



Low-income senior renters can't age in place in Winnipeg

by Laura Funk and Andrea McDougall

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Despite assumptions that all seniors are wealthy homeowners, slightly over one-fifth are renters increasingly squeezed between inflation and limited pensions. In gentrifying Canadian cities, aging renters are particularly vulnerable to eviction.

In for-profit rental and retirement housing, this can stem from “renoviction,” harassment from landlords, drastic increases to service charges or even building closures. Challenging life events — retirement, bereavement or health problems — can also lead to eviction.

In our research, we interviewed 45 stakeholders in Winnipeg’s non-market seniors housing, including independent and assisted living. Our findings suggest exiting and eviction pressures disproportionately impact low-income seniors without family, and may become a growing problem in the context of non-profit housing organizations’ funding challenges.

Evictions can happen when tenants become unable to clean their units or prepare for pest control. Eroding public home-care supports actually creates a

kind of structural barrier — it can be especially difficult for tenants to get housekeeping and laundry help.

Simple supports for things like getting to the bank monthly to pay rent are often unavailable in community, leading to financial arrears and eviction.

Due to resource and capacity issues, seniors’ housing providers drew a hard line around their responsibility for helping tenants age in place. “We’re not social workers, we’re property managers” was a common refrain. Staff encourage tenants to move when their needs increase — referred to by one stakeholder as “aging out of the building.” Typically these are not formal evictions, but strong encouragements.

As one stakeholder stated: “Eventually we had to say (to family), we’ve given you multiple chances to hire extra staff for him or whatever is needed. And so, I’m sorry, he has to move.”

Housing providers or property managers’ assumptions about risk — to the building, other tenants or aging tenants themselves — can prompt exit conversations. Tenant cognitive impairment raised particular concerns in this regard. The possibility of eviction is also sometimes used to prompt reluctant tenants or families to purchase or accept external services.

Assuming all tenants have family support leaves those without such supports most vulnerable.



Resource co-ordinators, care co-ordinators, property managers or other service providers try to help, yet are overwhelmed with heavy workloads. Tenants sometimes help each other — but neighbourliness can be a precarious way to fill gaps.

Although many housing providers and managers are sympathetic, they talked about reaching “dead end” points where they view some evictions as unavoidable.

Unresponsive health-care systems and limited housing-provider resources make this starkly apparent.

One stakeholder said when a timely home-care assessment is not forthcoming for a tenant who needs it, “we’ll send them to hospital, and call and say they can’t come back.” Another described a tenant with memory issues who began leaving her stove on: “The response from the health-care system was, ‘if you evict her then we can provide our services.’” And the housing provider said, “we don’t want to evict her. We just want her to have more services.”

Inaccessible suites are a structural barrier for those needing assistive devices. Sometimes even getting minor suite adaptations, such as grab bars, can be challenging.

As one stakeholder said, tenants are “kind of virtually pushed out by their own needs.”

The lack of deeply affordable housing and aging-related supports means these older adults can end up in hospitals,

personal care homes, on the street or in shelters.

Care-home admission decisions not only consider applicant’s functional needs but “if they’re not ‘working out’ in supportive environments or housing environments.”

This may be one reason why the Canadian Institutes for Health Information suggested that in Manitoba in 2024, about 13.5 per cent of new personal care home residents may not have needed to be there.

Facilitating equitable aging in place in non-market housing requires robust health and social care, navigational supports and landlord and tenant education. Appropriate funding can help housing providers maintain human rights and accessibility obligations. And older adults can mobilize — through the Right to Housing Coalition’s seniors working group, the Manitoba Seniors Equity Action Coalition or in raising these systemic concerns with the seniors advocate’s office.

Low-income older tenants are typically viewed as “aging out of place” because of their needs.

Yet structural barriers to aging in place, not people’s needs, are the problem.

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