# Age Friendly Needs Assessment

## Qualitative and Quantitative Findings - Elgin & ST. Thomas

Technical Report
Prepared For: Elgin and St. Thomas Age Friendly Committee
Southwestern Public Health
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# Contents

# Age Friendly Needs Assessment - Methods

This report integrates findings from both survey data and qualitative input through focus groups and caregiver interviews. Together, these provide a comprehensive understanding of the experiences, challenges, and priorities of adults 50+ in the community. The insights gained are intended to inform the development of an Age-Friendly Community Action Plan, which will guide future strategies and policy decisions to make Elgin County and the City of St. Thomas more supportive and inclusive of older adults. For this report, five domains were prioritized as most relevant to the needs of older adults in Elgin and St. Thomas: Healthcare Services, Housing, Social Recreation and Community, Transportation and Outdoor Spaces and Buildings.

Data were collected using surveys, focus groups, and caregiver interviews. Adults aged 50 and older completed a survey to provide an overview of community needs. Eight virtual focus groups were held, including service providers and individuals with lived or professional experience related to the age-friendly domains. Additionally, caregivers participated in one-on-one phone interviews scheduled at a convenient time to capture their experiences and perspectives. The qualitative data were analyzed using a manual thematic analysis approach. The transcripts from focus groups and caregiver interviews were carefully read and reviewed. Keywords, recurring ideas, and notable phrases were highlighted to build familiarity with the material. Initial codes were developed from the highlighted keywords. These codes represented meaningful units of information, such as barriers, needs, or strengths mentioned by participants. Codes were then grouped to identify broader patterns across the data. These clusters of codes served as the basis for preliminary themes. The preliminary themes were compared across the dataset to ensure consistency, clarity, and accuracy. Themes were refined, merged, or reorganized as needed to capture the core ideas better. Each theme was clearly defined and named to reflect its content and scope. These final themes provide the framework for presenting the qualitative findings in this report. By combining survey and thematic analysis results, this assessment offers both statistical trends and the lived experiences of older adults and caregivers. The findings highlight key strengths and gaps in current community supports and provide a foundation for actionable recommendations.

# Qualitative and Quantitative Findings

Participants highlight both strengths and critical gaps across five domains: Healthcare, Social, Recreation & Community, Transportation, Outdoor Spaces & Buildings, and Housing. Gaps in one domain often create barriers in others.

- Access to healthcare for adults 50+ in Elgin and St. Thomas is limited by shortages of family doctors and nurse practitioners, long wait times, and inconsistent home and palliative care. Many older adults must travel for specialized services, adding financial and logistical burdens. In-home care is available but constrained by staffing shortages, waitlists, and often places a strain on caregivers. Barriers such as transportation challenges and difficulties with digital navigation further limit access. While only 53% of survey respondents felt there is an adequate range of healthcare services (Figure 1), older adults aged 65–79 and 80+ reported higher satisfaction than those aged 50–64 (Figure 2). Participants emphasized the value of continuity of care, early intervention, and innovative approaches like social prescribing. Despite systemic gaps, community-led support plays a crucial role in bridging these gaps and enhancing well-being.
- Housing options for adults 50+ in Elgin and St. Thomas are limited, unevenly distributed, and often unaffordable. Participants reported long waitlists for seniors' apartments, shortages of accessible and supportive housing, and gaps in intermediate options between independent living and long-term care. Aging in place is a priority for many, but home design limitations, safety concerns, and insufficient support make it challenging. Innovative models, such as co-housing and intergenerational arrangements, were highlighted as promising solutions. Survey results underscore these challenges, with only 42% of adults 50+ agreeing there are sufficient housing options (Figure 8) and 57% disagreeing that sufficient supports exist to help them remain at home (Figure 16). Participants emphasized the need for better information, coordinated support, and policy interventions to ensure safe, affordable, and socially connected housing for older adults.
- Older adults in Elgin and St. Thomas have access to a variety of programs and activities, including fitness, arts, technology, and volunteer opportunities, supporting social connection and engagement. Barriers such as transportation, mobility, affordability, and limited coordination can restrict participation. Informal networks, peer-led initiatives, and culturally tailored programs help fill gaps. Survey results show that 64% of adults aged

50+ attend social gatherings and activities (Figure 20), reflecting strong overall engagement, though access and information gaps remain for some.

- Transportation is a significant barrier for older adults, especially in rural areas with little or no public transit. Volunteer driver programs and accessible vans provide essential support, but limited availability, high costs, and lack of awareness restrict access for many. Transportation challenges affect not only medical appointments but also social, recreational, and daily activities, impacting independence and quality of life. Survey results highlight gaps in accessibility: only 20% of adults 50+ agreed that special transit for people with limited mobility is sufficient (Figure 42), and 63% disagreed that adequate information about transportation options is available (Figure 47). Participants emphasized the need for affordable, reliable, and coordinated transportation services to support aging in place and community engagement.
- Outdoor spaces increasingly consider adults 50+, guided by accessibility committees and community input. Key features include accessible paths, benches, ramps, signage, and safe street crossings, with attention to cognitive and sensory needs. Maintenance, snow removal, and clear wayfinding remain important. Survey results show 68% of adults 50+ find buildings accessible (Figure 52). Shaded areas, cooling spaces, and improved bicycle/scooter lanes were identified as areas for improvement.
- Caregivers of adults 50+ in Elgin and St. Thomas face significant challenges balancing employment, multiple care responsibilities, and personal well-being, often experiencing stress, isolation, and limited time for self-care. While respite services, home care, and PSWs provide some support, inconsistent scheduling and fragmented communication add strain. Despite these challenges, caregivers find meaning in strengthening family bonds, supporting autonomy, and learning new skills. They highlighted the need for more coordinated, caregiver-focused services, including support groups, better information-sharing, and recognition of their vital role, particularly during end-of-life care.

# Age Friendly Need Assessment Qualitative and Quantitative Findings - Elgin and St.Thomas

## Healthcare

The healthcare domain focuses on access to healthcare services and whether those services meet the needs of adults aged 50+.

### Access to Primary Care

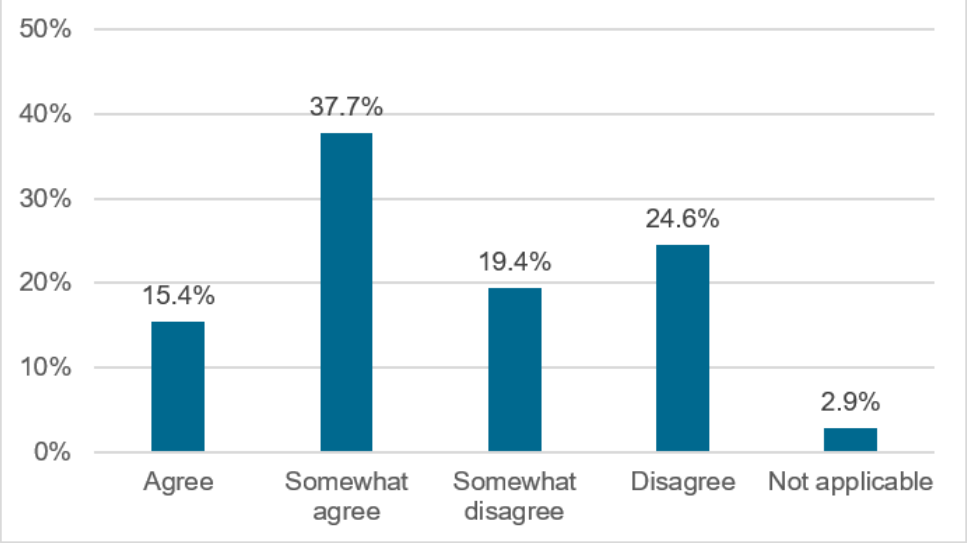
meet community needs, particularly for older adults with higher health needs. Many residents remain unattached to a primary care provider, leading to gaps in continuity of care. Participants shared that home visits and palliative care support are not always consistent across the region. In some areas, such as West Elgin, nurse practitioners and care teams make home visits to people who are palliative or housebound. However, this is less common for physicians, meaning access to home-based care can depend on where someone lives and which provider they see. Waitlist management was a recurring issue. Care is prioritized for those with the greatest needs, such as seniors, people with complex health conditions, or those facing barriers to care. Participants noted that having a single, shared waitlist across providers would make it easier for people to access care without having to apply to multiple places. Innovative practices, such as social prescribing (a way for healthcare providers to connect patients with non-medical services in the community that can improve their health and well-being), were noted as promising ways to expand healthcare delivery and connect patients to broader supports. However, access to digital tools and virtual care remains a barrier for many older adults, highlighting the need for targeted training and support in using technology. Participants emphasized the importance of being attached to a primary care provider, noting the value of continuity in care, ongoing relationships, and the trust that develops over time. Those without a provider reported missing

out on the benefits of coordinated care and preventative support, underscoring the urgency of addressing unattached patients in the region. One focus group participant said,

> "I like the concept of social prescribing. This is something that I think started out in British Columbia (BC) and somebody today was talking about our West and East Coasts [discussed in alternative focus group session], maybe out of necessity of having less support, so having come up with some really good ways of delivering healthcare in innovative ways and one of these being social prescribing. If you have a family doctor, they can recommend that part of the solution for you as an older Canadian, is to be more socially involved. To get out and exercise, join a club, get out of the house, do all those kinds of things. Family doctors are the ones who can deliver that by giving you a prescription to say you must do the following for your health and perhaps having and embracing more of that in Ontario for preventative healthcare."

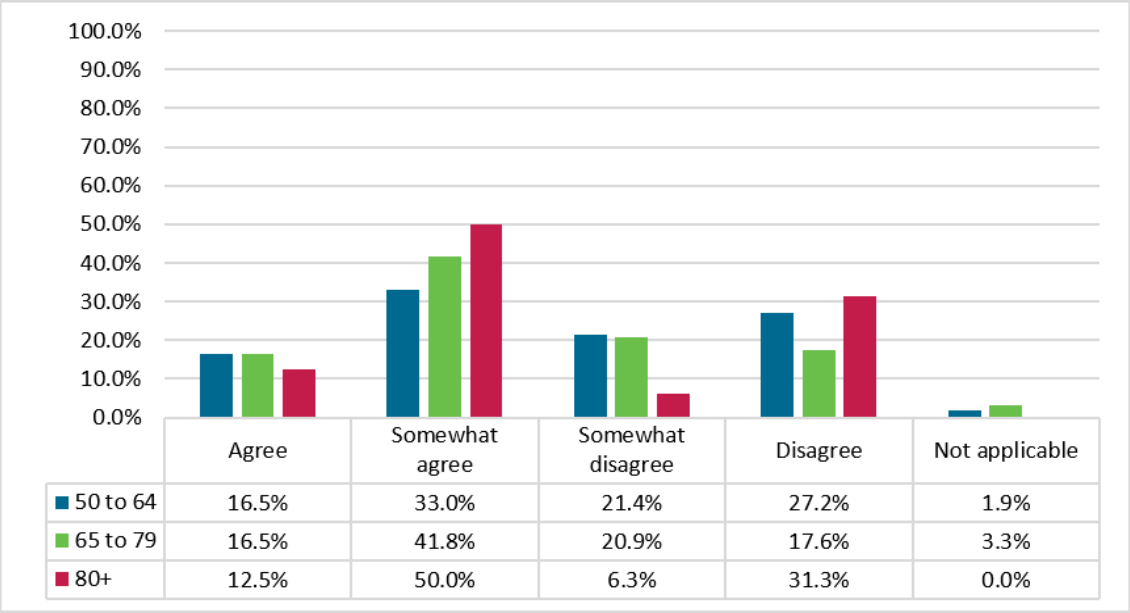
Overall, 53% of survey respondents agreed that there is an adequate range of healthcare services in Elgin and St. Thomas (Figure 1).

**Figure 1: Proportion of adults aged 50+ by level of agreement that there is an adequate range of healthcare services in Elgin and St. Thomas**




Agreement varied by age group, 49% among adults aged 50–64, 58% among those aged 65–79, and 62% for among adults aged 80 years and older, suggesting that older participants tend to view local healthcare services more positively (Figure 2).

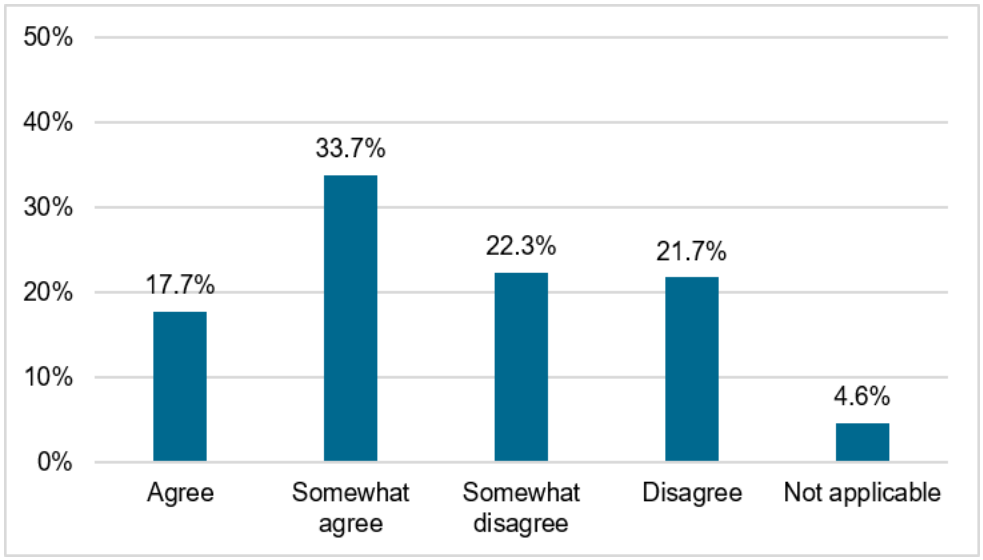
**Figure 2: Proportion of adults aged 50+, by age group and level of agreement that there is an adequate range of healthcare services in Elgin and St. Thomas**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 16.5% | 33.0% | 21.4% | 27.2% | 1.9% |
| 65 to 79 | 16.5% | 41.8% | 20.9% | 17.6% | 3.3% |
| 80+ | 12.5% | 50.0% | 6.3% | 31.3% | 0.0% |

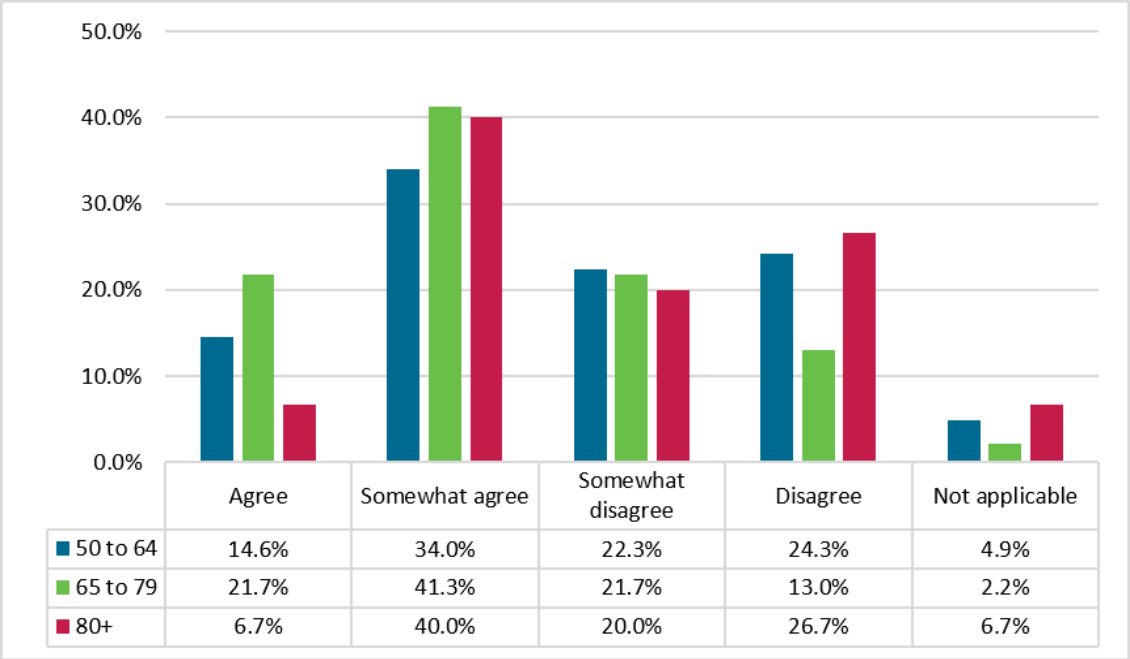
Overall, 51% of survey respondents agreed that most healthcare providers are sensitive to the unique needs of adults aged 50+ (Figure 3).

**Figure 3:Proportion of adults aged 50+ by level of agreement that most health care providers are sensitive to the unique needs of adults aged 50+**




By age group, 48% of adults aged 50–64 agreed, compared to 63% of those aged 65–79 and 46% of adults aged 80 and older (Figure 4).

**Figure 4:Proportion of adults aged 50+, by age group and level of agreement that most health care providers are sensitive to the unique needs of adults aged 50+**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 14.6% | 34.0% | 22.3% | 24.3% | 4.9% |
| 65 to 79 | 21.7% | 41.3% | 21.7% | 13.0% | 2.2% |
| 80+ | 6.7% | 40.0% | 20.0% | 26.7% | 6.7% |

## Barriers to Accessing Primary Care

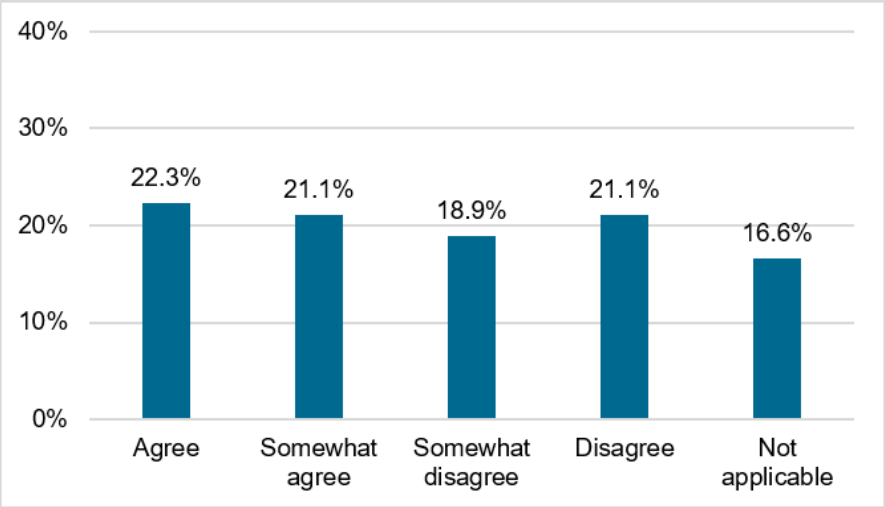
Many reported difficulties navigating systems that require calling precisely when phone lines open, which can be stressful and inaccessible for older adults. Digital navigation challenges further limit access, particularly for those without smartphones, reliable internet, or the skills to use technology effectively. Participants also noted the added pressure of using digital systems when already unwell or under stress. Geographic and transportation barriers compound these issues, especially in areas without local walk-in clinics or with limited flexibility in paratransit services for urgent care needs. Waitlists remain a significant concern. Some participants reported waiting 1 to 2 years to be attached to a primary care provider, a challenge that is expected to grow as physician shortages worsen. Physician retirements have also left many orphaned patients without care. Focus group participants noted,

> "[A] barrier for frail seniors is being able to access walk-in clinics, we don't have any in [participants] region, so they would need to go to London, St. Thomas, Chatham. So that would be a travel distance of between 50 and 60 kilometres one way"

"I think it's more difficult as you get older, to stick handle your way through the system. Technology is not always your friend when you're older."

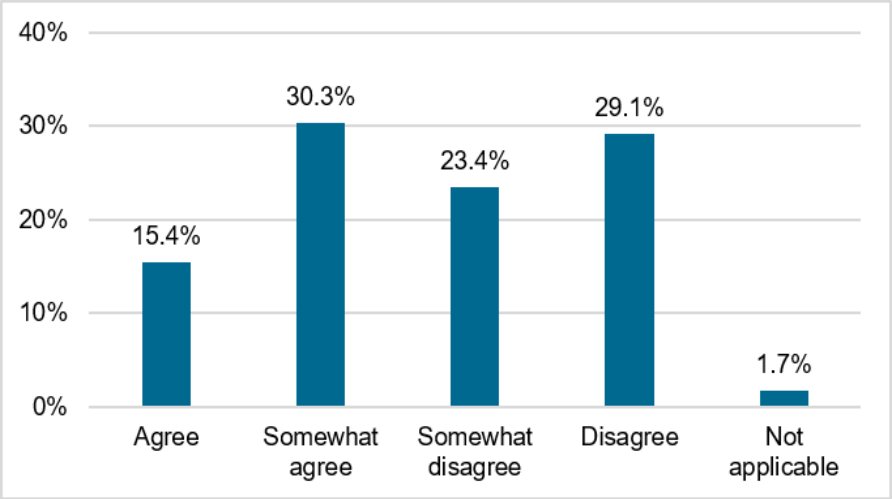
Overall, 43% of survey respondents agreed that they can find transportation to get to medical appointments when needed (Figure 5).

**Figure 5:Proportion of adults aged 50+ who feel that they can find transportation to get to medical appointments if needed**



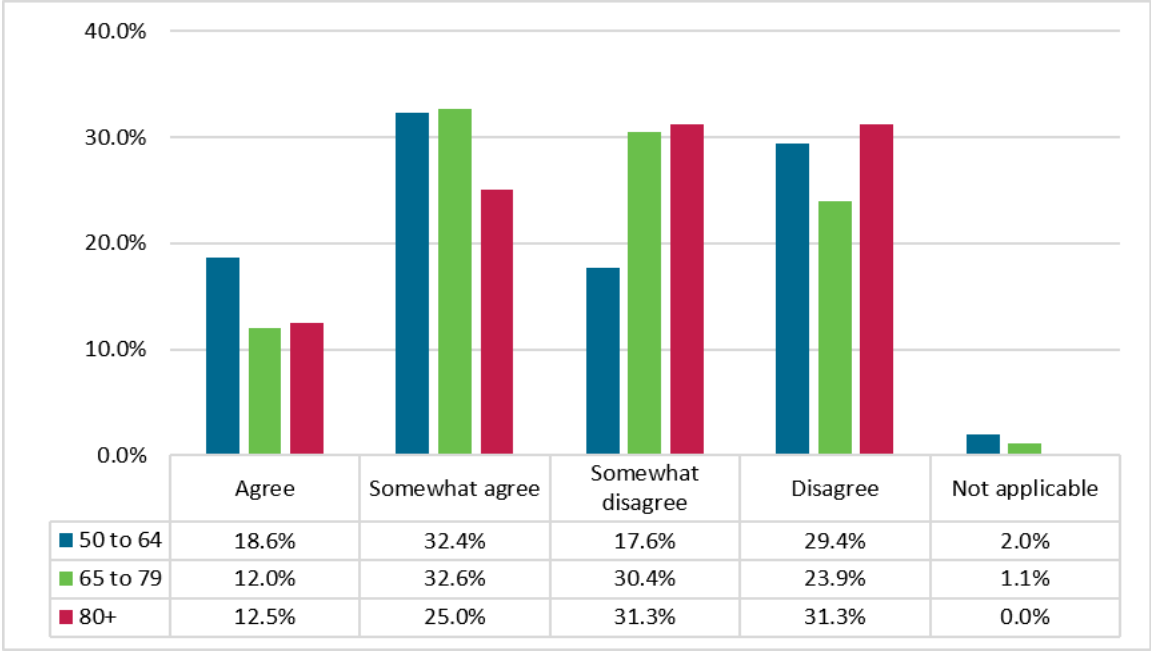

Only 45% of survey respondents agreed that healthcare services are available when needed (Figure 6).

Figure 6:Proportion of adults aged 50+ who feel health care services are available when needed




Agreement varied by age group: 51% of adults aged 50–64, 44% of those aged 65–79, and 37% of adults aged 80 and older (Figure 7).

**Figure 7:: Proportion of adults aged 50+ by age group, who feel health care services are available when needed**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 18.6% | 32.4% | 17.6% | 29.4% | 2.0% |
| 65 to 79 | 12.0% | 32.6% | 30.4% | 23.9% | 1.1% |
| 80+ | 12.5% | 25.0% | 31.3% | 31.3% | 0.0% |

## Specialized Healthcare Services

Participants described a mix of specialized healthcare services available to adults 50+ in the community, highlighting both strengths and gaps. Locally, St. Thomas Elgin General Hospital offers a range of specialties, including gastroenterology, endocrinology, internal medicine, obstetrics and gynecology, psychiatry, and a dedicated geriatric team. Participants noted that geriatric care has become more accessible, and local programs such as adult day programs and long-term care homes provide additional support. Some participants were unaware of existing services, indicating a community-wide awareness gap. Others described the need to travel to larger centres, such as London, for services like chemotherapy or certain hospital-based treatments, which can be disruptive and costly. Financial barriers, including the cost of accommodations during medical travel, were cited as significant concerns for some individuals. Participants emphasized the importance of receiving specialized care locally, highlighting the value of familiarity, comfort, and the impact on independence and quality of life. They also reported challenges related to navigating the healthcare system, accessing providers with specialized knowledge, and understanding changing eligibility criteria for certain programs. Participants described alternative ways to access specialized healthcare when wait times are higher. Some were able to receive care through programs that allowed them to choose hospitals in other regions, facilitating earlier appointments. Others noted that entering long-term care could provide access to a primary care provider through the facility's services. Participants said that,

> "There are services available. Is it sufficient? Probably not, based on our population in Elgin, it's going to grow based on the EV battery plant and just people coming in, our area is growing. There are some services that I feel that maybe individuals in the community are not aware that are available. "

> "He had his procedure done at Victoria Hospital in London. One time, the doctor told us to come over if we ever needed help, so we went one day and sat there all day. We didn't have an appointment, and nobody told us that we needed one to see the doctor. That was a negative experience. After that we went to St. Thomas Elgin General but not many people there knew how to deal with ostomies, so we were kind of left on our own."

## Travel for Specialized Care

Participants consistently reported that accessing specialized healthcare often requires travelling out of town, with most referrals directed to London or, occasionally, Chatham. This can create significant travel burdens, particularly for older adults who may no longer drive or who rely on dependent support. Even when patients can drive, some treatments require a companion to ensure safe discharge, complicating travel arrangements. Volunteer driver programs were noted as helpful, but participants highlighted limitations, such as drivers only dropping patients at hospital doors and challenges navigating extensive facilities independently. Specific examples included pre- and post-operative visits for knee replacements in Sarnia and cataract surgeries typically conducted in London. Overall, transportation barriers were described as a significant challenge for accessing specialized care, particularly for treatments requiring frequent visits, such as dialysis or cancer therapies. These barriers affect both accessibility and the quality of care, reinforcing the importance of considering transportation supports in healthcare planning for adults aged 50+. Participants noted that

> "Seniors need to travel to St. Thomas or Chatham to go to those specialized services, again that would be between 50-60 kilometers one way to get to those services."

> "When you have cataracts, your night vision is abysmal so you stop driving anywhere at night and you get your life back again when you have cataract surgery so you can actually drive at night. It is not a life-or-death issue, but they are certainly impacting quality of life, and they stop you from enjoying social activities, and so on."

## Wait Times for Specialized Services

Participants highlighted long wait times as a significant barrier to accessing specialized healthcare. Waitlists for certain specialties, such as ENT, MRI, and knee surgery, were reported to range from several months up to two years. Wait times also affected access to long-term care services. Some participants noted that redistributing patients across facilities helped reduce waitlists in some cases, but overall delays remain a significant concern, particularly for older adults with urgent or complex needs.

One participant noted that

> "Waitlists for specialists in one of those cities, depending on the specialist, could range anywhere from 3 months to 2 years."

## In-Home Care for Adults 50+

Participants described a range of in-home care services available for adults 50+ in the community. These include professional supports such as personal support workers (PSWs), registered nurses (RNs), occupational therapists, physiotherapists, paramedics, and assisted living services offered in senior apartment complexes. Informal and volunteer support, including meal delivery, friendly visiting (a volunteer visits if someone is isolated), and transportation assistance, were also highlighted as important components of in-home care. Despite these options, participants noted confusion around the changing structure and branding of services, which can make navigating the system challenging. One example was,

> "There's a whole healthcare system, but sometimes if you're at home and you're recovering, as my friend was for example, and has a condition where it's difficult for her to breathe, with respiratory issues causing swelling in her feet. Physiotherapy is very helpful for her, but also her mobility was impacted, so it was very difficult for her to go into the kitchen and cook herself a meal. So, because of this she wasn't eating properly, which was not helping in her recovery. It becomes a cycle. "

Caregiver burden was frequently mentioned, particularly for family members managing post-discharge care, and respite services were often limited or unavailable in-home. Participants identified availability and accessibility challenges, including PSW shortages and location-dependent services, as well as financial barriers that make some supports unaffordable. Reliance on informal supports from community members or neighbours was common, but gaps in continuity of care remained a concern. For example, participants described situations where limited mobility or health challenges made it difficult for individuals to perform daily tasks, and insufficient in-home supports compounded recovery difficulties.

Eligibility for in-home care is generally determined by safety and health stability, with priority given to those whose health is unstable or who require home healthcare provider supervision. In

most cases, older adults meet these criteria, though navigating eligibility requirements can be challenging due to changes in program structures and OHIP coverage rules. Participants also highlighted challenges with waitlists for in-home care. Information on wait times is often unclear, and waitlists are variable across services. The limited availability of subsidized or funded options exacerbates delays, as only a few agencies offer affordable support. Staffing shortages further contribute to wait times, making it difficult for older adults to access timely in-home care.

## Systemic and Community Considerations in Healthcare

Participants shared a wide range of observations and concerns about healthcare for older adults, highlighting systemic gaps, social vulnerabilities, and opportunities for community-led support. A recurring theme was elder abuse and safety. Participants noted a lack of dedicated elder abuse support services and emphasized the need for provider training to recognize and respond to abuse, particularly in situations where perpetrators may accompany the individual to appointments. Cognitive and emotional support needs were identified, especially for older adults navigating complex health or social circumstances. Caregivers provided in-depth insights into the challenges of navigating a complex and fragmented healthcare system, describing frequent difficulties coordinating care with multiple specialists, managing hospital visits, and ensuring continuity of care across home, primary, and long-term care settings. They emphasized their role as primary advocates and liaisons, balancing respect for the autonomy and privacy of older adults with the need to actively support decision-making, monitor safety, and ensure that care plans are followed. Caregivers shared examples of navigating systemic barriers, such as bureaucratic delays, limited transportation options, and cost constraints, often requiring persistence and creative problem-solving to secure necessary care and prevent older adults from missing appointments or experiencing unnecessary hardship. One participant said,

> "I’m going to get my dig in for the need for more elder abuse support services. I just feel that our area needs to have, as a few other areas in Ontario, have elder abuse specialists that can contact those patients that are referred to them and establish a relationship and help them deal with their situation."

Social connectivity and exposure were highlighted as critical to wellbeing, and caregivers reinforced this by describing the ways they facilitate peer connections, participation in senior social groups, and engagement with community-based programs. They noted that volunteer-

driven supports, including transportation, friendly visiting, and meal delivery, play a crucial role in bridging gaps created by geographic isolation, urban–rural differences, mobility limitations, and socioeconomic challenges. Caregivers also described the emotional and physical toll of their advocacy work, highlighting the stress of managing complex medical needs, navigating communication with multiple providers, and ensuring that care recipients' rights, dignity, and comfort are maintained within a system that can feel under-resourced and fragmented.

Both caregivers and focus group participants expressed concern about continuity of care, the adequacy of post-discharge supports, and the clarity of referrals to ongoing home or community services. Challenges with technology, communication, and system navigation were cited as key barriers that can impact both safety and health outcomes. Caregivers highlighted the importance of proactive primary care, early assessments, and guidance on home care or alternative living arrangements to support aging in place, noting that timely intervention can prevent complications and reduce the need for emergency care. Systemic issues were also emphasized. Participants described policy inaction, generational neglect, and inadequate long-term planning as barriers to meaningful change. Many noted the emotional burden on older adults trying to navigate an unprepared system and called for transformative, rather than incremental, changes in healthcare delivery and planning. Despite these challenges, participants highlighted the value of community-led efforts and grassroots initiatives, which help fill gaps in support and build resilience among older adults. One participant said

> "We can make things happen in smaller ways at the grassroots level and that's what the age friendly group needs to do to keep plugging away at it

# Housing

The housing domain focuses on whether adults aged 50+ have access to housing options that are affordable, accessible, and support them as they age.

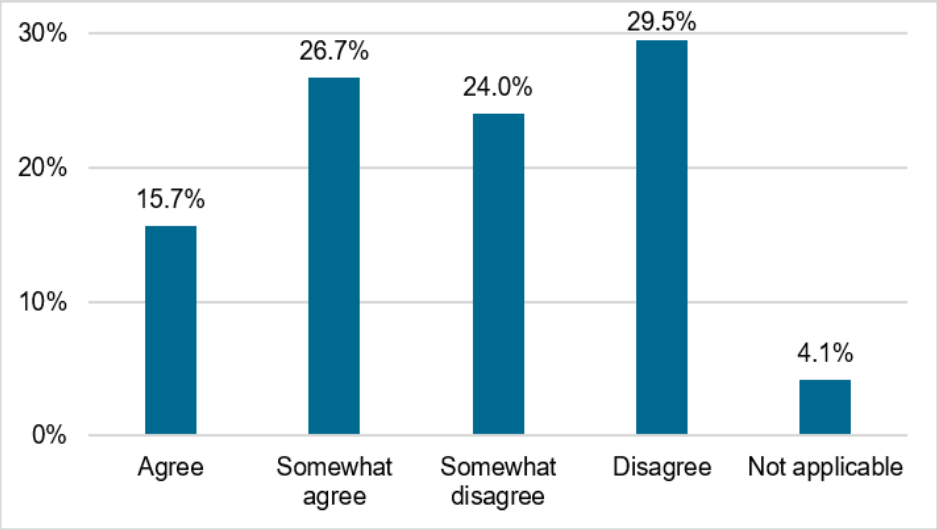
## Available Housing Options for Adults Aged 50+

Participants described the local housing supply for adults aged 50+ as limited and highly variable across the region. The primary form of housing is single detached dwellings, with fewer apartment-style or multi-unit buildings, particularly in rural areas of Elgin County. Long wait lists for seniors' housing were consistently reported, with some waiting several years to secure a unit. For example, in St. Thomas, 112 people may be waiting for only 18 available units, and in Port Stanley, wait times for municipal senior apartments can reach eight years. The availability of affordable, income-based units is limited, and access varies by community, creating geographic disparities and uncertainty about where suitable housing can be found. While new senior buildings and community-led initiatives, such as combining housing with supportive services, offer some options, overall, there remains a scarcity of local housing that meets the needs of older adults. Participants highlighted the need for more information and planning to ensure equitable access to safe, affordable, and supportive housing across the region. One example was,

> "There's an organization called Indwell that builds affordable housing and funds it through their own efforts. They build supportive, safe housing for people with mental health issues or people who are unhoused. They've also done housing with seniors where they're not only putting up the building but providing an environment where the people who live there will be successful in their lives."

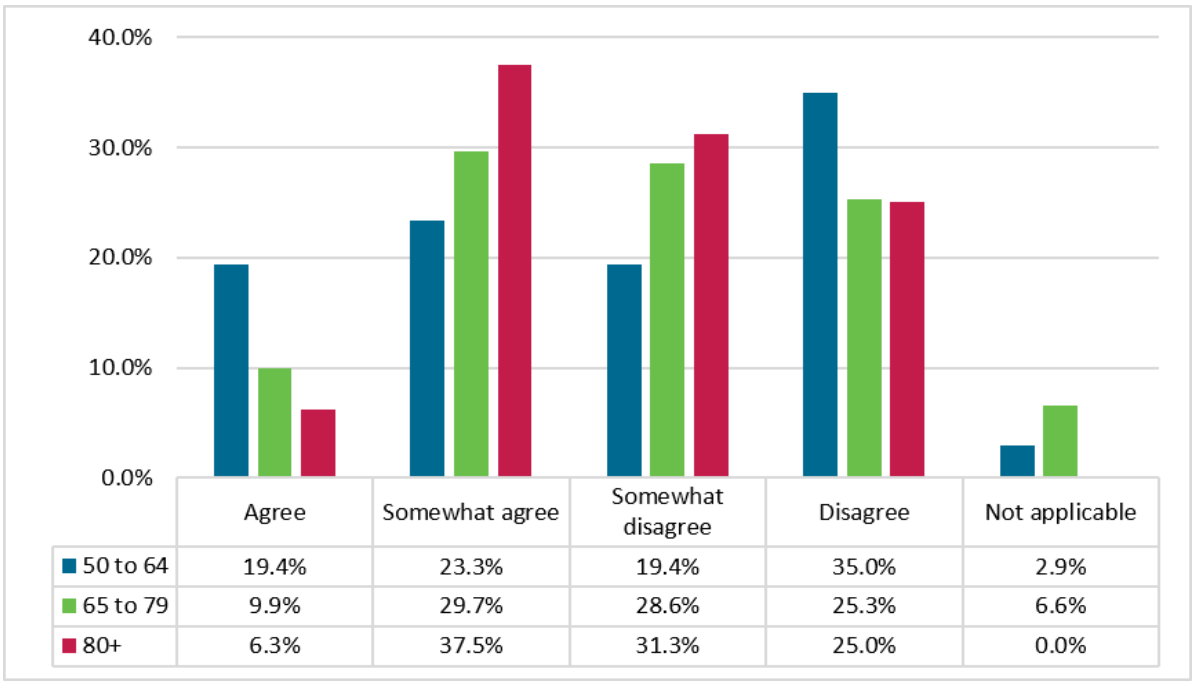
Survey findings suggest that only 42% of adults aged 50+ agreed there are sufficient housing options in their community, including apartments, smaller condominiums, and semi- or detached homes (Figure 8).

**Figure 8:Proportion of adults aged 50+ who feel that there are housing options (such as apartments, smaller condominiums, and semi-or detached homes) available in their community**




When broken down by age, 42% of adults aged 50–64, 39% of those aged 65–79, and 43% of adults aged 80+ agreed (Figure 9).

**Figure 9:Proportion of adults aged 50+, by age group, who feel that there are housing options (such as apartments, smaller condominiums, and semi-or detached homes) available in their community**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 19.4% | 23.3% | 19.4% | 35.0% | 2.9% |
| 65 to 79 | 9.9% | 29.7% | 28.6% | 25.3% | 6.6% |
| 80+ | 6.3% | 37.5% | 31.3% | 25.0% | 0.0% |

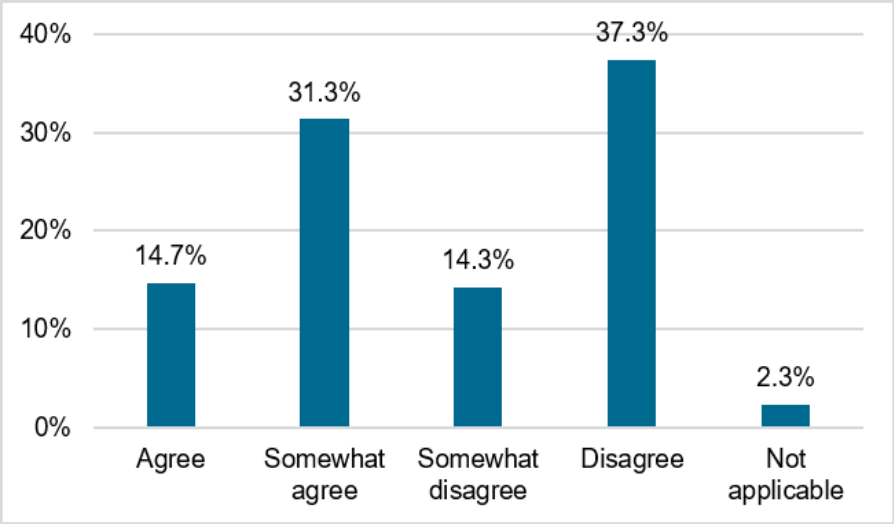
# Affordability of Housing Options

Affordability emerged as a major concern for adults 50+, with participants emphasizing that what is labelled “affordable” often does not reflect the lived reality of seniors on fixed or limited incomes. Rent in local seniors’ buildings can be close to $900 per month, a rate many older adults consider unaffordable. Participants highlighted that affordability is subjective and varies greatly depending on individual financial situations, particularly for those entering retirement or managing limited savings. The Canada Mortgage and Housing Corporation (CMHC) affordability benchmarks were referenced, showing rates starting at $773 for a bachelor unit and reaching up to $1,877 for a three-bedroom at 80% of average market rent in Elgin and St. Thomas. While some new projects are incorporating “deeply affordable” units priced at 70% of market rent, the overall supply of such housing remains insufficient. Participants also pointed to a growing gap between luxury developments and affordable housing that aligns with community needs. Financial insecurity was a recurring theme, with many expressing fears of outliving their savings due to rising rents or of being pressured to sell their homes to qualify for rent-geared-to-income housing. Concerns were also raised about anticipated future increases in housing costs, which compounded anxiety about long-term stability. Participants noted that developers’ motivations often prioritize profit over community needs, while affordable housing contributions from developers are largely voluntary. As a result, many called for more decisive government intervention and policy measures to address affordability and ensure older adults have access to safe, secure, and genuinely affordable housing. As one participant mentioned,

> "Some of the rent is RGI, rent geared to income, so some people pay the full amount, others pay a lower amount if their income is less. But one of the requirements of moving into that building is that you must sell your house within 6 months, you can’t own a house anywhere else and live in that building. I have to make the big decision to sell my nest egg and now I am renting, and I don’t know how long I have to live and how long my money will last."

Survey results show that only 46% of adults aged 50+ agreed they could afford to make changes to their homes to continue living there if needed (Figure 10).

**Figure 10: Proportion of adults aged 50+ who can afford to make changes to their home to continue living in their home if needed**




## Aging in Place and Housing Transitions

Participants strongly expressed the desire to age in place, emphasizing the importance of staying in their own homes and within familiar communities. However, this preference is often challenged by limitations in housing design, safety concerns, and accessibility barriers. Many older homes in Elgin and St. Thomas lack features that support aging safely, such as accessible bathrooms, stair-free entryways, or adaptable layouts. For some, these limitations lead to increased reliance on family members or even emergency services when risks at home become unmanageable. The transition from aging in place to alternative housing can be emotionally and practically challenging. Participants described how safety risks often prompt family intervention, leading to crisis-driven moves rather than planned ones. These relocations can feel like lifestyle losses, particularly for those leaving rural homes or properties where they have lived for decades. The emotional impact of moving later in life was characterized by feelings of instability, loss of independence, and heightened awareness of aging and mortality. At the community level, there is also recognition that many seniors occupy underutilized housing, large homes that may be challenging to maintain but difficult to leave behind. This creates both opportunities and barriers, opportunities for increased housing turnover if downsizing options are available, but barriers when there are few appropriate alternatives locally. Rural residents face structural and location-based limitations, with fewer housing models designed to support aging populations

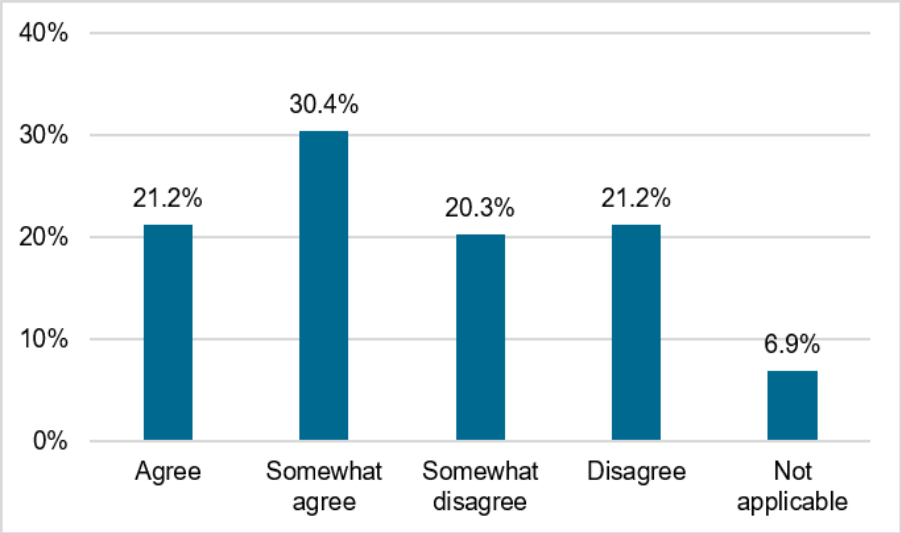
outside of urban centers. Social dimensions also play a role. While aging in place supports continuity of community ties, it can also exacerbate isolation if supports and services are not accessible. Participants highlighted the importance of intergenerational living models and community-based supports to redefine aging in place as “staying in the community,” not just remaining in the home. The uncertainty of future housing needs adds further complexity, as many participants acknowledged difficulty with advance planning and the tendency to make decisions only once a crisis emerges. One participant said,

> "St. Thomas kind of feels it’s close enough that I could go back and see my friends. London, I think you’re closer to hospitals and a lot of medical support that you need as a senior that we don’t get, we don’t even get it in St. Thomas. That support comes from the London hospitals, so people make that decision to move into a big city and pay city rates and deal with the traffic and the noise. It’s a huge change in a transition that people aren’t necessarily prepared for, so they hang in, in less-than-ideal situations."

> "The idea of co-housing which is developers building buildings that are not for seniors or for families, but they actually have everybody living together so young families can help the seniors, so we’re not segregating people quite so much in society."

Caregivers shared in-depth insights into the challenges of supporting older adults to age in place and navigate long-term care options. They emphasized the importance of planning and adapting home care, including decision-making around care options and implementing home modifications to enhance safety and comfort. Accessible, well-planned home environments were considered critical for reducing safety risks and supporting mobility. Caregivers described the ongoing management of complex health conditions, including monitoring medications and addressing medical emergencies, highlighting the intensive role they play in ensuring daily care and well-being. Survey results indicate that 51% of adults aged 50+ agreed they can find information about home modifications needed to continue living in their homes (Figure 11).

**Figure 11: Proportion of adults aged 50+ who can find information about home modifications to continue living in their home if needed**




## Assisted and Supported Living Options

Participants emphasized the need for more creative and diverse models of assisted and supported living in Elgin and St. Thomas. Current housing options are limited and often outdated, leaving gaps for older adults who require additional supports but do not yet need long-term care. Innovative approaches, such as co-housing models, intergenerational housing arrangements, or shared housing with students (as seen in McMaster University's pilot initiatives pairing seniors with students for low rent in exchange for support), were viewed as promising strategies to meet both social and economic needs. These arrangements not only offer affordability but also foster connection, reduce isolation, and promote mutual support across age groups. A recurring point was the importance of communal and social space in housing design. Participants highlighted that housing is not only about physical shelter but also about well-being and belonging. Social gathering areas, shared kitchens, and community rooms were described as essential for reducing loneliness, encouraging activity, and supporting mental health. At the policy and development level, participants expressed a lack of supportive housing designs in new builds. They emphasized the need for open dialogue with developers, incentives from municipalities, and policy frameworks that encourage innovative, community-oriented housing rather than exclusively profit-driven projects. Participants pointed to successful practices in other regions, such as coastal communities in Nova Scotia and on the West Coast,

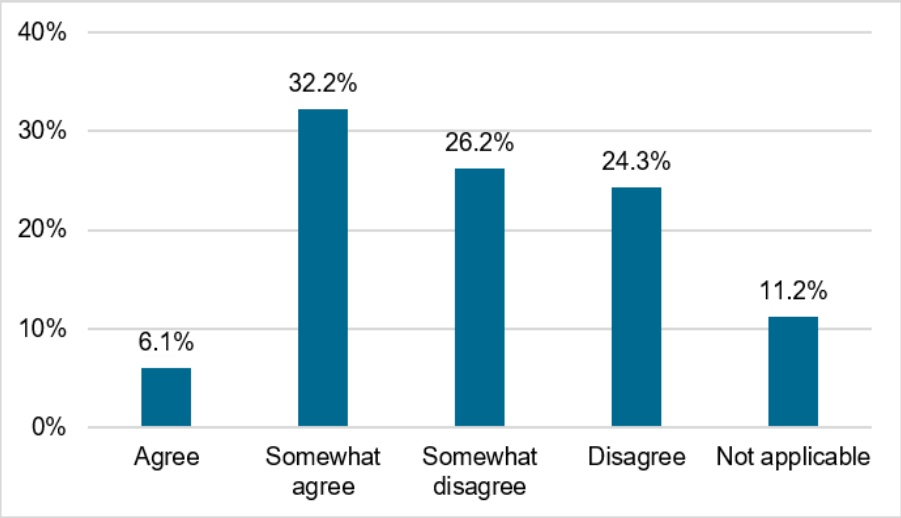
where creative and affordable supportive housing models have been implemented, suggesting these approaches could be adapted for Ontario. Participants said,

> "When you look at how applications that go to council, they're often trying to take out the social space of a building to increase the space of like private balconies for example. We're trying hard to say to developers the social space where people gather is more important. You don't want people isolating on a private space, even more we want like the elevator space, laundry rooms, foyers, and outside corners of the building and the connections to communities, we want them to be highlighting all these things. Ultimately, that is what's going to give you your happiest and healthiest tenants."

> "It's really hard to put in to have developers or even sometimes to have municipal councils hear you, simply because it's not part of the building code or legislation. How do you make sure that message gets to developers loud and clear? But also, what is their incentive? To be the good corporate citizen that provides the right environment. That is where developers and the municipality, the planners need to both be convinced and then sit down around the table and say how can we make this happen the right way?"

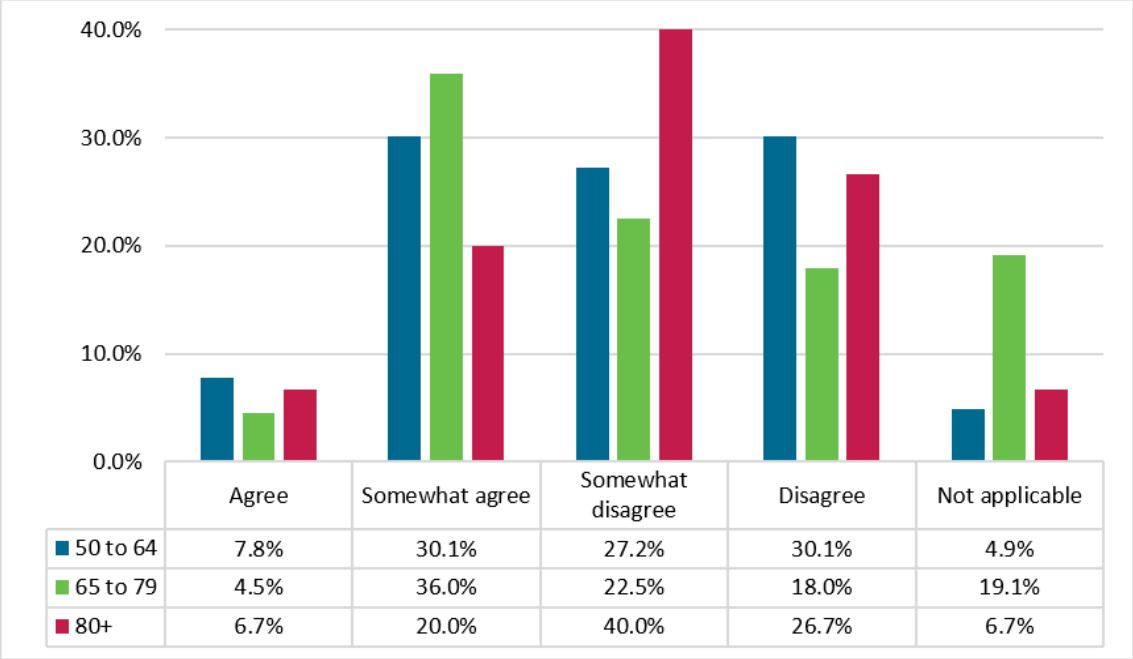
Survey results indicate that half of adults aged 50+ disagreed that housing options in their community are accessible to people with disabilities or limited mobility (Figure 12).

**Figure 12: Proportion of adults aged 50+ who feel there are housing options in their community that are accessible to people with disabilities or limited mobility**



Disagreement varied by age group: 57% of adults aged 50–64, 40% of adults aged 65–79, and 66% of adults aged 80+ reported a lack of accessible housing (Figure 13).

**Figure 13: Proportion of adults aged 50+ by age group, who feel there are housing options in their community that are accessible to people with disabilities or limited mobility**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 7.8% | 30.1% | 27.2% | 30.1% | 4.9% |
| 65 to 79 | 4.5% | 36.0% | 22.5% | 18.0% | 19.1% |
| 80+ | 6.7% | 20.0% | 40.0% | 26.7% | 6.7% |

# Long-Term Care Options for Adults 50+

Participants described long-term care home (LTCH) options in the community as limited, with long wait lists and unpredictable access. Elgin County has three LTCHs, which are distinct from retirement homes, and while there are several retirement residences, participants noted that the supply does not meet the growing demand for senior housing. Shortages of LTCH beds often force families to delay placement or continue supporting older adults at home longer than ideal, creating both logistical and emotional challenges. Access and continuity of care were also highlighted as concerns, particularly regarding proximity to family and the ability to maintain social connections. Equity and inclusivity gaps were noted, including limited consideration for same-gender couples and other diverse populations. Participants emphasized the need for intermediate housing options that provide supportive services before full LTCH placement becomes necessary. Retirement homes can provide seniors with lifestyle options, such as

meals, social activities, and convenience, allowing some degree of independence. However, many residents face challenges, including high costs and services that may not match their personal preferences (for example, mandatory dining arrangements or restrictions on cooking), which can make these homes less suitable or affordable for some older adults. Additional support services often come at an extra cost. Eligibility processes for LTCHs were generally described as smooth, but financial barriers persist. Government-subsidized LTCHs provide some relief, yet costs remain high, limiting access for many older adults and reinforcing the importance of alternative home- or community-based supports to bridge the gap. While some long-term care facilities provided attentive and comfortable care, caregivers noted limited residential options and significant financial barriers, with costs often prohibitive. They also highlighted inadequate facility infrastructure, such as a lack of proper showers and accessibility features, which affected the quality of care and increased reliance on caregivers for essential tasks. One focus group participant said,

> "There's sort of some interim step in there where you still maintain your independence, and I hate to use the word dignity but it's the only word that applies. There's an interim step where there is a point at which you need a lot of support, depending on your medical health condition, and long-term care is the place to get that. But I think there should be something in-between having your own home and ageing in place and long-term care. I don't know what the right word is, perhaps supportive home."

Survey results indicate that only 45% of adults aged 50+ agreed that there are retirement home options in their community that they could move into if desired (Figure 14), and 43% agreed that nursing home options are available to them in their community (Figure 15).

**Figure 14: Proportion of adults aged 50+ who feel there are retirement home options in their community that they could move into if they chose to**

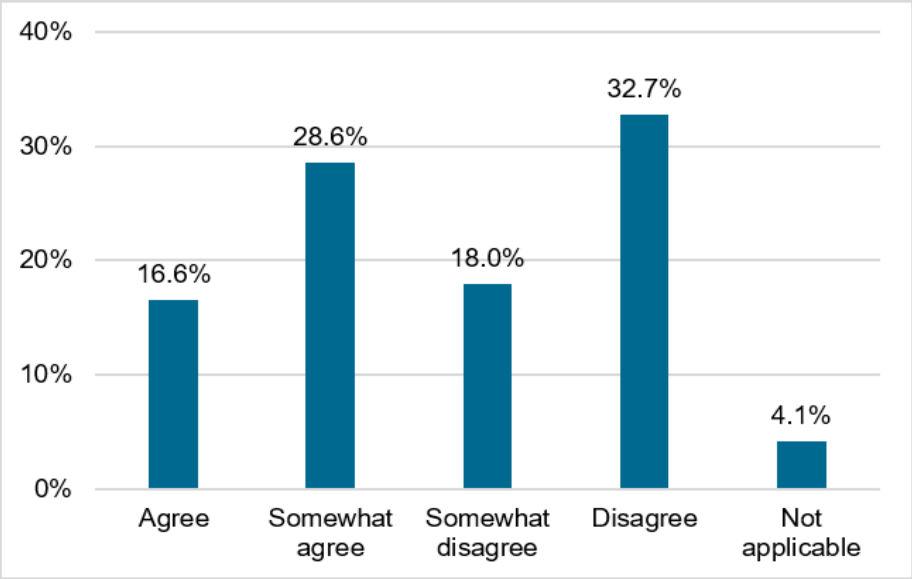
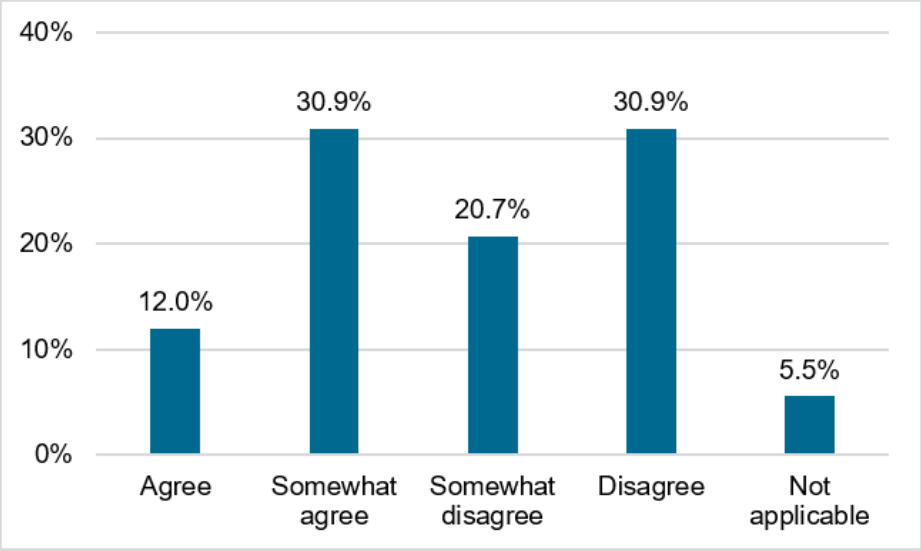



**Figure 15: Proportion of adults aged 50+ who feel there are nursing home options in their community that are available to them**




## Supporting Aging in Place for Adults 50+

Aging in place is often complicated by system navigation and consent challenges, particularly for adults with cognitive or mental health concerns, which can limit access to services. Many

older adults lack informal or family support, and low income or minimal social networks can further restrict their ability to stay at home safely. Housing providers often feel a moral burden when residents' needs exceed what they can legally provide. While they want to help, as landlords, they cannot provide direct health or social support, which can create stress and ethical challenges. Participants noted that support often begins only when aging in place is no longer feasible, reflecting a transitional rather than proactive approach. Successful aging in place relies on a combination of informal, community, and formal supports. Family involvement and multigenerational living arrangements, such as additional residential dwelling units, can enhance stability. Community support and volunteerism contribute to social cohesion and practical assistance, while locally delivered formal services help fill critical care gaps. Empowering older adults through engagement and planning, alongside caregiver education and support, was seen as essential to promoting autonomy and enabling safe, sustainable aging in place. Examples were,

> "We're all wondering what's next? What is the diagnosis? What's the long-term plan? How can we help with that? So, to your point [Participant 2], it's kind of like the caregiver person plays a vital role in our healthcare system, and the support system has to know the questions to ask and the right things to push. How do we educate everyone to know what that is?"

> "Over the last maybe five-to-seven years, one of the changes in the Planning Act that has allowed more to age in place, like multigeneration families in singles, semis, and townhouses, is something called an additional residential dwelling unit. So, the Ontario government is supporting creating these additional dwelling units for a multitude of reasons."

Survey findings add weight to the challenges in supporting ageing in place. Overall, 57% of adults aged 50+ disagreed that sufficient supports (meals, housekeeping, personal care) are available to help them remain in their homes (Figure 16), with disagreement highest among the 80+ group (87%), compared to 56% of adults 50–64 and 50% of adults 65–79 (Figure 17).

**Figure 16: Proportion of adults aged 50+ who feel there is sufficient support to allow seniors to remain in their homes (meals, housekeeping, personal care)**

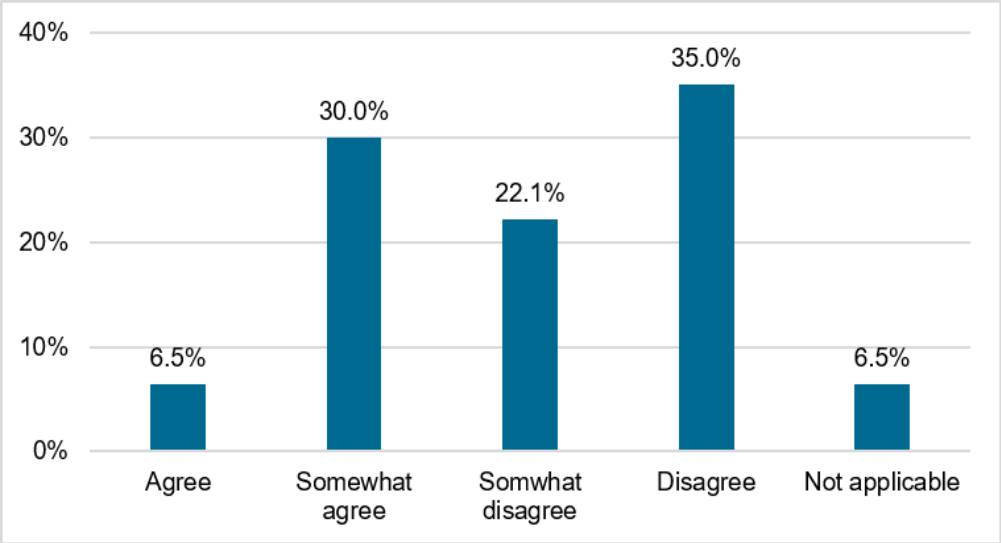
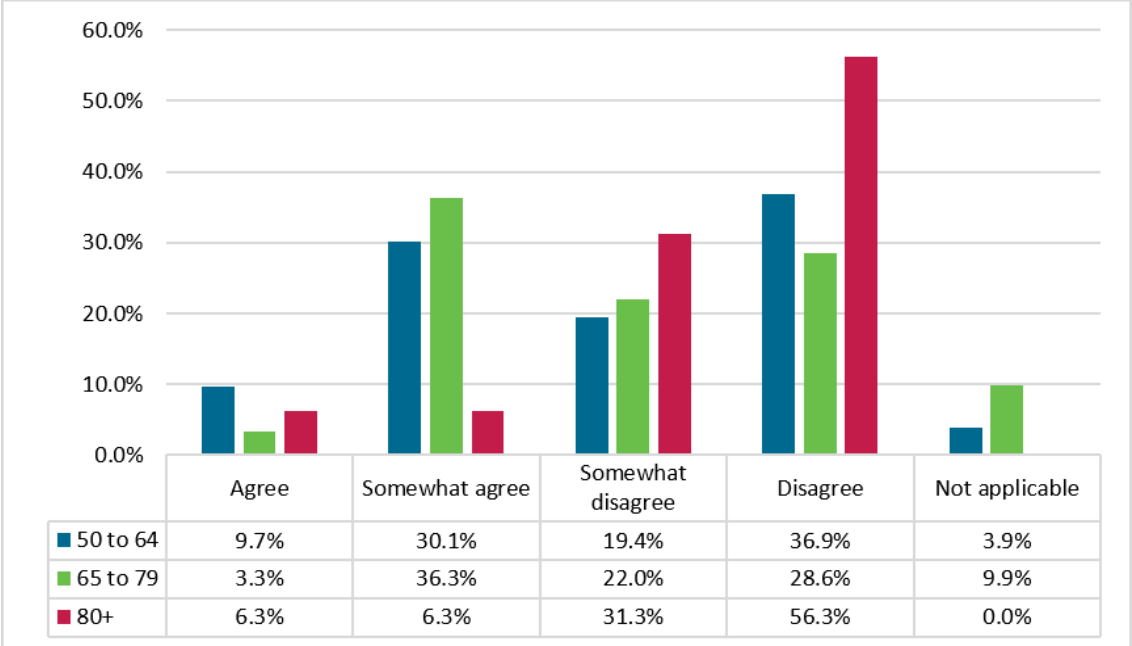



**Figure 17: Proportion of adults aged 50+ by age group, who feel there is sufficient support to allow seniors to remain in their homes (meals, housekeeping, personal care)**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 9.7% | 30.1% | 19.4% | 36.9% | 3.9% |
| 65 to 79 | 3.3% | 36.3% | 22.0% | 28.6% | 9.9% |
| 80+ | 6.3% | 6.3% | 31.3% | 56.3% | 0.0% |

## Additional Considerations for Housing

Participants highlighted the importance of coordinated support and accessible information to help older adults navigate housing options and related services. There was a strong call for an aging-focused system navigator or central resource to provide guidance and connect seniors with suitable housing and support programs. Housing was also viewed in the broader context of active and engaged living. Proximity to recreation, trails, and community amenities such as local pickleball facilities was seen as essential for promoting both physical activity and social connection, supporting the overall goal of aging in place. Participants emphasized the need for innovative and supportive housing models, including co-housing and other creative arrangements, to address gaps in affordability, social connection, and accessibility. Such approaches were seen as key to fostering community, reducing isolation, and ensuring older adults can live safely and meaningfully in their communities. Participants noted that,

> "The only thing I mean like just kind of going back to the support things. Having some sort of system navigator or some sort of intervening body to help support families or support landlords or support agencies."

> "I think we're definitely at a time where we need to be more creative and need to see that there are solutions even though the typical housing or apartment building or single-family home, may have worked for the past 20 years. When you consider all these things for the next 20 years, with our climate, land, water, etc. The people, family structure, when you take all of this into consideration, I think moving forward there's a lot of creative options and we need to not be afraid of them."

Survey findings highlight that awareness of available housing is limited. Overall, 68% of adults aged 50+ disagreed that there is sufficient information about housing options (Figure 18). Disagreement was highest among those aged 50–64 (73%), compared to 59% of those 65–79 and 62% of those 80+ (Figure 19).

**Figure 18:Proportion of adults aged 50+ who feel there is sufficient information about housing options**

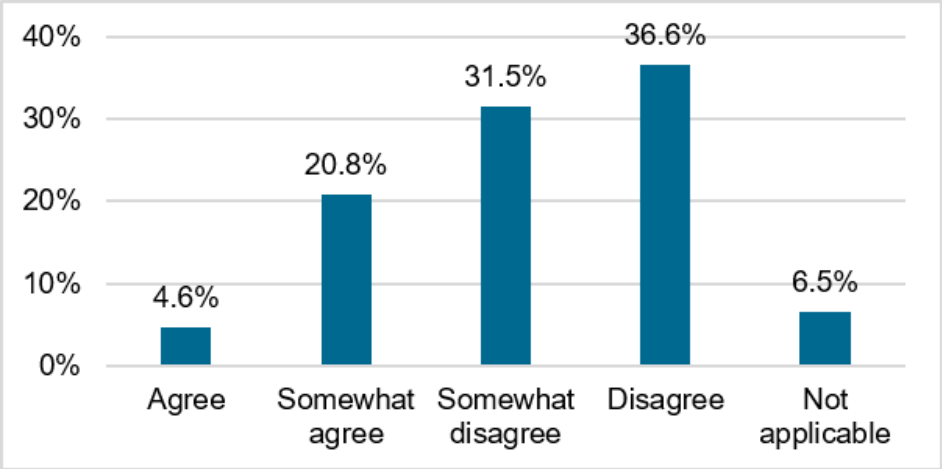
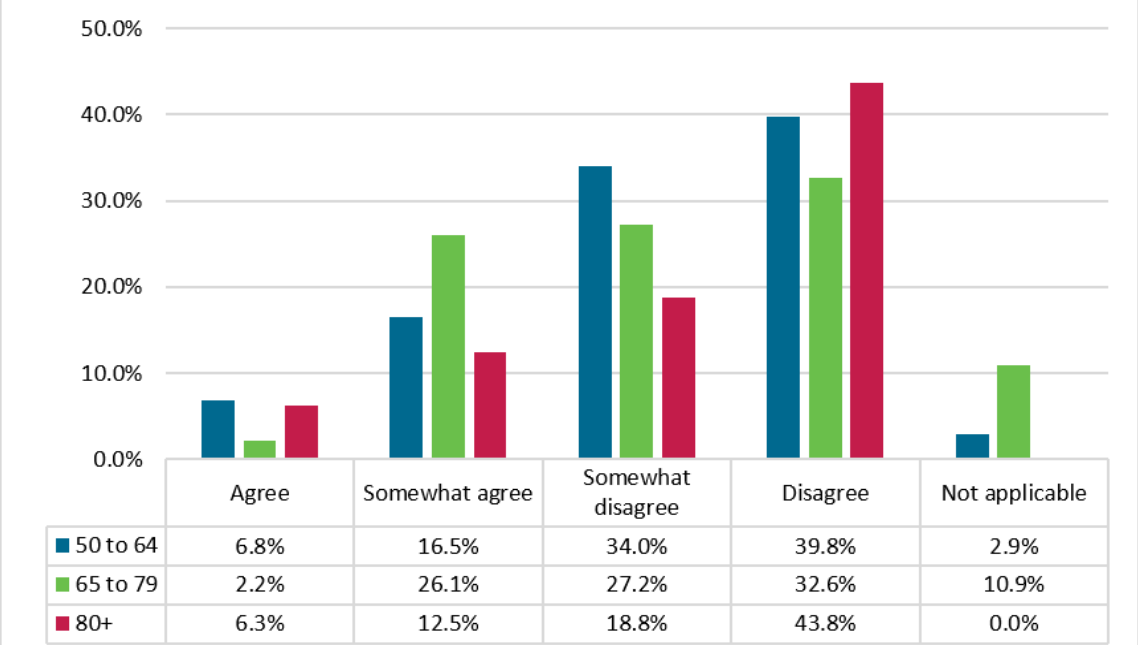



**Figure 19: Proportion of adults aged 50+ by age group, who feel there is sufficient information about housing options**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 6.8% | 16.5% | 34.0% | 39.8% | 2.9% |
| 65 to 79 | 2.2% | 26.1% | 27.2% | 32.6% | 10.9% |
| 80+ | 6.3% | 12.5% | 18.8% | 43.8% | 0.0% |

# Social, Recreation, and Community

The social, recreation, and community domain focuses on opportunities for adults aged 50+ to connect with others, take part in activities, and feel involved in their community.

## Available Social Activities

Older adults in the community have many opportunities to stay active, connected, and engaged. There are programs at places like the West Elgin Health Centre that focus on older adults, including home visits and accessible transportation. Recreational activities include chair yoga, drum fit, pickleball, lawn bowling, crafting groups, and museum programs. Technology programs, such as Tech Connect, help older adults learn to use devices and online tools. Volunteer opportunities are available in churches, childcare, health centers, and programs like Second Harvest, giving seniors a chance to contribute and stay involved. Informal gatherings, such as coffee meetups, men's clubs, and Naturally Occurring Retirement Communities (NORCs), provide flexible ways for people to connect. Specialized support groups, like Alzheimer's, Parkinson's, and other neurological groups, help seniors with health-related social needs. Outreach programs also help people in rural areas access activities and reduce barriers. Information about programs comes through many ways, including flyers, newspapers, social media, and word of mouth, so adults 50+ can choose what they want to join. Overall, these programs and supports help older adults stay socially connected, active, and independent. As some participants said,

> "So as an example, we just ran the Tech Connect program with Fanshawe at their Dot Library to teach, you know, cybersecurity and online protocols and just kind of general navigation of the internet to older adults."

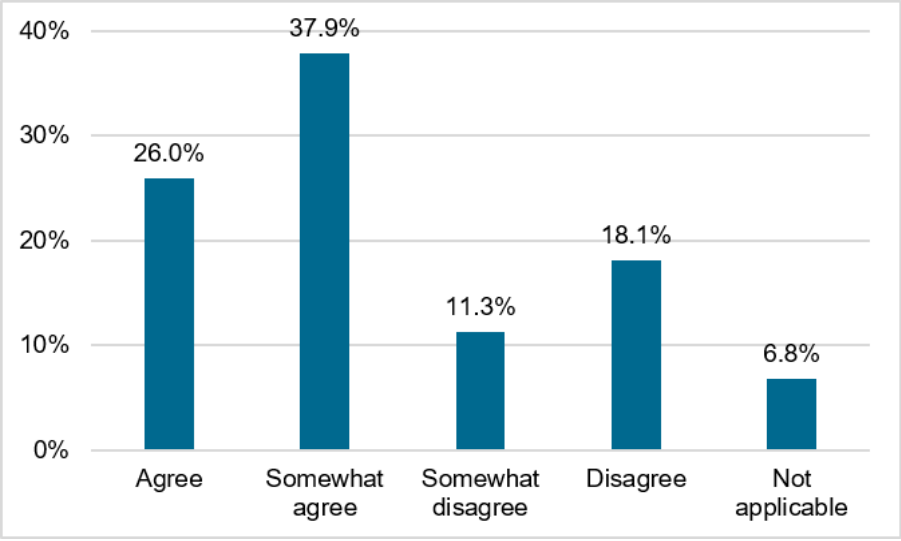
> "We run crafting groups. We run a variety of exercise programs. Those exercise programs are geared towards all levels, so chair yoga can be done while sitting. Drum fit is also done while sitting. So, considering those mobility challenges."

Caregivers highlighted the importance of social activities in supporting the well-being of adults 50+. Many older adults participate in home visits, pastoral care, or structured programs, sometimes with a caregiver accompanying them. Caregivers noted that programs like volunteer roles, music activities, and family bonding events can provide meaningful engagement when adapted to the older adult's abilities and preferences. They also emphasized the value of communication through non-digital channels and word-of-mouth to ensure older adults are aware of available social opportunities. These insights show that structured programs, combined with caregiver support, can help older adults stay socially connected and engaged in their communities.

> "They have a communication board there as well as healthcare providers will encourage them to take part or be aware of what's available. There's also a Soup's On program and people receive information there as well. Word of mouth."

Overall, 64% of respondents reported that they attend social gatherings and activities in their community (Figure 20).

**Figure 20: Proportion of adults aged 50+ who attend social gatherings and activities that occur in their community**




While 60% agreed that there are adequate programs and leisure opportunities offered for seniors (Figure 21). By age group, 61% of those aged 50–64, 63% of those aged 65–79, and 56% of adults aged 80+ agreed (Figure 22).

**Figure 21: Proportion of adults aged 50+ who feel there are adequate programs and leisure opportunities offered for seniors**

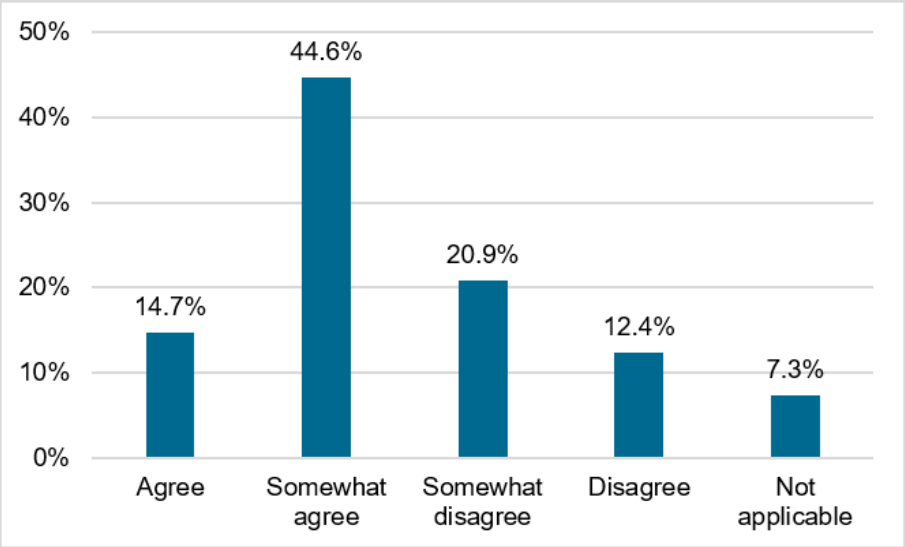
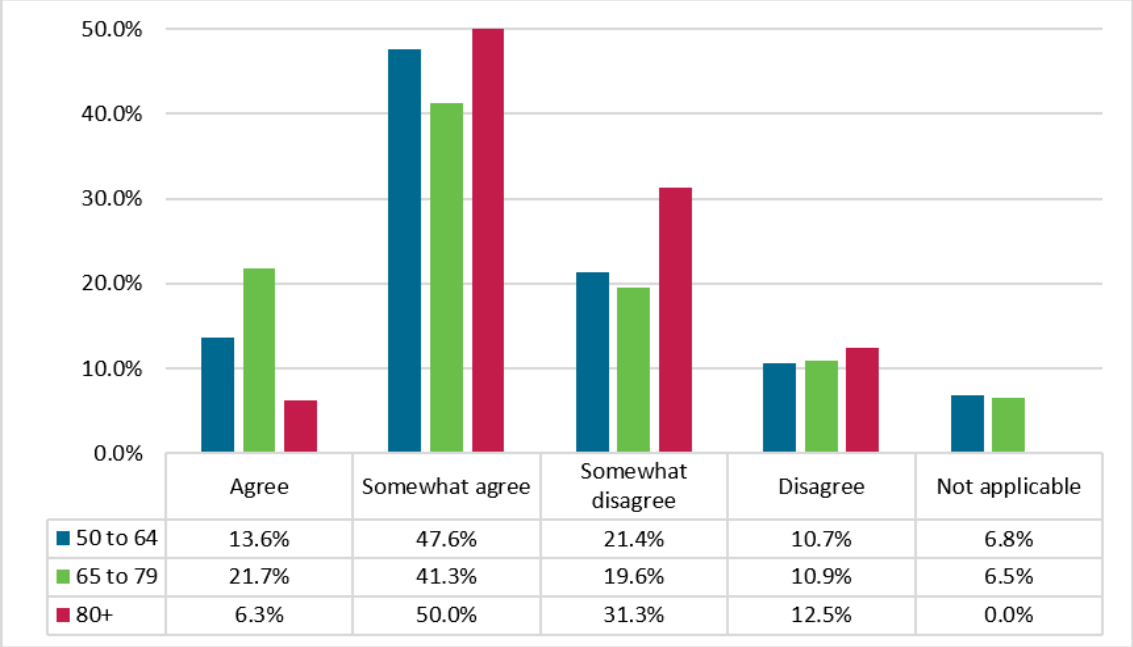



**Figure 22: Proportion of adults aged 50+, by age group, who feel there are adequate programs and leisure opportunities offered for seniors**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 13.6% | 47.6% | 21.4% | 10.7% | 6.8% |
| 65 to 79 | 21.7% | 41.3% | 19.6% | 10.9% | 6.5% |
| 80+ | 6.3% | 50.0% | 31.3% | 12.5% | 0.0% |

Additionally, 70% of participants felt that event and activity venues are conveniently located (Figure 23). These results suggest that, overall, social opportunities are accessible and attended by many older adults, supporting the availability of social activities. Over half of

respondents (51%) agreed that there is sufficient information about social and recreational opportunities in the community (Figure 24).

**Figure 23: Proportion of adults aged 50+ who feel venues for events and activities are conveniently located**

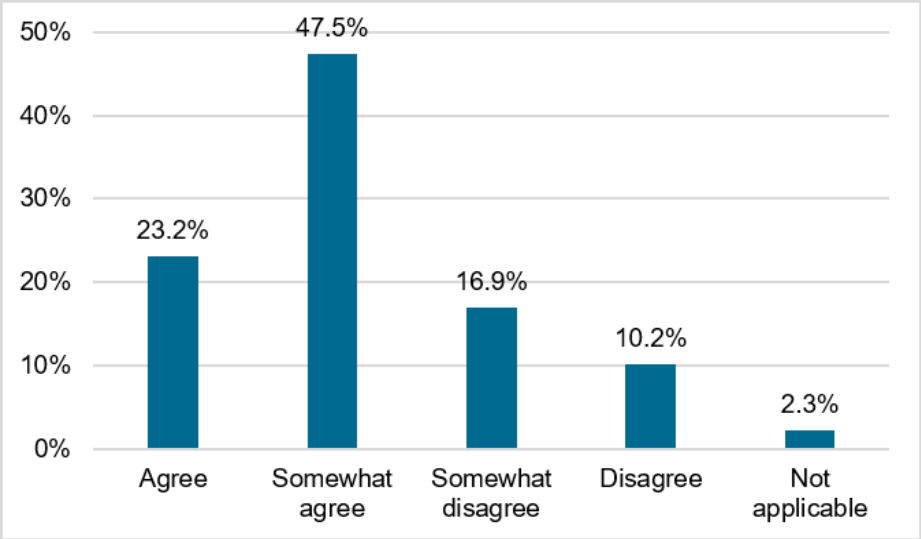
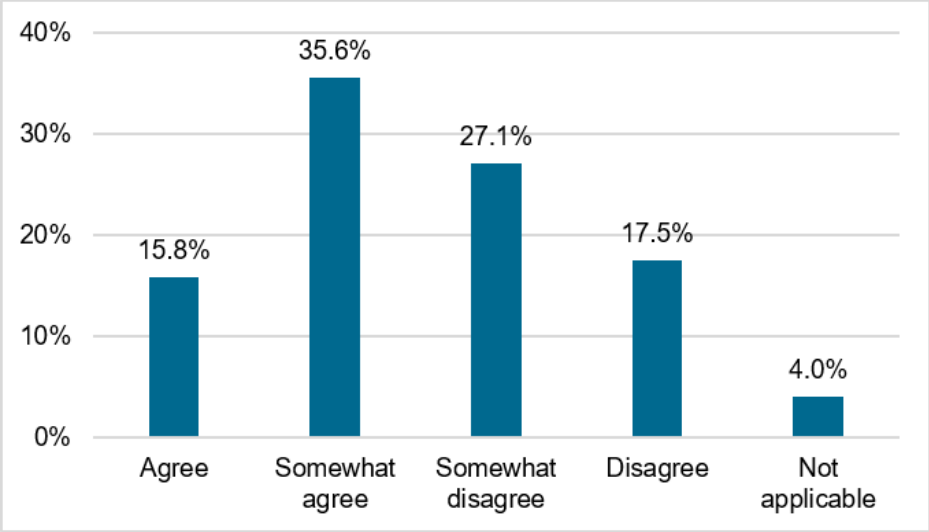



**Figure 24: Proportion of adults aged 50+ who feel there is sufficient information about social and recreational opportunities in their community**



## Challenges and Barriers to Social Participation

Older adults face several challenges that make it harder for them to participate in social activities. Some live alone or feel isolated, which limits opportunities to connect. Communication can be a problem, especially in rural areas where printed materials are becoming less common and word of mouth is still important. Transportation is a major barrier. Access to programs depends on location, cost, and the availability of services like volunteer drivers or accessible vans. People with mobility issues or dementia often struggle to get to activities, and there aren't always enough resources to meet their needs. Other barriers include safety concerns, difficulty navigating programs and services, and limited coordination between different social and health services. Personal factors, like confidence, caregiving responsibilities, or time constraints, also affect participation. Scams and elder abuse on social media can make some older adults hesitant to engage online, adding another layer of isolation. Overall, a mix of social, logistical, and personal challenges limits full participation for many adults aged 50+.

> "Many seniors who are either quieter, less social, or have become so because of being isolated, COVID not helping with that, and the idea for some people of the decision to get out of the door and go to a program is so overwhelming that they don't do it."

Caregivers reported that declining mobility, health conditions, or cognitive challenges can limit older adults' ability to participate independently in social activities. Some older adults may resist programs if they feel the activities are not age-appropriate or meaningful. For example, one caregiver shared that a stroke recovery program felt demeaning for their family member and led to disengagement. Isolation, loss of independence, and reliance on caregivers were common barriers, highlighting the need for flexible, tailored social programs that accommodate individual needs and provide opportunities for meaningful engagement even when participation is limited. One caregiver said,

> "With the way he was, he got to the point where he couldn't walk, so there wasn't really much we could do. He liked watching hockey games on TV, but he wasn't really into a lot of stuff. I guess it was a little hard on me, to be honest. It was just very different."

Affordability of activities, events, and attractions was identified as a potential barrier to social participation. Overall, 53% of respondents felt these opportunities were affordable (Figure 25),

with notable differences by age: 50–64-year-olds (50%), 65–79-year-olds (64%), and those aged 80+ (37%) (Figure 26).

**Figure 25: Proportion of adults aged 50+ who feel activities, events, and attractions are affordable**

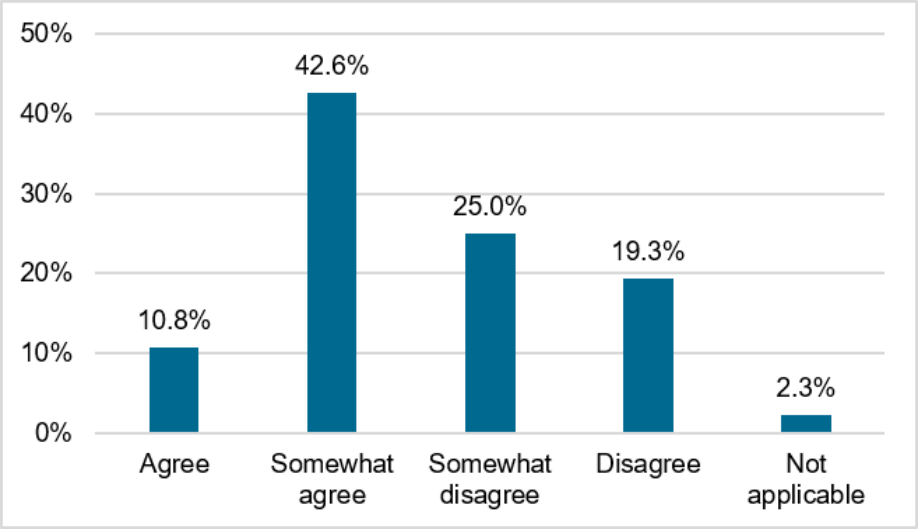
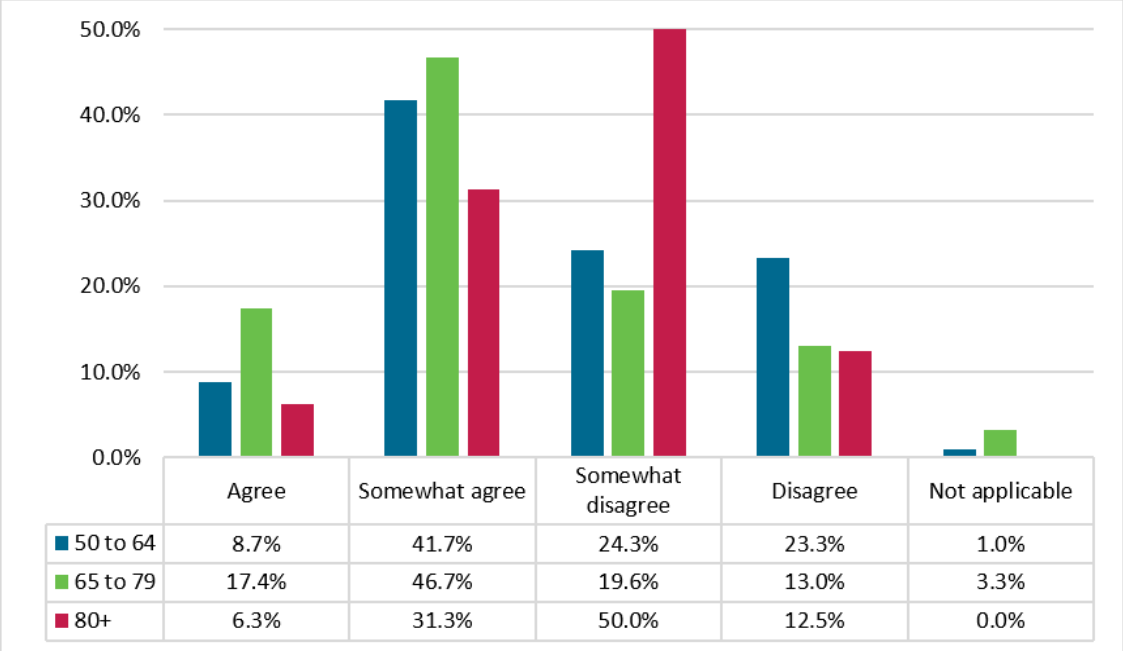



**Figure 26: Proportion of adults aged 50+, by age group, who feel activities, events, and attractions are affordable**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 8.7% | 41.7% | 24.3% | 23.3% | 1.0% |
| 65 to 79 | 17.4% | 46.7% | 19.6% | 13.0% | 3.3% |
| 80+ | 6.3% | 31.3% | 50.0% | 12.5% | 0.0% |

## Coordinating and Accessing Community Services

Local services for older adults depend on both municipal support and community organizations. In some communities, like Aylmer, municipal programs help provide social and recreational activities, but capacity is limited. Support from local decision-makers and consistent funding are essential to keep programs running and meet growing demand. Partnerships between organizations help make programs more sustainable, but many services are not considered essential and are treated as “nice-to-haves,” leaving gaps for older adults who rely on regular social or recreational support. Referrals to programs can be complicated, and rising demand often exceeds the available resources. One innovative example was,

> “There’s a program out of British Columbia that is called Hey Neighbour. And what it does is it takes these communities that you’re talking about, like just neighbourhoods in a building or whatever, and it builds all those social connections internally, so that then helps build the relationships to help them move out into the community and do other things."

## Resident-Led and Culturally Inclusive Social Activities

Focus group participants highlighted the importance of supporting resident-led activities within multi-unit buildings and across the community. They noted that resident-driven programs, such as potlucks, coffee gatherings, card games, and bingo, are common in senior housing, though their availability often depends on the current residents’ engagement. Participants also emphasized the growing cultural diversity in the community, including Low German Mennonite and Portuguese populations, and the need for tailored programs that reflect cultural traditions and encourage integration. Participants identified a variety of community resources that can support social participation, including local clubs, churches, and volunteer-led programs. They noted the role of community champions and peer-led initiatives in fostering engagement and providing leadership. Recreational programs, such as pickleball, indoor activities, and roller skating, were seen as valuable ways to encourage all-age participation and reduce social isolation. Additionally, financial and logistical support, such as equipment rental or accessible

program venues, was highlighted as crucial to lowering barriers and ensuring that older adults can fully participate in social activities. As one participant said,

> "The Low German Mennonite community is very active within their own population, but there [are] portions of the population who maybe don't have those communities built in…established groups that are looking to integrate into the community."

## Gaps and Opportunities in Social and Recreational Activities

Focus group participants noted that while some programs for older adults exist, there are still gaps in both facility availability and program offerings. Limited senior-focused infrastructure, underutilized recreational facilities, and a lack of dedicated senior centres restrict access to social activities. Space and municipal resource constraints, as well as funding limitations, affect the expansion and sustainability of programs. Participants emphasized the importance of interest-based and participant-driven activities that foster social connection, shared learning, and peer support. Informal peer interactions were described as valuable for sharing practical advice, such as experiences with health challenges like hearing issues, and for encouraging personal or health-related concerns. Future planning for programs should consider both physical space needs and opportunities to integrate meaningful social and educational experiences that address the real-life challenges of aging.

> "But yeah, definitely the senior centre is missing in both communities. They had a senior centre in Dutton in the past and it's kind of faded out for lack of interest and coordination; I guess. And I know that there is a desire to have a senior centre in Rodney, but there is no physical space that works well."

> "I mean, so it's kind of being around people who get it and who are willing to provide that kind of informal support and encouragement and structure and humor sometimes is a great healer."

Only 49% agree that there are sufficient educational opportunities for seniors (Figure 27), and 58% of adults aged 50+ agree that decision-making bodies in their community welcome and use their input (Figure 28).

**Figure 27: Proportion of adults aged 50+, who feel there are sufficient educational opportunities available for seniors**

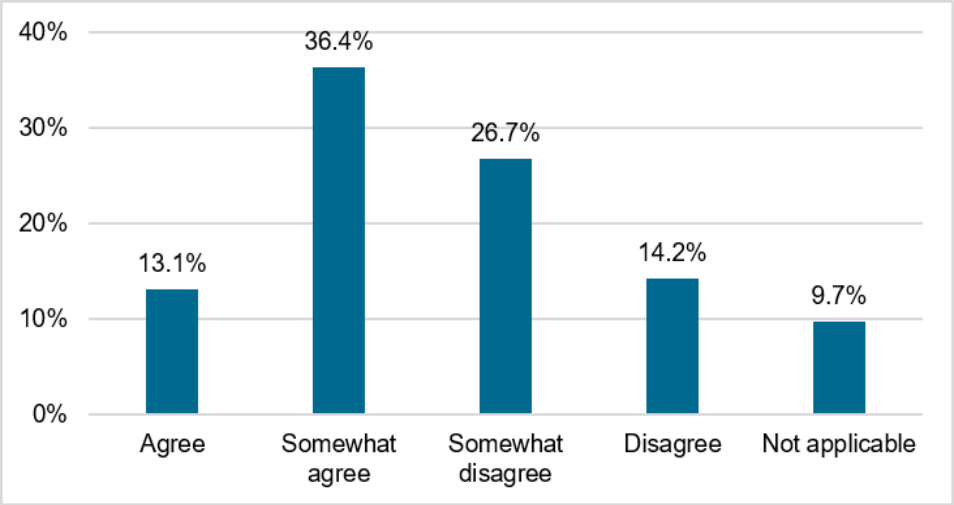
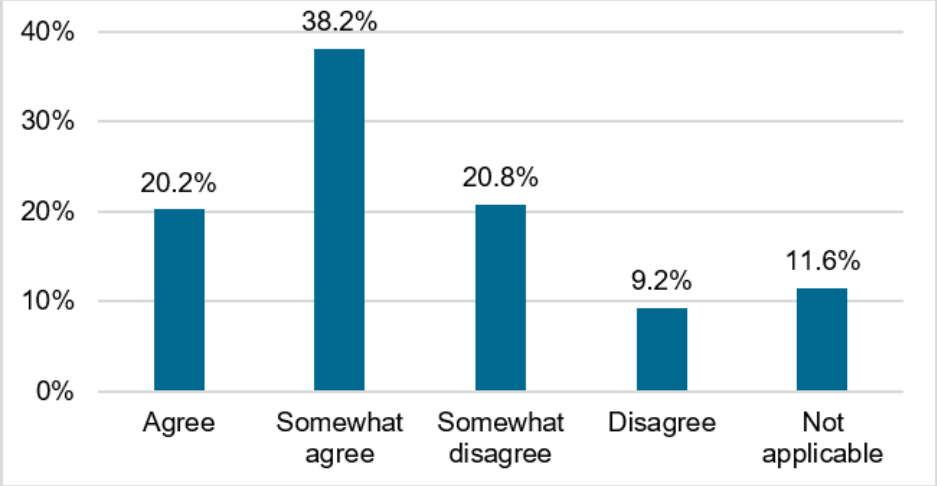



**Figure 28: Proportion of adults aged 50+ who feel that decision-making bodies in their community welcome and use their input**




## Community Recognition and Engagement

Participants shared that adults aged 50 and older are often recognized and valued in the community through volunteer opportunities and formal appreciation events. Many municipalities and local organizations host volunteer recognition activities, such as social events, public acknowledgment, and social media shout-outs, to highlight the contributions of older adults. Volunteer roles allow adults aged 50+ to use their professional skills, pursue meaningful

engagement, and maintain a sense of purpose and community connection, particularly after retirement. However, recognition is not consistent across the region. Some municipalities have strong programs for honouring older adults, while others offer limited visibility or formal acknowledgment. Participants noted challenges in sustaining volunteer engagement post-pandemic, including an aging volunteer base, changing demographics, and competing work or family commitments. Efforts to engage new retirees and match volunteers' skills and interests were highlighted as essential for meaningful, skill-based engagement. Local groups and community-led initiatives play an important role in recognizing seniors and fostering connections, but there is a continued need to create inclusive, visible, and sustainable opportunities for older adults to contribute and be acknowledged.

> "The first thing that comes to my mind is a volunteer appreciation, and I think while the health centre does a really great job of that, some other organizations do have volunteer appreciation events. How it would be communicated would be on social media for the most part."

Caregivers shared a wide range of experiences, highlighting both the critical role they play and the challenges they face in supporting adults aged 50+. Many emphasized the importance of informal support networks, such as neighbours, friends, and volunteers, which often help fill gaps left by formal services. At the same time, caregivers noted a lack of formal recognition and structured support, including limited respite services, transitional housing options, and awareness of available programs. Financial constraints and service limitations were recurring concerns, particularly for those providing care for adults who do not require full nursing care but need assistance with meals, medication, and monitoring. Caregivers also described the emotional and practical burden of managing complex care, from learning new medical routines to coping with constant responsibility and grief. Despite these challenges, many caregivers reported feeling empowered and valued when supported by compassionate health professionals or through skill-building opportunities, which helped them manage care effectively. Participants stressed the importance of community engagement, noting that neighbourhoods, volunteers, and local organizations can play a key role in alleviating caregiver burden and promoting social connection for both caregivers and care recipients.

Survey results show that 75% of adults aged 50+ reported having at least one neighbour they connect with regularly (Figure 29), and 86% reported knowing the names of at least three of their neighbours (Figure 30).

**Figure 29: Proportion of adults aged 50+, who have at least one neighbour they connect with regularly**

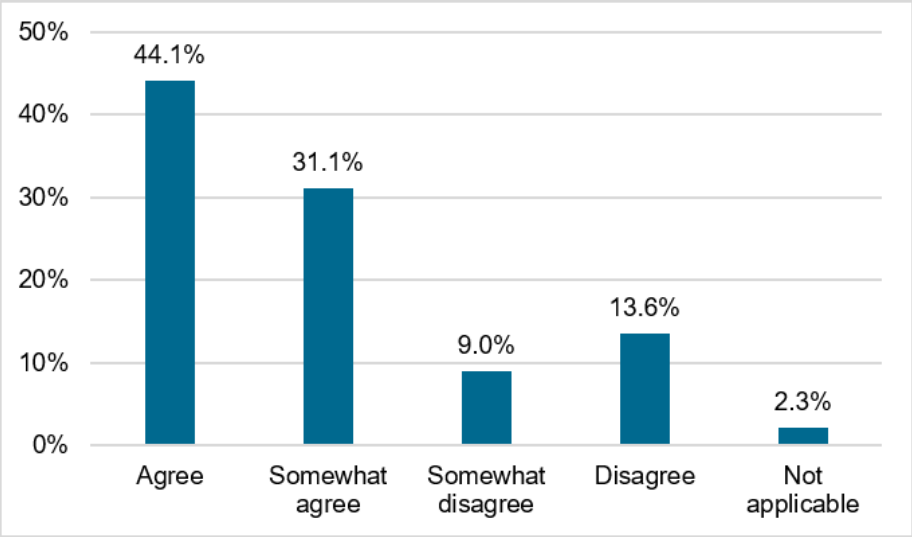
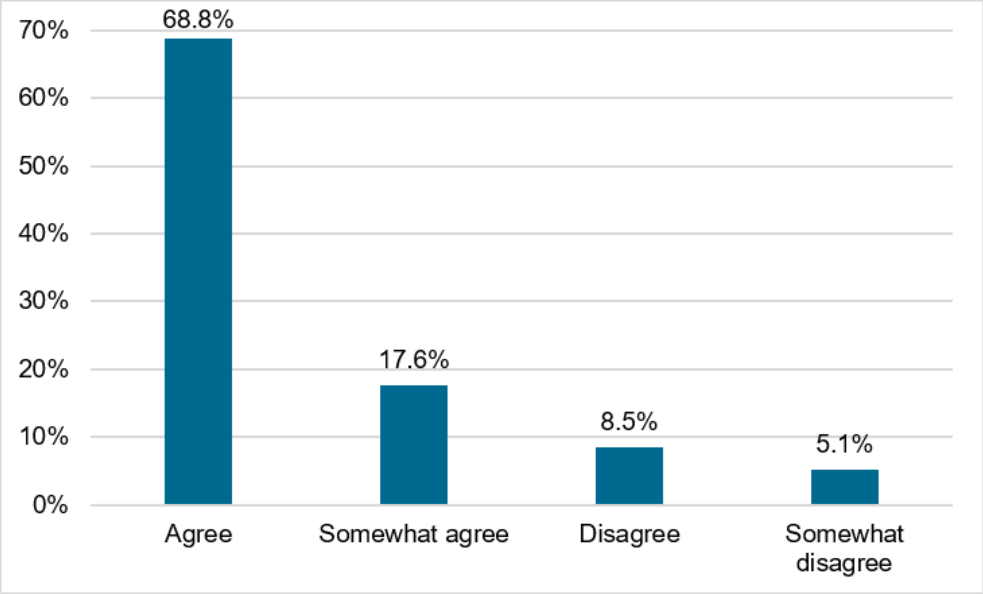



**Figure 30: Proportion of adults aged 50+ who know the names of at least three of their neighbours**




Overall, 77% of adults 50+ reported feeling safe and secure in their community (Figure 31), with higher agreement among those aged 65–79 (88%) and 80+ (87%) compared to those aged 50–64 (70%) (Figure 32).

**Figure 31: Proportion of adults aged 50+ who feel safe and secure in their community**

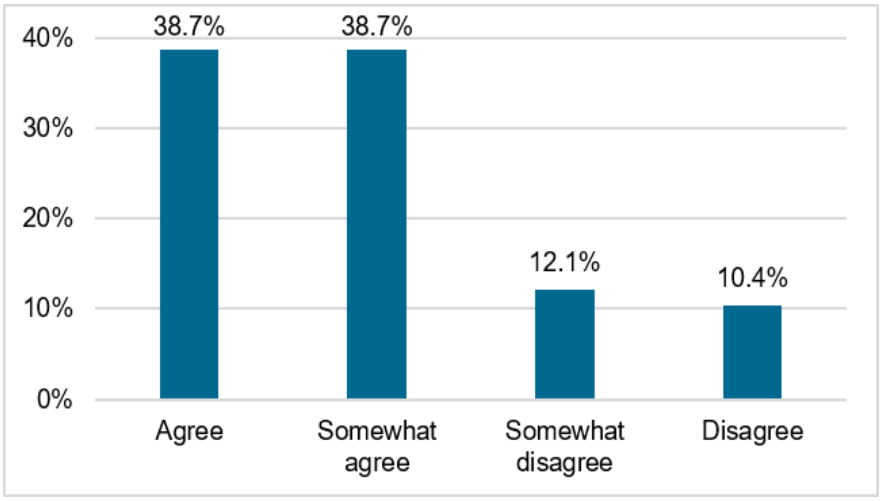
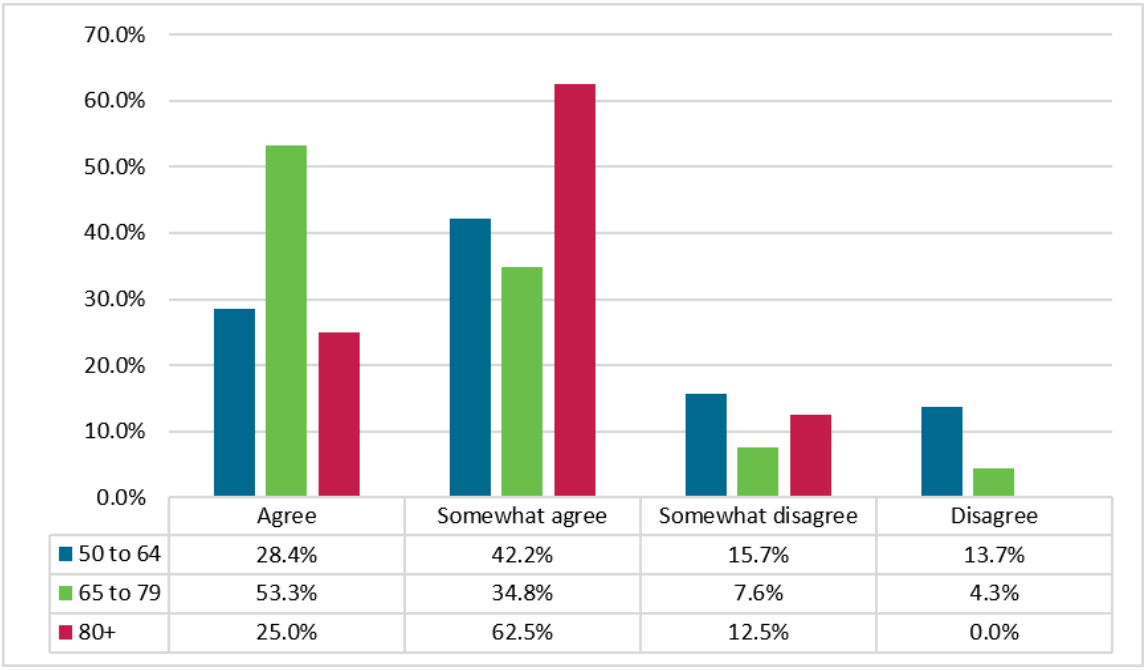



**Figure 32: Proportion of adults aged 50+, by age group, who feel safe and secure in their community**




| | Agree | Somewhat agree | Somewhat disagree | Disagree |
|---|---|---|---|---|
| 50 to 64 | 28.4% | 42.2% | 15.7% | 13.7% |
| 65 to 79 | 53.3% | 34.8% | 7.6% | 4.3% |
| 80+ | 25.0% | 62.5% | 12.5% | 0.0% |

Overall, 72% of adults aged 50+ agreed that they are treated with respect in their community (Figure 33), and 58% agreed that their input is valued in community decision-making processes (Figure 34).

**Figure 33: Proportion of adults aged 50+, who feel adults aged 50+ are treated with respect in their community**

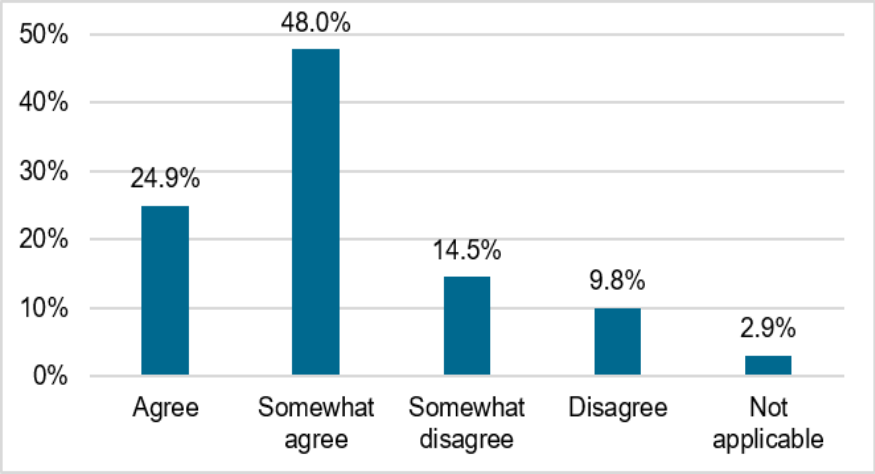
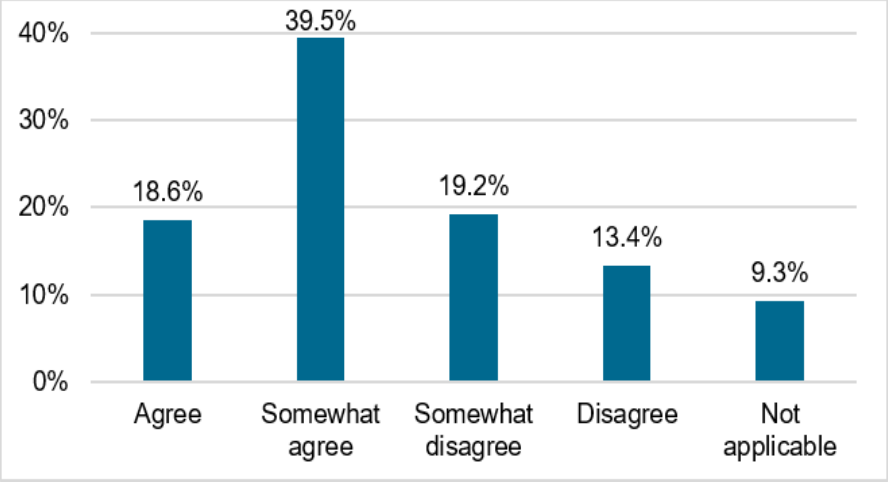



**Figure 34: Proportion of adults aged 50+ who feel the input of adults aged 50+ is valued in community decision-making processes**




Survey findings showed that overall, 57% of adults aged 50+ agreed that their contributions are recognized and honoured in the community (Figure 35), while 69% agreed that the community acknowledges their past and present contributions (Figure 36).

**Figure 35: Proportion of adults aged 50+, who feel the contributions of adults aged 50+ are recognized and honored in their community**

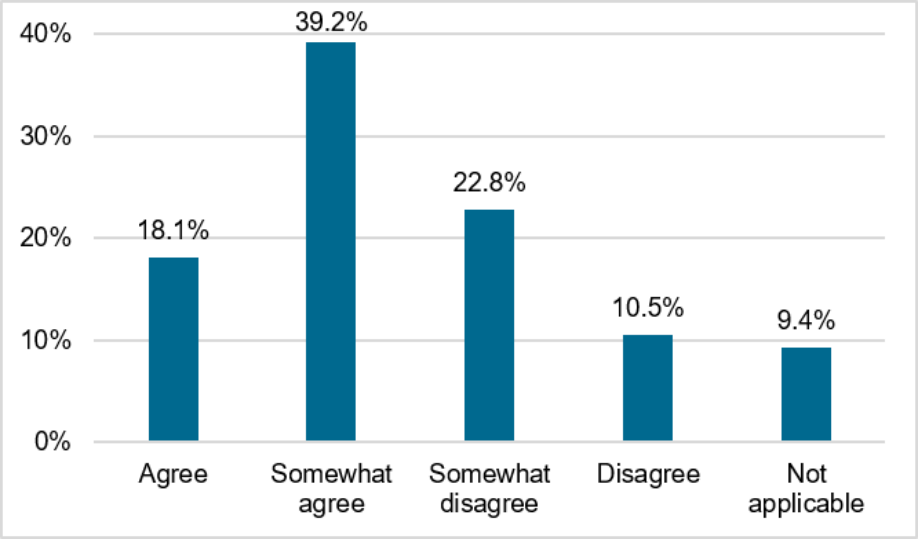
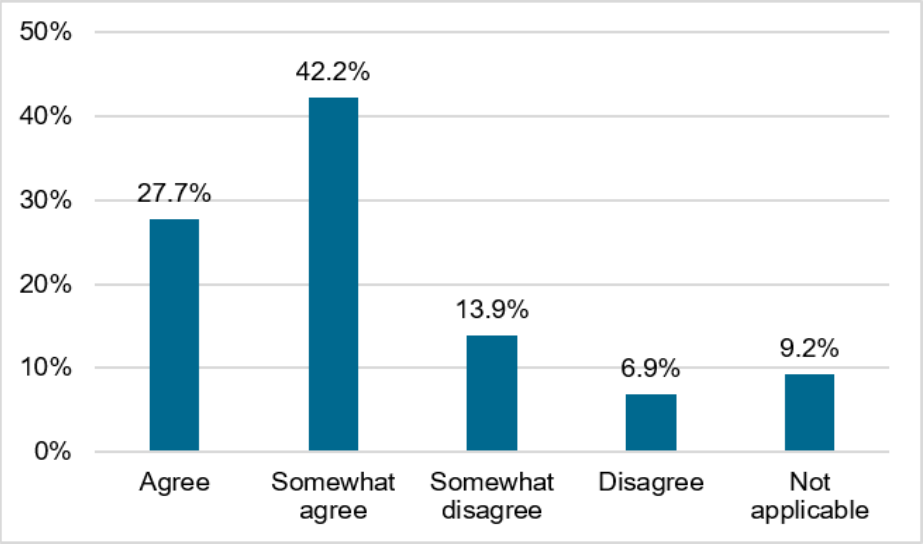
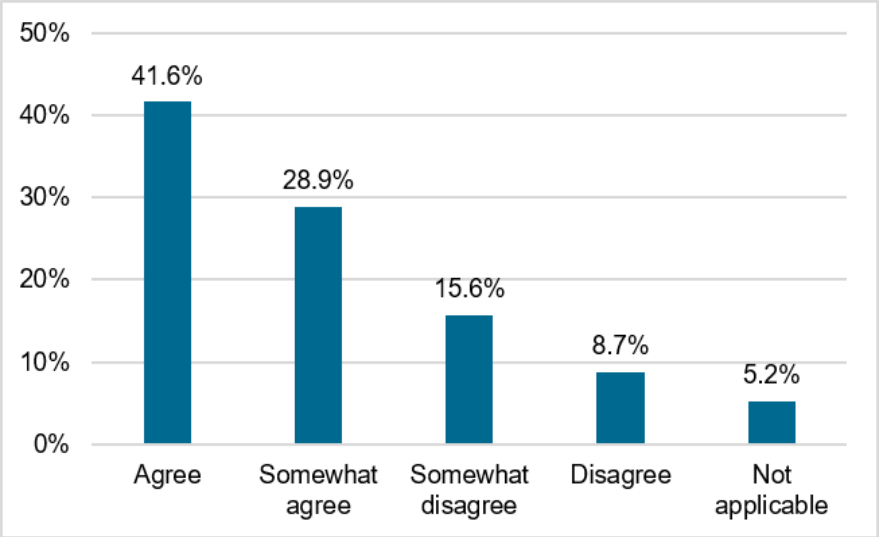



**Figure 36: Proportion of adults aged 50+, who feel adults aged 50+ are recognized by the community for their past and present contributions**




Overall, 70% of adults aged 50+ agreed that they do not face discrimination or unkind remarks because of their age in the community (Figure 37).

**Figure 37: Proportion of adults aged 50+, who do not face discrimination or unkind remarks because of their age in the community**




Survey findings also found that retail and service staff in the community are courteous and helpful, with 80% of adults 50+ agreeing (Figure 38). It showed that adults aged 50+ feel welcomed at community events, activities, and settings, with 84% overall agreeing (Figure 39). When broken down by age group, 83% of those aged 50–64, 88% of those aged 65–79, and 87% of those aged 80+ agreed (Figure 40).

**Figure 38: Proportion of adults aged 50+ who feel that retail and service staff are courteous and helpful to adults aged 50+**

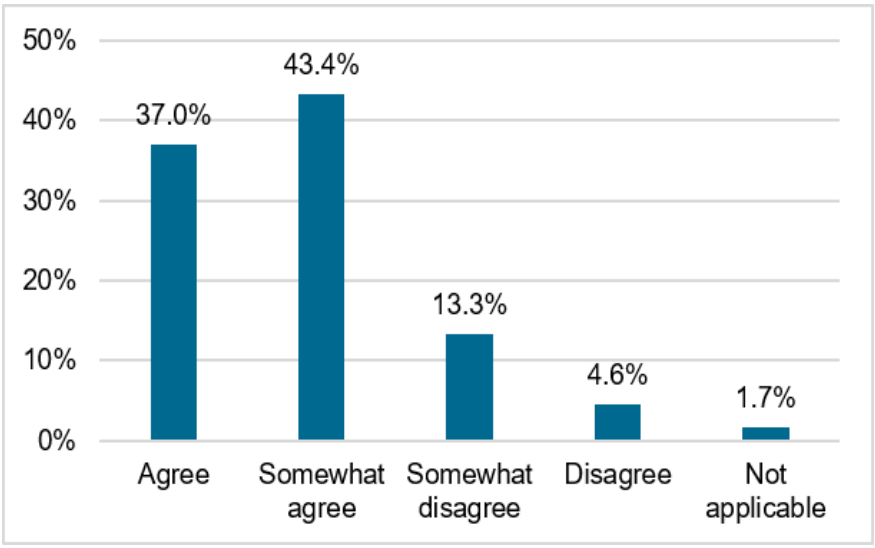


**Figure 39: Proportion of adults aged 50+ who feel adults aged 50+ are welcomed at community events, activities, and settings**

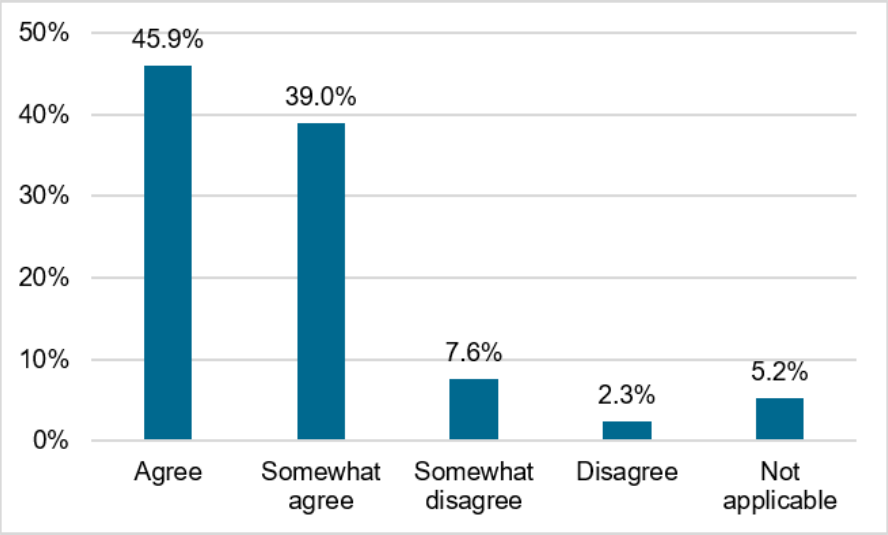
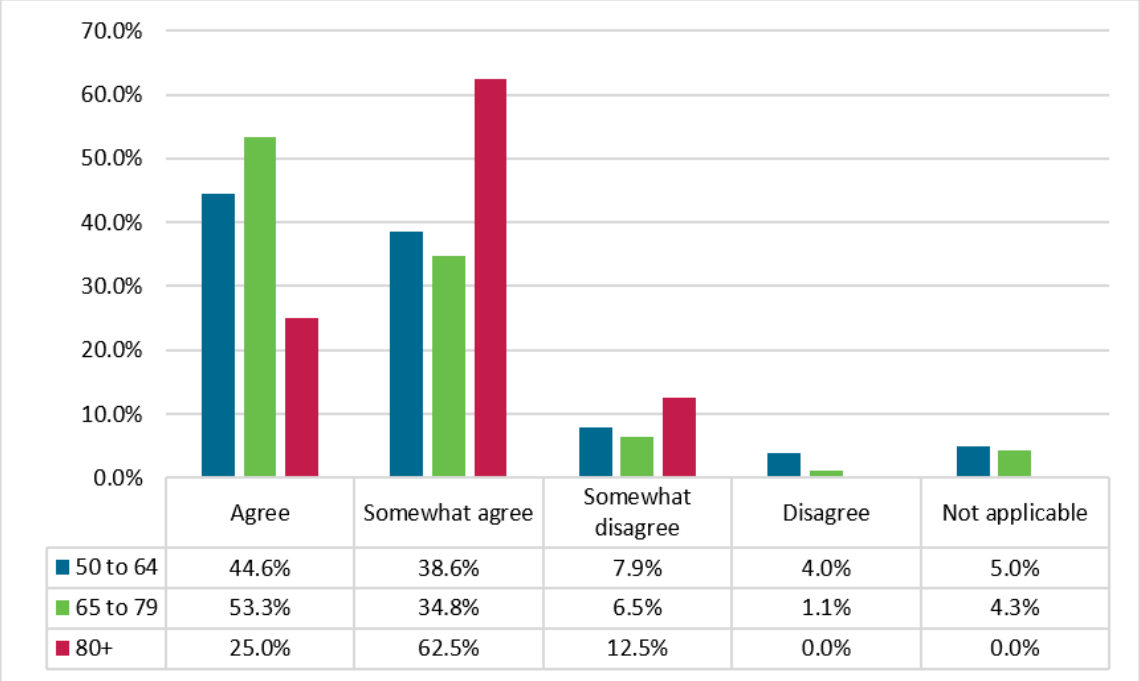



**Figure 40: Proportion of adults aged 50+, by age group, who feel adults aged 50+ are welcomed at community events, activities, and settings**

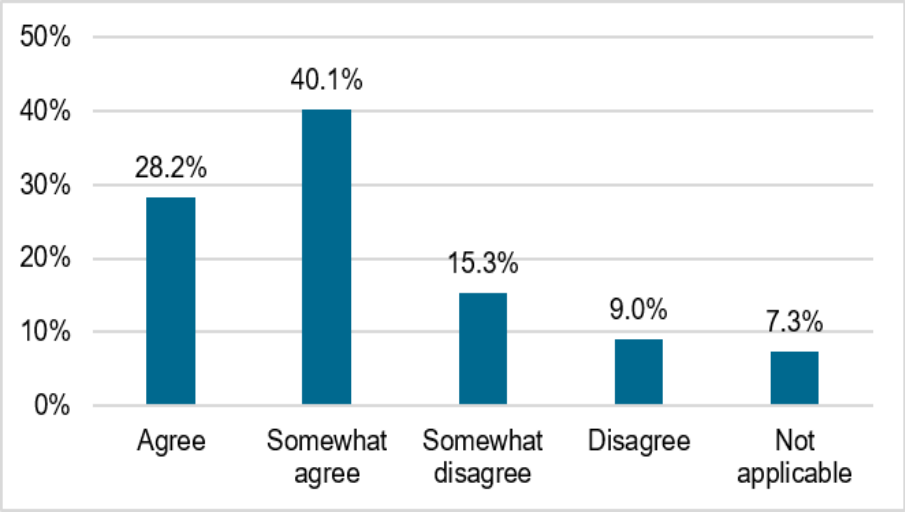



| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 44.6% | 38.6% | 7.9% | 4.0% | 5.0% |
| 65 to 79 | 53.3% | 34.8% | 6.5% | 1.1% | 4.3% |
| 80+ | 25.0% | 62.5% | 12.5% | 0.0% | 0.0% |

# Volunteer and Employment Opportunities

Focus group participants highlighted that adults aged 50 and older have access to a range of volunteer and paid opportunities within the community, although the availability and accessibility do vary by region and individual circumstances. There is a strong volunteer base, with diverse roles that allow older adults to contribute meaningfully, including municipal committees, community projects, and service organizations. For those seeking paid work, entry-level part-time positions are available, offering flexibility for working seniors, especially in the 50–70 age group. Volunteer and employment opportunities are often communicated through fairs, social media, local newspapers, and word-of-mouth networks, highlighting the importance of informal peer support and proactive outreach. Seniors value roles that allow choice, seasonal or flexible commitment, and meaningful engagement that extends beyond prior work skills. Volunteer coordinators, structured guidance, and community orientation programs play a key role in supporting participation. Opportunities that connect seniors socially, such as transportation assistance or facilitating access to social activities, were emphasized as ways volunteerism not only serves the community but also fosters personal connection and purpose. Survey results showed that 68% of respondents feel there are enough volunteer opportunities available for seniors (Figure 41).

**Figure 41: Proportion of adults aged 50+ who feel there are enough volunteer opportunities available for seniors**



## Additional Considerations for Social Opportunities

Participants shared several ideas and recommendations to strengthen social opportunities for adults aged 50+ in the community. They emphasized the importance of treating social health as a public service, suggesting that all older adults should have affordable or no-cost access to recreation and social programs. Equity in access was also highlighted, particularly for those facing health, mobility, or communication challenges, ensuring everyone can participate meaningfully. Transportation barriers were a recurring concern, and participants suggested creative solutions such as taxi vouchers or other low-cost options to improve access to social activities. Peer-to-peer support and grassroots initiatives were seen as valuable approaches, with buddy systems and volunteer networks helping older adults stay connected. Finally, community-based resources, such as libraries, senior apartment buildings, and other local organizations, were identified as key hubs for fostering social engagement and building inclusive networks for older adults. Focus group participants also highlighted the important role older adults play as caregivers, including providing childcare for grandchildren. While this support strengthens family and community connections, it also contributes to local volunteer shortages in childcare and adds stress to those balancing work and caregiving responsibilities, particularly for the “sandwich generation.” Participants noted a strong need for caregiver programming, including support groups for Alzheimer’s and dementia caregivers, respite services, and day programs that allow caregivers to take breaks and maintain their own social connections. Workplace flexibility, such as flexible leave and supportive policies, was identified as a key factor in helping older adults continue caregiving without compromising employment. Participants also emphasized the importance of preventative supports and early interventions to delay crisis care, and recommended learning from successful practices in other regions and countries to strengthen community-level support. Overall, caregiver support was framed as a core community priority, essential for sustaining aging in place and ensuring social engagement for adults aged 50+.

> "We have to figure out more programs for caregivers…there’s not enough services in the community to keep seniors home…how do we support the caregivers to keep their loved one at home, and feel supported?"

# Transportation

The transportation domain focuses on whether adults aged 50+ have access to reliable, and convenient transportation options in their community.

## Availability of Local Community Transportation Services

Participants described transportation as a significant barrier for older adults, especially in rural communities where public transit is unavailable. In West Elgin and surrounding areas (Rodney, Dutton), volunteer driver programs and an accessible van service provide some essential support, while in Port Stanley, the absence of public transportation leaves many seniors relying on volunteer drivers or informal arrangements. However, limited awareness of these alternatives and communication gaps mean that not all residents can access them. Cost was also identified as a major issue, with some subsidies available for specific medical trips such as dialysis or cancer treatments, but not for regular healthcare or social needs. Participants suggested expanding subsidies for low-income residents to ensure equal access, as many older adults are skipping appointments or limiting outings due to transportation costs. Caregivers emphasized the importance of accessible transportation for older adults, noting that volunteer driver programs and accessible vans are essential, especially in rural areas. They described how these services support independence, allowing older adults to attend medical appointments and maintain social connections.

> "In the West Elgin community there are volunteer drivers and one accessible van. West Elgin, Rodney, Dutton area. This is all the transportation available, as there is no public transportation available."

## Barriers and Challenges in Transportation

Participants emphasized that transportation challenges extend well beyond medical needs. While getting to hospital or healthcare appointments is essential, many older adults also rely on

transportation to maintain social connections and attend community events, which are equally important for health and well-being. Current services often prioritize medical transportation, leaving social and recreational needs under-resourced. Transportation for long-term care residents was noted as costly and restrictive, with policy barriers, such as transfer restrictions and advance payment requirements, further limiting accessibility. Many older adults continue to rely heavily on family members, placing additional burdens on caregivers, while others face prohibitive costs that limit their ability to stay socially connected. Participants also observed that aging in place becomes much more difficult without reliable, affordable transportation, as access to essential services and social supports is diminished. Importantly, relocating to more urban areas or closer to services does not always resolve the problem, as residents may still encounter isolation due to cost, availability, or policy restrictions. A lack of planning for transportation needs, both at the individual and systems level, was identified as a significant barrier for older adults trying to maintain independence and social engagement. From the caregiver perspective, transportation challenges directly affect older adults' ability to access healthcare and social opportunities. Rural transit options, such as taxis, were often cost-prohibitive, and reliance on family members for rides added additional strain. Limitations in vehicle capacity, volunteer availability, and costs (e.g., parking fees) were highlighted as barriers.

> "Residents in LTC, if they have to go out for an appointment or a family wedding, we have to pay quite a bit of money for Voyager to pick them up. Costs about $500 to get a resident to a family wedding."

***Technical Note: Within the transportation domain, 31% of responses indicating "Not Applicable (N/A)" were removed from analysis to more clearly identify barriers among respondents.***

Availability of specialized transit and other alternatives appears to be a concern. Only 37% of respondents agreed that sufficient special transit is available for people with limited mobility, (Figure 42). Similarly, only 27% agreed that there are good options for volunteering, shuttle rides, or carpooling (Figure 43). These findings point to significant gaps in accessible and alternative transportation options for older adults.

**Figure 42: Proportion of adults aged 50+ who feel sufficient special transit is available for people with limited mobility***

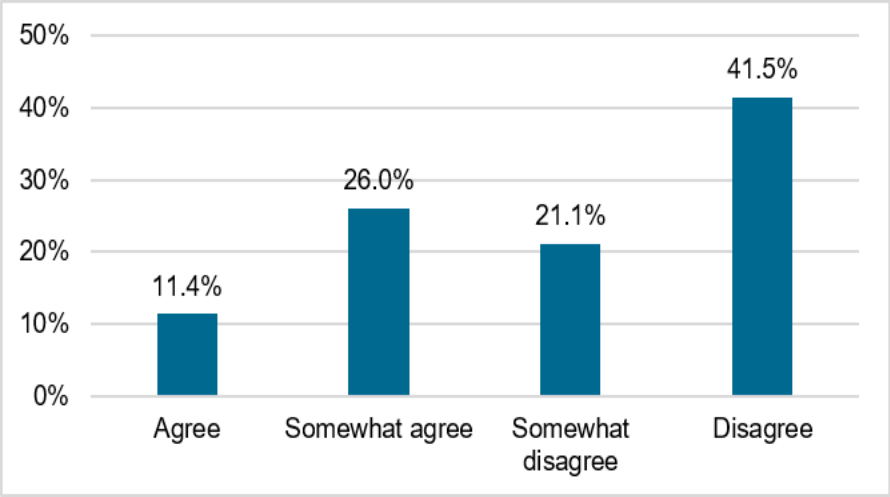
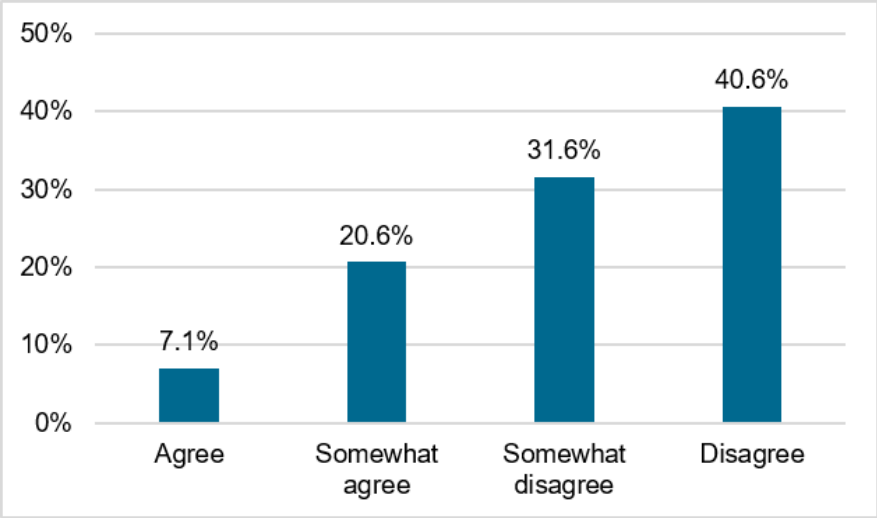
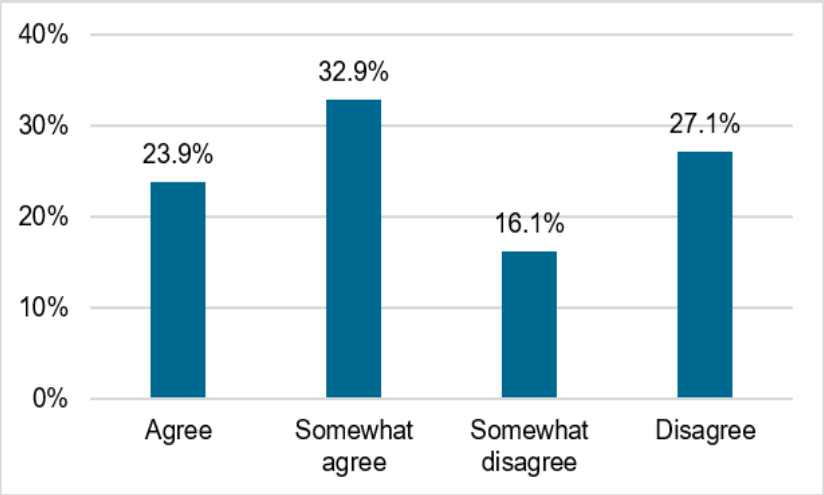



**Figure 43: Proportion of adults aged 50+, who feel there are good options for volunteer, shuttle or car-pool driving***




Survey findings showed that overall, 56% of adults aged 50+ agreed that taxis are accessible (Figure 44).

**Figure 44: Proportion of adults aged 50+ who feel that taxis are accessible***




Parking, however, received stronger support, with 66% agreeing it is conveniently located (Figure 45). By age group, 68% of adults aged 50–64 and 64% of those aged 65–79 agreed, compared to only 33% among those aged 80+ (Figure 46).

**Figure 45: Proportion of adults aged 50+ who feel that parking is conveniently located***

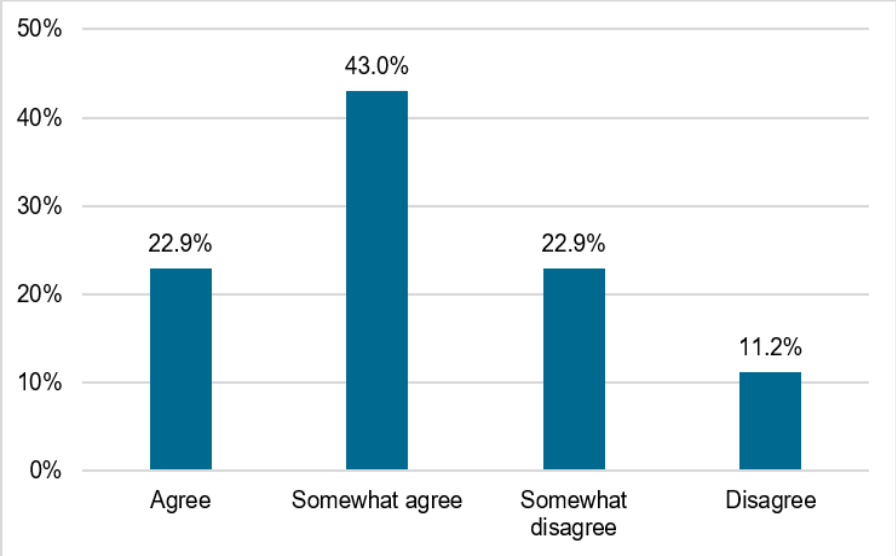
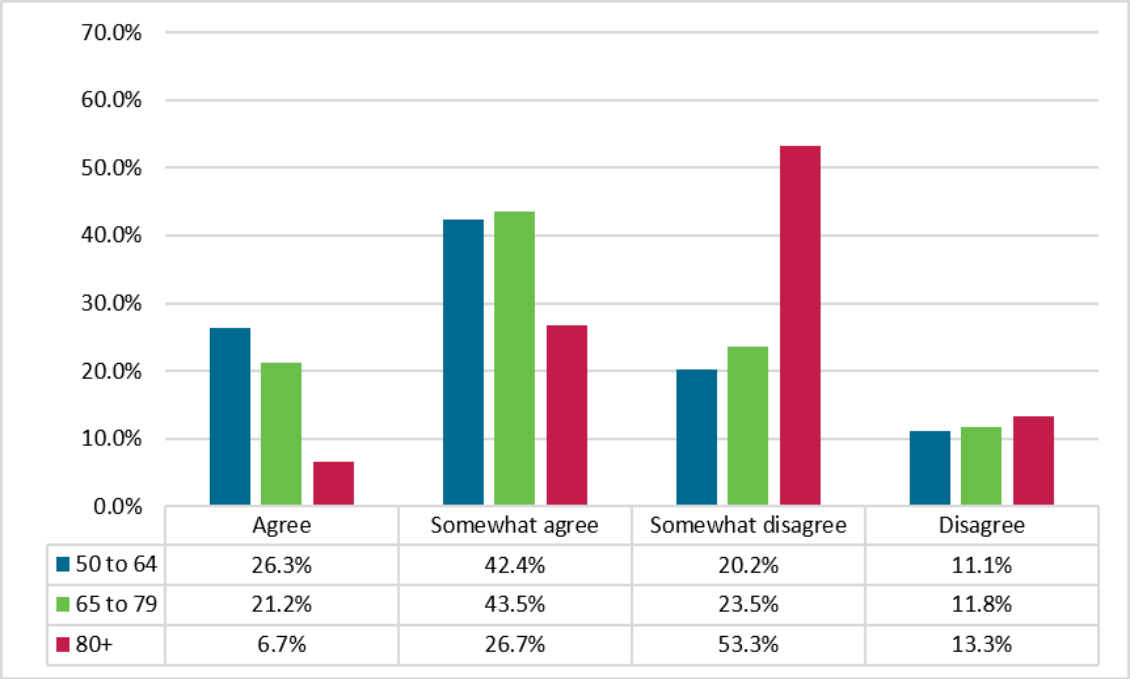


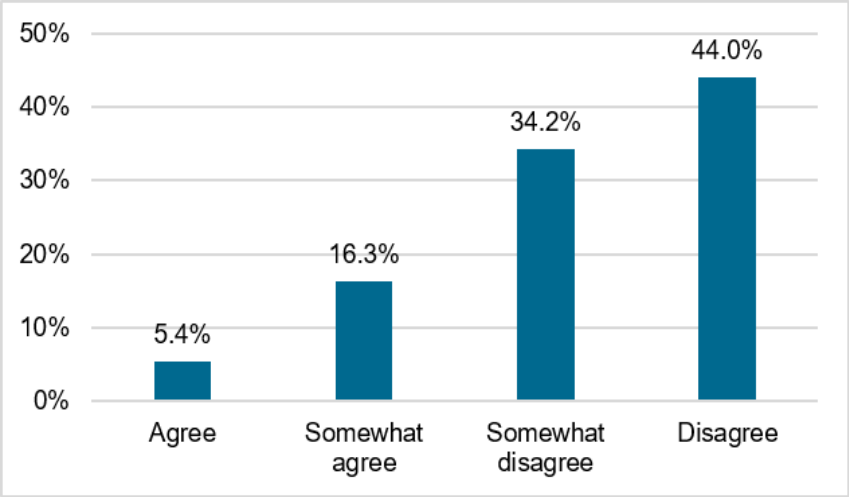
**Figure 46: Proportion of adults aged 50+, by age group, who feel that parking is conveniently located***




| | Agree | Somewhat agree | Somewhat disagree | Disagree |
|---|---|---|---|---|
| 50 to 64 | 26.3% | 42.4% | 20.2% | 11.1% |
| 65 to 79 | 21.2% | 43.5% | 23.5% | 11.8% |
| 80+ | 6.7% | 26.7% | 53.3% | 13.3% |

Participants highlighted that older adults living in rural areas face significant transportation challenges that directly impact their ability to age in place. While many hope to remain in their communities as they age, unmet expectations around accessible transit can limit independence and quality of life. Public transportation is virtually non-existent in most rural municipalities, leaving residents reliant on volunteer driver programs, such as those provided by VON. However, these services are limited by the number of vehicles and available volunteers, which restricts flexibility and frequency of trips. As a result, older adults in rural areas often have trouble accessing not only medical appointments but also social, recreational, and essential daily activities, underscoring the need for targeted transportation solutions in these communities. Caregivers also noted that older adults in rural municipalities face transportation constraints. They rely heavily on volunteer services for essential trips, yet availability is limited. Even when older adults relocate to more urban areas for better services, they may still experience isolation due to transportation gaps. Survey responses highlighted a lack of sufficient information about transportation. A majority, 78% of adults aged 50+, disagreed that there is sufficient information available about transportation options in their community (Figure 47).

**Figure 47: Proportion of adults aged 50+ who say that there is sufficient information available about transportation options for adults aged 50+***




## Meeting the Transportation Needs of Adults Aged 50+

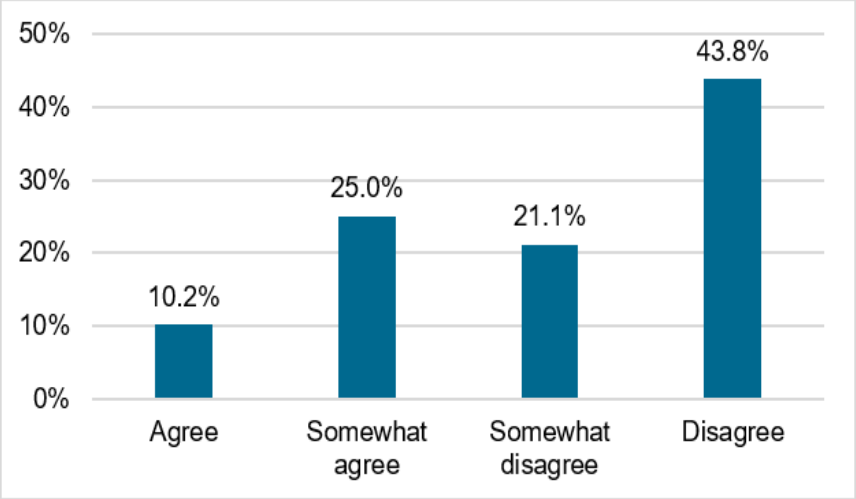
Participants described available transportation services as meeting some, but not all, of the needs of older adults in the community. Services tend to prioritize essential medical appointments, but this leaves limited capacity for social, recreational, and everyday needs such as shopping or community events. Challenges included long wait lists, high costs, limited vehicle capacity, and restricted availability of accessible vans. Volunteer drivers help fill gaps, but this model has limitations in terms of consistency and scalability. Access inequities were noted, with some participants pointing out that transportation may be offered on a rotation basis, leaving residents without reliable options. While accessible vans are generally more cost-effective than commercial services, availability is limited, and it is not always clear whether transportation is included in private retirement home fees, adding uncertainty for older adults and families.

> "We are hearing from people living in the community that there is limited availability of the buses that accommodate mobility issues, and these are prioritized for those medical appointments vs. an outing that might be needed."

"We can book a bus (, but only 8-10 residents can get on a bus and [the residence] has 100 residents so it really limits the amount of bus excursions we can offer due to budget. There are barriers as it might only be twice a year that residents end up on an outing."

Survey findings suggest that public transit does not fully meet the needs of adults aged 50+. Only 35% of respondents agreed that public transit is frequent and reliable (Figure 48).

**Figure 48: Proportion of adults aged 50+, who say public transit is frequent and reliable***




Similarly, 43% agreed that bus stops are conveniently located (Figure 49), while 35% agreed that bus routes meet the needs of adults 50+ (Figure 50). These findings highlight limited reliance on and accessibility of public transit for older adults.

**Figure 49: Proportion of adults aged 50+ who feel bus stops are in convenient locations***

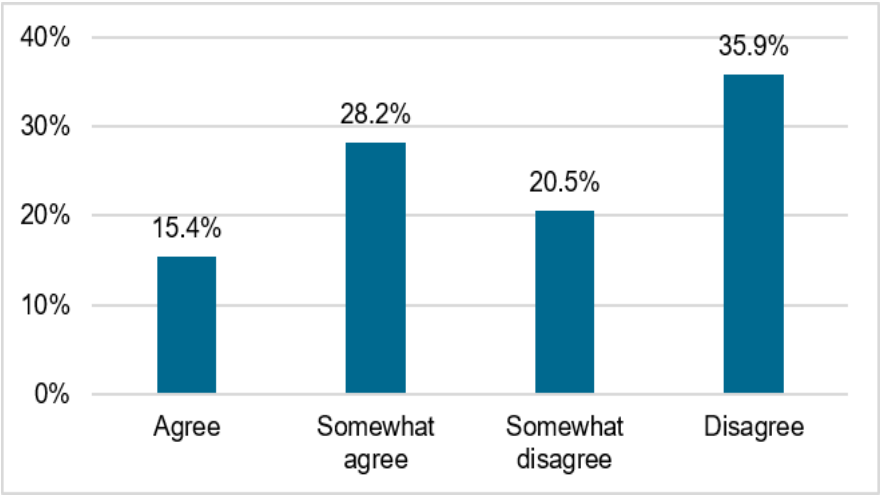
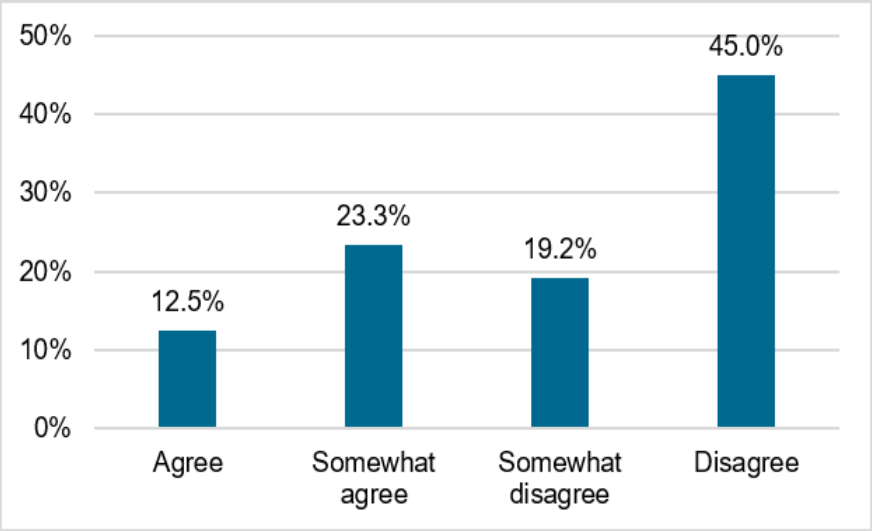


**Figure 50: Proportion of adults aged 50+ who feel bus routes meet the needs of adults 50+***




Some long-term care homes share transportation resources to support day programs, which is helpful but insufficient to meet broader community demand. Participants highlighted that transportation needs are not just about getting from place to place but represent a “lifestyle change” for older adults. For many, entering private retirement homes provides access to transportation, but this comes at a very high financial cost and may not align with their lifestyle preferences. Recommendations from participants included investing in policies and infrastructure to better integrate transportation into Naturally Occurring Retirement Communities (NORCs) and other community-based models, ensuring services meet both medical and social needs for older adults who wish to age in place.

> "Transportation is a lifestyle change that comes at this point, many people who can afford to be in a private retirement home, it isn’t necessarily their choice from a lifestyle perspective but maybe some of these things come along with it but also make it a costly place to live versus staying in their own home in the community. So, it’s a big decision."

## Additional Considerations for Transportation

Participants highlighted several considerations for improving transportation for older adults. A key concern was the data gap, with limited information on service utilization and capacity, including the number of trips completed weekly by volunteer programs such as VON. Rural

transportation opportunities were noted as exceptionally constrained, with existing services often limited by driver availability, vehicle capacity, and prioritization of healthcare appointments. Participants stressed the importance of backup plans and service sustainability, noting that reliance on older adult volunteers may not be feasible in the long term. Beyond medical trips, transportation also affects social inclusion, enabling older adults to attend community events, recreational activities, and other essential daily activities. Financial sustainability and service affordability were identified as ongoing challenges, alongside infrastructure barriers, such as limited parking or access at transit hubs. Participants also emphasized inclusive planning, ensuring transportation systems meet the needs of residents across all age groups, including working adults who may lack personal vehicles. Technology-supported rural transit, pilot projects, and engaging seniors in planning processes were suggested as ways to improve service effectiveness, accessibility, and long-term viability.

> "Elgin County is looking at a transportation master plan and looking for a rural transportation strategy so it’s interesting to hear how much VON is doing. Elgin County is looking to fully understand what is available and where some funds could come from to do a pilot project. Tillsonburg had a pilot project, but the funding from the provincial program dried up and there was low ridership. County council has only been presented some of these options so there will be more opportunities for them to explore these options."

> "Phase 2 report from transportation master plan and county/consultant has canvases other rural counties and has looked at other solutions and there are many with technology and have a direct route, but could be supplemented with a ride share app. A method instead of stopping in every community and having a fleet of buses which are very expensive."

There is a demand to explore and develop new transportation solutions. 91% of respondents agreed that other transportation options are needed (Figure 51), with 93% of those aged 50–64, 74% of those aged 65–79, and 92% of those aged 80+ expressing agreement (Figure 52).

**Figure 51: Proportion of adults aged 50+ who feel other transportation options are needed and should be explored***

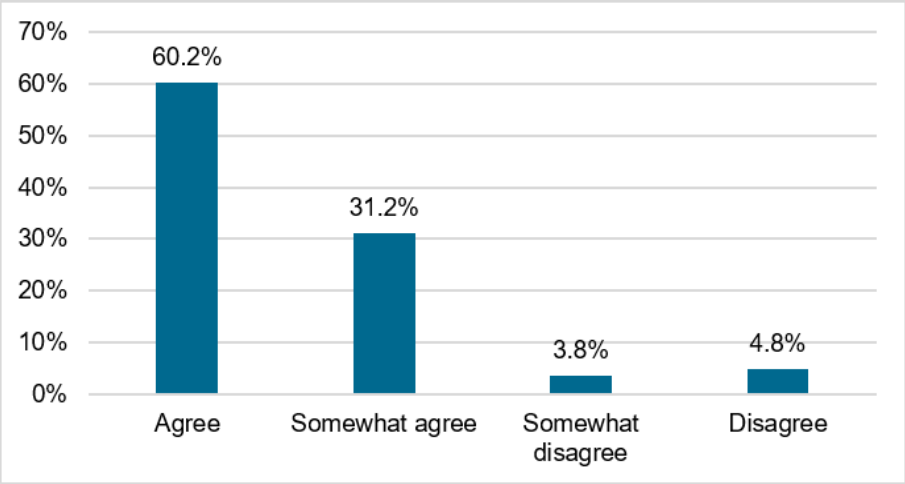
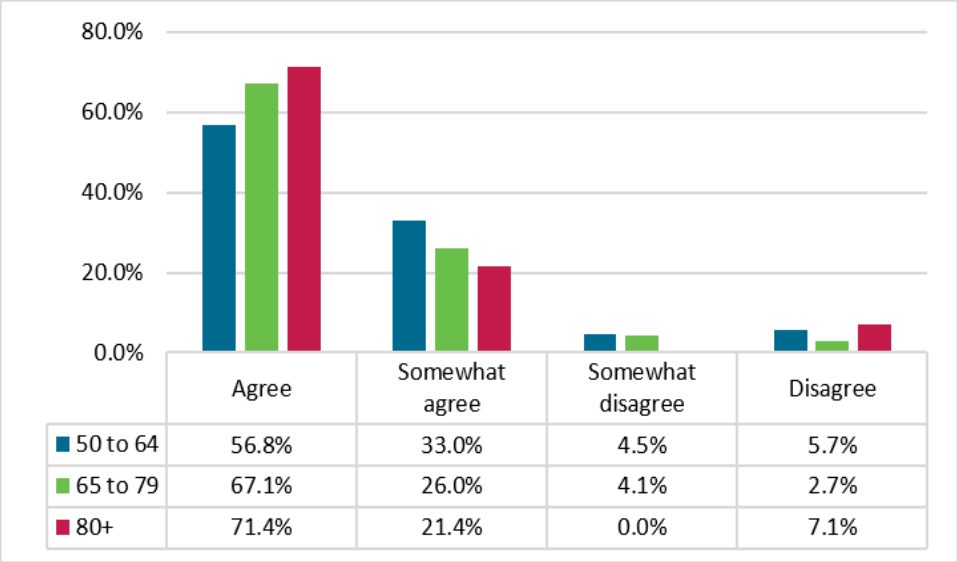



**Figure 52: Proportion of adults aged 50+, by age group, who feel other transportation options are needed and should be explored***




| | Agree | Somewhat agree | Somewhat disagree | Disagree |
|---|---|---|---|---|
| 50 to 64 | 56.8% | 33.0% | 4.5% | 5.7% |
| 65 to 79 | 67.1% | 26.0% | 4.1% | 2.7% |
| 80+ | 71.4% | 21.4% | 0.0% | 7.1% |

# Outdoor Spaces and Buildings

The outdoor spaces and buildings domain focuses on whether public spaces and buildings are safe, accessible, and easy for adults aged 50+ to use.

## Designing Outdoor Public Spaces

Participants highlighted that the needs of adults 50+ are increasingly considered when planning outdoor public spaces, though practices vary across municipalities. Accessibility advisory committees, including joint committees in some areas, play a key role in guiding decisions and ensuring compliance with legislative accessibility requirements. These committees provide input on a range of design features, from trail signage and pathway surfaces to accessibility maps for beaches. Participants noted the importance of community involvement in planning processes, emphasizing that older adults should have opportunities to provide feedback on design features that directly affect their mobility, safety, and comfort. While some municipalities follow structured joint accessibility plans, gaps remain in ensuring that features such as paved paths and other universal design elements are consistently applied, highlighting the need for ongoing attention to accessibility standards and inclusive planning.

> "I am the staff resource for our Joint Accessibility Advisory Committee. And so, for us, the needs of adults 50 plus and considerations for designing outdoor public spaces would come through that committee. So anytime we make decisions around bench placement, outdoor washrooms, lighting, any sort of development for trails or playgrounds comes to that committee and that committee is legislatively required to be comprised of individuals with accessibility needs with disabilities or that support people with disabilities. So, we have firsthand experience to give feedback on any of those items before they're implemented in our communities."

# Accessible Outdoor Spaces and Built Environments

Caregivers highlighted several important considerations regarding outdoor spaces and built environments for adults aged 50+. They noted that physical barriers, such as tripping hazards and uneven sidewalks, limit mobility and can make navigating public spaces challenging. Accessible features, including benches, ramps, and clear entrances, were emphasized as essential for comfort, independence, and safety. Caregivers also highlighted the importance of practical amenities such as garbage cans, age-friendly store layouts, and supportive volunteer assistance, to make outdoor and built environments more welcoming. While some progress has been made, such as tactile paving for people with vision issues, caregivers stressed that accessibility remains inconsistent, and additional improvements are needed to ensure safe and inclusive spaces for older adults.

> "The other thing that is a really good reminder for me is that people using scooters or even a walker is that in a grocery store, a lot of the things that they need are on the higher shelves. There's nobody around to ask to help them get them down. I think if shopkeepers have customers that are using these devices, if their staff could be trained to think you know, gee, you're looking for something, could I help you, but people don't do that. If you're in a scooter and the cookies that you like are on the shelf that you have to reach up and get them, how would people in a scooter reach up and get those? It's teaching about age-friendly shopping and customer service.

Survey results indicate that most buildings in the community are accessible to individuals with limited mobility, with 68% overall agreement (Figure 53). When broken down by age, 70% of adults aged 50–64 and 69% of adults aged 65–79 agreed, while agreement was lower among adults aged 80+ (50%) (Figure 54).

**Figure 53: Proportion of adults aged 50+ who feel most buildings in my community are accessible for individuals with limited mobility**

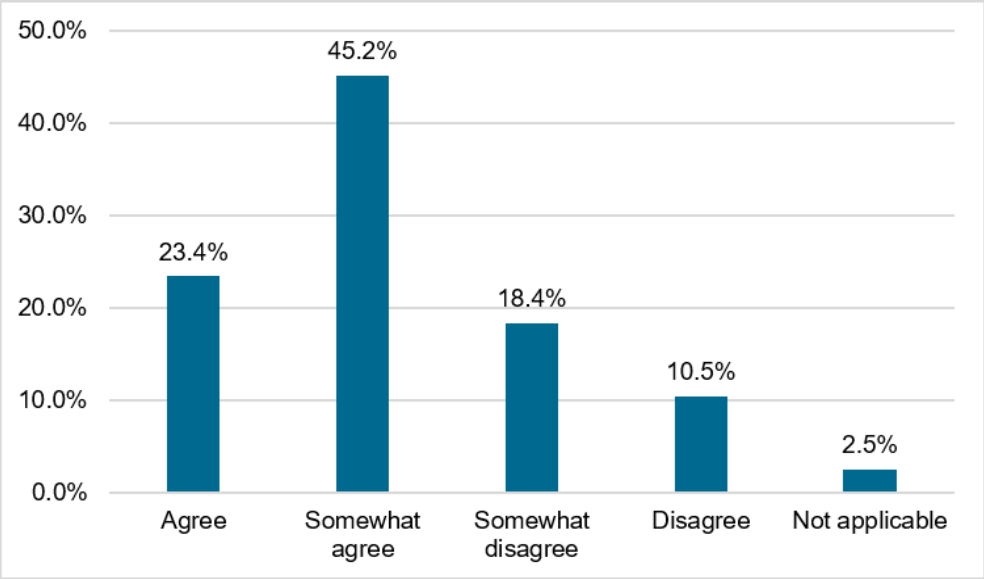
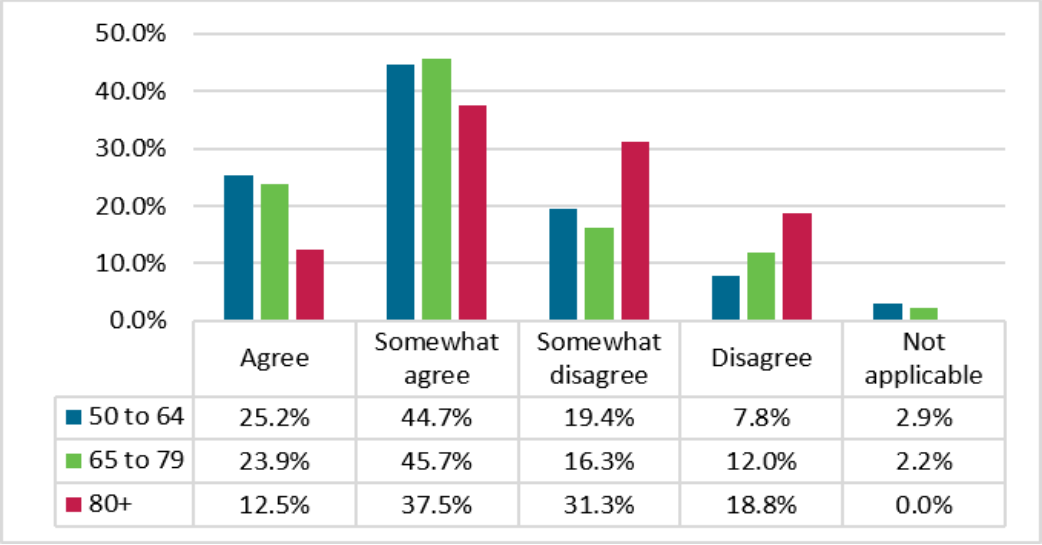



**Figure 54: Proportion of adults aged 50+, by age group, who feel most buildings in their community are accessible for individuals with limited mobility**




| | Agree | Somewhat agree | Somewhat disagree | Disagree | Not applicable |
|---|---|---|---|---|---|
| 50 to 64 | 25.2% | 44.7% | 19.4% | 7.8% | 2.9% |
| 65 to 79 | 23.9% | 45.7% | 16.3% | 12.0% | 2.2% |
| 80+ | 12.5% | 37.5% | 31.3% | 18.8% | 0.0% |

Overall, 74% of respondents reported that it is easy for adults aged 50+ to get around on foot (Figure 55). By age group, 71% of adults aged 50–64, 76% of adults aged 65–79, and 56% of adults aged 80+ agreed (Figure 56).

**Figure 55: Proportion of adults aged 50+, who feel it is easy for adults aged 50+ to get around walking**

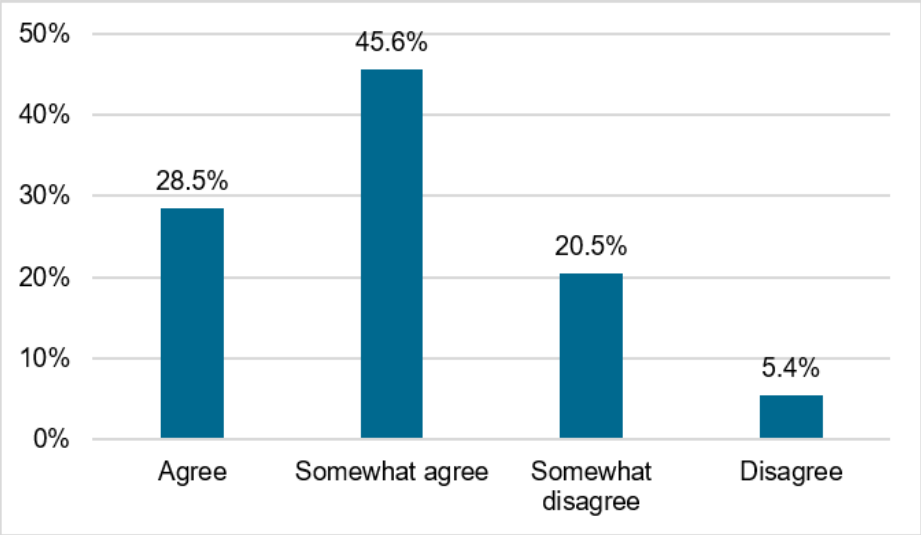
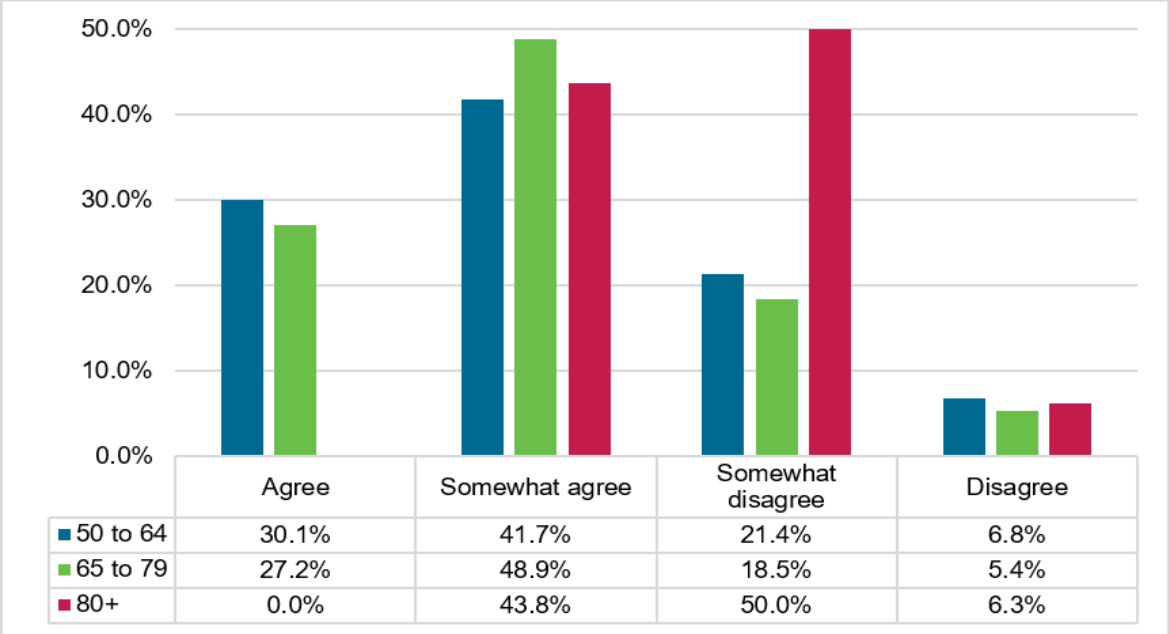



**Figure 56: Proportion of adults aged 50+, by age group, who feel it is easy for adults aged 50+ to get around walking**




| | Agree | Somewhat agree | Somewhat disagree | Disagree |
|---|---|---|---|---|
| 50 to 64 | 30.1% | 41.7% | 21.4% | 6.8% |
| 65 to 79 | 27.2% | 48.9% | 18.5% | 5.4% |
| 80+ | 0.0% | 43.8% | 50.0% | 6.3% |

# Maintenance and Safety of Sidewalks and Trails

Participants emphasized that maintaining sidewalks and trails is critical to the safety and accessibility of adults aged 50+. Snow removal and general upkeep were noted as major

responsibilities of municipal and upper-tier governments and often generate significant community feedback. Accessibility committees and community advocates play an important role in prioritizing areas such as senior apartments or high-traffic locations and communicating maintenance needs to municipal authorities. Monitoring and communication were highlighted as essential, particularly during extreme weather events. Participants noted instances of flooding and refreezing, with proactive door-to-door alerts from local authorities helping residents navigate hazards safely. Trail maintenance, including signage and development oversight, was also raised as a key factor in ensuring that walking routes remain safe, accessible, and easy to use for older adults.

Just over half of survey respondents (52%) felt that sidewalks are in good condition (Figure 57). Snow and ice clearing was considered adequate by 55% of respondents, indicating some seasonal maintenance and safety concerns for older adults (Figure 58).

**Figure 57: Proportion of adults aged 50+ who feel sidewalks are in good condition (e.g. free of obstruction, no cracked or uneven pavement)**

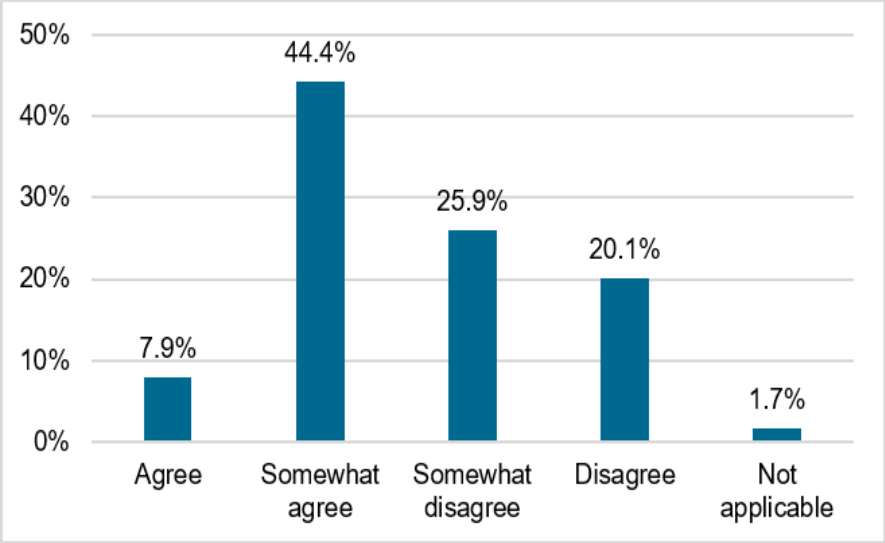
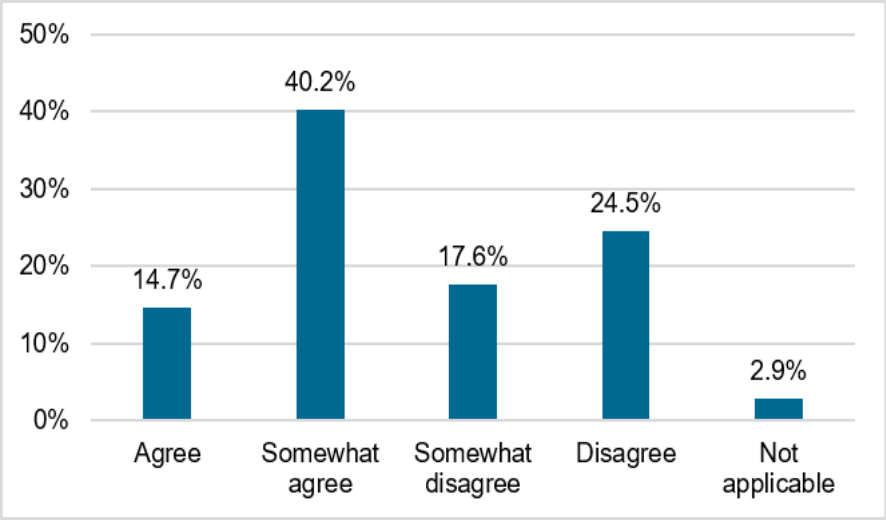


**Figure 58: Proportion of adults aged 50+, who feel snow and ice clearing on sidewalks is adequate**




## Safety Features for Street Crossings and Pedestrian Crossovers

The process for installing street crossings or pedestrian crossovers in the community is based on careful study and review. The engineering and planning departments lead this work, making decisions through study-based processes. These studies examine several factors, including the amount of foot traffic in the area, the volume of road traffic, and the locations of surrounding buildings or groups of people who may need to cross safely. The joint advisory committee also plays an important role in this process. Their responsibility is to review the proposed plans and provide feedback. The committee can affirm that the plans make sense, suggest changes, or raise questions about the type of crossing being recommended. This review ensures that community perspectives are included and that the design of crossings better reflects the safety needs of older adults and other community members.

> "Any decision in terms of roads and street crossings and pedestrian crossings is all study-based. Even the installation of roundabouts and what those look like. Every decision is made based on foot traffic, road traffic, and the buildings surrounding that area and groups that would need to cross in that area."

Only 38% of survey respondents agreed that there are enough lanes for bicycles and scooters (Figure 59), suggesting limited infrastructure for alternative modes of mobility. While 68% agreed that there are sufficient pedestrian crossings (Figure 60), supporting safe walking routes for adults aged 50+.

**Figure 59: Proportion of adults aged 50+ who feel there are enough lanes for bicycles and scooters**

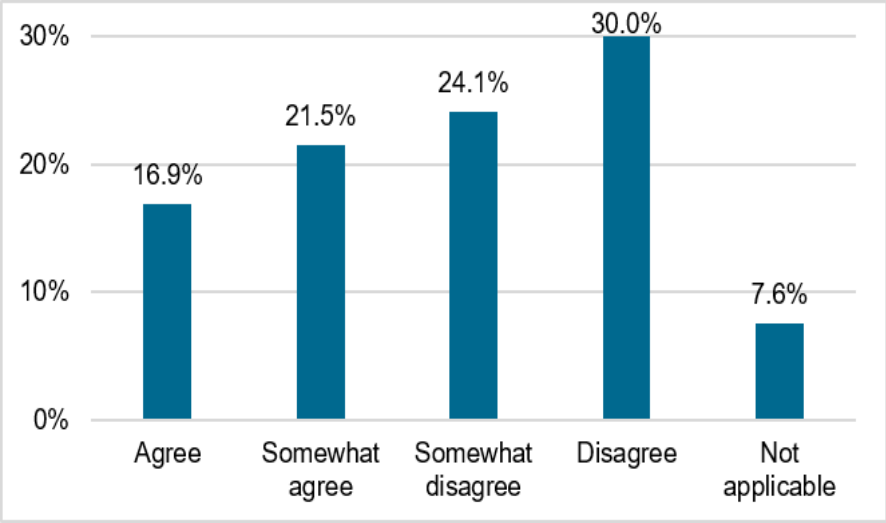
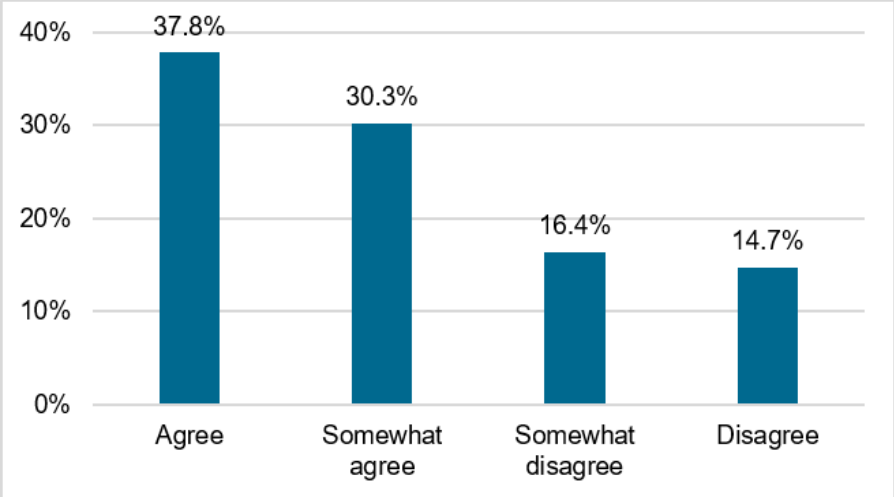



**Figure 60: Proportion of adults aged 50+ who feel there are enough pedestrian crossings**



## Considerations for Outdoor Spaces and Buildings

Participants emphasized several additional considerations for outdoor spaces and buildings that support adults 50+. Heat-related concerns were highlighted, with the need for shaded areas and cooling centers to ensure that older adults can safely use outdoor spaces during hot weather. Accessibility and cognitive challenges were also raised, pointing out that the choice of materials, surface textures, and colour contrasts in outdoor environments can significantly affect safety and usability. For example, individuals with Alzheimer's disease or other cognitive conditions may have difficulty with depth perception, making certain flooring colours or patterns feel hazardous. Clear and consistent signage was also identified as essential to help older adults navigate outdoor areas and buildings safely and independently. These considerations underscore the importance of thoughtful design that addresses both physical and cognitive accessibility needs in public spaces. As one caregiver mentioned,

> "When you have multiple accessibility or cognitive issues. I think something I always bring to the accessibility Committee too is this idea that even the material that is used or the colour contrasts and things like that in an outdoor space or building is huge. People with Alzheimer's have depth perception issues. So, if something has a weird, coloured floor, they're going to feel like they're tripping more."

# Caregiving Experience: Challenges, Supports, and Reflections

Caregivers supporting adults aged 50+ in Elgin and St. Thomas shared a wide range of experiences, highlighting both the challenges and the meaningful aspects of this role. Caregivers described the heavy challenges they face in balancing multiple roles and responsibilities. Many spoke about the difficulty of managing employment alongside caregiving, often without enough workplace understanding or support. Families felt unprepared when hospitals discharged loved ones, with expectations placed on them to handle complex care at home with little guidance. Caregivers also reported juggling care for more than one person,

which intensified their stress. The demands of constant monitoring disrupted sleep, and a lack of time for self-care left many feeling exhausted and overwhelmed. Emotional strain, isolation, and reluctance to seek outside help further added to the burden. For some, the lack of a strong support network meant they carried the caregiving load almost entirely on their own.

Caregivers emphasized the importance of reliable support systems, but their experiences revealed significant gaps. Some found relief through assisted living or respite services, while others depended on home care and personal support workers (PSWs). However, challenges such as inconsistent scheduling, fragmented service coordination, and unclear communication made caregiving more difficult. A common concern was the safety and reliability of professional care, some caregivers felt the quality of support was uneven or unsafe, especially when staff were rushed or disengaged. At the same time, caregivers valued services that were compassionate and patient-centred, noting that small acts of kindness and respect from professionals made a meaningful difference.

The emotional toll of caregiving was clear across interviews. Many caregivers described ongoing stress, long-term impacts on their own health, and the difficulty of sustaining their role without breaks. Coping strategies included small self-care routines, such as spending time in nature, taking short breaks, or engaging in quiet movement, which provided mental refreshment. Some caregivers shared how caregiving became an opportunity for life reflection, acceptance, and personal growth. Others described positive aspects, including feelings of appreciation, stronger family connections, and satisfaction in supporting a loved one’s autonomy. For many, caregiving was both a source of strain and a deeply meaningful role that shaped their daily lives.

Many caregivers expressed frustration with systemic barriers that limited their ability to provide or access quality care. A major issue was the lack of caregiver-focused supports, with families often feeling invisible in the system. Privacy rules and poor information-sharing between organizations created gaps in communication and coordination, leaving caregivers to bridge those divides. Several noted that health and community services were fragmented, with too many organizations involved and no clear point of advocacy. End-of-life care was described as lacking timely support, with families left feeling abandoned during the most difficult stages. Financial pressures added to these challenges, as the costs of housing, private care, and additional supports placed a heavy burden on already stretched households.

Despite the many challenges, caregivers also spoke about the rewarding aspects of their role. Some described learning new hands-on skills and building confidence as they adapted to caregiving responsibilities. Others highlighted the importance of compassionate professional support when available, noting that it strengthened their ability to continue providing care. Many valued the way caregiving deepened family bonds, fostered shared responsibilities, and created meaningful connections. For some, caregiving brought a sense of duty and purpose, allowing them to support their loved ones in both practical and emotional ways. These experiences illustrate that while caregiving is demanding, it can also be a source of pride and growth.

Caregivers shared reflections on the broader impact of their roles, highlighting both the emotional rewards and burdens of caregiving. Many described personal growth and a sense of gratitude that comes from supporting their loved ones, even as they navigated stress, grief, and lasting emotional strain. They emphasized the importance of prioritizing patient needs, including infection prevention and overall safety, while also managing the complexities of daily care. Caregivers noted the value of formal and informal support systems and expressed a strong need for caregiver support groups and community resources to provide emotional support, guidance, and practical assistance. Their professional or personal experience often informed their caregiving approach, and they expressed hope for more structured opportunities to share knowledge, access resources, and feel recognized for the critical role they play in sustaining the well-being of older adults.

The end-of-life caregiving experience carried weight. Families described the emotional and practical overwhelm of providing constant support, often without adequate support from systems. Some were left alone after their loved one’s passing, which intensified the bittersweet nature of the experience. Others highlighted the importance of respecting autonomy and honouring end-of-life choices, even when difficult. Across these accounts, caregivers stressed the need for timely, compassionate, and integrated supports that acknowledge their vital role. Overall, the caregiving experience in Elgin and St. Thomas reveals both the resilience and dedication of caregivers, as well as the significant gaps in support systems. Their accounts point to the urgent need for more coordinated, compassionate, and caregiver-focused services that not only assist care recipients but also sustain the well-being of those who care for them.

# Conclusion

The findings show that adults aged 50+ experience both strengths and gaps across the five domains. Healthcare is accessible but navigating services and supporting caregivers remain challenges. Housing options are limited, especially for affordable, accessible housing. Social and recreational programs exist, but affordability, accessibility, and cultural inclusivity can limit participation. Transportation services are often insufficient, with barriers due to accessibility, frequency, and information. Outdoor spaces and buildings are generally accessible, though improvements are needed in sidewalks, snow clearing, and support for the oldest adults. Overall, these findings emphasize the importance of coordinated planning, inclusive programming, accessible infrastructure, and caregiver support to enhance the well-being, independence, and engagement of adults aged 50+ in the community.

# Appendix A – Survey Respondent Demographics

**Figure 61: Distribution of survey respondents by city/town**

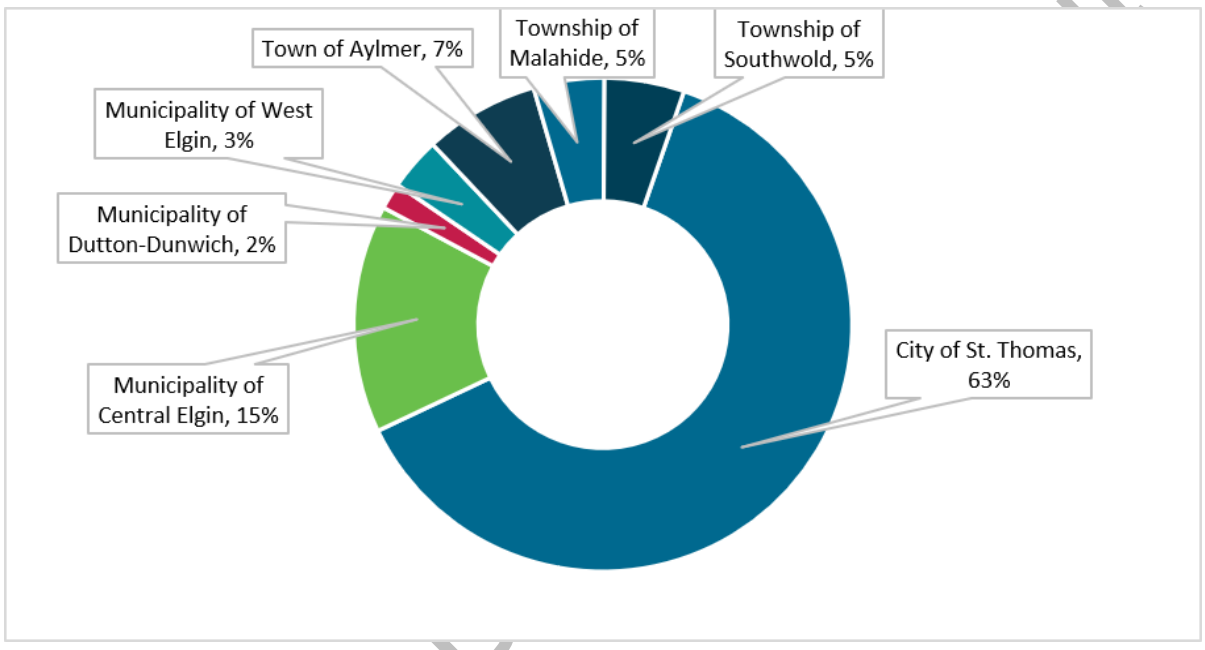
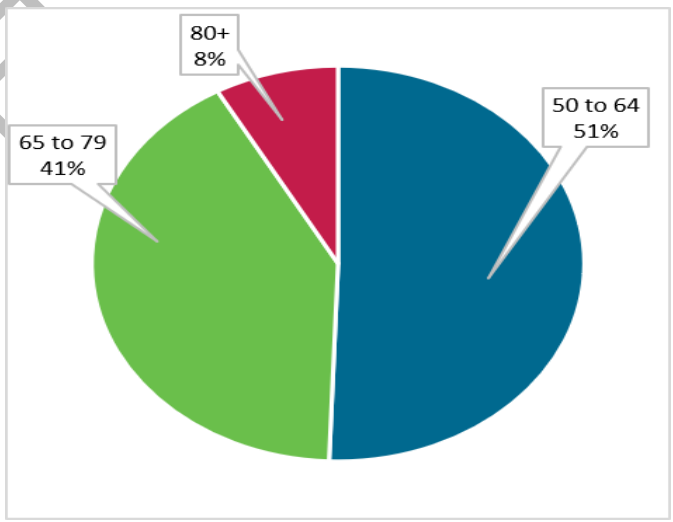



**Figure 62: Distribution of survey respondents by age**

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