
Housing Our Aging Population

Projections of Private & Collective Housing Occupancy Demand for
Canada's Seniors, 2014-2041

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I Introduction

The next three decades in Canada will be characterized by significant changes in our economic structure, our social and cultural institutions, and the physical environments within which we live, work, and play. From the more substantial changes characterizing commercial land uses and housing to the more subtle shifts of longer crosswalk lights and larger print on restaurant menus, these changes will be driven, to some degree or another, by shifts in our country's demography.

Last year, Urban Futures published a series of long-range projections of private housing occupancy demand for Canada and selected Census Metropolitan Areas. These projections show that while the baby boom generation has had a significant impact on the Canadian housing market since they began to enter it more than four decades ago, long and increasing life expectancies will see them continue to have an impact over the coming decades. Add to this the fact that the "Busters" (those born between 1966 and 1985) now outnumber the "Boomers" and to the degree that boomers stay put, a significant volume of new housing will need to be created for Canada's younger generations as they begin to enter the housing market. That said, with the leading edge of the baby boom turning 70 next year (in 2016), the aging of the Boom cohort will also bring about changes to other housing segments, specifically with respect to different forms of seniors' housing.

Before we discuss the topic of housing Canada's seniors, it is important to first define what we mean by "senior", as everyone has their own personal definition of what being a senior means. Individual definitions are generally based on functional criteria: what things people can or cannot do, or will or will not do. These personal definitions, however, are not necessarily objective or commonly-accepted. With a view to identifying a more objective definition of what constitutes a senior for the purposes of this report, we have adopted a chronological definition: a senior is anyone that is 65 years of age and older. Recognizing that someone who is currently 65 years old may very well lead a much different life by the time they are 85, we present data throughout this report, to the greatest extent possible, for specific age groups within this broader age range that encompasses all seniors. As a result, if you, as the reader, think that the 65 year old threshold is too young for your definition of a senior, then you might be more interested in the information presented for the 70 and older, or the 75 and older, age groups.

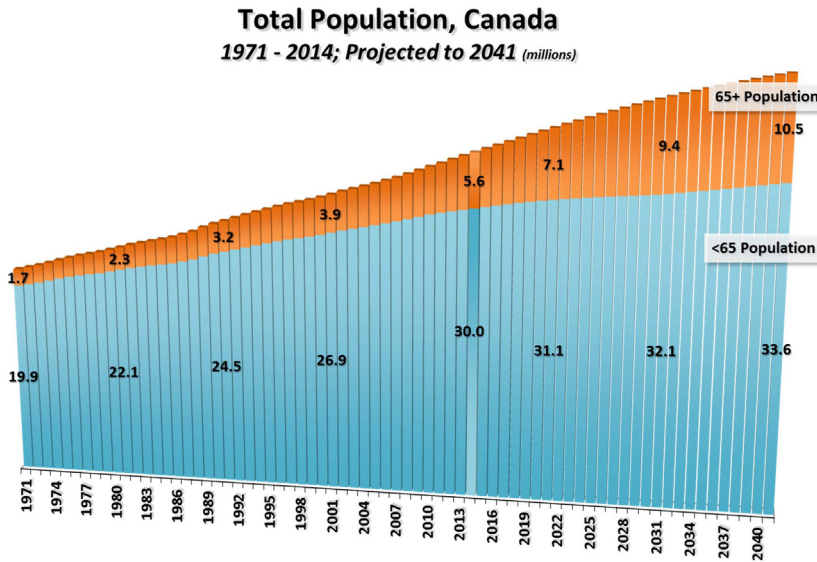
We also need to define what we mean by "housing". Statistics Canada groups housing into two major categories: private and collective¹. Private housing (the focus of our previous projections) refers to a set of living quarters with a private entrance either from outside the building or from a common hall, lobby, vestibule, or stairway inside the building. Collective accommodation, on the other hand, pertains to dwellings that are institutional, communal, or commercial in nature, where an individual may share living quarters with other individuals. Collective types of accommodation range widely from seniors' residences and hospitals to religious institutions and prisons.

With the changing structure of the Canadian population being a significant driver to both private and collective housing occupancy, this report begins with a review of historical and projected changes in the size and composition of Canada's seniors population. Next, changes in the age-specific patterns of living arrangements are examined to show how increasing life expectancy (and, more importantly, disability-free life expectancy) has changed the "hows" and the "wheres" of Canadian seniors' living. This is followed by a review of changes in the patterns of seniors living in private housing and a long-run projection of changes in private housing occupancy demand from this segment of Canada's population. Finally, the age-specific pattern of seniors occupying collective forms of housing is presented, followed by a long-run projection of changes in seniors' collective housing occupancy.

II Canada's Aging Population

Over the past 43 years Canada's population has grown by 64 percent, expanding from 21.6 million people in 1971 to 35.5 million by 2014 (Figure 1). During this period, Canada's seniors population grew by 222 percent. In adding 3.9 million people, the 65-plus segment grew from 1.7 million people in 1971 to more than 5.6 million by 2014. Although Canada's under-65 population has grown by more than ten million people since 1971, it has done so at a much more modest pace of 50 percent, increasing from 19.9 million people in 1971 to 30.0 million in 2014.

Figure 1



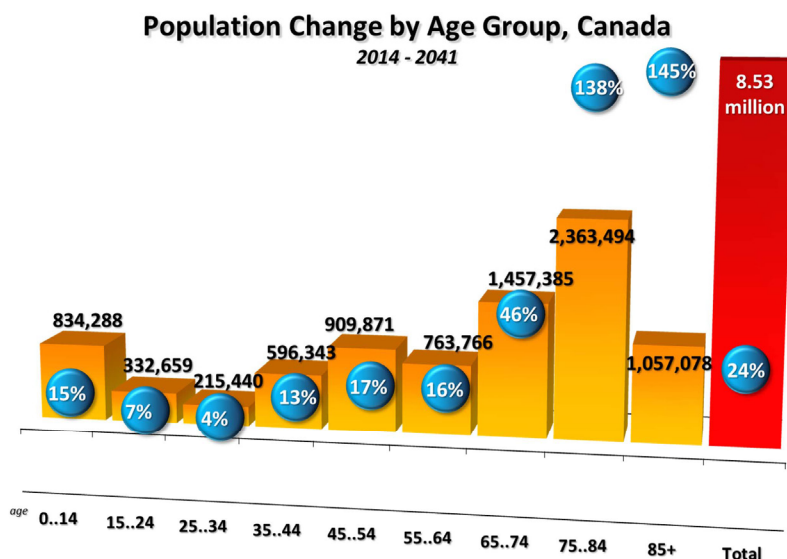
Above-average growth in the 65-plus segment has resulted in Canada's seniors accounting for a growing share of the national population: from representing only eight percent of Canada's population in 1971, today's seniors account for 16 percent—a trend that will continue over the coming years.

Our projections see Canada welcoming roughly 8.5 million net new residents by 2041, as we grow from our current 35.5 million people to just over 44 million over the next 27 years. Considered on an annual basis, future population growth

is projected to occur at a slower pace than has been experienced historically, due in large part to the expected shifts in our demography (namely aging). Between 1971 and 2014 the Canadian population grew at an average annualized rate of 1.2 percent; our current projections yield average annual growth rates in the range of 0.8 percent per year to 2041.

Despite expectations of relatively robust net migration to Canada, this pattern of slowing growth reflects, as noted above, the current composition of our population and the aging of a large segment of our population—the post-war baby boom generation—out of the prime childbearing ages and into the higher mortality stages of the lifecycle. As a result, the contribution of natural increase (births minus deaths) to growth in the Canadian population will slowly decline and become negative by 2035; from this point forward, all net growth in the Canadian population would be the result of immigration, with deaths continuing to outnumber births.

Figure 2



The 65-plus population. The greatest relative and absolute growth in Canada's population between 2014 and 2041 will be in the older age groups. In fact, each of the 65-plus segments shown in Figure 2 is projected to grow faster, both relatively and absolutely, than any of the under-65 age groups. The greatest absolute increase will be in the 75 to 84 population, with this segment growing by 2.36 million people by 2041. The greatest relative growth, however, would characterize the 85-plus age group, as long and increasing life expectancies will see more Canadians reaching the most elderly

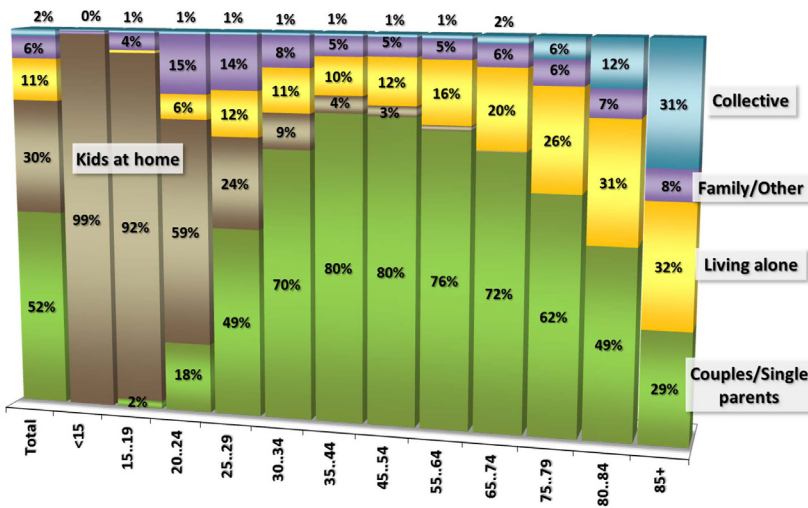
segment of our population. The 85-plus population is expected to grow by 145 percent by 2041 through the addition of more than one million people aged 85 and better. As a result of these changes, the 65-plus group would also see its share of Canada's population grow over time: accounting for 16 percent of Canada's population in 2014, seniors would represent almost one-quarter (24 percent) of the country's population by 2041.

Having briefly outlined the compositional changes projected for Canada's population, we now turn our attention to how we live together.

III Living Arrangements in Canada

Figure 3

Age-specific Pattern of Living Arrangements, Canada, 2011



There is a distinct lifecycle pattern to living arrangements in Canada. As shown in the data from the 2011 Census, the vast majority of people under the age of 20 live with their parents (Figure 3). Thankfully, there is a steady decline in this share of Canadians living in their parental home with increasing age, with the proportion of people cohabiting as families (as married or common law couples with or without children, or as single parents) predominating beyond the age of 30. More specifically, couples and single parents go from representing 18 percent of the 20 to 24 age group to 80 percent for both the 35 to 44 and 45 to 54 age groups. From the age of 55 on, the share of those living as couples or single parents declines.

The 65-plus population. Through the older age groups, while living in couples still predominates up to the age of 84, an increasing proportion of residents are seen living alone in private accommodation, with other family members or roommates in private accommodation, or make the move towards collective types of living. More specifically, the share of people living alone increases from 20 percent of those aged 65 to 74 to 32 percent of those 85 and older, while the proportion living in collective housing increases from only two percent of those 65 to 74 to 31 percent of the 85-plus age group.

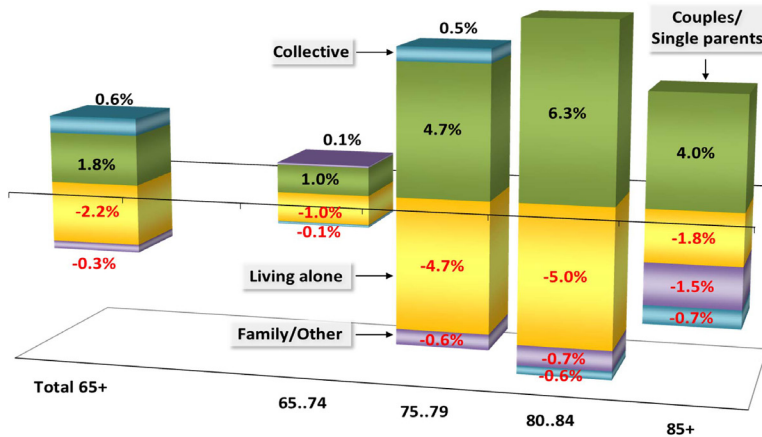
Although collective housing represents a key form of accommodation for many in the 85-plus segment (31 percent Canada-wide), it is important to note that private housing is still a more common type of accommodation for each of the 65-plus age groups: specifically, between 69 percent (in the 85-plus age group) and 98 percent (in the 65 to 74 group) of Canadians in these older age groups reside in private forms of accommodation.

While this general lifecycle pattern of living arrangements has prevailed since 2001, a finer examination of the changes that have occurred over the past decade points to shifts in how seniors accommodate themselves, which in turn holds significant implications for the types of housing they will occupy in the future. Although subtle, the following four key shifts are seen through the Census data on living arrangements.

1. Despite a marginal increase in the overall propensity of Canada's seniors (65-plus) to live in collective dwellings, the proportion of people in the very oldest groups living in collective dwellings declined between 2001 and 2011. As of 2011, 7.9 percent of Canadian seniors lived in collective dwellings, up from 7.3 percent in 2001. That said, there was only one 65-plus age group whose propensity to be in collectives increased during this ten-year period: the 75 to 79 age group (the proportion residing in collective dwellings increased from 5.0 to 5.5 percent over this period). In the two oldest age groups—80 to 84 and 85-plus—the proportion of those living in collective accommodation declined between 2001 and 2011. More specifically, while 31.8 percent of seniors lived in collective dwellings in 2001, this proportion had fallen to 31.1 percent by 2011. A similar decline was seen among people between the ages of 80 and 84, with the proportion of these folks living in collective dwellings having fallen from 12.9 to 12.3 percent between 2001 and 2011. The proportion of 65 to 74 year olds in collective dwellings also declined, albeit by only 0.1 percentage point, from 2.2 percent in 2001 to 2.1 percent by 2011.

Figure 4

Change in Living Arrangements for Seniors, Canada, 2001-2011



2. The proportion of seniors living as couples in private accommodation is increasing. Increases in the proportion of seniors living as couples was by far the biggest change with respect to the overall patterns of living arrangements for Canada's seniors over the past decade. Specifically, while 59 percent of Canada's seniors lived together as couples in 2001, this proportion rose to 61 percent by 2011. Over the same period, the share of people aged 65 to 74 living as couples increased by one percentage point.

The increases for the 75 to 79 and 80 to 84 age groups were much more significant, with the share of seniors living as couples in these two age groups having increased by 4.7 and 6.3 percentage points, respectively. Even in the oldest age group (85-plus), the share of people living as couples rose by 4.0 percentage points. Note that the increasing proportion of seniors living as couples took place despite there being no change in the overall proportion of Canada's total population living as couples (51.5 percent) over the past decade.

Significant increases in male life expectancy vis-a-vis their female counterparts have resulted in a narrowing in the life expectancy gap between males and females; these changes in turn help to explain the significant increase in seniors' propensity to live as couples. Since the late-1970s, the gap between male and female life expectancy at birth has fallen from roughly seven years to just over four years. Furthermore, the gap between male and females life expectancy at age 65 has fallen from just over four years in the late-1970s to 2.9 years today. Hence, couples in all age groups are surviving longer, thereby increasing the percentage of seniors remaining in couples and reducing the proportion living alone. In looking forward, we can anticipate seeing a greater proportion of couples in the older population than we have seen over the past sixty years.

3. The propensity of Canadian seniors living with family members or others in private accommodation is declining. The proportion of seniors living with their kids or other individuals also declined over the past decade, from 6.6 percent in 2001 to 6.3 percent in 2011. This decline of 0.3 percentage points took place despite a 0.8 percentage-point increase in the propensity of all Canadians to live with relatives or others (for example, roommates) over the same period.

Within the broadly-defined seniors population, those aged 65 to 74 formed the only age group whose propensity to live with family or others increased, albeit marginally, going from 5.5 percent in 2001 to 5.6 percent a decade later. Each of the 75-plus age groups saw their propensity to live with family or others decline. In 2001, 7.0 percent of seniors aged 75 to 79 lived with family or others, by 2011 only 6.5 percent did so (a 0.6 percentage point drop). The propensity of those aged 80 to 84 to live with family members or roommates also declined, going from 7.9 to 7.2 percent over the same ten-year period. The biggest decline, however, was in the oldest age group, as the propensity to live with a family member or others fell by 1.5 percentage points, going from 9.4 percent in 2001 to 8.0 percent by 2011. It is important to note that the percentage-point changes for these older age groups represent significant shifts given the relatively small base values on which they are calculated.

4. A declining share of seniors live alone. The proportion of Canadians under the age of 65 that live alone in private accommodation has declined from 27 percent to 25 percent over the past decade. Similarly, the propensity to live alone in the 65-plus age groups has also dropped, by between 1.0 and 5.0 percentage points, over the past decade. As noted on the previous page, this declining propensity is consistent with an increasing proportion of seniors living as couples.

It should be noted that while the proportion of seniors living alone in private accommodation has been declining, this specific living arrangement characterizes more than one-quarter of Canada's 65-plus population. For instance, seniors living alone accounted for 20 percent of the 65 to 74 age group, and 26 percent of people aged between 75 and 79 in 2011. This propensity increased to 31 percent within the 80 to 84 age group and further to 32 percent within the 85-plus segment. As a point of comparison, the 32 percent of people aged 85 and older living alone in private accommodation is greater than the proportion either living as couples (29 percent) or in collective accommodation (31 percent).

Within the private housing universe, long and increasing life expectancies, continued declines in the life expectancy gap between male and females, and consequently a growing ratio of males to females all point to a growing prominence of elderly couples in Canada. As such, these changes portend further declines in the share of seniors either living alone or with other family members in private accommodation or in collective dwelling forms. Building on these recent trends in living arrangements, the following two sections consider further data and present an outlook for future seniors housing occupancy in each of the private and collective segments of the market.

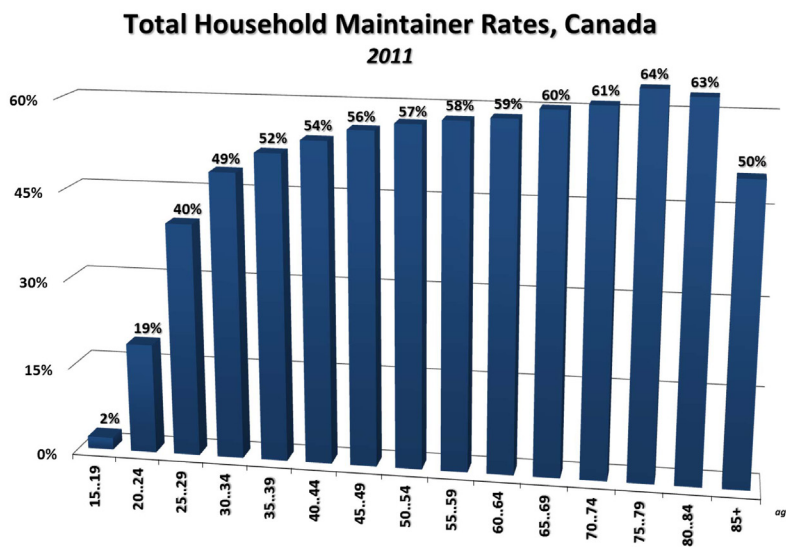
IV Private Housing

As indicated in the introduction of this report, a private dwelling is defined by Statistics Canada as a separate set of living quarters with a private entrance either from outside or from a common hall. The entrance to the dwelling must be one that can be used without passing through the living quarters of someone else. Private dwellings therefore include units that are occupied by tenants (rental accommodation) or by their owners (fee simple, strata, and cooperative ownership, including housing on leased land and band housing in First Nations' communities) and range from traditional single detached homes to row homes and duplexes to apartments in multi-unit low- and high-rise buildings.

Private Household Maintainer Rates in Canada

Rather than considering the shares of total population in different housing forms in Canada (as was done with living arrangements above), the functional link between private housing occupancy and our demography is the percentage of people in an age group who are deemed to be their household's primary maintainer (signifying the person who is primarily responsible for the financial support of the household). Dividing the total number of people of a specific age who are primary household maintainers by the total number of people in that age group in the population establishes a private **household maintainer rate** for that age group.

Figure 5



Just like the pattern of living arrangements, a strong lifecycle pattern is also seen in age-specific household maintainer rates in Canada (Figure 5). The 2011 Census and National Household Survey showed that only two percent of people between the ages of 15 and 19 were household maintainers in Canada, as most people in this age group (98 percent, as well as 100 percent of those under the age of 15) were living in households maintained by someone else (usually their parents). Relative to this youngest age group, a much greater proportion of people between the ages of 20 and 24 had left their familial home to establish households of their own and, thus, become primary household maintainers (19 percent).

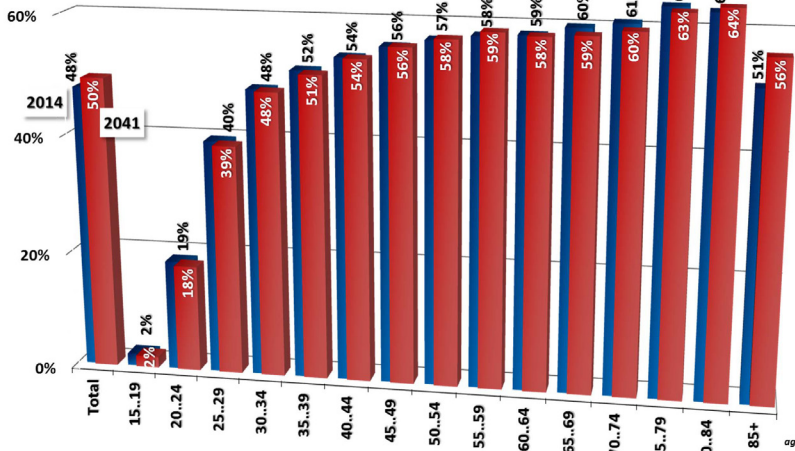
The increasing propensity to maintain a private household continues through most of one's life, from the 19 percent of 20 to 24 year olds, to 40 percent of 25 to 29 year olds, almost half of 30 to 34 year olds, and further to a peak of almost two-thirds (64 percent) of those between the ages of 75 and 79 being primary household maintainers. From here, private household maintainer rates begin to decline with age, falling back to 50 percent among the oldest segment of our population. As shown in the living arrangements data, this transition is the point at which people begin to shift away from maintaining households in private accommodation to living in either a private dwelling maintained by someone else (such as a family member) or some form of collective accommodation (such as a seniors' residence).

Trends in Private Household Maintainer Rates

A continuation of historical trends in private household maintainer rates in Canada would see the overall household maintainer rate increase, albeit only marginally, from an estimated 48 percent in 2014 to 50 percent by 2041 (Figure 6, next page). While maintainer rates for people in their prime working years (ages

Figure 6

**Household Maintainer Rates, Canada
2014 & 2041**



30 to 64) would be expected to remain largely unchanged given historical patterns of change, rates for those aged 20 to 24 would decline slightly, going from 19 to 18 percent by 2041. The 25 to 29 group would also see their rate fall, dropping from 40 percent today to 39 percent by 2041. These changes are consistent with a generally growing, albeit recently-stabilized, proportion of people aged 20 to 29 choosing to remain in, or return to, their parents' home.

Long and increasing life expectancies are expected to have an impact on private household maintainer rates for the most senior of Canada's residents, with future rates for those aged 80 to 84 and 85 and older expected to increase into the ranges of 64 percent and 56 percent,

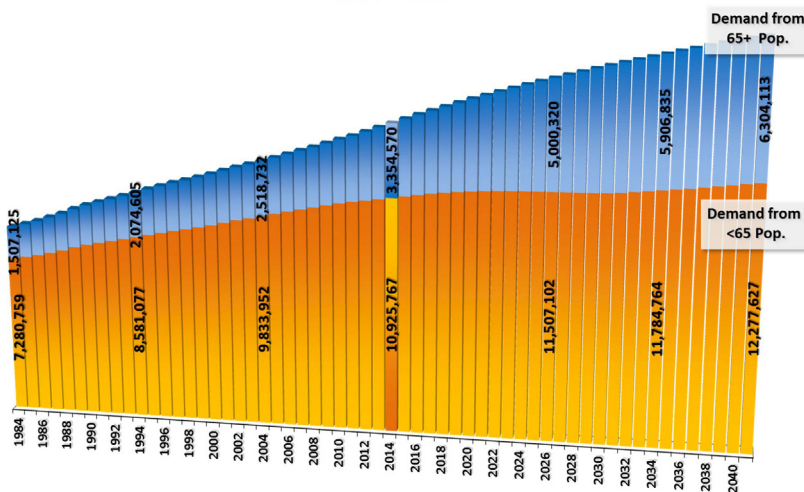
respectively, over the next 27 years. It is important to note that in addition to longer life expectancies contributing to increasing maintainer rates through these older stages of the lifecycle, another reason behind private household maintainer rates increasing after the age of 69 is the combination of males having shorter life expectancies than females and the mathematics behind the maintainer rate calculation. As an example, consider an elderly couple living together in private accommodation. If the husband were to pass away and leave the widow to be the primary household maintainer, then the impact of this would be to increase the household maintainer rate for their particular age group (assuming they were the same age, or thereabouts). Mathematically-speaking, the household maintainer rate in this case would increase because while the number of primary household maintainers in their age group would not have changed (representing the numerator in the household maintainer rate calculation), the total number of people in their age group (representing the denominator in the calculation) would have declined.

Future Seniors' Private Housing Occupancy Demand

Combining expected changes in the pattern of age-specific private household maintainer rates with our projection of demographic change in Canada to 2041 results in a projection of change in private housing occupancy demand that reflects both demographic and behavioural changes over the next 27 years.

Figure 7

**Total Private Housing Occupancy Demand, Canada
1984 - 2014**



The addition of 8.53 million new residents in Canada by 2041 would result in the country's occupied private housing stock growing by a total of 4.30 million units (Figure 7). Due to shifting demographics and a trend towards people being increasingly able to remain in private accommodation through the later stages of life, the projected 24 percent growth in the Canadian population between 2014 and 2041 would result in total housing occupancy demand growing by 30 percent over this period.

Again, given the combination of shifting demography and the age-specific pattern of maintaining private households, this projection

would see private housing occupancy demand from the 65-plus population grow faster in absolute and relative terms than that from the under-65 population. More specifically, private housing occupancy demand from the 65 and older population would rise by 88 percent, with roughly 2.95 million additional private units needed to accommodate the older segment of the Canadian population. By contrast, an additional 1.35 million net new units would be required to house Canada's under-65 population by 2041 as occupancy demand from this segment would grow by 12 percent. One manifestation of these changes would be that more than one-third (34 percent) of Canada's private dwelling stock would be maintained by someone 65 and older by 2041—significantly greater than the 23 percent seen today.

V Collective Dwellings

While collective dwellings refer to a wide range of accommodation types comprising individuals sharing living quarters, the Census data describing collective dwellings that are presented in this report have been aggregated into two broad categories that reflect the differing degrees (or levels) of care provided within each type of collective facility.

The first, **Nursing Homes & Hospitals**, includes long-term care facilities that provide a range of health care services, ranging from periodic assistance to regular nursing care for elderly residents. Residents of these facilities are generally not independent in most activities of daily living.

The second, **Seniors' Residences**, refers to facilities for seniors that provide support services such as meals, housekeeping, medication supervision, or assistance in bathing for residents who are generally independent in most activities of daily living.

To be comprehensive, the remaining types of collective accommodation—which are less concerned with seniors housing than the two described above—were aggregated into a third “other” category. These forms of collective accommodation range from group homes or institutions for children and youth, the physically handicapped, or people with psychiatric disorders or developmental disabilities, to correctional and penal institutions, rooming houses, and religious establishments. (Refer to Appendix 1 for Census definitions of each type of collective dwelling.)

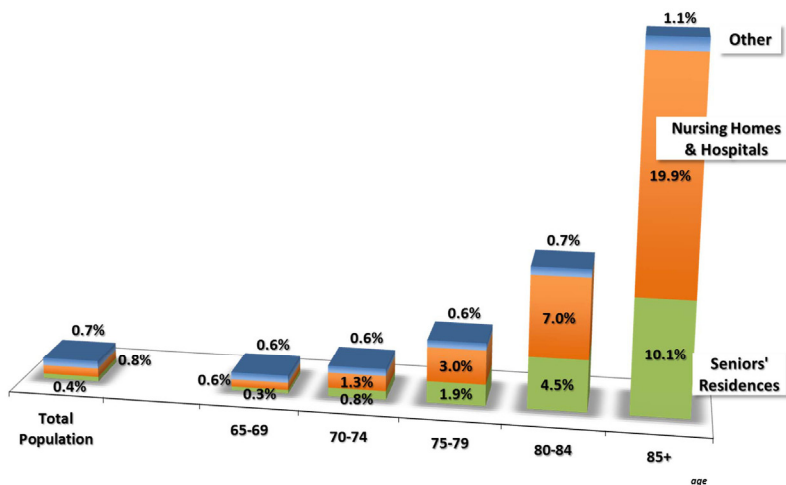
Of Canada's 33.5 million residents enumerated as part of the 2011 Census and National Household Survey, 613,110 (1.8 percent) lived in collective types of dwellings. Of the 613,110 residents in collective dwellings, people aged 65 and older represented 64 percent (393,110 residents), the vast majority of whom (59 percent, 230,252 residents) were in nursing homes and hospitals, with a further one-third (33 percent, 127,120) in seniors' residences. The remaining nine percent of seniors were in other forms of collective dwellings.

Collective Housing Occupancy Rates in Canada

Similar to the household maintainer rates above, the demographic pattern of residents living in collective dwellings can be illustrated by dividing the number of seniors in each type of collective dwelling by the total seniors population. Figure 8 shows the age-specific occupancy pattern for each of the three collective dwelling types described above by five-year age group. The pattern shows how the percentage of people residing in collective dwellings increases significantly through the older stages of the lifecycle. For example, from only 1.5 percent of the 65 to 69 population living in collective dwellings in 2011, the propensity increases to 12.2 percent for those aged 80 to 84, and further to 31.1 percent for the 85-plus population.

Figure 8

Seniors' Propensity to Live in Collective Dwellings, Canada
2011 National Household Survey



Increases with age are also seen within each of the three types of collective dwellings: from 0.3 percent of Canadians aged 65 to 69 living in seniors' residences, occupancy rates increase to

10.1 percent for those aged 85 and older living in seniors' residences, occupancy rates increase to

4.5 percent of those aged 80 to 84 to just over ten percent of those 85 and older. From the 0.6 percent of Canadians 65 to 69 in nursing homes and hospitals, occupancy rates increase to seven percent of those aged 80 to 84 and further to almost one-fifth (19.9 percent) of those 85 and older residing in a nursing home or hospital. Occupancy rates for other types collectives also increase—albeit to a much lesser extent—from 0.6 percent of those aged 65 to 69 to 1.1 percent of those 85 and older.

A brief comment is warranted on the appreciable jump in the collective occupancy rate from the 80 to 84 age group to 85-plus group (as shown in Figure 8). This is not the result of a rapid and dramatic change in health as individuals turn 85 per se, but rather the result of aggregating data for all of the 85 and older population into one group. While data for more detailed segments of the 85-plus age group are not available publicly from the 2011 National Household Survey, if they were we would expect to see a continuation of the more gradual increases in collective occupancy characterizing the 65 to 84 year old age groups.

Trends in Collective Dwellings

Potentiality in part a response to the growing diversification of the types of seniors' accommodation being built within Canada, the past two decades have seen considerable change to both how the data on collective dwellings are gathered as well as the specific definition of each type of collective dwelling. As such, and unfortunately, structural changes to both Statistics Canada's survey methodology as well as the types of dwellings surveyed make it impossible to consider age-specific patterns of change for collective accommodations over time. That said, several non-housing-related indicators outlined previously in this report (i.e. data on living arrangements) do offer some insight into further directions of change in collective occupancy rates. To wit, future changes in collective occupancy rates are expected to be driven by the following factors.

Increases in Life Expectancy. As indicated previously, in addition to general increases in life expectancy, the declining gap in life expectancy between men and women should continue to put downward pressure on collective occupancy rates. To the degree that an elderly couple—as opposed to an elderly single person (in most instances this being an elderly widow, given shorter life expectancies for males)—is better able to continue residing in private accommodation as a couple, a further narrowing in the gap between male and female life expectancies could put downward pressure on collective dwelling occupancy rates through the younger seniors age groups in the coming years.

Increases in Disability-free and Health-adjusted Life Expectancy. Further to general increases in life expectancy, increases have also been seen in disability-free and health-adjusted life expectancy². The most recent data from Statistics Canada show that between 2001 and 2006 health-adjusted life expectancy in Canada for males at age 65 increased from 77.6 years to 78.8 years, or by 1.5 percent over the five years. Female health-adjusted life expectancy increased from 79.1 to 80.0 years, or by 1.1 percent over the same five-year period. The degree to which further increases in disability-free life expectancy are seen should also put downward pressure on occupancy rates in collective dwellings for the younger seniors age groups.

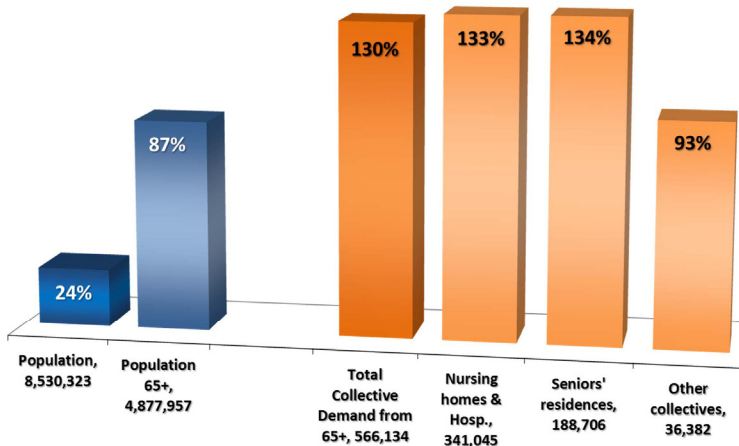
It is important to note that while these trends may point towards slight declines in future occupancy rates for seniors in collective dwellings, the significant absolute and relative growth projected for the 65-plus age groups in Canada will result in marked increases in the number of seniors residing in collective dwellings in the coming years. Building on this, the next section provides an outlook of the potential scale of, and the magnitude of future additions to, seniors' demand for collective dwellings in Canada.

Future Demand for Seniors in Collective Dwellings

In order to project the future demand for seniors in collective dwellings in Canada, age-specific occupancy rates can be related to the projection of Canada's population by age, thereby yielding future estimates of the total number of people living in each of the three types of collective dwellings considered in this report. It is therefore necessary to determine what future residency rates to use. As indicated previously, it is not possible to establish clear directions of change in collective housing occupancy rates through the historical Census data and, as such, rates have been held constant at levels seen in 2011 for the purposes of the following projection. In light of other data that point towards future declines in collective dwelling occupancy rates for seniors being realized, the projections presented below should be viewed as how Canada's changing demography *alone* would impact seniors' future demand for collective dwellings³.

Figure 9

Change in Occupancy Demand for Seniors Collective Housing, Canada, 2014 to 2041



In holding the age-specific propensities to occupy collective dwellings constant at their 2011 levels, the population aged 65-plus that would reside in collective dwellings in Canada would more than double by 2041 (expanding by 130 percent; Figure 9). This would see the number of seniors in collectives grow from 435,921 in 2014 to over one million by 2041 through the addition of 566,134 seniors in collective accommodation.

Breaking down future demand by collective dwelling type shows that while growth in occupancy demand for **seniors' residences** will grow most rapidly (at 134 percent), the greatest absolute additions will be needed in the **nursing home and hospital sector**, with a projected 341,045 additional seniors requiring this type of accommodation between 2014 and 2041. As such,

for every senior in a nursing home, hospital, or seniors' residence today, the current age-specific pattern of occupancy combined with future demographic change in Canada would see 2.3 seniors in these types of dwellings by 2041.

Seniors living in other types of collectives would increase at a slower rate of 93 percent. Despite the slower growth rate, the number of seniors in these type of collectives would still almost double by 2041, going from 39,057 people in 2014 to 75,439 by 2041 (35,353 additional seniors in other types of collective accommodation).

To the degree that increasing life expectancies for the seniors population in Canada—and, more importantly, health-adjusted life expectancies—can be equated with a healthier and more active seniors population, these changes would point to future declines in collective dwelling occupancy rates for the elderly segments of Canada's residents. Such a shift would see a smaller proportion of seniors requiring accommodation in these types of collective dwellings.

As a means to gauge the potential magnitude of change in future occupancy demand due to future declines in occupancy rates, the following scenario could be considered. For example, if seniors' collective dwelling occupancy rates fall by two percent between 2014 and 2041, which is consistent with trends in seniors living in collective dwellings over the past decade as per the living arrangements data, the total demand for collective accommodation by seniors in Canada would grow by 125 percent (546,093 residents). In

other words, with all other things remaining equal, this two percent decline in age-specific occupancy rates by 2041 would result in a 3.5 percent reduction in the net additional number of seniors in collective accommodation between 2014 and 2041 relative to the demographic scenario presented in Figure 9.

VI Conclusions

There were over 5.58 million residents in Canada aged 65 and older in 2014, of whom an estimated 425,207 lived in collective dwellings; the other 5.16 million seniors lived in 3.35 million private dwellings. The near doubling (87 percent growth) of the 65-plus segment of the population in Canada over the next three decades will have a dramatic and distinct impact on both private and collective housing markets.

As the Canadian population continues to age, the sheer scale of growth expected for our seniors population will translate into significant growth in the need for housing of both a private and collective nature. That said, it will be the changing faces of those seniors that will lead to significant shifts in the specific nature of future housing need from Canada's fastest-growing population group.

While the living arrangements data show a movement away from collective housing among Canada's younger seniors, these forms of accommodation will become more important for Canada's oldest residents. Put slightly differently, the seniors' population living in collective dwellings in the future may become increasingly characterized as those who are least able to live independently. That said, and regardless of age, the significant growth projected for all segments of Canada's seniors population will result in increasing demand for all forms of senior-related collective dwellings in the coming years.

Similarly, a growing share of seniors of all ages continuing to live in private accommodation will increasingly require communities, service providers, planners, and developers to bring to private housing some of the attributes that have traditionally been associated with collective accommodation.

Endnotes

1. For these projections, data on private and collective dwellings are used from the Census and its 2011 replacement, the National Household Survey (NHS). While the Census and NHS are the most comprehensive source of data on housing choices in Canada, a few notes on the data, and comparability to previous censuses are warranted.

In 2011, Statistics Canada replaced the mandatory long-form Census questionnaire with the voluntary National Household Survey (NHS). Due to the voluntary nature of the NHS versus the compulsory Census of earlier periods, several data issues arise. First, in instances where data tabulations are complex (involving dimensions with many sub-categories), some data may be suppressed, resulting in published totals that differ significantly from the sum of the underlying numbers. Further to this, in some smaller geographic areas, data may be completely suppressed due to what has been deemed by Statistics Canada to be an unacceptably-high global non-response rate (that is, above 50 percent).

Second, and again due to the voluntary nature of the NHS, there is the possible presence of non-response bias in the NHS data if those individuals who chose not to respond to the survey were systematically different from those who did respond. The extent to which this occurs is dependent on both the specific data dimensions and geographies being considered, and thus the impact of non-response bias cannot be identified or measured.

Within this context it is therefore important to note that changes in the data between the 2006 (or 2001) Census and the 2011 NHS may in part be attributed to short-term patterns and trends and in part to changes in the collection methodology used to derive the NHS data itself. That said, it is not possible to determine the degree to which each factor is contributing to temporal changes in the data.

2. Health-adjusted life expectancy is a more comprehensive indicator than that of life expectancy because it introduces the concept of quality of life. Health-adjusted life expectancy is the number of years in full health that an individual can expect to live given the current morbidity and mortality conditions. Health-adjusted life expectancy uses the Health Utility Index (HUI) to weigh years lived in good health higher than years lived in poor health. Thus, health-adjusted life expectancy is not only a measure of quantity of life but also a measure of quality of life (CANSIM table 102-0122).

3. The reasons for holding this pattern constant are twofold. First, in doing so it establish a baseline projection that shows the effects that demographic change alone will bring to demand for accommodation in collective types of dwellings for the seniors population. Second, without good empirical data on how occupancy rates have changed over time, this baseline allows assumptions about future declines (or increases) in occupancy rates to be tested to determine the magnitude of change in total occupancy that could arise from changing behaviours and lifestyles.

Appendix 1 Private Dwellings by Structural Type of Dwelling

The Census variable for structural type of dwelling classifies the private dwellings into the following nine mutually-exclusive categories:

1. Single-detached house – A single dwelling not attached to any other dwelling or structure (except its own garage or shed.) A single-detached house has open space on all sides, and has no dwellings either above it or below it. A mobile home fixed permanently to a foundation should be coded as a single-detached house.
2. Semi-detached house – One of the two dwellings attached side by side (or back to back) to each other, but not attached to any other dwelling or structure (except its own garage or shed.) A semi-detached dwelling has no dwellings either above it or below it and the two units, together, have open space on all sides. A semi-detached house has a vertical division between units
3. Row house – One of three or more dwellings joined side by side (or occasionally side to back), such as a town house or garden home, but not having any other dwellings either above it or below. A row house has vertical divisions between units. If townhouses are attached to high-rise buildings, assign Code 3 to each townhouse.
4. Apartment or flat in a duplex – One of two dwellings, located one above the other. If duplexes are attached to triplexes or other duplexes or to other non-residential structures (e.g. a store), assign Code 4 to each apartment or flat in the duplexes. Apartments or flats in a duplex have horizontal divisions between units
5. Apartment in a building that has five or more storeys – A dwelling unit in a high-rise apartment building which has five or more storeys, and have horizontal and vertical divisions between units. Also included are apartments in a building that has five or more storeys where the first floor and/or second floor are commercial establishments.
6. Apartment in a building that has fewer than five storeys – A dwelling unit attached to other dwelling units, commercial units, or other non-residential space in a building that has fewer than five storeys.
7. Other single-attached house – A single dwelling that is attached to another building and that does not fall into any of the other categories, such as a single dwelling attached to a non-residential structure (e.g. store or church) or occasionally to another residential structure (e.g. apartment building).
8. Mobile home – A single dwelling, designed and constructed to be transported on its own chassis and capable of being moved to a new location on short notice. It may be placed temporarily on a foundation pad and may be covered by a skirt.
9. Other movable dwelling – A single dwelling, other than a mobile home used as a place of residence, but capable of being moved on short notice, such as a tent, recreational vehicle, travel trailer houseboat or floating home.

Appendix 2 Collective dwelling types

- **General and specialty hospitals.** An institution providing medical or surgical diagnosis and short-term treatment to the ill or injured. Included are general hospitals, children's hospitals, maternity hospitals, remote hospitals, etc.
- **Chronic care and long-term care hospitals.** Establishments that provide continuous medical, nursing and professional health care supervision for long-term patients who are dependent in all activities of daily living and are unable to perform most or all personal care tasks.
- Included are rehabilitation hospitals. These are hospitals which provide continuing treatment of patients whose condition is expected to improve through the provision of rehabilitative services.
- Nursing homes. Nursing homes are long-term care facilities, which provide a range of health care services going from periodic assistance up to regular nursing care, for elderly residents. These facilities provide professional health monitoring and skilled nursing care 24/7. Residents are not independent in most activities of daily living.
- Residences for senior citizens. Residences for senior citizens that provide support services (such as meals, housekeeping, medication supervision, assistance in bathing) and supervision for elderly residents who are independent in most activities of daily living.
- Group homes or institutions for the physically handicapped and treatment centres. Group homes or institutions providing care and treatment to the physically handicapped. Treatment centres provide care, treatment or assistance services for persons with an addiction. Generally, lower level of health care is provided than in hospitals or nursing homes.
- Group homes for children and youth. Establishments that provide accommodation for children under guardianship of the court or children needing shelter or assistance services.
- Group homes or institutions for people with psychiatric disorders or developmental disabilities. Group homes or institutions providing diagnosis or treatment to persons with psychiatric disorders or developmental disabilities.
- Federal correctional institutions. Correctional institutions where inmates (mostly adults) are serving a sentence to custody of 2 years or more. These may be run either by the federal government or a private company.
- Provincial and territorial custodial facilities. Correctional facilities or detention centres where inmates (mostly adults) are serving a sentence to custody of less than 2 years or who are being detained to await court proceedings, judgement or sentence. These may be run either by the provincial/territorial government or a private company.
- Young offenders' facilities. Facilities to which young offenders are admitted into custody. The facility may be an open or a secure custody facility. These minors are awaiting trial, are under court order or have been convicted of an offence. A young offender is a person who is 12 years of age and older, but less than 18 years of age, at the time of committing an offence.
- Jails and police lock-up facilities. Facilities where persons are detained by police for a short period of time for any number of reasons, including awaiting court appearance, transfer to another facility or

release. A lock-up facility is generally operated by a police force in a police station under the authority of a municipal, regional, provincial or federal authority. Persons may or may not have been charged with an offence. Detainees may be adults or young offenders.

- Shelters for persons lacking a fixed address. Establishments for persons lacking a fixed address such as homeless shelters or shelters for street youth.
- Shelters for abused women and their children. Establishments for women and their children who need shelter or assistance.
- Other shelters and lodging with assistance. Establishments for residents who need shelter or assistance. Included are transition homes and halfway houses for ex-inmates or persons on conditional release.
- Lodging and rooming houses. Commercial establishments (which may originally have been a private dwellings) having furnished rooms for rent. Residents receive no type of care. They generally have access to common facilities, such as the kitchen and/or the bathroom.
- Hotels, motels and tourist establishments. Commercial establishments that serve as temporary accommodation for business travellers and persons on pleasure trips. Also included are bed and breakfasts.
- Campgrounds and parks. Buildings or other facilities providing temporary accommodation for persons on pleasure trips, or accommodation for transients or persons with no fixed address.
- School residences and training centre residences. One or more buildings that usually accommodate students attending an educational institution or training centre, such as boarding schools, colleges and universities. These buildings may be located on or off the grounds of the institution and may accommodate non-students.
- Work camps. Accommodation provided to employees of an industry, such as mining, logging or hydro construction, and generally located in a remote area. A work camp usually consists of bunkhouses, tents, trailers, etc.
- Other establishments with temporary accommodation services. Establishments, such as YMCA/YWCA, hostels, and Ronald McDonald Homes, that do not belong to any of the above categories and provide temporary accommodation to persons with or without a fixed address. These establishments may charge for accommodation.
- Religious establishments. Establishments, such as a convent or a seminary, which provide accommodation to members of a religious group.
- Military bases. Barracks and other buildings on a military base in Canada belonging to the Canadian Forces.
- Commercial vessels (1,000 or more tonnes). Commercial vessels 1,000 or more tons gross tonnage under Canadian registry in port on May 10, 2011.
- Commercial vessels (under 1,000 tonnes). Commercial vessels less than 1,000 tons gross tonnage under Canadian registry in port on May 10, 2011.

- Government vessels. Canadian Forces and Coast Guard vessels. Other government vessels, e.g., research and exploration vessels.
- Hutterite colonies. A group of people of the Hutterite religion who live in dwellings that belong to the community and use their land for agricultural purposes. For census purposes, a Hutterite colony is classified as a single collective dwelling, and the person in charge (the 'boss') is considered as its representative.
- Other collective dwellings. A dwelling that meets the criteria of the collective dwelling definition, but does not fall into any specified type. Included are racetracks, outfitter camps, carnival and circus camps, non-religious communes.