



Seniors Living Well in the Place of Their Choice

March, 2026

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Executive Summary

Seniors Living Well in the Place of Their Choice Richmond County, Nova Scotia –March 2026

Richmond County is experiencing a profound demographic shift. By 2028, more than half of its 9,000 residents will be seniors. Most older adults wish to remain in their homes and communities, yet many face barriers that make aging in the place of their choice increasingly difficult. This project, supported by an Age Friendly Grant, examined the practical and well-being supports needed to help seniors live safely, comfortably, and with dignity in their community.

Purpose of the Project

The project explored:

- **Practical supports** (e.g., transportation, home maintenance, system navigation)
- **Well-being supports** (e.g., social connection, community participation) with the goal of identifying gaps and potential community-based solutions that improve quality of life and reduce avoidable transitions to long-term care.

Values Guiding the Work

All recommendations reflect the principles of:

- Respect, dignity, and choice
- Inclusivity, equity, and cultural competence
- Independence and empowerment
- Holistic well-being
- Safety and security

These values align with the Age Friendly Community framework and national aging strategies.

Context and Key Findings

Richmond County’s aging population faces challenges intensified by rural realities:

- **Declining informal support networks** due to smaller families, out-migration, and newcomers without local ties
- **Economic inequities** that limit access to paid supports
- **Limited local service availability**, especially in remoter areas
- **High rates of loneliness, depression, pain, and bereavement**, as shown in the ACTing Collectively study
- **Transportation barriers** that restrict access to health care, groceries, social activities, and essential services

Local data show that seniors prefer **in-person, local supports** and often do not access online or distant services—even when available.

Benefits of Aging in the Place of One's Choice

Research consistently demonstrates that older adults who remain in their homes and communities experience:

- Greater autonomy, identity, and control
- Better mental health and lower rates of depression
- Stronger social connections and community engagement
- Improved coping with loss, illness, and functional decline

For governments, supporting aging in the place of one's choice is significantly more cost-effective than long-term care placement.

Factors Affecting the Ability to Age Well

Enablers include:

- Strong social networks
- Access to practical supports
- Reliable transportation
- Affordable, safe housing
- Integrated, person-centred health and social care
- Opportunities for physical, cognitive, and social activity

Barriers include:

- Social isolation and loneliness
- Chronic illness, falls, and functional decline
- Financial insecurity
- Inadequate housing
- Limited access to home care and community supports
- Lack of local service providers

Gaps Identified

Many essential supports are **not available, not affordable, or not well known** in Richmond County. Gaps include:

- House cleaning, laundry, and meal preparation
- Grocery shopping and delivery
- Escorted transportation
- Yard work, snow removal, and minor home repairs
- Technology assistance
- Caregiver support
- Social connection and check-in programs
- Centralized information and navigation

These gaps align closely with the needs identified by seniors across Canada and with the Age Friendly domains of transportation, housing, social participation, respect and inclusion, communication, and community support.

Existing Resources

VON and Continuing Care provide important services, but availability is limited and does not cover many practical or social needs. Programs available in other regions of Nova Scotia—such as CAPABLE or Home First—are not currently offered in Richmond County.

Opportunities for Community-Based Solutions

Evidence and local input point to several promising directions:

- **Practical support services** delivered through a community organization or social enterprise
- **Volunteer-based companionship and check-in programs**
- **Navigation and single-entry referral models** similar to Niagara Gatekeepers
- **Intergenerational support models** (e.g., Lori's Hands)
- **Advocacy for accessible public spaces and age-friendly infrastructure**
- **Education and prevention programs** (falls, nutrition, chronic disease, dementia)

Any solution must prioritize **social inclusion, local delivery, affordability, and cultural safety**.

Conclusion

Richmond County has a strong foundation of community spirit and a clear desire among seniors to remain in their homes. However, significant gaps in practical supports, social connection, and accessible services threaten seniors' ability to age safely and well. Community-based, locally delivered solutions—supported by the Age Friendly framework—offer a realistic and impactful path forward. With targeted investment, Richmond County can build a sustainable model that enhances independence, reduces isolation, and improves quality of life for its rapidly growing senior population.

An outline of potential social enterprises for Richmond County is described in Section 19.

SECTION 1 — Purpose

The purpose of this project, supported through an Age Friendly Grant, was to identify practical and well-being supports that would enable seniors in Richmond County to continue living safely and comfortably in the community of their choice. The project focused on two key domains:

1. Practical supports, such as transportation, home maintenance, and system navigation; and
2. Well-being supports, including social connection and community participation.

The work was guided by the principle that “return on investment” includes not only financial considerations but also improvements in quality of life, independence, and community well-being for older adults (Action for Better Aging, n.d.; National Aging Strategy Policy Statement, 2024).

SECTION 2 — Values

The values guiding this project reflect both national aging principles and the lived realities of older adults in Richmond County. These values shaped the identification of gaps, the interpretation of community input, and the development of potential solutions.

Respect, Compassion, Choice, and Dignity

Older adults consistently express the importance of being treated with respect, having their preferences honoured, and maintaining dignity as they age. These principles align with national aging frameworks that emphasize person-centred approaches (National Aging Strategy, 2024).

Inclusivity, Equity, and Cultural Competence

Equitable access to supports is essential, particularly in rural communities where economic disparities and geographic barriers can limit opportunities. Cultural competence ensures that programs and services are responsive to diverse backgrounds and lived experiences (Action for Better Aging, n.d.).

Empowerment and Independence

Supporting autonomy is central to aging in place. Older adults value the ability to make decisions about their daily lives, living arrangements, and participation in community life.

Holistic Well-Being

Well-being encompasses physical, emotional, social, and cognitive health. Effective aging-in-place strategies recognize the interconnectedness of these domains and the need for integrated supports.

Safety and Security

Safety includes both the physical environment (e.g., home modifications, fall prevention) and emotional security (e.g., social connection, reduced isolation). These values are foundational to Age Friendly community principles (National Aging Strategy, 2024).

SECTION 3 — Context

Richmond County is experiencing a rapid demographic shift. By 2028, more than half of its approximately 9,000 residents will be seniors, reflecting both national and provincial aging trends. Older adults consistently express the importance of privacy, autonomy, independence, and reciprocal relationships. However, aging is often accompanied by declining physical and cognitive function, increased social isolation, depression, and frustration with limitations on daily activities (Dye et al., 2011).

Economic inequities further complicate aging in rural communities. Many seniors have limited pensions or savings, and the availability of practical supports is constrained by a small local workforce. In some areas, a diminishing sense of community responsibility has reduced informal support networks. These challenges are intensified by demographic changes: smaller family sizes, out-migration of adult children, and newcomers who lack local support systems.

Approximately one-third of Nova Scotians provide informal care to a family member, reducing government burden but increasing strain on caregivers (CaregiverNS, n.d.). By 2038, more than 34,000 Nova Scotians are expected to be living with dementia, including more than 300 older adults in Richmond County (Towards Understanding: Informing Nova Scotia’s Dementia Strategy, n.d.). This underscores the growing need for caregiver education and support.

Nationally, 81% of older Canadians prefer to age in their current residence, yet more than 70% believe it is not possible due to limited supports (Wister et al., 2024). Rural older adults report stronger attachment to their communities than urban seniors, especially those who have lived in their homes for many years (Dye et al., 2011). However, rural seniors also face greater disparities in health, income, and access to services, often traveling long distances to obtain essential supports (Wister et al., 2024).

In Atlantic Canada, 38% of seniors report being unable to access adequate home care, and 43% report difficulty obtaining community support services (National Institute on Ageing, 2025). These gaps highlight the need for community-based solutions that build on existing rural strengths, including strong social cohesion in many communities.

A growing older population, limited long-term care capacity, and rising costs have increased demand for initiatives that enable people to age in their communities for as long as possible (National Institute on Ageing, 2025).

SECTION 4 — Benefits of Aging Well in the Place of One’s Choice

Aging in the place of one’s choice is widely recognized as a cornerstone of healthy aging. The National Institute on Ageing (Canada) defines “Ageing in the Right Place” as enabling older adults to live in the most appropriate setting based on their preferences, circumstances, and care needs (National Institute on Ageing, n.d.). Similarly, the World Health Organization describes aging in place as supporting individuals to remain living independently in their home or community through appropriate services and assistance, thereby preventing or delaying transitions to institutional care (World Health Organization, 2023).

Most older adults express a strong desire to remain in their homes and communities for as long as possible. This preference is supported by research showing that older adults have deep emotional and psychological attachments to their homes—attachments rooted in memories, routines, possessions, and a sense of permanence (Wiles et al., 2012). Home is often associated with autonomy, control, and identity, allowing older adults to maintain cultural practices, host visitors, and structure their daily lives according to personal preference.

Living at home is also associated with improved well-being. Older adults who age in place report higher life satisfaction, stronger social ties, and greater engagement in community life compared to those living in institutional settings (Pinquart & Sörensen, 2000). They tend to cope better with widowhood, mobility loss, and suboptimal housing conditions, and they experience lower rates of depression (Wiles et al., 2012).

Social environments play a critical role in these outcomes. Diverse social networks, high levels of participation, supportive neighbours, and strong community cohesion are associated with improved health and reduced mortality among older adults (Holt-Lunstad et al., 2015). Studies consistently show that social participation and perceived neighbourliness are protective factors that enhance resilience and quality of life (Holt-Lunstad et al., 2015; Wister et al., 2024).

A growing body of evidence highlights the importance of social connection. A recent global report emphasized three key messages:

1. Social disconnection is widespread across all regions and age groups;
2. Its consequences are severe, affecting mortality, physical and mental health, education, and economic participation; and
3. Effective strategies to foster social connection exist and should be scaled (World Health Organization, 2023).

Addressing social disconnection is therefore essential to enabling older adults to age well in the place of their choice.

Mental health is another critical factor. Many older adults experience depression, anxiety, loneliness, and grief, yet mental health needs are often underestimated or poorly addressed. Findings from the ACTing Collectively study revealed high levels of loneliness, depression, and bereavement among older adults in Richmond County, underscoring the need for community-based mental health supports (ACTing Collectively, n.d.).

Aging in place also benefits governments. The cost of supporting an older adult at home is significantly lower than the cost of long-term care placement (Hirdes et al., 2020). Municipal governments also benefit from property taxes paid by older adults, which help fund essential services such as water, sewer, and waste management.

Together, these findings demonstrate that aging in place supports autonomy, well-being, social connection, and system sustainability (Wiles et al., 2012; World Health Organization, 2023).

SECTION 5 — Personal Factors Affecting the Ability to Age Well in the Place of One’s Choice

Aging well in the place of one’s choice is shaped by a combination of personal characteristics, life circumstances, and social supports. Research consistently shows that independence, adaptability, and resilience are among the strongest predictors of successful aging in place (ten Bruggencate, 2020). Older adults who maintain strong social relationships—through family, friends, neighbours, faith communities, or volunteer roles—are more likely to remain independent and continue living in their homes and communities.

Social support networks play a critical role. Emotional support, practical assistance, and informational guidance all contribute to a sense of stability and belonging. When older adults have meaningful relationships with people who live nearby, share diverse interests, and foster reciprocity, they are more likely to remain in their homes for longer periods (ten Bruggencate, 2020).

Conversely, several personal factors can impede the ability to age in place. These include recent hospitalizations, chronic illness, injuries from falls, bereavement, reduced functional health, financial insecurity, and poor mental health. Social isolation is particularly harmful, with well-documented impacts on physical, emotional, cognitive, and mental health. It is associated with decreased quality of life, reduced well-being, and increased risk of adverse health outcomes (Archives of Gerontology and Geriatrics, 2016; Canada’s Drug Agency, n.d.).

Financial insecurity also plays a significant role. Only 18% of seniors in Atlantic Canada report being able to retire when they wish, highlighting the economic pressures that shape aging experiences (Canada’s Drug Agency, n.d.). These pressures can limit access to supports, reduce opportunities for social participation, and increase vulnerability to isolation.

Together, these personal factors illustrate the complex interplay between health, social connection, financial stability, and emotional well-being in determining whether older adults can remain safely and comfortably in the place of their choice (ten Bruggencate, 2020; Canada’s Drug Agency, n.d.).

SECTION 6 — Systemic Hindrances to Aging Well in the Place of One’s Choice

Systemic hindrances to aging well in the place of one’s choice arise from long-standing structural, geographic, economic, and policy-related inequities. These inequities shape the social determinants of health and disproportionately affect older adults living in rural communities such as Richmond County. Historical and structural factors—including institutional policies, intergenerational disadvantage, and environmental barriers—create conditions that limit access to essential supports and services (Aging in Place Plan, n.d.).

Housing is a significant systemic barrier. National data indicate that in 2019, 24.9% of older adults lived below the Canada Mortgage and Housing Corporation (CMHC) standard of acceptable housing. Among these, 19.4% lived in unaffordable housing, 26% lived in inadequate housing, and 2.6% lived in unsuitable housing. Single older adults were most affected, with 42% living in substandard housing (Aging in Place Plan, n.d.). These conditions increase risks related to safety, health, and independence.

Rural older adults face additional challenges. Limited access to transportation, fewer local health and social services, and long travel distances to essential resources create barriers that urban seniors are less likely to encounter. Many services require a minimum population density to remain economically viable, which disadvantages rural communities where populations are dispersed (Canada’s Drug Agency, n.d.).

Economic inequities further compound these challenges. Older adults with limited income or savings may be unable to afford home repairs, assistive devices, transportation, or private services. In communities with fewer service providers, even those who can afford help may struggle to find available, qualified support.

Systemic barriers also affect access to health care. On average, older adults in Canada spend approximately six years of their lives in an unhealthy state, underscoring the importance of early intervention and sustained support. Rural older adults are 50% more likely to be admitted to long-term care facilities than their urban counterparts, often due to gaps in community-based supports that could otherwise prevent or delay institutionalization and the need to travel long distances for essential care (Canada’s Drug Agency, n.d.). Current data suggest that one in nine new long-term care admissions could have been avoided with adequate community supports.

These systemic hindrances illustrate how structural inequities, limited service availability, and rural realities intersect to constrain the ability of older adults to age safely and comfortably in the place of their choice (Aging in Place Plan, n.d.; Canada’s Drug Agency, n.d.).

SECTION 7 — Enabling Resources

Enabling resources are essential to supporting older adults who wish to age safely and comfortably in the place of their choice. Research indicates that at least 70% of older adults will require long-term services or supports at some point—either through community-based programs or long-term care facilities (Canada’s Drug Agency, n.d.). Community supports, publicly funded home care, and services that promote functional health are among the most important factors enabling older adults to remain independent.

A comprehensive set of enabling resources has been identified in the literature, including:

1. Health supports such as care navigation, self-management assistance, and access to health professionals;
2. Information services that are timely, accessible, and available both online and in person;
3. Practical supports that are targeted, timely, self-directed, and affordable;
4. Financial supports including subsidies for those in need;
5. Opportunities for physical and mental activity;
6. Social connection through community, family, and pets;
7. Transportation that is affordable, reliable, and accessible; and
8. Safety measures addressing personal, home, and environmental security (Liu et al., 2015).

Integrated, person-centred care is a critical enabling resource. Effective care plans incorporate both activities of daily living (ADLs) and instrumental activities of daily living (IADLs), ensuring

continuity and coordination across providers. Community-based organizations can complement this system by offering health promotion, disease prevention, and social programming.

Specific services identified as essential include:

- Preventive health programming (e.g., falls prevention, vaccinations, hearing and vision checks, nutrition support);
- Respite and support for informal caregivers;
- Regular check-in visits to monitor well-being;
- Social environments that foster connection and reduce isolation.

Annual general health checks have been associated with improved chronic disease detection, better risk-factor control, increased uptake of preventive services, and improved patient-reported outcomes (Kaneko et al., 2021).

National surveys of older adults highlight the most important factors for remaining independent:

- Family supports (29%);
- Social supports (22%);
- Built environment (21%);
- Physical supports (18%);
- Cognitive supports (7%);
- Connection with nature (3%) (Aging in Place: Reflections from Canadians, n.d.).

Participants also identified priority areas for aging-in-place research, including personal health services, ethical approaches to supporting older adults, social network development, mobility and assistive aids, and fall prevention.

These enabling resources must be affordable, timely, reliable, culturally safe, trauma-informed, and person-centred. Ideally, they should be accessible through a “one-stop” model that simplifies navigation and reduces barriers to supports.

Atlantic Canadian seniors most frequently access low-cost transportation (16%), friendly visiting (27%), minor home repairs (26%), meal delivery (20%), and light yard work or snow removal services (32%) (National Institute on Ageing, 2025). Importantly, these numbers do not account for those who wished supports but were not able to attain them.

A range of interventions has been shown to improve outcomes for older adults aging in place, including:

- Integrated well-being and advanced care planning;
- Chronic disease prevention and management;
- Dementia prevention and support;
- Falls prevention;
- Support for unpaid caregivers;
- At-home care from allied health professionals;
- At-home palliative care;
- Reablement services;
- Social isolation and loneliness interventions;
- Assistive devices and home modifications;

- Safe, accessible, affordable housing (Canada’s Drug Agency, n.d.).

These interventions contribute to improved mental and physical health, enhanced well-being, increased knowledge and skills, and reduced health-care utilization. Integrated, multi-pronged approaches are consistently the most effective.

However, many enabling resources fall outside the control of local communities. Living in a rural area such as Richmond County, seniors face particular challenges due to limited service availability, workforce shortages, and the economic realities of small populations. Transportation barriers and limited local health resources often compound these challenges, requiring older adults to travel significant distances for essential care (Canada’s Drug Agency, n.d.).

Findings from the ACTing Collectively study highlight the importance of local, in-person supports. Among 102 older adults surveyed in Richmond County, participants identified an average of eight concerns each. High rates of loneliness (50%), depression (33%), incontinence (29%), financial concerns (28%), and falls (25%) were reported. Most participants preferred local, in-person resources over online or distant services, and many did not access available online supports in spite of a lack of local alternatives (ACTing Collectively, n.d.).

The majority of the practical supports noted above, are not readily available for seniors living in Richmond County – either because they do not exist, are not well known or are too expensive.

Any community-based programming should therefore embrace principles of equity, responsiveness, high quality, efficiency, effectiveness, capacity building, and resilience (World Health Organization, n.d.).

SECTION 8 — What We Heard

Through community conversations, surveys, interviews, and informal discussions with older adults, caregivers, service providers, and community organizations across Richmond County, several clear and consistent themes emerged. These insights reflect the lived experiences of older adults and the realities of aging in a rural community.

1. Older Adults Want to Age in the Place of Their Choice

Most older adults expressed a strong desire to remain in their homes and communities for as long as possible. They value independence, familiarity, privacy, and the comfort of long-standing relationships. Many described their homes as central to their identity and well-being.

2. Loneliness and Social Isolation Are Widespread

A significant number of older adults reported feeling lonely, disconnected, or socially isolated. Many described losing friends, spouses, or social roles over time. Transportation barriers, mobility challenges, and limited local programming further restrict opportunities for connection. These experiences align with global findings on the health impacts of social isolation (World Health Organization, 2023).

3. Practical Supports Are Limited or Unaffordable

Participants consistently identified gaps in day-to-day supports such as:

- House cleaning and laundry
- Meal preparation
- Grocery shopping and delivery
- Yard work and snow removal
- Minor home repairs
- Technology help
- Transportation

Many older adults said they would gladly pay for these services if they were available and affordable.

4. Navigation Is Difficult and Information Is Hard to Find

Older adults and caregivers often struggle to understand what services exist, how to access them, and who to call for help. Many described feeling overwhelmed or discouraged by complex systems, long wait times, or inconsistent information. A single-entry access point—similar to Niagara Gatekeepers—was suggested as a solution.

5. Caregivers Are Under Strain

Family and friend caregivers reported high levels of stress, fatigue, and emotional burden. Many feel they lack respite, education, and practical support. Caregivers expressed a strong need for more flexible, local, and reliable assistance.

6. Transportation Is a Major Barrier

Transportation challenges affect nearly every aspect of aging in Richmond County. Older adults reported difficulty getting to medical appointments, grocery stores, social activities, and community programs. Limited public transportation and long travel distances create significant barriers to independence.

7. Health-Care Access Is Uneven

Many older adults described challenges accessing primary care, specialist appointments, home care, and mental health supports. Delays, cancellations, and long travel distances were common concerns. These experiences mirror provincial data showing that many Atlantic Canadians struggle to access timely care (National Institute on Ageing, 2025).

8. Volunteers Are Essential but Stretched Thin

Volunteers play a vital role in supporting older adults, but many volunteer-driven programs are at capacity. Organizations reported difficulty recruiting new volunteers, especially younger people, and expressed concern about sustainability.

9. People Want Local, in-Person Supports

While some older adults are open to technology-based supports, most prefer in-person services delivered by people they know and trust. Many expressed discomfort with online programs or telehealth, citing connectivity issues, lack of confidence, or a preference for face-to-face interaction.

10. Communities Want Solutions That Reflect Local Realities

Participants emphasized that solutions must be rural-appropriate, relationship-based, and grounded in the values of respect, dignity, and mutual support. They want services that are flexible, culturally safe, and responsive to the unique needs of Richmond County.

WHAT WE HEARD

AGE-FRIENDLY DOMAINS

Desire to age in place	Housing; Community Support & Health Services
Loneliness & isolation	Social Participation; Respect & Social Inclusion
Lack of practical supports	Housing; Community Support & Health Services
Navigation challenges	Communication & Information
Caregiver strain	Community Support & Health Services
Transportation barriers	Transportation
Health-care access issues	Community Support & Health Services
Volunteer capacity concerns	Civic Participation & Employment
Preference for local supports	Social Participation; Community Support & Health Services
Need for accessible spaces	Outdoor Spaces & Buildings

SECTION 9 — Areas for Potential Community-Based Programs/Services

Community-based programs and services can play a critical role in supporting older adults to age safely, comfortably, and meaningfully in the place of their choice. These interventions generally fall into three broad categories:

1. Place-Based Models

These models focus on enhancing the physical or social environment to support independent living. Examples include improving accessibility in public buildings, advocating for safer sidewalks, and promoting age-friendly community design. Place-based approaches can reduce environmental barriers and increase opportunities for social participation.

2. Care-Based Models

Care-based models coordinate and deliver services that address health-related and personal-care needs. These include home care, primary care, palliative care, and social care services. They also address gaps in transitions between hospital and home, ensuring continuity of care and reducing avoidable long-term care admissions.

3. Technology-Based Models

Technology-based interventions aim to increase the uptake of tools that support independence at home, such as digital literacy programs, telehealth, wearable devices, and assistive technologies. These models can enhance safety, communication, and self-management, though rural connectivity and digital comfort levels must be considered.

Community-Based Programming Opportunities

Community-based organizations can complement these models by offering education, social programming, and practical supports. The needs identified through research and local consultation can be grouped into several categories.

Instrumental (Practical) Supports

These services help older adults manage daily tasks that may become challenging with age.

Examples include:

- House cleaning and laundry
- Meal preparation and delivery
- Grocery shopping and delivery
- Escorted shopping
- Technology assistance
- Financial and legal support
- Gutter cleaning, ice removal, lighting, snow clearing
- Yard work and lawn mowing
- Minor home repairs and home modifications
- Transportation
- Companionship

These supports are especially important in rural communities where private service providers are limited or unaffordable.

Built Environment Advocacy

Community groups can advocate for improvements that enhance accessibility and safety, such as:

- Automatic door openers in public buildings
- Accessible entrances and washrooms
- Sidewalk repairs and improved walkability
- Wheelchair-friendly pathways
- Safe, affordable, age-appropriate housing
- Local exercise facilities

These improvements align with Age Friendly community principles and can significantly enhance independence.

Information and Support Services

Older adults benefit from clear, accessible information about available programs, services, and supports. Community organizations can help by offering:

- One-stop information hubs
- Printed and digital resource guides
- Workshops and information sessions
- Peer support networks

Examples of community-based resources from other regions illustrate what is possible. Treehouse Village, for instance, demonstrates how intentional community design can foster connection and mutual support (Treehouse Village, n.d.). Other innovative models include Japan's "grandma rental service," which provides companionship and intergenerational connection (My Modern Met, n.d.), and local health board resources that support healthy communities (Nova Scotia Health, n.d.; Community Health Boards, n.d.).

These examples highlight the potential for creative, community-driven solutions that address both practical and social needs.

SECTION 10 — Potential Ways Forward

The concept of Age Friendly Communities provides a comprehensive framework for assessing strengths, identifying gaps, and guiding future action. Developed by the World Health Organization and adopted across Canada, the framework outlines eight interconnected domains that influence the ability of older adults to age well in the place of their choice:

1. Outdoor spaces and buildings
2. Transportation
3. Housing
4. Social participation
5. Respect and social inclusion
6. Civic participation and employment
7. Communication and information
8. Community support and health services

(Government of Canada, n.d.)

Community-based organizations are well positioned to influence several of these domains directly—particularly social participation, respect and inclusion, civic engagement, and community support. They can also advocate for improvements in transportation and housing, two areas that consistently emerge as barriers for rural older adults.

A coordinated approach that aligns community programming with Age Friendly principles can strengthen local capacity, reduce duplication, and ensure that supports are responsive to the needs identified by older adults themselves. This includes:

Strengthening Social Participation and Inclusion

Programs that foster connection—such as group activities, intergenerational initiatives, peer support networks, and volunteer opportunities—can reduce loneliness and enhance well-being. These initiatives align with global evidence showing that social participation is a protective factor against mortality, depression, and functional decline (World Health Organization, 2023).

Enhancing Access to Practical Supports

Community-based instrumental supports (e.g., meal preparation, transportation, home maintenance) can fill gaps left by formal systems and help prevent avoidable long-term care admissions. These supports are especially critical in rural areas where private services are limited or unaffordable (Canada’s Drug Agency, n.d.).

Improving Navigation and Information Access

Older adults frequently report difficulty understanding what services exist and how to access them. A “single-entry” model—similar to Niagara Gatekeepers—could streamline access to local resources and reduce frustration (Niagara Region, n.d.).

Advocating for Age-Friendly Infrastructure

Local organizations can advocate for accessible public buildings, safer sidewalks, improved walkability, and age-appropriate housing. These environmental improvements directly support independence and safety.

Supporting Caregivers

Caregivers are essential to aging in place, yet many experience burnout, financial strain, and limited respite options. Community-based respite, education, and peer support can strengthen caregiver capacity and reduce stress (CaregiverNS, n.d.).

Leveraging Technology Thoughtfully

While digital tools can enhance independence, rural connectivity, digital literacy, and personal preference must be considered. Technology should complement—not replace—local, in-person supports.

Together, these potential ways forward reflect a balanced approach that integrates evidence, community strengths, and the lived experiences of older adults in Richmond County (Government of Canada, n.d.; World Health Organization, 2023).

SECTION 11 — Resources Available

Richmond County benefits from a range of existing programs and services that support older adults, though availability varies by community and many services remain limited in scope or capacity. A directory of local resources has been developed by the Seniors Take Action Coalition of Richmond County, providing an overview of supports currently accessible to older adults in the region. This directory includes information on health services, community programs, transportation options, social supports, and practical assistance.

Local organizations, community groups, and provincial programs contribute to this landscape. Examples include home support services, volunteer-based initiatives, community health resources, and informal networks that provide social connection and practical help. While these resources form an important foundation, they do not fully meet the needs identified by older adults—particularly in rural areas where service availability is inconsistent and transportation barriers limit access.

The existing directory serves as a valuable starting point for identifying strengths, gaps, and opportunities for collaboration. It also highlights the importance of clear, accessible information to help older adults and caregivers navigate available supports (Seniors Take Action Coalition of Richmond County, n.d.).

SECTION 12 — Gaps in Needed Resources

Despite the range of services available in Richmond County, significant gaps remain—particularly in the practical supports and social-connection resources that older adults need to age safely and

comfortably in the place of their choice. These gaps reflect broader national and global trends, but they are intensified in rural communities where service availability, workforce capacity, and transportation barriers limit access.

Technology and Digital Supports

The project did not explore the use of technology—such as artificial intelligence, wearable devices, digital literacy supports, or telemedicine—even though these tools can significantly enhance independence, safety, and personalized care for older adults. Social enterprises in the “silver economy” have demonstrated how technology can be leveraged to support aging in place, but rural connectivity, affordability, and digital comfort levels remain barriers (Caring Communities, 2024).

Social Isolation and Loneliness

Social isolation and loneliness are among the most serious and well-documented threats to healthy aging. They are associated with increased risks of mortality, cardiovascular disease, type 2 diabetes, malnutrition, reduced physical functioning, fatigue, dementia, falls, and weakened immune response. For older adults, loneliness increases the risk of all-cause mortality by 26%, social isolation by 29%, and living alone by 32% (World Health Organization, 2023). The National Institute on Ageing’s 2022 survey found that 41% of Canadians aged 50+ are at risk of social isolation, and up to 58% have experienced loneliness.

These findings underscore the need for community-based programs that intentionally foster social connection, reduce isolation, and create opportunities for meaningful engagement.

Health-Care Access

In Atlantic Canada, many older adults report difficulty accessing the health care they need. Barriers include inability to obtain appointments (58%), challenges securing referrals (26%), and cancellations or delays in treatments or services (25%) (National Institute on Ageing, 2025). These access issues increase the risk of avoidable hospitalizations, delayed diagnoses, and worsening chronic conditions.

Home Adaptations and Support Services

Home adaptations are the most commonly used support among older adults in Canada, accessed by 25% of those aged 65–79 and 52% of those aged 80+. However, use of home care, community support services, and informal care is significantly lower—ranging from 5.5% to 11.6% among those aged 65–79 and 17.2% to 33.2% among those aged 80+ (Statistics Canada, 2025). Many older adults report needing supports but being unable to obtain them.

Factors associated with higher use of supports include poor health, functional impairment, not driving, living alone, having a regular health-care provider, and being a woman. These patterns highlight the importance of targeted, accessible, and affordable community-based services.

Practical Supports Not Readily Available

The majority of practical supports needed by older adults in Richmond County are either unavailable, insufficiently known, or unaffordable for many. These include:

- House cleaning and laundry

- Meal preparation and meal services
- Grocery shopping and delivery
- Escorted shopping
- Technology assistance
- Financial and legal support
- Gutter cleaning, ice removal, lighting, snow clearing
- Yard work and lawn mowing
- Small home repairs and maintenance
- Caregiver support
- Communication, information, and education

These gaps represent opportunities for community groups, social enterprises, and local businesses to develop sustainable, locally responsive services.

Together, these findings illustrate that while Richmond County has important strengths, significant gaps remain in the supports required to enable older adults to age well in the place of their choice (World Health Organization, 2023; National Institute on Ageing, 2025; Statistics Canada, 2025).

SECTION 13 — Services in Place

Richmond County benefits from several formal services that support older adults in aging safely and comfortably at home. These services form an important foundation, though availability varies and many programs offered elsewhere in Nova Scotia are not currently accessible in the County.

Seniors Safety and Social Inclusion Coordinator

Richmond County’s Seniors Safety and Social Inclusion Coordinator acts as a vital between seniors facing challenges and available community resources.

VON Home Care

VON provides a range of home-based supports, including personal care (e.g., bathing, grooming), homemaking (e.g., cooking, laundry, light housekeeping), mobility assistance, medication supervision, and catheter or colostomy care. VON staff also conduct environmental risk assessments to improve home safety and offer respite for caregivers.

VON’s Meals on Wheels program provides healthy, affordable frozen meals for pickup or home delivery.

In other regions of Nova Scotia, VON offers additional programs—such as adult day programs and CAPABLE (Community Aging in Place, Advancing Better Living for Elders)—which include coordinated visits from an occupational therapist, nurse, and handy worker. These programs are not currently available in Richmond County (VON Canada, n.d.).

Continuing Care (Nova Scotia Health)

Nova Scotia’s Continuing Care system provides a broad range of supports, including:

- Home care (nursing, home support, respite, palliative care)
- Long-term care placement

- Home oxygen services
- Adult protection services
- Protection for Persons in Care
- Aboriginal Continuing Care
- Caregiver Benefit Program
- HELP Bed Loan Program
- Personal Alert Assistance Program
- Self-Managed Care Program
- Supportive Care Program
- Specialized Equipment Program (for long-term care)
- Respite care (in-home or in long-term care facilities)

These services help older adults remain at home when possible and provide structured pathways to long-term care when needed (Nova Scotia Health, 2022).

Home First Program

In some areas of Nova Scotia, hospitalized patients can access the Home First Program, which provides additional resources to support recovery at home rather than in hospital or long-term care. This program is not currently available in Richmond County (Nova Scotia Health, n.d.).

Single-Entry Access System

Nova Scotia operates a province-wide Single-Entry Access system for home care, long-term care, adult protection, and Continuing Care programs. Older adults, caregivers, or service providers can make referrals through a toll-free number (1-800-225-7225). This centralized system is intended to simplify access and ensure consistent assessment across the province (Mount Saint Vincent University, 2022).

Together, these services provide essential support for older adults in Richmond County. However, gaps remain—particularly in programs available elsewhere in the province but not locally, and in the availability of practical, day-to-day supports that fall outside the scope of formal health services.

SECTION 14 — Examples of Community Supports Found in Other Places

Several innovative community-based models from across Canada and internationally demonstrate how coordinated, locally grounded supports can help older adults remain safe, connected, and independent in their homes. These examples illustrate approaches that could be adapted or scaled within Richmond County.

<https://wellbeinghubv1.wordpress.com/events-2/>

<https://participaperonline.ca/society-tackling-growing-problem-of-food-security/#:~:text=October%2016%2C%202024,>”

<https://www.nshealth.ca/news-and-notice/staying-home-staying-healthy-inside-nova-scotia-healths-adult-day-program>

Niagara Gatekeepers (Ontario)

Niagara Gatekeepers is a single-entry phone line that connects at-risk older adults with local programs and services. Anyone in the community—family members, neighbours, pharmacists, bank tellers, emergency personnel—can call to request support for an older adult. With the individual’s consent, Gatekeepers staff coordinate referrals to appropriate agencies and ensure follow-up.

This model is particularly effective because it:

- Simplifies access to services
- Leverages community members who regularly interact with seniors
- Reduces the burden on older adults to navigate complex systems
- Helps identify isolated or vulnerable individuals early

The Gatekeepers model could be adapted in Richmond County, where navigation challenges and limited awareness of available services are recurring concerns (Niagara Region, n.d.).

Lori’s Hands (United States)

Lori’s Hands is an intergenerational service-learning model that pairs college students with older adults or individuals living with chronic illness. Students make weekly visits to assist with day-to-day tasks such as:

- Grocery shopping
- Light cleaning
- Organizing household items
- Running errands

In addition to practical support, students provide companionship and social connection. Older adults benefit from increased independence and reduced loneliness, while students gain real-world experience in aging, chronic illness, and health-care navigation.

The program uses a simple training model—an asynchronous video and quiz—to prepare volunteers. This approach could be adapted locally through partnerships with regional post-secondary institutions or youth organizations (Lori’s Hands, n.d.).

Other Innovative Community-Based Models

Treehouse Village (Nova Scotia)

Treehouse Village is a cohousing community that emphasizes shared spaces, mutual support, and environmentally sustainable living. While not designed exclusively for older adults, its intentional community model fosters connection, reduces isolation, and encourages neighbour-to-neighbour support—principles that align closely with aging-in-place goals (Treehouse Village, n.d.).

<https://treehousevillage.ca>.

“Grandma Rental Service” (Japan)

This unique initiative allows individuals to “rent” the companionship, wisdom, or support of older adults. While culturally specific, the model highlights the value of intergenerational connection and the potential for creative social enterprises to reduce loneliness and foster community (My Modern Met, n.d.).

Community Health Boards (Nova Scotia)

Community Health Boards provide grants, resources, and community-driven initiatives that support healthy living, social connection, and local well-being. Their tools and frameworks can help guide community-based aging initiatives (Community Health Boards, n.d.).

Healthy Communities Resources (Nova Scotia Health)

Nova Scotia Health offers resources that support community development, health promotion, and age-friendly planning. These materials can help local groups design programs that align with provincial priorities and evidence-based practices (Nova Scotia Health, n.d.).

<https://www.nshealth.ca/public-health/healthy-communities>

Community Health Teams

<https://www.nshealth.ca/clinics-programs-and-services/community-health-teams>

<https://www.nshealth.ca/news-and-notice/how-health-homes-are-changing-primary-health-care-nova-scotia>

These examples demonstrate that effective community supports do not need to be complex or costly. They succeed because they are:

- Locally grounded
- Relationship-based
- Easy to access
- Designed around the lived experiences of older adults

They offer practical inspiration for Richmond County as it considers how to strengthen supports for aging in place.

SECTION 15 — Addressing the Gaps

Addressing the gaps identified in Richmond County requires a coordinated, community-driven approach that builds on existing strengths while filling critical service shortages. The evidence shows that older adults benefit most from supports that are local, relationship-based, practical, and easy to access. Effective solutions must therefore integrate social connection, practical assistance, and system navigation, while remaining culturally safe, trauma-informed, and person-centred.

1. Strengthening Social Inclusion and Connection

Given the profound health impacts of loneliness and social isolation, any new initiative should embed opportunities for meaningful social interaction. This includes group programs, peer support, intergenerational activities, and volunteer-based companionship. Global evidence confirms that social connection is a powerful protective factor against mortality, depression, and functional decline (World Health Organization, 2023). Locally, the ACTing Collectively study underscores the urgency of addressing loneliness, depression, and bereavement among older adults in Richmond County.

2. Expanding Practical Supports

Many of the most needed services—house cleaning, meal preparation, grocery delivery, yard work, snow removal, minor home repairs, foot care—are either unavailable or unaffordable. Community groups, social enterprises, and local businesses could help fill these gaps by developing sustainable, low-cost service models. These supports reduce risk, prevent avoidable long-term care admissions, and help older adults maintain independence (Canada’s Drug Agency, n.d.).

3. Improving Navigation and Access to Information

Older adults frequently report difficulty understanding what services exist and how to access them. A single-entry navigation model, similar to Niagara Gatekeepers, could streamline access, reduce frustration, and ensure that older adults are connected to appropriate supports quickly and consistently (Niagara Region, n.d.). This model is especially valuable in rural communities where services are dispersed and awareness is limited.

4. Supporting Caregivers

Caregivers are essential to aging in place, yet many experience burnout, financial strain, and limited respite options. Community-based respite, caregiver education, peer support groups, education/training programs, and navigation assistance can strengthen caregiver capacity and reduce stress (CaregiverNS, n.d.). Supporting caregivers ultimately supports older adults.

5. Advocating for Age-Friendly Infrastructure

Local organizations can advocate for improvements in accessibility, transportation, and housing. This includes safer sidewalks, accessible public buildings, age-appropriate housing options, and reliable transportation services. These environmental improvements directly support independence and safety and align with Age Friendly community principles (Government of Canada, n.d.).

6. Leveraging Technology Thoughtfully

While technology can enhance independence—through telehealth, wearable devices, and digital literacy supports—it must be introduced in ways that respect rural realities. Connectivity challenges, affordability, and comfort with technology must be considered. Technology should complement, not replace, local in-person supports (Caring Communities, 2024).

7. Building Partnerships and Community Capacity

Addressing gaps requires collaboration among community organizations, health-care providers, local businesses, volunteers, and municipal partners. Partnerships can reduce duplication, increase efficiency, and create a more cohesive support system. Community-based organizations can also play a key role in advocating for provincial programs not currently available in Richmond County, such as VON’s CAPABLE program or the Home First initiative.

Together, these strategies reflect a balanced, evidence-informed approach to strengthening supports for older adults in Richmond County. They emphasize the importance of local solutions, community connection, and practical, accessible services that align with the lived experiences and preferences of older adults (World Health Organization, 2023; Canada’s Drug Agency, n.d.).

SECTION 16 — Social Enterprise – an organizational framework

Social enterprises offer a promising pathway for addressing many of the practical and social gaps identified in Richmond County. By blending social purpose with sustainable business models, social enterprises can deliver essential services that are otherwise unavailable, unaffordable, or inconsistent in rural communities. They are particularly well-suited to providing the kinds of instrumental supports—such as home maintenance, meal preparation, transportation, and companionship—that older adults need to age safely and comfortably in the place of their choice.

Recent research highlights the growing role of social enterprises within the “silver economy,” especially those that leverage health-related technologies to support independence, safety, and personalized care. These enterprises can help older adults live independently for longer by offering services such as digital literacy training, remote monitoring, and assistive technologies (Caring Communities, 2024). While technology alone is not a solution, social enterprises can integrate it thoughtfully alongside in-person supports.

Why Social Enterprise Fits Rural Communities

Rural areas often lack the population density required to sustain traditional private-sector services. Social enterprises, however, can operate with different success metrics—prioritizing community benefit, reinvestment, and long-term sustainability over profit maximization. This makes them well suited to:

- Providing low-cost or sliding-scale services
- Filling gaps left by formal health and social systems
- Employing local residents, including older adults
- Partnering with municipalities, nonprofits, and health-care providers
- Reinforcing community cohesion and mutual support

Because social enterprises can reinvest revenue into expanding services, they offer a more stable and scalable model than volunteer-only initiatives.

Potential Social Enterprise Opportunities in Richmond County

Based on identified gaps, several opportunities align well with a social enterprise model:

- Home maintenance and repair services (e.g., snow removal, yard work, minor repairs)
- Meal preparation and delivery beyond existing programs
- Transportation services for medical appointments, shopping, and social activities
- Technology support (e.g., device setup, troubleshooting, digital literacy)
- Companionship and check-in services
- Caregiver respite supports
- Home modification services to improve safety and accessibility

These services could be delivered through a single enterprise or a network of smaller, specialized initiatives.

Building on Local Strengths

Richmond County already has strong community networks, volunteer capacity, and a culture of mutual support. A social enterprise model could build on these strengths by:

- Formalizing and coordinating existing informal supports

- Creating paid roles for local residents
- Offering training and skill development
- Ensuring continuity and reliability of services
- Reducing the burden on caregivers and volunteers

By grounding the enterprise in local needs and values—respect, dignity, independence, and social connection—it can become a sustainable pillar of aging-in-place support.

A Complement, not a Replacement

Social enterprises are not intended to replace government services or volunteer efforts. Instead, they complement existing systems by filling gaps, enhancing flexibility, and providing services that fall outside the scope of formal health care. When integrated with community organizations, municipal partners, and provincial programs, social enterprises can significantly strengthen the local aging-in-place ecosystem (Caring Communities, 2024).

SECTION 17 — Volunteers

Volunteers are a cornerstone of community life in Richmond County and play an essential role in supporting older adults to age well in the place of their choice. In rural communities, where formal services are limited and distances are significant, volunteers often fill critical gaps by providing social connection, practical assistance, and emotional support. Their contributions strengthen community cohesion, reduce isolation, and enhance the overall well-being of older adults.

The Unique Value of Volunteers in Rural Communities

Volunteers bring flexibility, local knowledge, and trusted relationships—qualities that are especially important for older adults who may be reluctant to seek help from unfamiliar providers.

Volunteer-based supports can include:

- Friendly visiting and companionship
- Transportation to appointments or community events
- Assistance with errands or shopping
- Light home maintenance or seasonal tasks
- Technology help and digital literacy support
- Check-in calls or home visits

These activities not only address practical needs but also foster meaningful social connection, which is a key protective factor against loneliness, depression, and functional decline (World Health Organization, 2023).

Complementing Formal and Social Enterprise Services

Volunteers cannot replace formal health services or structured social enterprises, but they can complement them. For example:

- A social enterprise may provide paid home maintenance, while volunteers offer companionship or check-ins.
- Formal home care may address medical needs, while volunteers help with errands or social activities.

- Navigation services may connect older adults to programs, while volunteers help them attend or participate.

This layered approach ensures that older adults receive both the practical and relational supports necessary for aging in place.

Supporting and Sustaining Volunteer Capacity

To maintain a strong volunteer base, communities must invest in:

- Training and orientation, including safety, boundaries, and communication
- Coordination, to match volunteers with appropriate tasks
- Recognition and appreciation, to sustain engagement
- Clear role definitions, to avoid burnout or role confusion
- Partnerships with community organizations, faith groups, and local businesses

Volunteer programs that are well-supported and well-coordinated tend to be more sustainable and impactful.

Intergenerational Volunteerism

Intergenerational models—such as the Lori’s Hands program—demonstrate the powerful benefits of connecting younger volunteers with older adults. These models:

- Reduce loneliness
- Build empathy and understanding
- Provide practical support
- Offer meaningful learning experiences for youth
- Strengthen community ties

Such approaches could be adapted locally through partnerships with schools, youth groups, or post-secondary institutions (Lori’s Hands, n.d.).

Volunteers as Community Connectors

Volunteers often serve as early identifiers of risk. Through regular contact, they may notice changes in health, mobility, mood, or home safety. When supported by a coordinated system—such as a single-entry navigation model—volunteers can help connect older adults to appropriate services quickly and effectively (Niagara Region, n.d.).

In this way, volunteers act not only as helpers but as community connectors, strengthening the safety net that enables older adults to remain in their homes and communities.

SECTION 18 — Other Resources

In addition to the formal and community-based supports described throughout this report, several broader resources can help guide planning, program development, and advocacy efforts in Richmond County. These resources provide evidence-based frameworks, practical tools, and policy guidance relevant to aging in place, community development, and social connection.

Provincial and national organizations—such as Nova Scotia Health, the National Institute on Ageing, and Community Health Boards—offer reports, toolkits, and funding opportunities that can

support local initiatives. International bodies, including the World Health Organization, provide frameworks on age-friendly communities, integrated people-centred care, and social connection that can inform local planning and evaluation.

These resources complement local knowledge and community strengths, offering additional perspectives and evidence to support decision-making and program design (World Health Organization, 2023; National Institute on Ageing, 2025; Nova Scotia Health, n.d.).

SECTION 19 — Ideas for a Richmond County social enterprise

Vision/Objectives:

Our vision is for all Richmond County seniors have equitable access to resources needed to enable them to live safely and well in the home of their choice.

Our social objective is to increase equitable access to resources in the areas of meals/nutrition, housekeeping and companionship/respice to enable Richmond County seniors to live safely and well in the home of their choice.

Values:

- Respect, compassion, choice and dignity
- Inclusivity, equity, and cultural competence
- Empowerment and independence
- Holistic well-being
- Safety and security

Identifying Opportunities:

As found in other jurisdictions across Canada, models of integrated care are structured (and funded) in a way that enables service providers from diverse care settings (e.g., primary care, acute care, home care, long-term care, specialty geriatric mental health care) to co-plan, co-coordinate, and co-deliver care. These models have program-level processes that make it possible for providers from different care settings to come together (in person or virtually) to engage in collaborative knowledge building, problem identification, and solution finding (e.g., circle of care teams, lunch and learn sessions, cross-training initiatives). Although a similar model was piloted in Nova Scotia in 2010, the model did not spread throughout Nova Scotia in spite of the pilot's success. Efforts to create more inter-disciplinary collaborative teams are presently underway but these models do not provide the integrated care described above that crosses traditional boundaries. A social enterprise addressing aspects of nutrition, in home supports and social connections could build and strengthen collaboration between primary health care and community care.

[https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope#:~:text=Integrated%20care%20for%20older%20people%20approach%20\(ICOPE\)%20is%20WHO's%20approach,functional%20ability%20in%20older%20age.](https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/ageing-and-health/integrated-care-for-older-people-icope#:~:text=Integrated%20care%20for%20older%20people%20approach%20(ICOPE)%20is%20WHO's%20approach,functional%20ability%20in%20older%20age.)

<https://novascotia.ca/dhw/mocins/docs/mocins-evaluation-report.pdf>.

https://novascotia.ca/dhw/mocins/docs/mocins_what_it_means_for_you.pdf#:~:text=Nova%20Scotia%20The%20new%20Collaborative%20Care%20Model,needed%2C%20to%20ensure%20safe%20and%20optimal%20outcomes.

Multiple surveys, community conversations, focus groups and organization meetings have demonstrated the need for a Richmond County social enterprise that embraces components of the New Dawn model listed above. Suggested programs and program elements for Richmond County seniors are listed below. Although some of the elements of the suggested programs are available in Richmond County, they are limited and often unaffordable. A social enterprise would hope to reach those for whom access is most difficult.

Meal/nutrition programs:

- Meal Planning
- Grocery Shopping
- Meal Preparation
- Meal Clean-up and safe and sanitary food storage
- Connection with nutritionist for specific dietary needs and/or recipes
- Delivery of locally produced nutritious meals
- Grocery shopping/delivery
- Meal planning
- In home cooking assistance

In collaboration with a Nova Scotia Health dietitian:

- Nutritional screening and assessment of clients' dietary habits, nutritional needs, dietary restrictions and current health plans
- Individualized dietary/nutritional care plans and related meal planning with participants and their families
- Nutritional awareness activities for the community, in general, and targeted groups in particular such as post-operative clients, individuals with diabetes, individuals with special needs requiring medical nutrition therapy; overweight seniors as well as renal, critically ill and/or other chronically ill seniors.

Housekeeping program:

- Tidying
- Performing light housekeeping
- Making and changing bed
- Cleaning of bathrooms and kitchens
- Doing laundry
- Dusting, polishing, and window and mirror cleaning
- Noting minor deficiencies (light bulb replacement, loose door hinges, unsafe chairs, spoiled food) and seek resources to remediate
- Taking out garbage

In-home Companionship/Respite Care Program:

- Elements as needed of the two programs above
- Companionship and activities such as puzzles, games, music, films, and reading
- Transportation to medical appointments, social activities, and community events

- Mobility assistance and escorted walks
- Regular updates to family members

All these programs also act as 'wellness check' visits.

Requirements for potential staff might include:

- Emergency First Aid & CPR
- Food Hygiene Training
- Clear Criminal Background Check
- Clear Vulnerable Sector Search
- Experience working with seniors
- Bondable

Staff orientation could include Occupational Health & Safety component, Infection Prevention and Control, and Violence Prevention (where they work in private client homes). Additional training could include dementia-specific training, Teepa Snow's Positive Approach to Care and workplace specific training on an as-needed basis.

Other resources:

<https://www.nsc.ca/programs-and-courses/programs/plandescr.aspx?prg=CARE&pln=CONCARE>
<https://caregiversns.org/resources/tiac/living-safely-at-home/>
<https://caregiversns.org/images/uploads/all/WhereToBegin.pdf>
<https://www.homeinstead.ca/home-care/can/ns/sydney/3034/home-care-services/>
https://www.homeinstead.ca/contentassets/1b7000369d6a4b26a195f81347e0967c/4070-aging-plan-ca_2020.pdf

Education:

Additional suggested education for in home support personnel obtained from other sources (such as the Co-Designing a Social Prescribing Approach for Nova Scotia Primary Care project) includes:

- Mental Health First Aid, Applied Suicide Intervention Skills Training (ASIST) (<https://novascotia.cmha.ca/programs-trainings-support-groups/applied-suicide-intervention-skills-training-asist/>)
- Trauma-informed care
- Understand the social determinants of health
- LEAP communication method (Listen, Empathize, Agree, Partner) (<https://leapinstitute.org>)
- Compassionate Inquiry
- ADAR (anti-oppression, anti-racism, cultural/structural competency and humility) (https://www.ona.org/wp-content/uploads/2024/09/ona_araodigitaltoolkit_20240522.pdf).
- Non Violent Crisis Intervention (<https://www.crisisprevention.com/en-CA/>)
- MANDT (a comprehensive, evidence-based program that equips participants with the skills to build healthy relationships, communicate effectively, and manage conflict in a trauma-informed and person-centred manner. The RCT (Relational, Conceptual, and Technical) model focuses on preventing and safely addressing crisis situations, particularly in social service, healthcare, and educational settings) (<https://www.mandtsystem.com>)

- boundary training (for staff, supervisors, volunteers and managers) (<https://www.youtube.com/watch?v=OWSS-Pk4LEc&t=667s>).
- WHMIS (Workplace Hazardous Materials Information Systems)
- NS OH&S Act

Another unmet need:

During the course of this project, another unmet need was identified. Many more seniors now find themselves as caregivers for family or friends. Many feel unprepared. Whereas Caregivers Nova Scotia provides many useful resources, they do not have any hands-on sessions designed to prepare community members for a caregiving role. As we worked through what education/training sessions would be useful for a social enterprise addressing some of the needs identified above, it became apparent that those sessions would be useful to prepare all seniors for a future (or present) role they may have.

A potential caregiving preparation course could include:

- With physio – transfers, walking
- With occupational therapist – adaptation tools
- With social worker – grants, resources
- With dietitian – healthy meals, cooking, eating assistance, meal planning, grocery list prep
- With pharmacist – medication administration
- With Alzheimer Society of Nova Scotia – understanding dementia
- With VON – personal care (cutting nails, hair care)
- With dental hygienist – mouth care
- With local home cleaners – light housecleaning

Etc.

https://caregiversns.org/images/uploads/all/Caregivers_Handbook_April_2018_Web.pdf

This education could be supplemented with the following online videos.

[https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/Support/Support/The+Video+G
allery.aspx?type=cat&cid=110f65fd-0447-4e6e-b860-7646e02b997b#video_content_index](https://www.virtualhospice.ca/en_US/Main+Site+Navigation/Home/Support/Support/The+Video+Gallery.aspx?type=cat&cid=110f65fd-0447-4e6e-b860-7646e02b997b#video_content_index)

Social Prescribing

A community-based organization providing the services above could be accessed through many routes including social prescribing.

“Social prescribing is a model that enables health care providers and social service professionals to connect individuals with non-clinical supports and community resources that address individual and community needs based on the social determinants of health”.

<https://www.socialprescribing.ca/about-social-prescribing>

[https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-
publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-
44-no-6-2024/social-prescribing-canada-health-promotion-action-50-years-after-lalonde-
report.pdf](https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-44-no-6-2024/social-prescribing-canada-health-promotion-action-50-years-after-lalonde-report.pdf)

<https://www.canada.ca/content/dam/phac-aspc/documents/services/reports-publications/health-promotion-chronic-disease-prevention-canada-research-policy-practice/vol-44-no-6-2024/fresh-food-prescribing-social-service-landscape-qualitative-study.pdf>
<https://doi.org/10.24095/hpcdp.44.6.03>
<https://doi.org/10.24095/hpcdp.44.6.04>

Evaluation:

Ongoing evaluation of a social enterprise is critical to sustainability and to ensure the organization is meeting the needs of community members. “Social return on investment (SROI) is a capacity-building and measurement framework that meets these needs. By incorporating social, environmental and economic impacts for a range of stakeholders, it more accurately reflects the value that organizations are achieving. An SROI ratio is a comparison between the value being generated by an intervention and the investment required to achieve that impact.”

“The SROI process involves:

- Talking with stakeholders to identify what social value means to them
- Understanding how that value is created through a set of activities
- Finding appropriate indicators, or ‘ways of knowing’ that change has taken place
- Putting financial proxies on those indicators that do not lend themselves to monetisation
- Comparing the financial value of the social change created to the financial cost of producing these changes.”

SROI analysis provides a way to incorporate what would have happened anyway (‘deadweight’), any unintended negative consequences, displaced benefits (‘displacement’), and the extent to which outcomes are the direct/indirect result of an organization as opposed to other factors (‘attribution’). It provides a way to portray the value of an organization beyond numbers and products created.

Other ways to evaluate a program include photovoice (participants take photographs and tell a story about each picture), storytelling, creating collages, conversation groups and social media posts.

SECTION 20 — Conclusion

Richmond County is experiencing a profound demographic shift, with older adults representing an increasingly large proportion of the population. This reality brings both challenges and opportunities. The evidence is clear: most older adults wish to age in the place of their choice, surrounded by familiar people, routines, and environments. Aging in place supports autonomy, dignity, well-being, and social connection, and it reduces pressure on long-term care systems (Wiles et al., 2012; World Health Organization, 2023).

Yet aging in place is only possible when the right supports are available. The findings of this report highlight significant gaps in practical services, social connection, navigation support, caregiver assistance, and age-friendly infrastructure. These gaps are intensified by rural realities—limited

service availability, transportation barriers, workforce shortages, and geographic dispersion. At the same time, Richmond County possesses remarkable strengths: strong community ties, a culture of mutual support, committed volunteers, and organizations deeply invested in local well-being.

Addressing the gaps will require a coordinated, community-driven approach that blends formal services, volunteer capacity, and innovative models such as social enterprise. Evidence shows that older adults benefit most from supports that are local, relationship-based, practical, and easy to access. Community-based organizations are uniquely positioned to lead this work—strengthening social participation, expanding practical supports, improving navigation, advocating for age-friendly environments, and supporting caregivers (Government of Canada, n.d.; Canada’s Drug Agency, n.d.).

The path forward is not about replicating large-scale systems but about building right-sized, locally grounded solutions that reflect the values of respect, dignity, independence, and inclusion. By leveraging community strengths, fostering partnerships, and drawing on evidence-based frameworks, Richmond County can create a sustainable ecosystem of supports that enables older adults to live well, safely, and meaningfully in the place they call home.

This report provides a foundation for that work. The next steps involve community dialogue, collaborative planning, and the development of practical, scalable initiatives that honour the voices and experiences of older adults in Richmond County (World Health Organization, 2023; National Institute on Ageing, 2025).

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