while leading community advocacy for better housing, health care and inclusion for older persons.

At the community level, local seniors' clubs and elders' councils often run meal programs and social activities, frequently leveraging the facilities, vehicles and logistical support of Indigenous governments and community governments.

### **Nunavut**

Essential CBSS programs and services in Nunavut are generally territorially funded but locally delivered, often by hamlet governments, Inuit organizations and small community non-profit organizations, churches or volunteer groups.

The Government of Nunavut, particularly the Departments of Health and Community Services, funds or supports many programs. The Department of Health's Home and Community Care Program provides personal support services that are often delivered through some of the local organizations listed above, given Nunavut's policy emphasis on community-based care and family support rather than institutional care services. Instead of traditional meals and nutrition support services like Meals on Wheels, many communities are supported to run lunch programs for elders or community feasts through local seniors' societies, hamlet government recreation departments and community centres. Meals are often prepared locally and served at gathering places rather than delivered door-to-door. Because most Nunavut communities have no public transit and limited road networks, transportation is one of the biggest barriers for older persons in Nunavut. In response, the territorial government has funded accessible vans for elders in several communities such as Iqaluit, Cambridge Bay, Coral Harbour, Pangnirtung and Rankin Inlet

which local organizations use to take elders and other older persons to medical appointments, grocery shopping and community events. In many smaller hamlets, rides are arranged through hamlet offices or community wellness programs that may use volunteer drivers or local taxi partnerships. Community transportation services in Nunavut are therefore highly localized and flexible, reflecting each community's capacity.

Overall, in Nunavut, community-based seniors supports are usually embedded in the broader work of local health and social systems, including community health centres, Inuit wellness or family services programs and home and community care programs to best enable healthy ageing and ageing in the right place.

### **Yukon**

CBSS in the Yukon are territorially supported but locally delivered. They are generally organized through a partnership model whereby the territorial government funds health and social programs, while local non-profit organizations, First Nations governments, municipalities and volunteer groups deliver many of the practical services such as meal delivery and transportation. This decentralized model allows services to remain adaptable to the needs of each community. The Yukon's territorial health system funds and coordinates seniors supports such as home care, as well as personal support services, caregiver respite services and adult day programs. These services often coordinate with community organizations that provide meals and nutrition support services, programs and services to promote social connection and combat isolation and community transportation services.

The Yukon has a few localized meal delivery programs rather than a territory-wide network. In Whitehorse, meal delivery programs such as Yukon Mobile Meals deliver meals to older adults and vulnerable residents several days a week. Some Indigenous governments operate meal programs for their citizens and elders such as the Teslin Tlingit Council, which runs a Meals on Wheels program delivering cooked meals to elders and others in need. These programs are delivered within the First Nation's settlement area and often incorporate traditional foods and culturally appropriate services. Other communities provide community meals through lunch programs for elders, congregate meals at community halls or seniors centres and meal distribution during community events.

Transportation services in the Yukon are highly important because many older persons live in small communities with limited public transit. In the capital Whitehorse, transportation options may include accessible public transit services as well as specialized transit services for people with mobility challenges. In smaller communities, transportation services are usually organized by First Nations governments, non-profit organizations and community health programs. For example, the Teslin Tlingit Council operates a community transportation program that provides rides to appointments and medical travel assistance. Other typical models include community vans for elders, volunteer driver programs and rides organized through local health centres.

The Yukon Council on Aging (YCOA) supports older persons by promoting independent living and active participation in the community. The YCOA offers educational workshops on topics

like retirement planning, health and practical skills; operates an information centre and provides information and referral services; provides free pension application and document notarization assistance; and offers a home and

yard maintenance referral service for older adults, elders and disabled persons.

See Table 8 for an overview of identified provincial and territorial level CBSS organizations.

**Table 8. An Overview of Identified Provincial and Territorial Level CBSS Government and Non-Government Funded Coordinating, Capacity Building and Advocacy Organizations**

Province / Territory	Government Funded Coordinating and Capacity Building Organizations	Non-Government-Funded Coordinating, Capacity Building and Advocacy Organizations
<b>Alberta</b>	<p><b>Healthy Aging Alberta (HAA)</b></p> <p><b>Alberta Elder Abuse Awareness Council (AEAAC)</b> actively supports coordination and capacity building and provides provincial leadership for elder abuse awareness and prevention within Alberta's CBSS sector</p>	<p><b>Healthy Aging Alberta (HAA)</b> also actively advocates for the CBSS sector</p> <p><b>Alberta Elder Abuse Awareness Council (AEAAC)</b> also actively advocates for elder abuse awareness and prevention within Alberta</p>
<b>British Columbia</b>	<p><b>United Way BC Healthy Aging BC Association of Community Response Networks (BC CRN)</b> actively supports coordination and capacity building and coordinates a province wide network of Community Response Networks focused on elder abuse prevention within British Columbia's CBSS sector</p> <p><b>Council to Reduce Elder Abuse (CREA)</b> actively supports coordination and capacity building and provides provincial leadership for elder abuse awareness, education and prevention within British Columbia's CBSS sector</p>	<p><b>United Way BC Healthy Aging</b> also actively advocates for the CBSS sector</p> <p><b>BC Association of Community Response Networks (BC CRN)</b> also actively advocates for elder abuse awareness and prevention within British Columbia</p> <p><b>Council to Reduce Elder Abuse (CREA)</b> also actively advocates for elder abuse awareness, education and prevention within British Columbia</p>

Province / Territory	Government Funded Coordinating and Capacity Building Organizations	Non-Government-Funded Coordinating, Capacity Building and Advocacy Organizations
<b>Nova Scotia</b>	Aging Well Nova Scotia	Aging Well Nova Scotia also actively advocates for the CBSS sector
<b>Ontario</b>	Elder Abuse Prevention Ontario (EAPO) actively supports coordination and capacity building and provides provincial leadership for elder abuse prevention and awareness across Ontario's CBSS sector	<p><b>Ontario Community Support Association (OCSA)</b> actively supports coordination and capacity building; advocates for and represents the CBSS sector</p> <p><b>Older Adult Centres' Association of Ontario (OACAO)</b> actively supports coordination and capacity building; advocates for and represents older adult centres, including provincially funded SALCs</p> <p><b>Elder Abuse Prevention Ontario (EAPO)</b> also actively advocates for elder abuse prevention and awareness across Ontario</p>
<b>Quebec</b>	None	<p><b>Réseau FADOQ</b> actively supports coordination and capacity building; advocates for and represents the CBSS sector; delivers some CBSS</p> <p>The <b>AQDR</b> (Association québécoise de défense des droits des personnes retraitées et préretraitées) actively advocates for the collective rights of older persons across Quebec.</p>
<b>Manitoba</b>	Prevention of Elder Abuse Manitoba (PEAM) actively supports coordination and capacity building and provides provincial leadership in elder abuse awareness, prevention and education within Manitoba's CBSS sector	<p><b>Manitoba Association of Senior Communities (MASC)</b> actively supports coordination and capacity building; advocates for and represents the CBSS sector</p> <p><b>Age &amp; Opportunity: Support Services for Older Adults (A &amp; O)</b> actively supports advocacy; provides information and referral services</p> <p><b>Prevention of Elder Abuse Manitoba (PEAM)</b> also actively advocates for elder abuse awareness, prevention and education within Manitoba</p> <p><b>Manitoba Seniors Coalition</b> supports provincial level collaboration among senior serving organizations by providing a regular forum for information sharing, relationship building and collective discussion on issues affecting older adults in Manitoba</p>

Province / Territory	Government Funded Coordinating and Capacity Building Organizations	Non-Government-Funded Coordinating, Capacity Building and Advocacy Organizations
<b>Newfoundland &amp; Labrador</b>	None	<p><b>SeniorsNL</b> actively supports coordination and capacity building and advocates for and represents the CBSS sector; provincially funded to provide information and referral services</p> <p><b>Newfoundland and Labrador Network for the Prevention of Elder Abuse (NLNPEA)</b> supports coordination, knowledge sharing and capacity building to advance elder abuse awareness, education and prevention within Newfoundland and Labrador's CBSS sector</p>
<b>New Brunswick</b>	None	No active coordination or capacity building organization exists
<b>Prince Edward Island</b>	None	<b>PEI Senior Citizens' Federation</b> actively supports coordination and capacity building and advocates for and represents the CBSS sector; provides information and referral services
<b>Saskatchewan</b>	None	<b>Saskatchewan Seniors Mechanism (SSM)</b> actively supports coordination and capacity building; advocates for and represents the CBSS sector
<b>Yukon</b>	None	<b>Yukon Council on Aging (YCOA)</b> actively supports coordination and capacity building; advocates for and represents the CBSS sector; provides information and referral services
<b>Northwest Territories</b>	None	<p><b>NWT Seniors' Society</b> actively supports coordination and capacity building; advocates for and represents the CBSS sector; provides information and referral services</p> <p><b>Northwest Territories Network (NWT Network)</b> actively supports coordination and capacity building; advances elder abuse awareness, education and prevention within the CBSS sector</p>
<b>Nunavut</b>	None	No active coordination or capacity building organization exists

## Provincial and Territorial Coverage Across CBSS Categories

Building on the 10 CBSS Categories framework featured in Table 1, this section describes how jurisdictions vary in the scope, consistency and coordination of services aligned with these categories.

**While all provinces and territories offer programs corresponding to many CBSS categories of service, service availability and accessibility differ depending on geography, funding stability, organizational capacity and government involvement.**

Across all jurisdictions, supports related to information, referral and navigation services (Category 1), services to promote social connection and combat isolation (Category 2), recreation, education, arts and wellness programs (Category 3), meals and nutrition

support services (Category 4), community transportation services (Category 5), personal support services (Category 8), caregiver supports, respite and training programs (Category 9) and safety awareness and advocacy services (Category 10) commonly exist but are often shaped by local resources, volunteer availability and supporting regional infrastructure.

Information and navigation tools such as 211 services, printed guides, system navigators and community connectors help people access these service categories where they exist.

In contrast, services associated with affordable, accessible, safe and supportive housing services (Category 6) and home modification and maintenance programs (Category 7) are less consistently developed. In many provinces and territories, these areas remain fragmented, informal, or are delivered only on a limited basis, often relying on short term project funding, local volunteers or inconsistent collaboration between community groups and related government ministries.

See Box 4 to learn more.

### Box 4: Access to Community Support Services Remains a Major Challenge for Too Many Older Canadians

Findings from the 2025 NIA Ageing in Canada Survey underscore that many older Canadians continue to face substantial challenges accessing the community support services they need. While 7% of Canadians aged 50+ required community support services for themselves and another 4% for someone in their household, only 47% were able to obtain these supports all or most of the time, meaning that more than half experienced inconsistent or unreliable access to essential non clinical supports that help them remain active, independent and engaged in their communities<sup>6</sup>. These findings highlight a persistent and systemic gap between older adults' needs and the availability, affordability and navigability of community support services across Canada. Given these access challenges, it becomes clear that strengthening Canada's CBSS sector is essential.

# An Examination of International Approaches to the Organization and Delivery of CBSS Sector Programs

## *An Overview of the CBSS Sector's Governance, Funding Structure, and Service Delivery Across the United States, Australia and the Netherlands*

Canada has no clear overarching national approach, and provincial and territorial approaches and structures to supporting CBSS provision vary. The NIA therefore sought to better understand how other countries have approached the development and role of their CBSS sectors before further exploring the current strengths, challenges, and opportunities facing Canada's CBSS sector.

The NIA undertook an international jurisdictional scan to identify other relevant approaches, strengths, challenges and possible innovations that may be applicable to the Canadian context and can help inform policy and practice developments in Canada.

While the United States, Australia and the Netherlands share Canada's goal of helping older adults to age in their own homes and communities for as long as possible, their approaches to sector governance, funding structures and service delivery strategies vary significantly. These three countries' overall approaches can provide meaningful insights for advancing Canada's CBSS sector. The following section examines how these countries have structured their CBSS-equivalent sectors, including the strategies they have employed to organize, fund, coordinate and deliver services and supports.



### **United States**

As of 2025, 61.2 million Americans, representing 18% of the U.S. population, were aged 65 and older<sup>128,129</sup>. This number is projected to rise to approximately 82 million, or 23% of the population, by 2050<sup>130</sup>.

Given its ageing population, the U.S. Administration on Aging (AoA) was established in 1965 under the Older Americans Act (OAA) with a mandate to develop coordinated, comprehensive and cost-effective home and community-based services that promote the independence and dignity of older adults<sup>131</sup>. In 2012, the AoA was merged with the Office on Disability to form the U.S. Administration for Community Living (ACL) within the U.S. Department of Health and Human Services, thereby expanding its mandate to serve both older adults and individuals living with disabilities<sup>132</sup>. As part of ACL, the AoA administers all OAA-funded home and community-based services, or "HCBS," the term widely used by U.S. government agencies and community organizations to describe what is delivered by its equivalent CBSS sector<sup>133,134</sup>.

The U.S. CBSS sector and its service delivery organizations are primarily supported through the OAA, which remains the primary federal funding source for the provision of HCBS<sup>135</sup>.

Because OAA funding is discretionary and set through annual congressional appropriations, year over year funding levels have often remained flat in real terms, requiring the broader ageing service networks and community providers to increasingly rely on state and local government contributions and private philanthropy to sustain and expand their services<sup>135,136</sup>. In the 2024 fiscal year, total OAA appropriations were roughly US\$2.37 billion (C\$3.29 billion)<sup>137</sup>, with nearly three-quarters (72%) spent as grants to states and community providers for the provision of meals and nutrition support services, community transportation services, personal support services, home modification and maintenance support services, caregiver supports, respite and training programs, affordable, accessible, safe, and supportive housing services and evidence-based health promotion programs; these programs are mainly educational and preventive, with a focus on falls-prevention and chronic disease self-management<sup>135</sup>. The Meals on Wheels America network, for instance, delivers approximately 251 million meals each year to over 2 million older adults nationwide, with OAA Title III-C funding typically covering about one-third of total program costs<sup>138</sup>.

In addition, these community based efforts often include education, awareness, prevention and referral activities that help address risks related to the safety, wellbeing and autonomy of older adults as part of broader local service coordination. For example the National Center on Elder Abuse (NCEA), funded by ACL, provides policy guidance, research, training resources and public awareness materials, while Adult Protective Services agencies in each state serve as the primary statutory body for receiving

reports, assessing risk and coordinating protective responses<sup>139,140</sup>.

For coordination and service delivery of HCBS, the U.S. employs a multi-level governance model that embeds these services within its broader public health and social services delivery infrastructure. At the federal level, the ACL, through the AoA, allocates OAA funds to state and territorial governments based on the proportion of their populations aged 60 years and older. At the state and territorial level, State and Territorial Units on Aging (SUAs) administer these funds, develop state plans and use intrastate funding formulas to distribute resources to Area Agencies on Aging (AAAs), which are trusted local organizations dedicated to helping older adults live with independence. The SUAs also set guidelines, monitor performance and lead statewide planning and policy development efforts. At the local level, more than 600 AAAs nationwide plan and coordinate service delivery, determine allocations for regional providers and senior centers and ensure programs meet community needs. In addition to federal and state contributions, local governments, including counties and municipalities, often allocate general funds, community grants or other local resources to sustain senior centres and local ageing-related programs<sup>135</sup>. Furthermore, community-based providers often secure additional grants, corporate sponsorships, charitable donations and membership and user fees to provide their services.

HCBS in the U.S. are delivered locally through a broad and diverse network of non-profit and faith-based organizations, often coordinated by national bodies. These include the National

Association of Area Agencies on Aging (USAgings)<sup>141,142</sup>, Local Aging and Disability Resource Centers (ADRCs)<sup>143</sup>, National Adult Day Services Association (NADSA)<sup>144</sup>, Meals on Wheels America<sup>145</sup> and the National Council on Aging (NCOA)<sup>146</sup>.

The National Institute of Senior Centers (NISC), as a division of the National Council on Aging (NCOA), promotes the health, social engagement and overall wellbeing of older adults across the United States, by providing information, referral and navigation services, recreation, education, arts and wellness programs, as well as safety awareness and advocacy<sup>147</sup>.

Senior centres serve as community hubs that actively draw older adults into shared spaces, promoting social engagement, peer support and civic participation. They provide nutritious congregate meals, educational and recreational programming, health promotion programs and volunteer opportunities. These centres also function as informal gateways to accessing other home and community-based services, social, health and long-term care, legal aid services and financial supports<sup>148</sup>. Currently over 11,000 senior centres are operating across the U.S., collectively serving more than one million older adults each day<sup>147</sup>. See Table 9 for a summary of services provided by senior centres.

**Table 9: Summary of the Roles and Services U.S. Senior Centres Provide**

**Community Hubs**

These centres primarily serve as local gathering places where older adults come voluntarily, often daily or weekly, to socialize, learn and participate in group programs.

**Congregate (Social) Meals**

These centres offer older adults healthy meals served in a social setting where participants eat together (in contrast to Meals on Wheels, which delivers meals to homebound older people), often paired with wellness or educational programming.

**Recreation, Education, Arts and Wellness Programs**

These centres offer card games, peer support groups, hobby clubs, cultural celebrations, intergenerational programs, educational workshops, recreation programming, computer literacy training and arts programs as well as volunteer opportunities for people of all ages. They also offer evidence-based wellness and preventive health programs, such as chronic disease self-management programs including falls prevention called A Matter of Balance.

**Information, Referral and Navigation Services**

These centres act as gateways connecting older adults to other services including home and community-based, financial and legal aid services.

This extensive array of senior centres, non-profit providers, national associations and coordinating bodies illustrates the breadth and complexity of the U.S. CBSS sector.

Complementing these entities, LeadingAge is an influential national association representing over 5,400 non profit ageing services and providing leadership, advocacy, education, research, and sector wide capacity building to strengthen mission driven home and community based service providers<sup>149</sup>.

**Overall, the United States offers a highly structured CBSS-equivalent model with strong federal leadership, stable funding through the OAA and extensive local delivery capacity. Its strengths include clear governance channels, a well established network of AAAs and national associations and broad service reach across diverse communities.**

However, the U.S.' structural approach operates across multiple levels of government, with variations in state and local funding capacity, and relies on a patchwork of non-profit and community organizations to primarily deliver services. Geographic disparities and may also result in inefficient and unequal access, workforce shortages, inconsistent service quality and service gaps for older adults with complex or high needs. Additionally, limited technology adoption and weak data infrastructure across the ageing services networks has constrained the sector's ability to provide scalable, preventive and personalized supports, as well as to systematically evaluate outcomes and further inform evidence based policy development. Despite these latter challenges, the U.S. approach demonstrates

how coordinated federal investment and local delivery systems can provide access to community based supports for older adults.



## Australia

As of 2025, approximately 4.8 million Australians, about 17% of the population, were aged 65 and older<sup>150,151</sup>. This number is projected to rise to nearly 8.4 million, or 22.2% of the population, by 2050, reflecting Australia's rapidly ageing population<sup>152</sup>.

In Australia, home care and community-based seniors services are commonly referred to collectively as "aged care services" and are provided through two separate but related government-funded programs: the Commonwealth Home Support Programme (CHSP) and the Home Care Packages (HCP) Program. The Australian Federal Government funds these programs; however, these services are delivered through a national network of government approved and subsidized providers, the majority of which are privately run organizations operating across the country.

Before using these services, individuals must first apply for an assessment through My Aged Care, a central portal to access and navigate publicly subsidized service providers.

In 2024, the Australian Parliament passed the Aged Care Act 2024, which replaced its earlier Aged Care Act 1997. It took effect on November 1, 2025, and now provides Australia's overarching legislative and regulatory framework for all private government funded aged care services. The Act governs CHSP, as well as the Support at Home program, which replaced the HCP program on November 1, 2025. The Support at

Home program been seen as transformative in establishing a modern, rights based aged care system that clarifies service provider obligations; it also formalized the My Aged Care portal as Australia's legislated entry point for assessment and access to aged care services<sup>153</sup>.

In 2021–22, the CHSP provided support to 818,228 Australians aged 65 and older, or aged 50 and older for Aboriginal and Torres Strait Islander people, through 1,407 service providers.

The program offers a broad range of home and community-based services including personal support services, home modification and maintenance services, meals and nutrition support services, community transportation services, caregiver supports, respite and training programs, recreation, education, arts and wellness programs and services to promote social connection and combat isolation. This program also offers basic nursing and therapy services<sup>154</sup>.

In addition to delivering practical and social supports, CHSP funded services also contribute to awareness, prevention and early intervention efforts within Australia's aged care system.

Although elder abuse prevention and awareness activities are not delivered as a standalone CHSP service, they are integrated into routine service delivery through information provision, early identification and referral. Community based aged care providers operate within a broader system of national and state based organizations that support education, prevention, advocacy and referral activities related to the safety, wellbeing and rights of older people. At the national level, bodies such as Elder Abuse Action Australia (EAAA) provide policy leadership,

sector wide education and nationally consistent information platforms — most notably Compass — that complement frontline service delivery<sup>155</sup>. At state and regional levels, specialist services such as Queensland's Elder Abuse Prevention Unit (EAPU) work alongside community based aged care providers by delivering community education, professional training, helpline services and referral pathways<sup>156</sup>.

CHSP services are fixed, and clients must pay a contribution fee for every service they receive based on their income. The services in this program are delivered by providers contracted through the CHSP grant program. Although CHSP is often considered entry-level support, its scope extends beyond social assistance to include some clinical services, such as physiotherapy, occupational therapy and basic nursing care. On the other hand, the HCP program historically provided more extensive, flexible, and tailored support for those with complex care needs, as well as a funding amount that could be used flexibly to pay for a wider range of both clinical and non-clinical services tailored to a client's specific needs. In 2021–22, 916 approved providers provided care for 261,314 people through the HCP program. Funding was structured across four package levels, with Level 1 providing just over AU\$9,180 (CA\$8,503) annually and Level 4 offering more than AU\$53,268 (CA\$49,337) per year, giving beneficiaries significant flexibility to choose approved services and providers that met their needs<sup>154</sup>.

As of November 2025, Australia's HCP program has been replaced by a new national program called the Support at Home Program, which will also replace the CHSP program by mid-2027. This new program will continue the integrated

approach, combining clinical and non-clinical supports under a single funding and assessment framework that will establish eight new classifications and budget levels to better meet an older person's needs. It will additionally provide access to home modification services and assistive technologies that could further help older persons to age in the right place, supporting both home modification and maintenance needs as well as broader goals related to affordable, accessible, safe and supportive housing. Finally, each participant will be assigned a single service provider who will be responsible for delivering or arranging all services within a quarterly budget.

While both CHSP and the new Support at Home program offer entry level and ongoing services for older Australians, they differ significantly in how client contributions are determined. CHSP contributions are based solely on a person's income and do not involve any assessment of assets, and importantly, there is no lifetime cap on how much a person may be asked to contribute under CHSP<sup>157</sup>. In contrast, under the Support at Home program, contributions are calculated using a combined income and assets assessment conducted by Services Australia, aligning more closely with the Age Pension means testing framework. Additionally, Support at Home introduces strong financial protections, including a lifetime cap on non clinical aged care contributions, currently set at AU\$135,318.69 (CA\$129,073.06) as of November 1, 2025, indexed twice yearly. This means that while CHSP participants continue paying co contributions without an upper limit, Support at Home participants can be assured that their total contributions will not exceed this capped amount over their lifetime<sup>158</sup>.

Australia also has several national organizations that support safety awareness and advocacy services efforts like the Council on the Ageing Australia (COTA Australia), which represents the interests of older Australians. On the provider side, Aged & Community Services Australia (ACSA) historically represented charities, not for profit and faith based organizations delivering aged and community care services, while Leading Age Services Australia (LASA) represented a broad range of aged care providers across residential care, home care and retirement living. In response to calls for more unified sector leadership, ACSA and LASA merged in 2022 to form the Aged & Community Care Providers Association (ACCPA), which subsequently rebranded as Ageing Australia, now serving as the leading national organization for aged care providers across Australia<sup>159-161</sup>.

**Overall, Australia offers a nationally coordinated approach with clear entry points, consistent standards and strong federal oversight. Its main strengths include integrated assessment through My Aged Care, stable national funding and clear criteria around required personal contributions and a wide range of supports that help older adults age in place.**

The shift to a single Support at Home program may reduce system and service navigation complexity. However, these reforms are still being implemented, and both governments and providers are continuing to work through

how policy and funding changes translate into practice. As implementation progresses, the full impacts, including any unintended consequences for providers, workforce capacity and service availability, have yet to be fully understood. Looking ahead, sustained investment and system capacity building will be critical to ensure that in home services can keep pace with Australia's rapidly ageing population and rising demand for community based care and supports.

Overall, Australia's experience shows that a unified national framework can improve access and consistency, but it also requires ongoing support, adjustment and oversight.



## The Netherlands

In the Netherlands, 3.75 million persons, or 20.8% of the population, were 65 years and older as of 2025<sup>162</sup>. This is expected to reach around 5.4 million, or 28%, by 2050<sup>163</sup>.

Under its 2015 Social Support Act (known in Dutch as “Wet maatschappelijke ondersteuning” or Wmo 2015), the Netherlands' 342 municipalities must support independent living options for older adults through the provision of municipal social support services. This legislation replaced the Netherlands' earlier 2007 Social Support Act, Wmo 2007. Under its earlier system, responsibilities for the delivery of social support services were split across multiple national programs, including the Exceptional Medical Expenses Act, which covered a wide range of long term care services such as home care and institutional care dating back to the 1960s. This system, however, had become fragmented, financially unsustainable and poorly targeted, with its benefits often reaching individuals they were not intended for, while

many chronically ill or high needs individuals received insufficient support<sup>164</sup>. A decade later, evaluations of Wmo 2015 show that although decentralization enabled municipalities to better tailor the development and delivery of community supports to meet local needs, they continue to face significant demographic and financial pressures, driven by rapid population ageing, rising demand for Wmo services, workforce shortages, and increasing costs<sup>165</sup>.

Within this context, the Wmo 2015 constitutes the primary framework for non clinical, community based social supports for older adults and serves as the central reference point for community based seniors services in the Netherlands. At the same time, ageing in place is enabled through a broader, multi pillar eldercare system. In addition to municipally funded Wmo services, older adults may receive district nursing and medical home care funded through the 2006 Health Insurance Act (*Zorgverzekeringswet; Zvw*), as well as intensive long term care delivered at home under the 2015 Long Term Care Act (*Wet langdurige zorg; Wlz*), where appropriate. Together, these complementary funding streams support a “home first” policy approach in which social support, health care and long term care are coordinated to delay or prevent institutionalization<sup>166,167</sup>.

The current social support services provided by the municipalities under Wmo 2015 include personal support services, home modification and maintenance support services, community transportation services, recreation, education, arts and wellness programs and services to promote social connection and combat isolation. (See Table 10).

Additionally, in the Netherlands, elder abuse awareness and prevention (*ouderen mishandeling*) is embedded within the municipally led community based social support system under Wmo 2015, rather than delivered as a standalone aged care service. Municipalities are responsible for supporting older people to live independently, providing community based social support and preventing and responding to domestic violence, including elder abuse. Within this system, community based service providers play a preventative role by raising awareness, recognizing early signs of abuse and referring concerns to specialized services. Nationally, organizations such as Movisie provide policy guidance, practical tools and training to support municipalities, professionals and volunteers, while Veilig Thuis operates as the nationwide advice, reporting and referral network for child abuse and domestic violence, including elder abuse<sup>168,169</sup>.

Furthermore, Dutch municipalities must both assess individual needs and support the development of coordinated care plans tailored to each household. People can either easily access a general range of supports (particularly for those who may only need temporary assistance) or get support in creating a solution tailored to their specific circumstances. Although most of the non-clinical community support services in the Netherlands are meant to support any residents who may need community and social support to live independently, regardless of age, in practice older persons represent the majority of those accessing these services. Recent national monitoring data show that in 2024, approximately one in three adults aged 75 and older (around 33%) used Wmo support services, underscoring the continuing importance of these supports for ageing in place<sup>170</sup>.

With funding from the Dutch government, municipalities act as the primary funder of non-clinical municipal social supports under Wmo and can decide local provision and eligibility rules, which can create disparities across municipalities. Furthermore, while these services are primarily publicly funded, they are not necessarily provided free for users. Some Wmo services require a standard monthly client contribution or a subscription fee known as the “*abbonnementstarief*.” The Centraal Administratie Kantoor, an official government agency, collects user contributions on behalf of municipalities. This was a maximum of €21 (CA\$34) per month per household in 2025; however, this amount is not necessarily the only cost individuals may face. Some users, such as households where at least one partner has not yet reached the state pension age, are exempt from contributions, while others may incur additional fees depending on the specific services they receive and local municipal policies<sup>171</sup>. Moreover, the Dutch government has introduced a new legislative proposal — the *Wet vervanging abbonnementstarief* or Wmo 2025 — which would allow municipalities to replace the flat subscription fee with income dependent contributions for a broader set of Wmo provisions, meaning that future user payments could vary more widely than the current maximum of €21 per month<sup>172</sup>.

In the Dutch Wmo system, there are two primary routes through which non clinical municipal social support services can be delivered. First, support may be provided as *Zorg in natura* (Zin) (care in kind), where the municipality arranges assistance directly through its network of contracted care organizations. In this model, the municipality obtains and selects approved

private or non profit service providers through its own formal agreements, and users receive support from these contracted organizations rather than having to hire workers themselves. Alternatively, eligible individuals may choose to receive their support through a *Persoonsgebonden budget* (PGB), a personal budget that allows users to select, contract, and manage their own care providers, including independent workers or trusted individuals such as family members. The municipality funds this support, while the Social Insurance Bank oversees payment administration<sup>173,174</sup>.

While many municipalities not only coordinate but also provide their own social services, various non-profit and volunteer-led organizations also deliver these types of services that people can purchase directly using their PGB or other means. The Katholieke Bond van Ouderen / Protestants Christelijke Ouderen Bond (KBO-PCOB) for instance, is the largest seniors advocacy organization in the Netherlands. It provides a range of community-based seniors services as well as system level coordination and advocacy, including for age-friendly policies, and support for its older adult members. Some of the activities delivered by this organization are focused on recreation, education, arts and wellness programs through the establishment of local clubs, digital literacy training and the provision of legal advice. The National Foundation for the Elderly (Nationaal Ouderenfonds) is another non-profit organization in the Netherlands that mainly focuses on delivering services to promote social connection, combat isolation and reduce loneliness. It also promotes active ageing through its “OldStars” sports program, “PlusBus” group tour program and its “Welcome Online” accessible teaching program.

Alongside these national organizations, there is a growing focus on locally based initiatives that operate at neighbourhood level. One example is the use of community life coaches (*leefcoaches*), who are frequently now members of municipal welfare or neighbourhood teams. Leefcoaches support early identification of needs, help strengthen informal networks and connect residents — many of whom are older adults — to local community resources and Wmo services before more intensive support is needed<sup>175,176</sup>.

Another local initiative is the growing development of *voorzorgcirkels* (precautionary circles). These are small, resident led neighbourhood groups, usually made up of eight to 15 people, who agree to support one another with everyday needs such as transportation and social contact. Voorzorgcirkels aim to reduce isolation, strengthen mutual support and help older adults remain independent for longer<sup>177,178</sup>.

While national organizations such as KBO PCOB and the Nationaal Ouderenfonds support coordination and program development efforts at a broader level, locally embedded initiatives such as leefcoaches and voorzorgcirkels illustrate that community based support for older adults is increasingly being organized close to where people live.

Municipalities across the Netherlands also provide grants and subsidies to community non-profit and volunteer-based organizations in the welfare and social services sector that provide community-based services for older adults and caregivers. For example, the Leiden municipality provides subsidies to local volunteer organizations that regularly organize activities for older adults, known as its “Subsidie Bejaardensociëteiten.”

**Table 10: Types and Providers of Home- and Community-based Services in the Netherlands**

<b>Dutch Term / English Term</b>	<b>CBSS Category Equivalent</b>	<b>Description of Service</b>	<b>Typical Providers / Funding<sup>1</sup></b>
<b>Hulp bij het huishouden</b>  <b>Household Help</b>	Personal Support Services; Home Modification and Maintenance Support Services	Simple non-clinical assistance with daily living (focused on housekeeping, cleaning, laundry and meal support)	Provided through two routes: -Zorg in natura: municipal contractors -PGB: user hired workers
<b>Guidance and Daytime Activities</b>	Information, Referral and Navigation Services; Services to Promote Social Connection and Combat Isolation	Social coaching, help with paperwork, accompaniment to appointments and organized group or day activities to prevent isolation	Provided by municipalities, social enterprises (private home-help companies), non-profit organizations or volunteer centres
<b>Sociaal vervoer / buurtbus / regiotaxi</b>  <b>Social Transport / Community Bus / Regional Taxi</b>	Community Transportation Services	Accessible or subsidized local transportation supports to shops, medical appointments or activities	Provided or subsidized by municipal transport schemes
<b>Woningaanpassingen en hulpmiddelen</b>  <b>Home adaptations and assistive devices</b>	Home Modification and Maintenance Support Services	Small home modifications (e.g. stair rails, shower aids) to support independent living and safety at home	Provided or subsidized by municipalities

<sup>1</sup> Services listed in Table 10 are non-clinical in nature and may be accessed through different statutory frameworks in the Netherlands (Wmo, Zvw, or Wlz, often via PGB), depending on eligibility and care needs. This overview is therefore service-oriented and does not assign services exclusively to a single financing scheme.

Dutch Term / English Term	CBSS Category Equivalent	Description of Service	Typical Providers / Funding <sup>1</sup>
<p><b>Geclusterde woonvormen / seniorenwoonvoorzieningen</b></p> <p><b>Clustered Living and Senior Housing Options</b></p>	<p>Affordable, Accessible, Safe and Supportive Housing Services</p>	<p>Age friendly communal or clustered housing designed to enable older adults to live independently while benefiting from shared spaces, social support and safety-oriented design features</p>	<p>Provided by housing associations, senior cohousing networks (e.g., LVGO), municipal housing programs or non-profit organizations; often supported by municipal subsidies or national initiatives to promote ageing in place</p>
<p><b>Ouderensport, educatie &amp; welzijnsactiviteiten</b></p> <p><b>Senior Sports, Learning and Wellness Activities</b></p>	<p>Recreation, Education, Arts and Wellness Programs</p>	<p>Community-based programs promoting physical activity, digital literacy, creative expression, lifelong learning, organized group recreation and age friendly community engagement</p>	<p>Delivered by organizations such as Nationaal Ouderenfonds (e.g., OldStars senior sports, PlusBus excursions, Welcome Online digital training) and KBO PCOB local clubs; supported by donations, grants, volunteers and municipal subsidies</p>
<p><b>Mantelzorgondersteuning &amp; respijt-zorg</b></p> <p><b>Caregiver support and respite care</b></p>	<p>Caregiver Supports, Respite and Training Programs</p>	<p>Counselling, respite, training and support programs for family and friends serving as caregivers</p>	<p>Provided by municipalities or non-profit organizations</p>
<p><b>Vrijwilligers &amp; buurtinitiatieven</b></p> <p><b>Volunteers and community initiatives</b></p>	<p>Services to Promote Social Connection and Combat Isolation</p>	<p>Friendly visiting volunteers, companionship calls, neighbourhood meetups and informal social networks reducing loneliness</p>	<p>Provided by volunteer organizations, neighbourhood groups and welfare initiatives (often municipally supported with grants or subsidies)</p>

Dutch Term / English Term	CBSS Category Equivalent	Description of Service	Typical Providers / Funding <sup>1</sup>
<p><b>Belangenbehartiging &amp; coördinatie</b></p> <p><b>Advocacy and coordination</b></p>	<p>Safety Awareness and Advocacy Services</p>	<p>National and regional efforts to coordinate seniors services, provide policy advocacy, strengthen age friendly initiatives and support local branches through volunteer networks and member-led programming</p>	<p>Delivered by KBO PCOB, and by national organizations such as Ouderenfonds; funded through membership fees, donations, grants and national partnerships</p>

**Overall, the Netherlands uses a federally mandated and funded but locally driven delivery model where municipalities are required to plan and deliver community-based seniors services that help older adults live independently. The model's strengths include strong local flexibility, a mix of municipally arranged services and personal budget options, and active involvement from community and volunteer organizations.**

At the same time, this decentralized approach presents challenges, including variations in service availability, eligibility criteria and user contributions across municipalities; financial and workforce pressures linked to population ageing; and administrative complexity for users navigating multiple funding streams and delivery routes. At the same time, the Dutch approach shows how local organization and delivery can help ensure services are more responsive to local needs, even as ensuring overall equity, affordability and long-term sustainability across the system remains an ongoing challenge.



# Insights for Canada from the NIA's Analysis of the United States, Australia and the Netherlands' CBSS Sectors

The NIA's analysis found that, across the United States, Australia, and the Netherlands, CBSS equivalent sectors—though described using different terminology—are clearly recognized as integral components of community based care and support systems. These sectors are significantly enabled through legislation, access, navigation, and coordination strategies, allowing them to play a central role in supporting older persons to live healthier, more independent, socially connected lives in their own homes and communities.

Across these three countries, there is an important distinction between government funded service providers and membership funded national associations. Government funded organizations, such as OAA funded HCBS providers in the United States, CHSP/Support at Home providers in Australia and Wmo funded organizations in the Netherlands, are supported through public funding to deliver core services and meet government requirements. In contrast, national associations, such as LeadingAge and USAging in the United States, COTA Australia and Ageing Australia in Australia and KBO PCOB in the Netherlands are funded mainly through membership fees, donations and other independent revenue sources. This also gives national associations more freedom to provide leadership and representation and support their member organizations through their own coordination, capacity planning and

broader advocacy efforts — allowing them to better contribute to system level improvements in ways that publicly funded service delivery organizations may not be positioned to do.

Despite differences in system design, governance structures, and funding approaches, these countries still demonstrate strong alignment across several foundational themes.

## **1. *Defined Essential Services Determined to be Core to Enabling Healthy Ageing and Ageing in the Right Place***

Across the United States, Australia and the Netherlands, several categories of community based seniors services are understood to be essential to supporting independence, safety and social connectedness as people age. This shared recognition is reflected in each country's decision to establish a defined core basket of publicly supported community-based services that older adults can reliably access nationwide through local and municipal organizations and complement the provision of other federally administered long-term care services in these countries such as the provision of home care.

Despite differences in terminology, governance structures and eligibility pathways, each of these countries has established national policies and funding frameworks intended to support nationwide access to core community-based services — such as personal support services,

home modifications and maintenance support services, meals and nutrition support services, community transportation services, services to promote social connection and combat isolation, recreation, education, arts and wellness programs, caregiver supports, respite and training programs and information, referral and navigation services — though the availability and consistency of these services can also vary to some degree across jurisdictions. These core services form the backbone of each country's healthy ageing and ageing in the-right-place strategies and ensure that older adults can receive, whenever possible, consistent and equitable support regardless of where they live. Furthermore, each country has developed clear mechanisms to determine which services are to be funded and delivered at no cost or with clear means-tested mechanisms, to ensure that those who cannot afford these essential services can still access them.

In Canada, there exist no clear common definitions or categories to describe community support services and community-based seniors services. While several provinces and territories provide some funding to support CBSS, the definitions and descriptions identified by the NIA vary and tend to reflect what is funded or supported at the provincial, territorial, sub regional, or local level.

This variation has made it difficult to even assess coverage levels across the NIA's 10 categories of services across Canada.

## ***2. Established Overarching Legislation and Regulations to Enable Access, Navigation, Coordination and the Delivery of Services***

In relying on non-profit community based and municipal organizations to support the delivery

of CBSS programs and services, each country has created strong overarching frameworks — legislative, regulatory and administrative — to ensure consistency, quality and accountability around service access, navigation coordination and delivery:

- The United States operates a federal–state–regional delivery model governed by the Older Americans Act 1965, with structured roles for State Units on Aging, Area Agencies on Aging and Senior Centres.
- Australia operates a federal delivery model governed by the Aged Care Act 2024, leveraging its My Aged Care portal as a centralized access, navigation and coordination system.
- The Netherlands operates a nationally defined local delivery model under Wmo 2015, whereby municipal governments are mandated to enable access, navigation, assessment and coordination and the delivery of services and supports.

These overarching legislative and regulatory structures have ultimately brought greater clarity and predictability for older persons and their families, caregivers and care providers around what exists to enable both healthy ageing and ageing in the right place.

The Canada Health Act does not include the provision of community support services, including community-based seniors services. At a provincial and territorial level, while most provinces have legislation to govern the provision of care in long-term care homes and other institutional settings as well as home and community-based care, legislation governing home and community based care

does not consistently recognize the provision of community support services.

As a result, the creation and support of CBSS and the thousands of organizations delivering them across Canada has been largely ad-hoc rather than formalized.

### **3. Strong Access, Navigation and Assessment Systems**

Each country has designed highly structured access mechanisms to help older adults and their caregivers access, navigate and be assessed for the available services they may be entitled to:

- The United States relies on a variety of local access points, including Area Agencies on Aging, ADRCs and Senior Centres, which collectively help individuals understand, access, navigate and be assessed for available supports. However, evaluations show that navigation experiences vary considerably across states and communities<sup>179</sup>. While these entities collectively form an important entryway towards accessing long-term services and supports, the U.S.' decentralized service access and navigation models has resulted in multiple navigation approaches rather than a uniform delivery<sup>179</sup>.
- Australia uses a national single-entry portal, My Aged Care, where assessment processes, eligibility criteria, and income-based user fees have been standardized in accordance with the Aged Care Act 2024.
- The Netherlands assigns access, navigation and assessment responsibilities to its municipal governments, which complete needs assessments and coordinate tailored plans of care and support in accordance with Wmo 2015.

### **Box 5: Australia's My Aged Care Portal**

Australia's My Aged Care Portal provides a single-entry point for assessment, eligibility determination and service navigation. The portal supports needs-based funding by linking assessments to tailored service packages, thereby ensuring equitable resource allocation. The platform is also used by registered service provider organizations to manage their services and client needs (Australian Government, 2025b).

See Box 5 to learn more.

These access, navigation and assessment systems have all been designed to reduce access and navigation barriers and service fragmentation and ultimately improve timely access and equity, ensuring that older adults and their caregivers can find and use the services they need without unnecessary complexity.

In Canada, the creation of 211 Canada in 2020 has allowed for improved provision of information, referral and navigation services from coast to coast to coast; however, within each of its provinces and territories, there remain inconsistent mechanisms to ensure that older adults and their caregivers and care providers are both aware of and know easily how to access the community-based seniors services they may need.

#### **4. A Recognized and Supported CBSS Sector**

It is clear is that compared to Canada, the United States, Australia and the Netherlands all explicitly value the presence and role of community based organizations that deliver these services, including non profit community-based organizations and groups (many of which are charitable and/or faith based and which strongly leverage the support of volunteers and charitable donations in the delivery of their services). These countries have clearly reinforced this value proposition through the creation of stable funding mechanisms, and the support of coordination and capacity building bodies.

### **Conclusion**

Overall, the United States, Australia and the Netherlands have clearly demonstrated that strong CBSS systems require a common foundation: they treat several categories of community-based supports as publicly supported services; invest in and empower community-based and organizations and municipalities that deliver them; and create clear service delivery frameworks that guide funding, access, navigation support and consistency.

Across these three countries that the NIA examined, national governments have clearly defined a core basket of essential services, ensured they are publicly supported and strengthened their delivery through reliable access, navigation, assessment and coordination systems. At the same time, service delivery within each country remains rooted in local communities, enabling their community-based and led programs to truly respond to local needs, ethnocultural considerations and strengths.

These shared principles illustrate that the most effective CBSS systems are those that combine legislative recognition, public funding, community leadership and structured access, navigation and assessment pathways, a model that provides both consistency and flexibility in the coordination of services to support people as they age.

# Strengths, Challenges and Opportunities Facing Canada's CBSS Sector

The NIA's international and national jurisdictional scans, coupled with HelpAge Canada/NIA CBSS sector consultations, clearly identified several challenges and strengths that shape how programs and services are currently organized and delivered: internationally, nationally and across Canada's different provinces and territories. These themes provide important context for understanding the sector's primary strengths and the persistent challenges that are influencing its overall capacity to deliver coordinated, equitable and sustainable supports that can truly enable healthy ageing and ageing in the right place for Canada's ageing population.

## Identified Sector Strengths

**The sector's greatest strength is its ability to harness the collective goodwill, leadership and engagement that exists within communities, motivating people to work, volunteer, and donate to organizations that enhance the health and social wellbeing of local residents.**

CBSS organizations bring local awareness and knowledge of the communities being served, which ensures that relevant issues are identified and appropriately addressed to meet the unique and diverse needs of communities. This is why

there are thousands of trusted, mostly local grassroots organizations and groups helping older Canadians to age with confidence.

In jurisdictions like Alberta, British Columbia and Nova Scotia, provincial governments have over the past decade begun to realize the value of the CBSS sector in ensuring the overall sustainability of health, housing and social systems by promoting wellness and independence. In funding sector coordination and capacity building activities, the momentum of the many organizations and groups that make up the CBSS sector in these regions is increasingly demonstrating its potential to achieve better health and social outcomes. The launch of the digital Health Ageing CORE platforms in these provinces has also further enhanced knowledge sharing, collaboration and the sector's overall capacity. Manitoba, Newfoundland and Labrador, the Northwest Territories, Ontario, Quebec, Saskatchewan and the Yukon have also seen the emergence of provincial organizations; although they have not been given official mandates or funding to lead coordination and collaboration efforts, their individual efforts have helped to nonetheless promote dialogue, exchange ideas and share knowledge to strengthen the overall work of their respective CBSS sectors. Over the last few years, HelpAge Canada's national leadership has established a national voice and helped strengthen the coordination, capacity building and advocacy work of the sector.

## Identified Sector Challenges

The sector's greatest challenges, identified based on HelpAge Canada and the NIA's cross-country consultations with CBSS organizations, appear to cover the six following themes:

### **1. *Lack of Awareness about CBSS and system navigation challenges***

While 211 Canada provides a national, free and confidential navigation service for community and social supports, its visibility depends heavily on ongoing awareness efforts, and research has noted broader challenges with service awareness across community based support systems. At the same time, the CBSS sector itself has relatively limited public visibility compared to better funded community-based long-term care services, making it harder for older adults, caregivers and care providers to identify and connect with appropriate local supports<sup>180</sup>.

With thousands of CBSS organizations in existence, navigating to the correct one(s) and being able to easily coordinate between services and supports remain challenges, given that most care coordination functions are usually based within overburdened home care programs.

### **2. *Inadequate and Short-Term Sector Funding Mechanisms***

Inadequate and inconsistent investments in the CBSS sector and its service delivery organizations across Canada have limited the sector's ability to recruit and retain staff, offer competitive wages and deliver consistently high-quality services. While many organizations receive core funding from provincial and, in some cases, municipal governments, a significant portion of programs and services

are sustained through short-term grants, charitable donations and fundraising activities. These funding sources are often unpredictable, time-limited and administratively burdensome, constraining long-term planning and system stability.

As a result, CBSS programming — while generally grounded in local knowledge and community intent — is frequently shaped by available funding opportunities rather than by comprehensive or long term assessments of community needs.

Relying on short term, project based funding makes it difficult for organizations to plan ahead, adjust services over time or expand programs as needs change. As a result, service delivery can be highly variable. Differences in program availability, eligibility criteria and service levels are common across regions, contributing to inequities in access for older adults and their caregivers, particularly when compared to better funded supports and services that are more consistently delivered and, when necessary, provided at no cost.

In this context, many organizations rely on user fees to offset funding gaps and sustain service delivery. While often modest, these fees can create meaningful barriers to access — particularly for older adults living on fixed incomes and facing rising costs of living, including for housing, food and transportation. For some individuals, even small out-of-pocket costs can result in delayed or forgone access to essential supports such as meals, transportation or in-home assistance.

This dynamic stands in contrast to more consistently funded components of the health

system, where medically necessary services are typically provided at no direct cost to patients. The reliance on user fees within the CBSS sector therefore risks creating a two-tiered access environment for non-clinical supports that are nonetheless critical to enabling older adults to remain safely and independently in their homes and communities.

At the same time, the sector's contribution to the broader sustainability of health care systems is not consistently recognized, nor measured within current funding and planning frameworks. Community-based seniors services play a significant role in preventing avoidable hospitalizations, reducing emergency department use, delaying long-term care placement and supporting safer transitions from hospital to home. However, the absence of integrated data, performance measurement and system-level evaluation has limited the ability to fully quantify and attribute these outcomes.

As a result, investments in the CBSS sector are often viewed as incremental or discretionary expenditures, rather than as strategic investments that lead to downstream cost avoidance and system efficiencies. This creates a structural misalignment, where services that can reduce demand on higher-cost parts of the health system remain underfunded, while pressures on hospitals and long-term care systems continue to grow.

Without more stable, predictable, and sustained funding mechanisms — supported by improved measurement of outcomes and returns on investments — the sector will continue to face challenges in ensuring equitable access, maintaining service quality and demonstrating its full value as a critical component of high

performing and sustainable health and long-term care systems.

### ***3. Paid and Volunteer Workforce Shortages and Burnout Issues***

Paid and volunteer workforce shortages and burnout are driven by low wages, limited training pathways, inconsistent professional standards and the shrinking pool of available volunteers, issues that are particularly acute in rural, remote and northern regions<sup>181,182</sup>. Smaller service delivery organizations, in particular, often lack the capacity to meet documentation and reporting standards compared to larger organizations, further driving the administrative burden that often leads to burnout.

### ***4. Challenges in Meeting Community Needs and Navigating Available CBSS Supports***

While limited funding can constrain the ability of service delivery organizations to meet local needs, other factors contribute to provision and access barriers.

As Canada's ageing population becomes more diverse, CBSS organizations are facing growing pressure to provide services that meet different language and cultural needs, including the needs of 2SLGBTQIA+ older adults, such as access to affirming and inclusive services, safe social spaces, and culturally competent support providers. Many organizations do not have the resources or capacity to keep up with these needs, which creates an added challenge.

Across Canada, growing immigration is increasing pressure on the capacity and funding of CBSS. In many communities, newcomers include older adults who arrive later in life or who begin to need supports soon after

settlement. CBSS organizations are being asked to provide more culturally and linguistically appropriate supports, such as help with navigation, social connection and caregiver support without matching increases in stable funding. This gap between growing demand and available resources strains organizations, creates service gaps and makes it harder to adapt programs in timely and equitable ways.

In addition, the limited inclusion of Indigenous voices, leadership and knowledge systems within the CBSS sector represents a significant challenge. Although many CBSS programs operate within or alongside Indigenous communities and serve Indigenous older adults, Indigenous Elders, governments and Indigenous led organizations are often underrepresented in CBSS governance, planning and funding decision making. This limits the integration of culturally grounded approaches to ageing, caregiving and community wellbeing, and risks the application of service models that do not fully reflect Indigenous priorities, strengths and ways of knowing.

These gaps are linked to broader barriers that limit access to CBSS supports in many communities. Limited community transportation options, growing cost and affordability issues, and digital access and literacy issues all impact the social determinants of older adults' health and wellbeing, creating additional barriers to accessing and delivering programs and services.

From a community based service delivery perspective, these challenges reveal broader gaps in how older adults and caregivers navigate and access local community based seniors services.

Available services can often be fragmented across multiple programs, funding sources and entry points, making it difficult for older adults and unpaid caregivers to know what supports are available or how to access them. These challenges are greatest for immigrant, ethno cultural and other equity deserving or denied older adults who face language, cultural and social barriers and have fewer trusted sources of information. As a result, people may miss or delay accessing essential supports such as adult day programs, respite care or culturally appropriate services, increasing caregiver stress and burnout and sometimes leading to crisis situations, avoidable hospital stays or premature admissions into institutional care settings.

Rural, remote and northern jurisdictions face additional structural challenges, such as a lack of digital connectivity, large travel distances and more limited transportation networks and methods.

Finally, urban centric policy and practice environments do not usually fully reflect local realities, especially within rural and remote communities<sup>183,184</sup>.

### ***5. System Fragmentation and Limited Service Coordination***

Across the country, fragmented service delivery and limited system level coordination hinder the sector's visibility and integration with the broader health, housing and social systems.

While some provinces have created organizational mandates to support system coordination and capacity building and shared digital platforms, many others continue to operate on a local or regional ad-hoc basis, resulting in inconsistent access, siloed

communication among service providers and sometimes a duplication of efforts.

### 6. *Impact Reporting Challenges*

The entire sector continues to struggle with limited data collection, evaluation capacity and performance measurement infrastructure. Few jurisdictions maintain consistent mechanisms or metrics and indicators to track outcomes, and when they do, there is concern as to whether they are measuring the things that matter most. The lack of a core set of metrics and indicators (that are also harmonized across Canada and help demonstrate system level impact) ultimately weakens sector coordination, capacity building and advocacy activities. Without the ability to properly quantify the impact and value of the work of the sector, its ability to guide evidence-informed, sector-level investments is reduced.

These challenges are made worse by the lack of a shared definition of CBSS across jurisdictions. Existing definitions used in Alberta, British Columbia and Nova Scotia do not align, and service categories and descriptions vary widely within and across regions. This makes it difficult to compare approaches, assess effectiveness and understand the overall impact of Canada's CBSS sector.

**The absence of shared definitions and common metrics has constrained the evaluation of both similar and different CBSS delivery models across Canada. There is currently no consistent, cross-jurisdictional assessment of how variations in the organization, funding**

**and delivery of CBSS influence outcomes for older adults. As a result, it is difficult to determine whether certain approaches are more effective, equitable or sustainable than others, or to identify best practices that could be scaled and spread across provinces and territories.**

In addition, the absence of shared definitions and common indicators makes it harder to show how CBSS contributes to health institutions and the broader health system, including organizations serving immigrants, ethno-cultural communities and other equity deserving populations. Without consistent measures, it is difficult to demonstrate how CBSS activities reduce pressure on emergency departments, delay institutional care, improve continuity of care or address inequities. As a result, the broader system level value of CBSS is often overlooked in health planning and funding decisions.

Taken together, these themes illustrate how strong community engagement, volunteerism and emerging coordination and capacity building structures are both anchoring and strengthening CBSS supports across many regions. However, the limited broader understanding and awareness of the sector and its programs and services, inadequate and short-term sector funding mechanisms, paid and volunteer workforce shortages and burnout issues, provision and access barriers to sector program and services, system fragmentation and limited service coordination and impact reporting challenges are collectively hindering

the sector's overall ability to deliver equitable supports that can also ensure the overall sustainability of the country's overall health, housing and social systems.

These findings also highlight the enabling conditions required to sustain and scale CBSS across jurisdictions. Addressing the challenges identified will require stable and flexible funding approaches that support long term planning; strengthened workforce and volunteer capacity; shared infrastructure such as data systems, digital platforms and coordination mechanisms; and cross sector governance structures that support accountability and integration across health, social, housing and community systems.

Together, these conditions point to where system level attention is most urgently needed and underscore the importance of sustained investment, improved coordination and capacity planning, stronger impact reporting through common evaluation frameworks and support for the delivery of culturally safe and inclusive services. Collectively, these conditions are essential to enabling CBSS to function as scalable, system level infrastructure that supports healthy ageing and ageing in the right place for older adults across Canada.

# Understanding the Potential Impact of Canada's CBSS Sector

Beyond this overall examination of the overall strengths and challenges facing Canada's CBSS Sector, it is essential to recognize its critical role in addressing some of Canada's most pressing demographic and social challenges by promoting healthy ageing and ageing in the right place.

In Canada, older persons are experiencing increasing levels of social isolation and loneliness. According to the NIA's 2025 Ageing survey, 43% of Canadians aged 50 and older are at risk of social isolation, while 57% experience loneliness<sup>6</sup>. While loneliness and isolation are not inevitable aspects of ageing, they can have significant effects on the physical and mental wellbeing of older adults.

Connecting individuals with relevant organizations, programs and community resources can promote social interaction and self-care, leading to improved mental health and social wellbeing<sup>185</sup>. The CBSS sector plays a vital role in this approach by offering accessible programs, such as community transportation services and services to promote social connection and combat isolation, that reduce barriers to participation and enhance social connectedness<sup>59</sup>. Thus, the CBSS sector plays an integral role in promoting healthy ageing and community resilience throughout Canada by combining the provision of social services and practical day-to-day supports.

Beyond its health and social benefits, the CBSS sector also delivers significant economic and social value.

**As part of Canada's social services sector, which provides community support services, social supports and non-clinical care, the CBSS sector helps bridge the gaps between the provision of health and long-term care services while reducing overall health care and long-term care costs by helping older people age in the right place, and contributes to the social sector's significant economic footprint.**

The broader social services sector accounts for 8.9% of Canada's GDP (\$211 billion) and employs 620,000 people in the provision of community services that serve over 8 million Canadians<sup>187</sup>. Furthermore, it is estimated that for every \$1 invested in the provision of social services, \$2-\$6 is returned in economic and social value by both lowering health care expenses and improving wellbeing<sup>187</sup>.

The CBSS sector is increasingly recognized as critical in Canada because it supports wellness and prevention. This matters in the context of growing challenges, including shortages of paid care providers in the health and long term care

systems, rising and unsustainable pressures on unpaid caregivers and a lack of institutional care spaces for older adults. Through their provision of non-clinical supports that can reduce the future need for more formal and institutional health care and long-term care services<sup>59</sup>, CBSS sector organizations help enable older persons to maintain their independence and live within their own homes and communities for longer periods of time, while also reducing the demands for health care and long-term care services<sup>28</sup>.

Canada's growing shortage of paid care providers is leading to a significant and unsustainable reliance on family members and friends to deliver unpaid care and support.

**According to recent Statistics Canada data, 13.4 million Canadians aged 15 and older, representing 42% of the population, provided unpaid care in the previous 12 months<sup>184</sup>. Within this group, a substantial portion are caring for older adults.**

The Caring in Canada report indicates that 6.4 million Canadians provided unpaid care to care dependent adults, and 67% of these care recipients were aged 65 and older, meaning that most unpaid caregiving in Canada is directed toward older persons<sup>16</sup>. In addition, 19% of caregivers themselves are age 65 and older, reflecting the extent to which older Canadians not only receive care but often play dual roles as caregivers, commonly supporting ageing spouses or partners who face age related challenges<sup>16</sup>.

Unpaid caregivers often provide extensive hours of care and support out of a sense of obligation and necessity; however, the growing level of responsibility and reliance on them is increasingly resulting in stress, burnout and financial strain. More than two in five, or 40%, of unpaid caregivers supporting long-stay home care recipients in Canada now report experiencing distress<sup>188,189</sup>.

**CBSS organizations help address caregiver burden by offering supports that enhance both caregiver and care recipient wellbeing. Information, referral and navigation services, the delivery of adult day programs for people living with dementia and other respite care services are critical to preventing caregiver burnout and enabling older adults to age in the right place<sup>28,190</sup>.**

CBSS organizations are also currently strengthening local support systems through the growing advent of social prescribing initiatives. See Box 6 to learn more.

Together, these supports underscore the CBSS sector's vital role in reducing caregiver burden and mitigating downstream pressures on Canada's health and long-term care systems, while strengthening Canada's broader social support infrastructure.



## Box 6: Strengthening the Awareness and Impact of the CBSS Sector through Social Prescribing Initiatives

While the CBSS sector is playing a growing critical role in supporting healthy ageing and ageing in the right place, its overall impact has often been constrained by its limited visibility, inconsistent integration with the delivery of health care and social services and its fragmented referral pathways. Thus “social prescribing” has emerged, both in Canada and internationally, as a practical, evidence informed approach to improving these integrations by connecting older adults to non clinical community supports through more formalized and enhanced referral pathways, beyond traditional information, referral and navigation services mechanisms.

The World Health Organization defines social prescribing as “a means of connecting [persons] to a range of non clinical community services to improve their overall health and well being”<sup>191</sup>. It is further seen as a collaborative, person centred information and referral practice that strengthens community connections, enhances access to meaningful supports, and advances a more holistic approach to care and support that can better enable healthy ageing and ageing in the right place.

While social prescribing initiatives serve individuals across the life course, they are particularly relevant for older adults, for whom social, functional and environmental factors strongly influence their health and wellbeing.

In practice, CBSS organizations function as the primary delivery partners for many social prescriptions directed toward older adults. However, despite this alignment, the role of CBSS organizations as delivery partners is often informal or insufficiently recognized within existing health and social care systems. For example, an older adult presenting with loneliness or social isolation in a medical care setting may not have a consistent or formalized referral pathway to community-based programs such as Men's Sheds or other peer-based social connection initiatives. Formalizing social prescribing models — by clearly defining CBSS organizations as delivery partners and strengthening referral processes between health care providers and CBSS — can help ensure that identified social needs translate into timely, appropriate and accessible community-based supports for older adults.

As social prescribing initiatives connect individuals to non-clinical, community-based supports, it is important to recognize how these interventions work upstream to address the social determinants of health, everyday social and economic conditions (such as housing stability, income and food security, access to transportation and social connection) and the creation of more supportive community environments, which can significantly impact the overall health and wellbeing of individuals. Building on this understanding,

the CBSS sector is well-positioned to address these social factors and help people age well in their communities through a wide range of interventions and supports reflected across the 10 CBSS categories. Information, referral and navigation services can guide individuals toward appropriate community resources; community transportation services reduce mobility barriers; and meals and nutrition support services ensure consistent access to healthy food. The categories also encompass home modification and maintenance support services that help older adults maintain safe living environments, as well as personal support services that can better promote functional independence. Additionally, recreation, education, arts and wellness programs foster physical activity, creative expression and lifelong learning, while services to promote social connection and combat isolation provide companionship and community engagement. Accessible, affordable, safe and supportive housing services, along with caregiver supports, respite and training programs further strengthen the network of care surrounding older adults. Finally, safety awareness and advocacy services ensure these efforts are aligned, accessible and informed by best practices.

Social prescribing initiatives are now being implemented across several Canadian provinces to strengthen connections between health systems and community based seniors services. British Columbia, Alberta and Manitoba each have established social prescribing programs delivered through community based organizations that support older adults. In British Columbia, United Way BC's Healthy

Ageing initiative supports social prescribing through a large network of community based programs across the province. Alberta's Social Prescribing for Older Adults program, led by Healthy Aging Alberta, works with community based seniors serving organizations in multiple communities. In Manitoba, social prescribing initiatives are being offered province wide through partnerships between health authorities and CBSS organizations. Together, these initiatives help ensure older adults receive the social and practical supports they need to age well at home and in their communities<sup>85,192,193</sup>.

Early Canadian evaluations are demonstrating that social prescribing can improve quality of life, enhance health equity, strengthen social connectedness and increase awareness and use of community resources<sup>194</sup>. Furthermore, at a systems level, emerging evidence is beginning to show the potential of social prescribing to reduce 911 calls, emergency department visits and hospitalizations; reduce the length of hospitalizations; and increase the ability of older adults to age in place<sup>195,196</sup>. Some national economic modelling estimates conducted by the Canadian Institute for Social Prescribing has suggested that social prescribing generates a \$4.43 return for every \$1 invested in it, and could save approximately \$268 million annually in health care costs among older adults alone, largely through their reduced utilization of acute care services<sup>197</sup>. While certainly promising, more research is needed to determine the most cost-effective ways to implement social prescribing to better enable healthy ageing and ageing in the right place.

# A Strategic Roadmap for Strengthening Canada's Community Based Seniors Services to Better Enable Healthy Ageing and Ageing in the Right Place

In preparing the following strategic roadmap and recommendations that follow, we revisited the NIA's 2023 report, *Enabling a More Promising Future for Long-Term Care in Canada*<sup>198</sup>. That report — grounded in four years of research into Canada's long-term care systems, including the provision of community based seniors services — provided a comprehensive roadmap for strengthening the full continuum of long-term care services in Canada.

The recommendations in this section adapt the NIA's 2023 roadmap to provide a specific focus for strengthening Canada's CBSS sector. This targeted approach reflects the central importance of CBSS in enabling healthy ageing and ageing in the right place and highlights the strategic actions that will be integral to advance and sustain the sector across Canada.

## **Changing the Landscape: Strategies for Transforming the Development and Delivery of Community Based Seniors Services Across Canada**

- **Making it easier for older adults and their caregivers to find and access services.**

Despite the breadth of CBSS supports available across Canada, too many older adults and caregivers continue to experience difficulty

identifying what services exist, determining eligibility and navigating fragmented access points. Improving service navigation must therefore be a central priority for system transformation. This includes the development of clearer single-entry access pathways, stronger integration with trusted navigation tools such as 211 and the expansion of community-based navigator roles that can provide personalized, culturally responsive guidance. Digital and telephone-based platforms must be complemented by in-person supports, particularly for individuals experiencing digital exclusion. Collectively, these efforts can reduce confusion, delays in care and inequitable access while ensuring that older adults receive the right support at the right time and in the right place.

- **Creating better-connected community supports that better enable healthy ageing and ageing in the right place.**

Transforming CBSS delivery also requires moving beyond siloed service models toward more integrated, community-based systems of support. In practice, this integration is enabled not only through formal structures and agreements, but through the deliberate development of relational infrastructure, including trust-based partnerships, local leadership and ownership and ongoing formal and informal coordination, partnerships and

shared accountabilities across organizations. These relationships are often rooted in place based community organizations that serve as trusted physical spaces where people live, particularly for older adults and their caregivers facing system navigation challenges due to linguistic and digital divides or other barriers.

CBSS providers must be more intentionally connected with primary care, housing and public health providers, transportation services, Indigenous-led organizations and social programs to ensure coordination across the care continuum. When community-based services are meaningfully integrated into broader health and social systems through strong relationships and shared accountabilities they play a critical preventative role, such as reducing avoidable hospitalizations, delaying or preventing institutionalization and supporting independence. Strengthening formal mechanisms for collaboration, such as social prescribing programs at the local and regional levels, could help translate these relationships into effective practices and will be foundational to enabling ageing in the right place.

- **Expanding community spaces and programs that help older adults stay independent and socially connected.**

Accessible community spaces and programs are essential infrastructure for healthy ageing. Models such as Seniors' Centres, Naturally Occurring Retirement Communities, collaborative housing and Seniors' Centres Without Walls demonstrate how supportive physical and virtual environments can foster social connection, functional independence and community resilience. Expanding these models, while also embedding CBSS supports

within them, can significantly reduce social isolation, promote wellness and delay the need for more intensive and costly care. Strategic public investment in these community-based platforms should be viewed not as optional programming, but as an essential component of a sustainable ageing system.

## **Mobilizing the Sector: Strategies for Strengthening Canada's Community Based Seniors Services Network**

- **Supporting a more coordinated CBSS sector with strong leadership at national and provincial/territorial levels.**

The CBSS sector's effectiveness is constrained by limited formal coordination and a fragmented policy environment. Strengthening the sector requires a more intentional approach to leadership, collaboration, and collective advocacy at both provincial/territorial and national levels. Where governments have invested in coordination and capacity-building organizations, such as in Alberta, British Columbia and Nova Scotia, the sector has reported greater coherence and efficiency. Supporting similar structures across all jurisdictions would promote shared priorities, reduce duplication and elevate the sector's collective voice. While the sector must play a leadership role in determining how it organizes itself, sustained government partnership is critical to enabling this coordination at scale.

- **Building organizational capacity to deliver high quality, culturally safe services.**

Many CBSS organizations operate under significant capacity constraints, limiting their

ability to consistently deliver high-quality, inclusive services. Investments in workforce training, governance supports, data literacy and culturally safe practices are essential to strengthening service quality and sustainability. Coordination and capacity-building organizations play a particularly important role in providing shared training resources, supporting organizational development and advancing equity-focused practice. Expanding access to these supports across jurisdictions will help ensure that CBSS organizations are equipped to meet the increasingly diverse needs of Canada's older population.

### **Building the Foundation: Strategies to Strengthen the Sustainability and Stewardship of Community Based Seniors Services**

- **Embedding Community Based Seniors Services as a core component of government ageing policies and strategies.**

A foundational barrier to CBSS sustainability is the absence of a clear, shared understanding of the sector's role within ageing, health, housing and social policy frameworks. Governments must formally recognize CBSS as a core component of Canada's ageing system, with defined roles and responsibilities that reflect its preventative, supportive and system-sustaining functions. Clarifying this role would create greater policy alignment, improve planning and establish the groundwork for more stable and consistent funding arrangements.

As governments continue to transform health and continuing care systems, CBSS should be intentionally positioned as core system

infrastructure rather than discretionary or supplemental supports. Provincial and territorial governments should embed community based, non clinical supports within system design and policy frameworks to prevent and reduce the escalation of needs, better support caregivers and reduce pressures on acute and other forms of institutional care.

- **Defining a core basket of community based services that should be available to older adults.**

To address inequities in access and service availability, provinces and territories should work collaboratively with CBSS organizations to define a core basket of essential community-based services that all older adults can reasonably expect to access. These services may include information, referral and navigation services; meals and nutrition support services; community transportation services; non-clinical personal support services; caregiver supports, respite and training programs; services to promote social connection and combat isolation; recreation, education, arts and wellness programs; affordable, accessible, safe and supportive housing; home modification and maintenance programs; and safety awareness and advocacy services. Establishing a common understanding of core services would reduce variability, support accountability and create a clearer basis for funding and performance measurement.

- **Providing stable, long term funding to meet growing needs.**

The CBSS sector's heavy reliance on short-term, project-based funding undermines service continuity, workforce stability and long-term

planning. Sustainable CBSS delivery requires predictable, multi-year funding models that align with clearly defined expectations for service provision. Long-term funding must grow in line with inflation and demographic pressures, similar to funding arrangements in other parts of the health and social systems.

Achieving this stability will require provincial and territorial governments to articulate clear expectations for the role of the CBSS sector within their broader health care and social services systems, including defined outcomes related to access, service quality and system impact. In turn, the sector must be supported to deliver on these expectations through appropriate funding, workforce strategies and accountability frameworks.

At the same time, there is a critical opportunity for federal leadership to support greater consistency and coordination across jurisdictions. Recent federal investments through the Aging with Dignity and other bilateral health funding agreements represent an important step forward; however, the use of these funds to support community-based seniors services has varied significantly across provinces and territories, limiting their overall impact on sector capacity and system integration.

To address this, the federal government should work with provincial and territorial governments to establish a more coordinated, pan-Canadian approach to strengthening the CBSS sector as a core component of enabling ageing in the right place. This could include:

- Establishing a national policy framework or strategy for community-based seniors services, aligned with broader ageing and health system priorities

- Embedding clear expectations within federal–provincial funding agreements that a portion of future health and ageing-related investments be directed toward building CBSS sector capacity, coordination and integration
- Supporting the development of common data, performance measurement and evaluation frameworks to better demonstrate outcomes and return on investment across jurisdictions
- Encouraging the development of provincial coordinating and capacity-building structures, where they do not currently exist, to support more consistent and scalable service delivery

By aligning federal funding with clear expectations for CBSS sector development, governments can move beyond fragmented and time-limited investments towards a more intentional and sustainable approach. This will help ensure that community-based seniors services are not treated as discretionary supports, but as a foundational component of modern, integrated and fiscally sustainable health care and social services systems.

### **Ensuring Inclusion for All: Strategies for Advancing Equity and Culturally Safe, Appropriate and Inclusive Community Supports in the Planning and Delivery of Community Based Seniors Services**

- **Making CBSS culturally safe, inclusive and responsive to diverse communities.**

As Canada's older population becomes increasingly diverse, equity, diversity and inclusion must be treated as foundational

elements of CBSS system design and delivery, rather than as parallel or optional considerations. Governments and service providers should embed culturally responsive, inclusive and community led approaches across all aspects of CBSS planning, funding, and implementation.

CBSS organizations must be supported to deliver services that reflect different cultural, linguistic, gender and identity-based needs. This includes expanding language specific programming; supporting the provision of culturally familiar foods, activities and caregiving approaches; designing services that respond to the distinct needs of racialized communities and 2SLGBTQIA+ older adults; and prioritizing the development of Indigenous led services.

Advancing equity in the provision of CBSS also requires recognizing the distinct, trust based relationships between governments and First Nations, Inuit and Métis peoples, and the unique roles these communities play as leaders, rights holders and knowledge keepers. Indigenous communities in northern, rural, and remote regions as well as urban centres bring critical insights to service delivery in contexts shaped by deep interconnections between culture, land and wellbeing as well as distance, limited infrastructure and workforce constraints. Learnings from Indigenous led and northern community consultations by HelpAge Canada have highlighted the importance of local governance, flexibility and relationship centred, culturally safe approaches in the co-development of local services

Addressing systemic barriers to access, including language, cost, transportation, digital exclusion and experiences of discrimination,

should be an explicit objective of CBSS policy and program design. Importantly, culturally grounded community organizations, connectors and networks should be explicitly recognized as essential system infrastructure, rather than optional enhancements, in enabling equitable access to community-based seniors services. Community-led coordination models, such as locally adapted response networks to elder abuse and social vulnerability, illustrate how place-based approaches can support access, prevention and navigation for older adults.

Advancing cultural safety therefore requires more than program adaptation. Governments should invest in Indigenous and community led community organizations, workforce training, community partnerships and co design approaches that centre lived experience and local knowledge. Ensuring equitable access to CBSS is fundamental to promoting dignity, trust and wellbeing for all older Canadians, and to enable them to age safely and with dignity in their own homes and communities.

## **Measuring What Matters: Strategies for Advancing Data, Definitions and Evidence Informed Practice Across the CBSS Sector**

- **Agreeing on common definitions and service standards for CBSS across Canada.**

Inconsistent definitions and service categories across jurisdictions continue to limit coordination, comparability and system-level planning within the CBSS sector. Establishing shared definitions and service standards would create a common language for policymakers, funders and providers, enabling clearer

expectations and more effective collaboration. Alignment across jurisdictions is also critical to demonstrating the sector's collective value and impact.

- **Developing a national set of CBSS indicators to track access, quality and outcomes.**

Strengthening impact reporting requires agreement on a core set of indicators that measure what matters most to older adults and caregivers. These indicators should include programmatic measures such as access, equity and quality, as well as outcome measures related to social connection, caregiver wellbeing, safety, nutrition, digital inclusion and housing stability.

A shared measurement framework would enable jurisdictions to assess progress, identify gaps and support evidence-informed investment decisions at both local and system levels.

- **Creating a learning system that uses shared data to improve services.**

Finally, the CBSS sector must be supported to function as a learning system — one that uses shared data to inform continuous improvement, foster innovation and strengthen accountability. Collaboration with the Canadian Institute for Health Information, Statistics Canada, Indigenous data partners and provincial/territorial governments will be essential to building the necessary infrastructure. A data-enabled learning system would not only improve service quality but also strengthen the sector's ability to advocate for sustained investment by demonstrating its tangible impact on health, wellbeing and system sustainability.

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# Appendix A

## The NIA's Canadian and International CBSS Sector Jurisdictional Scans Methodology

### Aims

The aim of the NIA's Canadian CBSS Sector jurisdictional scan was to identify publicly available documents and websites describing organizations and government agencies that provide community-based senior services (CBSS) in each Canadian province and territory as well as nationally as well to help provide a comprehensive description and current understanding of the state of Canada's CBSS sector. Similarly, the aim of the NIA's International CBSS Sector jurisdictional scan was to identify publicly available documents and websites describing organizations and government agencies that provide community-based senior services (CBSS) in Australia, the Netherlands and the United States to help provide a comprehensive description and current understanding of the state of the CBSS sector in these three countries as well.

### Search and Validation Strategies

A pilot search was conducted in several Canadian provinces and territories to identify and record the web domains for senior-serving sector organizations and CBSS providers, provincial/territorial agencies or authorities, as well as the policy environment and actors. A similar national level pilot search was also conducted.

NIA researchers then conducted Canadian and International searches of the previously identified web domains as well as new/relevant sites that appeared with the search results. Between May and March 2026, these iterative searches were completed using Google Advanced Search and the following terms: "community services for seniors" OR "community support services for seniors" OR "community support programs for seniors" OR "community based senior services" OR "community based elder services" OR "community based senior programs." Results were refined with an additional term representing the province or territory or country being scanned. All pages of results were reviewed until there were two (2) consecutive pages of search results with repetitive items or items with no relevance to the scope of search. From these targeted searches, we followed links and references to identify additional or primary sources. All websites and documents identified during the search were recorded using a spreadsheet which extracted: date of search, search string, source URL, organization/department name, website pathway, and a description of the CBSS sector related organization's mandate, role or relevance. The findings of the Canadian jurisdictional scan were triangulated with the findings of HelpAge Canada's national

consultations (See Appendix B).

At least two international reviewers with deep expertise around the CBSS Sectors in were found with the support of PwC Canada for Australia, the Netherlands and the United States to validate and refine the overall findings of the NIA's international jurisdictional scans.

HelpAge Canada, the interim Canadian Community Leadership Council supported by HelpAge Canada, and other relevant Canadian CBSS stakeholders were invited to review and provided written feedback to validate and refine the overall findings of the NIA's Canadian and international jurisdictional scan.

## Appendix B

# National CBSS Consultations Methodology Conducted by HelpAge Canada in Partnership with the NIA

HelpAge Canada employed a participatory, community development approach to gather feedback and insights from stakeholders across Canada's Community Based Seniors Services (CBSS) sector. Consultations were conducted in partnership with provincial networks and took place through in person, virtual, and hybrid working sessions held in Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Nova Scotia, Ontario, Prince Edward Island, Quebec, and Saskatchewan as well as in Northwest Territories and Yukon in both 2024 and 2025.

Sessions brought together older adults, health and social service providers, volunteers, community organizations, government partners, academia, and sector leaders. Participants engaged in structured dialogues, such as small group table work, and facilitated idea generation activities, to explore challenges, strengths, priorities, and desired future states for the CBSS sector. Each table used tools such as discussion boards, note taking templates, or digital platforms to capture input and surface shared themes.

Consultation questions were developed collaboratively with provincial partners to ensure relevance to local contexts while contributing to a cohesive Pan Canadian

understanding of sector needs. Discussions were designed to be inclusive and accessible, centering the lived experience of older adults and emphasizing equitable participation across urban, rural, and remote communities.

Following each session, participants completed evaluations to assess the effectiveness of the process and identify areas for improvement. These evaluations—which consistently showed strong participant engagement and support for national sector development—helped validate the consultation approach and informed subsequent sessions in other provinces.

The summaries of these national consultations have been published as *What We Heard Reports*, available on the HelpAge Canada website<sup>56</sup> and further informed the NIA's aforementioned Jurisdictional Scan.