

THE NEED FOR SOCIAL INFRASTRUCTURE TO SUPPORT AGING IN PLACE



“As Canada’s population ages, a significant proportion of older adults are encountering systemic barriers to remaining in their homes and communities. Without proper supports and services, many are left with no choice but to pay out of pocket, rely on family members or seek institutional care. It is clear, however, that long term care is not the place of choice the vast majority of older adults want and further strains an already overburdened health care system” (*Gallant et al, 2025*).



**A BRIEF TO THE HONOURABLE GREGOR ROBERTSTON,
MINISTER OF HOUSING AND INFRASTRUCTURE and
JENNIFER MCKELVIE, PARLIAMENTARY SECRETARY TO
THE MINISTER OF HOUSING AND INFRASTRUCTURE**

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WHAT IS SOCIAL INFRASTRUCTURE TO SUPPORT AGING IN PLACE?

Social infrastructure is “the system of organizations, spaces, and experiences that enable people to connect with each other, the bridges necessary to build trust and civic participation, to create a sense of belonging and wellbeing. It’s the system that enables sustainable widespread community development” (*Waterloo Region Community Foundation, 2025*).

Health hubs, integrated health and social support structures like PACE (Program of All Inclusive Care of the Elderly), OneConnect, a PACE Program in Durham Region, the PACE Community Hub in Halton Region, and the Hub and Spoke Program in Peel Region – all are examples of social infrastructure designed to maintain older adults in their own homes and communities and to promote their continued full citizenship, autonomy, and independence.

Older adults have also embraced the concept of NORC-SSPs (*Naturally Occurring Retirement Communities with social support services*) to promote elders’

well-being. Some of these programs are now intergenerational – building community between different generations.

“Naturally occurring retirement communities (NORCs) are places not intentionally designed for older adults but, for a variety of reasons, have become home to a high concentration of them. NORCs present a significant opportunity to re-design a home care delivery model that can

leverage the density to deliver better care and experiences” (*NORC Innovation Centre, 2024:7*).

Ontario alone has over 200,000 older individuals living in NORCs - more than

the number living in long-term care facilities and retirement homes combined. Yet there is little to no support for older adults in these settings.

What is needed is for the Government of Canada to support older adults and their allies at the municipal and regional levels and their partners in the non-profit sector, researchers, and health care innovation hubs to promote effective and efficient aging in place initiatives that enhance quality of life and well-being for Canada’s aging population. Elders need social infrastructure built into the areas where they live to maintain their independence and autonomy and to improve their quality of life.

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SMALL AMOUNTS OF FUNDING FOR BIG BENEFITS

The mandate of Housing, Infrastructure and Communities Canada is “building resilient and inclusive communities for Canadians by providing funding and advice for locally designed and delivered housing and homelessness initiatives as well as new and upgraded infrastructure” (*Housing Infrastructure, and Communities Canada, 2025*).

Infrastructure is not just buildings. Buildings alone do not prevent homelessness, or social isolation and loneliness, or admission to hospitals and long-term care institutions. Social infrastructure that builds community and connections into buildings and neighborhoods does that.

OASIS NORCS ARE GROWING!

With the assistance of a Queen’s University research team, a pan-Canadian network of “older adults, community providers, researchers, and decision-makers interested in working with NORCs to support healthy aging of Canadians” is growing (*Oasis, 2025*). Current Oasis (NORC) sites across Canada include:

- Kingston, ON – 4 Sites
- Belleville, ON – 1 Site
- Ottawa, ON – 2 Sites
- London, ON – 1 Site
- St. Thomas, ON – 1 Site
- Hamilton, ON – 1 Site
- Toronto, ON – 1 Site
- Thunder Bay, ON – 2 Sites
- Vancouver, BC – 4 Sites
- Halifax, NS – 1 Site
- Dartmouth, NS - 1 Site

Regions like Durham and the City of

Toronto are beginning to build strong support of NORC-SSPs as a way to promote aging in place. In York Region, non-profit agencies like CHATS (*Community and Home Assistance to Seniors*) are

working with researchers to support NORC-SSPs.

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WHAT DOES THE RESEARCH SAY?

With there being no national Home Care Program and provincial home care systems in many cases being “under-funded, disjointed, and not working for the many older adults who rely on it the most”, and PSW’s having to travel from client to client doing piecemeal work that does not work for them or their clients, it is time for change (NORC Innovation Centre, 2024).

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It is time to dedicate PSW’s to support clients within the same NORC rather than traveling extensively to provide piecemeal care, and to be housed within one non-profit service agency serving an entire area or region that is able to provide scheduling and coordination based on individuals’ needs. Similarly using this model, homemaking services, end of life care, and other forms of personal support could all be made available (NORC Innovation Centre, 2024).

Canada had the highest death rates for wealthy countries in the world in its long-term care institutions during the COVID-19 pandemic (Ireton, 2021) – something that should have immediately caused the government to re-think institutional care as an answer for an aging population.

NORC residents often have more health needs than others living in the community and are therefore important targets for “equity focused strategies to support aging in place” (Savage et al, 2024).

With NORCS growing across Ontario there is an “opportunity for governments, social and health service providers and policy makers to support healthy aging in their communities” (DePaul et al, 2022).

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In sharp contrast Oasis NORC-SSPs possessed features to combat the impact of the pandemic by strengthening social connectivity and connection to pre-existing community services. Researchers found “that community programs like Oasis acted as a source of resilience during the COVID-19 pandemic and advance our understanding of the impact of aging in place models on community dwelling older adults' experience of the COVID-19 pandemic” (Garcia Diaz et al, 2023).

SENIORS FOR SOCIAL ACTION ONTARIO'S ASK

Elders and their allies have, themselves, started to build the social infrastructure needed to support aging in place. We have not waited for government to do so. But it is now time for government to catch up and support the grassroots initiatives that are already paying major dividends in supporting older adults to age in place and in community.

It is also time to recognize that older adults needing residential care should not require placement in expensive, dehumanizing, and as COVID-19 demonstrated, dangerous institutions.

Residential care can be provided in new accessible apartment builds with space for integrated care services; in non-profit assisted living apartments; in non-profit small, neighborhood-based community residences of no more than six people who require more complex care and support for conditions like dementia and other neurobiological conditions; in shared and cooperative housing.

What is needed now is for the Federal government to:

1. Fund existing NORCS and their partner organizations to hire social support coordinators and community asset builders to help older adults to build needed support

services and connections to community resources; tackle social isolation and loneliness; and identify and expand community resources that address their needs for fall prevention, safety, medication assistance, targeted exercise, education, personal and in-home assistance, creation of friendship networks and numerous other activities, all of which support aging in place.

2. Recognize that buildings, in and of themselves, are not home and do not end homelessness or social isolation. Building community and providing integrated support services in the form of physical, mental health, occupational and speech therapy, social services and emotional support through friendly visiting, wellness support through social activities, friendship building, educational and activity groups, medication assistance, primary and specialty medical care, dental, vision, and hearing care, accessible transportation, and day program services does that. Funding community housing and seniors' buildings to include integrated social and health services like these as well as horizontal NORC-SSPs in neighborhoods will keep people housed and help to avoid institutionalization and hospitalization.

3. Fund community facilitators to assist communities to start NORC-SSPs in their areas with existing research and innovation hubs such as Queen's Oasis Program and the University Health Network NORC Innovation Centre, as well as regional governments, and non-profits willing to work with local older adults to start programs in their buildings.

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Older adults are not asking for more funding. They are asking that funding currently earmarked to institutionalize them be redirected towards maintaining them in their own homes and communities.

Seniors for Social Action (Ontario) is a non-profit, incorporated social advocacy organization with over 1,800 members in Ontario.

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