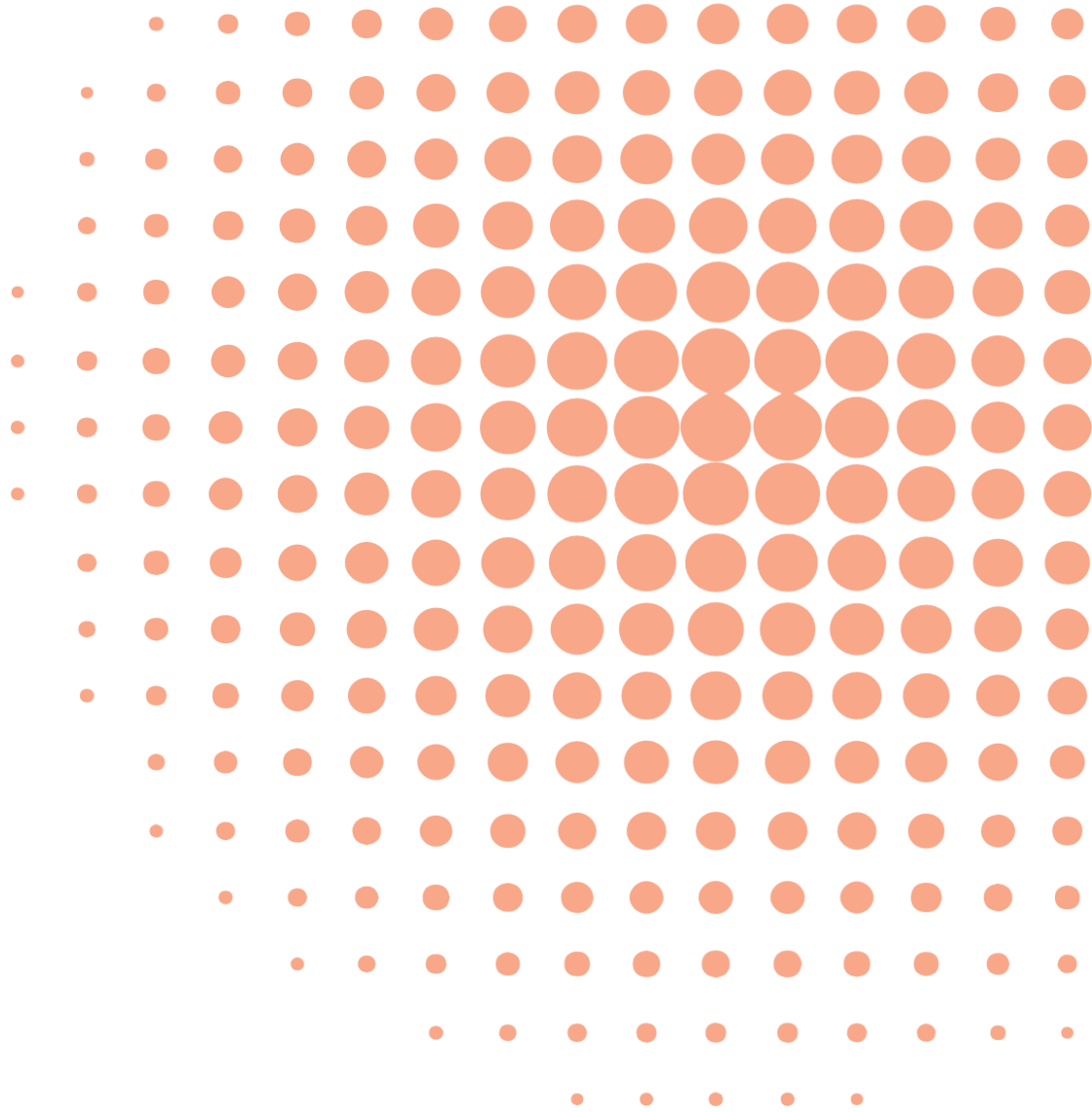




# Strengthening Seniors' Services in Ontario

## Ontario CBSS Consultations

September 30, 2025; November 4, 2025; December 2, 2025; December 11, 2025



Older Adult Centres' Association of Ontario  
Association des centres pour aînés de l'Ontario

**OACAO**

The Voice of Older Adult Centres  
La voix des centres pour aînés



**Elder Abuse  
Prevention  
Ontario**

# Introduction

## Background

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HelpAge Canada collaborates with partners across the country to coordinate provincial, territorial, and Pan-Canadian efforts to build a stronger, more connected community-based seniors' services (CBSS) sector. CBSS organizations provide essential supports and programming that help older adults remain engaged in their communities and access the resources they need to age in the right place with dignity, purpose, and connection.

As part of this work, HelpAge Canada has undertaken a series of provincial and territorial consultations to understand the current state of CBSS, identify strengths and opportunities, and build a shared vision for the sector. The Ontario consultations were developed with community and sector partners, building on previous consultations held across Canada.

## Ontario consultation process

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In 2025, HelpAge Canada engaged communities across Ontario through in-person consultations in Thunder Bay and Mississauga, as well as a virtual consultation. Each engagement was developed with community and sector partners to ensure the discussions reflected local context, existing relationships, and the priorities of older adults and service providers.

HelpAge Canada convened two community conversations in Thunder Bay to explore how CBSS can be strengthened in Northwestern Ontario and inform emerging provincial and Pan-Canadian efforts, with particular focus on rural, remote, and Indigenous communities. The consultations welcomed participants from across the region and surrounding areas, within a catchment area that includes more than 34 First Nations communities.

- **September 30, 2025:** *Strengthening Seniors' Services in Northwestern Ontario: An Ideas Exchange and Working Session*, Thunder Bay (44 participants)
- **December 2, 2025:** *Bringing Together Indigenous Community and Non-Indigenous Service Providers*, Thunder Bay (20 participants)

The December gathering was led by First Nations facilitator Debra Sayewich and intentionally centred Indigenous perspectives, relationship-building, trust, and shared learning. Across both sessions, 64 people participated, including Indigenous and non-Indigenous service providers, community members, and older adults.

With support from the Older Adult Centres' Association of Ontario, the Ontario Community Support Association, and Elder Abuse Prevention Ontario, HelpAge Canada also held two community conversations focused on the CBSS sector in Ontario and contributing to the development of the Pan-Canadian sector:

- **November 4, 2025:** *Strengthening Seniors' Services in Ontario: An Ideas Exchange & Working Session*, Mississauga (70 participants)
- **December 11, 2025:** *Strengthening Seniors' Services in Ontario: An Ideas Exchange & Working Session*, Virtual (104 participants)

The Mississauga and virtual sessions included an introduction to CBSS in Ontario and Canada, a presentation from the National Institute on Aging (NIA), and two working sessions focused on

building a stronger CBSS sector in Ontario and advancing a Pan-Canadian CBSS sector. A list of participants from these two sessions is provided in Appendix B.

Together, these four consultations provided opportunities for older adults, service providers, community organizations, and other partners to share their experiences, identify strengths and challenges within CBSS, and describe the changes needed to support a stronger and more equitable sector.

### How the findings are presented

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The consultations brought forward many shared priorities for strengthening CBSS, while also highlighting perspectives shaped by distinct geographic, cultural, and community contexts. This report brings these findings together as one Ontario consultation report while maintaining space for the distinct perspectives and experiences shared through each engagement process.

**Part I: Community Perspectives from Thunder Bay** presents findings from the Thunder Bay gatherings, with particular attention to the priorities and approaches emphasized through the Indigenous-centred December gathering. It highlights the importance of trust, continuity, relational accountability, cultural safety, Indigenous leadership, and community-defined priorities alongside the broader realities of providing services in rural and remote communities.

**Part II: Community Perspectives from the Ontario Ideas Exchange and Working Session** presents findings from the Mississauga and virtual consultations. It examines the challenges, opportunities, strengths, and desired future state identified for the provincial CBSS sector, followed by perspectives on the development of a Pan-Canadian CBSS sector.

### Purpose and objectives

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The discussions employed a community development approach, ensuring the voices of older adults and service providers informed Ontario and Pan-Canadian strategies, approaches, and planning efforts. The consultation questions were developed in collaboration between the Older Adult Centres' Association of Ontario, the Ontario Community Support Association, Elder Abuse Prevention Ontario, and HelpAge Canada to reflect the regional context and build on the previous consultations across Canada.

The consultations sought to:

- Increase understanding of the current and potential role of the provincial CBSS sector.
- Develop a vision for a strong provincial CBSS sector in Ontario.
- Motivate participants to contribute time and energy to the development of a Pan-Canadian CBSS sector.
- Support participants in seeing themselves as part of a Pan-Canadian sector.
- Contribute to and inform the development of a Pan-Canadian CBSS sector.
- Identify next steps at the community, provincial, and Pan-Canadian levels.

This report includes session findings and facilitator reflections. The discussion questions used for all four consultations can be found in Appendix A.

The findings in this report are intended to support ongoing dialogue, advocacy, planning, and relationship-building. They are not intended to prescribe a single model for CBSS across Ontario. Rather, they reflect what participants identified as important for building a stronger, more coordinated, equitable, and sustainable sector.

# Part I: Community Perspectives from Thunder Bay

## Acknowledgement

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HelpAge Canada offers sincere thanks to the First Nations Elders, Knowledge Holders, older adults, service providers, and community members who generously shared their time, experiences, and guidance during the Thunder Bay gatherings. We also acknowledge that these conversations took place on the lands and waters cared for by First Nations in the region since time immemorial.

We recognize that relationships, trust, and accountability matter. This report is offered with humility and respect, and with appreciation for the wisdom shared.

## What We Heard

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Participants shared a consistent and clear message across both gatherings:

### ***1. Community-based supports are essential and deeply trusted***

Participants emphasized the importance of local programs and trusted community organizations, including volunteers and informal helping networks. These supports are often the first place older adults and families turn for help, particularly in rural and remote communities.

Community-based services were described not as optional or supplemental, but as foundational supports that help older adults remain connected, safe, and supported.

### ***2. Services are under strain and too often disconnected***

Participants described multiple challenges that make it difficult for older adults to access timely and coordinated support:

- Transportation barriers: limited options, high costs, eligibility restrictions, and weather-related risks
- Long waitlists and workforce shortages: challenges accessing primary care and community services
- Fragmented systems: services that are poorly connected, leading to gaps and duplication
- Navigation challenges: difficulty knowing what services exist, who to contact, and what happens next
- Housing pressure: a lack of affordable, accessible, and supportive housing
- Financial insecurity: rising living costs, fixed incomes, and benefit clawbacks
- Language and literacy barriers, including limited access to interpretation

Participants emphasized that these pressures are most acute in rural and remote settings. Indigenous older adults and older women were described as facing compounded barriers due to systemic inequities.

### ***3. Indigenous voices emphasized trust, continuity, and relationship-based care***

During the December gathering, Indigenous participants and allies shared that effective support must be grounded in:

- Trust built over time

- Continuity of care, including seeing familiar workers and maintaining stable service relationships
- Relational accountability, where services are dependable, respectful, and consistent
- Community-defined priorities, reflecting local realities, strengths, and ways of knowing
- Cultural safety in practice, including decision-sharing and Indigenous leadership, not only awareness

Participants described how frequent staff turnover and system fragmentation can lead to repeated storytelling, re-traumatization, and disengagement from services. A strong message emerged that older adults should not have to “start over” each time they seek help.

### Strengths and Assets Identified

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Participants identified that services closer to larger cities/urban centres have some strengths already present, including:

- Trusted community organizations and relationship-driven approaches
- Volunteers and informal peer support networks
- Meals programs, respite supports, community centres, and day programs
- Home care and community paramedicine initiatives
- Virtual care and specialist consultations, where connectivity allows
- Existing local collaborations that can be strengthened and expanded

Participants emphasized that these strengths are core supports. They help prevent crises and reduce isolation and should be recognized and sustained as essential infrastructure.

### A Desired Future State

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When asked to imagine the next three to five years, participants described a future where older adults experience:

- Coordinated services with clear and supported pathways
- Reliable transportation, including for social, cultural, and community activities
- Improved access to housing, food, and primary care
- Stronger continuity of care, with smoother transitions and less staff turnover
- Culturally safe services grounded in trust, relationships, and community priorities
- Greater emphasis on prevention and early support, not only crisis response
- Less stigma related to asking for and receiving help

Participants stressed that meaningful progress requires moving beyond information gathering toward action that is locally grounded and relationship-based, particularly in communities where digital tools are limited or unreliable.

### Shared Priorities for Next Steps

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Participants identified three practical priorities to guide next steps at community, provincial, and Pan-Canadian levels.

#### ***Priority 1: Strengthen relationship-based coordination and navigation***

Participants emphasized the importance of locally anchored coordination and navigation roles, ideally housed within trusted community organizations. These roles can help reduce:

- Fragmentation
- Repeated storytelling
- Confusion about pathways to support

This approach was seen as especially important in Indigenous, rural, and remote communities, where relationships and local knowledge are central to effective support.

### ***Priority 2: Advance Indigenous-led and culturally respectful approaches***

Participants emphasized that strengthening the CBSS in Northwestern Ontario must include:

- Indigenous leadership in planning and decision-making
- Approaches grounded in trust, continuity, and relational accountability
- Recognition of Elders and older adults as Knowledge Holders
- Community-defined priorities and solutions

Participants highlighted the importance of distinctions-based and self-determined approaches that reflect the governance, cultures, and ways of knowing of individual Nations.

### ***Priority 3: Strengthen shared learning and Pan-Canadian alignment***

Participants identified a need for shared learning across regions through:

- Communities of Practice
- Regional and national platforms, such as CORE Canada
- Accessible and culturally relevant knowledge sharing
- Ongoing engagement with older adults and communities as partners

CBSS were framed as preventive social infrastructure that can strengthen community resilience while reducing reliance on acute care systems.

## **How We Will Use This Knowledge**

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Participants were clear that sharing experiences, stories, and insights is not an academic exercise. This knowledge was offered with care, and with the expectation that it will lead to meaningful action.

HelpAge Canada commits to using what was shared during the Thunder Bay gatherings in ways that are respectful, transparent, and accountable, including:

- Informing provincial and Pan-Canadian planning related to CBSS, with specific attention to the realities of Northwestern Ontario, including rural, remote, and Indigenous communities as well as other remote communities across the country;
- Strengthening advocacy efforts to ensure that CBSS are recognized and resourced as essential social infrastructure, not optional or supplemental services;
- Supporting Indigenous-led and culturally safe approaches by elevating themes related to trust, continuity of care, relational accountability, and community-defined priorities in broader policy and systems discussions;
- Sharing aggregated findings, not individual stories, and avoiding deficit-based narratives. The intent is to reflect strengths, challenges, and opportunities as described by participants, without singling out communities or placing responsibility on individuals.
- Supporting relationship-based coordination, prevention, and early intervention approaches that reduce fragmentation and repeated storytelling for older adults.

Participants' contributions will continue to inform how HelpAge Canada engages with governments, partners, and national networks. This knowledge will not be used to justify pre-determined solutions, but to shape decisions alongside communities, recognizing that local wisdom and lived experience are essential to effective action.

These conversations were held to listen, to learn, and to build trust. They are part of an ongoing effort to earn and maintain social licence to act in the interests of older adults across Canada.

HelpAge Canada recognizes that all community impacts matter. The experiences shared by First Nations participants, service providers, and older adults in Northwestern Ontario carry equal weight alongside those from urban centres, rural towns, and other regions across the country. Older adults are not a single group; they are diverse, rooted in place, culture, and lived experience, and deserve responses that reflect that diversity.

We commit to continuing this work in a way that:

- Honours Indigenous knowledge, leadership, and self-determination;
- Respects relationships and the time people have given;
- Values both remote and urban realities;
- Centres dignity, safety, and choice for older adults; and
- Moves from listening to action, with communities, not for them.

Strengthening Community-Based Seniors' Services is a shared responsibility. It requires collaboration across communities, governments, and systems, grounded in trust and guided by those most affected.

HelpAge Canada remains committed to walking this path alongside Indigenous and non-Indigenous partners, with humility, accountability, and a clear purpose: to support older adults in all communities to age where they choose, with dignity, connection, and care.

### Closing Reflections

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These gatherings highlighted both the urgency and the opportunity to strengthen community-based seniors' services in Northwestern Ontario. Participants described systems under strain alongside deep community commitment, knowledge, and care.

A clear message emerged: older adults should not have to navigate disconnected systems or repeatedly retell their stories to receive support. A strengthened CBSS sector must be coordinated, culturally safe, relationship-based, and grounded in lived experience and community-defined priorities.

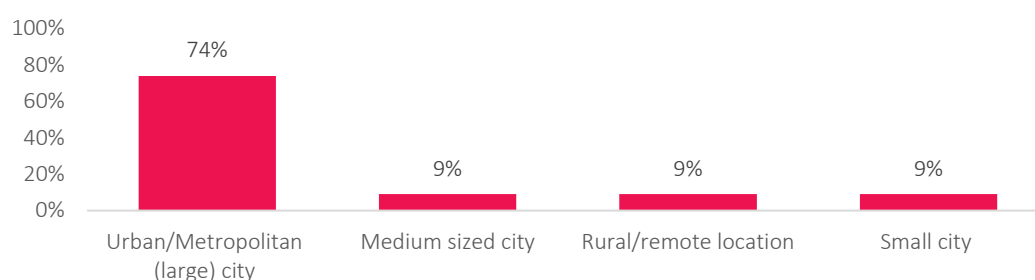
HelpAge Canada is grateful for the guidance shared and recognizes that moving forward requires continued relationship-building, accountability, and partnership.

## Part II: Community Perspectives from the Ontario Ideas Exchange and Working Session

### About the participants

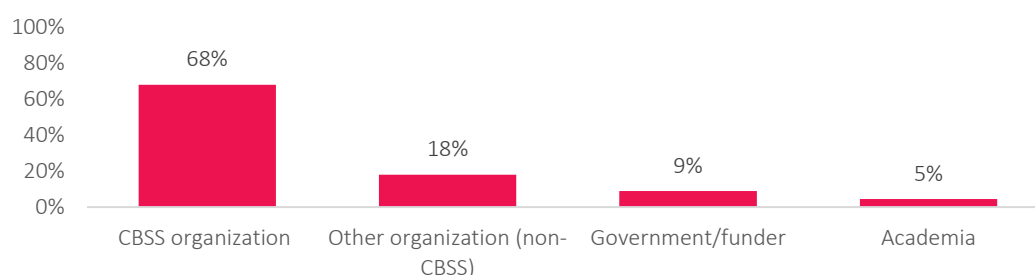
The in-person session had 70 participants, grouped into nine tables, and the virtual session included 104 (refer to Appendix B for a list of participants). Of the total number of participants, 24 responded to the post-conference survey. All survey respondents were from Ontario, with the majority representing an urban/metropolitan city (74%) and the remainder representing a medium-sized city (9%), a rural/remote location (9%), or a small city (9%) (Figure 1).

**Figure 1. The community that respondents represent (n=23)**



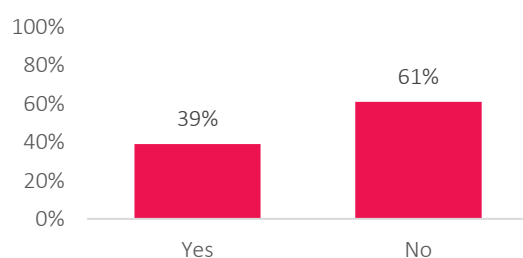
Just over two-thirds (68%) of respondents indicated they were representing a CBSS organization, 18% a non-CBSS organization, 9% a government/funder, and 5% academia (Figure 2).

**Figure 2. The organization respondents represent (n=22)**

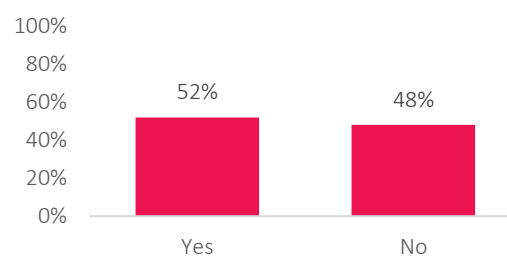


Of those who completed the survey, over a third (39%) of participants identified as an older adult (Figure 3) and just over half (52%) identified as being part of an equity-deserving community (i.e. racialized, disability, LGBTQ2SI, blind, deaf, Indigenous, etc.) (Figure 4).

**Figure 3. Respondents identifying as an older adult (n=23)**



**Figure 4. Respondents identifying as being part of an equity-deserving community (n=23)**



## Ontario CBSS Sector

What follows is an overview of the challenges, opportunities, strengths, and the desired future state for CBSS in Ontario; refer to Table 1 for a summary.

### Challenges

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When asked about the challenges faced by the CBSS sector, many commented on awareness, navigation, and access to services. The CBSS sector is not well known, with limited recognition and promotion of services from health care and system partners; the medical system largely focuses on urgent treatment, rather than community-based, home prevention and early planning. Additionally, CBSS organizations are working in silos, leading to duplication of services and inconsistent offerings across the province. The ability for older adults to research these services is hindered by a lack of digital literacy and/or a lack of internet connection, particularly in rural areas. CBSS staff often spend significant amounts of time helping seniors navigate an overwhelming number of programs, and many seniors are falling through the cracks.

Programs are also difficult to access without a diagnosis, and it can take over a year to see a specialist upon referral. Waitlists are growing, with limited organizational capacity to meet participant needs, particularly for services in health care, respite care, and adult day programs. Organizational limitations include a lack of infrastructure/physical space to host programs, issues with data sharing and interoperability, a shortage of staff and volunteers, and a lack of long-term, sustainable funding. There is heavy reliance on government support, grants, and donations, and the CBSS sector is not seen as a government priority. Organizations need to come together to share resources and develop a unified voice for advocacy to secure funds. As part of advocacy, there is also a need for more data collection, analysis, and benchmarking across the province to demonstrate the benefits of the sector on health care outcomes.

Another barrier to access is affordability. Many seniors cannot afford adult day and social programs, transportation, housekeeping, additional medical costs, food, housing, and respite care. Poverty is rising, and there is limited financial support and available subsidies. A lack of respite care is leading to caregiver overwhelm and burnout, especially for older caregivers and those who fall within the *sandwich generation* – adults caring for both their parents and their own children.

Geographical/bureaucratic boundaries further complicate access and transportation to programs. Other noted transportation challenges include:

- A lack of public transit, particularly in rural areas
- A shortage of volunteer drivers
- Insufficient insurance coverage for volunteers and Insurance policies in urban areas that prohibit drivers from being volunteers
- A lack of support for older adults with limited mobility, who require home-based transit, as well as those with later-stage dementia, who require passenger assistance
- Limited wheelchair-accessible services
- A lack of funds to hire drivers and unaffordable private driver and taxi options

Access challenges are contributing to senior isolation and loneliness. Some seniors are apprehensive about attending programs, particularly men and newcomers. To attract more participants, the sector needs to keep up with the changing senior demographic. The province needs more culturally appropriate services and staff representation. Many older adults travel long distances and/or wait long periods to attend programs offered in their language. Francophones in

Ottawa have very few French options, and Indigenous communities are facing funding disparities, as well as a lack of volunteers, paid employees, and transportation.

## Opportunities

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When asked about opportunities for the CBSS sector, many commented on improved coordination and communication both within the sector and with other sectors, including partnerships with local businesses, rural organizations, first responders, emergency medical technicians, meal program providers, tech cafés, arts organizations, and faith-based organizations. One Electronic Medical Record (EMR)/platform would help organizations communicate who is being supported where, with less repetition and better continuity of care. Participants emphasized the need for a collaborative mindset in which members are willing to share resources and information, rather than competing for funds. There is an opportunity to pool efforts, amalgamate common services to cost-share, and use successful programs as frameworks for other organizations/communities. Working together would also help identify gaps and duplications in services and create a collective voice for advocacy and sector recognition. There is an opportunity to clearly define the sector's relations to government and lead conversations on community care and aging. Messaging can focus on empowerment, positive outcomes, and being seen as a "partner in care." Many participants also highlighted the importance of upstream prevention, with opportunity for Social Prescribing, and for CBSS services to be regularly communicated to clients in hospital discharge plans. There is also opportunity to connect with more diverse populations through outreach, and by developing more culturally and linguistically appropriate programs.

To improve access to services, participants see an opportunity to employ system navigator workers and create an easy-to-navigate, regularly updated, centralized website. Digital literacy could be improved through virtual support visits and by providing more tech navigation classes. Internet access could be enhanced through grants and free internet programs (e.g., Rogers, libraries, etc.). To improve transportation to and from services, participants suggested collaborating with organizations for cheaper cab rides and round-trip bus rides, as well as following a coordinated system similar to school buses. Participants also suggested changing provincial boundaries to improve transit between regions and support service amalgamations. To navigate waitlists, more programs could offer day-to-day drop-in vacancies. To address volunteer shortages, participants recommend having college student volunteer placements, incentives to retain current volunteers, volunteer training, and volunteer coordinators. Community Home Support Lanark County recently introduced a volunteer coordinator, which increased the volunteer force. CBSS Staff would benefit from having more regular conferences and training sessions, as well as established succession plans.

## Strengths

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When asked to identify strengths within the CBSS sector that can be scaled to create a stronger provincial sector, many commented on the strength of collaborative partnerships to share funding, space, workforce, and ideas. In Fort Erie, Niagara College and March of Dimes partnered to provide a variety of senior community programs, including therapy, wellness workshops, clinics, and massage therapy. Regular meetings help identify gaps and challenges, find solutions, and build relationships. Collaborations are also powerful for advocacy and public messaging, helping create a unified voice and working with older adults to share lived experiences and success stories. Hearing from seniors and having them involved in the development and delivery of programs is key. It can also be beneficial for organizations to partner on grant applications. Having a database of available

funding opportunities, as well as training resources for grant writing, is also seen as a strength.

Participants highlighted the strength of having passionate staff and volunteers, as well as having programs that are person-centred, responsive to feedback, and tailored to individuals. Some organizations mentor students entering the health and community care workforce to better understand participant needs and instill the importance of the sector. Specific programs highlighted as strengths include Adult Day Programs and their inclusion of nurses; senior active centres; stroke programs; community hubs; the Natural Occurring Retirement Communities (NORC) Innovation Centre; and the Friendly Visiting Program at West Neighbourhood House. Post-hospital supports of note include the Let's Go Home (LEHGO) program, which offers six weeks of free services upon discharge, and Independent Living Services Simcoe County, which provides 12 weeks of free services, including personal support workers and at-home adult day programming. Virtual and hybrid delivery options are seen as strengths for staying connected, and participants value efforts to regularly contact clients, whether through email, phone, or in person. A strength is offering culturally specific programs and services in multiple languages; multilingual volunteers often bridge communication barriers. For service navigation, 211 Ontario and system navigators are strong resources. North Simcoe, for example, received funding to embed a community support navigator into discharge planning, and this greatly helped older adults transition home with the community supports and resources they need.

### Looking ahead to a desired state

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In the next three to five years, participants hope for more affordable living, in which all seniors can retire and access affordable transportation, housing, laundry, food, healthcare, long-term care, home support, and caregiver support. They also hope for changes in public perception of aging, with less stigma and more future planning, intergenerational programming, and community members wanting to help and volunteer. Ideally, there would be more education and focus on upstream prevention and aging well. There would also be more awareness of available resources, with an easy-to-navigate, up-to-date, centralized database of information and navigation support workers. Participants would like all seniors to have a sense of belonging, feel valued in the community, and have the option to age, work, and volunteer where they choose.

A desired future state also involves the CBSS sector being recognized as a key player in the healthcare system, and as a worthy investment by the government. There would be a federal Minister of Seniors, a cohesive approach amongst ministries, and stronger legislation. The sector would secure long-term sustainable funding, with less reliance on volunteers, and more capacity to keep pace with the growing needs of participants. There would be more physical space to host programs, better workforce stability, and no waitlists for programs. Every senior would have access to health care, long-term care, and dementia supports, as needed. Further, the sector would be more connected, with greater coordination across groups providing similar services, and more sharing of best practices and success stories. There would also be shared objectives in strategic plans, and a unified voice for advocacy. Meaningful, measurable outcomes, including metrics on equity, loneliness, and wait times for long-term care placements, would back advocacy. CBSS sector data would be interoperable with the healthcare system, and care plans would be seamlessly shared amongst services to reduce the number of times participants have to repeat their stories.

**Table 1. Summary of strengths, challenges, opportunities and a desired future state**

| Strengths                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Challenges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <ul style="list-style-type: none"> <li>- Collaborative partnerships to share funds, space, workforce, and identify gaps and find solutions</li> <li>- Having a unified voice for advocacy</li> <li>- Hearing/sharing lived experiences and success stories</li> <li>- Including seniors in the development and delivery of programs</li> <li>- Having a database of available funding opportunities and training resources for grant writing</li> <li>- Passionate staff and volunteers</li> <li>- Programs that are person-centred, responsive to feedback, and tailored to individuals</li> <li>- Mentoring students who are soon to be entering the workforce</li> <li>- Adult day programs, senior active centres, stroke programs, community hubs, the NORC Innovation Centre, and the Friendly Visiting Program</li> <li>- Post-hospital supports (e.g. LEHGO program, Independent Living Services Simcoe County)</li> <li>- Virtual and hybrid delivery options for programming</li> <li>- Culturally specific programs</li> <li>- Services in multiple languages</li> <li>- 211 Ontario</li> <li>- System navigators</li> </ul> | <ul style="list-style-type: none"> <li>- Limited recognition and promotion of services from health care and system partners</li> <li>- A lack of coordination and collaboration amongst CBSS organizations</li> <li>- Limited digital literacy and/or a lack of internet connection</li> <li>- Difficulty accessing programs without a diagnosis</li> <li>- Long waitlists for services</li> <li>- A lack of infrastructure to host programs</li> <li>- Issues with data sharing and interoperability</li> <li>- Staff and volunteer shortages</li> <li>- A lack of long-term, sustainable funding</li> <li>- Limited data collection, analysis, and benchmarking</li> <li>- Prohibitive service costs</li> <li>- A lack of respite care and caregiver burnout</li> <li>- Geographical/bureaucratic boundaries</li> <li>- Transportation challenges</li> <li>- Senior isolation and loneliness</li> <li>- Older adults being apprehensive to attend programs, particularly men and newcomers</li> <li>- A lack of culturally appropriate and multilingual services</li> </ul> |
| Opportunities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Future state                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"> <li>- Improving coordination and partnerships amongst CBSS and non-CBSS organizations</li> <li>- Transitioning to one EMR</li> <li>- Amalgamating common services</li> <li>- Defining the sector's relations to government</li> <li>- Focusing public messaging on empowerment, positive outcomes, and being "partners in care"</li> <li>- Increasing social prescribing</li> <li>- Including CBSS supports in hospital discharge plans</li> <li>- Developing more culturally and linguistically appropriate programs</li> <li>- Creating an easy to navigate, centralized website of available services</li> <li>- Hiring more community system navigators</li> <li>- Providing virtual support visits/tech navigation classes</li> <li>- Improving internet access via grants and free internet programs (e.g. Rogers, libraries, etc.)</li> <li>- Improving transportation</li> <li>- Changing province boundaries</li> <li>- Offering drop-in vacancies to navigate waitlists</li> <li>- Offering more college student volunteer placements</li> </ul>                                           | <ul style="list-style-type: none"> <li>- Affordable living and access to transportation, housing, food, healthcare, long-term care, home support, dementia support, and caregiver support</li> <li>- Improved public perception on aging</li> <li>- More awareness of available resources</li> <li>- An easy to navigate, centralized database and navigation support</li> <li>- Older Adults having a sense of belonging with the option to age, work, and volunteer where they choose</li> <li>- Sector recognition in the healthcare system</li> <li>- Long-term sustainable funding</li> <li>- More capacity – more physical space, workforce stability, and no waitlists</li> <li>- Greater coordination amongst organizations</li> <li>- A unified voice for advocacy and meaningful metrics to back advocacy efforts</li> <li>- Interoperable data sharing between CBSS services and with the healthcare system</li> </ul>                                                                                                                                             |

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| <ul style="list-style-type: none"> <li>- Having more volunteer incentives, training, coordinators</li> <li>- Providing staff with regular conferences and training</li> <li>- Establishing succession plans</li> </ul> |  |
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## Pan-Canadian CBSS Sector

### Definition of CBSS

The working definition of CBSS, derived from initial work in British Columbia, is as follows:

*“The CBSS sector includes municipal, volunteer, and not-for-profit organizations that provide services and programming for older adults at the local level – at community centres, single and multi-service agencies, seniors’ centres, community coalitions and neighbourhood houses and circles, among others. CBSS organizations deliver programs, supports, and services that enable older adults to age in place, stay connected, and thrive in their communities. They are rooted in community and built on a foundation of trust, relationships, and deep community knowledge and understanding.”*

When asked how the CBSS definition could be adjusted, participants suggested adding:

- All levels of government (federal, provincial, municipal)
- Advocacy efforts
- Multicultural programs
- Collaborations/partnerships with other systems and sectors (e.g. health, housing, nutrition, transportation, etc.)
- The private/for-profit sector
- Faith-based organizations
- Indigenous organizations
- Non-clinical/medical services
- Caregiver support
- Services for volunteers
- Holistic health and social determinants of health
- Reduced isolation and loneliness
- Safety at home
- Challenges and opportunities
- National messaging

Participants also commented on specific language, such as using “older adults” instead of “seniors”; “aging in the right place” or “healthy aging” instead of “aging in place”; and “essential services” instead of just “services.” Others feel the definition is too long and suggest removing the list of examples and instead having them in an addendum.

### Call to action to support the desired state of CBSS in Ontario

Participants were asked what they think needs to be done at a Pan-Canadian level to support the desired state of CBSS in Ontario. Many comments centred on funding, including more funds for home supports (cleaning services, personal support workers, occupational and physical therapists, etc.), grassroots organizations, transportation, and affordable housing. There is a need for guaranteed federal resources, with CBSS services being included in transfer payments. Funds then need to be allocated equitably between Northern and Southern Ontario, as well as across Canada. Many answers also centred on collaborations, including hearing from seniors, hosting national

conferences, and forming partnerships between CBSS and non-CBSS organizations, such as those in the academic and for-profit sectors.

On a Pan-Canadian level, participants would also like to standardize data collection tools and metrics and implement a National Aging in Place/Seniors' Strategy. Dedicated advocates and educators are needed to lobby at all levels of government, stand up for seniors in medical settings, shift public perceptions of ageism, and raise awareness of available services. The sector would benefit from more navigation supports; inclusive services that are not just offered online; and more mental health supports, especially for men. Participants would like to see more staff available in person, rather than virtually, with front-line workers helping participants fill out forms at their offices. Further, some participants are interested in Pan-Canadian workforce training and certification, as well as free professional development and grant-writing workshops. To ensure continuity of care, the sector would benefit from a Pan-Canadian communication portal where care plans and client information can be accessed seamlessly across the country.

### Defining success and determining impact

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When asked what would define a successful Pan-Canadian CBSS sector, many answers centred on equity and equality within the healthcare and social systems. Success would mean all levels of government recognize the value of the sector, with dedicated funds for program sustainability. Every province and territory would have a seniors' advocate, and organizations across the country would uphold a unified voice. There would be more synergy between health and social sectors, including shared data and one interoperable EMR system. Organizations across Canada would exchange knowledge, best practices, and success stories, and ensure seniors' voices are at the forefront of program development and decision-making. Success would also mean seniors are feeling socially connected, healthy, happy, and comfortable asking for help. People would get help sooner; more preventative measures would be in place, particularly against financial abuse; and emergency preparedness plans would be established. All seniors would have access to the services they need, with shorter waitlists and transportation to and from programs. There would also be an up-to-date, centralized database of offerings, where participants can enter their address to view local services. When claiming Old Age Security, participants would receive a resource guide, available in multiple languages, that includes support for financial literacy, system navigation, and tech literacy. Ideally, senior services and housing would be more affordable, and CBSS staff would be paid livable, competitive wages. There would be no staff shortages and fewer inter-provincial employment barriers, such as differences in required skills, qualifications, and health coverage plans. The sector would be seen as a sustainable career path with opportunities to train and grow.

The impact of the sector should be reflected in the annual NIA surveys. Success could also be tracked with impact assessments that cover health, food, health access, and housing. Evaluations could be conducted pre- and post-service delivery, with consistent data collection tools and metrics across the province and country for benchmarking. Metrics could include the number of:

- Referrals to organizations
- Participants on waitlists
- Participants served
- Volunteers and volunteer hours
- Staff and staff hours
- Hospital admissions
- Elder abuse calls

## Priorities

When respondents were asked to rate priorities in order of importance to support a Pan-Canadian CBSS sector, funding was ranked most important, followed by collaboration, then workforce, advocacy, data, and ageism (Figure 5).

**Figure 5. Ranked priorities (n=17)**

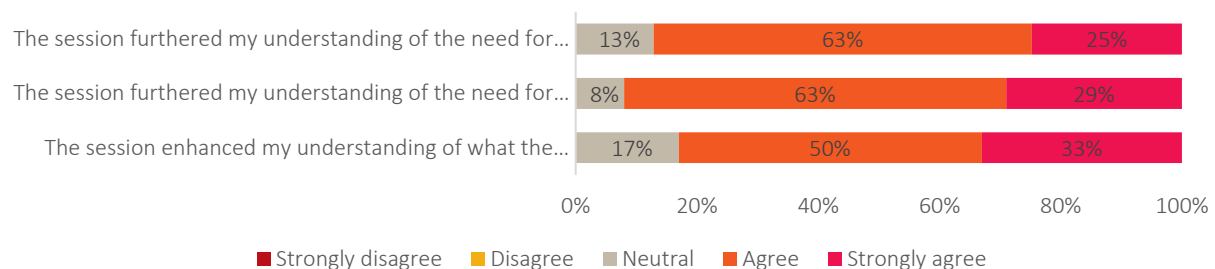


## Session Evaluation

### Effectiveness of the consultation

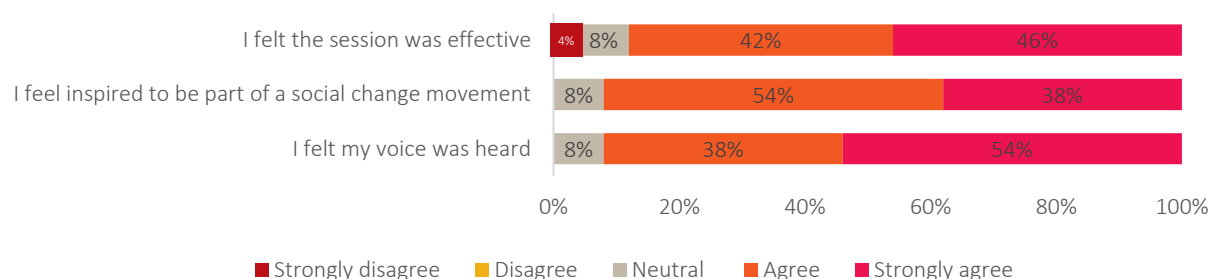
Most respondents agreed or strongly agreed that the session enhanced their understanding of what the CBSS sector does (83%) and furthered their understanding of the need for a provincial CBSS sector (92%) and a Pan-Canadian CBSS sector (88%) (Figure 6).

**Figure 6. Effectiveness of the session in enhancing the respondents' understanding of the CBSS sector (n=24)**



Most respondents agreed or strongly agreed that the session was effective (92%), that it made them feel inspired to be part of a social change movement (88%), and that their voice was heard (92%) (Figure 7).

**Figure 7. Respondents' feelings towards the session being effective, inspiring, and feeling heard (n=24)**



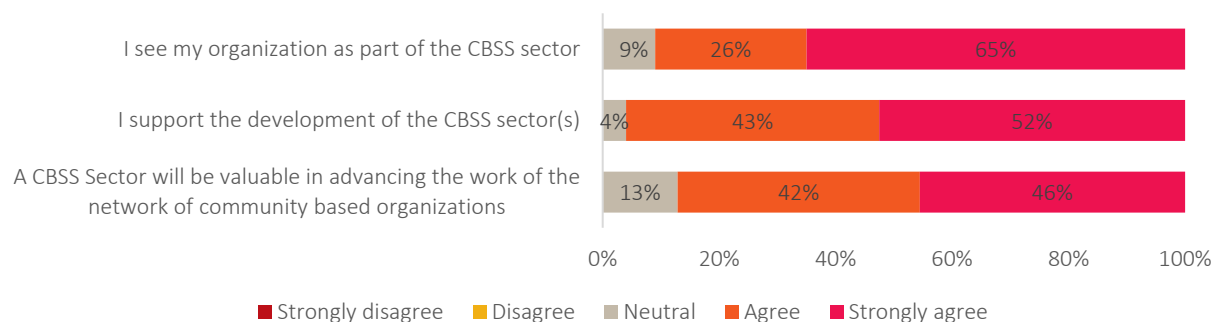
When asked what the best part of the session was, participants highlighted hearing diverse perspectives; exchanging ideas, success stories, and concerns; and networking. Respondents also enjoyed the small-group discussions and noted that breakout room facilitators made everyone feel welcomed and heard. Specific topics of note included learning about the CBSS sector, the Older Adults Centres' Association of Ontario, and NIA data.

When asked how the session could be improved, some felt attendance was low and would have liked more voices at the table. Respondents suggested providing more advance notice and connecting with attendees quarterly. Some wished there had been more time for discussions, while one respondent felt that the session was too long. One respondent would have liked the research provided to be better tied into conversations, and another hoped for more information on what the CBSS sector is.

### National CBSS Sector

When asked about building a Pan-Canadian CBSS sector, the majority of respondents agreed or strongly agreed that they see their organization as part of the CBSS sector (91%), that they support the development of the CBSS sector(s) (95%), and that a CBSS sector will be valuable in advancing the work of the network of community-based organizations (88%) (Figure 8).

**Figure 8. Building a Pan-Canadian CBSS Sector (n=24)**



### Reflecting on the previous consultations (national, Nova Scotia, British Columbia, Manitoba, and Saskatchewan)

Like the input from other provincial/territorial consultations and the national summit, participants commented on the importance of having a unified, collective voice for effective advocacy and to secure funding. Participants also reported that a Pan-Canadian CBSS sector brings people together to collaborate. Key actions that are necessary to support the development of a Pan-Canadian CBSS sector include: having more opportunities to collaborate and communicate; securing funds at all levels of government through advocacy and awareness; and improving education and awareness of the CBSS sector.

## Key takeaways and lessons learned

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Key lessons learned about the session and surrounding sector development include the following:

### **About the session**

- Invite more participants
- Provide more advanced notice of sessions
- Connect with attendees on a quarterly basis
- Allot more time for discussions
- Tie the research provided into the conversations
- Better define the CBSS sector

### **Sector development**

- Garner more funds for home supports (cleaning services, personal support workers, occupational and physical therapists, etc.), grassroots organizations, transportation, and affordable housing
- Secure guaranteed federal funding and ensure equitable allocation
- Include seniors in the development, implementation, and facilitation of services/programs
- Host regular national conferences
- Expand sector coordination and collaboration
- Partner with other sectors, including the academic, for-profit, and healthcare sectors
- Standardize data collection tools and metrics
- Implement a National Aging in Place/Seniors' Strategy
- Employ dedicated advocates and educators who can lobby at all levels of government, stand up for seniors in medical settings, sway public perception on ageism, and raise awareness of available services
- Employ community system navigators
- Create a regularly updated centralized database of services
- Offer more inclusive programming, including that which is culturally appropriate, multilingual, and delivered both in-person and virtually
- Offer Pan-Canadian workforce training and certification, as well as free professional development and grant writing workshops
- Implement a Pan-Canadian communication portal (EMR), in which care plans and client information can be accessed seamlessly across the country
- Decrease inter-provincial employment barriers (e.g. required skills, qualifications, and health coverage)

# Appendix A: Discussion questions

## Ontario focus

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**Discussion question #1:** Thinking about CBSS in your region, what are the top challenges and where are the opportunities?

**Discussion question #2:** Can you identify points of strength within the CBSS sector that can be scaled to support a strong, provincial CBSS sector (i.e., what are the success factors)?

**Discussion question #3:** If you think ahead about the CBSS sector in Ontario in 3-5 years, what is the desired state? What does it look like? How does it feel?

## Pan-Canadian focus

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**Discussion question #4:** Reflecting on the definition of CBSS, what is missing (definition of CBSS is provided)? What can be added?

**Discussion question #5:** What needs to be done at the Pan-Canadian level to support the desired state of CBSS in Ontario that you talked about this morning?

**Discussion question #6:** Thinking about a Pan-Canadian CBSS sector, what does success look like? How will we know we are making an impact?

## Appendix B: Participants – Mississauga and Virtual Ideas Exchange and Working Sessions

### In-Person (Mississauga) Session Participants

| Name                  | Organization                                        |
|-----------------------|-----------------------------------------------------|
| Aiping Lai            | Yee Hong Centre for Geriatric Care                  |
| Alison Coke           | ESS Support Services                                |
| Amarah Dawood         | Caledon Meals on Wheels                             |
| Andrew Thomas         | St. Matthew's Bracondale House                      |
| Anna Do               | St. Demetrius Development Corporation               |
| Anne Hollis           | Ingersoll Services for Seniors                      |
| Brandy Couette        | Eganville & District Seniors                        |
| Christine Smith       | Ingersoll 50+ Activity Centre                       |
| Christine Wong        | Good Shepherd Centres Hamilton                      |
| Dan Grummon           | Rexdale Community Health Centre, Seniors Program    |
| Dana Frigon           | Dundas Community Services                           |
| Deborah Simon         | Community Member                                    |
| Debra Sayewich        | Elder Abuse Prevention Ontario (EAPO)               |
| Dena Silverberg       | Older Adult Centres' Association of Ontario (OACAO) |
| Emily Angel           | Older Adult Centres' Association of Ontario (OACAO) |
| Erin Mitchell         | The Village, Canadore College                       |
| Felicity Watson       | HelpAge Canada                                      |
| Gabrielle Gallant     | National Institute on Ageing                        |
| Guillaume Gervais     | Montfort Renaissance                                |
| Heather Thompson      | Halton Elder Abuse Prevention Network               |
| Heidi Yerxa           | Seniors Life Enhancement Centres                    |
| Hoda Herati           | National Institute on Ageing                        |
| Iman Tabbara          | Agepro                                              |
| Jacquie Buncel        | Sunshine Centres for Seniors                        |
| Jennifer Bennett Pond | Norfolk County Recreation Department                |
| Jennifer Jones        | BGC London                                          |
| Jessica Lang          | TransCare Community Services- Scarborough           |
| Joan Cameron          | Thunder Bay 55Plus Centre                           |
| Joanne Kla            | City of Cambridge-Adult                             |
| Jodi Longland         | Parks & Recreation Ontario - HIGH FIVE              |
| John Carey            | Yonge Eglinton Community Centre                     |
| Josi Sarne            | Circle of Care                                      |
| Joyce MacDonald       | The Neighbourhood Group Community Services          |
| Julie Moran-Illes     | Older Adult Centres' Association of Ontario (OACAO) |
| Katie Sawyers         | Municipality of the Town of Caledon                 |

|                   |                                                     |
|-------------------|-----------------------------------------------------|
| Kayla Menkhorst   | Eganville and District Seniors                      |
| Kimberley Hill    | Ontario Health atHome                               |
| Kimberley Sato    | City of Richmond Hill                               |
| Laura Ostler      | Elder Abuse Prevention Ontario (EAPO)               |
| Laura Proctor     | Elder Abuse Prevention Ontario (EAPO)               |
| Laurie Forbes     | 55 Plus Centre Thunder Bay                          |
| Leslie Olsen      | Better Living Health and Community Services         |
| Lisa Mudie        | Richview Community Care Services                    |
| Liz McGuire       | National Institute on Ageing                        |
| Logan Curran      | MacKay Centre For Seniors                           |
| Lori Holloway     | Ontario Community Support Association (OCSA)        |
| Mario Longo       | CHATS - Community & Home Assistance to Seniors      |
| Marta Hajek       | Elder Abuse Prevention Ontario (EAPO)               |
| Mary Shkoury      | Elder Abuse Prevention Ontario (EAPO)               |
| Matilda Kress     | Region of Waterloo, Seniors' Services               |
| Melanie Rowe      | CHATS- Community & Home Assistance to Seniors       |
| Melanie Theil     | Upper Ottawa Valley Seniors Friendship Club         |
| Pat Spadafora     | Kaleidoscope Consulting                             |
| Penelope Petrie   | Sackville Hill Senior Recreation Centre             |
| Pragya Srivastava | Waterfront Community Centre                         |
| Rachel McConnell  | Elder Abuse Prevention Ontario (EAPO)               |
| Rachel Tenn       | National Institute on Ageing                        |
| Raeann Rideout    | Elder Abuse Prevention Ontario (EAPO)               |
| Robin Bryce Mech  | YWCA Hamilton Seniors Active Living Centre          |
| Robin Goudreault  | Ingersoll 50+ Activity Centre                       |
| Rupa Ghosh        | Rexdale Community Health Center                     |
| Safiya Dena       | HelpAge Canada                                      |
| Sean Welbourn     | Woodstock Hospital BSO Mobile                       |
| Shannon Lytle     | Peel Region                                         |
| Sue Hesjedahl     | Older Adult Centres' Association of Ontario (OACAO) |
| Ted Lambert       | Older Adult Centres' Association of Ontario (OACAO) |
| Victoria Rode     | Ingersoll Services for Seniors                      |
| Victoria Stewart  | Wallaceburg Adult Activity Centre                   |
| Zannat Reza       | HelpAge Canada                                      |
| Zeen Qureshi      | National Institute on Ageing                        |

### Virtual Session Participants

| Name                  | Organization                                                                                                        |
|-----------------------|---------------------------------------------------------------------------------------------------------------------|
| Adil Khalfan          | Kensington Health                                                                                                   |
| Adrienne Scott        | Ontario Community Support Association (OCSA)                                                                        |
| Alexis Hart           | HelpAge Canada                                                                                                      |
| Alice Bellavance      | Brain Injury Services of Northern Ontario (BISNO)                                                                   |
| Angela Yenssen        | Grey-Bruce Community Legal Clinic                                                                                   |
| Anne Saltel           | Sioux Area Seniors Activity Centre (SASAC)                                                                          |
| Anne McQuarrie        | Caledon Community Services                                                                                          |
| Annette Sak           | Amherstburg Community Services                                                                                      |
| Arielle Berger        | Toronto Grace Health Centre                                                                                         |
| Arvind M              | J W MacIntosh Community Support Services                                                                            |
| Bailey Schoenrock     | Community Home Support Lanark County                                                                                |
| Becky Clark           | McCormick Dementia Services                                                                                         |
| Benjamin Bassey       | Mount Sinai healthcare                                                                                              |
| Beth Plato-Giles      | Niagara Region, Seniors Community Programs                                                                          |
| Brandie Yorg          | Aurora Seniors Centre - Town of Aurora                                                                              |
| Branka Stewin         | Amherstburg Community Services                                                                                      |
| Carolyn Langan        | Caledon Community Services                                                                                          |
| Catherine Pink        | Community Care Peterborough                                                                                         |
| Cathy Perennec McLean | Caledon Community Services                                                                                          |
| Chantal Boudreau      | Centre de santé communautaire de Kapuskasing et région                                                              |
| Charm Ohn             | Bernard Betel Centre                                                                                                |
| Cheryl Wilson         | Independent Living Services Simcoe County                                                                           |
| Chris Cobus           | CSS Shared Resources, Ontario East Region                                                                           |
| Christina Bisanz      | CHATS-Community & Home Assistance to Seniors                                                                        |
| Colleen Taylor        | The Olde Forge Community Resource Centre                                                                            |
| Dana MacMillan        | Wesway                                                                                                              |
| Danielle Belair       | Community Care Peterborough                                                                                         |
| Darlene Morrison      | CHATS - Community & Home Assistance to Seniors                                                                      |
| Davina Wong           | VON                                                                                                                 |
| Deanne Gillies        | K-W Seniors Day Program                                                                                             |
| Deborah Simon         | Formerly Ontario Community Support Association (OCSA)                                                               |
| Deborah Lieberman     | Program Manager of Community Programs and Partnership-Paramedics and Senior Services, Community and Health Services |
| Debra Travassos       | Peel Cheshire Homes Brampton Inc.                                                                                   |
| Dr. Rose Joudi        | HelpAge Canada                                                                                                      |
| Frances Morton-Chang  | Municipal Region of York                                                                                            |
| Francesco Sijnardo    | Reconnect Health Services                                                                                           |
| Gail Gould            | Bernard Betel Centre                                                                                                |

|                         |                                                                 |
|-------------------------|-----------------------------------------------------------------|
| Geraldine Aguiar        | Caledon Community Services                                      |
| Gurprit Matharu         | TransCare Community Support Services                            |
| Isabel Palmar           | West NH, Toronto                                                |
| Jacqueline Silva        | Seniors Life Enhancement Centres                                |
| Jennifer Wiebe          | Older Adult Centres' Association of Ontario (OACAO)             |
| Jill Rogers             | Finlandia Village                                               |
| Joshua Otis             | UJA Federation of Greater Toronto                               |
| Josi Sarne              | Circle of Care                                                  |
| Jovel Patricio          | Momiji Health Care Society                                      |
| Joyce MacDonald         | The Neighbourhood Group Community Services                      |
| Julia Roitenberg        | York Region                                                     |
| Karen Cooper            | Seaway Senior Citizens Club                                     |
| Karen McDonald          | Healthy Aging Alberta                                           |
| Kate Tysick             | Community Home Support – Lanark County                          |
| Kayla Menkhorst         | Eganville and District Seniors                                  |
| Kelly Broome            | CHATS - Community & Home Assistance to Seniors                  |
| Kim Beauparlant         | Meals on Wheels Port Colborne Inc.                              |
| Lancia Simmonds Abiola  | VON                                                             |
| Laura Proctor           | Elder Abuse Prevention Ontario (EAPO)                           |
| Laura McGugan           | The Prince Edward County Community Care for Seniors Association |
| LeeAnn Woollings        | County of Lambton Adult Day Program                             |
| Lisa Mudie              | Richview Community Care Services                                |
| Liz McGuire             | National Institute on Aging (NIA)                               |
| Lori Holloway           | Ontario Community Support Association (OCSA)                    |
| Lucy Sheehan            | Thrive Group (AbleLiving Services/Capability Support Services)  |
| Maria Lindgren          | Bernard Betel Centre                                            |
| Mario Longo             | CHATS - Community & Home Assistance to Seniors                  |
| Martha Mackintosh       | OACAO Board Member/LAF Windsor                                  |
| Melanie Santarossa      | The Kimel Family Centre for Brain Health and Wellness           |
| Melanie Rowe            | CHATS- Community & Home Assistance to Seniors                   |
| Melissa MacKinnon       | Dryden District Senior Services Inc.                            |
| Monique Thibodeau       | Montfort Renaissance                                            |
| Monique Doolittle-Romas | The Dementia Society of Ottawa and Renfrew County               |
| Nazia White             | City of Burlington                                              |
| Nico Cassidy            | West Neighbourhood House                                        |
| Nikola Latinovic        | Canadian Red Cross Society                                      |
| Nimisha Hirji           | Central CSS Network                                             |
| Nita Dahal              | Thrive                                                          |
| Pascal Gendron          | Canadian College of Funeral Service (CCFS)                      |
| Patricia Blakeley       | Acclaim Health                                                  |
| Pira Santhanarasa       | TNG Community Services                                          |
| Pono Traore             | EORC-CREO                                                       |

|                       |                                                     |
|-----------------------|-----------------------------------------------------|
| Rachel Kelly          | Community Home Support                              |
| Raza Mirza            | HelpAge Canada                                      |
| Renee Kulinski-McCann | City of Burlington                                  |
| Robin Rakowsky        | Bernard Betel Centre                                |
| Rudi Genovese         | York Region                                         |
| Rufaro Munyurwa       | CHATS - Community and Home Assistance to Seniors    |
| Safiya Dina           | HelpAge Canada                                      |
| Samina Talat          | Peel Senior Link                                    |
| Sandi Bench           | Cheshire Supports to Independent Living Inc.        |
| Shell-Lee Wert        | Community Care for South Hastings Inc.              |
| Silvana Ferrari       | Caledon community servicez                          |
| Stacey Griffith       | Yonge Eglinton Community Centre (YECC)              |
| Stacey Norris         | VHA Health & Home Support                           |
| Stacy Landau          | SPRINT Senior Care                                  |
| Stephanie Hartwick    | MacKay Centre for Seniors                           |
| Stephanie Fragman     | Eastern Ottawa Resource Centre                      |
| Sue Hesjedahl         | Older Adult Centres' Association of Ontario (OACAO) |
| Sue Walker            | Beth Donovan Hospice                                |
| Susan Keast           | Ryde Coop Gravenhurst                               |
| Tanya Tamilio         | Le Centre communautaire Régionale de Sarnia-Lambton |
| Tanya Mac Donald      | Perley Health                                       |
| Thivyah Malanar       | Caledon Community Services                          |
| Tony Discenza         | Kensington Health                                   |
| Yuka Okada            | Momiji Health Care Society                          |
| Zannat Reza           | HelpAge Canada                                      |