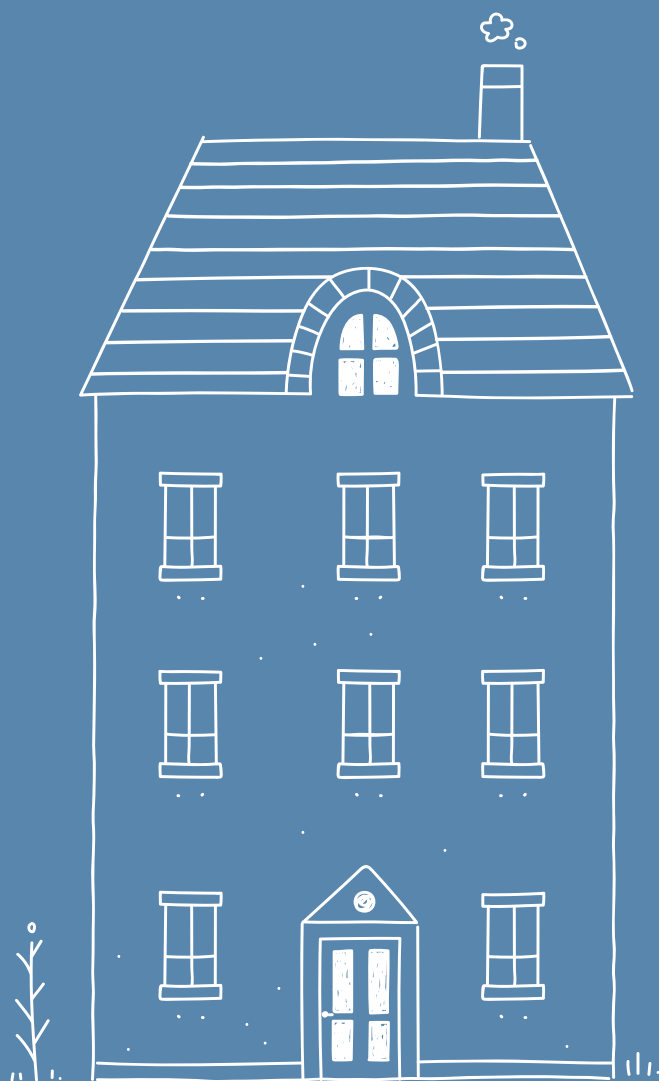


# SUMMARY OF STUDY HIGHLIGHTS

2025



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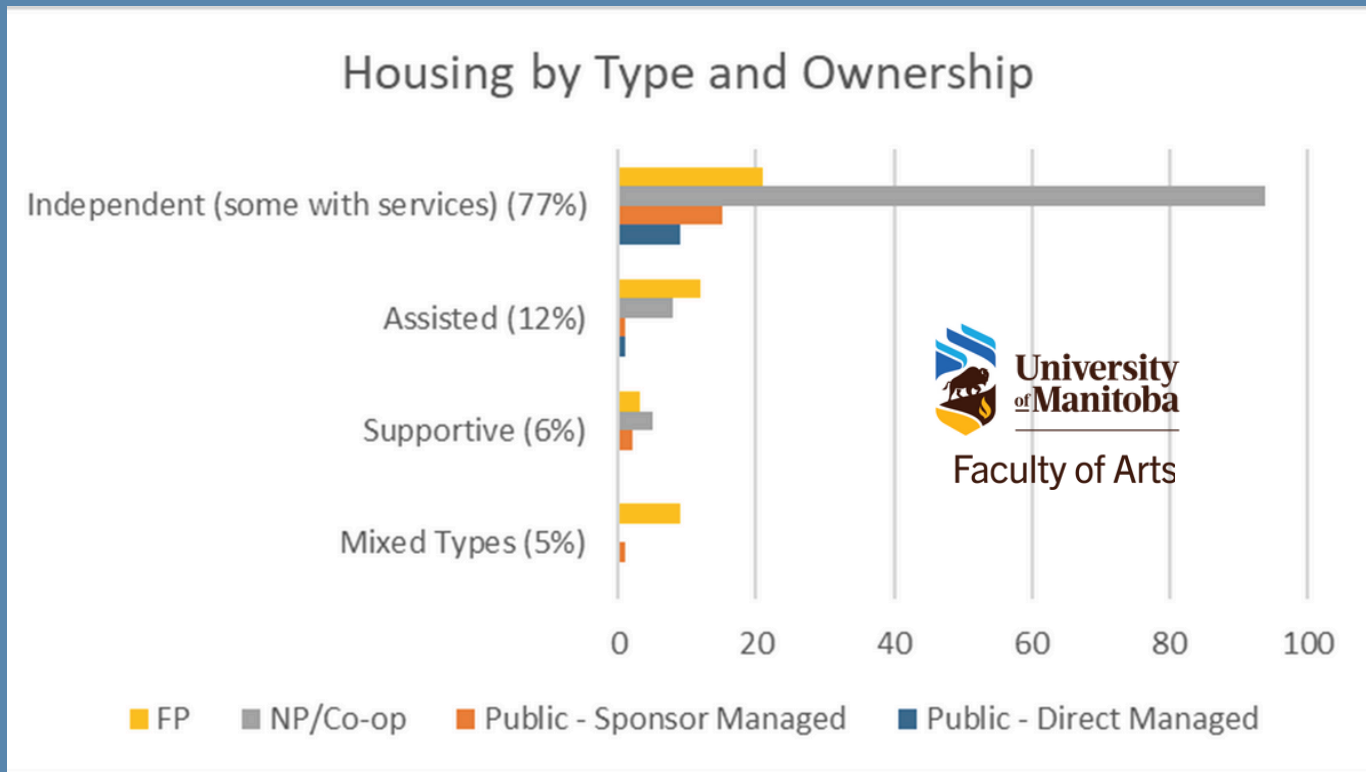
## AGING IN PLACE IN WINNIPEG: HOUSING AND SUPPORT FOR LOWER INCOME OLDER ADULTS

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02.

## SCAN OF EXISTING 55+ HOUSING IN WINNIPEG



Of the 177 buildings designated either exclusively or substantially for seniors....

- About 77% is designated 'independent living.' The vast majority is owned by nonprofit organizations or the province.
- 'Assisted living' buildings are far fewer, and the largest portion is for-profit
- 'Supportive Housing' (a specific WRHA program) - we found 10. Several participants also told us this doesn't offer the kinds of services many tenants need, it can be expensive for tenants, and that it relies heavily on families.
- Most buildings that can offer mixed levels of service are for-profits.
- Buildings with more services = higher costs for tenants (even in the nonmarket sector) and there are extremely limited housing + service options for those with lowest incomes.
- Publicly owned - only 2 assisted living, and 2 Supportive Housing buildings.

**PARTICIPANT SUMMARY**

03.

## WHO PARTICIPATED

We conducted an environmental scan as well as interviews with 44 stakeholders to explore how policies and practices in the social housing, health and community service sectors shape tenants' access to supports for aging in place in non-market seniors housing in Winnipeg.

6 community advocates  
3 researchers  
3 sector stakeholders  
2 sector consultants  
2 seniors service organizations  
6 health authority housing navigators  
9 tenants resource workers  
5 managers  
7 directors  
1 former board member

## LACK OF AFFORDABLE, SUBSIDIZED & NON-MARKET SENIORS' HOUSING

Participants frequently identified government withdrawal from social housing responsibility, expiring investment in not-for-profit housing, and loss of rent-geared-to-income and tenant subsidies as reasons behind a lack of deeply affordable, subsidized non-market housing in the city.

Low-income older adults and those without family supports are most vulnerable. Facing high waitlists they pay more than they can afford, struggle by with not enough help, or move prematurely into residential care.

"The cost of assisted living is very high. So those that are trying to offer it...as affordably as possible excludes a lot of people."

(sector stakeholder)

**PARTICIPANT SUMMARY**

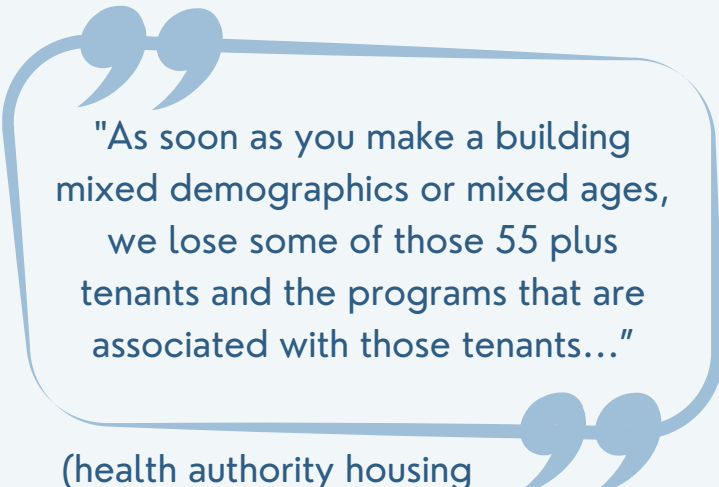
## 04.

Several participants raised concerns about the removal of 55+ designations from some public housing buildings in recent years and the implications for tenants' access to support and ability to age in place.

# PUBLIC HOUSING AS INAPPROPRIATE, UNSUITABLE OR UNSAFE

Participants also often described public housing as inappropriate for older adults given the administrative burden, physical inaccessibility, and safety concerns.

Some also identified that the removal of many 55+ housing designations occurred around the same time as rollout of a provincial Homelessness Strategy that prioritized public housing placement for people living unhoused. This appears to have inadvertently amplified social exclusion for older tenants aging in public housing through positioning public housing as 'transitional' or 'temporary' (i.e., encouraging people to move to the private market). This perspective and operation of social housing as a transitional or temporary space can represent a form of institutionalized ageism, reinforced by inaccessible physical structures.



"As soon as you make a building mixed demographics or mixed ages, we lose some of those 55 plus tenants and the programs that are associated with those tenants..."

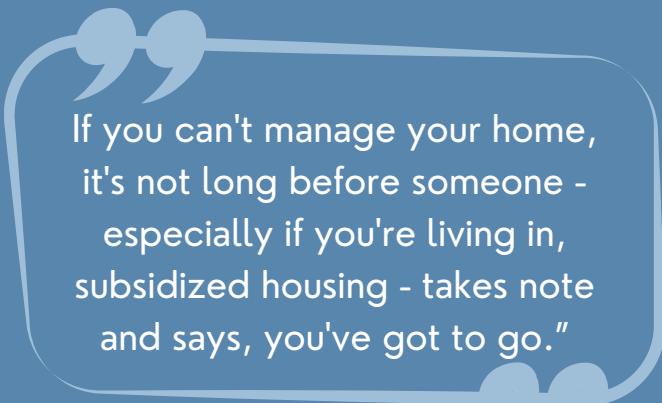
(health authority housing resource navigator)

Many participants indicated how a lack of supports for incoming tenants created safety concerns and fear among older tenants in current and former 55+ buildings who may feel more vulnerable. Participants described increasing incidents of drug-dealing, violence and safety concerns in some buildings.

05.

## LIMITATIONS IN SUPPORTS THROUGH HOME CARE OR COMMUNITY-BASED SERVICES

Participants frequently emphasized the preventive importance of supports with 'instrumental activities of daily living' to age in place (e.g., laundry, cleaning, meals/food, bed bug treatment preparation, transportation, financial management), as well as navigational supports. However, a shift towards addressing more intense and urgent medical needs in home care alongside an erosion of community-based supports such as transportation since the COVID-19 pandemic (and given the growing needs due to social isolation and mental health) were discussed as contributing to unmet need.



If you can't manage your home, it's not long before someone - especially if you're living in, subsidized housing - takes note and says, you've got to go."

(Health authority housing resource navigator)

Home care was identified as a crucial service that was however limited by challenges such as reduced visit times, waitlists, gatekeeping and access barriers, etc. When buildings are flagged as "high risk" for safety reasons this may also limit tenants' access to home care. Many participants described the impact of some (somewhat inconsistent) cutbacks to house keeping and laundry help, which limits tenants' abilities to age well in place. Tenants with disabilities and those without alternative options beyond home care may be coerced/encouraged to move out or face eviction if their needs increase.

06.

## ORGANIZATIONAL CAPACITY

With responsibility of seniors' housing and resources shifting from government to not-for-profit organizations and the private sector, participants discussed capacity-related challenges in a sector dependent on voluntary work of boards and staff who go above and beyond in their roles. Moreover, tenants' access to formal support depends on the capacity of their building or organization, and the willingness of staff to go above and beyond, which creates precarity.


Housing providers' ability to secure other/multiple sources of funding also greatly influenced tenant services, as well as the organizational structure of housing such as whether amenities were on-site, if the organization had different floors with different levels of care, or had relationships with other organizations and services, and so forth.

## ORGANIZATIONAL RESPONSES

Facing growing expectations yet more precarious capacity, many housing providers 'double down' on their independent living status and their inability to help tenants with increasing support needs.

However, variations emerge in approaches to:

- a) screening practices and managing tenant/family expectations
- b) accommodation and flexible management
- c) exiting processes and conversations (when these occur and how, including but not limited to evictions)



Once [board members] were on board with [helping tenants age in place], then their whole outlook changed. They realized that you can support lots of different people living with lots of different challenges.

**PARTICIPANT SUMMARY**

# CONCLUSIONS AND NEXT STEPS

Collectively, the processes identified in this study amplify inequities for low-income older adults with growing care needs, those with complex social and mental health needs, and those without family supports. These tenants are pushed, as a result of these processes towards highly variable, less structured and more informal and thus precarious forms of support.

Coordinated responses at the provincial level are needed to address funding shortfalls in both housing and social care, to facilitate service integration and funding partnerships, and to build capacity in the public and nonprofit sectors to help housing providers more consistently accommodate persons with disabilities and facilitate accessibility and human rights as people age. Political leadership and democratic engagement of older adults are essential.

Funk and McDougall will continue to present and publish this work and delve into these analyses more fully over the next year.



**We greatly appreciate the time, patience, and insights shared by all participants in this study. Your experiences and perspectives are invaluable. Thank you! We also appreciate the funding support for this project through Dr. Funk's Faculty of Arts Social Sciences Research Professorship Award at the University of Manitoba (2023-2025).**