

June 2022



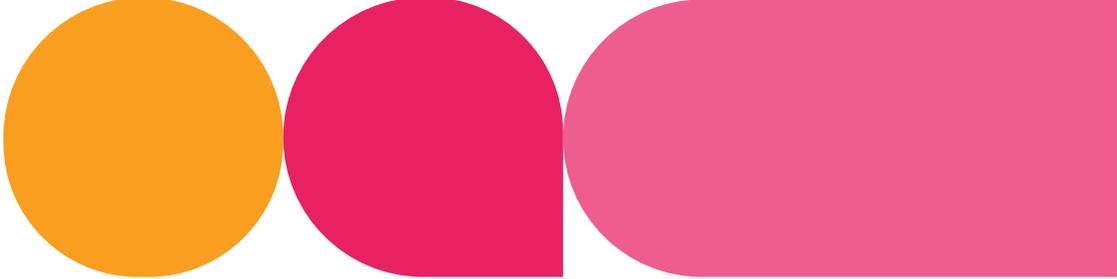
Shaping the Future of Care Closer to Home for Older Adults

Environmental Scan and
Consultation Summary Report



 **Healthcare
Excellence
Canada**





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About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability, and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaborations with patients, essential care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home, and supporting pandemic recovery and resilience – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe, and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit organization funded primarily by Health Canada.

The views and opinions expressed herein reflect what was heard from respondents who participated in discussions focussing on enablers and barriers to ageing in place, and actual or promising responses and innovations to respond to these barriers. They do not necessarily represent the views of Health Canada, Healthcare Excellence Canada, or the organizations where participants work.

150 Kent Street, Suite 200
Ottawa, Ontario, K1P 0E4, Canada

1-866-421-6933 | info@hec-esc.ca

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Acknowledgements

This report is the result of the invaluable contributions of many. We would like to thank the patients, families, and essential care partners¹ who shared their views to support this work and recognize the value of their lived experience. A special thank you to the Ottawa Ethno-Cultural Seniors Network and the lens they afforded on equity, diversity, and inclusion.

We acknowledge and greatly appreciate the perspectives provided by representatives from the many professional organizations and community groups, as well as the home support workers (HSWs)² who participated in one-on-one interviews. We also recognize the meaningful partnerships and collaborations with the Pan-Canadian Health Organization Supportive Care Working Group³, AGE-WELL, Alberta Health Services, CBI Health, and COURAGE (SE Health and Covenant Health/Covenant Care/Covenant Living).

We would like to extend a sincere thanks to our student interns from the University of Ottawa Communications program and Dalhousie's School of Health Administration who helped to synthesize the results of the focus group discussions and interviews.

Without a doubt, everyone who participated in the development of this report are catalysts of change, and your contributions will help to advance our ongoing work in shaping the future of care closer to home for older adults.

No matter what we look like or where we live, excellence in healthcare matters to everyone. Within HEC and in our work, we embrace diverse perspectives and the value of each person's unique experiences. So far, HEC has engaged with many diverse individuals and groups from across Canada. Hearing the unique perspectives of Northern and remote populations; and First Nations, Inuit, and Métis continues to be a priority in this ongoing conversation.

Authorship and Review Team

Jessica Crawford

Program Lead
Healthcare Excellence Canada

Shelly Crick, PhD

Senior Program Lead
Healthcare Excellence Canada

Gina De Souza, RN, MScN, CMQ/OE, CPHQ, LSSBB

Director, Programs & System Transformation
Healthcare Excellence Canada

Darlene Dickinson

ddickinson communications

Kathryn Graves

Senior Program Lead
Healthcare Excellence Canada

Olivia Sellner

Program Intern
Healthcare Excellence Canada

Megan Taylor

Program Lead
Healthcare Excellence Canada

¹Essential care partners provide physical, psychological, and emotional support, as deemed important by the patient*. This care can include support in decision making, care coordination and continuity of care. Essential care partners can include family members, close friends or other caregivers and are identified by the patient or substitute decision maker. (*Our use of the term "patient" includes people receiving services in diverse settings, who may also be referred to as clients, residents, etc.).

²When referring to home support workers (HSWs), this is encompassing of personal support workers / healthcare aides / continuing care assistants, etc. – those who provide personal care and support to home care clients living in the community.

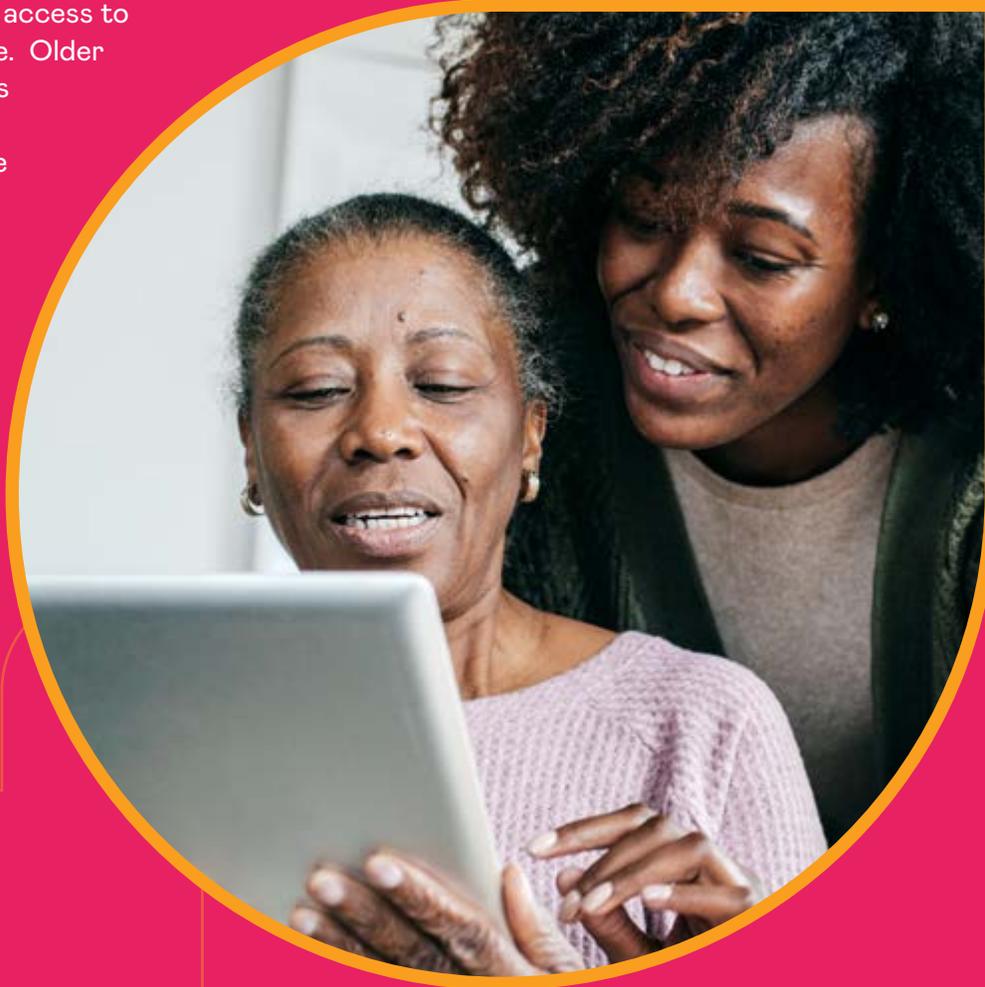
³This working group has representation from the Canadian Institute for Healthcare Improvement (CIHI), Canada Health Infoway, Canadian Partnership Against Cancer (CPAC), Mental Health Commission of Canada (MHCC), and the Canadian Centre on Substance Use and Addiction (CCSA).

Executive Summary

Many older people would prefer to age in place—that is to be supported to live safely and independently at home or in the community, for as long as they wish and are able. Canada’s unprecedented pace of ageing will heighten the demand for innovations and models of care across the country that empower people to have independence, choice, and opportunities to improve their quality of life while ageing at home.

Healthcare Excellence Canada (HEC) is committed to reimagining care with – and for – older adults as part of our five-year strategic plan so that everyone in Canada has safe and high-quality healthcare. Over the past year, HEC has reviewed relevant literature and engaged in numerous conversations with organizations that have an interest in ageing in place. It is clear from this initial intelligence gathering phase that there are gaps in access to appropriate and equitable care at home. Older adults and their essential care partners face many hurdles, including difficulty navigating a fragmented system of care and support, and that rigidity and lack of resources hinders person-centred care.

One of HEC’s core values is to partner meaningfully. We believe that the lived experience of patients and providers should drive quality and safety in healthcare. Those with lived experience are best positioned to identify barriers and solutions to ageing in place. As such, HEC conducted a stakeholder consultation process to ensure we heard the voices of those with lived experience.



We heard from 130 individuals across the country through focus groups and interviews. Participants included older adults, unpaid essential care partners, those working in home care delivery (e.g., Home Support Workers, nurses, care coordinators, agency administrators, etc.), and those working in other areas of the health system with an interest in older adults (e.g., primary care, long-term care, research, policy, etc.). Five key themes were identified from these consultations:

Person-centred care

Participants made it clear that person-centred care should remain a priority among the home care workforce. Many participants felt that there was insufficient training in areas such as bedside manner, culturally sensitive and appropriate care, and mental health support among healthcare workers. Participants also expressed frustration with a lack of choice and flexibility of services.

Access to home care & community support

Participants conveyed those individuals with reliable access to formal home care and community support were most likely to stay at home longer. One notable barrier to access was workforce shortages. Home Support Workers (HSWs), while expressing a passion for their job and its unique care setting, identified that lack of role clarity, variation in training and scope, along with systemic factors (e.g., directives from agency, inappropriate allocation of home care resources, hierarchies, etc.) challenge their ability to meet the needs of those receiving care. We also heard that access to services that generally fall outside of the scope of home care are often difficult to navigate and are not always affordable.

Essential care partners

Participants shared that older adults who have reliable and actively engaged essential care partners are able to age in place because their circumstances allow for greater continuity of care. They deemed having caregiving and technical skills, as well as confidence among essential care partners, as valuable assets to support older adults living safely at home. However, it was also recognized that there are immense responsibilities and expectations put on essential care partners and insufficient resources to support them in their role.

System navigation

Focus group participants shared experiences of confusion and difficulty with navigating the health and social care systems, and a lack of awareness of services available. Many participants want navigational support from individuals who understand both diagnoses and the system, citing many positive experiences with the support of a navigator. Participants also want access to easy-to-understand system, service, and health information.

Equity

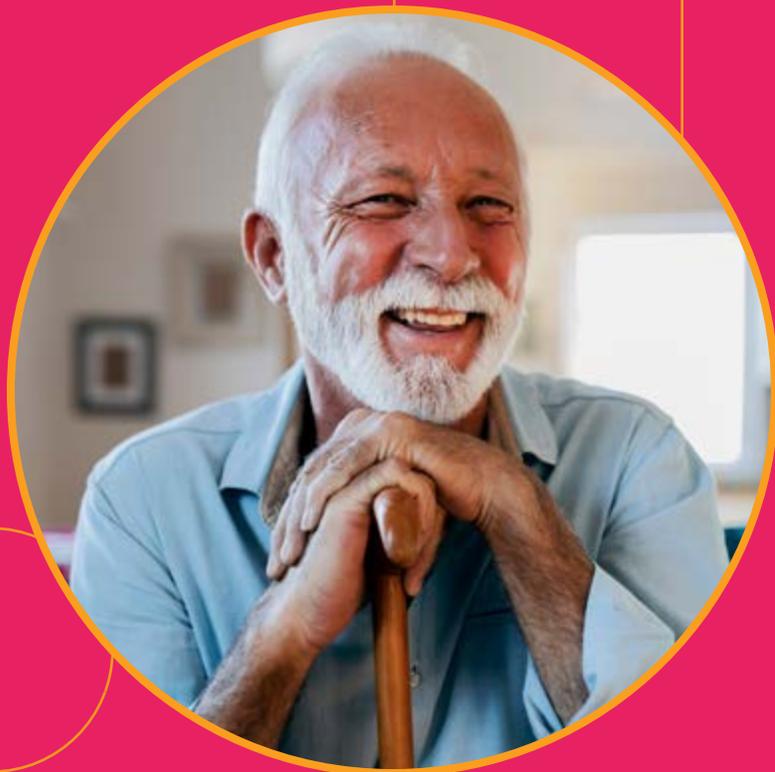
Participants identified several examples of inequitable access and quality of care. Older adults living at home have various social, economic, cultural, and geographical factors which participants felt either enabled or challenged their experiences of ageing in place. For example, rural dwelling seniors face gaps in access, and lower income seniors have difficulty accessing tools and support that require out-of-pocket payment (e.g., technology, assistive devices, home modifications, transportation, etc.). Participants also discussed how ageism impacts how services, systems and communities are designed.

Throughout our consultation, we heard many experiences of struggles and frustration to access and provide appropriate care and services to help older adults age in place. Much of what we heard echoed what we read in the literature, but with the added understanding of the barriers not only to ageing in place, but the impact those barriers have on older adults, their essential care partners, and healthcare providers.

HEC will use what we heard from participants as a building block to plan future programming that improves quality and safety for older adults living in the home or community, this work will involve:

- Identifying new and building on existing partnerships with others working to achieve excellence in care for older adults, to learn from each other and enact collective change.
- Exploring innovations for models of care that leverage enablers and/or address barriers to ageing in place. This could include testing generalizability of innovations to determine suitability for future scale and spread.
- Opportunity to leverage the expertise of partners to build a user-friendly website which can support people to age in place and live safely and independently at home or in the community, for as long as they wish and are able.

Hearing the lived experiences of older adults, their essential care partners, and healthcare providers made it clear there is much to be done in this area, but there are also many promising ways to support ageing in place and many dedicated people and organizations who want to make it happen. Working with people across the country we will continue to find, promote, and spread innovations that effect change in the care of older adults accessing high quality and safe care closer to home.



Overview

Older adults should be supported to live safely and independently at home or in the community, for as long as they wish and are able. Currently, there are more than 6.8 million older adults in Canada. By 2026, our country will become a super-aged society, where 20 per cent of the population will be 65 and over.⁴ This unprecedented pace of ageing will heighten the demand for innovations and models of care across the country that empower people to have independence, choice, and opportunities to improve their quality of life.

To address the increasing demand for care and services for the ageing population, Healthcare Excellence Canada (HEC) has identified care of older adults with health and social needs and care closer to home and community with safe transitions as key areas of focus in our 2021-2026 strategic plan. Our initial intelligence gathering phase included reviewing relevant literature and engaging in numerous conversations with organizations that have an interest in ageing in place to share their own learnings and priorities for supporting older adults to access safe and quality care at home. This work identified several barriers and enablers that older adults face while ageing in place.

An overall lack of access to care and support was identified as a significant barrier and is often exacerbated by workforce shortages. Concerns were also raised about inequitable access to home and community care, particularly for those who live in rural or remote areas, Indigenous populations, and lower income seniors. The growing use of technology was identified as an important tool to help improve access and equity of care.

Other parts of the health system also impact access to home care. For example, older adults whose initial assessment is in hospital are six times more likely to be admitted to long-term care (LTC) than those whose initial assessment is in the community.⁵ Having a fragmented system not only hinders access to care, but also makes it difficult for older adults and their essential care partner to navigate services they need.

The crucial role that essential care partners play in enabling older adults to age in place was also recognized. Data indicates that older adults who live alone or who have an essential care partner who can no longer continue in their caregiving role are more likely to be placed in LTC despite having similar care needs to those living at home.⁶ Lastly, the importance of individualized approaches to care that offer flexibility and recognize the holistic needs of the individual (e.g., physical, mental, emotional, spiritual health, etc.) was highlighted. However, it was recognized that this is often not the reality for many older adults ageing in place.

One of HEC's core values is to partner meaningfully. We believe that the lived experience of patients and providers should drive quality and safety in healthcare. We know that those with lived experience are best positioned to identify barriers and solutions to ageing in place. As such, HEC conducted a stakeholder consultation process to ensure we heard the voices of those with lived experience. HEC will use the findings of this report to help prioritize areas of focus to find, promote, and spread innovations that effect change in the care of older adults accessing high quality and safe care closer to home.

⁴Rochon P, Kalia S. 2022. [Canada needs a national aging strategy that includes older women](#). Hospital News. February 2022, p4. [Cited February 27, 2022] Available from 012922_Hospital_News_Edit.indd (hospitalnews.com)

⁵Canadian Institute for Health Information. [Seniors in Transition: Exploring Pathways Across the Care Continuum](#). Ottawa, ON: CIHI; 2017 [Cited March 9, 2022]

⁶Canadian Institute for Health Information. [New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home](#). Ottawa, ON: CIHI; 2021 [Cited March 9, 2022]

What We Did

Intelligence gathering

During the initial intelligence gathering phase, an environmental scan was undertaken, focusing on home care barriers and enablers to ageing in place. This methodology included: a literature review; examining and leveraging outputs from HEC existing and legacy work within the supportive care space; and reaching out to HEC partners, pan-Canadian health organizations and others, to learn about their priorities in supporting older adults to age in the place they call home.

Key learnings from these inputs revealed the following in supporting older adults to live safely and independently at home or in the community:

- Individualized approaches to care, where people have control and flexibility over the care they receive, and where system barriers are addressed.
- Supporting home care teams by valuing the work they do and ensuring investment in education and support is equal to that in acute hospitals and LTC.
- Having access to appropriate technology to support living at home, no matter where you live.
- Effective partnerships and collaboration with the wider healthcare system to reduce impact on home care provision.
- Acknowledging that unpaid caregivers are essential partners in care but need support in navigating the health and social care system.
- Ensuring equitable access and provision of home care, especially in relation to services for First Nations, Inuit, and Métis; older people living in rural and remote communities; and underserved populations.

These learnings were used to initiate a stakeholder dialogue with people who have lived experience, through focus group discussions and one-on-one interviews.

Identifying what matters

Between September 2021 and January 2022, a series of engagement exercises were conducted with key informants to validate the findings of the environmental scan, discuss the reality of care for older adults in the community, and consider the future of ageing in place.

An invitation to attend a focus group session was extended to those with lived experience and those working directly to support ageing adults, to share their learnings and priorities for supporting older adults and for accessing safe and quality care at home. Registration was open to the public and participants could select which population/focus group date most suited their lived experience.

- **October 12, 2021:** home care users – individuals with lived experience (those who are ageing in the home and community / family and essential care partners). Written submissions were received from two participants in this focus group.
- **October 14, 2021:** home care providers – those who are delivering care / home care workforce / home care partners (e.g., frontline care providers, supervisors, managers, scheduling staff, etc.)
- **October 15, 2021:** other healthcare partners – included representatives from emergency departments (ED), paramedicine, LTC, Health Quality Councils, etc.
- **November 2, 2021:** an additional focus group discussion was held with 58 participants from the Ottawa Ethno-Cultural Seniors Network. This network of 26 grassroots ethnocultural seniors' groups work together to prevent social isolation and address the needs of ethno-cultural seniors in Ottawa and area.



Focus group sessions ran for 60 to 90 minutes, where a moderator asked several questions while facilitating the group discussion. The focus group discussions were centred around a series of open-ended questions. Participation was voluntary and individuals were advised that they could withdraw from the group at any time.

The focus groups were facilitated in English or French. An additional session for Spanish-speaking participants was held with a member of that group acting as the translator. Accommodation was also provided in the form of American Sign Language interpretation.

The focus groups were conducted virtually, and following participant consent, audio-recorded and transcribed. The key learnings from the intelligence gathering phase were used to analyze the responses and synthesize the findings of this report.

Starting in January 2022, further consultation to validate the environmental scan was expanded to include HSWs.

HEC reached out to its home care agency partners to connect with HSWs willing to participate in a one-on-one interview. Six one-on-one interviews were conducted with HSWs.

A total of 130 individuals participated in the focus group sessions and HSW interviews, including 75 home care users (individuals with lived experience), 32 home care providers, 17 other home care partners, and 6 home support workers. Regional representation included: Alberta (9), British Columbia (13), Manitoba (2), New Brunswick (2), Newfoundland and Labrador (1), Nova Scotia (4), Nunavut (1), Ontario (93)⁷, Prince Edward Island and Labrador (1), Quebec (2), and Saskatchewan (2). All participants received an honorarium, in appreciation of their participation.

⁷Note: Ontario's numbers include the Ottawa Ethno-Cultural Seniors Network, which was a closed focus group made up of 58 participants from within and around the Ottawa area.

Findings and what we heard

“Number one is to involve seniors following the principle of nothing about us without us. It is omnipresent but it must be in the forefront.” – Older Adult

The previous section of this report outlines the approach we used to understand ‘*what matters*’ in supporting older people to have care closer to home. This section outlines what participants shared with us. We heard five themes from our participants, which were: person-centred care; access to home and community support; essential care partners; system navigation; and equity. Please note that quotations are attributed to people with lived experience, as follows:

Older Adult

People who are ageing in place in their own communities.

Provider

Those with a role in providing direct care (e.g., managers, nurses, or other team members).

Essential Care Partners

Those who provide ongoing and unpaid assistance to those needing support with personal and instrumental activities of daily living (e.g., family members, neighbours, friends, etc.).

Home Support Workers

Paid caregivers who provide vital assistance with personal care and activities of daily living (e.g., personal support workers, healthcare aides, continuing care assistants, etc.).

Health and Social Care Partner

Those who do not deliver health or home care and provide important support to older adults (e.g., researchers, community service operators, social planners, etc.).

Person-centred care

Throughout the consultation process, we heard that person-centred care is important for older adults to age in place. Person-centred care is broadly perceived as care that empowers individuals to take charge of their own health needs, as opposed to them being passive recipients of services. Participants told us that while person-centred care should differ between individuals, autonomy, continuity of care, cultural sensitivity, and safe living environments must be considered for all.

When discussing autonomy, participants expressed the desire for older adults to be actively involved in their ageing journey, to be given choice, and for their decisions to be respected. Continuity of care, communication and cultural sensitivity were deemed important for safe and reliable care. Respecting choice when caring for older adults is an essential part of person-centred care. There is a risk that individuals may not agree to care if these elements are not in place.

“To be treated with respect and to be treated like a human being. Through her [entire care journey] she would say to me if only they would treat me like a human being.”

– Essential care partner

Aside from the actual care received, participants viewed a safe physical and emotional environment as having important implications on an individual's comfort and dignity, and therefore are an important part of being able to remain at home as they age. Participants shared that an enabling home design, such as appropriate arrangement of furniture and incorporation of mobility aids (e.g., bar rail in shower), reduced risks and increased agency of ageing individuals. Participants also shared how being a recipient of care can impact psychological safety, and how feeling safe can impact successful ageing in place.

“How we perceive safety or security around having a stranger in our home when we are vulnerable is very personal and individual... comfort is enhanced by common language and knowledge or familiarity with the person's background.”

– Older Adult

Understanding a person's individual needs was strongly linked to having respect for their culture, as this is likely to impact on providing services and care to meet an individual's needs when ageing in place safely.

“Emotional matters are big issues for ethno-cultural communities. So many seniors live with fear or anxiety thinking they might need to [access care] because they are fearful that cultural practices like language, food and spiritual practices will not be maintained.”

– Older Adult

When discussing appropriate care and supports at home or in the community, as enablers to ageing in place, participants shared how the relationship and trust were highly valued and essential in achieving person-centred care, because people were able to know and respect the individual's wishes. It was felt that relationships were built on trust, respect, and clear communication, and that this strong connection to the individual receiving care was an essential component of being able to provide person-centred care to older adults.

“Communication and respect are key, and just getting a real feel for what the client's needs are and what they want”

– Provider

Another issue which we heard from participants was the importance of trustworthiness, not only in providing reliable services to people and their families, but also in the consistency of people who were providing those services. It was felt by participants that if care providers were continually changing, they would not be able to have a good understanding of what mattered to the person who was in receipt of services.

“If you have different people coming home every day, or different people on a rotating basis they don’t understand when people start being on the edge of not coping at home.”

– Essential Care Partner

“A parade of different individuals is disconcerting if they are providing personal care. You don’t want someone new every five minutes who doesn’t know your likes and dislikes. It’s disconcerting.”

– Essential Care Partner

Those working with and providing direct care to older adults reinforced that person-centred care should remain a priority among health and home care workforces. Many participants felt that there was insufficient workplace preparation, in terms of training and education around the importance of person-centred care. Participants reasoned that with increased education opportunities for those supporting older adults, care would be more responsive and fulfilling to the individual needs of a person ageing in place, and therefore would improve the success of providing care closer to home. When asked about what could be done to make older adults and their essential care partners feel more involved in their own care, participants expressed interest in programs that offer more autonomy and personal oversight, like personal care budgets or self-managed care programs. They also expressed a desire for having more choice over what happens during a home visit.

“We make assumptions about what people need to be at home, but we don’t ask them what they need. We assume that people, for example, want to get in the shower, but many are content with sponge bathing. It’s finding out really what their needs are. Instead of assuming, we need to ask – what do you want?”

– Provider

Access to home care and community support

In the many conversations we engaged in, people told us that access to formal home care and community support services enables people living in Canada to age in place. Despite home care and community support varying across regions in Canada, formal home care typically includes nursing, occupational therapy, rehabilitation, and personal support, while community supports often include companionship, homemaking, food services, meeting cultural needs, etc. We heard that a combination of these services would promote holistic health and the best conditions to age in place; however, we also heard this is not the current reality for many older adults living in Canada.

Many people told us that access to, and the delivery of formal home care and community support services required to age in place are insufficient, and that many older adults and their essential care partners can become isolated and disconnected with their communities. The pandemic and pre-pandemic system issues such as workforce shortages, narrow eligibility criteria, and inappropriate resource allocation, act as barriers to receiving services that support ageing in place.

“When I started in home care the big push was on reducing falls to keep people out of the hospital, so we created exercise programs to keep frail people safe, and now because of cutbacks we can’t have these.” – Provider

In other scenarios participants described how gaps in services existed because while there is funding available, there were simply not enough people to provide the service that was needed. The pandemic has played a part in this, however, we also heard that even before the pandemic, certain services were not available to all people because they were funded privately and were inaccessible because they were too expensive.

"You have to be willing to visit them at 11 pm on a Friday. It is very rare. I know of four programs in Canada that do that ... It is a hard conversation to have because people have to pay for it themselves and it is really expensive."
– Provider (Physician referencing doctor visits)

Much of the care delivered in the home and community is provided by HSWs, who are a diverse population of professional caregivers providing vital assistance with personal care and activities of daily living to older adults. Participants note the role of the HSW is not always recognized for its added value in supporting people to remain at home. Many participants spoke of how people in this role go over and above what is expected to ensure clients in the community have access to care and services which keep them safe and well. Some participants described going grocery shopping and cooking for clients in their own time, and at their own expense, to ensure they have access to food.

"Some of them eat almost nothing; we do bring groceries because it just wouldn't happen otherwise. We go as far as to cook meals for them because they wouldn't eat."
– HSW

HSWs are often best situated to understand the needs of older adults yet have little autonomy or flexibility in how they work to be able to reprioritize to meet the changing needs of their clients. We heard there is a lack of role clarity amongst this group, providing care for people at home, which contributes to gaps in the delivery of supports meaning many older adults

feel their needs are not consistently being met. We heard from some HSWs have a pre-set list of people they are required to visit in any one day. They cannot decide themselves to spend less time with one individual (even if when they arrive that person no longer needs them) in favour of spending some extra time with a person who needs more attention on that day. This is frustrating for HSWs who know the people they visit well.

"Clients start to think that you should do everything [and] with every visit they're trying to push you to do more. They also start to think that they aren't getting enough care or don't feel they are getting everything they need."
– HSW

Systemic factors, such as directives from the provider agency, obligation to follow care plans, and healthcare system hierarchies, also constrain direct care provider's ability to help older adults age in place. We heard that in some cases HSWs identify a need, but then this need cannot be met, due to lack of resources available. Conversely, we also heard of instances where an individual may be receiving more hours of service than needed, but the process for reassessment is slow, or clients are hesitant to give up hours due to fear of not being able to get the service back if their needs change.

"Okay let's get social work in but how long does a social worker need to get in? We're so over worked here we just don't have bodies."
– Provider

"There are never enough hours designated for nurses to work in homes of ageing adults... If home care workers assess someone and say, 'oh no, you're getting 10 hours a week, but we see declining health, so we need to give you 20 hours a week'. Now comes the problem of do they have the people that are able to provide that care."
– Provider

Home care providers also shared that being able to provide appropriate care to support older adults to age in place was not only about “hands on” or direct personal care, such as washing, bathing, or assisting people in using the bathroom, but other supportive or social interventions that helped to keep people at home, such as transport, grocery shopping, help with household tasks, accessing cultural or religious activities and cooking. They also shared how access to appropriate care hinged on these different elements of services being able to work seamlessly together.

“The future of ageing in place is not entirely dependent on home care. It needs to be acute care working with home care, and home care working with community service organizations, with hospice, etc. It cannot be done in isolation”
– Health and Social Care Partner

Essential care partners

Essential care partners are those who provide ongoing and unpaid assistance to those people needing support with personal and instrumental activities of daily living. Participants felt that essential care partners are crucial for enabling older adults to age in place. It was noted that individuals with reliable and actively engaged essential care partners were able to age in place because it allowed for greater continuity of care when someone was overseeing the care provided.

“It’s really hard to organize any support and services at home if there’s not some caregivers also involved. They [essential care partners] play a huge role and are huge assets that can be tapped into”
– Provider

While many essential care partners acknowledged the rewarding nature of caregiving, participants shared experiences of burnout and several challenges associated with it. In some situations, essential care partners neglect their own needs in favour of supporting their loved one and decline support

from agencies or other informal carers. Some participants shared how they are worried about what will happen to the person they support, if their own health and wellbeing declines and they can no longer go on caring.

“They’re more likely to take the person they care for to a healthcare provider than they are to take themselves to a healthcare provider. They don’t take care of their own health because they are too busy caring.”
– Essential Care Partner

Some participants shared how there were unrealistic expectations placed on them as essential care partners, and how the care they were able to provide was impacted by their understanding and awareness around their family member’s condition and needs. Given their essential role in supporting an individual to age in place, many participants felt that essential care partners must receive greater inclusion within care circles, education, acknowledgement and financial support from the health and social care system, and have better access to formal services, such as respite and counselling.

“There’s unrealistic expectations placed on families over and above having to and caring for your loved one that’s dying and living in that level of grief... the system needs to be supportive not expecting me to be the one providing all the support.”
– Essential Care Partner

“I’m trying to manage all this and if I don’t go to work then nothing is going to come through, yet I don’t have any help because I can’t afford it... There is a terrible, unfair expectation that’s placed on the family.”
– Essential Care Partner

"[The system] needs adequate services for caregivers. I can't say how many times I've seen caregivers who are happy to have that role, but they need a break and having a 30-minute visit with a personal support worker isn't a break."

– Provider

We heard that successful ageing in place should involve the individual receiving care, but also the essential care partners who are supporting the client to remain at home. Essential care partners often have their own needs which should be assessed. They need to be involved, not just informed, about care and to know who and how to contact a professional or provider if they need additional support.

"We need to get home care to acknowledge that the person that they are currently treating is not the care unit. The care unit must include the family, and there must be regular check-ins with the family."

– Essential Care Partner

"Home care assesses only the caregivers needs superficially and rarely do family caregivers get asked about their situation by any healthcare provider."

– Essential Care Partner

Participants expressed that these changes would enable essential care partners to better support older adults ageing in place, and that this was likely to be a system wide issue which needs to be addressed.

"We have a huge network of compassionate, caring family members and I fully recognize there's an important role for a daughter to be a daughter and not a caregiver."

– Provider

System navigation

System navigation was commonly shared as an issue by participants in the context of confusion and difficulty with navigating the health and social care systems, and a lack of awareness for services available. Many participants expressed a desire for navigation support from individuals who understand both diagnoses and the system, some citing positive encounters they experienced when people had helped them to navigate the system.

Participants shared that although there was information available, especially online, there was either so much information about support and services, it was overwhelming and not easy to find what they needed; or there was not enough information available about local services. Conversely, having access to resources, which are available in one place, and include local information relevant to them and their needs, is an essential tool in supporting an individual to remain at home.

"How do we get to the services that the individual needs? There are a lot of services provided by different groups or organizations. Sometimes the person is not aware of these services so there is a lack of information that they should be aware of so that they can go and get those services."

– Older Adult

Participants believed that improved navigation would better enable ageing in place, and that generally this was a time consuming and stressful aspect of supporting an individual to age in place. When essential care partners are also trying to work or manage other family commitments, such system navigation can become too onerous, and this can lead to the home situation 'breaking down', requiring a person to move into LTC. We heard that the health system can seem disconnected to people who use services, especially when they are vulnerable. Supporting people to understanding how the health systems operates can be a great help to people ageing in place. Many participants suggested there was a role for a professional service to be available to all to help people navigate health and social care where they live.

"They are bombarded with numbers and websites, and they don't know who exactly to contact for what they need... We need more [system navigation support] to help keep seniors at home so they can get the help they need."
– Provider

"It would be really helpful to have a navigator, a multi-skilled navigator that can help you with practical supports navigation but also that could link you with emotional and spiritual support".
– Health and Social Care Partner

Participants described solutions to address this issue in the shape of a user-friendly website which would provide access to a range of information and resources for people in a 'one stop shop', to allow people living in the community to find information they can trust quickly and easily and make informed decisions.

"It would be great to have a central repository of all the programs and projects so they can spread and having information that is both general and disease-specific is invaluable when it comes to educating caregivers and family members." – Health and Social Care Partner

Equity

Equity heavily intersects with the other themes for ageing in place and is embedded throughout our findings. Equity was discussed in relation to both the greater environment of society and how the individual can access their healthcare / home care system. While many participants shared their personal experiences of ageism, as well as social and physical inequity that challenge ageing in place, others identified positive approaches to address some of these challenges, such as inclusive communities and peer support to help combat personal experiences of ageism.

At a population level, the participants acknowledged the impact and existence of negative societal perspectives towards older adults, and how these impact on the health outcomes of older people.

"We don't value our older adults. We live in a throwaway society. Somebody gets old and we lose interest in them ... There is no respect and no value placed on this person who still is a person regardless of their illness."
– Essential Care Partner

Ageism can affect the care being received. Participants shared their experiences with home care and inequitable environments related to ageism which included providers having a different attitude towards care closer to home if you were seen as 'old' versus what supports would be made available for a younger person needing services. They felt that a person's wishes and needs should determine the care they receive, not an arbitrary figure, such as age.

"If you're 50, they'll bend over backwards to keep you home. There are assumptions made. There are many 90-year old's that are very active and physically capable of staying at home, and there are many 50-year old's who would do better in a facility."
– Essential Care Partner

“When I was young, I could speed and that was taking a risk. How come now that I’m old I can’t live at home alone?”

– Older Adult

Participants also shared their perspectives on how these attitudes impacted on older people being able to age in a place of their choosing. Participants felt that ageism was present in policies and funding decisions, and therefore did have an impact on equal access to services and resources for older people.

“Ageism is one of the biggest barriers to enabling adults to stay safe at home. The funding is not there.”

– Provider

“Even if you are in urban centers, the ageism that is prevalent in policies and funding, they are not supporting it.”

– Provider

It was felt that Canada’s unique geography, in terms of its urban and rural split would be a potential barrier to equity. Participants shared the perceived differences between rural and remote areas and urban centers. Overall, there was a strong sense that people living in rural and remote areas had fewer resources than those living in cities. Though we heard from some participants in urban centers who shared stories of poor resourcing.

“The problem is when you live rurally. The home care providers ... have the same amount of time per clients, but it takes three-quarters of those minutes to get to a rural property. Then 15 minutes on the ground to do all the work.”

– Essential Care Partner

Again, Canada’s unique geography has meant there have been environmental issues which affect how services are provided. In recent times, in some parts of Canada older people were impacted by natural crises, such a heat domes and wildfires, and displaced seniors with limited financial support, faced serious challenges when accessing housing as well as health and social needs.

“Poverty is huge; it makes it hard for seniors to be self-sustaining.”

– Health and Social Care Partner

Many participants acknowledged that the experiences of older adults when ageing in place are dependent on personal socioeconomic factors including economic status, geographic location, housing, and ethno-cultural identity, among others. Participants acknowledged the many out of pocket expenses that older adults and their families face while trying to age in place; particularly paying for private care when publicly funded programs do not meet all of their needs, as well as home modifications and lost wages due to taking time off work to care for their loved one. The current inequity that exists is a barrier to ageing in place and was highlighted during the pandemic.

During the pandemic, health and social care has leaned heavily on the use of technology which presents challenges to groups of people who may not have ready access to technology or experience in using technology. Too many people, including older adults, technology is a way of life. However, participants expressed concern that not all seniors were familiar with technology, which creates an inequity in how people can access care in some areas. This was believed to present a risk to older people who may be marginalized or have limited income. Again, the impact on people living in rural and remote communities was potentially exacerbated since there are often issues in accessing basic Wi-Fi connections.

“The digital divide for those who are not computer savvy or can’t afford [the] monthly bill.”

- Health and Social Care Partner

“I have many family members who are not technically literate. Yet we still seem to be pushing, pushing, pushing technology”

– Essential Care Partner



Summary

Despite home being the preferred location for older adults and their families to age, there are system factors which are drivers of institutionalization. For example, it has been estimated that 11.2 per cent of new LTC admissions could have been cared for at home. Premature LTC admissions are more likely to live alone or have an essential care partner who is unable to continue in their role, highlighting the need to support caregivers in their role. These premature admissions were also more likely to live rurally, reinforcing what we heard about inequitable access to home care.⁸ Furthermore, of seniors whose initial assessment was in hospital, those waiting to receive home care spent longer in Alternate Level of Care (median 34 days) than those waiting for residential care (median 28 days).⁹ A longer wait time for home care in hospital, as well as a potential lack of awareness of community supports may drive LTC placement before optimizing the use of home care.

Throughout our consultations we spoke to people with lived experience from across Canada who shared their thoughts and experiences related to providing care for older adults closer to home. Participants shared with us ‘what matters’ to people in helping to achieve this. We heard that those with lived experience want to be equal partners in their care, need to have strong relationships with providers, and to be an active partner in planning and providing care. We heard that people want to have the same access to the care they need, regardless of where they live and who they are. They recognized challenges with resources in the healthcare workforce, which have been amplified during the pandemic, but that without a strong workforce in place, care closer to home cannot be a reality for many people living in Canada.

Essential care partners are a crucial resource when supporting an individual to age in place, but there can be too great an expectation placed on them, that the role is exhausting at times, and they want to be more involved as a partner in care, rather than sitting on the sidelines.

Participants also shared with us how hard it is to understand the healthcare system, to know who they can go to and when, and how trustworthy information is hard to find. There was a call for accessible, reliable, and relevant information which could be found in one place. Finally, we heard about inequity from a societal perspective, but also on a personal level. Although we know that ageism *can* be an issue for many older adults, we heard stories from people with lived experience of being treated differently simply because they were ‘older’.

In addition to the barriers to ageing in place, we also heard of several underexplored and potentially innovative options to support older adults at home, such as: restorative approaches to care, personal care budgets, better integration between primary and home care, interdisciplinary discharge planning from hospitals, affordable seniors’ housing options and age-friendly built environments that enable seniors to maintain their independence and participate in activities that promote health and well-being. We recognize that our consultation has some limitations and as such these findings may not be generalizable to all populations and settings. Specifically, we did not have representation from the Yukon or the Northwest Territories. We also recognize the need to have culturally appropriate discussions with First Nations, Inuit, and Métis to understand their priorities and needs to support ageing in place. Work to build relationships to have respectful conversations are currently underway.

⁸Canadian Institute for Health Information. [New Long-Term Care Residents Who Potentially Could Have Been Cared for at Home](#). Ottawa, ON: CIHI; 2021 [Cited March 9, 2022]

⁹Canadian Institute for Health Information. [Seniors in Transition: Exploring Pathways Across the Care Continuum](#). Ottawa, ON: CIHI; 2017 [Cited March 9, 2022]

Hearing the lived experiences of older adults and those essential partners providing care to older adults made it clear there is much to be done in this area, but there are also many promising ways to support ageing in place and many dedicated people and organizations who want to make it happen. These consultations, alongside our environmental scan has laid the groundwork for our next steps which are outlined in the following section.

Next Steps

HEC is very grateful for the participants in our consultation exercise who shared very personal stories and experiences with us. People told us about the times when support could have been better, but also shared with us their experiences of when providers exceeded their expectations. They told us about resources used when supporting people to remain at home as they grow older.

Foremost, we were privileged to spend time listening to a large group of people with diverse backgrounds, who were excited with the idea of improving care of older adults and bringing care closer to home. Participants were happy to share their stories with us, be asked for their opinions about 'what matters' and be involved in the dialogue as we move forward in this important work.

We acknowledge that although we have started the conversation, further work is needed to build relationships with First Nation, Inuit, and Métis. We strive to work alongside them to understand what is needed to support people to have care closer to home, and to identify innovative models that promote excellence in care for older adults in these communities to age in place.

HEC will use what we heard from participants as a building block to plan a program that improves quality and safety for older adults living in the home or community. This work will involve:

Identifying new and building on existing partnerships with others working to achieve excellence in care for older adults, to learn from each other and enact collective change.

Exploring innovations for models of care that leverage enablers and/or address barriers to ageing in place. This could include testing generalizability of innovations to determine suitability for future scale and spread.

Opportunity to leverage the expertise of partners to build a user-friendly website which can support people to age in place and live safely and independently at home or in the community, for as long as they wish and are able.

The conversation does not end here. Our hope is that this report will inspire others to reimagine care of older adults in their work, and to join HEC and our partners in this ongoing conversation. HEC will use these findings to work alongside people across Canada to find, promote, and spread innovations that effect change in the care of older adults accessing high quality and safe care closer to home.

