

‘Silver tsunami’ or golden opportunity?

Interwoven challenges of aging populations, social isolation, rising housing costs, and climate change are unleashing a global social innovation movement.

by Rob Wipond
Hey Neighbour Collective
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About Hey Neighbour Collective

Hey Neighbour Collective brings together housing providers, non-profits, researchers, local and regional governments, housing associations and health authorities to experiment with and learn about ways of building community, social connectedness and resilience in BC’s fast-growing multi-unit housing communities.



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A large and growing percentage of Canada’s population has begun aging into retirement, and is being met with unprecedented, intersecting challenges: reduced housing affordability, worsening social isolation, and [rising vulnerability to climate change](#) and extreme weather events.

In some news media, this pivotal transition time ([international in scope](#)) is characterized as a threatening “[silver tsunami](#),” a term that understandably irks many older adults as it positions the demographic bulge as a catastrophe, erasing the many positive contributions that older adults make to society.

For Hey Neighbour Collective (HNC) and its partners—including housing operators, local governments, and community-based organizations—this historical moment presents unique opportunities to optimize how older adults can help transform relationships, systems and society in ways that ultimately benefit everyone. *The ‘silver tsunami’ is also a golden opportunity.*

In recent years, HNC partners have been piloting, supporting, and scaling projects that foster intergenerational social connections and mutual support among older adults and their neighbours in multi-unit housing. Here at HNC, we are currently wrapping up a five-year evaluation, and today, we’re launching what will be a series of stories about our work and this transitional time in our society.

In this first article, we take a high-level look at what the research shows is happening across Canada, and particularly in British Columbia, with respect to aging, housing, social isolation, and climate impacts. And we’ll review a few exciting examples of what’s being done around the world and right here in BC to help transform these emerging challenges into positive change.

In follow-up stories over the coming months, we'll feature in detail some of the ground-breaking work that HNC and our partners are doing to help increase social connectedness and mutual support, and make “aging in place” or “[aging in the right place](#)” more accessible for all.

The National Institute of Ageing defines Ageing in the Right Place (AIRP) as “the process of enabling healthy ageing in the most appropriate setting based on an older person’s personal preferences, circumstances and care needs.”

An aging population runs into a housing affordability crisis

The famous “baby boom” generation is aging, and already one in five Canadians are 65 or older. By 2030, that’s projected to be one in four, and by 2050 the number of Canadians over age 85 is estimated to triple. The [report \(PDF\)](#) of a June 2024 roundtable discussion on “The Right to Housing for Older Adults,” involving an array of Vancouver-based experts, gathered evidence showing this trend is especially pronounced in British Columbia. The province’s plus-65 population already surpasses one million people, and is rising by 5% per year. Nearly 30% of residents in BC’s largest city, Vancouver, are 55 or older.

More than 85% of Canadians have said [in surveys \(PDF\)](#) that, as they age, they’ll do everything they can to avoid moving into a long-term care facility. That number reaches 96% for Canadians aged 65 and older. Essentially, most people want to stay in their own homes or otherwise “age in the right place”—usually meaning, aging in familiar neighbourhoods where they’re closely connected to relatives, friends, supportive neighbours, and key services and amenities.

But for many – especially older adults who rent their homes and those on fixed incomes – this is already difficult. Medical and non-medical home care supports can be costly, and often have long waitlists. Affordable and accessible downsizing options are scarce, and older affordable rental housing is being lost faster than new affordable rentals are being built.

The challenges for renters are particularly acute.

It is declared to be the housing policy of the [Government of Canada](#) to:

- a. recognize that the right to adequate housing is a fundamental human right affirmed in international law;
- b. recognize that housing is essential to the inherent dignity and well-being of the person and to building sustainable and inclusive communities;
- c. support improved housing outcomes for the people of Canada; and
- d. further the progressive realization of the right to adequate housing as recognized in the International [Covenant on Economic, Social and Cultural Rights](#).

Renters especially hard-hit

For decades, Canadian governments have been under-investing in subsidized community housing such as non-market rentals, co-ops, public housing etc. Canada's Federal Housing Advocate has raised further alarm about how [the expanding market housing sector increasingly attracts private equity investment firms](#) that manage homes and rental buildings mainly for short-term, high-yield profits, while BC's residential tenancy laws allow unrestricted rent increases whenever tenants move out. The BC Seniors Advocate has also [criticized](#) how even long-term residents of independent living retirement facilities can still get subjected to monthly cost increases via "mandatory service fees."

Rising rents in BC between 2016 and 2021 created [an estimated overall market loss](#) of 100,000 homes that rent below \$12,000 annually. In 2023, the [average annual cost of a 1-bedroom apartment](#) was \$18,700. A person would need an annual income of over \$62,320 for these apartments to be considered affordable—yet 84% of older adults living alone in BC communities have incomes below \$60,000, and half have an after-tax income below \$32,000. One in four have annual incomes less than \$23,000—including everyone aged 65-74 who regularly paid into provincial and federal pension plans but does not have additional retirement income beyond those sources.

[According to the roundtable \(PDF\)](#), in Greater Vancouver today, only 1 in 200 rental units are affordable for older adults with the lowest 20% of incomes. Around BC, waitlists for subsidized housing units geared to 30-50% of income have been lengthening, and it's [predicted \(PDF\)](#) that close to 30,000 more of these units could disappear by 2033 due to expiring operating agreements with governments. (Even if people opt for long-term care facilities, those beds are in short supply, too.) Consequently, more older adults are having to shift into lower-cost, lower-quality residences: these may often be unsafe, lack basic accessibility features, and have poor insulation and airflow that can worsen heating and cooling costs (if they have any cooling system at all) and intensify extreme weather events. A report from Canada's Chief Public Health Officer [found](#) that such homes demonstrably increase older adults' vulnerabilities to climate emergencies and other crises, and a UK [investigation \(PDF\)](#) from the Housing Associations Charitable Trust (HACT) found such homes can cause residents financial instability and stress while measurably exacerbating respiratory problems, physical pain, and other illnesses.

Worst-case consequences are already becoming tangible. For example, the most recent data [show](#) that 21% of homeless people in BC are aged 55 or older—rising from 10% in 2008—and

about half are homeless for the first time in their lives. These age-trends are mirrored in urban homeless populations [around the continent](#).

One factor that can help older adults avoid this worst-case scenario is being connected to community services and having supportive relationships with friends, relatives, and neighbours—unfortunately, many of us become more socially isolated as we age.

Growing awareness of the risks of social isolation and loneliness

One in four Canadians over the age of 65 lives alone, and a 2022 National Institute on Ageing [survey](#) found that as many as 41% of Canadians aged 50 years and older are at risk of social isolation and more than half report having felt lonely recently. Older adults who are low-income, new immigrants, less educated, chronically ill, disabled, or developing disabilities such as hearing loss or mobility limitations are at still higher risk.

There are no universally established measurements to define “social isolation”—yet it’s clear that, as we age, most of us tend to have fewer and less frequent connections to workplaces, community-based groups and organizations, relatives, and friends. Furthermore, in an increasingly digital society, older adults are the least digitally connected group, while both rural and urban neighbourhoods have been primarily designed around cars rather than for people with declining mobility.

And all of this creates risks.

“Social connection is a fundamental human need, as essential to survival as food, water, and shelter,” U.S. Surgeon General Dr. Vivek Murthy [has said \(PDF\)](#). This comes on the heels of studies that have found strong associations between social isolation and loneliness and higher risks of cardiovascular disease, stroke, physical inactivity, heavy alcohol consumption,

depression, anxiety, and earlier mortality. One widely cited study—discussed in a [TedX talk](#) by lead author Julianne Holt-Lunstad—found that people who were more socially isolated had worse overall health at about the same rate as did people smoking fifteen cigarettes a day.

The evidence points to [a number of factors](#). For example, people who are socially isolated are often less physically active and don't have needed support nearby during periods of serious illness; further, chronic feelings of loneliness can lead to stress, anxiety, depression, or self-destructive behaviours. While these are eye-opening correlations, direct *causation* has perhaps been most strongly established with dementia. [Studies \(PDF\)](#) have linked decreased levels of social contact with up to a 50% increased risk of dementia; conversely, boosting the number and depth of social interactions appears to help reduce cognitive decline.

The [Canadian Social Connection Guidelines](#) share 12 Guidelines for fostering social connection:

1. Make social connection a priority throughout your life
2. Cultivate social confidence in yourself and others
3. Build a strong social network with a variety of kinds of relationships
4. Invest in getting enough social connection
5. Maintain and deepen your relationships with others
6. Seek out face-to-face interactions and use technology wisely
7. Promote awareness of the importance of social connection
8. Foster healthy social and emotional development
9. Make social connection a priority in policies and practices
10. Design environments for connection and invest in social events, activities, and programs
11. Improve accessibility and inclusion for all people
12. Measure and make progress towards improving social wellbeing.

This mounting evidence has prompted the U.S. Surgeon General to issue an [advisory \(PDF\)](#) to combat social isolation, the [United Kingdom to create a minister of loneliness](#), and Japan's

parliament to [enact a bill](#) to promote measures for supporting people experiencing social isolation.

Canada currently has no official national policy on tackling loneliness, but the Canadian Alliance for Social Connection and Health recently issued the world's first formal [set of guidelines for strengthening social connections](#). And here and around the world, more residents, local governments, housing operators, and community organizations are beginning to understand the challenges of this 'polycrisis' of aging and declining health, climate change, rising housing costs, inaccessible neighbourhoods, and social isolation. Alongside, innovative ideas, initiatives, and solutions are beginning to emerge.

Burgeoning interest in building affordable, age-friendly, socially-connected housing

The potential 'multi-solving' impacts of making housing and neighbourhoods more affordable, accessible, and enabling of social connectedness for aging populations is increasingly being recognized. More than 1,705 communities across 60 countries – including many Canadian communities – have launched age-friendly community initiatives as part of the [World Health Organization's Global Network for Age-friendly Cities and Communities](#). Some are gathering insights for developing a new [ISO standards framework \(PDF\)](#) to “reimagine homes and neighbourhoods that are more accessible and enabling” and produce lower emissions.

The mission of the [WHO Global Network for Age-friendly Cities and Communities](#) is to stimulate and enable cities and communities around the world to become increasingly age-friendly. The Network seeks to do this by:

- inspiring change by showing what can be done and how it can be done;
- connecting cities and communities worldwide to facilitate the exchange of information, knowledge and experience; and
- supporting [cities and communities to find appropriate innovative and evidence-based solutions](#)

In a special [expert panel report](#), the National Seniors Council recommended that the Canadian federal government should focus on making housing and neighbourhoods more accessible and affordable for older adults. The goal would be to keep people “aging in the right place”; maintaining their supportive social connections and access to local community services, reducing health care utilization, and postponing the need for expensive long-term care facilities. The panel pointed out that Denmark, Belgium, and Norway now spend 50% of their long-term care funds on boosting access to home-based care and supports, while Canada currently spends only 18%.

In a similar vein, the [UK HACT study \(PDF\)](#) found that investments to improve the quality and stability of housing for older adults would more than pay for themselves with savings in health and mental health care costs—let alone savings related to costs of more severe possible consequences such as homelessness. Homelessness drives up [health and mental health care](#), emergency room, policing and other costs so much that [a Canadian study](#) found governments in many cases end up paying \$55,000 per homeless person per year.

In the UK, architects are [collaborating on design solutions](#). The multi-stakeholder “Greater Manchester Aging Hub” leads projects involving [urban \(PDF\)](#) and [housing](#) re-design combined with resident social engagement. The ‘Ageing In Place Pathfinder’ also brings together “a wide range of stakeholders to establish resident-led partnerships” in neighbourhoods—local organizations and residents collaborate on improving quality of life for older residents. In projects in three UK regions, HACT helped install accessibility adaptations into older adults’ homes, delivered digital skills training, hosted events that brought service providers together with residents, and gave out micro-grants to enable older residents to enact their own ideas to enhance their lives and community.

Similar projects to help create the conditions for successful aging in place are being tested and scaled here in British Columbia.

Innovative social programming in BC

HNC and its partners are fostering a BC-based movement using direct “social programming” to help increase neighbourly connectedness and mutual support in multi-unit housing with high percentages of older residents.

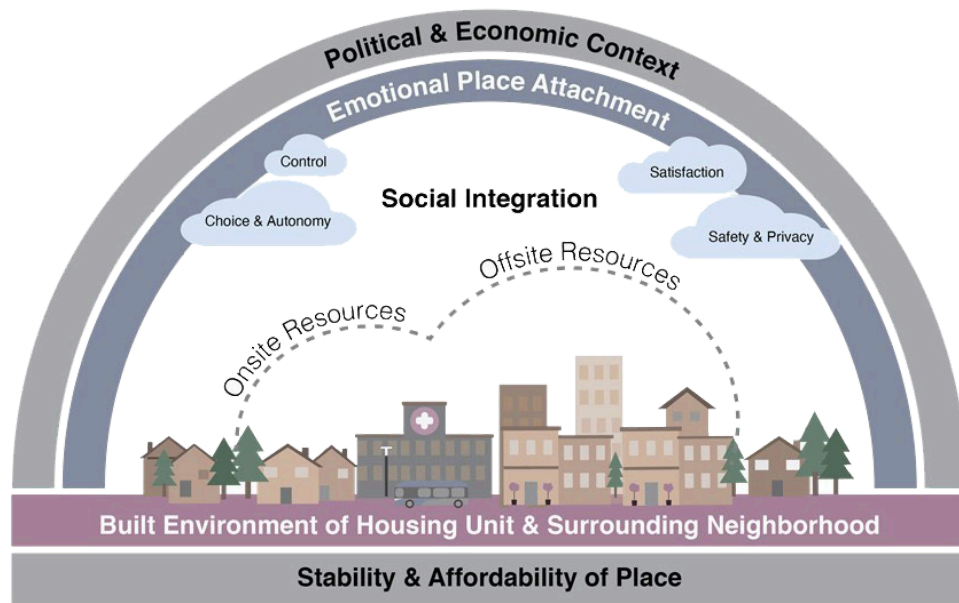
HNC and [Happy Cities](#) recently released the guide, “[Building Social Connections: A toolbox of design actions to nurture wellbeing in multi-unit housing](#),” offering tips on using nooks, corridors, amenity spaces, and other aspects of buildings and their surroundings to nurture social connectedness. It builds upon earlier work supported by Simon Fraser University’s Department of Gerontology showcasing [design strategies to support aging in the right place](#), and harnesses local and global lessons from innovative models like co-housing and cooperative housing.

[Building Resilient Neighbourhoods](#) (BRN) and other [HNC partners](#) have been delivering two BRN programs—[Connect & Prepare](#) and [Neighbours Helping Neighbours](#)—with a focus on multi-unit buildings with high percentages of older adults. Both programs bring neighbours together to meet, learn about the value of social connections, and collaborate on projects. Connect & Prepare fosters collective emergency preparedness and resilience to chronic stresses, while Neighbours Helping Neighbours more broadly encourages networking for mutual support.

[The 2021 heat dome in British Columbia](#) caused over six hundred deaths: over half of those who died lived alone, and two-thirds were over 70. Many were living in “socially or materially deprived neighbourhoods” in older buildings without air conditioning.

[West End Seniors Network](#) has begun delivering adapted versions of Connect & Prepare as part of its successful [Close to Home](#) and other programs that offer older adults a variety of daily supports such as health and safety check-ins, shopping assistance, social and arts events, exercise opportunities, and more. Operators of some senior-focused buildings like [Brightside Homes](#), or of in-building resident-support programs like [Whole Way House](#), are researching and testing strategies in collaboration with [Simon Fraser University’s Department of Urban Studies](#) and the [Aging in the Right Place](#) initiative. These also provide programming and support services ranging from linking residents to community resources to assisting them with household chores, getting meals, banking, and socializing.

Indicators of aging in the right place for older persons experiencing homelessness



[Aging in the right place](#): A conceptual framework of indicators for older persons experiencing homelessness.

The [NORC Innovation Center](#) (NIC), based at Ontario’s University Health Network, has taken that model further, developing a variety of resident-engagement initiatives to stimulate social activities in Naturally Occurring Retirement Communities (NORCs). NIC has created [instructional guides](#) and provides ongoing assistance and training for residents who want to become “[ambassadors](#)” for social engagement among their neighbours. Building Resilient Neighbourhoods are currently collaborating on a pilot of Neighbours Helping Neighbours in Ontario.

According to the [UHN OpenLab](#), “Naturally occurring retirement communities (NORCs) are regular residential buildings that have become home to a high density of older adults.”

In another project, Ontario-based [Oasis Senior Supportive Living](#) bring activities that address social isolation, nutrition, and physical fitness to ‘NORCs.’ So far they are working at 19 sites (buildings, town-homes and an RV park) with high percentages of older adults. The four Vancouver-based sites are in partnership with Brightside Community Homes Foundation, City of Vancouver housing, West End Seniors’ Network and Collingwood Neighbourhood House.

Over the coming months, HNC will feature deep-dives into a number of these innovative and successful initiatives. Already though, key lessons are emerging from here and around the world about the core factors that are vital for success.

Impacts and lessons for growing social connections to support aging in the right place

The impacts of these kinds of social connection programs can be substantial.

After just a few sessions over several months, consistently 80-100% of participants in BRN’s Connect & Prepare workshops [report](#) feeling more connected to their neighbours and more prepared for emergencies and crises.

And with longer-term ‘NORC’ social-engagement projects, NIC and Oasis have [tracked impacts \(PDF\)](#) such as fewer residents going into long-term care facilities, or doing so only at more advanced ages. One study found that “83 percent of Oasis program members rarely felt isolated, compared to 45 and 40 per cent in the comparison groups.” Another study of an Oasis NORC building found that participants were “26% less likely to go to the emergency department, 40% less likely to be admitted to a hospital, 37% less likely to have an injurious fall and 45% less likely (to) receive publicly-funded home care.”

Core learnings from all of these social connection initiatives at independent multi-unit housing locations are notably consistent across different countries and populations. Some of the most important lessons so far include:

- Small supports go a long way. Simply bringing residents together to discuss what they want, and giving them small grants to help make it happen can have transformative impacts.
- Resident champions are essential but take time to emerge. As NIC reports, through time and experience, “NORC residents have become increasingly knowledgeable and self-directed, shifting from helpers to program leaders to peer educators and now independently working with other communities to implement similar programs.”
- Establishing long-term facilitators is vital. Locally-based, paid coordinators are key to inspiring volunteer residents and reassuring them that they have ongoing support. Additionally, these coordinators need time to build trusting relationships and collaborations with residents, housing operators, community organizations, and service agencies.
- Peer learning works. A peer learning cohort or community of practice is essential for everyone to understand what’s working well, get new ideas from diverse experts, and to share challenges and solutions.

Everyone working in the field emphasizes that building these kinds of relationships and creating substantive impacts always takes longer than one ideally anticipates—but then cascading beneficial impacts spread across the broader community. For example, a report from the National Institute on Ageing [points out](#) that, when a community becomes more accessible and connected for older adults as they age, the community naturally becomes more accessible and connected for others, too.

All together, these approaches promise to minimize the more challenging social and economic impacts of an aging population while maximizing the positive contributions that older adults can continue to make to society as a whole.

Subscribe to the [HNC newsletter](#) or visit here again soon to see interviews with residents and experts, and reporting of stories, impacts, and learnings from HNC partners' developing, on-the-ground initiatives.

Further reading

(Sources are in the order in which they are first cited in the text.)

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<https://www.niaging.ca/airp>

[Fact Sheet] The Gap in Affordable Housing for Low-Income Seniors: Defining the Problem and Finding Solutions (Seniors Housing Working Group, United Way, 2024)

<https://bc.healthycaringcore.ca/resources/fact-sheet-the-gap-in-affordable-housing-for-low-income-seniors-defining-the-problem-and-finding-solutions-1>

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<https://coscobc.org/wp-content/uploads/2024/07/Completed-Summary-Notes-from-the-June-6-2024-Roundtable-on-The-Right-to-Housing-for-Older-Adults.pdf>

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2023)

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<https://bc.healthycaringcore.ca/resources/fact-sheet-making-rental-housing-affordable-for-people-with-low-incomes>

This Isn't Working: 2024 Call for Government Action to End Homelessness, Carnegie Housing Project, 2024)

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<https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/state-public-health-canada-2023.html>

Understanding the Factors Driving the Epidemic of Social Isolation and Loneliness among Older Canadians (National Institute on Ageing, 2023)

<https://www.niaging.ca/loneliness23>

Our Epidemic of Loneliness and Isolation: The U.S. Surgeon General’s Advisory on the Healing Effects of Social Connection and Community (U.S. Surgeon General, 2023)

<https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

Health Effects of Social Isolation and Loneliness (U.S. Centers for Disease Control and Prevention, 2024)

<https://www.cdc.gov/social-connectedness/risk-factors/index.html>

Cultivating Neighbourhoods that Care: A manifesto for change (An Agile Ageing Alliance Neighbourhoods of the Future Report, 2021)

<https://www.housinglin.org.uk/assets/Resources/Housing/OtherOrganisation/Cultivating-Neighbourhoods-that-Care-A-Manifesto-for-change.pdf>

Financialization of Housing (Federal Housing Advocate, Canadian Human Rights Commission, 2022)

<https://www.housingchrc.ca/en/financialization-housing>

Forgotten Rights: Seniors Not Afforded Equal Rent Protection (Office of the Seniors Advocate of British Columbia, 2024)

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Creating Age-Friendly Developments: A practical guide for ensuring homes and communities support ageing in place (GM Housing Planning and Ageing Group, 2023)

<https://www.greatermanchester-ca.gov.uk/media/8745/creatingafdevelopments.pdf>

Framework for Creating Age-Friendly Homes in Greater Manchester, 2021-2024 (Greater Manchester Ageing Hub, 2021)

<https://publication.max-mediagroup.co.uk/framework-for-creating-age-friendly-homes-in-gm-2021-2024/working-together-to-create-change>

Final Report of the Expert Panel: Supporting Canadians aging at home: Ensuring quality of life as we age (National Seniors Council, 2024)

<https://www.canada.ca/en/national-seniors-council/programs/publications-reports/aging-home.html>

Building Social Connections: A toolbox of design actions to nurture wellbeing in multi-unit housing (Hey Neighbour Collective and Happy Cities, 2024)

<https://www.heyneighbourcollective.ca/2024/08/building-social-connections-toolbox-design-wellbeing-multi-unit-housing/>

The Age-friendly Action Plan: A safe, inclusive, and engaging city for seniors (City of Vancouver)

<https://vancouver.ca/people-programs/age-friendly-action-plan.aspx>

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It’s Time to Unleash the Power of Naturally Occurring Retirement Communities in Canada (National Institute on Ageing and NORC Innovation Centre

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