

HOME CARE & COMMUNITY CARE: AGING WITH DIGNITY



Introduction

Home and community care is not a luxury—it is a necessity. And our members are telling us the system is failing them.

CARP members want to age with dignity, safely and comfortably in their own homes and communities. But today, they are being denied that basic right. Canada's aging population is rapidly outpacing the capacity of our crumbling, underfunded healthcare infrastructure. The result? Seniors are being funneled into overcrowded hospitals and long-term care (LTC) facilities because there is nowhere else to go.

CARP demands immediate, bold investment and support in home and community care. The issue is not years away—it is staring us in the face today.

Why It Matters: Aging With Dignity Is At Risk—CARP Demands Action Now

Canada's population is aging rapidly, with the highest proportion of individuals aged 65 and older found in the Atlantic provinces, ranging from 21.2% in Prince Edward Island to 23.6% in Newfoundland and Labrador. However, provinces are not prepared. The boomer demographic wave has been forecasted for decades, yet governments

have failed to build the systems required to support aging in place. **That failure is now costing lives, dollars, and dignity.**

The problem is made worse by the fact that hospitals and LTC facilities are already struggling with overcrowding and have no space to accommodate older adults who need ongoing care. Hospitals are clogged with seniors who don't need to be there. In some hospitals in New Brunswick, about 35% of hospital beds are occupied by elderly patients who do not require acute hospital care. As a result, many seniors who

could be supported at home are prematurely placed in LTC homes, further straining an already overburdened system and taking up beds for seniors who truly need long-term care.

Our members are clear: they want to remain in their homes. The National Institute on Ageing (NIA) reports that 94% of Canadians over age 65 prefer to remain in their homes as they age, with that percentage increasing among those aged 80 and older. Yet the system forces them into institutions due to a lack of access to care.

This is no longer a matter of preference—it is a national emergency.

The Issue: A Broken System Is Forcing Seniors into Crisis—CARP Says Enough Is Enough

CARP believes that the only real solution to the healthcare crisis is to invest in home care—and the time for half measures is over.

Aging will **add \$93 billion** to healthcare costs over the next decade. By 2031, Canada will need space for **606,000 LTC residents**.

There were already more than 77,000 on the waitlist as of 2019. Seniors can't receive care if no one is available to provide it.

Home care workers are burned out, underpaid, and overworked. In the last decade, the number of nurses working directly with seniors has decreased from 59 to 52 per 1,000 seniors.

Because healthcare falls under provincial jurisdiction, there are variations in eligibility criteria, coverage, and service quality across the country. In addition, there is fragmentation between public and private service providers due to a lack of coordination between departments, leaving the burden on seniors to navigate multiple systems. **CARP demands national consistency. Postal codes should not determine the quality of care.**

Many seniors can't afford personal care services—particularly those from lower-income households or immigrant communities. Families are going into debt to care for loved ones or are going without care entirely. In 2024, 16% of Canadians aged 50 and older reported needing home care or community support services, yet less than half were able to access the help they

needed. **That's a disgrace—and unacceptable.**

Informal caregivers, the silent backbone of our healthcare system, are exhausted, unsupported, and invisible. Many CARP members are among them. We hear their frustrations, and we are sounding the alarm.

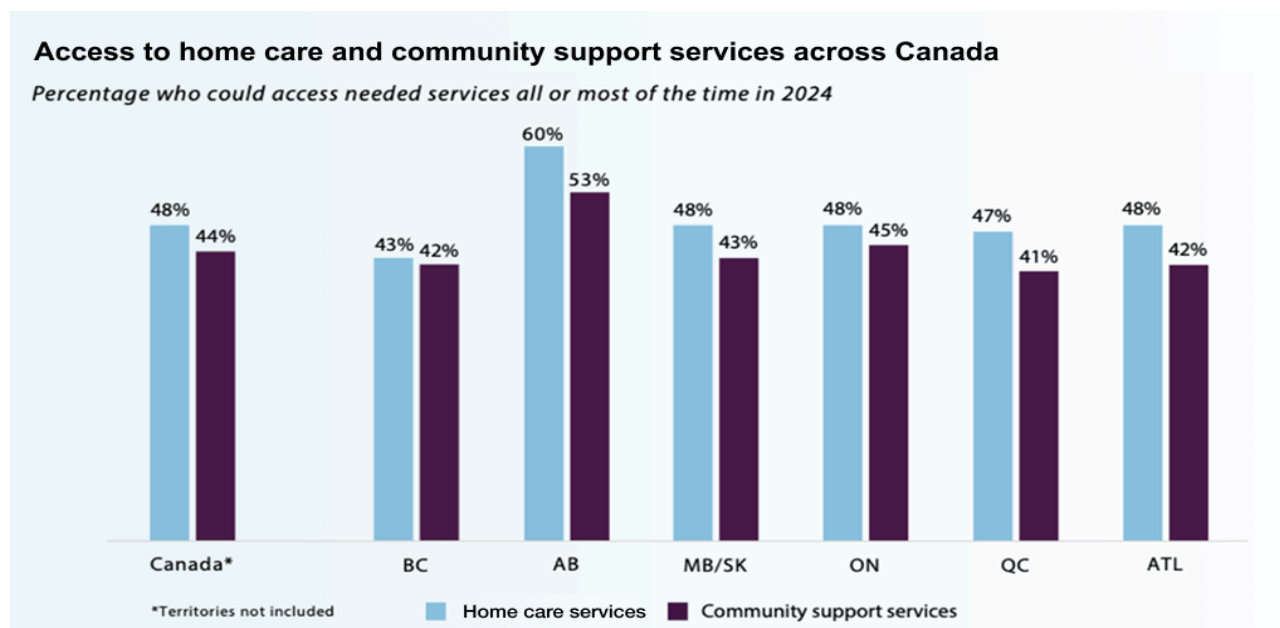
CARP believes expanding home care is not only the right thing to do—it's also the smart thing to do.

Older adults receiving home care experience improved functionality, greater independence, and a higher quality of life compared to institutional care. Home care can delay admission to LTC and decrease use of other healthcare services. It also reduces strain on hospitals and long-term

care facilities, helping alleviate overcrowding and making space available for those who truly need it.

It saves money too. The cost of an optimized home environment is significantly lower than that of an LTC bed. Moving 37,000 Canadians from LTC to home and community care could save an estimated **\$794 million per year**. Additionally, moving patients from hospitals to community care settings could save another **\$1.4 billion annually by 2031**.

Most importantly, it respects choice and agency. In 2024, the NIA reported that only 3% of Canadians aged 50 and older said they wanted to enter LTC. The overwhelming majority wanted to stay home. The system must honour that.



Current Status: Patchwork Policies, Rising Costs, and Burned-Out Caregivers

The demand for home care is expected to rise sharply, with estimates suggesting that **1.8 million Canadians** will require home care services by 2031. Despite some provincial efforts to increase funding, home care in Canada remains under-resourced, expensive, and inaccessible to many.

Costs for basic home care services are high. Personal support workers charge between \$20 and \$30 an hour. Nursing services cost between \$50 and \$80 per hour. Home health aides range from \$30 to \$50 an hour. Companionship services run \$15 to \$24 per hour. Specialized care, such as for dementia or palliative needs, can cost \$50 to \$100 an hour.

Because of these financial pressures, much of the care currently delivered in homes and communities is provided by informal caregivers—family and friends—who are the unseen and unacknowledged foundation of our healthcare and social systems.

One in four Canadians is a caregiver. Seventy-three percent of them report moderate to high anxiety, and 69% have experienced a deterioration in their mental and physical health. These caregivers provide \$97.1 billion worth of unpaid care annually, amounting to 5.7 billion hours—the equivalent of 2.8 million full-time workers.

And yet, caregivers receive little to no financial support, workplace protections, professional help, or respite care.

Current Policies and Regulations

CARP acknowledges past government commitments—**but they are not enough.**

Funding agreements are scattered and lack accountability. Provinces vary widely in access, quality, and cost, since home and health care fall within provincial/territorial jurisdiction.

The Canada Health Transfer continues to fall short of growing healthcare demands. In 2017–18, the federal government transferred

\$37 billion, while total public healthcare spending reached \$167 billion.

In 2017, the federal government committed \$11 billion over 10 years for Home and Community Care Funding Agreements with provinces and territories. More recently, the 2023 Aging with Dignity Agreements introduced new funding to expand home and community care, palliative care, and safe LTC options through to 2028. While promising, implementation has been slow.

The Home Care Worker Immigration Pathway—set to launch March 31, 2025—will fast-track permanent residence for home care workers to address workforce shortages. CARP welcomes this initiative, but it comes late and will fall short without improved working conditions and support to retain staff.

CARP's Demands

CARP is no longer asking—we are demanding action.

The federal government must play a stronger role in developing and implementing national standards for home and community

care. The level of care a person receives should not depend on their postal code.

CARP demands increased support for frontline home care, respite services, and day programs that enable seniors to age in place. We need to attract and retain qualified personnel. Expanded telehealth solutions must be made available, with continued access to physician consultations by phone or video.

We call for financial relief for caregivers by making the Family Caregiver Tax Credit refundable, or turning it into a rebate. We also demand more support for respite care, and tax incentives for home adaptations that make aging in place safer and more realistic.

Technology-enabled home care must be expanded, and every level of government should support the tools and funding that allow seniors to stay where they want to be: at home.

Conclusion

CARP believes the future of Canadian healthcare depends on fixing home care—not eventually, but immediately. The

level of care seniors receive should not be determined by their postal code.

Hospitals are full. LTC homes are overwhelmed. Caregivers are burnt out. Seniors are suffering.

Our members are speaking. CARP is demanding action. Let's be clear: home care is not optional. If governments don't act now, the consequences will be devastating—for seniors, for families, and for the healthcare system as a whole.

References

1. Statistics Canada. (2022, April 7). In the midst of high job vacancies and historically low unemployment, Canada faces record retirements from an aging labour force: number of seniors aged 65 and older grows six times faster than children 0-14.
2. Farley, S. (2024, November 8). Long-term care patients in hospitals partly blamed for horizon deficit as well as bed shortage | CBC News. CBCnews.
3. National Institute on Ageing. (2025, January). Perspectives on Growing Older in Canada: The 2024 NIA Ageing in Canada Survey.
4. Gibbard, R. (2018, July). Meeting the Care Needs of Canada's Aging Population. Ottawa: The Conference Board of Canada.
5. Statista (2025). Number of Canadians with demand for long-term care (LTC) and home care in Canada in 2019 with a forecast for 2031
6. Canadian Institute for Health Information. (2024, February 29). Keeping pace with changing population needs.
7. Canadian Medical Association. (2021, March 25). Canada's Elder Care Crisis: Addressing the Doubling Demand.
8. Canadian Centre for Caregiving Excellence. (2022, November). Giving Care.
9. Canadian Institute for Health Information. (2024, November 7). National Health Expenditure Trends, 2024 - Snapshot.