

Creating a Sense of Home: Assisted Living in the Timiskaming District

by

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Abstract

Keywords

Assisted Living, Northern Ontario, Sense of Home, Independence, Well-Being, Community

With a rapidly growing aging population, there is an imminent need for assisted living. This is especially true for Northern Ontario; specifically, more remote northern communities such as ones within the Timiskaming District. These communities suffer from being under serviced, leaving aging members of these areas unable to receive the levels of care they require.

Moreover, when assisted living is offered, it is within the form of facility-based design. This creates a problem as these facilities do not take into account the northern identity, but also, they are not proven to be beneficial to the well-being and independence of senior adults.

This thesis presents an alternative way that assisted living can be designed for the well-being of aging individuals through village – based, community design, that takes into account the northern identity. This can be done through creating a strong community amongst the residents, but also within the surrounding external community of Kirkland Lake, Ontario.

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- 156 *figure 7.03* The Hogeweyk Exterior Photo
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figure 7.08

Sycamore Springs Garden Spot Home Exterior Photo

Tim Regan, "Best Independent Living Design of 2018: A Senior Living Spin on a Pocket Neighbourhood," Senior Housing News, published January 21, 2019, accessed February 2022, <https://seniorhousingnews.com/2019/01/21/best-independent-living-design-of-2018-a-senior-living-spin-on-a-pocket-neighborhood/>.

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Mail [Home] Front Elevation Image

By Author. "Mail [Home] Front Elevation Image." Digital Graphic 2022.

figure 8.02

Mail [Home] Side Elevation Image

By Author. "Mail [Home] Side Elevation Image." Digital Graphic 2022.

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figure 8.03

Mail [Home] Opening Image

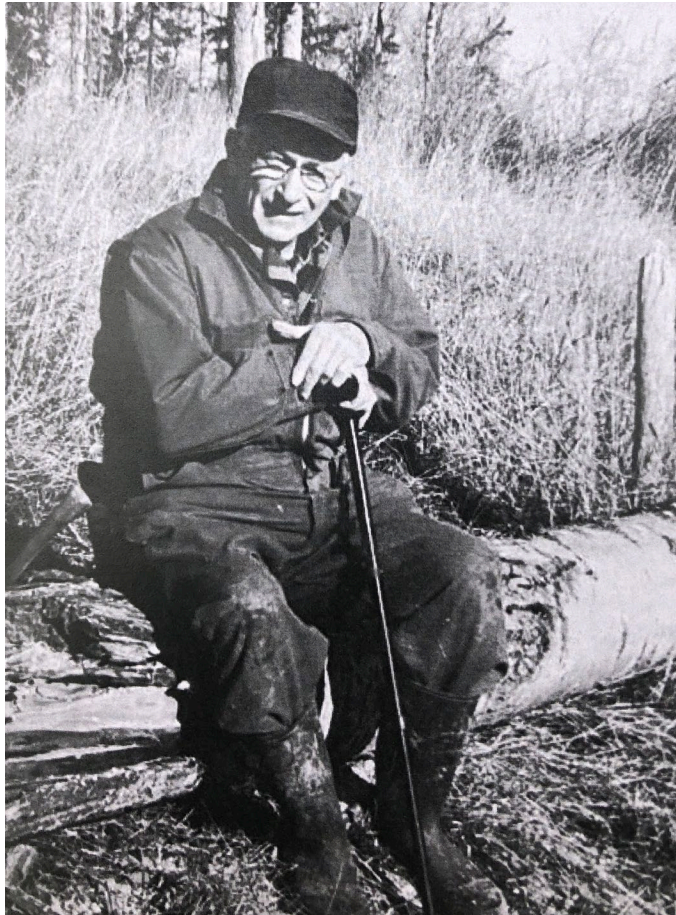
By Author. "Mail [Home] Opening Image." Digital Graphic 2022.

figure 8.04

Mail [Home] on Front of Home Render

By Author. "Mail [Home] on Front of Home Render." Digital Graphic 2022.

Preface



Growing up in a small town within Northeastern Ontario, the lack of services available was something that became very apparent to me. I witnessed situations where both myself and my family members were unable to receive necessary health care. More specifically, I watched my great grandparents enter into a long-term care facility sooner than they needed to, because no other care was available. This caused their well-being to deteriorate at a more rapid pace, as their independence and well-being seemed to decline.

For my undergrad co-op, I had the privilege to work at a company that owned and designed assisted living facilities. While working for this company, I learned a lot about assisted living and how essential this level of care is for aging adults who want to remain independent. Over the course of this experience, I not only gained knowledge on the topic, but it also helped me to understand how this level of care is typically designed within a facility, causing a decline in its residents well-being. This meant that it was not ideal for the overall quality of life and independence of aging individuals, but also that the northern identity was not considered, as each facility tends to hold similarities with out adapting its design to fit the place it is being built in.

Through this thesis, I will explore the notion of assisted living and different ways to design this level of care. This includes ways that allow for the well-being of these aging adults to be considered, while also understanding what assisted living means for the North.

Left Above
figure 0.01 | My great grandparents, 2012, shortly before moving into the long-term care facility

Left Bottom
figure 0.02 | My great grandfather, early 2000's

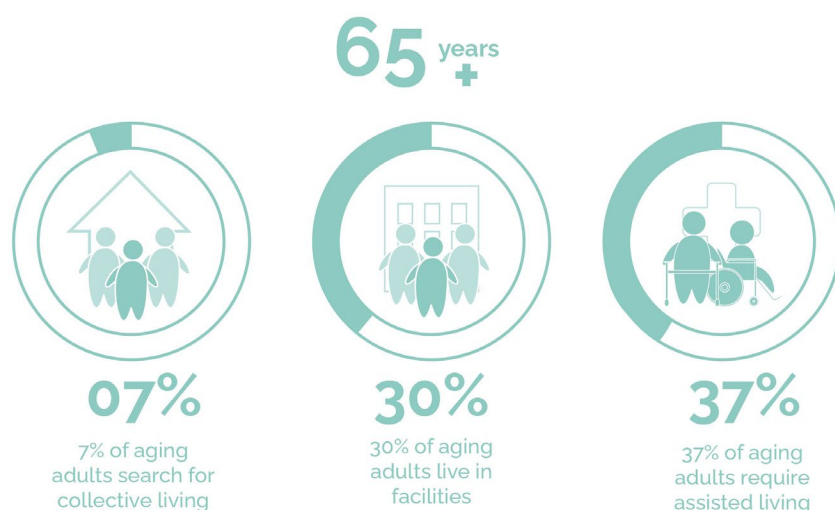
There is a rapid increase of aging adults who are in imminent need of a form of assisted care, especially within Northern Ontario.¹ With the rise of the “baby boomer” generation, the population of aging adults is expected to practically double within the next 25 years.² Approximately 40% of these aging adults will require some form of assisted care, around the age of 65³ (figure 1.01). In terms of assisted care, there are three options available to those who require the assistance, each offering a different level of care. These include; long-term care, at home care and assisted living.⁴ These different levels of care vary not only because of the scale in which they are offered, but also in the method they are delivered and how they affect the well-being of the individual.

¹ “Ontario Population Projections,” *Ontario*, accessed November 24, 2021, <http://www.ontario.ca/page/ontario-population-projections>.

² *Ibid.*

³ “Living Arrangements of Seniors,” *Statistics Canada*, accessed January 2022, https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.cfm#bx2; ASHA “Life in a Senior Living Community: Where You Live Matters,” published March 9, 2017, accessed September 2021, <https://www.wherelivematters.org/life-senior-living-community/>.

⁴ Mary M. Ball et al., “Quality of Life in Assisted Living Facilities: Viewpoints of Residents,” *Journal of Applied Gerontology* 19, no.3 (2000): 304, accessed September 2021, <https://doi.org/10.1177/073346480001900304>; “Personal Support Services: Closing the Gap Healthcare,” *Closing the Gap*, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>.



Long-term care offers care at the highest level, providing continuous attention and assistance.⁵ It provides 24-hour care and help with daily activities such as moving around, bathing, grooming, dressing, etc.⁶ Although this is a necessary level of care for those who require full-time assistance, it is not ideal for the well-being of those who are still independent and only require a small amount of help. Moreover, "at home care" is known as assistance or care provided on a daily basis, for those who are aging, ill or injured.⁷ It is offered to individuals who choose to remain in their own homes, but who struggle with completing everyday tasks in their own home.⁸ These tasks can include; cooking, medication reminders, laundry, light housekeeping, and more.⁹ Although this is an option that works well for individuals who want to remain in their own home, it is not the best option for their well-being, as they tend to be left alone for long periods of time with no help.¹⁰ Lastly, the other level of care offered to aging adults is "assisted living", which has been the fastest growing form of housing for the elderly since the 1990s.¹¹ Assisted living is the best level of care for those who are still generally independent, but require some assistance with their daily tasks such as; meals, laundry, housekeeping, and social and

⁵ "Long Term Care Overview," Ontario, accessed November 2021, <https://www.ontario.ca/page/about-long-term-care>.

⁶ "What is Long-Term Care," *National Institute on Aging*, accessed November 2021, <https://www.nia.nih.gov/health/what-long-term-care>.

⁷ "Personal Support Services: Closing the Gap Healthcare," *Closing the Gap*, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>.

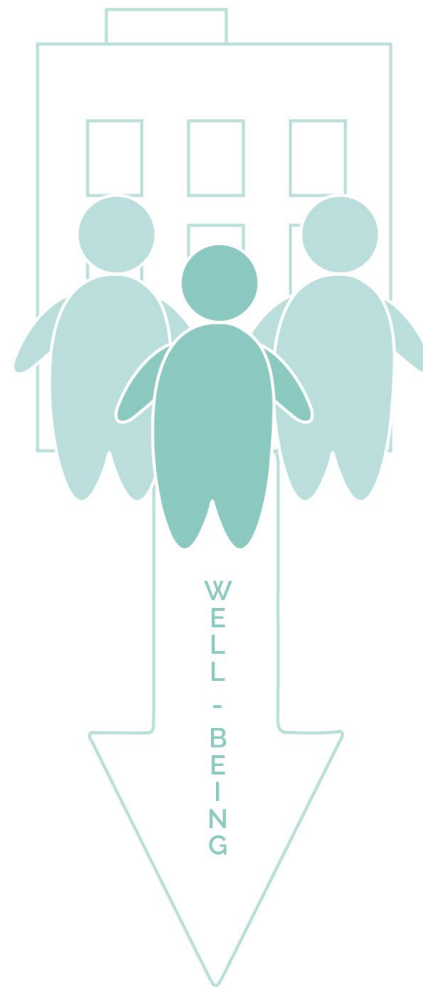
⁸ Ibid.

⁹ Ibid.

¹⁰ Lucy Lediaev, "Disadvantages of Elderly People Living Alone," *Love to Know*, accessed November 2021, <https://seniors.lovetoknow.com/disadvantages-elderly-people-living-alone>.

¹¹ Catherine Hawes et al., "A National Survey of Assisted Living Facilities," *The Gerontologist* 43, no.6 (2003): 875, accessed September 2021, <https://doi.org/10.1093/geront/43.6.875>.

Above
figure 1.01 | Percentage of aging adults who require care



recreational activities.¹² It offers help to those who require assisted care within a community setting and offers assistance when needed.¹³

However, although assisted living is the best option, there is still a compromise to be made as it is typically designed to be within a facility, which does not encourage well-being and quality of life for these aging adults¹⁴ (figure 1.02). After reviewing studies

¹² "Pros and Cons of Assisted Living," *Comfort Life*, accessed November 24, 2021, <https://www.comfortlife.ca/retirement-communities/pros-and-cons-of-assisted-living>.; Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004CitationCount&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

¹³ "Pros and Cons of Assisted Living," *Comfort Life*, accessed November 24, 2021, <https://www.comfortlife.ca/retirement-communities/pros-and-cons-of-assisted-living>.

¹⁴ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312-315, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

Above
figure 1.02 | Effects living in a facility has on well-being

conducted by several journals of gerontology, it is understood that the resident loses their sense of freedom and independence upon entering these facilities.¹⁵ In turn, they begin to feel homesick, bored, lonely, experience strain on their mental health, and ultimately they experience a depletion of their overall well-being.¹⁶ Yet, although this is the best form of care offered, living within a facility is not the best option for generally independent aging adults.

Moreover, there is a lack of assisted care within Northeastern Ontario, more specifically assisted living. Not only are the larger northern cities in need of additional assisted living, but the small remote areas are as well, including towns such as Kirkland Lake, Ontario. These remote towns require this level of care to be implemented, as it currently does not exist. However, within the areas that it does exist, it can be found designed in the form of a facility,¹⁷ which does not account for the location in which it is being designed or the well-being of the residents.¹⁸

¹⁵ Ibid, 312.

¹⁶ Ibid, 313.

¹⁷ Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021; Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021; Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021

¹⁸ M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 117-118, accessed November 10, 2021. <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>; Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312-315, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

The current designs of existing assisted living facilities leave residents feeling; a loss of independence, a longing for a home they can no longer go back to (homesickness), as well as a decline of their mental health and of their overall well-being (figure 1.03).¹⁹ The aging adult is left feeling a lack of connection to the exterior community, which they would have previously called home.²⁰ In addition, with the rise of the “baby boomer” generation, the need for assisted living is imminent, as the only other options are long-term care, where the level of care provided is too advanced (leaving the resident feeling they have lost their independence) and at home care, which isolates the individual from the community.²¹ Although assisted living offers the necessary care for the independent aging adult, it creates a situation of compromise due to its facility based design, which consequently causes a depletion of their overall well-being and isolates them from the external northern community.²² However, receiving this required level of care in a comfortable manner should not have to be a compromise. This leads to the question;

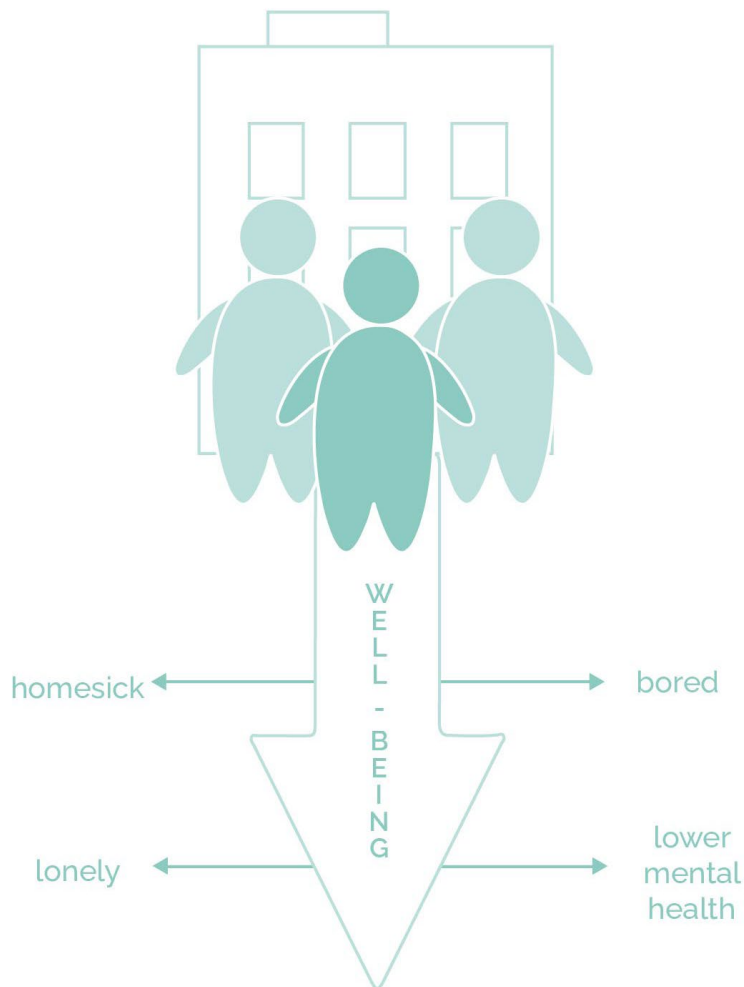
How can homes and programs be designed in the North to allow aging adults to maintain their well-being and independence, while still being a part of the community?

¹⁹ Mary M. Ball et al., “Quality of Life in Assisted Living Facilities: Viewpoints of Residents,” *Journal of Applied Gerontology* 19, no.3 (2000): 313, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

²⁰ Ibid.

²¹ “Personal Support Services: Closing the Gap Healthcare,” Closing the Gap, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>.

²² “Pros and Cons of Assisted Living,” *Comfort Life*, accessed November 24, 2021, <https://www.comfortlife.ca/retirement-communities/pros-and-cons-of-assisted-living>.



This thesis will attempt to answer the question through research on gerontology and the well-being of residents in care facilities, through site visits and the analysis of existing assisted living facilities, and finally through the development of a framework that proposes a preferred model for assisted living, one tailored to the North. By understanding the northern identity, the need for connection found within community-based living, and disregarding the facility based-design of existing models, only then can the design that works best for the well-being of the aging adult, be found.

Above
figure 1.03 | Effects of living in a facility

2.1 Aging Demographics

Senior adults are the fastest growing demographic in today's world.²³ Demographics and statistics note that with medical improvements, life expectancies are increasing, which is causing a rapid rise in the aging demographic.²⁴ Population projections for the province of Ontario suggest that the amount of people within this age group are set to more than double within the next 25 years.²⁵ The quantity of individuals who are 65 years and older is expected to rise from 2.6 million to 4.5 million by 2046, almost doubling the quantity of members in this age group within the next 25 years (figure 2.01).²⁶ Moreover, these same projections also predict that the number of individuals who are 75 years and older will likely rise by about 1.6 million by 2046 (figure 2.02).²⁷ This means that the population of those who are 75 years of age

²³ M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 117, accessed November 10, 2021, <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>.

²⁴ Ibid.; "Ontario Population Projections," *Ontario*, accessed November 24, 2021, <http://www.ontario.ca/page/ontario-population-projections>.

²⁵ "Ontario Population Projections," *Ontario*, accessed November 24, 2021, <http://www.ontario.ca/page/ontario-population-projections>.

²⁶ Ibid.

²⁷ Ibid.



and older, will likely more than double within the next 25 years.²⁸ These numbers are projected to grow due to the aging of the “baby boomer” generation, who are beginning to reach these older ages and will continue to do so throughout the next several years.²⁹ Additionally, this demographic of aging individuals is anticipated to require assisted care, as disabilities and physical ailments tend to increase when one gets older.³⁰ Because of this, senior adults tend to look for assisted care around the age of 65.³¹ However there is an increasing number of aging adults who begin searching for assisted care before the age of 65.³² This is to ensure they receive a position within a care home before they reach the age that they will require

²⁸ Ibid.

²⁹ Ibid.

³⁰ ASHA “Life in a Senior Living Community: Where You Live Matters,” published March 9, 2017, accessed September 2021, <https://www.wherelivematters.org/life-senior-living-community/>; M.J. Mitchell and B.J. Kemp, “Quality of Life in Assisted Living Homes: A Multidimensional Analysis,” *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 117, accessed November 10, 2021, <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>.

³¹ ASHA “Life in a Senior Living Community: Where You Live Matters,” published March 9, 2017, accessed September 2021, <https://www.wherelivematters.org/life-senior-living-community/>.

³² Lori Thomas, “What is the Right Age for Assisted Living?” *Senior Advice*, accessed November 2021, <https://www.senioradvice.com/articles/what-is-the-right-age-for-assisted-living>.

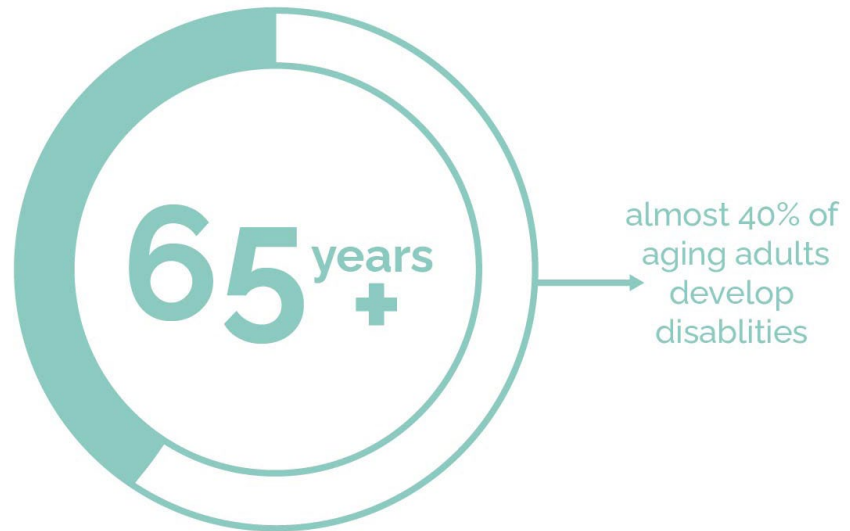
assisted care | A form of health care that helps an aging adult with their needs. there are different levels of care provided, varying depending on the individual

Above Top

figure 2.01 | Projected statistics for aging adults 65 and older

Above Bottom

figure 2.02 | Projected statistics for aging adults 75 and older



the assistance.³³ Approximately 40 percent of these senior peoples over the age of 60 will be likely to develop some form of disability (figure 2.03), which can lead to being functionally limited, causing a requirement for some form of assisted care.³⁴ In addition, according to Canada's 2011 statistics, more than 7 percent of aging adults, 65 years and older, began to search for a form of collective living that offers some assisted care.³⁵ Yet, approximately 30 percent lived within facilities where assisted care was offered.³⁶ Thus, almost 40 percent of the Canadian population was, and continue to be in need of some form of assisted care, beginning around the age of 65 years (figure 2.04).³⁷

³³ Ibid.

³⁴ M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 117, accessed November 10, 2021, <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>.

³⁵ "Living Arrangements of Seniors," *Statistics Canada*, accessed January 2022, https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.cfm#bx2.

³⁶ Ibid.

³⁷ Ibid.

Above
figure 2.03 | Aging adults 65+ who develop disabilities

Right
figure 2.04 | Percentage of aging adults who require care

65 years +



07%

7% of aging adults search for collective living



30%

30% of aging adults live in facilities



37%

37% of aging adults require assisted living

2.2 Levels of Care

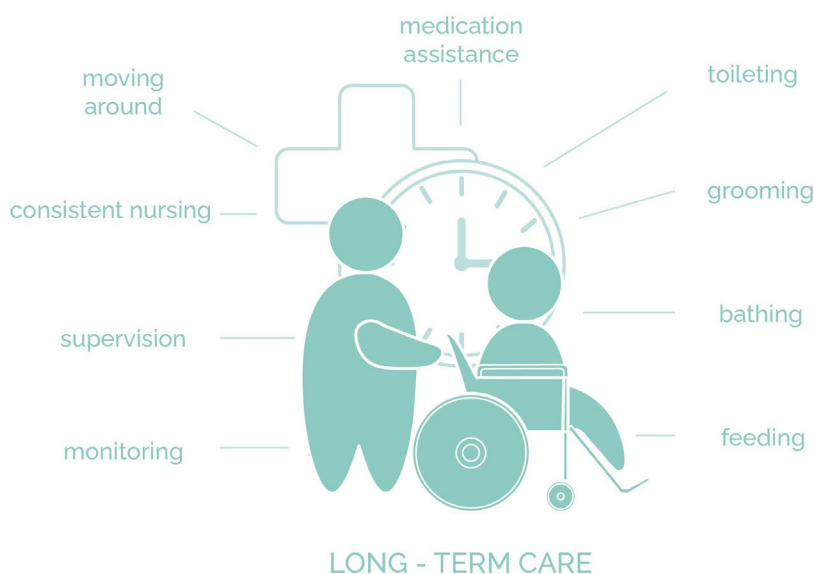
As mentioned, about 40 percent of aging adults, who are 65 years and older, will require some form of assisted care throughout their senior years.³⁸ There are 3 different levels of assisted care that are offered to the aging population. These levels of care include; long term care, at home care, and assisted living.³⁹ Each level of care varies based on their; different scale of care being offered, the methods of how the care is delivered, and how they affect the well-being of the aging individual. Individually, each level of care is important to those receiving them, however, in most cases they do not account for the person's well-being.⁴⁰ In addition, some of these senior adults do not require the full extent of care that some of these levels offer.⁴¹ Yet, each level of care, in order to account for the well-being of the aging adult, should meet the key

³⁸ Ibid.

³⁹ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 304, accessed September 2021, <https://doi.org/10.1177/073346480001900304>; "Personal Support Services: Closing the Gap Healthcare," *Closing the Gap*, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>; "Long Term Care Overview," *Ontario*, accessed November 2021, <https://www.ontario.ca/page/about-long-term-care>.

⁴⁰ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

⁴¹ "Pros and Cons of Assisted Living," *Comfort Life*, accessed November 24, 2021, <https://www.comfortlife.ca/retirement-communities/pros-and-cons-of-assisted-living>.



principles that should be available and offered to each individual in assisted care.⁴² These key principles include; choice, dignity, privacy, individuality, independence, and a likeness of home.⁴³ Thus, the more key principles that are met within these care homes, the better the overall well-being of the aging adult.⁴⁴

To begin, the first level of care is known as; *long term care*. This level of care offers the most attention and assistance to aging adults who require assisted care.⁴⁵ It offers the individual; consistent nursing, professional care, supervision, monitoring, and assistance with daily living and activities.⁴⁶ These activities typically include, but are not limited to; bathing and grooming, dressing, toileting, feeding, and moving around, even if it includes to another chair (**figure 2.05**).⁴⁷ Long-term care usually offers help to senior adults who need assistance in caring for serious health conditions or disabilities.⁴⁸ Because it is required for those who are in need of additional help, it offers more nursing and professional

⁴² Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

⁴³ Ibid.

⁴⁴ Ibid.

⁴⁵ "Long Term Care Overview," *Ontario*, accessed November 2021, <https://www.ontario.ca/page/about-long-term-care>.

⁴⁶ Ibid.

⁴⁷ "What is Long-Term Care," *National Institute on Aging*, accessed November 2021, <https://www.nia.nih.gov/health/what-long-term-care>.

⁴⁸ Ibid.

well-being | The overall feeling of being comfortable, happy, and healthy

choice | Being able to pick or decide. in terms of this thesis, it addresses if the aging adult gets to decide to not only be placed in assisted care, but also if the level of care offers them options to decide on things like meals and activities

dignity | The respecting and appreciating of an individual and ensuring they experience this treatment while in assisted care

privacy | A space for one to be alone and not be seen. beneficial when receiving health care or requiring one's personal space

individuality | Being able to express one's originality while in assisted care

independence | Being able and wanting to do things for one's self without requiring continuous assistance

likeness of home | An environment or space that feels comfortable and relaxed. can remind one of, or feel like, the comfort of a place they once lived

long-term care | Assistance and care provided to aging adults who require the maximum amount of care and assistance with daily activities. typically seen as facility-based design.

Above
figure 2.05 | What long-term care provides

care than at home care and assisted living can offer.⁴⁹ Thus, this becomes ideal for aging adults who require constant assistance and round the clock care for their conditions.⁵⁰ Yet, this level of care is highly difficult to receive, as there are long wait lists.⁵¹ In a study conducted by Erica Johnson for CBC news, Dr. Samir Sinha mentions that over 50,000 Canadians are on waiting lists in order to receive the care provided within a long-term care home.⁵² This leaves many waiting within a hospital until a spot opens up within a long-term care facility.⁵³

Moreover, even then, facility-based homes such as long-term care homes are not beneficial to the well-being of senior adults.⁵⁴ In the interview for CBC news, Dr. Samir Sinha can be quoted saying

"right now there are about 200,000 Canadians living in long-term care homes... about a third of them could've actually stayed in their own homes."⁵⁵

⁴⁹ "Long Term Care Overview," *Ontario*, accessed November 2021, <https://www.ontario.ca/page/about-long-term-care>.

⁵⁰ Ibid.

⁵¹ Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course," *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>.

⁵² Ibid.

⁵³ Ibid.

⁵⁴ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 33, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.; Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

⁵⁵ Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course," *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>.



They are also quoted saying:

"we [Canadians] have a real culture of institutionalizing people."⁵⁶

This has left senior adults to be pushed into long-term care facilities, due to a lack of services that could be provided through at home care.⁵⁷ In addition, based on the key principles that must be met in order to ensure the well-being of each aging adult does not decline, long-term care does not meet all the principles (**figure 2.06**).⁵⁸ Each individual does not necessarily have a choice to move here, as they likely require a large amount of care, or there is no where else for them.⁵⁹ Because, they are receiving such maximum care, there often is a loss of dignity, privacy, and independence.⁶⁰ Thus, although this level of care is necessary for those who require it, being that it is advanced, it does not offer a level of care that is optimal for the well-being of independent aging adults.

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

⁵⁹ "What is Long-Term Care," *National Institute on Aging*, accessed November 2021, <https://www.nia.nih.gov/health/what-long-term-care>; Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course," *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>.

⁶⁰ "What is Long-Term Care," *National Institute on Aging*, accessed November 2021, <https://www.nia.nih.gov/health/what-long-term-care>.

at home care | Assistance and care provided to aging adults who have chosen to remain within their own home

Above
figure 2.06 | Key principles met in long-term care



Furthermore, another level of care that is available is *at home care*. This level of care offers assistance to senior adults who choose to remain living within their home, yet still require some aid on a daily basis.⁶¹ Help is offered to these individuals who; may be experiencing; the effects of aging, illness, or injury, and require assistance to complete everyday functions and tasks, that may be challenging to execute in their physical state.⁶² These tasks can include, but are not limited to, activities such as; bathing and grooming, cooking and feeding, medication reminders, light housekeeping, and doing laundry (figure 2.07).⁶³ Although having care within one's home is meant to act as a support to prevent problematic situations from happening, it does not mean they have a constant supportive eye, as they may be left alone for long periods of time.⁶⁴ Seniors who remain at home within Canada find themselves being unable to receive the essential amount of care as frequently as they need.⁶⁵ This leaves these aging individuals to be faced with potential dangers such as; forgetting to take medication, fire hazards (when forgetting to turn off a small appliance), and even having an accidental fall, where they are left

⁶¹ "Personal Support Services: Closing the Gap Healthcare," *Closing the Gap*, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>.

⁶² Ibid.

⁶³ Ibid.

⁶⁴ Ibid.

⁶⁵ *The Current*, "Could Denmark Offer the Solutions to Canada's Elder Care Crisis," performed by Erica Johnson, 2022, CBC, <https://www.cbc.ca/player/play/2027476547909>; Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course," *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>.

Above
figure 2.07 | What at home care provides

alone for hours with no assistance.⁶⁶ Through his radio show, *White Coat Black Art*, Dr. Brian Goldman shares what he has learned about older adults who experience a fall while alone at home.⁶⁷ He mentions that some end up being left for over 36 hours with no help, leaving them without; a washroom, food, hydration, and more seriously with: broken bones or even fatality.⁶⁸ In this study, Dr. Goldman speaks with 75 year old Sheryl Zimmerman, who speaks to her experience when falling alone within her home without having assistance.⁶⁹ She mentions that not only did she feel embarrassed, but she was left alone over night until she was fortunate enough to have a neighbour check in on her the next morning.⁷⁰

Additionally, in a study conducted by Erica Johnson; *Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course*, Margot Algie was interviewed about her experience with receiving at home care.⁷¹ Algie, a 63 year old woman who still lives at home, requires assisted care for her ALS disease (a debilitating neurodegenerative disease).⁷² She speaks to her need for assistance with getting out of bed in

⁶⁶ Lucy Lediaev, "Disadvantages of Elderly People Living Alone," Love to Know, accessed November 2021, <https://seniors.lovetoknow.com/disadvantages-elderly-people-living-alone>.

⁶⁷ *White Coat Black Art*, "After the Fall," performed by Dr. Brian Goldman, aired October 16, 2021, CBC, <https://www.cbc.ca/listen/live-radio/1-75-white-coat-black-art/clip/15872216-after-fall>.

⁶⁸ Ibid.

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ *The Current*, "Could Denmark Offer the Solutions to Canada's Elder Care Crisis," performed by Erica Johnson, 2022, CBC, <https://www.cbc.ca/player/play/2027476547909>; Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course," *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>.

⁷² Ibid.

the morning and back into bed at night.⁷³ Algie mentions that she receives a visit from a nurse to help her get out of bed around 2:00 in the afternoon on most days, but only gets to be out of bed for a couple of hours before she is visited by another nurse, who puts her back into bed.⁷⁴ Despite asking for more help, she has not been able to receive it, and some days receives no help at all, due to the lack of services.⁷⁵ She was quoted saying:

"I'm terrified when they say I can't have help ... being stuck in bed... isn't great for my body, my skin psyche."⁷⁶

Moreover, according to the Canadian Medical Association (CMA), the lack of services within assisted care is only growing with the aging population, as the amount of people who will require assistance will increase by 50 percent within the decade.⁷⁷ They estimate the amount of Canadians who will require at home care

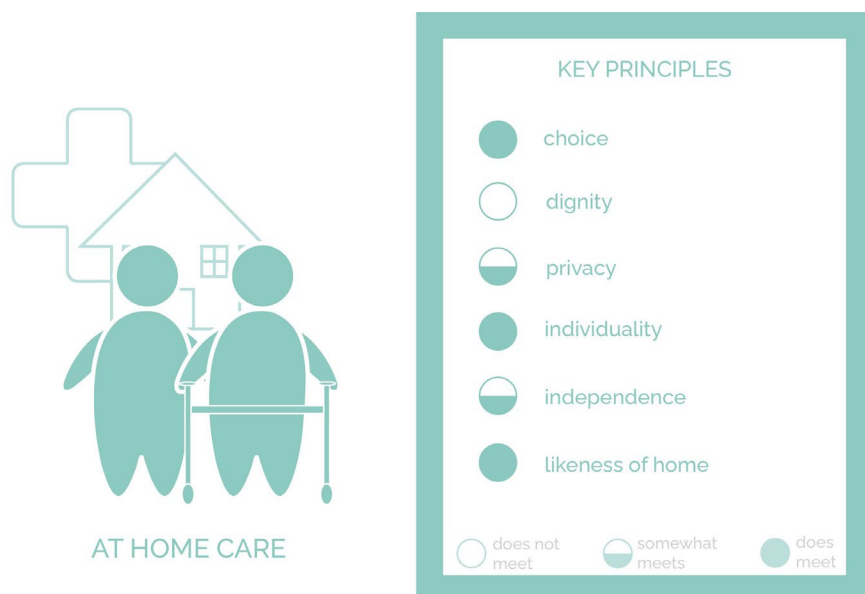
⁷³ Ibid.

⁷⁴ *The Current*, "Could Denmark Offer the Solutions to Canada's Elder Care Crisis." performed by Erica Johnson, 2022, CBC, <https://www.cbc.ca/player/play/2027476547909>.

⁷⁵ Ibid.

⁷⁶ *The Current*, "Could Denmark Offer the Solutions to Canada's Elder Care Crisis." performed by Erica Johnson, 2022, CBC, <https://www.cbc.ca/player/play/2027476547909>; Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course," *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>.

⁷⁷ Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how Another Country Changed Course," *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>.



will increase from 1.1 million to 1.7 million by the year of 2031.⁷⁸ CMA president, Katherine Smart, is quoted saying:

"the problem is getting worse... there is a real risk, we see our systems start collapsing over the next few months and years."⁷⁹

Also, although the key principles for assisted care are met more in at home care than in long-term care, they are still not fully met (figure 2.08).⁸⁰ The aging adult is offered choice, as they get to choose to remain in their own home, but they are also offered individuality and a likeness of home.⁸¹ However, receiving help with activities such as bathing and grooming, there is a loss of dignity and independence.⁸² Thus, although at home care seems like an optimal option for aging adults who want to remain within their homes, it is not optimal for their well-being, as it is not beneficial to their physical needs, it limits their social interactions, and can leave them alone for long periods of time with no additional help.⁸³

⁷⁸ Ibid.

⁷⁹ Ibid.

⁸⁰ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004CitationCount&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

⁸¹ "Personal Support Services: Closing the Gap Healthcare," *Closing the Gap*, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>.

⁸² Ibid.

⁸³ Lucy Lediaev, "Disadvantages of Elderly People Living Alone," Love to Know, accessed November 2021, [https://seniors.lovetoknow.com/disadvantages-elderly-people-living-alone](https://seniors.lovetoknow.com/disadvantages-elderly-people-living-alone;); *The Current*, "Could Denmark Offer the Solutions to Canada's Elder Care Crisis," performed by Erica Johnson, 2022, CBC, <https://www.cbc.ca/player/play/2027476547909>; Erica Johnson, et al., "Stuck in bed 23 Hours a Day: What's Wrong with Home Care in Canada and how

assisted living | Assistance and care provided to aging adults who require some assistance, however are still independent. typically facility-based design.

Above
figure 2.08 | Key principles met in at home care



Finally, the additional level of care that is offered to aging adults is known as; *assisted living*. This level of care is known to be the fastest growing form of housing for the elderly since the 1990s.⁸⁴ This however, has caused some confusion, as multiple care facilities have been known to term themselves under this level of care.⁸⁵ Although many care homes and residential living spaces have been termed as “assisted living”, it is actually defined as a home for those who are generally independent and may require a little help with average day-to-day activities.⁸⁶ This includes offering assistance with smaller activities such as; nursing care, meals, housekeeping, and social and recreational activities.⁸⁷ According to the journal, *The Gerontologist*, assisted living should provide; privacy, choice, dignity, independence, and the feeling or likeness of home.⁸⁸ It should provide general assistance to its residents, with 24-hour staff that is accessible for any potential needs.⁸⁹ Each care home offers its residents 3 meals daily, assistance with their personal care, help remembering to take medications, housekeeping, laundry, security, and supervision

Another Country Changed Course,” *CBC*, published April 2022, <https://www.cbc.ca/news/marketplace/home-care-canada-denmark-1.6430273>; *White Coat Black Art*, “After the Fall,” performed by Dr. Brian Goldman, aired October 16, 2021, *CBC*, <https://www.cbc.ca/listen/live-radio/1-75-white-coat-black-art/clip/15872216-after-fall>.

⁸⁴ Catherine Hawes et al., “A National Survey of Assisted Living Facilities,” *The Gerontologist* 43, no.6 (2003): 875, accessed September 2021, <https://doi.org/10.1093/geront/43.6.875>.

⁸⁵ Sheryl Zimmerman and Philip D Sloane, “Definition and Classification of Assisted Living,” *The Gerontologist* 47, no. suppl-1 (2007): 33, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004CitationCount&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

⁸⁶ Ibid.

⁸⁷ Ibid.

⁸⁸ Ibid.

⁸⁹ Ibid.

Above
figure 2.09 | What assisted living provides

(figure 2.09).⁹⁰ Additionally, assisted living also provides aging seniors with community-based living and immediate help in the case of a fall or other health related issues.⁹¹ Each resident within assisted living receives their own private room, with an onsite bathroom, which allows them to have their own space, while they share social spaces, including a dining hall, with other members of the care home.⁹² Assisted living offers care to those who are in need, but does not offer it at the same degree long term care does.⁹³ It also offers convenient access to assisted care, new social opportunities, convenience, simplicity, and spaces that are designed for aging adults and their needs.⁹⁴

However, although these additional services are provided to those who receive this level of care, the individual is still viewed and understood to be independent.⁹⁵ Assisted living ultimately provides home-like care within a community setting, and offers both medical and personal assistance to those who need it, while still prioritizing their independence.⁹⁶ Although ensuring their health is cared for, assisted living tends to focus more on the well-being of the individual, warranting that they have a safe and healthy environment.⁹⁷ Thus, it becomes an optimal environment for aging seniors who do not have a serious illness or disability affecting them.⁹⁸ It is also ideal for those who choose to remain

⁹⁰ "Residential Facilities, Assisted Living, and Nursing Homes," *National Institute on Aging*, accessed February 2022, <https://www.nia.nih.gov/health/residential-facilities-assisted-living-and-nursing-homes>.

⁹¹ Catherine Hawes et.al, "A National Survey of Assisted Living Facilities," *The Gerontologist* 43, no.6 (2003): 875, accessed September 2021, <https://doi.org/10.1093/geront/43.6.875>; Elizz Authors, "What is Assisted Living and How is it Different from a Nursing Home," *Elizz SE Health*, accessed February 2022, <https://elizz.com/planning/what-is-assisted-living/>.

⁹² Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

⁹³ "Residential Facilities, Assisted Living, and Nursing Homes," *National Institute on Aging*, accessed February 2022, <https://www.nia.nih.gov/health/residential-facilities-assisted-living-and-nursing-homes>.

⁹⁴ "Pros and Cons of Assisted Living," *Comfort Life*, accessed November 24, 2021, <https://www.comfortlife.ca/retirement-communities/pros-and-cons-of-assisted-living>; Lori Thomas, "What is the Right Age for Assisted Living," *Senior Advice*, accessed November 2021, <https://www.senioradvice.com/articles/what-is-the-right-age-for-assisted-living>.

⁹⁵ Elizz Authors, "What is Assisted Living and How is it Different from a Nursing Home," *Elizz SE Health*, accessed February 2022, <https://elizz.com/planning/what-is-assisted-living/>.

⁹⁶ Ibid.; "Assisted Living at Chartwell," *Chartwell*, accessed November 22, 2021, <https://chartwell.com/en/care-options/exploring-your-options/assisted-living>.

⁹⁷ Elizz Authors, "What is Assisted Living and How is it Different from a Nursing Home," *Elizz SE Health*, accessed February 2022, <https://elizz.com/planning/what-is-assisted-living/>.

⁹⁸ Ibid.

independent, but who may not want to perform everyday tasks such as; cooking and cleaning.⁹⁹ The care provided within assisted living largely contrasts to that being offered within long-term care homes, as individuals do not receive such a high level of care within assisted living.¹⁰⁰ Yet, it is similar to at home care, in the sense that all of the services that could be offered within ones home, are offered to them within their own (private) room within the communal care home.¹⁰¹ Because it offers care within a home setting, but also allows for social connection with a community, assisted living has become the level of care that most seniors choose to receive.¹⁰² As studied by Lois J. Cutler in *The Gerontologist* journal:

"[Assisted living] appears to be the older consumer's housing of choice when [they] need to relocate from independent living."¹⁰³

In addition, in comparison to the other levels of care, assisted living meets more of the key principles required to maintain the well-being of an aging adult in care homes (figure 2.10).¹⁰⁴ It meets all the options of choice, dignity, privacy,

⁹⁹ Ibid.

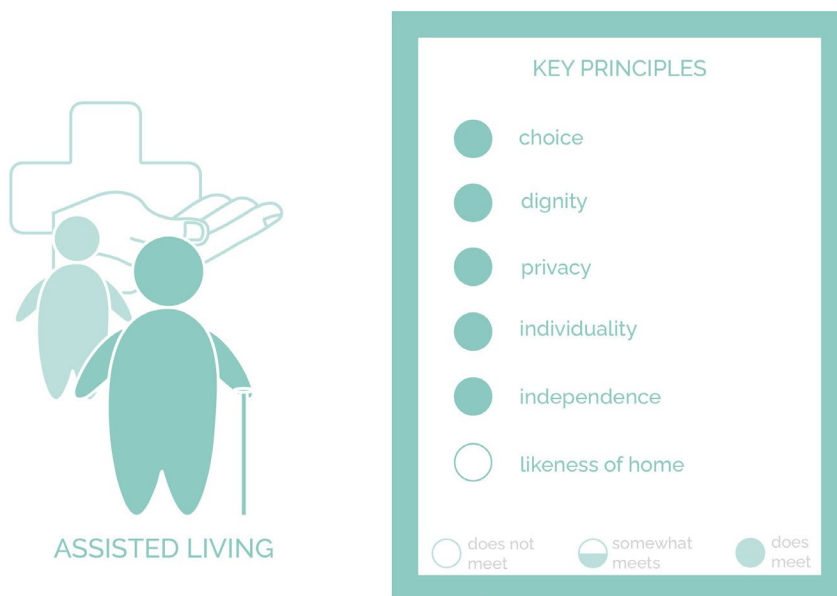
¹⁰⁰ Ibid.

¹⁰¹ "Residential Facilities, Assisted Living, and Nursing Homes," *National Institute on Aging*, accessed February 2022, <https://www.nia.nih.gov/health/residential-facilities-assisted-living-and-nursing-homes>.

¹⁰² Lois J. Cutler, "Physical Environments of Assisted Living: Research Needs and Challenges," *The Gerontologist* 47, no.3 (2007): 69, accessed February 2022, https://journals-scholarportal-info.libweb.laurentian.ca/pdf/00169013/v47inone_s1/68_peoalrnac.xml.

¹⁰³ Ibid.

¹⁰⁴ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classifi-



individuality, and independence.¹⁰⁵ However, it does not meet the principle; likeness of home, which is addressed in section 2.3. Thus, assisted living is viewed as a more optimal option for aging adults as they tend to be not only able to, but also encouraged to, live a generally independent lifestyle, while still being able to receive necessary support and care.¹⁰⁶

cation%20of%20Assisted%20Living&offset=0.

¹⁰⁵ Ibid.

¹⁰⁶ Elizz Authors, "What is Assisted Living and How is it Different from a Nursing Home," *Elizz SE Health*, accessed February 2022, <https://elizz.com/planning/what-is-assisted-living/>.

2.3 Aging in Assisted Care

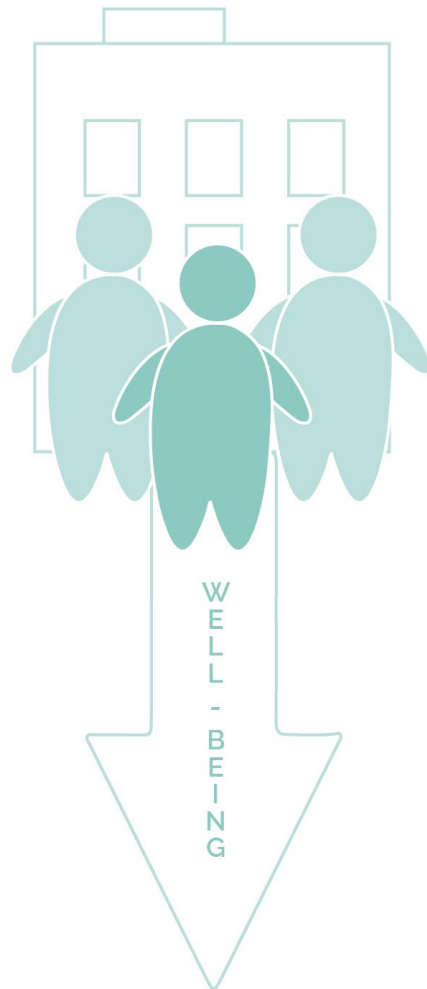
Although assisted living is the optimal form of assisted care for the independent aging population, it is offered in the form of facility-based living, which causes a depletion in the well-being for these individuals.¹⁰⁷ Being that it is the fastest growing form of assisted care, assisted living communities are growing and enhancing, but have aimed to be more consumer driven. Lois J. Cutler writes in the journal *The Gerontologist* that; with the turn to a consumer driven approach, assisted living has lost its home-like feel.¹⁰⁸ Senior adults end up moving into facilities to later find out that their overall well-being, independence, and quality of life begin to deteriorate (figure 2.11).¹⁰⁹ *The Journal of Applied*

107 Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 33, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0; Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

108 Lois J. Cutler, "Physical Environments of Assisted Living: Research Needs and Challenges," *The Gerontologist* 47, no.3 (2007): 69, accessed February 2022, https://journals-scholarsportal-info.libweb.laurentian.ca/pdf/00169013/v47inone_s1/68_peoalrnac.xml.

109 Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312-315, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

gerontology | The study of the process of aging, being older in age, and problems that effect aging individuals

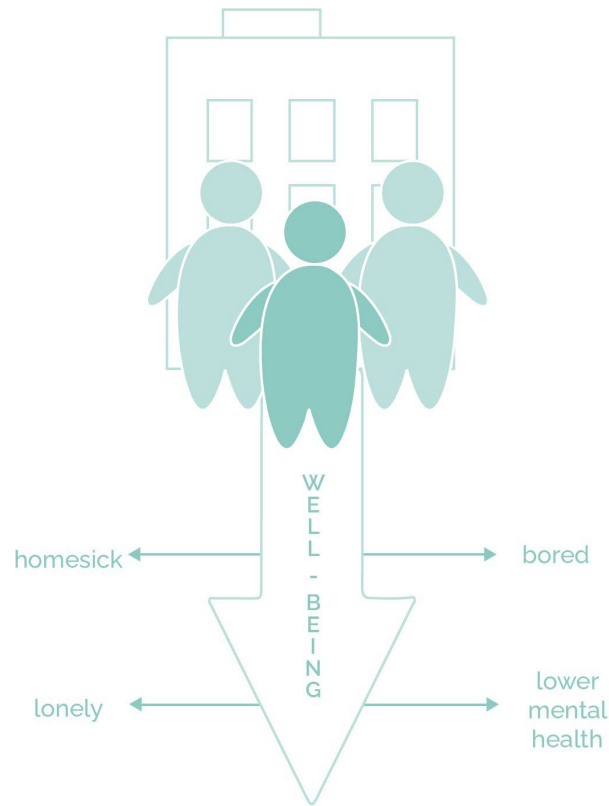


Gerontology, the *Journal of Aging Studies*, and the *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* conducted studies that aimed to understand what happened to aging adults when they moved into assisted care facilities.¹¹⁰ Firstly, within the study conducted by the *Journal of Applied Gerontology*, a discovery was made regarding the feelings and overall attitudes of the residents.¹¹¹ No matter how the senior individual felt about their situation, whether positive or despaired, living in a facility left them feeling a lack of freedom, self-sufficiency, and independence.¹¹² This led to individuals feeling homesick, bored, and lonely, which led to the depletion of

¹¹⁰ Ibid, 312; M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 117-127, accessed November 10, 2021, <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>.

¹¹¹ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

¹¹² Ibid.



their mental health (figure 2.12).¹¹³ Additionally, being in a facility, caused individuals to experience limited choices in their daily lives and activities, including minimal options in meal choices and in planned activities.¹¹⁴ These aging adults, being put into facilities, entered into a situation where their lives were planned for them, leaving them with a loss of self-sufficiency.¹¹⁵ Thus, even though the majority of residents were satisfied with their level of care, being within a facility strained their psychological well-being.¹¹⁶ In addition, within the study published in the *Journal of Aging Studies*, residents within facilities were left feeling less independent than they were before, but hoped they could still maintain some independence.¹¹⁷ Although the notion of receiving care through

¹¹³ Ibid, 313.

¹¹⁴ Ibid, 315.; Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.; Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021.; Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021.

¹¹⁵ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 315, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

¹¹⁶ Ibid, 312.

¹¹⁷ Mary M. Ball, et al. "Independence in Assisted Living," *Journal of Aging Studies* 18, no. 4 (2004): 472, accessed February 2022, https://www.sciencedirect.com/science/article/pii/S0890406504000416?casa_token=ehRyYlnV1wYAAAAA:FyzE_TvG7ILDkkGXXNIFVfWkQd-

Above
figure 2.12 | Effects of living in a facility

I like to be busy, I don't like to sit around and watch TV
Alva [89 year old woman from study]

assisted living meant that they could remain independent, being in a facility actually created a loss of independence and most residents ultimately found that they missed doing things for themselves.¹¹⁸ A personal account given by a resident named Ruth (85 years old) said that she moved from her apartment into a facility and she missed doing things for herself.¹¹⁹ Alva (89 years old), another resident within this study is quoted saying;

*"I like to be busy, I don't like to sit around and watch TV."*¹²⁰

Moreover, within facilities, restrictions apply on what these senior adults can do.¹²¹ They find it hard to find things to do in order to stay occupied and avoid experiencing moments of boredom.¹²² It was especially difficult for those who enjoyed staying busy or who used to always be busy to find things to do to keep themselves from experiencing boredom.¹²³ While, having the assistance available to help perform household duties was optimal to some, a large number of individuals still chose to complete these tasks on their own.¹²⁴ In fact, 35 percent of residents said they missed their independence most.¹²⁵ Additionally, 31 percent were still able to manage their own medication and 35 percent still chose to

[SpytzLiPRZE4Zhi88XCITG5Mg-MXKvE7zA_CcRjEbDjiColqs.](https://doi.org/10.1111/1532-8423.14811)

¹¹⁸ Ibid.

¹¹⁹ Ibid.

¹²⁰ Ibid.

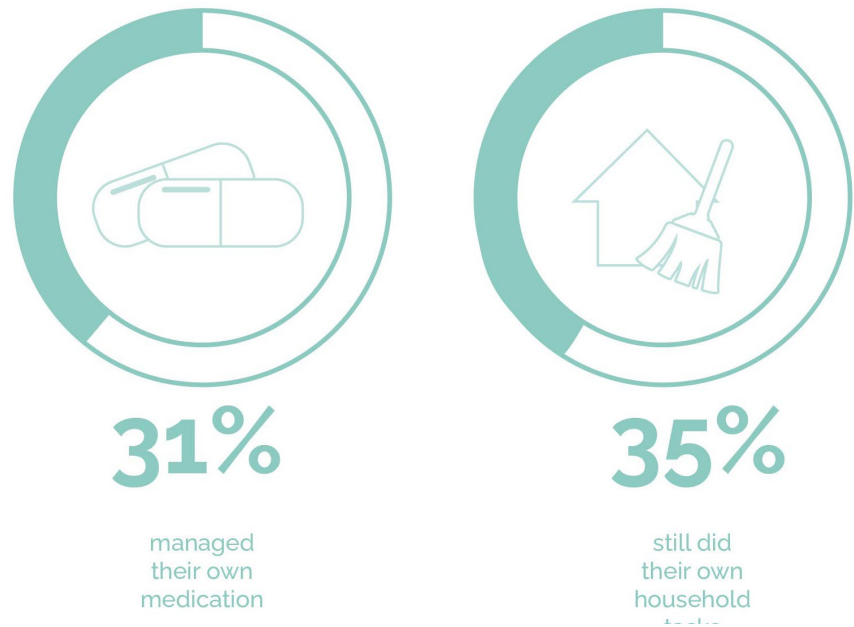
¹²¹ Ibid.

¹²² Ibid, 473.

¹²³ Ibid.

¹²⁴ Ibid, 472.

¹²⁵ Ibid.



accomplish their household tasks independently (figure 2.13).¹²⁶ Therefore, even though residents were able to receive any necessary assistance, they still experienced a loss of independence, due to living in a facility.¹²⁷

Furthermore, the *Journals of Gerontology Series B: Psychological Sciences and Social Sciences* speaks to the quality of life one might have when living within assisted living facilities.¹²⁸ It addresses how living in facilities can actually cause ones mental and/or physical health to diminish.¹²⁹ From this study's results, it was discovered that the atmosphere of assisted living should reflect a warm, homelike environment, in order to make residents feel comfortable, content, and maintain a good overall

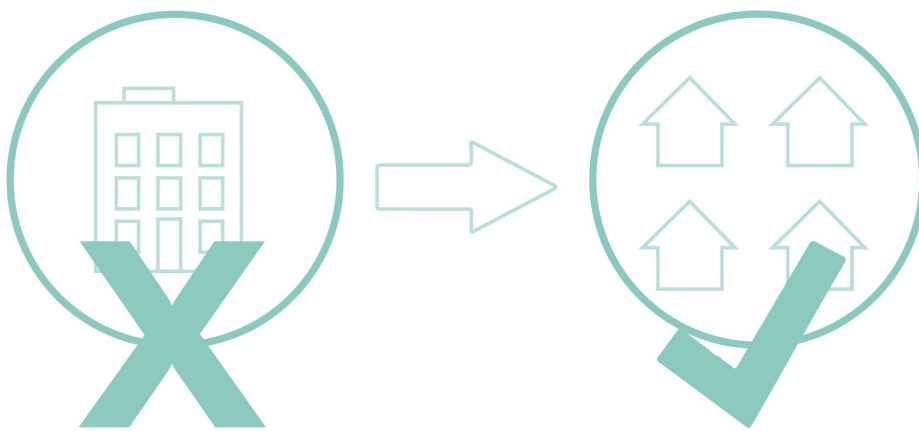
¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 117, accessed November 10, 2021, <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>.

¹²⁹ Ibid., 118.

figure 2.13 | Tasks seniors were still able to perform



well-being.¹³⁰ The study also mentions how in the future assisted living care homes should not be designed as facilities, but rather as smaller homes, allowing for community connection and a stronger social atmosphere (figure 2.14).¹³¹ Thus, although assisted living is the optimal form of assisted care, providing this level of care without creating a facility for aging adults is not only better for the independence of residents, but also for their overall well-being.

¹³⁰ Ibid.

¹³¹ Ibid, 125.

3.1 Need for Care in the North

As mentioned in the previous chapter, assisted living is the best form of assisted care for aging adults to receive, especially for those who want to continue living a generally independent lifestyle.¹³² Within Northern Ontario, assisted living care homes can be found within larger cities, such as; Sudbury or Timmins.¹³³ However, they appear in these locations as facility-based homes, which as previously noted, is not beneficial to the overall well-being of the resident.¹³⁴ Facilities found within the North are always at full capacity, holding a wait list, which means that not everyone who needs this care is able to receive it right away.¹³⁵ One

¹³² Elizz Authors, "What is Assisted Living and How is it Different from a Nursing Home," *Elizz SE Health*, accessed February 2022, <https://elizz.com/planning/what-is-assisted-living/>.

¹³³ Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021; Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.

¹³⁴ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 33, accessed September 2021, [https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0](https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0;); Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

¹³⁵ Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021; Amberwood Suites Sales Coordinator, interviewed by



example can be seen in the city of Sudbury, which holds a population of approximately 164,000 people.¹³⁶ Within Sudbury, there are two well – known assisted living facilities; Red Oak Villa and Amberwood Suites.¹³⁷ These facilities are both at full capacity and hold long wait lists for individuals waiting to get into one of these homes.¹³⁸ However, although there are long wait lists, which prove the need for this level of care, these homes are still designed as facilities, which are not good for the well-being of aging adults.¹³⁹ Being in a facility, the individual's daily activities and meals are completely planned for them, creating a loss of self-sufficiency and independence.¹⁴⁰

Amberwood Suites, located on Regent Street in Sudbury, acts as an example of this (**figure 3.01**). This facility holds a wait list of 80 to 100 people and 90 suites ranging in size from a bachelor's

Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021; Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021.

¹³⁶ "Census Profile: 2016 Census – Sudbury," *Government of Canada, Statistics Canada*, published February 2017, accessed November 14, 2021, <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=CMACA&Code1=580&Geo2=PR&Code2=47&Data=Count&SearchText=Greater%20Sudbury&SearchType=Begins&SearchPR=01&B1=All&GeoLevel=PR&GeoCode=580&TABID=1>.

¹³⁷ Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021; Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.

¹³⁸ Ibid.

¹³⁹ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

¹⁴⁰ Ibid.

Above
figure 3.01 | Amberwood suites exterior



suite to 2-bedroom suites.¹⁴¹ Each suite features a bedroom, mini kitchenette (with a microwave, sink and mini fridge), an accessible ensuite bathroom and small living space (figure 3.02).¹⁴² The daily lives in terms of meals and activities are planned out for these residents.¹⁴³ A monthly calendar is made up with all the activities that are scheduled for the duration of the month.¹⁴⁴ These residents have fully planned days, starting with a 7:30-9:00 am breakfast in the dining hall, followed by activities planned until a 12:00-1:00pm lunch.¹⁴⁵ Afterwards, activities are scheduled until 3:00 pm, leaving a brief couple of hours of unscheduled time, acting as a free-time.¹⁴⁶ From 5:00 – 6:00 pm, supper is offered within the dining hall, after which evening activities are planned; which typically includes some form of card or board game.¹⁴⁷ Moreover, these residents are offered an option of two different meal choices for each of their meals, leaving them with minimal variation and choice.¹⁴⁸ Other activities that the residents are able to do with their leisure time include; booking hair appointments, as a hair dresser comes in frequently, reading in the lounge and doing laundry, all of which are available on each floor of the building.¹⁴⁹

¹⁴¹ Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.

¹⁴² Ibid.

¹⁴³ Ibid.

¹⁴⁴ Ibid.

¹⁴⁵ Ibid.

¹⁴⁶ Ibid.

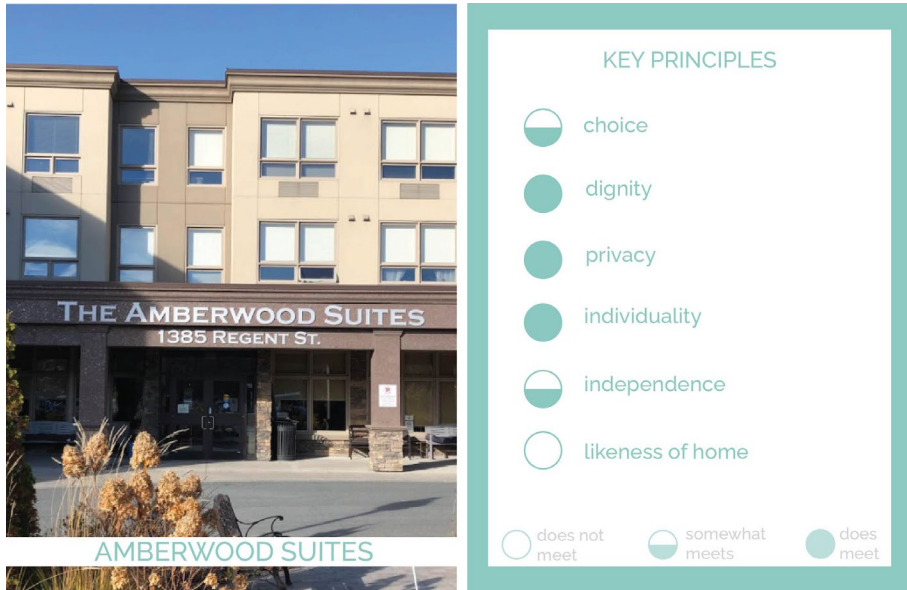
¹⁴⁷ Ibid.

¹⁴⁸ Ibid.

¹⁴⁹ Ibid.

figure 3.02 | Amberwood suites room floor plan

Above
plan



However, the key principles that should be met in assisted care homes are not fully met within this facility (**figure 3.03**).¹⁵⁰ Although, residents have the option to decorate the doors to their own suites, which some individuality (**figure 3.04**), having the majority of their day scheduled allows for minimal choice and creates a lack of independence.¹⁵¹



¹⁵⁰ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

¹⁵¹ Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.

Above Top
figure 3.03 | Key principles met at
amberwood suites

Above Bottom
figure 3.04 | Amberwood suites unit door



Moreover, the interior atmosphere does not reflect a likeness of home, as it features poorly lit hallways (figure 3.05-3.06) and small poorly lit common spaces on each floor (figure 3.07). Overall, these residents are left with the feeling of being within a hotel, not one's home.¹⁵² Thus, although it can be nice to have some assistance with the planning of activities, being in a facility with planned activities and meals actually creates a loss of independence and self-sufficiency, as aging adults have everything being done for them.¹⁵³



Above Left
figure 3.05 | Amberwood suites hallway
01

Above Right
figure 3.06 | Amberwood suites hallway
02

Bottom
figure 3.07 | Amberwood suites lounge

¹⁵² Ibid.

¹⁵³ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 315, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.



Additionally, Red Oak Villa is another example of facility-based living and how they can cause depletion in one's independence and self-sufficiency. Like Amberwood Suites, Red Oak Villa is also located within Sudbury, but within its downtown (figure 3.08).¹⁵⁴ This facility has a wait list of 80 people for a bachelor's suite, 126 for single bedroom suites, and 18 for 2-bedroom suites, leaving a total of 224 names waiting for a spot.¹⁵⁵ Currently the facility has 84 suites, all at full capacity, but they are expanding and adding 122 suites.¹⁵⁶ However, with this expansion there will still be a waiting list of individuals looking for a room.¹⁵⁷ Much like Amberwood, each suite features; a personal bathroom, a small kitchenette, and living space.¹⁵⁸ Although, depending on how

¹⁵⁴ Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021.; Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.

¹⁵⁵ Ibid.

¹⁵⁶ Ibid.

¹⁵⁷ Ibid.

¹⁵⁸ Ibid.



many bedrooms are needed, the size of the suite varies (figure 3.09 – 3.11).¹⁵⁹ The daily routine for each of the residents is planned out, with breakfast in the dining room from 7:30-9:00 am.¹⁶⁰ Activities are planned from 10:00 am until lunch is served, within the dining hall, from 12:00-1:00 pm.¹⁶¹ At 1:30pm, activities are planned until 3:00pm, when there is free time for a couple hours until supper, which occurs from 5:00-6:00 pm within the dining hall.¹⁶² Afterwards, a rosary is planned for those who would like to participate until around 6:30 pm when evening activities are planned, including card and board games.¹⁶³ Additional services and social opportunities that are offered include; reading in the lounge/library space, located on each of the floors, going to the hair salon, shopping at the tuck shop (when it is open), and doing laundry.¹⁶⁴ Although the effort is made to provide activity, in order to avoid residents feeling bored, having their day planned out makes them feel as though they aren't as self-sufficient or independent as they could be.¹⁶⁵ This is especially important when considering the residents within these locations are, and should live a generally independent lifestyle.¹⁶⁶ Moreover, the facility does not

¹⁵⁹ Ibid.

¹⁶⁰ Ibid.

¹⁶¹ Ibid.

¹⁶² Ibid.

¹⁶³ Ibid.

¹⁶⁴ Ibid.

¹⁶⁵ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 315, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

¹⁶⁶ Elizz Authors, "What is Assisted Living and How is it Different from a Nursing Home, *Elizz SE Health*, accessed February 2022, <https://elizz.com/planning/what-is-assisted-living/>.

Above

figure 3.09 | Red oak villa suite 01

Middle

figure 3.10 | Red oak villa suite 02

Bottom

figure 3.11 | Red oak villa suite 03



fully meet the key principles that should be experienced in order to maintain good well-being (figure 3.12).¹⁶⁷ Much like Amberwood Suites, residents at Red Oak Villa are able to decorate the doors to their suites, allowing them to show their personality and be unique (figure 3.13 – 3.14).¹⁶⁸



Above
figure 3.12 | Key principles met at red oak villa

Bottom Left
figure 3.13 | Red oak villa suite door 01

Bottom Right
figure 3.14 | Red oak villa suite door 02

¹⁶⁷ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

¹⁶⁸ Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021; Amberwood Suites Sales Coordinator, interviewed by Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.



Yet, having most of the day scheduled for the residents, created minimal opportunity for choice and independence.¹⁶⁹ In addition, although the interior has an atmosphere that reflects a likeness of home, unlike Amberwood, there still was not a complete feeling that reflected as such.¹⁷⁰ The interior of the building, being that it is a facility, featured very low lighting within both; the hallways (figure 3.15) and the common lounge spaces (figure 3.16), on each floor.¹⁷¹



Above
figure 3.15 | Red oak villa hallway

Bottom
figure 3.16 | Red oak villa third floor lounge

¹⁶⁹ Ibid.

¹⁷⁰ Ibid.

¹⁷¹ Ibid.

With the low lighting and dark hallways, the feeling of home is lost, as it creates an uncomfortable and unrelaxing space. Thus, although having the provided assistance can be helpful, with the planning of activities, being in a facility with planned events and meals actually creates a loss of independence and self-sufficiency, because aging individuals are not having to do things for themselves anymore.¹⁷² Furthermore, with these two facilities kept in mind as examples, it can be understood that there is a growing need for assisted living within Northern Ontario cities. This can be seen from their long wait lists, and especially in the case of Red Oak Villa, where although an extension is being made a long wait list will still remain.¹⁷³ With both facilities having long waiting lists, it can be understood that the city of Greater Sudbury could benefit from having additional assisted living homes implemented into the area. However, what happens to those who require assisted living, but do not have access? What about those within more remote northern communities?

¹⁷² Ibid.

¹⁷³ Ibid.

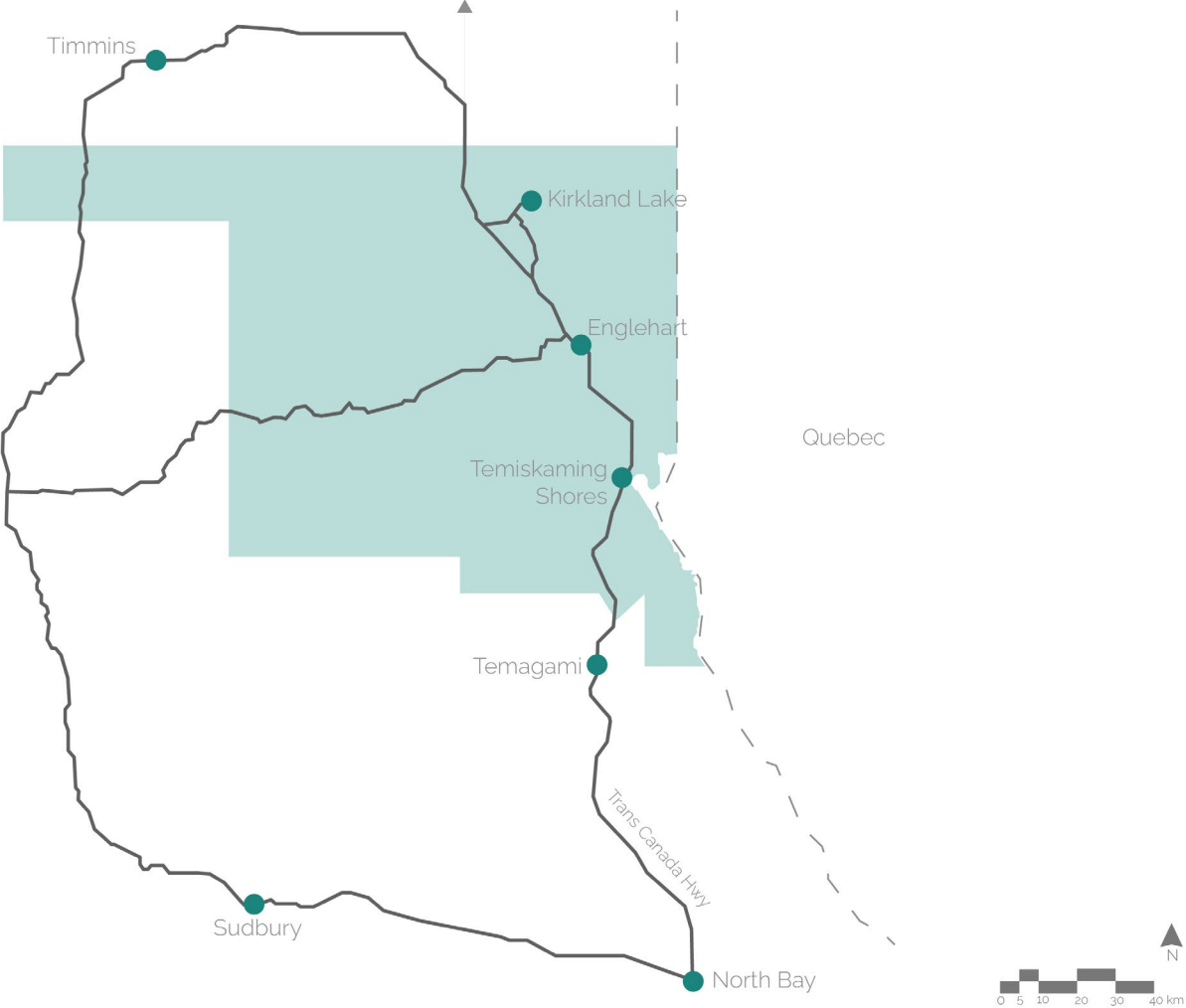
3.2 Need for Care in the Timiskaming District

Within small northern communities, aging adults that require assisted living are either obligated to uproot their lives to a larger area, where this level of care is offered, or move into a long-term care facility in their area. One specific region in need of assisted living within the North is known as the Timiskaming District (figure 3.17). It is located between Timmins and North Bay, sitting somewhat in the middle of that distance. It stretches from the small city of Temiskaming shores, north to the town of Kirkland Lake, and it located along the Trans-Canada Highway (Highway 11). One remote town within this region, that can be looked at as an example, is the town of Kirkland Lake, located within the northern portion of the Timiskaming District. The town has a total population of 7,981 people, with 21.1. percent of the population being 65 years of age and older.¹⁷⁴ Based on the demographics for Kirkland Lake and the surrounding small communities, there is imminent need for assisted living to be implemented into this area. This is due to the aging of the “baby boomer” generation, who will within the 25

¹⁷⁴ "Census Profile: 2016 Census." *Government of Canada, Statistics Canada*. Published February 2017. Accessed November 14, 2021. <https://www12.statcan.gc.ca/census-re-censement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=01&-Geo2=PR&Code2=01&Data=Count&SearchText=01&SearchType=Begins&Search-PR=01&B1=All&Custom=&TABID=3>

well-being | A district within north-eastern Ontario, stretching from temiskaming shores, north to Kirkland lake. Located centrally between timmins and north bay

figure 3.17 | Timiskaming District context map



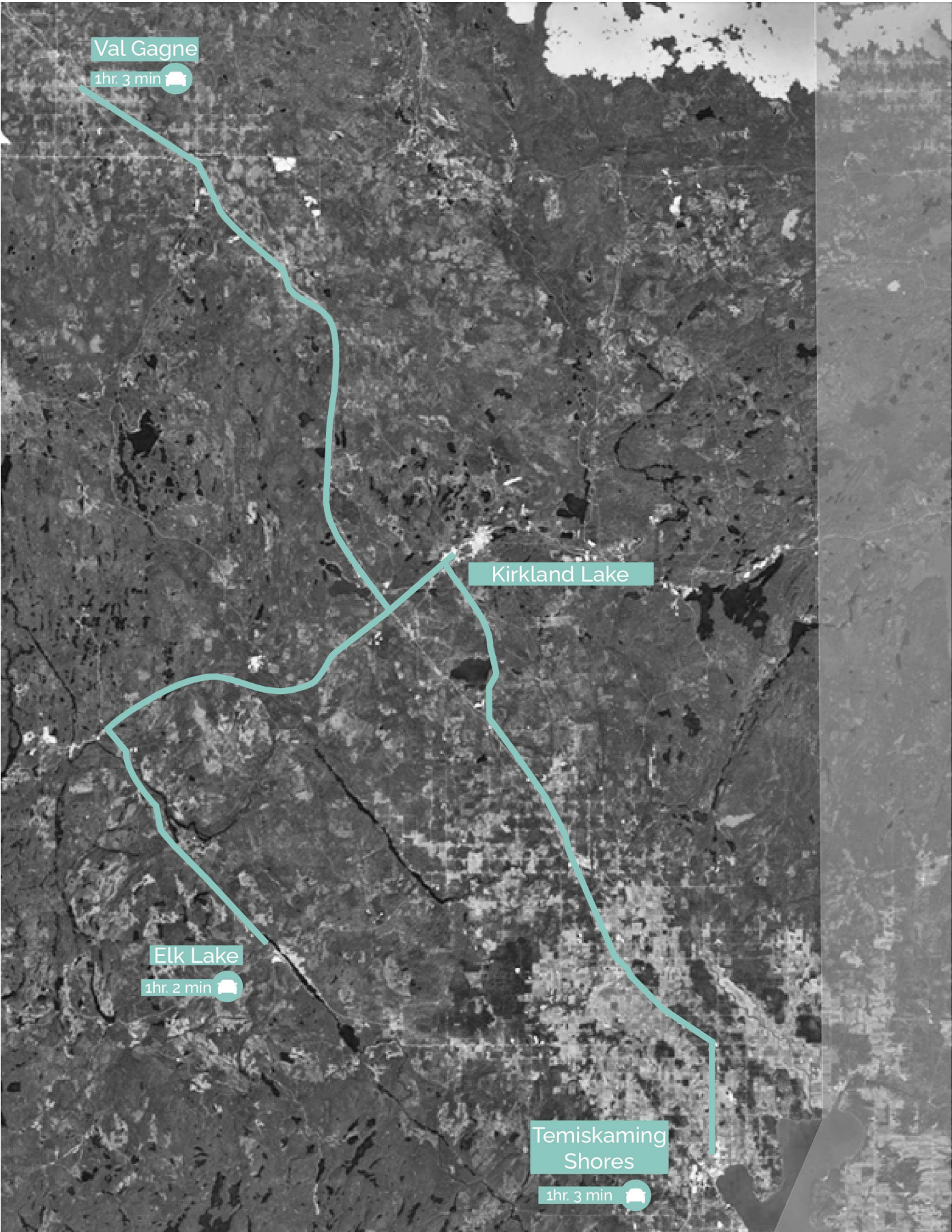
baby boomer | An individual born between the years of 1946 and 1964

figure 3.18 | 1-hour travel radius around Kirkland lake

years be reaching the age where assisted care may be required.¹⁷⁵ The town of Kirkland Lake is surrounded and supported by multiple small communities, or sub-divisions according to *Statistics Canada*.¹⁷⁶ When creating an hour travel radius (by motor vehicle), around Kirkland Lake to the areas that it would support, the town is approximately an hour drive away from Temiskaming Shores (south), Val Gagne (north), and Elk Lake (west) (**figure 3.18**). Using the radius of Kirkland Lake and the surrounding areas, the average

¹⁷⁵ ASHA "Life in a Senior Living Community: Where You Live Matters," published March 9, 2017, accessed September 2021, <https://www.wheretheyoulivematters.org/life-senior-living-community/>; M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 117, accessed November 10, 2021, <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>.

¹⁷⁶ "Census Profile: 2016 Census." *Government of Canada, Statistics Canada*. Published February 2017. Accessed November 14, 2021. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=01&Geo2=PR&Code2=01&-Data=Count&SearchText=01&SearchType=Begins&SearchPR=01&B1=All&Custom=&TABID=3>.

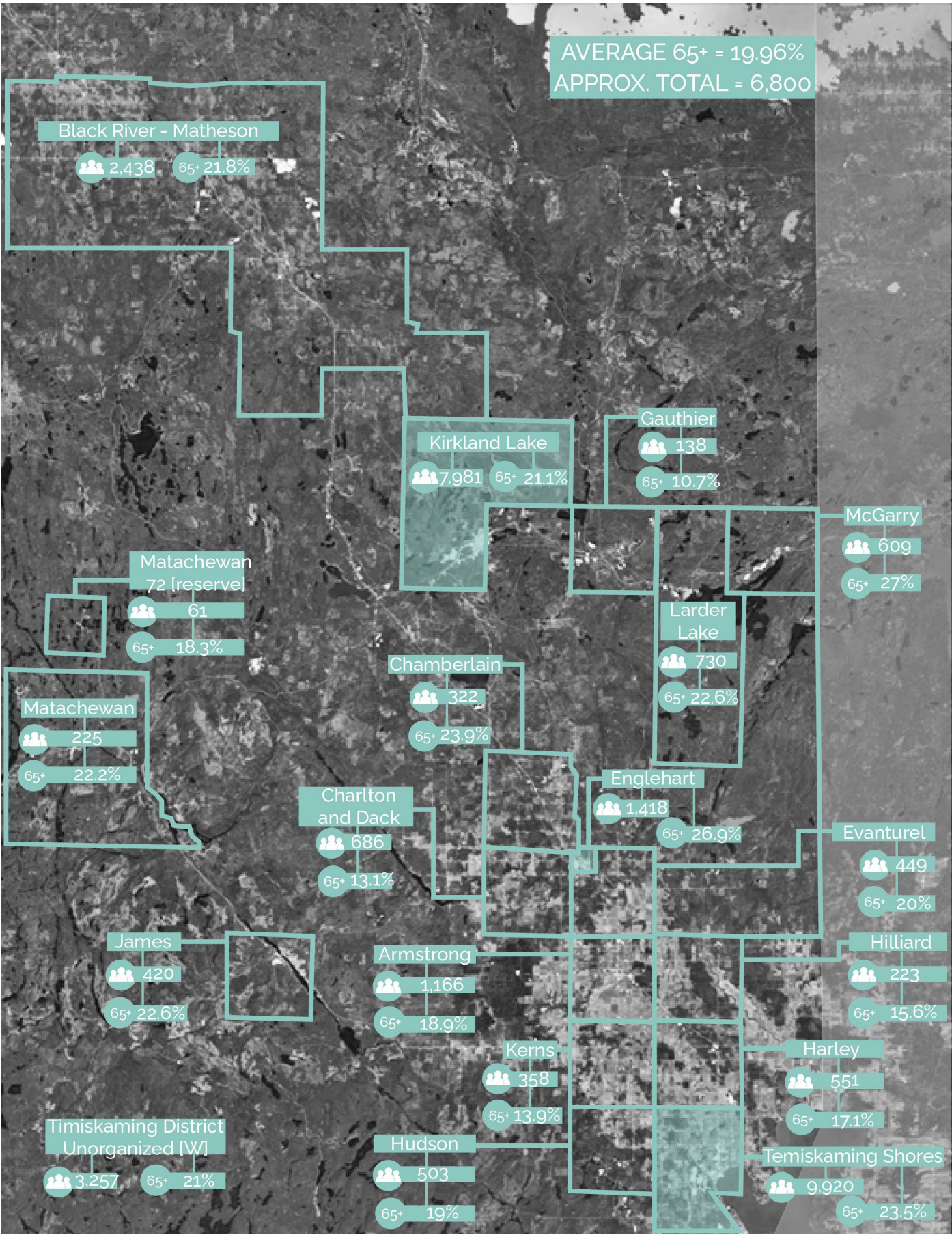


percentage of aging individuals age 65 and older is 19.96 percent of the total population (**figure 3.19**). This means that Kirkland Lake and the surrounding areas have approximately 6,800 people who are considered seniors.¹⁷⁷ However, considering that the population of Ontario is projected to rise in the next 25 years, this meant this specific northern area was meant to likely rise as well.¹⁷⁸ Taking into account the upcoming generation, the number of senior adults that will be reaching these older ages in the next 25 years is expected to rise by approximately 7 percent, as those who are currently

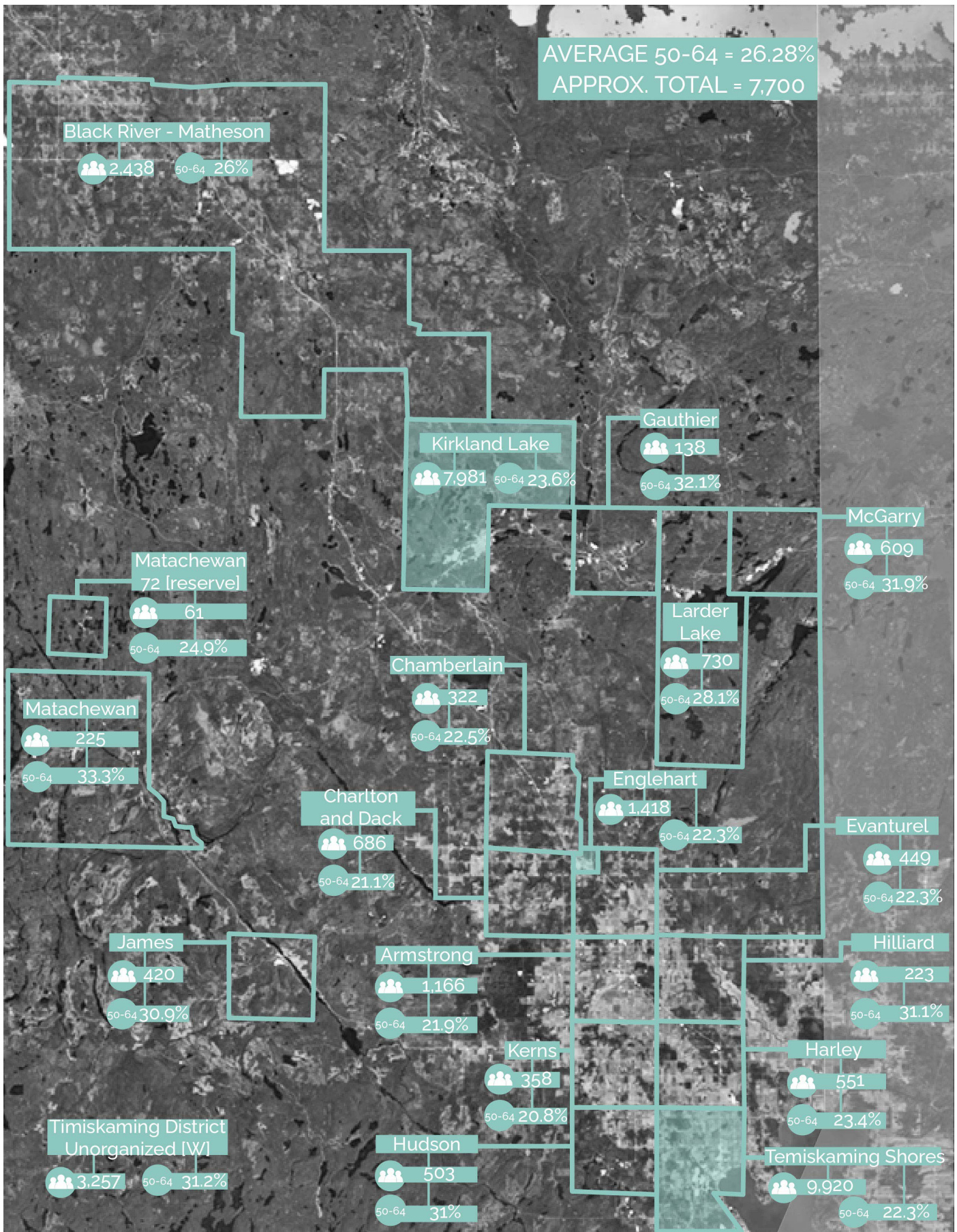
¹⁷⁷ Ibid.

¹⁷⁸ "Ontario Population Projections," *Ontario*, accessed November 24, 2021, <http://www.ontario.ca/page/ontario-population-projections>.

Right
figure 3.19 | Timiskaming District aging
population 65+



AVERAGE 65+ = 19.96%
APPROX. TOTAL = 6,800



50-64 years of age amount to an average of 26.28 percent of the population within the area (**figure 3.20**).¹⁷⁹ This created a total of individuals between the ages of 50 and 64 to be approximately 7,700 people.¹⁸⁰ When understanding that almost 40 percent, of these individuals will likely require some form of assisted care,¹⁸¹ the number of aging adults within the Kirkland Lake and surrounding area, who will likely require assisted care, totals to be roughly 3000 senior adults.

¹⁷⁹ "Census Profile: 2016 Census." *Government of Canada, Statistics Canada*. Published February 2017. Accessed November 14, 2021. <https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/prof/details/page.cfm?Lang=E&Geo1=PR&Code1=01&Geo2=PR&Code2=01&-Data=Count&SearchText=01&SearchType=Begin&SearchPR=01&B1=All&Custom=&TABID=3>.

¹⁸⁰ Ibid.

¹⁸¹ "Living Arrangements of Seniors," *Statistics Canada*, accessed January 2022, https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.cfm#bx2.

Left
figure 3.20 | Timiskaming District aging population 50-64

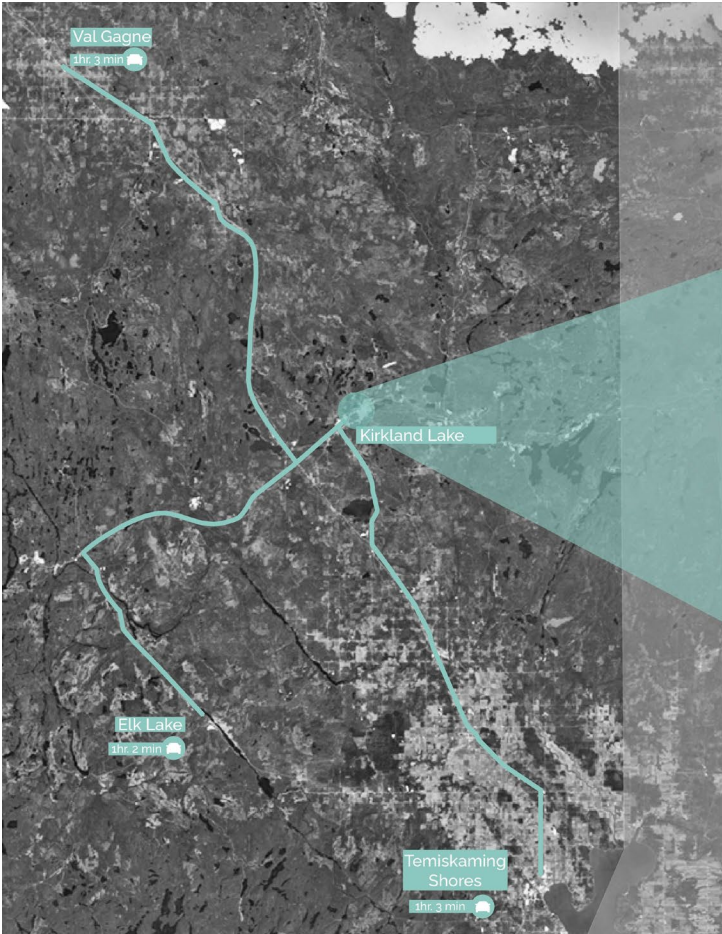
Furthermore, these 3000 senior adults in this northern area, who will require some form of assisted care, struggle to find a proper place to live, that offers the necessary care. Within Kirkland Lake, there is no option for assisted living (figure 3.21), nor within a town located half an hour south, known as Englehart (figure 3.22). This causes the local aging adults, who require care, to seek either at home care or long-term care. As mentioned previously, this is not beneficial to the overall well-being of independent aging adults.¹⁸² Local senior individuals are left to either seek care that is too advanced for them such as long-term care or care at home, which is also not beneficial to their well-being and health, or they must move away from Kirkland Lake in order to receive the necessary level of care they would need, resulting in them feeling homesick.¹⁸³

182 "Personal Support Services: Closing the Gap Healthcare," *Closing the Gap*, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>; "Long Term Care Overview," *Ontario*, accessed November 2021, <https://www.ontario.ca/page/about-long-term-care>.

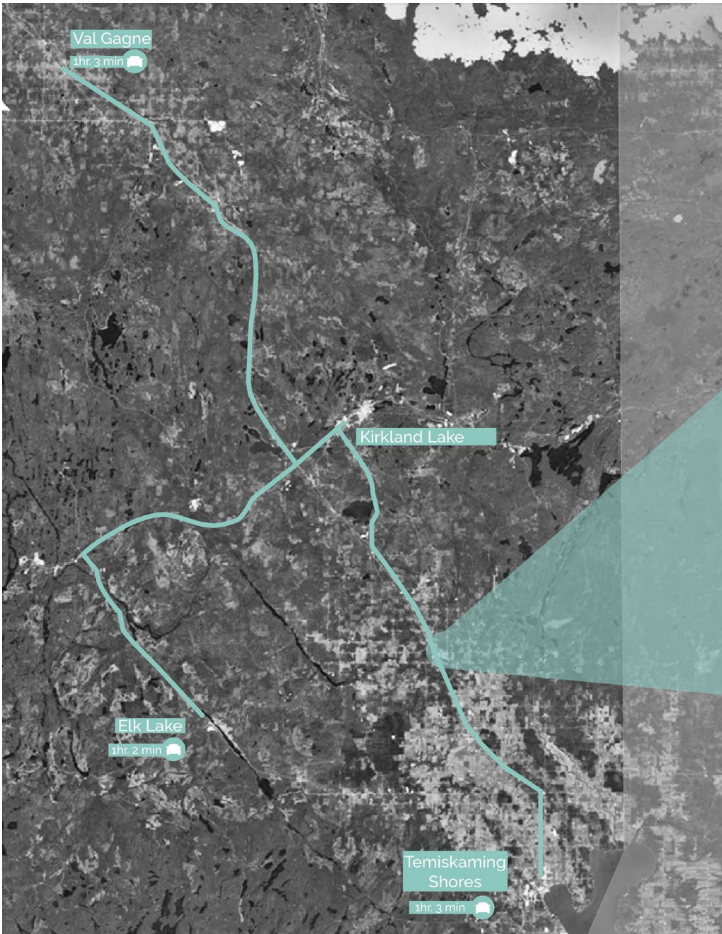
183 Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

Right Above
figure 3.21 | Assisted care in Kirkland Lake

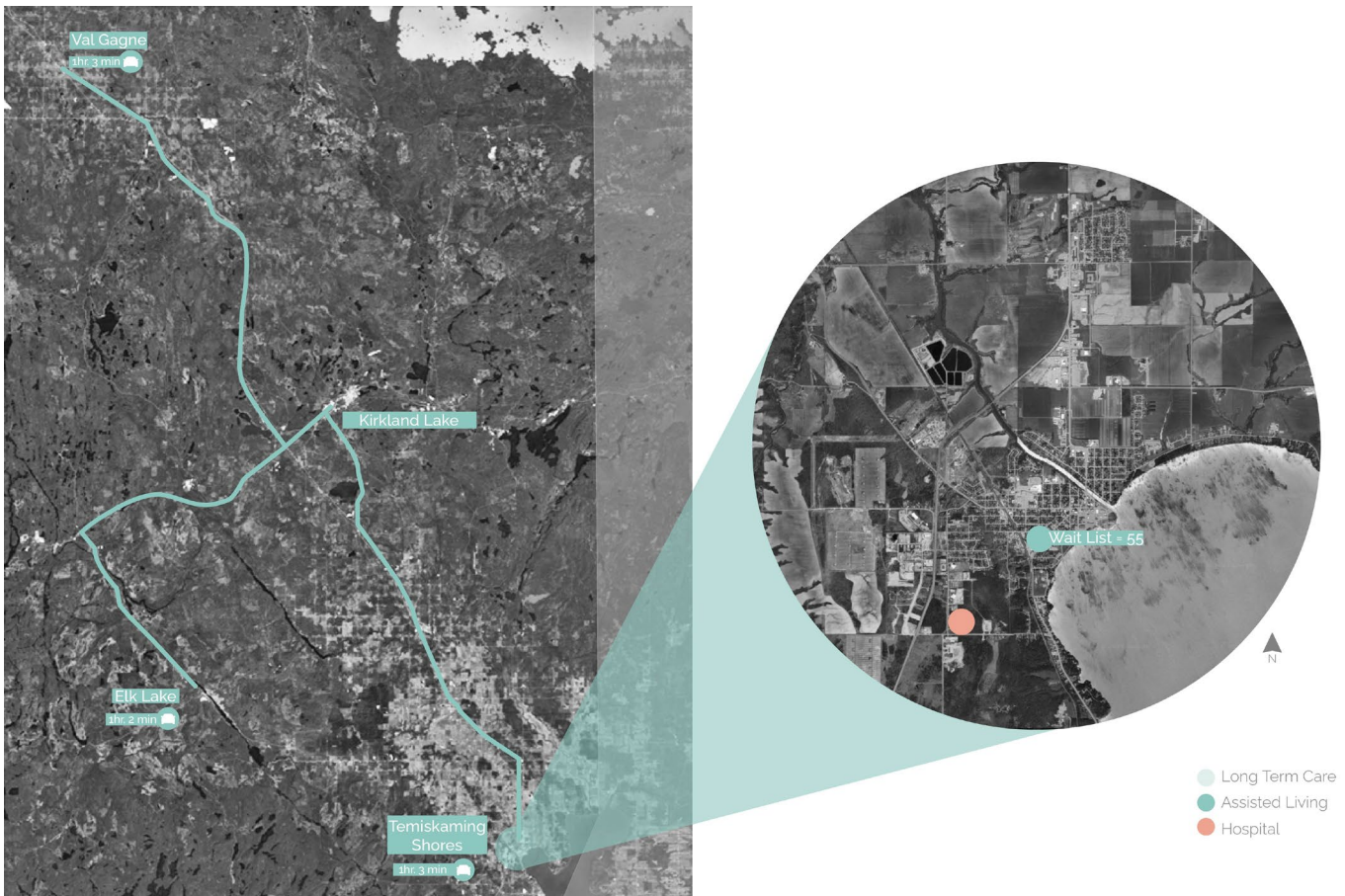
Right Bottom
figure 3.22 | Assisted care in Englehart



- Long Term Care
- Assisted Living
- Hospital



- Long Term Care
- Assisted Living
- Hospital



Within the whole Timiskaming District, although it offers all three levels of care, it only holds one option for assisted living (figure 3.23). This option is known as Northdale Manor (figure 3.24) and is located within the city of Temiskaming Shores, which is about an hour away from Kirkland Lake.¹⁸⁴ This facility is a space where community living is very prominent.¹⁸⁵ It features 70 rooms, all at full capacity, and has a waiting list of 55 people.¹⁸⁶ Each resident is offered their own room, which contains an ensuite bathroom, bed and small space for a chair and dresser. Throughout the week, the schedule planned for residents consists of breakfast within the dining hall from 7:30-9:00 am, followed by planned exercise and a once a week planned bus trip to the grocery store.¹⁸⁷ At 12:00 pm until 1:00 pm, lunch is served in the dining hall, followed by activities such as card games or bingo.¹⁸⁸ Supper is served in the dining hall from 5:00 – 6:00 pm, and in the evening there is time for card games, organized by the residents themselves.¹⁸⁹ Weekends are left open for free time, with only meals being planned and served to the residents.¹⁹⁰ The residents are also

¹⁸⁴ Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021.

¹⁸⁵ Ibid.

¹⁸⁶ Ibid.

¹⁸⁷ Ibid.

¹⁸⁸ Ibid.

¹⁸⁹ Ibid.

¹⁹⁰ Ibid.

Top Left

figure 3.23 | Assisted care in Temiskaming Shores

Bottom Left

figure 3.24 | Northdale manor exterior image



offered other social activities to do in their spare time including; activities in the lounge (puzzles, knitting, cooking, and reading) (figure 3.25 – 3.26), visiting the gift shop when it is open, and worship in the chapel (figure 3.27).¹⁹¹



Above
figure 3.25 | Northdale manor craft
corner

Below
figure 3.26 | Northdale manor craft
corner

191 Ibid.



Although this facility has a little less program planned than those in Sudbury, and residents are able to be a little more independent, they are still generally confined to the area unless otherwise planned. This means that not all key principles, that are required for assisted care, are not being met (figure 3.28), as residents are not completely independent, but do have choice in terms of their schedule on weekends.¹⁹²



¹⁹² Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, [https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0](https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&-adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0;); Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021.

Above
figure 3.27 | Northdale manor chapel

Below
figure 3.28 | Key principles met at northdale manor



But, each resident gets the opportunity to decorate their own doors and rooms, which allows them to show their individuality (figure 3.29).¹⁹³ Yet, being that it is a facility, the likeness of home is lost, and can be seen within the dark lit hallways, resembling hospital corridors (figure 3.30 – 3.31).¹⁹⁴ Thus, although this is the best option for those who require assisted living within Temiskaming Shores and surrounding areas, it is not beneficial to their overall well-being, as it is a facility.¹⁹⁵ Moreover, for senior adults who live in Kirkland Lake and the surrounding areas, living at Northdale Manor would mean moving away from a community they know and call home. Not only is it located over an hour away from Kirkland Lake, but it is also a facility, which is not best for the overall well-being of the residents.¹⁹⁶ Therefore, for the Kirkland Lake area, there currently is no great option for aging individuals who require assisted living without a large compromise being made.

Above
figure 3.29 | Northdale manor suite door

Right Top
figure 3.30 | Northdale manor hallway 01

Left Bottom
figure 3.31 | Northdale manor hallway 02

¹⁹³ Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021.

¹⁹⁴ Ibid.

¹⁹⁵ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

¹⁹⁶ Ibid.



Furthermore, within the Official Plan for Kirkland Lake, section 2.5.7 speaks to the need for assisted living within the town.¹⁹⁷ It notes that council has encouraged it in order to guarantee that residents of the town are not going to be displaced as they age.¹⁹⁸ Although this report speaks about implementing this level of assisted care, the report was published in 2016, and so far, no effort has been made to bring assisted living to the town. Thus, proving that there is a need for assisted living within Kirkland Lake.

¹⁹⁷ *Official Plan: A 20-Year Plan for the Town of Kirkland Lake*, Kirkland Lake: Planning Division, 2016, accessed December 2021, http://p1cdn4static.civiclive.com/UserFiles/Servers/Server_15565915/File/Our%20Services/Planning%20Services/Official%20Plan%202016.pdf.

¹⁹⁸ *Ibid.*

4.1 The Northern Typology and Identity

The Timiskaming District is located south east of Timmins and north of North Bay and Temagami (figure 4.01). It locates itself right along the Quebec border and covers quite a large land mass. It is partially divided by a portion of the Trans Canada Highway (Highway 11), which draws travelers along the edge of some towns in the district. The area is known to hold a lot of resources, which are perfect for industries like; farming, mining, rail transportation, and forestry (figure 4.02).¹⁹⁹ Through the establishment of these industries, the Timiskaming District became an area that largely aided in growing Canada's economy.²⁰⁰ The district contains land covered in rocks and trees, with mostly clay-based soils.²⁰¹ This came to be after the glacial movement, which caused erosion through moving soil, leaving bedrock and clay-based soils.²⁰²

Correspondingly, the Timiskaming District became an area known for agriculture around the year of 1890, when the southern farmland became mostly occupied, farmers began to

¹⁹⁹ Doreen Margaret Tomkins, *Northern Ontario, Land of Buried Treasure* (Toronto: Gage, 1970), 9.; *Historic Ontario* (Toronto: Department of Tourism and Information, 1967), 9, 74.; Paul Waldie, "Few Offers for Canada & RSQUO; s Biggest Fixer Upper," *The Globe and Mail*, published April 19, 2011, <https://www.theglobeandmail.com/real-estate/the-market/few-of-fers-for-canadas-biggest-fixer-upper/article585844/>.

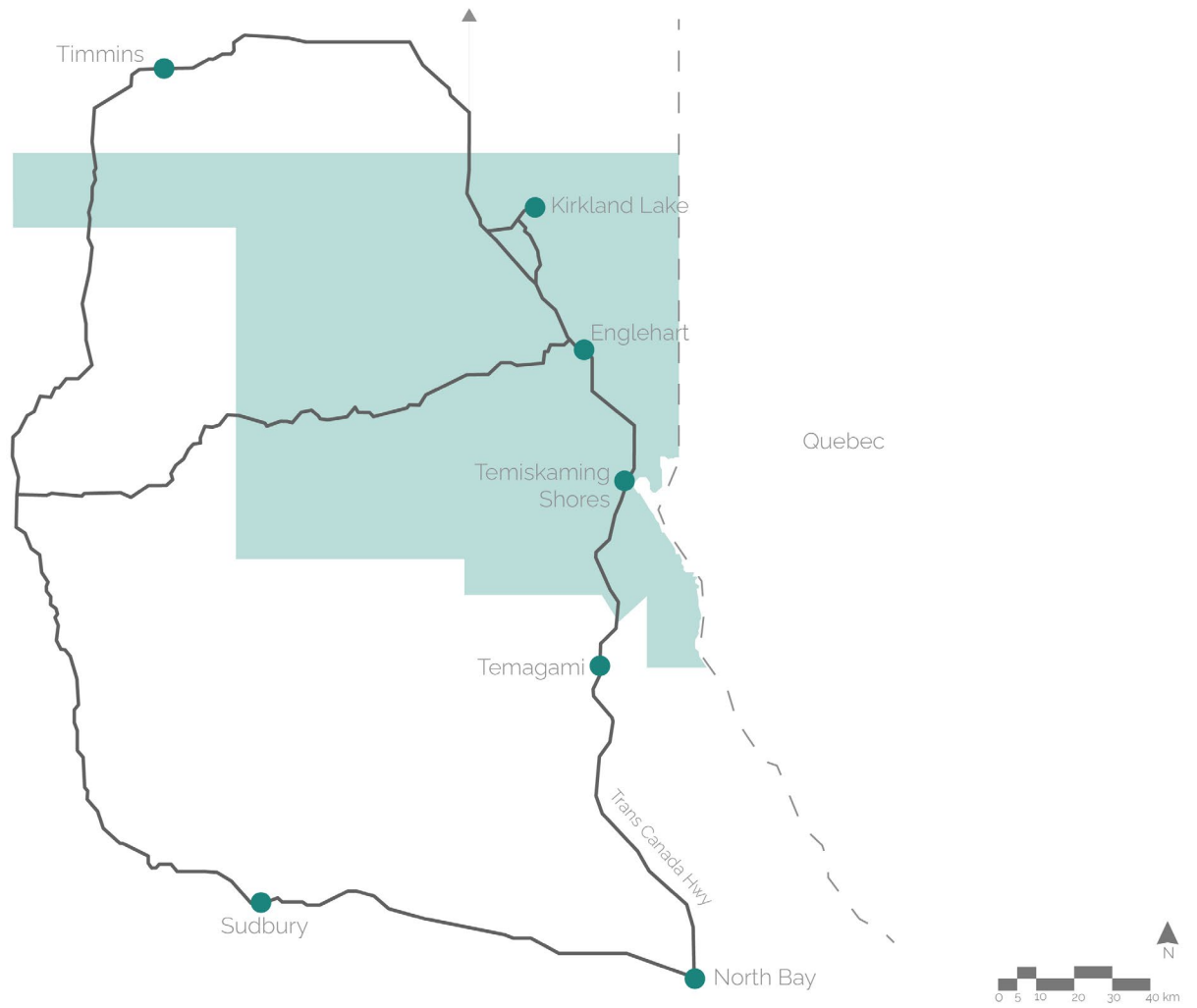
²⁰⁰ Doreen Margaret Tomkins, *Northern Ontario, Land of Buried Treasure* (Toronto: Gage, 1970), 23.

²⁰¹ *Ibid.*, 18,23.

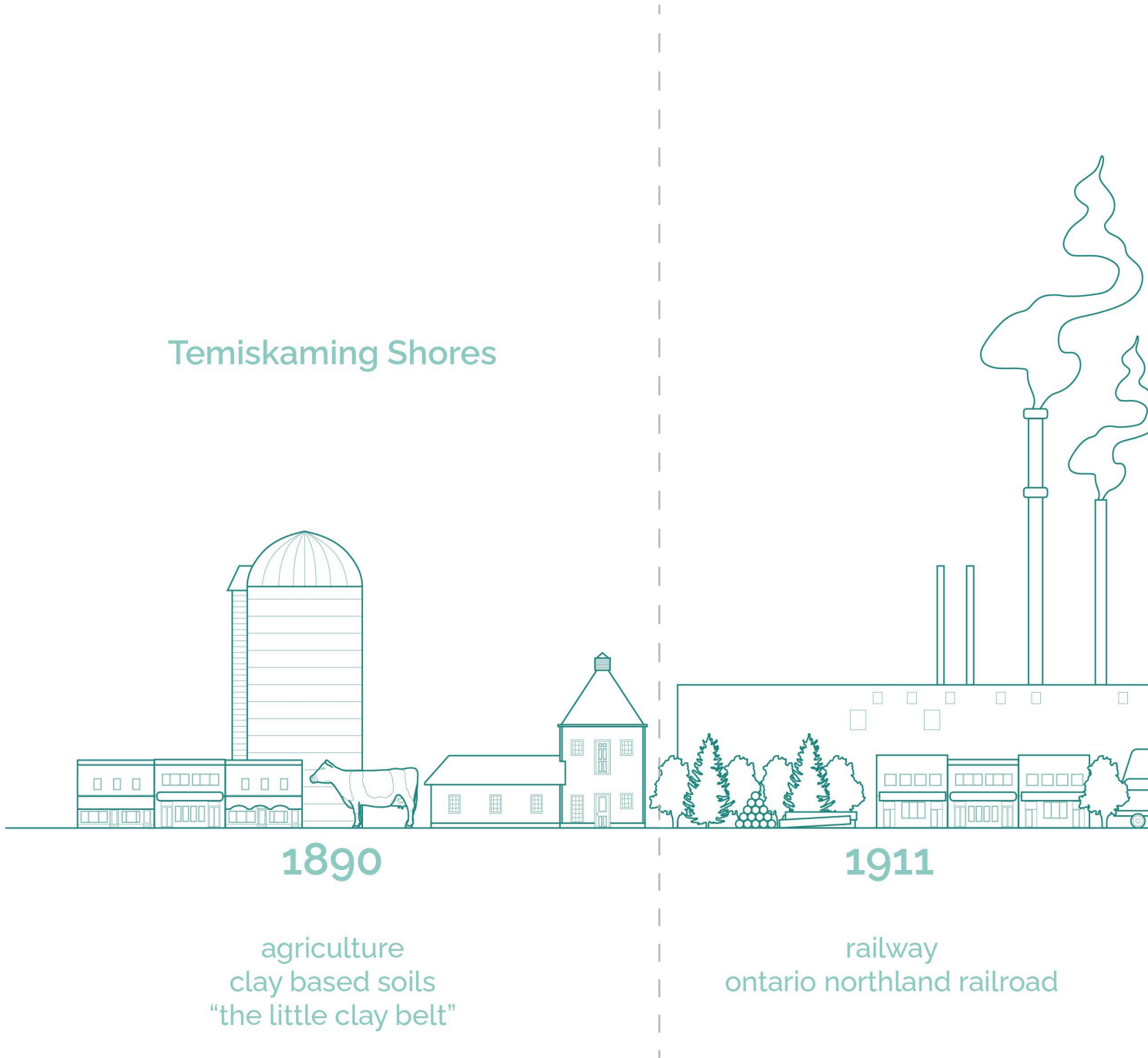
²⁰² *Ibid.*, 18.

figure 4.01 | Timiskaming District context map

figure 4.02 | Timiskaming District historical timeline



Temiskaming Shores

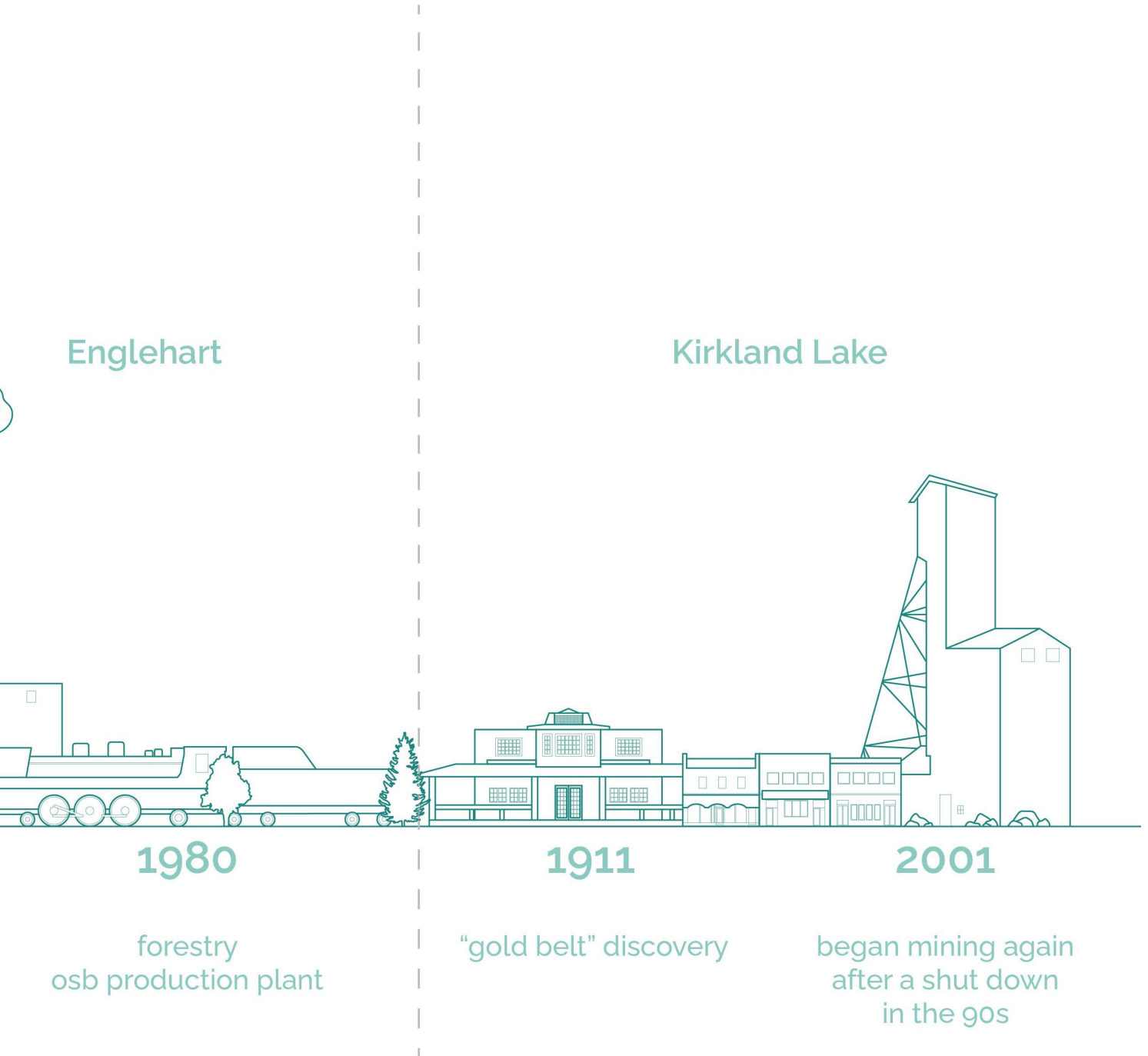


1890

agriculture
clay based soils
"the little clay belt"

1911

railway
ontario northland railroad



move north in search of more land (figure 4.02).²⁰³ These farmers moved into areas with the clay-based soil, because it was better for crops.²⁰⁴ These areas included; Temiskaming Shores (also known as New Liskeard), Haileybury, and surrounding areas, all of which are known as the “Little Clay Belt.”²⁰⁵ The year of 1911 brought the development of the Ontario Northland Railroad (ONR), mainly based within the town of Englehart, creating a built connection to civilization to the northern town of Cochrane.²⁰⁶ This wasn't the only industry that Englehart was introduced to however, as later in 1980, forestry would arrive in the form of an OSB production plant known as Grant Forest Products Inc. (now known as Georgia Pacific (figure 4.02).²⁰⁷

In addition, 1911 also hosted the discovery of gold, making the Timiskaming District an area that also known as a “Gold Belt” to geographers, who immigrated to the northern towns and discovered minerals throughout the district.²⁰⁸ The town of Kirkland Lake and its surrounding areas was one of these towns that struck gold (figure 4.02).²⁰⁹ With the discovery of gold deposits people from all over North America made their way to Kirkland Lake hoping to be a part of this remarkable find.²¹⁰ This encounter

²⁰³ Doreen Margaret Tomkins, *Northern Ontario, Land of Buried Treasure* (Toronto: Gage, 1970), 9; *Historic Ontario* (Toronto: Department of Tourism and Information, 1967), 74.

²⁰⁴ Doreen Margaret Tomkins, *Northern Ontario, Land of Buried Treasure* (Toronto: Gage, 1970), 9.

²⁰⁵ *Historic Ontario* (Toronto: Department of Tourism and Information, 1967), 74.; Doreen Margaret Tomkins, *Northern Ontario, Land of Buried Treasure* (Toronto: Gage, 1970), 9.

²⁰⁶ *Historic Ontario* (Toronto: Department of Tourism and Information, 1967), 74.

²⁰⁷ Paul Waldie, “Few Offers for Canada & RSQUO; s Biggest Fixer Upper,” *The Globe and Mail*, published April 19, 2011, <https://www.theglobeandmail.com/real-estate/the-market/few-offers-for-canadas-biggest-fixer-upper/article585844/>.

²⁰⁸ Doreen Margaret Tomkins, *Northern Ontario, Land of Buried Treasure* (Toronto: Gage, 1970), 9.

²⁰⁹ *Ibid.*; Editors of Encyclopaedia Britannica, “Kirkland Lake Ontario, Canada,” *Britannica*, accessed November 2021, <https://www.britannica.com/place/Kirkland-Lake>.

²¹⁰ Natalie Chabanova, “Kirkland Lake History,” *Northern Ontario Local*, published August 17,

little clay belt | A stretch of land located in northeastern Ontario, mostly within the timiskaming district, that is made up of mostly clay, as an after effect from glacial erosion

gold belt | An area where gold is found, in this case within the district of timiskaming



brought on the development of the town, which became one of Canada's largest gold producers and top mining towns.²¹¹ Throughout the 1920s to 1930s, Kirkland Lake developed both in infrastructure and its economy and by the 1940s it had a booming population of around 24,000 people.²¹² The town functioned with this great economy until it crashed, causing the mines to shut down and the population to drop to just under 10,000, by the year of 1996.²¹³ However, the town took a turn, in the year of 2001, when Foxpoint Resources (now known as Kirkland Lake Gold Inc.) decided to explore the old mines.²¹⁴ They discovered new zones with gold deposits and began mining again.²¹⁵ They are still mining to this day and Kirkland Lake is known again as an active gold mining town within Northern Ontario (figure 4.03).²¹⁶

2020, <https://www.northernontariolocal.ca/articles/4/kirkland-lake-history>.

²¹¹ Editors of Encyclopaedia Britannica, "Kirkland Lake Ontario, Canada," *Britannica*, accessed November 2021, <https://www.britannica.com/place/Kirkland-Lake>.; Natalie Chabanova, "Kirkland Lake History," *Northern Ontario Local*, published August 17, 2020, <https://www.northernontariolocal.ca/articles/4/kirkland-lake-history>.

²¹² Natalie Chabanova, "Kirkland Lake History," *Northern Ontario Local*, published August 17, 2020, <https://www.northernontariolocal.ca/articles/4/kirkland-lake-history>.

²¹³ Ibid.

²¹⁴ Ibid.

²¹⁵ Ibid.

²¹⁶ Ibid.

Above
figure 4.03 | Kirkland Lake mining shafts



Moreover, because of the large mining surge in the 1900s, there became a need for housing for the growing population.²¹⁷ Although the houses are each designed differently, they all have a similar material palette and typology. Each home originally began being built with local materials, including the use of wooden siding. As time progressed homes began being clad with materials that required less up keep. Wooden siding however, is still featured on some houses and can be understood to be part of the material palettes for the town of Kirkland Lake. Although appearing in different ways, most homes featured front porches, acting as either a transition space from street to home, or a small additional room for the house. In some cases, the porches appear on houses as coverings over their entrances, acting as a small transition space between the street and the entry to the home (figure 4.04). Other houses feature closed in front porches, where the cover acts as the transition space, but also offers a space for storage of shoes and coats (figure 4.05). Additionally, another porch that is seen is the larger closed in porches, which act as an extension of the home (figure 4.06). These spaces not only act as front entrance spaces that offer a transition from street to home, but due to their size, they can be divided and provide an additional room for the house and its function. These porch spaces quickly became a frequent find in each of the homes throughout the town, and is something that is part of Kirkland Lake's typology.

typology | Classification of a typical type or style of architecture/design found within an area

Above
figure 4.04 | Kirkland Lake covered porch typology 01

²¹⁷ Ibid.



Above
figure 4.05 | Kirkland Lake small closed-in porch typology 02

Below
figure 4.06 | Kirkland Lake large closed-in porch typology 03

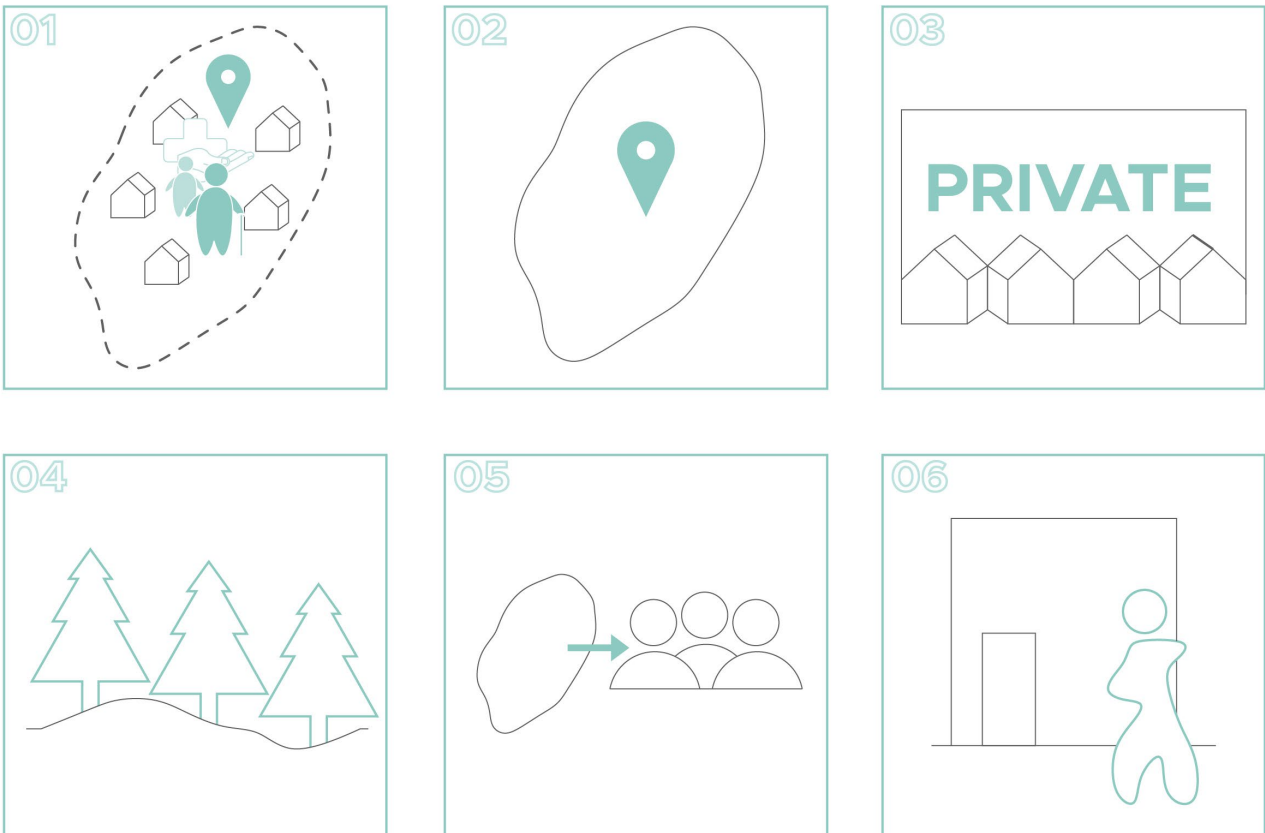
4.2 Site Selection

Considering the town of Kirkland Lake is one in need of assisted living,²¹⁸ in order to actually implement this level of care, a set of criteria was created in order to choose the site (figure 4.07). This criterion was created based on information from site visits, to the town itself, and analyzing case studies (Appendix A). The first condition included implementing the design into a community that is in need of assisted living. According to information in the previous chapter, Kirkland Lake is a great location for this, as it is in need of this level of assisted care.²¹⁹ The second criterion comprises of finding a large enough land mass that can support a village-based assisted living design. As mentioned in Chapter 2, it is better to have spaced out homes rather than a facility-based care home.²²⁰ The third principle requires finding a site that offers privacy but one that is not completely isolated from the exterior community, allowing for residents to maintain connection with the

²¹⁸ *Official Plan: A 20-Year Plan for the Town of Kirkland Lake*, Kirkland Lake: Planning Division, 2016, accessed December 2021, http://p1cdn4static.civiclive.com/UserFiles/Servers/Server_15565915/File/Our%20Services/Planning%20Services/Official%20Plan%202016.pdf.

²¹⁹ *Ibid.*

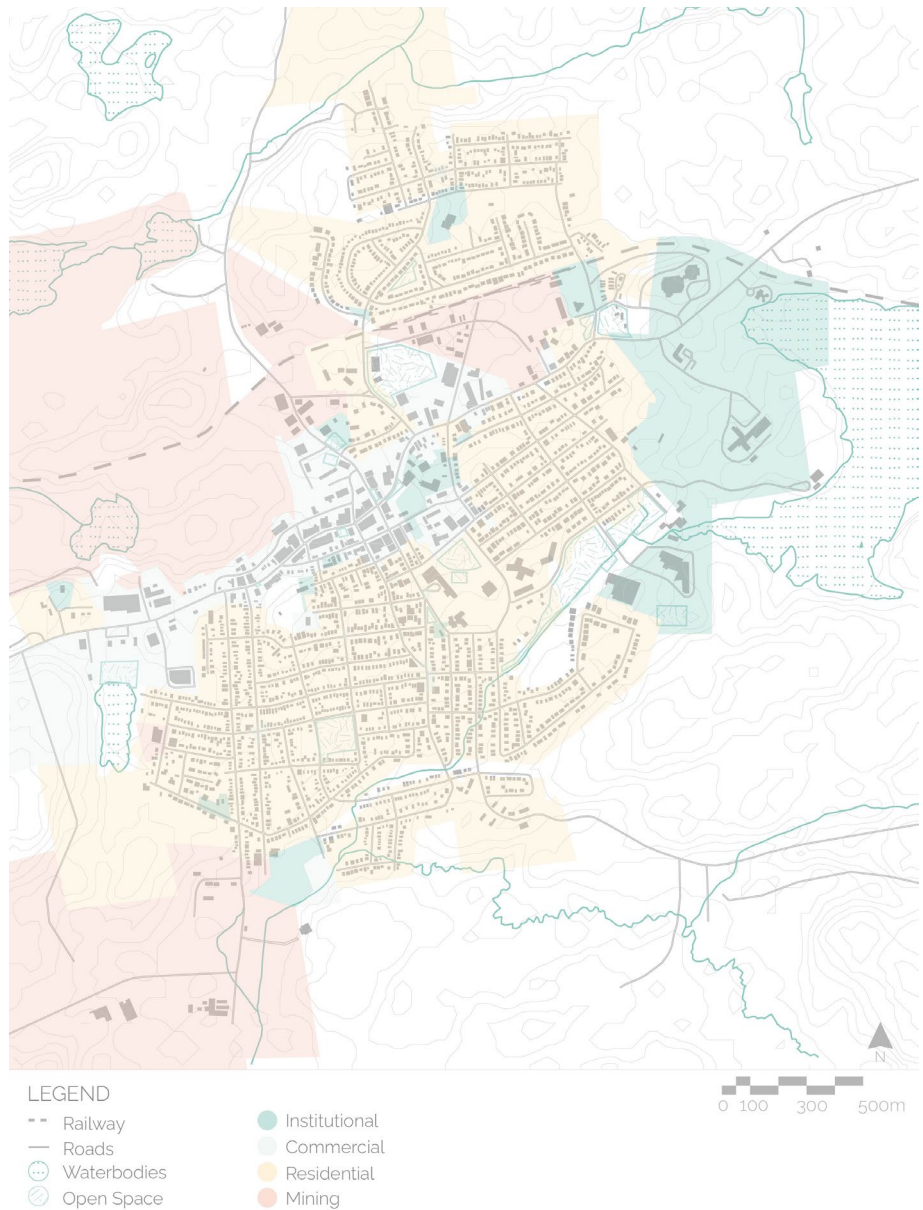
²²⁰ M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 125, accessed November 10, 2021, <https://academic.oup.com/psychsocgerontology/article/55/2/P117/578705?searchresult=1>.



town, while still maintaining their solitude. The fourth criterion requires that the site have a connection to nature, as exposure to nature is found to be incredibly beneficial to the well-being of aging adults.²²¹ In addition, the fifth criterion consists of finding a site that holds the connection to the exterior community, but also has the opportunity to provide a potential service. For example, finding a site that allows for something new to be provided, but also has a connection to other services that are already located within the existing community of Kirkland Lake. And finally, the last condition, that is to be met, includes finding a site within a walkable distance to services and amenities that the resident would require. As noted in the Kirkland Lake official plan, this includes being within a walkable distance to retail locations, health services, social hubs, as well as, institutional and recreational facilities.²²²

²²¹ "The Importance of Nature in Older Populations," *Nature Sacred*, published August 2, 2016, accessed March 2022, <https://naturesacred.org/nature-seniors/>; Kathleen Wolf and Elizabeth Housley, *The Benefits of Nearby Nature in Cities for Older Adults*, Annapolis: TKF Foundation, 2016, accessed March 2022, https://naturesacred.org/wp-content/uploads/2011/04/Elder-Briefing_Final_Web.pdf?45ab59.

²²² *Official Plan: A 20-Year Plan for the Town of Kirkland Lake*, Kirkland Lake: Planning Division,



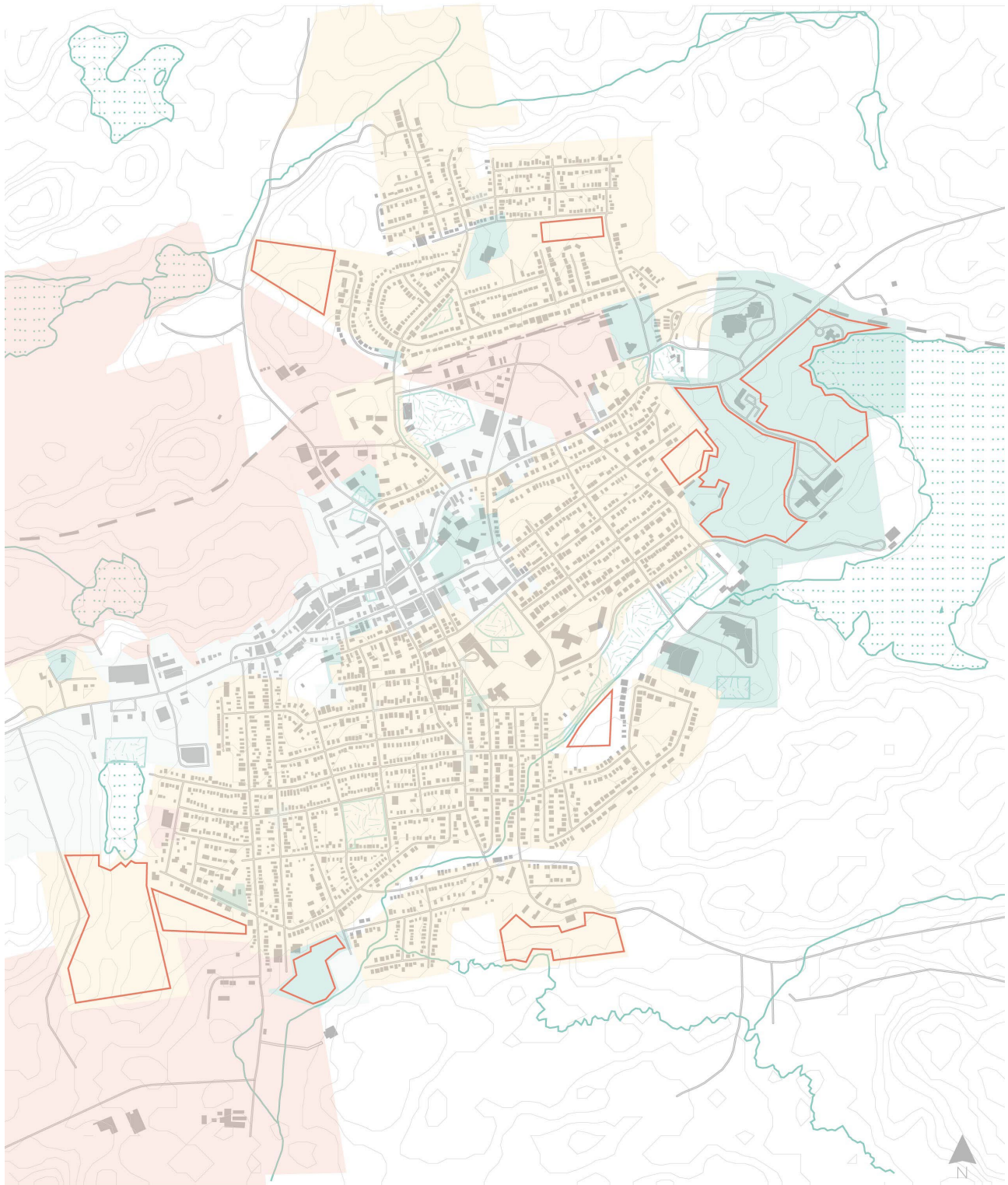
When applying this set of criteria within the town of Kirkland Lake, in order to determine the site, maps were generated to discover the best site options. Firstly, this included mapping out the zoning of the town, based on information from the town of Kirkland Lake (figure 4.08). From this, it can be understood that the majority of the town is zoned as residential and mining sectors.²²³ Excluding all commercial and mining zones as potential sites, as they are not zoned for assisted living to be built, created an opportunity to highlight potential sites within the residential and institutional sectors. This created a potential 10 sites that could be used, based on the zoning of the town of Kirkland Lake (figure 4.09).

Above
figure 4.08 | Kirkland Lake zoning map

Right
figure 4.09 | Kirkland Lake zoning site selection

2016, accessed December 2021, http://p1cdn4static.civiclive.com/UserFiles/Servers/Server_15565915/File/Our%20Services/Planning%20Services/Official%20Plan%202016.pdf.

²²³ "Planning Services," *Kirkland Lake: The Right Environment*, accessed December 2021, https://kirklandlake.ca/our_services/planning_services.



LEGEND

- Railway
- Roads
- ⊙ Waterbodies
- ⊙ Open Space
- Potential Spaces for Development
- Institutional
- Commercial
- Residential
- Mining





Moreover, although holding a connection to nature is important to the site and well-being of those who will potentially live there, completely removing large masses of vegetation is not healthy for the forest. Mapping out the dense layers of vegetation within the town of Kirkland Lake (figure 4.10), then allowed for the potential 10 sites to be narrowed down. With the elimination of some potential sites, based on the dense vegetation, there became a total of 3 sites that could be used for the implementation of assisted living in Kirkland Lake (figure 4.11). These included 2 sites located on the southern end of town, as well as 1 located on the east side, sitting adjacent to a local lake. Additionally, because the connection to the external community and walkability to the local services, it was important to map out the points of interest within the town. This included 5 different

Above
figure 4.10 | Kirkland Lake vegetation

Right
figure 4.11 | Kirkland Lake vegetation site selection



LEGEND

- Railway
- Roads
- Waterbodies
- Open Space
- Vegetation
- Potential Spaces for Development
- Unfit Site





points of interest including; retail, health, social, institutional and recreational locations (figure 4.12). Positioning a 5- minute radius over the sites, based on the 15-minute city, speaks to the ability to not only walk the 15-minutes, but also the quality of the experience while walking.²²⁴ The experience is known as “the pedestrian shed,” which is the distance that individuals are most likely to walk before they decide to drive.²²⁵ Over each of these potential sites, the 5-minute radius was placed, as this is the most likely distance individuals will walk.²²⁶ There were no places of interest within the radii placed on each of the 2 south sites. Whereas the eastern site had a connection to 2 institutional buildings that offered services to the community. This eliminated the southern sites and made the eastern site the location of choice for the assisted living design to be located on (figure 4.13).

Above
figure 4.12 | Kirkland Lake places of interest map

Right
figure 4.13 | Kirkland Lake places of interest site selection

²²⁴ Andres Duany and Robert Steuteville, “Defining the 15-Minute City,” *Public Square*, published Feb 8, 2021, accessed March 2022, <https://www.cnu.org/publicsquare/2021/02/08/defining-15-minute-city>.

²²⁵ “The 5- Minute Walk,” *Morphocode*, accessed March 2022, <https://morphocode.com/the-5-minute-walk/>.

²²⁶ *Ibid.*



LEGEND

--- Railway

— Roads

⊙ Waterbodies

⊙ Open Space

— Potential Spaces for Development

/// Unfit Site

○ Retail
groceries, shopping, gas stations

○ Health
healthcare, pharmacy, etc.

○ Social
restaurants, museum, religion

○ Institutional
education, banks, government,
etc.

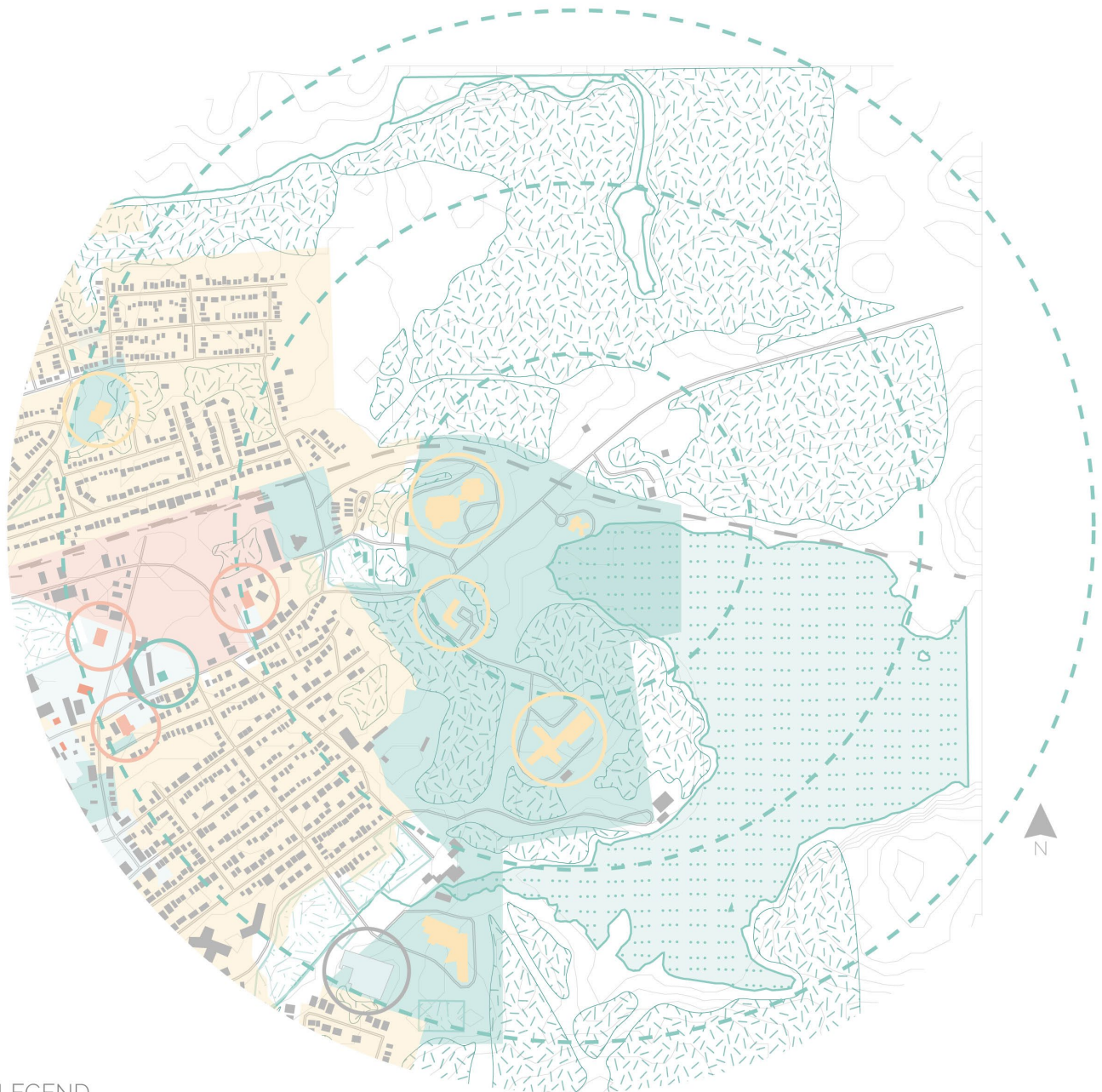
○ Recreational
sports, activity, engagement



4.3 Analyzing Site

In order to implement the design on the site within Kirkland Lake, this specific site needed to be analyzed. This site is located adjacent to the local college; Northern College, as well as Extendicare; one of the 2 long-term care homes in Kirkland Lake. It is located within the zoned area of the institutional sector (figure 4.14). Within the 10-minute walking radius, the hospital, Tech Pioneer Residence (the second long-term care home), and the Salvation Army can be accessed (figure 4.14). Moreover, within the 15-minute walking radius, the public recreation centre can be accessed, as well as; a Tim Hortons, a pharmacy, a grocery store, and the local beer store (figure 4.14). Thus, within the 15-minute radius, all the necessary services are provided. Additionally, this site also hosts an existing building, known as the Pinegar Youth Centre, which functioned as a youth detention centre. It currently is not active, but receives continuous upkeep from the town of Kirkland Lake (figure 4.15-4.20). The building is located adjacent to a lake known as Gull Lake, which runs along the entirety of the site and creates beautiful views from the building (figure 4.21-4.24).

Right
figure 4.14 | Site 15-minute radius



LEGEND

- Railway
- Roads
- ⊙ Waterbodies
- ⊙ Open Space
- Retail groceries, shopping, gas stations
- Health healthcare, pharmacy, etc.
- Social restaurants, museum, religion
- Institutional education, banks, government, etc.
- Recreational sports, activity, engagement



Above
figure 4.15 | Pinegar centre 01

Middle
figure 4.16 | Pinegar centre 02

Bottom
figure 4.17 | Pinegar centre 03



Above
figure 4.18 | Pinegar centre 04

Middle
figure 4.19 | Pinegar centre 05

Bottom
figure 4.20 | Pinegar centre 06



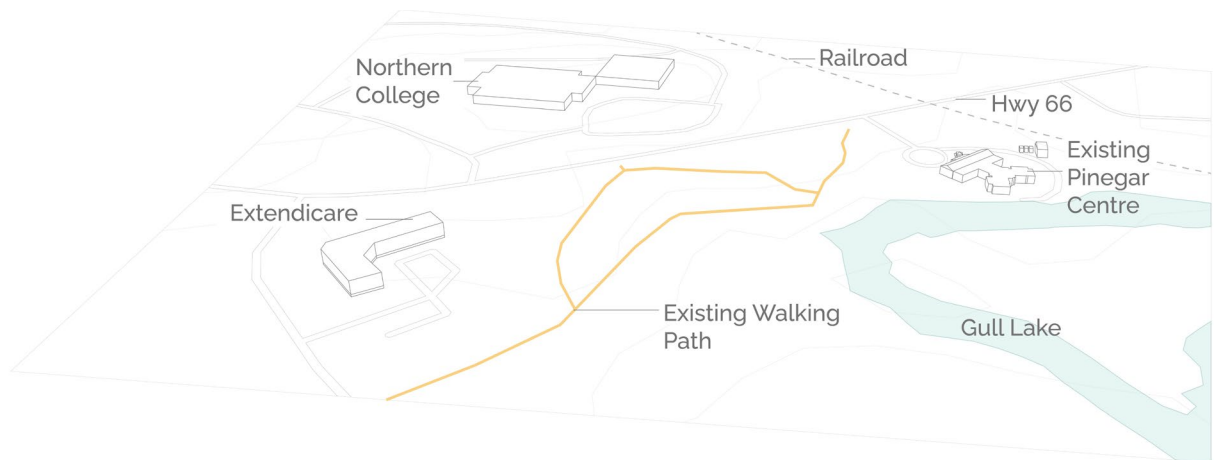
Above
figure 4.21 | View of gull lake 01

Bottom
figure 4.22 | View of gull lake 02



Above
figure 4.23 | View of gull lake 03

Bottom
figure 4.24 | View of gull lake 04



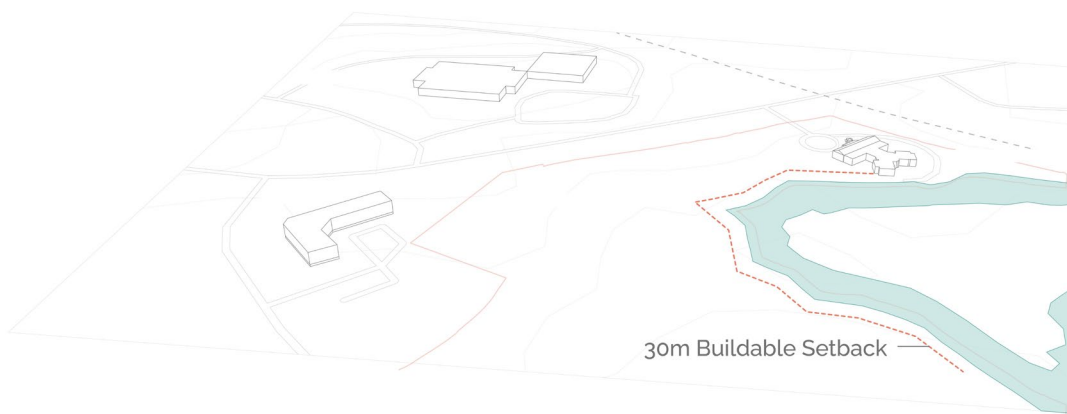
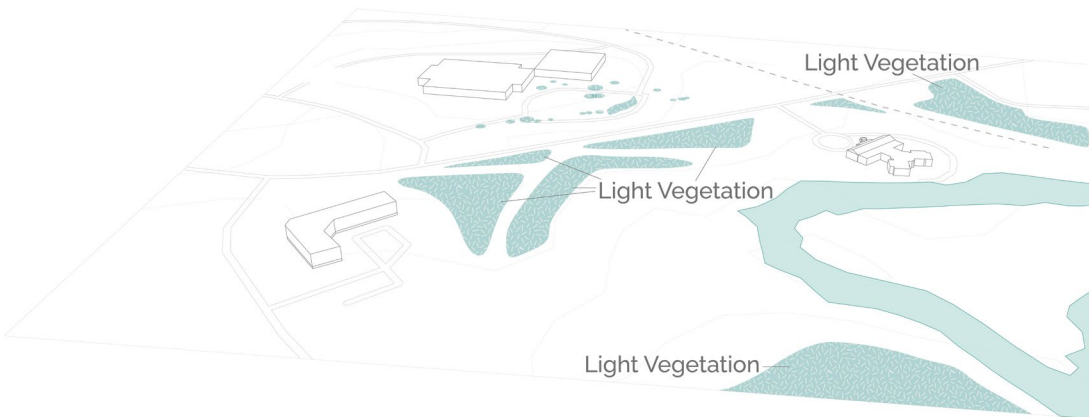
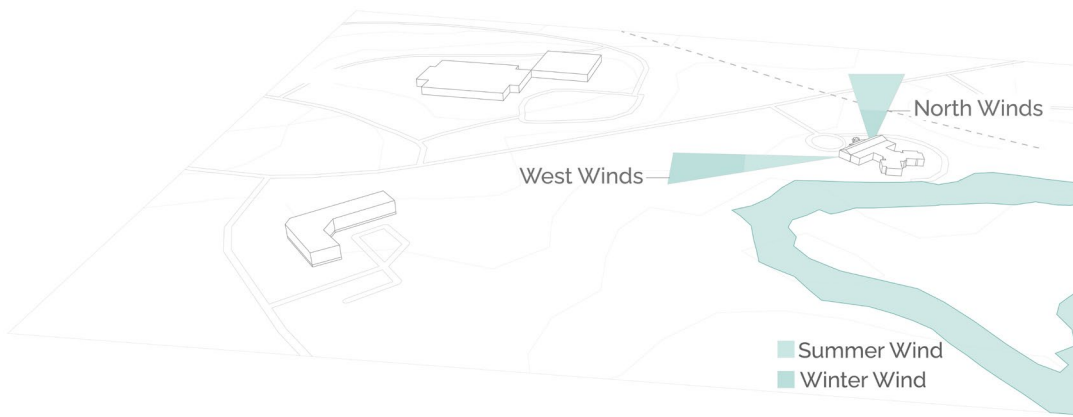
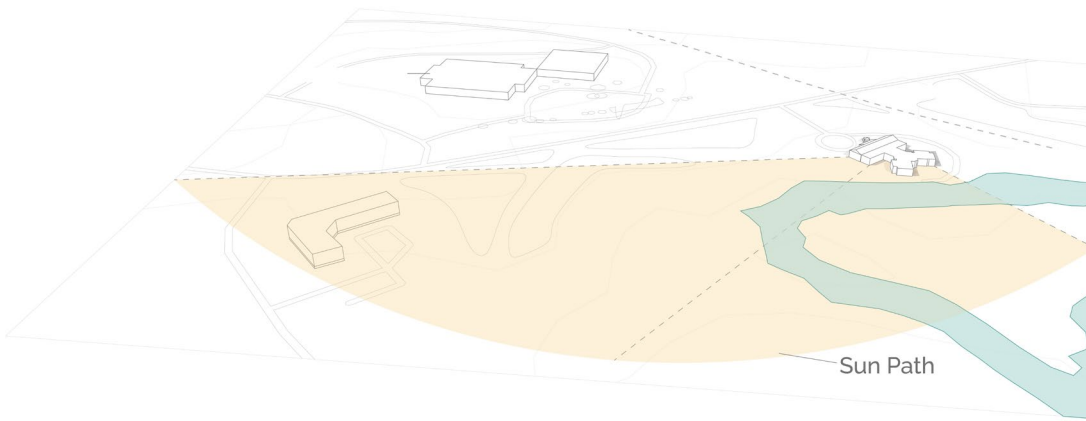
Furthermore, the site features a walking path that stretches from the existing entrance to the Pinegar Centre to just south of Extendicare (figure 4.25). This path features a loop, allowing for those who frequently walk it to enter and exit at the same location. The site is affected by sun, which orients around the southern portion of the building, mainly on the side of the building that faces the lake (figure 4.26). Additionally, the wind is an external force that has an impact on the site, this includes especially the winter winds, which can make the weather feel colder (figure 4.27). Within the summer months, the site is affected by both north and west winds, with north winds generally being the most prominent.²²⁷ Within the winter months, the most prominent winds are western winds, but the site is also affected by north winds.²²⁸ Additionally, other information that was important, was the existing light vegetation on the site (figure 4.28). Since there is no dense vegetation, understanding where the light layers of vegetation were on the site was important. Lastly, within the zoning, the site must allow for a 30-metre setback from the water for any dwellings being implemented on the site (figure 4.29).²²⁹ Thus, once these aspects of understanding the site were complete, the design could then be implemented.

²²⁷ "Summer Weather in Kirkland Lake," *Weather Spark*, accessed February 2022, <https://weatherspark.com/s/19237/1/Average-Summer-Weather-in-Kirkland-Lake-Canada>.

²²⁸ *Ibid.*

²²⁹ *Zoning By-law*, Town of Kirkland Lake; Department of Development Services, 2021, accessed January 2022.

Above
figure 4.25 | Site analysis: existing walking path



Above
figure 4.26 | Site analysis: sun path

Second
figure 4.27 | Site analysis: wind directions

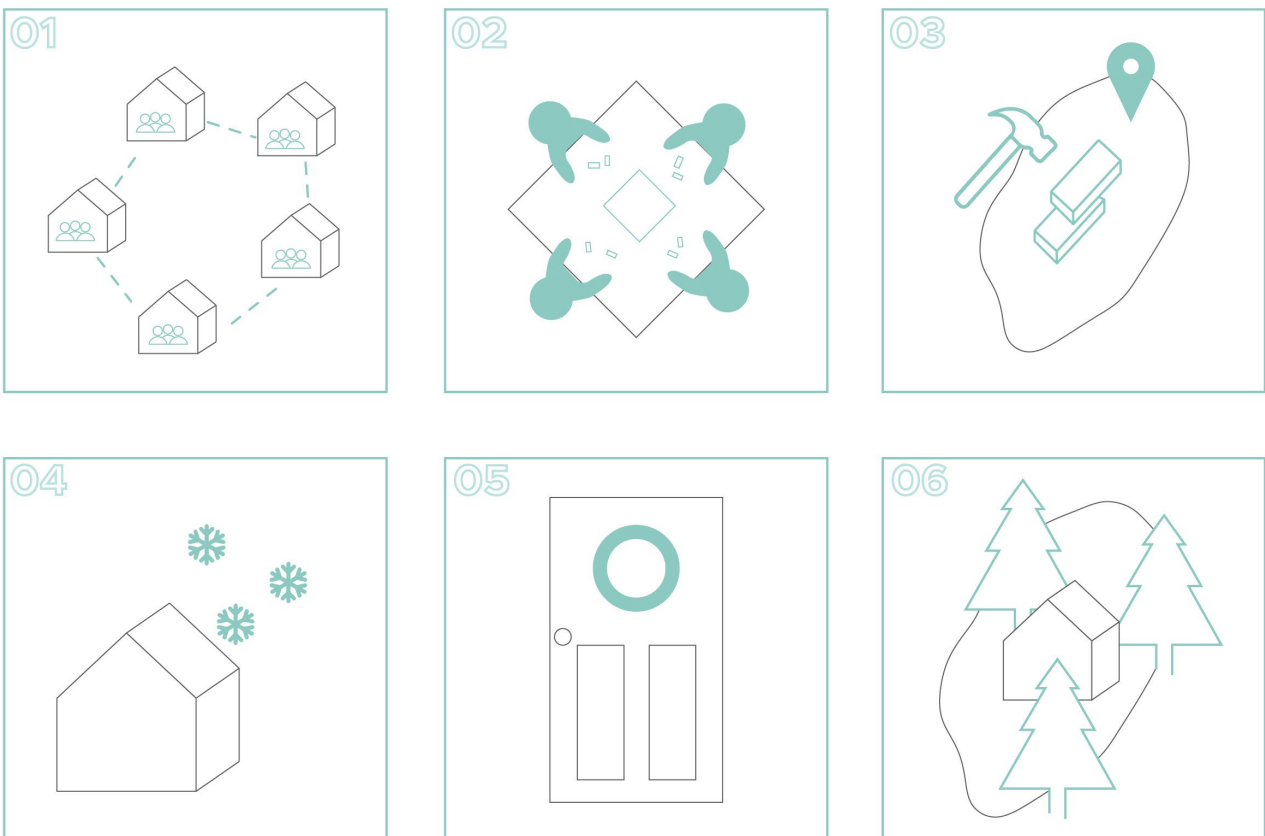
Third
figure 4.28 | Site analysis: vegetation

Bottom
figure 4.29 | Site analysis: buildable setback

5.1 Design Criteria

With the implementation of assisted living in the town of Kirkland Lake, there was criteria set for what it should include (figure 5.01). Firstly, instead of a facility-based design, the design would be village-based. This would encourage community living, both within the assisted living village and with the external Kirkland Lake community. A secondary strategy included the implementation of communal spaces, allowing residents to interact with one another and grow their own community. This includes spaces such as community gardens, which the Official Plan of Kirkland Lake encourages, in order to help seniors live a healthy lifestyle by eating homegrown foods and interacting with one another.²³⁰ From an architectural design perspective, the third criterion included using local materials or recycled materials found on the site, as a means to incorporate the town's typologies and material palette. This is achieved through the adaptive reuse of an existing building to serve as partial program for the village based assisted living design. Another criterion included designing a village that was adaptable to the seasons, considering that Kirkland Lake experiences long winters. Therefore, creating a design that was easily adaptable to winter seasons became an

²³⁰ *Official Plan: A 20-Year Plan for the Town of Kirkland Lake*, Kirkland Lake: Planning Division, 2016, accessed December 2021, http://p1cdn4static.civiclive.com/UserFiles/Servers/Server_15565915/File/Our%20Services/Planning%20Services/Official%20Plan%202016.pdf.



important factor. Moreover, another criterion entailed allowing for each individual to have room to express their individuality. Much like what was seen in the site visits conducted, there needed to be opportunities for residents to express their individuality within their own spaces. Lastly, the final criterion was; integrating the design within nature, designing it for and with the natural surroundings. This included understanding the existing vegetation as well as the lake on the site.

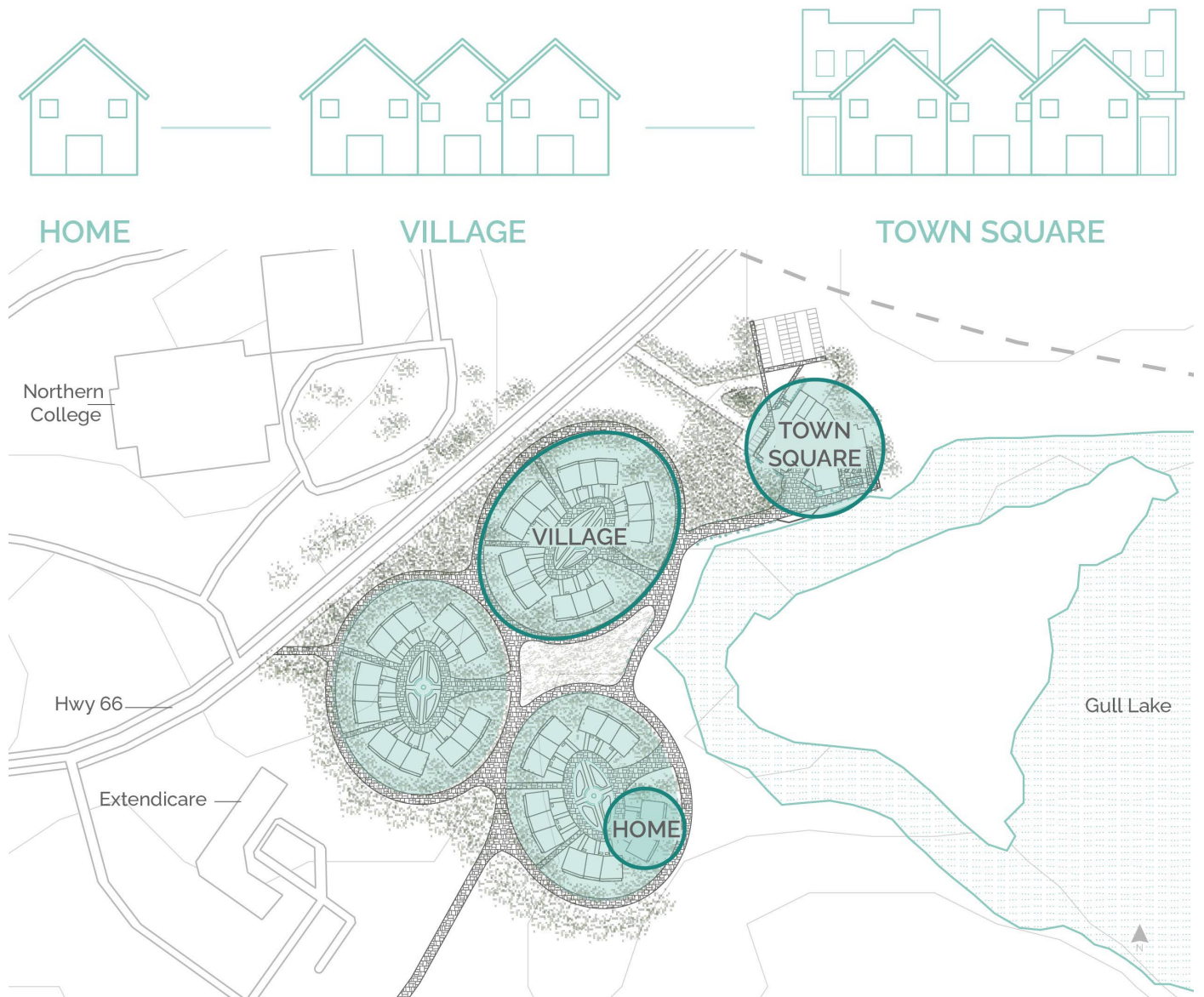
Above
figure 5.01 | Design criteria diagram

5.2 Overall Program

The design of an assisted living village began to take form with the placement of program on the site. This was accomplished through an understanding of how northern communities' function; from one's home, to their small community, to the larger broader; town. At the smaller scale, is the home (figure 5.02). where the individual lives in utter privacy and solitude. At the next scale is the village, which can be understood as the community or sector within the town (figure 5.02). This space is semi-private, where neighbours typically are interacting, but within their own designated area. Next is the town square, the most public area, where everyone can interact together. This includes individuals who might live out of town and are coming in for errands while interacting with members of the community, as well as members who live within town, within their own sector, commuting to the more public regions such as; retail, social, or entertainment locations. This idea of home-village-town square is a central theme applied to the specific design of the assisted living village.

In the case of this specific design, the "town square" becomes a large public gathering space for social interaction (figure 5.03). This space is for members of the assisted living village and the external community of Kirkland Lake to engage

township | Division of a town and its surrounding areas into smaller subdivisions



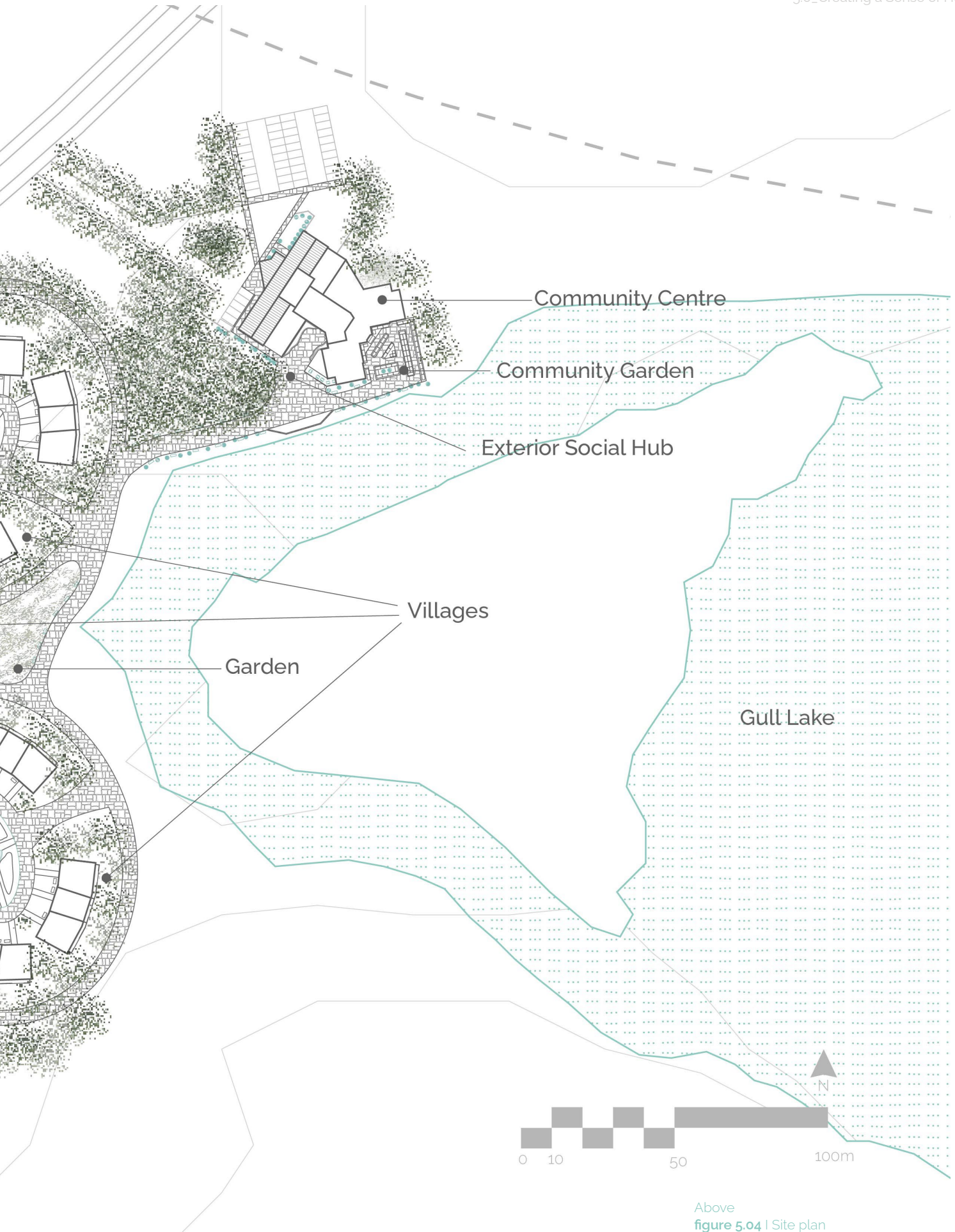
in various activities together. The "town square" features both internal and external programming throughout the building and its surrounding exterior. The internal programming allows for moments of relaxation and conversation within the main lounge, but it also encourages individuals to participate in hands-on activities within various workshops. The external program holds a connection with the walking path and features views out to the neighbouring Gull Lake, encouraging engagement with other individuals and nature.

The next space is the "village" where residents are housed in a small community or group of homes (pods). This space is for members of the specific "village" to interact with one another on a semi-private level, including a social space for their interactions, but also a public walking path that surrounds and frames the pods. With the semi-public approach, residents have the opportunity to keep a watchful eye on others, in case of accidental falls, while also maintaining solitude within their personal homes.

Above
figure 5.02 | Home - village - town
diagram

Below
figure 5.03 | Site programming
diagram





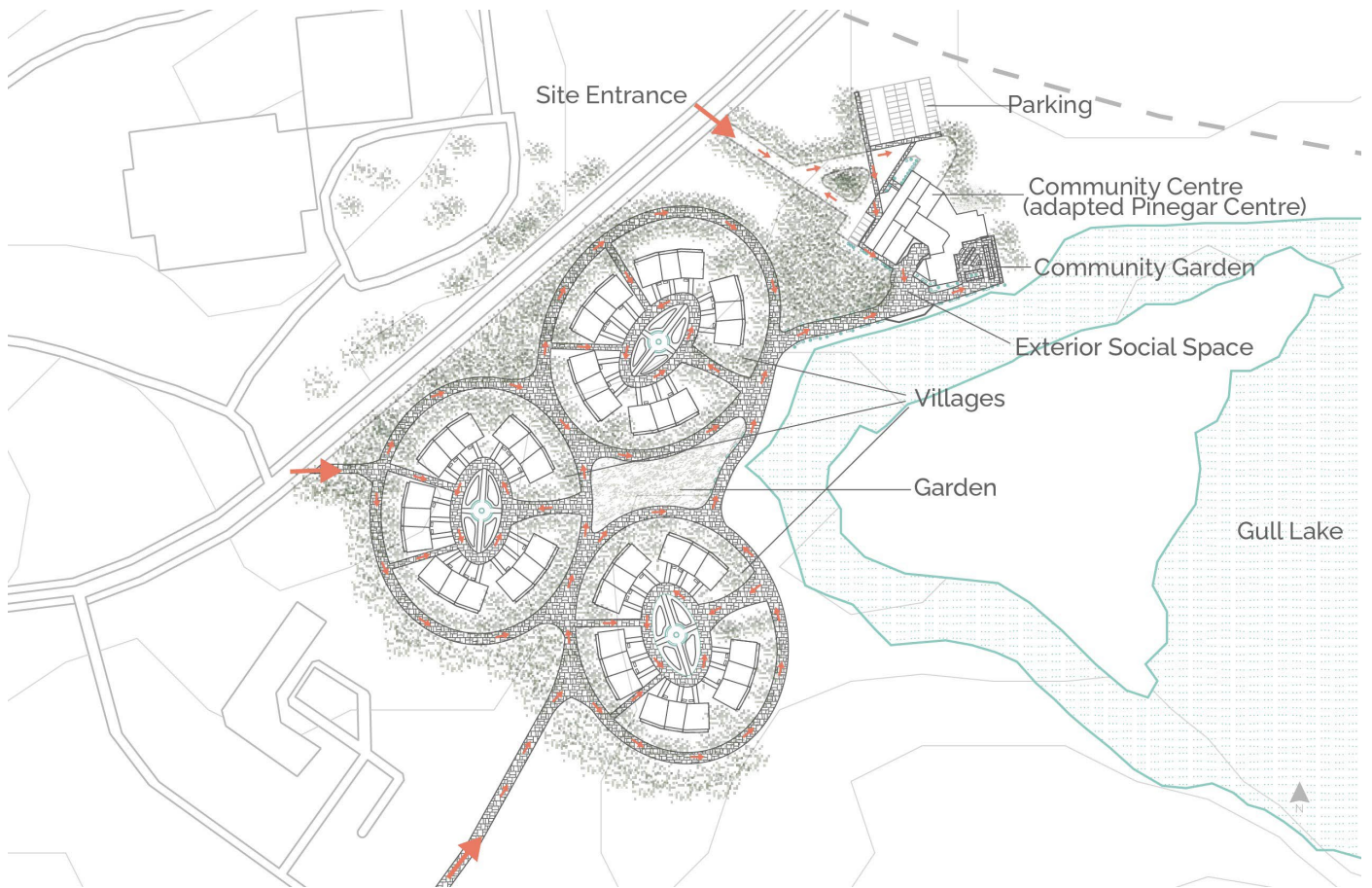
Above
figure 5.04 | Site plan

Finally, within the “village” the “home” can be found. The “home” acts as a space for residents to maintain their independence within their own living quarters. Individuals have the option to maintain their routines at their own will, choosing whether or not they need assistance to complete tasks. Each home features a deck on the back of the home, which allows for residents to experience the outdoors in solitude, while also observing others walk the surrounding walking path.

This concept of “home-village-town square” informed the development of private, semi-private and public programs across the site (figure 5.04). Knowing the “town square” needs to act as a social space, the existing Pinegar Centre is converted into a Community Centre, which features spaces for residents of the assisted living village to interact with the entire Kirkland Lake community. The Community Centre also hosts a community garden on the south-east corner, and a “social hub” on the south corner of the building, allowing for exterior social interaction to occur. Individuals from the community can enter at the main entrance, park, and then proceed to the community centre to interact with the residents of the assisted living village. The existing walking path is then replaced with a paved walking path that stretches along the site. The path can be traveled from the Community Centre south-west along the lake and in loops around the villages (figure 5.05). The “villages” consist of pods of 5 homes, with a central gathering space that allows for residents of the individual village to interact together, but also holds a view to the lake from each of the 3 gathering spaces. The walking path can further be followed to other villages and to a central garden, which sits between the 3 villages (figure 5.05).

figure 5.05 | Site plan circulation diagram

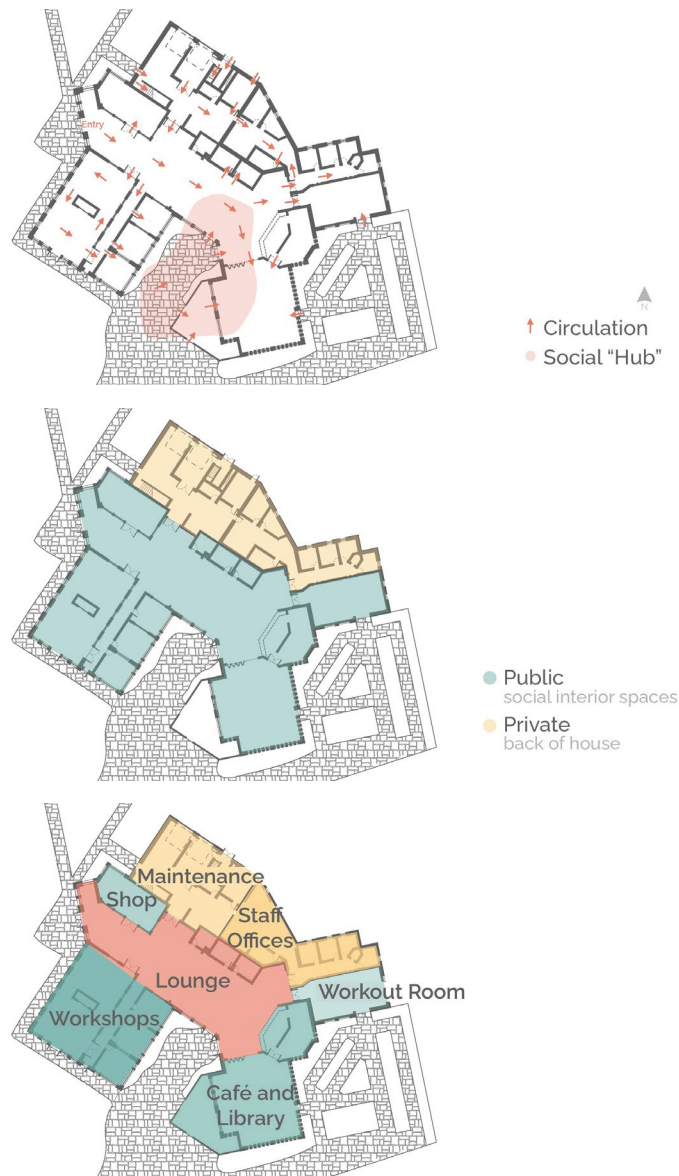
Right



5.3 "Town Square"

The "town square" within this design is seen in the Community Centre, which functions as the most public area on the site. Members of the larger community of Kirkland Lake, students from the college, and those living on site, within the village, are able to come together and interact within this building. The goal of the Community Centre is not to pull away from the services offered within the town of Kirkland Lake, but rather to add to the town and provide a location for all community members to interact, including those within the village and the external Kirkland Lake community.

This building can be accessed through 10 different entry points, of which 3 are staff entrances (figure 5.06). The main entrance is located at the north-west corner of the building. The building can then be circulated by entering a large, open-concept corridor. Off this corridor, there are multiple exits to different rooms, offering different services or social activities, with a large social hub found at the south end. Found on the north and north-east sides of the building is a more complex pattern of movement, as there are more walls and rooms that can be accessed. Understanding the flow of movement throughout the building allowed for programming to then occur. Because the building is meant to be a social space, it was divided into 2 base forms of programming,



being; private versus public spaces (figure 5.07). The public section is programmed as the social, interactive spaces, found on the southern half of the building, where there is an easier flow of movement. The 'back of house' services, which act as private program are located at the northern portion of the building. Diving deeper into the programming, the private versus the public begins to develop into designated areas for specific activities and services (figure 5.08). Off the main entry, the large open-concept corridor is designated as a lounge. Leading off of the lounge are multiple rooms and services, including a small retail shop, a workshop area, a café and library area, a workout area, staff offices, and finally, a back of house maintenance area. Through programming the circulation further, these designated areas are developed in greater detail (figure 5.09). The site is entered off the main highway, where residents can then park at the north end of the site. There

Above Top
figure 5.06 | Community centre circulation diagram

Above Middle
figure 5.07 | Community centre private vs. public diagram

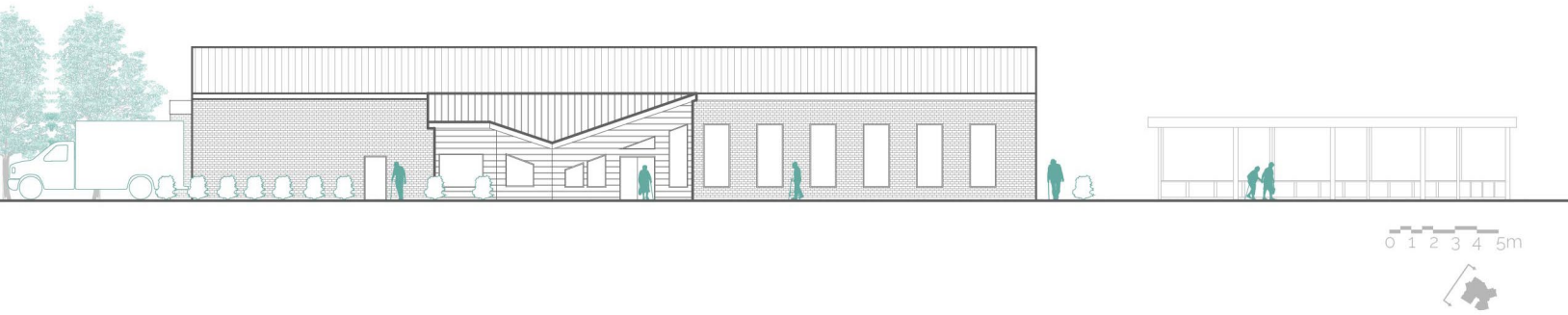
Above Bottom
figure 5.08 | Community centre programming diagram

Following Page
figure 5.09 | Community centre floor plan



1. Main Entry
2. Bus Waiting Zone
3. Shop
4. Receiving
5. Service Workshop
6. Service Entrance
7. Laundry Room
8. Storage Space
9. Staff Lounge
10. Nurse's Lounge
- 11 - 16. Staff Offices
17. Workout Room
18. Cafe Kitchen
19. Community Garden
20. Library Cafe
21. Cafe Deck
22. Lookout
23. Exterior Social Space
24. Lounge
- 25 - 26. Bathrooms
27. Storage Closet
28. Sewing Workshop
29. Art Workshop
30. Clay Workshop
31. Wood Workshop
32. Bicycle Parking
33. Short - Term Parking
34. Parking





is additional parking to the west of the main entrance, allowing for easier access to the workshop or for drop-offs. Also featured is a paved loop, allowing for easy drop-off, but also allows for a bus stop, which provides transport to those who wish to enter the main community of Kirkland Lake.

The building can then be entered at the main entrance, found on the north-west wall (figure 5.10-5.11). Upon entering, there is a small nook with seating allowing for those waiting for the bus to sit and wait comfortably. Next to this is the shop, which acts as a small retail space for individuals (figure 5.12). However, it is not meant to take away from the process of accessing larger stores within the Kirkland Lake community, in order to help residents to still be independent. The retail shop provides a place for individuals, both residents and visitors, to purchase small essentials, snacks, and other items such as handmade items produced by makers within the workshops. Adjacent to the retail shop is the workshop area, which creates a location for visitors and residents to interact together while working on projects or producing various handmade items (figure 5.13). The wood

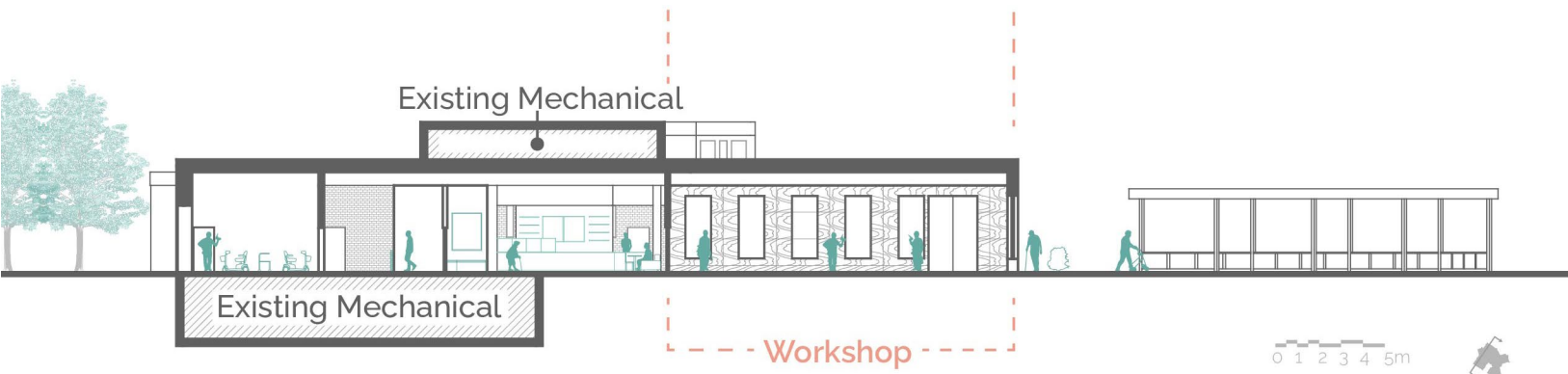
Above Top
figure 5.10 | Community centre
north-west elevation

Above Bottom
figure 5.11 | Community centre: main
entrance

Right Top
figure 5.12 | Community centre: retail
shop

Right Bottom
figure 5.13 | Community centre:
workshops





workshop (figure 5.14 – 5.15) features different wood working tools and work benches. There is a small storage room for tools, located within the center of the room. An exit is accessible at the south-west end of the room, allowing for the easy removal of completed projects by the makers. The wood workshop is surrounded by multiple windows, allowing on lookers to watch makers throughout their making process. Adjacent to the wood workshop is a hallway, which creates an access point to 3 other workshops; clay, painting, and sewing. The clay workshop contains work tables on wheels, while the painting workshop contains tables and storage, and the sewing room contains sewing machines and a large work table. These workshops allow for senior residents to have activities to do, that assists in preventing boredom. Moreover, being directly beside each other, there are windows that allow for viewing between each workshop, and from the lounge into the sewing workshop. The lounge (figure 5.16), being the main artery of movement throughout the building, provides a social space that allows for individuals to interact or travel through the space (figure 5.17-5.18). It features seating throughout, including benches that are secured to the wall in various placements as well as additional, movable furniture. This furniture is placed in a way that encourages

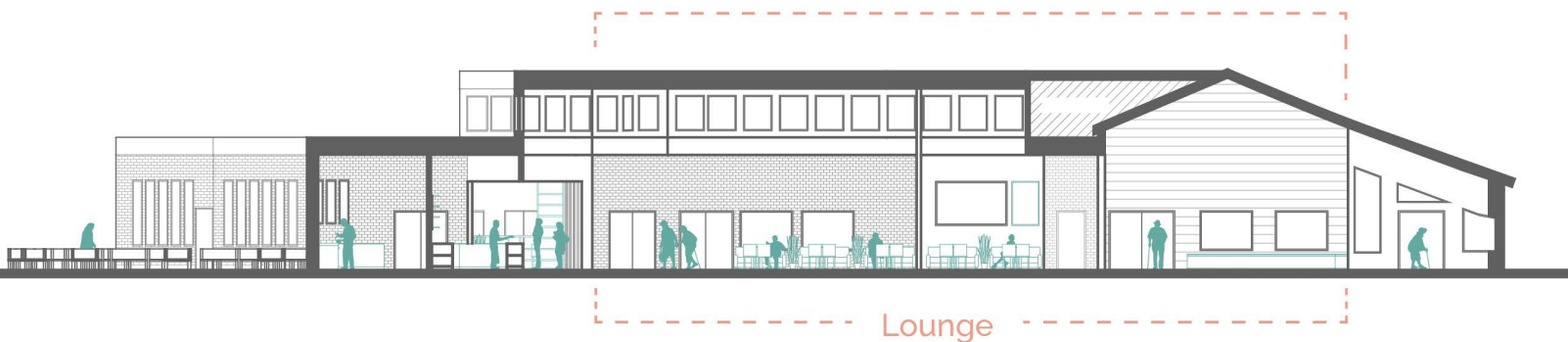
Above Top
figure 5.14 | Community centre workshop section

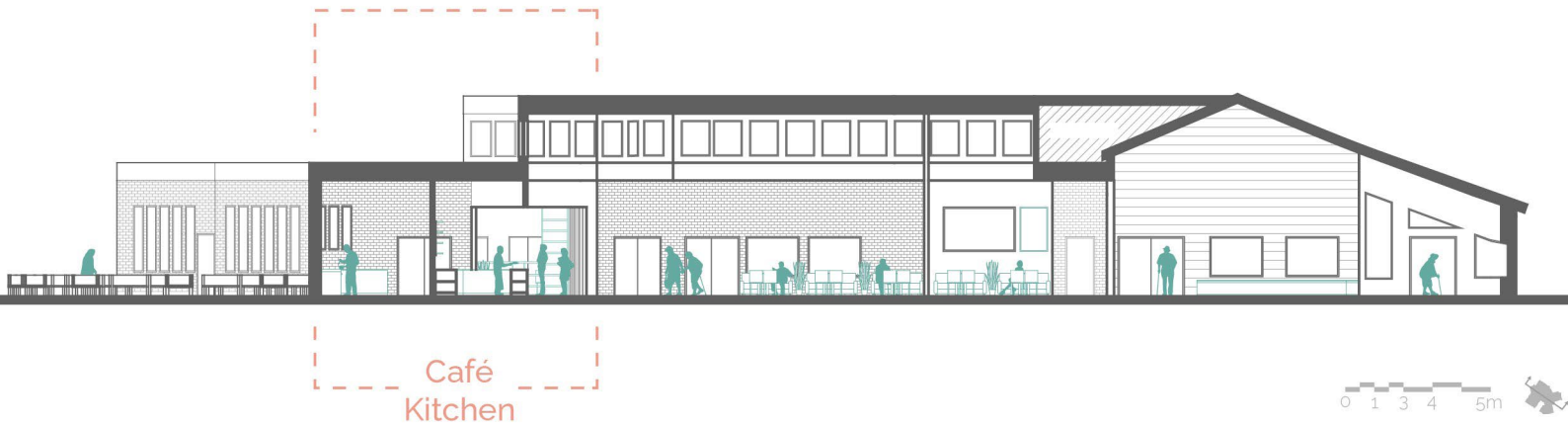
Above Bottom
figure 5.15 | Community centre workshop render

Right Top
figure 5.16 | Community centre: lounge

Right Middle
figure 5.17 | Community centre lounge render

Right Bottom
figure 5.18 | Community centre lounge section





social interactions. This seating allows for the space to adapt, as there is a foldable wall that closes the space off, allowing for night movie screenings or other planned activities. At the south-east end of the lounge is the café kitchen, which features a café bar with the kitchen in the back (figure 5.19-5.20). This acts as a location for individuals to order food and beverages. The kitchen acts as a large space to cook meals for both visitors and the residents who choose to have their meal provided for them. Adjacent to the café kitchen is the café library (figure 5.21-5.22). This space acts as a multi-use space that serves as seating for those eating their meals, being large enough to serve all residents of the village at the same time. Additionally, it holds multiple bookshelves, and provides an atmosphere for quieter socializing and studying for students, as well as exterior seating, which provides a partially covered deck and views out to the lake (figure 5.23). This exterior space connects to the walking path, and to the exterior portion of the social hub, which includes; the lounge, café (both interior and exterior), the

Above Top
figure 5.19 | Community centre kitchen section

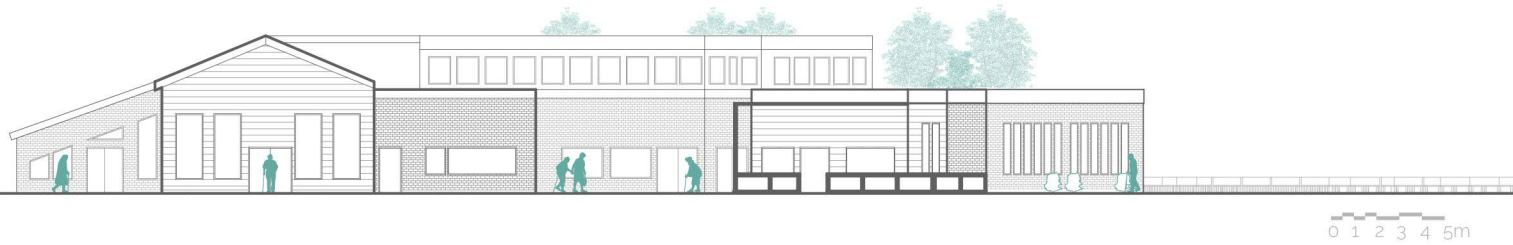
Above Bottom
figure 5.20 | Community centre: cafe kitchen

Right Top
figure 5.21 | Community centre: cafe

Right Middle
figure 5.22 | Community centre cafe render

Right Bottom
figure 5.23 | Community centre: cafe exterior seating





walking path, and the lookout at the edge of the lake (figure 5.24-5.25). At the lookout, there is a pergola, providing shade for those looking out on the water. This, along with the benches along the walking path, provides a place for seniors to



rest and connect with nature, while also interacting with those who are engaging in physical activity on the walking path. Traveling along the walking path east from the lookout, one comes upon the community garden (figure 5.26-5.27), accessible to both residents of the village and visitors from the external community of Kirkland Lake. The garden is laid out with raised wooden boxes, allowing for easier access and wide paths for easier walkability for the senior users. This, provides an activity for residents where they can interact with others, but also be outside, creating a setting to encourage good well-being. Next to the garden is the light workout room (figure 5.28). This room is made for only residents to use and have a light workout. Because it is intended for residents of the village, it is located closer to the side of the building that is programmed as the private end. The workout room has windows that are shared with the hallway to the staff offices, providing a

Above Top
figure 5.24 | South-west elevation

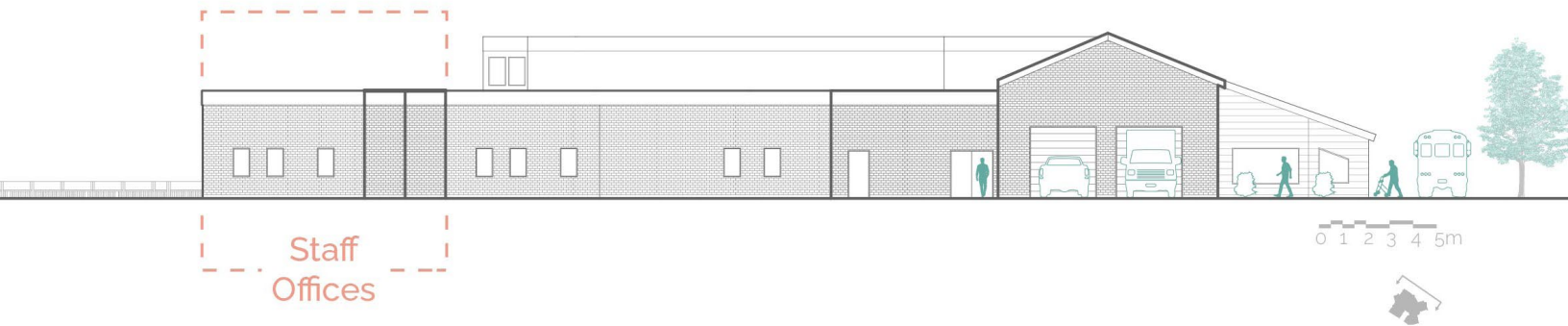
Above Bottom
figure 5.25 | Community centre social hub exterior render

Right Top
figure 5.26 | Community centre: community garden

Right Middle
figure 5.27 | Community centre community garden render

Right Bottom
figure 5.28 | Community centre: workout room





watchful eye from the staff for the residents, in case of fall or injury. Moreover, located on the north-east side of the building are the staff spaces (figure 5.29). The staff offices, offer offices to the administrative staff members, as well as an office for an onsite nurse (figure 5.30). The space also hosts a small staff kitchen, that is shared by both administrative staff and the mechanical service staff. The mechanical service areas (figure 5.31), located beside the offices, holds a few storage areas, for different supplies and materials. A laundry room can be found, with access from the exterior of the building, allowing for laundry to be provided to residents who choose to have that service. A small service room is available, for those with walking aids and scooters to have their items repaired (figure 5.32). Next to this room is the loading dock area, where supplies and materials can be unloaded and later stored. Furthermore, there is access to both the basement and roof, which host the existing mechanical and electrical needs for the building. Thus, the community centre provides a great social space for all members of Kirkland Lake, including the residents of the assisted living village. Providing this social space aids in decreasing boredom and creating an overall better quality of life for these aging adults.

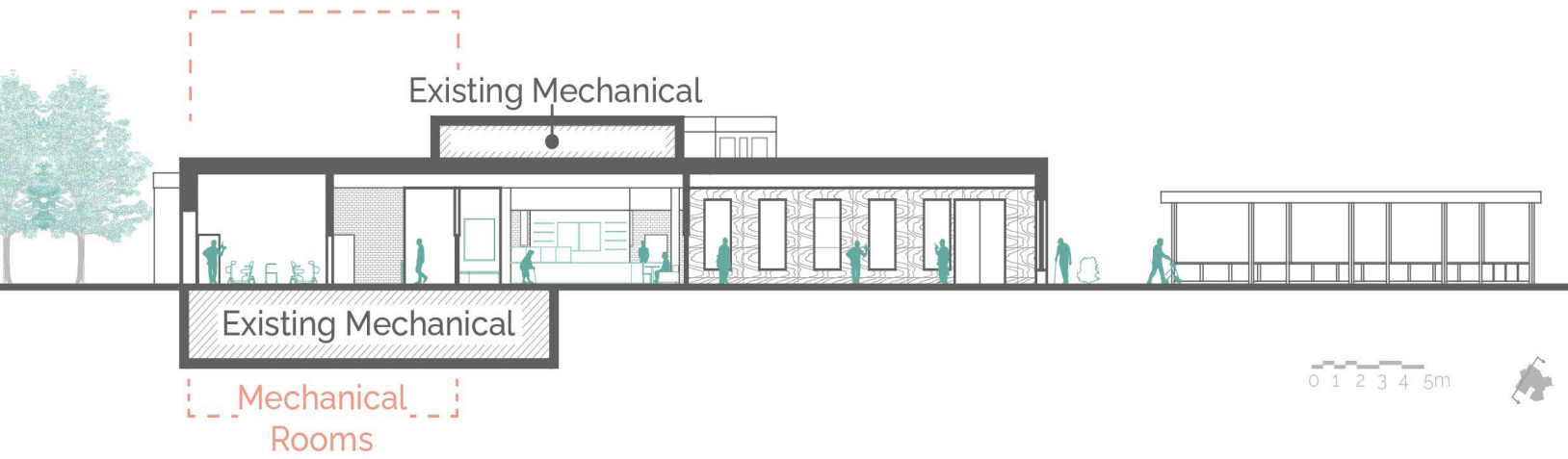
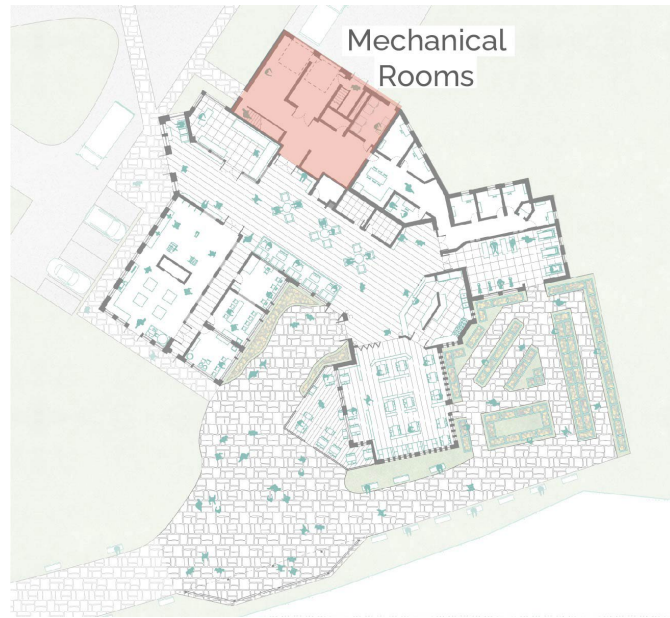
back of house | Behind the scenes activities that are pertinent to the function of everyday services and activities

Above Top
figure 5.29 | North-East elevation

Above Bottom
figure 5.30 | Community centre: staff offices

Right Top
figure 5.31 | Community centre: mechanical services rooms

Right Bottom
figure 5.32 | Community centre mechanical services section



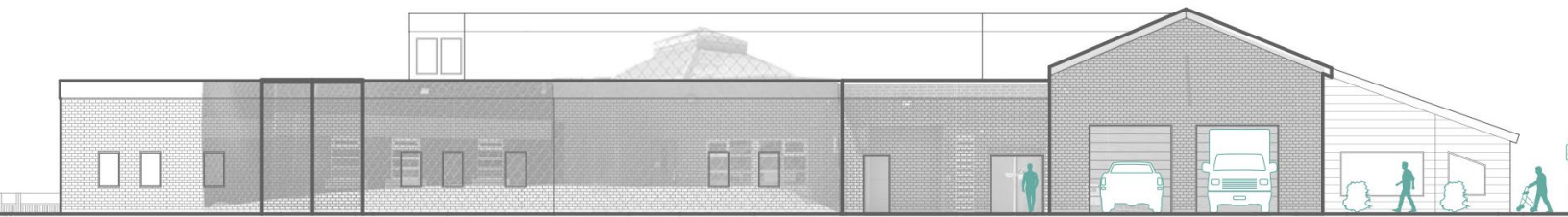
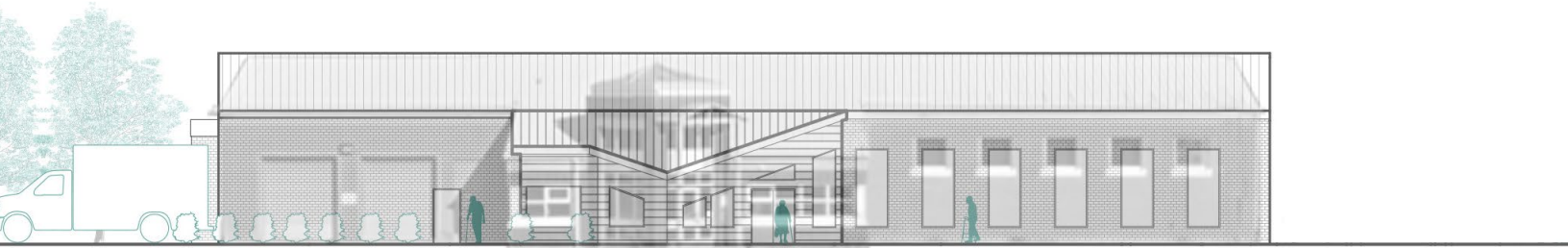
5.4 Adaptive Reuse

As previously mentioned, the Community Centre is designed by adapting an existing building within the town of Kirkland Lake. The current existing building is known as the Pinegar Centre, which, in past years, served as a youth detention center at the east end of the town. The building, being vacant, requires either a tear down or an adaptation. Based on the criteria generated for the design, by adapting the building and thus using the existing materials of the building, the design criterion can be met. However, the present design of the existing building does not create a comfortable, nor enjoyable communal space for the community to interact within. The design can then develop by adapting the building, maintaining the structure's frame, but altering the programming of the space. This then allows for the existing Pinegar Centre to be seen in a new, positive perspective.

Moreover, by deconstructing the existing floor plan, the building then begins to be transformed into something new (figure 5.33). Strategically removing walls to create an open concept layout, allows for interactive, social spaces to be formed throughout the whole building. While some areas throughout the building are opened up, others are altered by maintaining a similar frame, yet changing the overall design concept. This is,

Right
figure 5.33 | Existing vs new floor plan





for example, seen at the main entrance, where the existing tower structure is removed (**figure 5.34-5.35**). This allows for the design of the entrance to flow better with the overall design, but not to be lost and less obvious to find. The front façade is altered to allow for the wood on the main entrance to stand out from the surrounding brick walls. In addition, the garage doors are removed from the façade, to the eastern side of the building which, is adapted to become a back of house area (**figure 5.36-5.37**). Moving the garage doors to this eastern wall allows for deliveries to occur away from the main entrance. Along this wall, windows for administrative staff

Left Above

figure 5.34 | Existing vs new north-west elevation

Left Second

figure 5.35 | Existing vs new: north-west wall

Left Third

figure 5.36 | Existing vs new north-east elevation

Left Bottom

figure 5.37 | Existing vs new: north-east wall



Above
figure 5.38 | Existing vs new: lounge

Bottom
figure 5.39 | Existing photo vs new
render: lounge

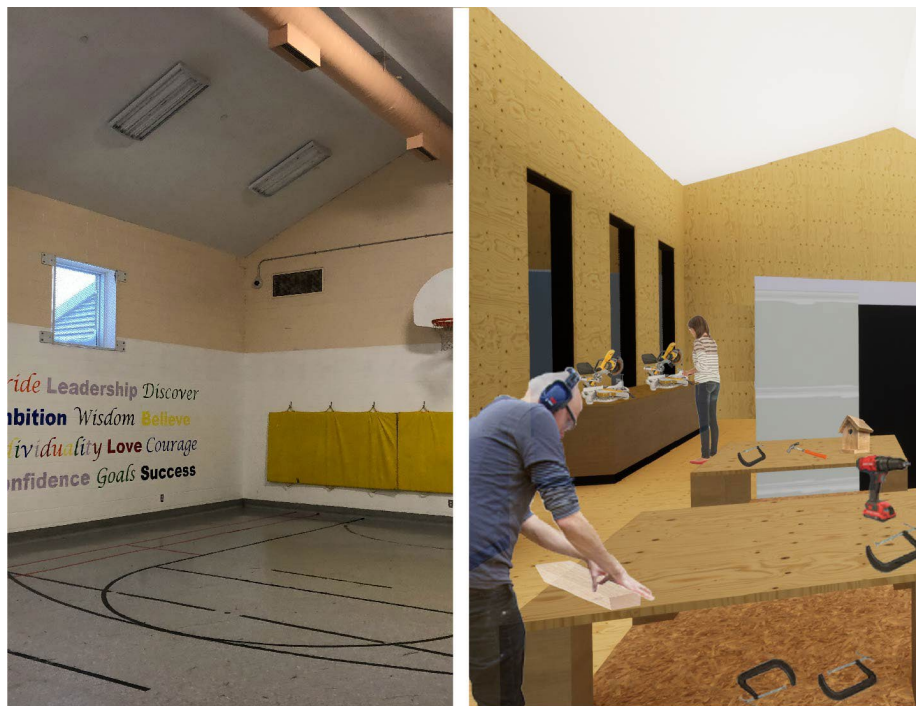
offices can be found. This differs from the existing design, due to the development of a new extension that accommodates these staff members. The central skylight peak is removed, allowing for a raised roof to be created above the lounge (figure 5.38-5.39). The act of implementing this change allows for more light to reach the central space and provide a bright and warm atmosphere within the lounge area. The wall's materials are changed out from the existing cinder blocks, to create the appearance of a more inviting atmosphere. The café and kitchen, located at the end of the lounge, also act as an open focal point for one traveling through the space.



The café specifically is created within the shell of the existing sleeping quarters (**figure 5.40-5.41**). By removing the central walls and maintaining the shell's structure, the open café seating area is then formed. A curtain wall is designed along the exterior walls to allow for small framed views out to the lake, but also to allow exterior light to enter and fill the space. Likewise, the wood

Above
figure 5.40 | Existing vs new: cafe

Bottom
figure 5.41 | Existing photo vs new
 render: cafe



Above
figure 5.42 | Existing vs new: workshop

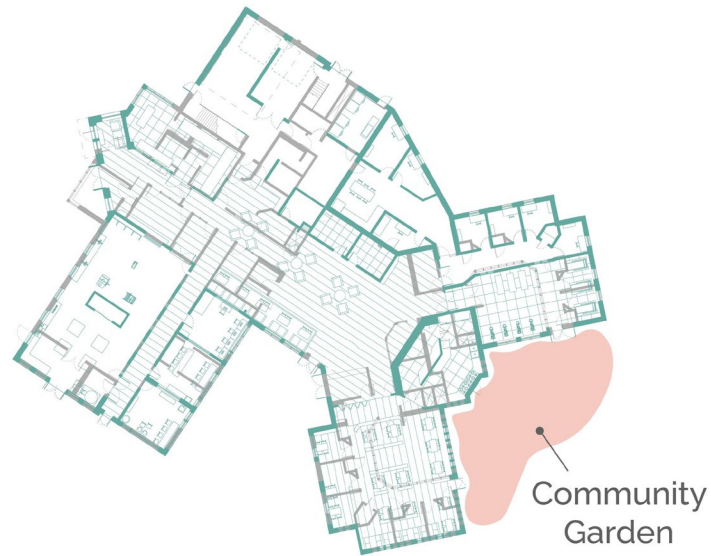
Bottom
figure 5.43 | Existing photo vs new
render: workshop

Right Above
figure 5.44 | Existing vs new: exterior
social space

Right Bottom
figure 5.45 | Existing photo vs new
render: exterior social space

workshop is seen within the adapted gymnasium (figure 5.42-5.43). This space's windows are altered, allowing for more light to enter the space, but also to allow for viewing out of and into the workshop while working on projects. Similarly, another space that is adapted is the exterior social space (figure 5.44-5.45). This area includes exterior seating for the café, the side entrance to the lounge, and vast exterior circulation. This large exterior social area is only possible through the removal of the bordering fenced-in area, that once acted as a secure barrier for the detention centre. The red and brown brick are then altered, allowing for black brick to appear at the lounge entrance, while the café is seen cladded





Above
figure 5.46 | Existing vs new: community garden

Bottom
figure 5.47 | Existing photo vs new render: community garden

in wooden siding. Finally, the community garden acts as another adapted exterior space (figure 5.46-5.47). The space previously acted as a fenced in secure area for youths to be outside. However, removing the fence, simplifying the roof line, and creating an accented wall with black brick forms an open exterior gathering space. This space allows for garden boxes to be placed and easily circulated around, forming the community garden. Thus, adapting the existing building allows for it to be seen through a new perspective and transformed into a great social gathering space, for both members of the assisted living village and members of the community of Kirkland Lake.

5.5 "Village"

The "village" within this design is seen through the pods and the surrounding walking paths of the assisted living village. There are a total of 3 pods, each containing 5 homes, housing a minimum of 57 residents. The pods act as the village in the analogy of town-village-home, as they are the in between space that rests within the gap of home and town. They become the space known as semi-private, as each pod is not open to the public and surrounding community of Kirkland Lake, but rather it serves the residents of the assisted living village. However, it is not completely private to the user, as it is shared with other residents within the same pod.

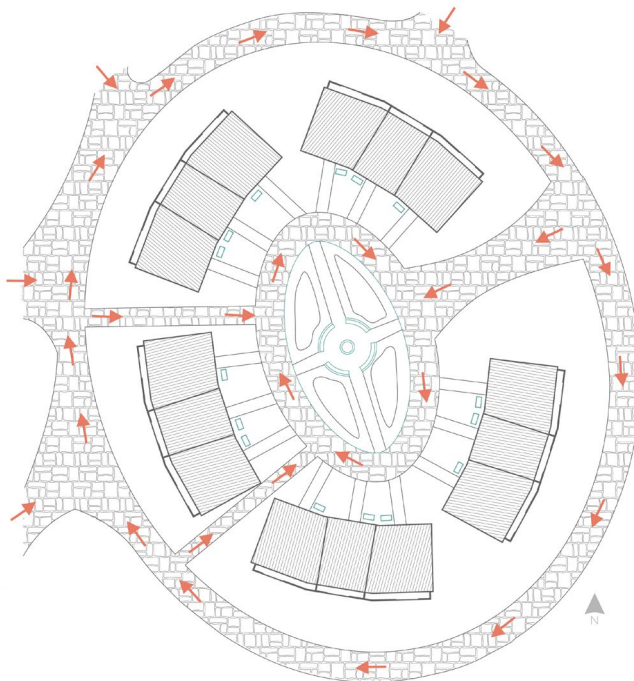
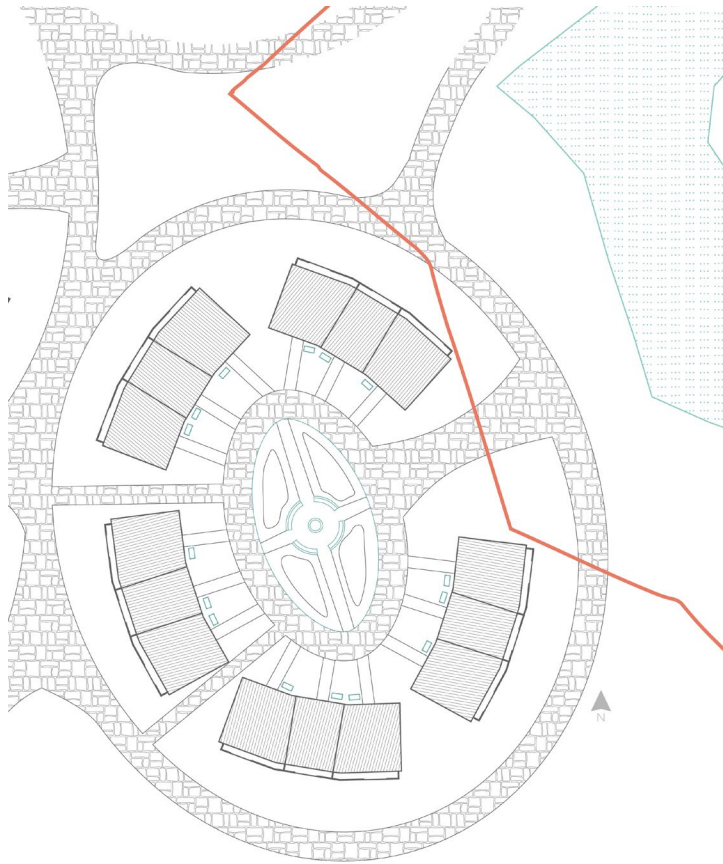
The site in which the village is located on features an existing by-law which states that new builds must be located 30-meters away from the water line ([figure 5.48](#))²³¹ Understanding both the circulation and this setback allows for the village to be further developed. As seen previously, a walking path stretches throughout the length of the site. This path frames the village pods, forming a large exterior loop around the pod and through, leading to the smaller central loop within the pod itself ([figure 5.49](#)). This allows for the residents to be encouraged to walk outdoors and interact with one another, but also with visitors from the external

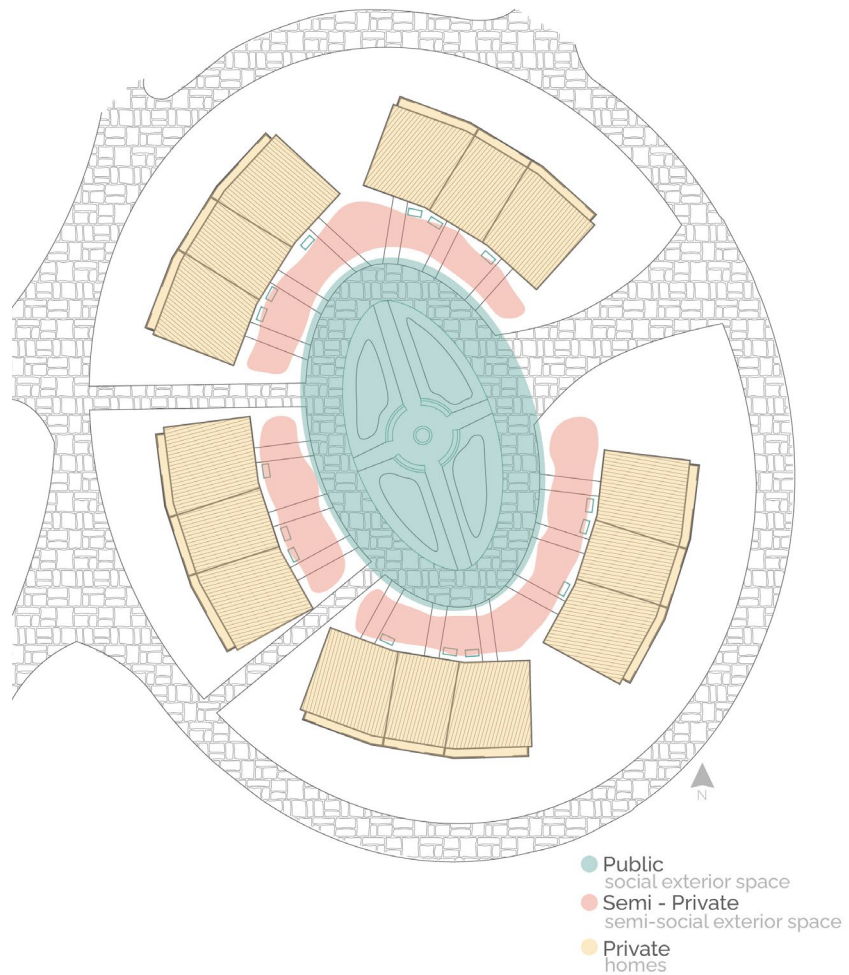
village | A group or cluster of homes located together in a shared space

Right Above
figure 5.48 | Village pod 30 m buildable setback

Right Bottom
figure 5.49 | Village pod circulation diagram

²³¹ *Zoning By-law*, Town of Kirkland Lake; Department of Development Services, 2021, accessed January 2022.

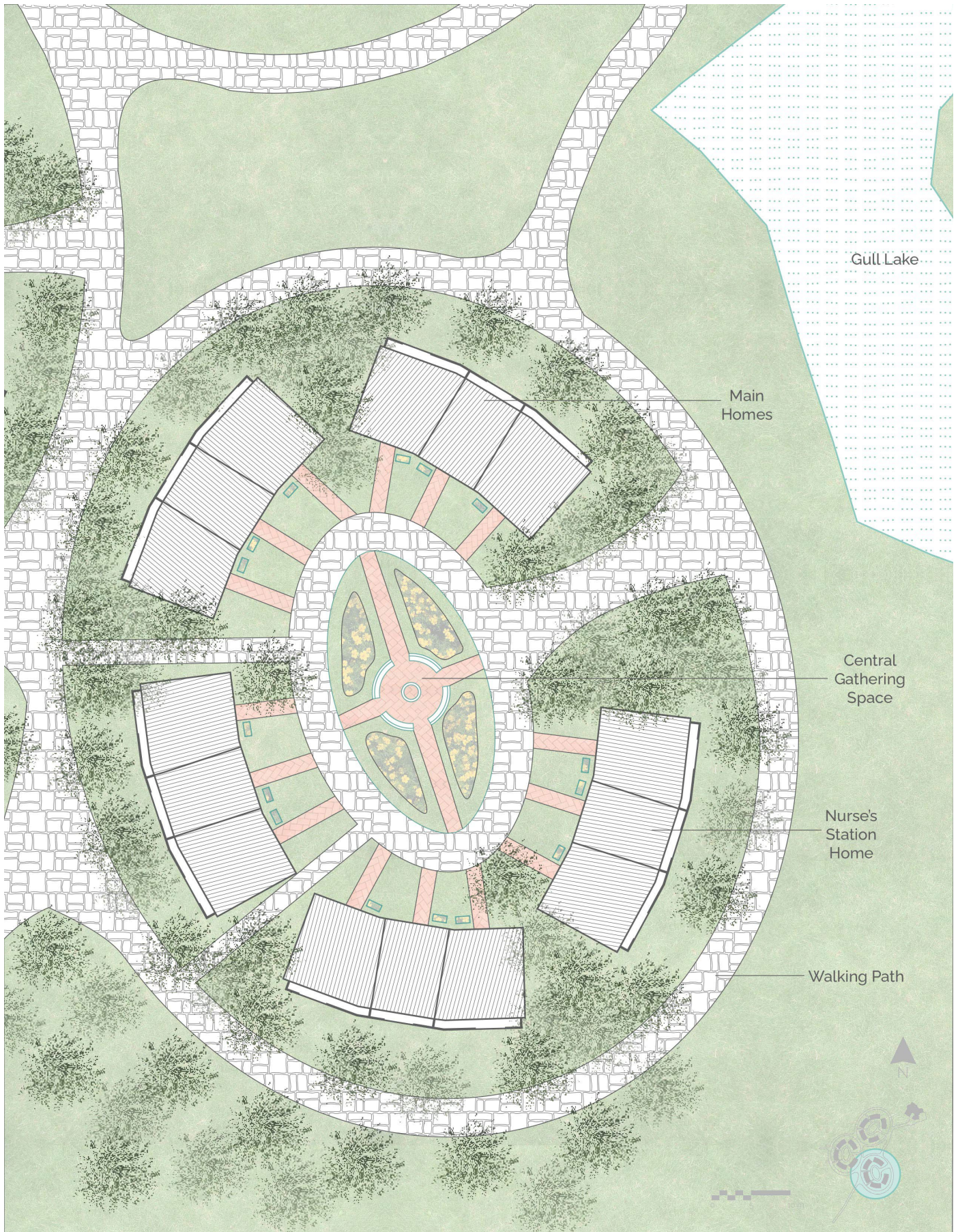




community of Kirkland Lake. By implementing multiple loops throughout the walking path and around the homes, it creates a sense of security for the senior adults, as it provides a watchful eye from residents within their homes, in case of a fall or emergency. Moreover, with the loops being of multiple sizes, the residents are able to walk a distance that is most comfortable to them before returning to their home. Thus, with the knowledge of how the pods could be circulated, the village pod could be programmed, allowing for the understanding of what the private versus public areas are (figure 5.50). The pod's design allows for the home to act as the private zone for residents, the central space (including the walking path) to act as public space, while the space in-between, featuring the path up to the home and the gardens, would be the semi private zone. This then led to the development of the site plan for the village pod (figure 5.51).

Above
figure 5.50 | Village pod private vs public diagram

Right
figure 5.51 | Village pod site and floor plan





The pod can be seen hosting 5 homes, 4 of which contain 3 apartment types, but also a single home that features a nurse's station. The pod itself acts as a village, in the sense that neighbours are sharing the same area of living, with moments of interaction between them. Each home is placed side-by-side, oriented toward a central communal space, but also focused in on each other (figure 5.52). This creates a neighbourhood within a strong and small cluster of buildings, that also contains the services that the external community would benefit from as well.²³² By encouraging interaction within the village, the residents are able to build a closer connection with one another, aiding in the decrease of loneliness amongst senior adults. Furthermore, this pod creates a connection for the residents to not only have access to a community within their primary place of living, but also with the external community. This eliminates the feeling of isolation within a "facility," but also encourages the resident to continue being independent.

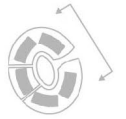
The pod is entered through the main entry point, off of the walking path, adjacent to Gull Lake (figure 5.53). From here, the path loops around the exterior social space, which acts as a smaller exterior version of the Community Centre within the village (figure 5.54). The space provides an area for residents to sit and interact together around a central fire pit, further providing a decrease in loneliness. Additionally, each pod is oriented to provide a view from this central hub to the lake itself. Therefore, the village pods act as a great encouragement for walkability and interaction amongst mostly residents of the assisted living village. By providing both walking paths and central gathering spaces, an increase in overall well-being and a decrease in loneliness are then able to be achieved.

Above
figure 5.52 | Village pod elevation

Right Above
figure 5.53 | Entrance to village pod
render

Right Bottom
figure 5.54 | Walking path render

²³² M.J. Mitchell and B.J. Kemp, "Quality of Life in Assisted Living Homes: A Multidimensional Analysis," *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences* 55, no. 2 (2000): 125, accessed November 10, 2021. <https://academic.oup.com/psychsocgerontology/article-lookup/doi/10.1093/geronb/55.2.P117>.



5.6 "Home"

The "home" in analogy of town-village-home, is understood to be the most private space of all of them. It is the place for the resident to feel the most comfortable, as it is their personal quiet space. There are 5 homes within a single pod, all with similar external appearances. Each home is designed to mimic the typology of the historic homes of Kirkland Lake (Chapter 4.1). For example, each home features a front porch room, much like the typology of the existing homes ([figure 5.55](#)). But also, the home is designed with an external façade palette of wood siding, drawing from the historic builds and their use of local materials.

Moreover, as previously mentioned, each pod contains 5 homes; 4 of these homes contain 3 different apartment styles, while 1 features a single apartment that has been adapted into a nurse's station. Looking at the 4 homes first and maintaining the idea of private versus public, the home is divided into these private or public moments ([figure 5.56](#)). For example, the front and back of the home, which face the walking path, are considered semi-public, as they provide moments where the resident interacts with the outside world, while still within their own home. Yet, the center of the home is considered private as it is the quieter, less exposed portion of the home. Each of the home's units differ, yet

Right Above
[figure 5.55](#) | Existing Kirkland Lake home
vs new village design

Right Bottom
[figure 5.56](#) | Home private vs public
diagram



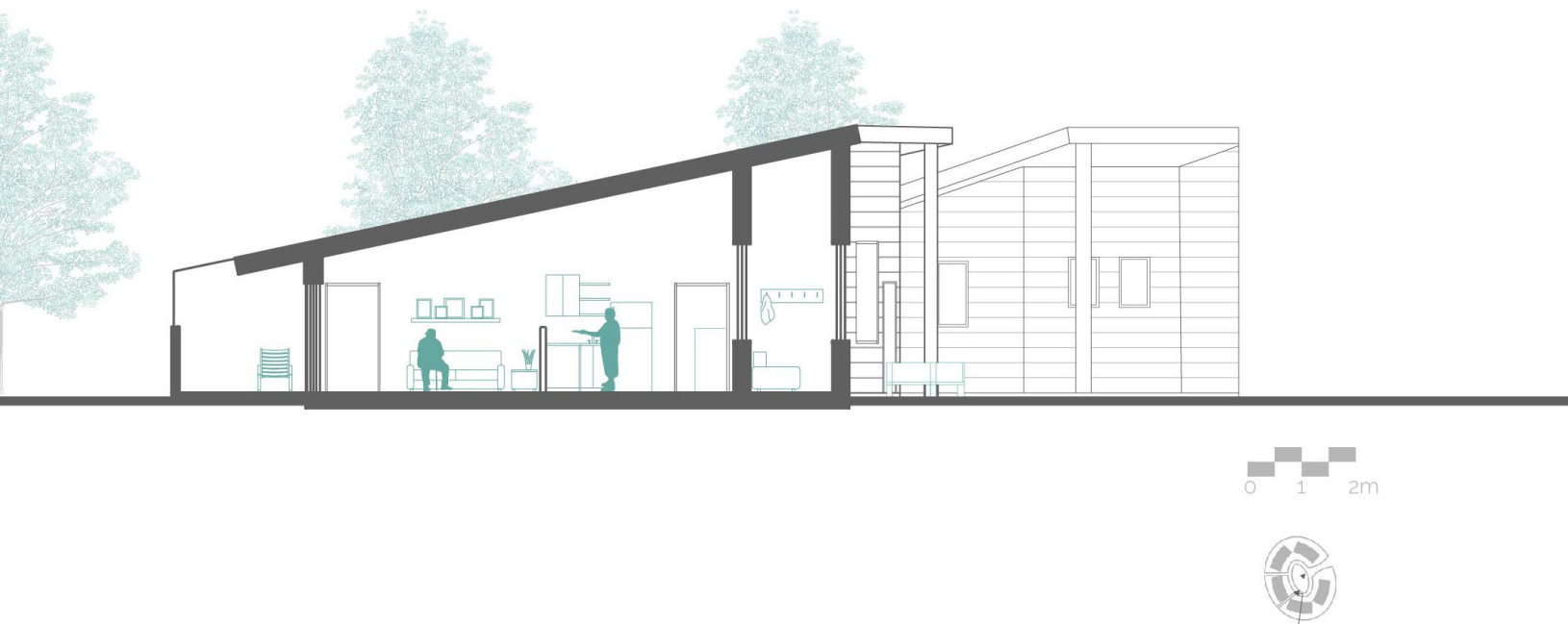
they feature similar aspects and rooms, including the bathroom/ laundry room, a small kitchen area, dining space, a living room, and a main bedroom. The units vary in size, but include a 1 bedroom, a 1 bedroom with den, and a 2 bedroom (figure 5.57). Being that they share similar aspects in the core design, the spaces share

Right
figure 5.57 | Home site and floor plan





comparable details in the rooms and in their layout (figure 5.58). Yet, also, the most social and open portion of each unit is understood to be the kitchen – living room area (figure 5.59), which features a half wall between the living room and kitchen, in every unit. Each home hosts its own walking path (leading up to the porch





entry) and a garden box within the front yard area (figure 5.60). The front yard is left to be adapted with the growth of the resident, as more garden boxes can be added for them to have their own personal garden. This encourages outdoor activities, but being semi-private, it also allows residents to interact amongst one another in the village pod, while in their front yards. Additionally, each home shares a connecting deck, divided by a separating wall, that allows for residents to be outside in their backyard area. It also allows for them to be able to see who is walking by on the surrounding walking path (figure 5.61).

Left Above
figure 5.58 | Home section 01

Left Bottom
figure 5.59 | Home section 02

Above
figure 5.60 | Front of home render

Bottom
figure 5.61 | Back of home render



Above
figure 5.62 | 1-bedroom unit plan

Right Above
figure 5.63 | Front porch render

Right Middle
figure 5.64 | Bathroom render

Right Bottom
figure 5.65 | Living space render

In addition, the 1 bedroom is the main, basic designed space, with the least square footage of the 3-unit types (figure 5.62). This unit features the porch upon entering (figure 5.63), where the residents can sit and relax, but also look out into the loop around the central gathering space. To the right of the entrance into the home is the bathroom (figure 5.64), which features accessible furnishings, including a walk-in shower and accessible laundry. The dining-kitchen-and living space is an open-concept space, featuring a half wall between the kitchen and the living room (figure 5.65). The kitchen contains a small stove, a fridge, and a minimal amount of cabinetry. Although the other units hold similarities, they differ from the 1-bedroom unit.





Above
figure 5.66 | 1-bedroom + den unit plan

Right
figure 5.67 | 2-bedroom unit plan

The 1-bedroom+den unit features a small den, that acts as an extra space for hobbies, an office, or even a library (figure 5.66). Meanwhile, the 2-bedroom unit, which contains the largest footprint, has a second bedroom for an additional roommate or visitor to sleep (figure 5.67).





Above
figure 5.68 | Reference site plan: nurse's station

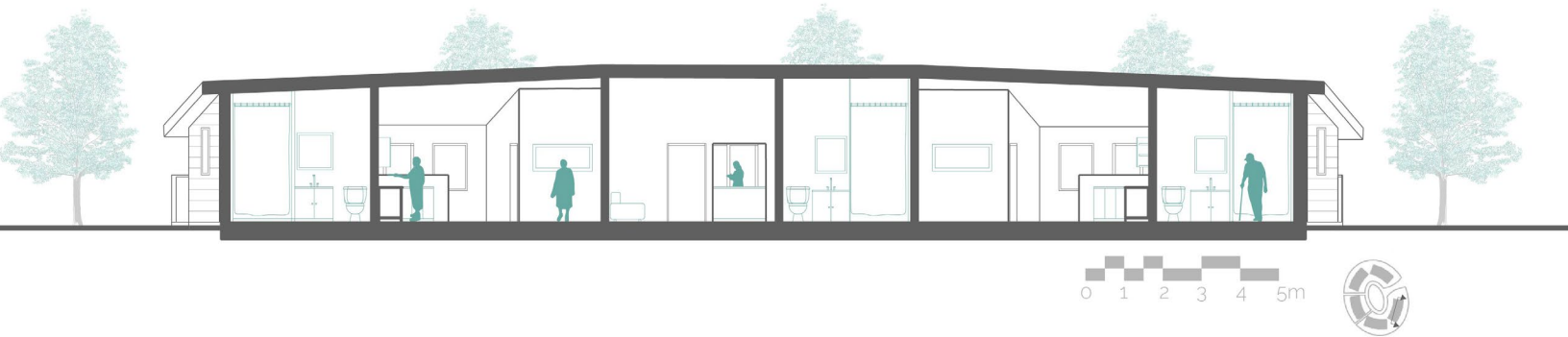
Right
figure 5.69 | Nurse's station site and floor plan

Furthermore, the nurse's station appears in one of the homes within the village, replacing the 1-bedroom (**figure 5.68**). It acts as a space that provides care to members of the pod who require assistance with tasks such as; pill management, or even to provide aid to those who may experience a medical emergency. The home's layout and overall structure remain the same, however the spaces in this particular unit are adapted to create an area for nurses to work and service the village pod (**figure 5.69**). The nurse's

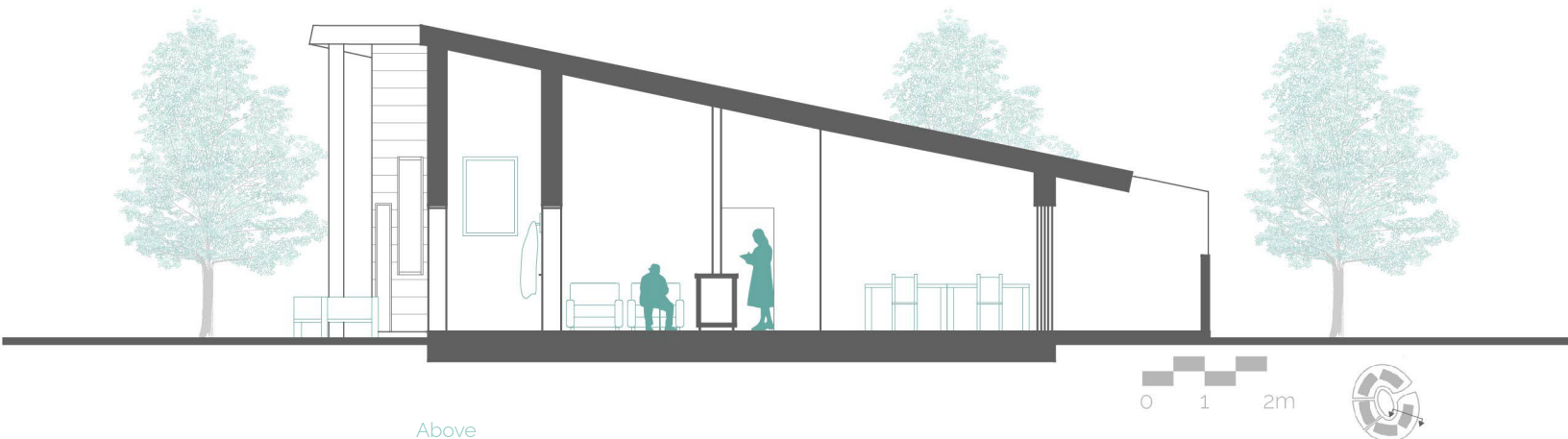


1. Nurses Station Entrance
2. Bathroom/Laundry
3. Waiting Area
4. Nurse's Work Area
5. Nurse's Staff Room
6. Main Bedroom
7. Deck





station remains located between 2 other units (figure 5.70) and it divides the staff services and the senior residents with a wall, to provide confidentiality of information (figure 5.71). The unit is entered through the front porch, which acts as a spot to hang coats (figure 5.72). The seating area is then entered, allowing for residents to sit and wait for assistance (figure 5.73). From there, the nurse's area can be entered and further the staff room. Thus, the home acts as the private quiet space for residents, allowing them to maintain their dignity and independence.

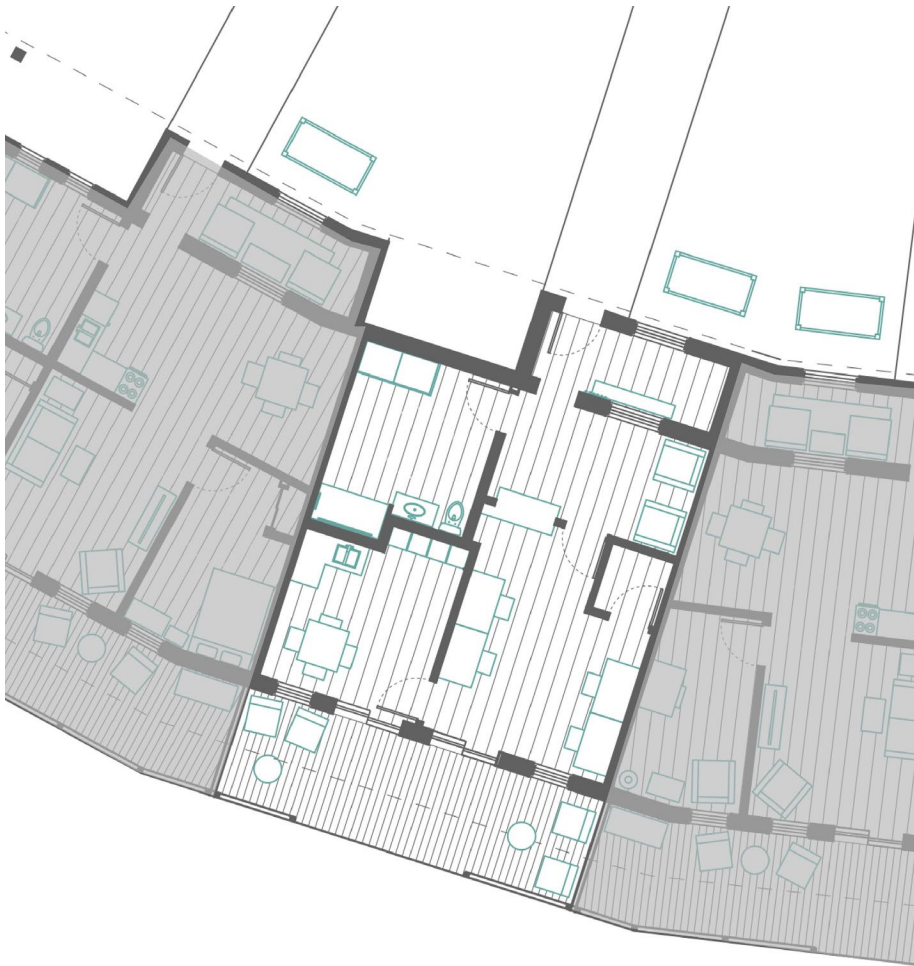


Above
figure 5.70 | Nurse's station section 01

Bottom
figure 5.71 | Nurse's station section 02

Right Top
figure 5.72 | Nurse's station unit plan

Right Bottom
figure 5.73 | Nurse's station interior render



Due to the rapid growth of the aging demographic, there is an imminent need for assisted care within Northern Ontario.²³³ With the aging of this demographic, there is an increased need for assisted care (figure 6.01).²³⁴ Although there are 3 different levels of care,²³⁵ assisted living is the ultimately the best for the well-being of independent aging adults.²³⁶ However, assisted living is typically presented within facilities, which is not beneficial to their overall quality of life.²³⁷

Moreover, there is a lack of assisted living within Northern Ontario, both in large cities and within smaller, more remote areas.²³⁸ The district of Timiskaming is one of these areas, due

²³³ "Ontario Population Projections," *Ontario*, accessed November 24, 2021, <http://www.ontario.ca/page/ontario-population-projections>.

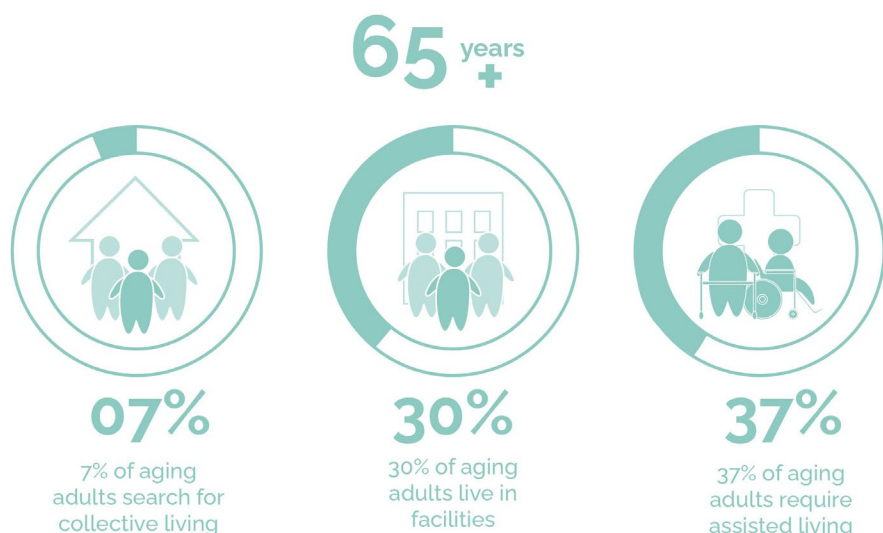
²³⁴ "Living Arrangements of Seniors," *Statistics Canada*, accessed January 2022, https://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-312-x/98-312-x2011003_4-eng.cfm#bx2; ASHA "Life in a Senior Living Community: Where You Live Matters," published March 9, 2017, accessed September 2021, <https://www.wheretheyoulivematters.org/life-senior-living-community/>.

²³⁵ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 304, accessed September 2021, <https://doi.org/10.1177/073346480001900304>; "Personal Support Services: Closing the Gap Healthcare," *Closing the Gap*, accessed November 24, 2021, <https://www.closingthegap.ca/services/personal-support/>.

²³⁶ Sheryl Zimmerman and Philip D Sloane, "Definition and Classification of Assisted Living," *The Gerontologist* 47, no. suppl-1 (2007): 34, accessed September 2021, https://omni.laurentian.ca/discovery/fulldisplay?docid=cdi_webofscience_primary_000253844100004Citation-Count&context=PC&vid=01OCUL_LU:OMNI&lang=en&search_scope=DiscoveryNetwork&adaptor=Primo%20Central&tab=NZPhysical&query=any,contains,Definition%20and%20Classification%20of%20Assisted%20Living&offset=0.

²³⁷ Ibid, 33.; Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

²³⁸ Red Oak Villa Administrative Assistant, interviewed by Hannah Taylor, Site Visit, Red Oak Villa, Sudbury, November 9, 2021; Amberwood Suites Sales Coordinator, interviewed by



to the fact that there is only one existing assisted living home.²³⁹ This means residents of the town of Kirkland Lake are displaced from their communities and end up living within a facility, which ultimately is not beneficial to their overall well-being.²⁴⁰ Thus, Kirkland Lake is a town that is especially in need of assisted living and is open to implementing it, to ensure that residents can remain in town even in their older years.²⁴¹

The design was conducted through an understanding of the history of both the town and the district, but also the material and typological palette of the town. Kirkland Lake specifically is a mining town, with homes built to support the mine's workers and their families.²⁴² A vast majority of the homes held similarities in both design and material, thus identifying a typology for the town of Kirkland Lake. Analyzing the site, set of criteria is developed that begins to inform the design of the assisted living village for this northern town.

Based on the criteria and research, the analogy of "home-village-town square" is formed (**figure 6.02**). This shows

Hannah Taylor, Site Visit, Amberwood Suites, Sudbury, November 16, 2021.; Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021.

²³⁹ Northdale Manor Programming, Education and Technology Specialist, interviewed by Hannah Taylor, Site Visit, Northdale Manor, New Liskeard, November 15, 2021.

²⁴⁰ Mary M. Ball et al., "Quality of Life in Assisted Living Facilities: Viewpoints of Residents," *Journal of Applied Gerontology* 19, no.3 (2000): 312, accessed September 2021, <https://doi.org/10.1177/073346480001900304>.

²⁴¹ *Official Plan: A 20-Year Plan for the Town of Kirkland Lake*, Kirkland Lake: Planning Division, 2016, accessed December 2021, http://p1cdn4static.civillive.com/UserFiles/Servers/Server_15565915/File/Our%20Services/Planning%20Services/Official%20Plan%202016.pdf.

²⁴² Natalie Chabanova, "Kirkland Lake History," *Northern Ontario Local*, published August 17, 2020, <https://www.northernontariolocal.ca/articles/4/kirkland-lake-history>.

Above
figure 6.01 Percentage of adults who require care



how the site is to be occupied, based on how the town of Kirkland Lake is accessed by its everyday users. The “town” is understood as the social space for residents of the assisted living village to interact with one another, but also with visitors from the external community of Kirkland Lake (figure 6.03). These aging adults are able to interact within an adapted existing building that provides social spaces such as the lounge, and café, while the workshops and the workout room provide activities. By encouraging interactions and providing these activities to the residing senior adults, boredom is decreased, aiding in a better well-being. The “village” is understood to be a pod containing a cluster of homes, framed by the walking path, and shared with residents of the specific pod. It acts as a semi-private social space for residents, but also hosts the “home.” The village provides a walking path featuring many loops, and encourages residents to interact with each other within the central outdoor gathering space, which hosts views to the adjacent lake. Through interacting together and having neighbours look out for one another, the senior residents living within the village pods experience a decrease in loneliness. In addition, the “home” is seen as the quiet place for residents to reside, and acts as the most private. The home’s individual units contain a small kitchen, dining area, a living room, bedroom and



bathroom, which also contains accessible laundry. Residents are encouraged to maintain their routines and conduct activities on their own. Activities such as gardening outside, cooking for oneself, changing and bathing without assistance is rewarding to the aging adult. Yet also, it not only aids in reducing boredom, as it keeps them occupied, but it additionally helps in maintaining dignity and independence. Thus, throughout the entire assisted living village, an aging adult experiences the key principles of assisted living. These include: privacy, choice, dignity, independence, and an overall good quality of life. Ultimately, creating a sense of home.

Above Left
figure 6.02| Home-village-town diagram

Above Right
figure 6.03| Site programming diagram

Through conducting research, there are different precedents that serve as great examples of previously built and designed assisted living villages and senior residences. These examples offered valuable aspects that then inspired newer designs. The projects that are explored place value on the quality of life of senior adults, seeking new and improved ways to aid in preventing boredom and increasing the well-being of aging adults. The case studies researched include; the Village Langley, in British Columbia,²⁴³ The Hogeweyk, in the Netherlands,²⁴⁴ Drommehagen, by Haptic Architects within London, UK,²⁴⁵ and Sycamore Springs Garden Spot Village, in New Holland, Pennsylvania.²⁴⁶

The Village Langley, located in British Columbia, functions as a Dementia village (**figure 7.01**).²⁴⁷ This village contains a Community Centre for residents to interact with one another.²⁴⁸ Here the aging adults can participate in activities, visit the general store, café, salon, and spa.²⁴⁹ The residents also share the

²⁴³ "Living Here," *The Village Langley*, accessed November 25, 2021, <https://www.thevillage-langley.com/>.

²⁴⁴ "The Hogeweyk", *Be Advice*, accessed February 2022, <https://www.bethecareconcept.com/en/hogeweyk-dementia-village-hogeweyk-netherlands/>.

²⁴⁵ "Haptic Designs Elderly Housing for Norway to Encourage Socializing," *Dezeen*, published November 17, 2016, accessed November 25, 2021, <https://www.dezeen.com/2016/11/17/haptic-designs-elderly-housing-clt-drobak-norway/>.

²⁴⁶ Tim Regan, "Best Independent Living Design of 2018: A Senior Living Spin on a Pocket Neighbourhood," *Senior Housing News*, published January 21, 2019, accessed February 2022, <https://seniorhousingnews.com/2019/01/21/best-independent-living-design-of-2018-a-senior-living-spin-on-a-pocket-neighborhood/>.

²⁴⁷ "Living Here," *The Village Langley*, accessed November 25, 2021, <https://www.thevillage-langley.com/>.

²⁴⁸ Ibid.

²⁴⁹ Ibid.



community garden, known as a farmyard, where they are encouraged to interact with one another within the outdoors.²⁵⁰ This village features 6 homes, that have a cottage-like appeal, featuring 12-13 private rooms, with open shared common spaces, such as; the dining and living rooms (figure 7.02).²⁵¹ Each of these members of the village are cared for by staff and professional nurses, while each house is run by a household manager to ensure they all receive the care they need.²⁵²



²⁵⁰ Ibid.

²⁵¹ Ibid.

²⁵² Ibid.

Above
figure 7.01! The village Langley site plan

Below
figure 7.02! The village Langley exterior photo



The next project is The Hogeweyk, located in The Netherlands, just outside of Amsterdam (**figure 7.03**).²⁵³ This project was the first dementia village to ever be designed and opened in 2009.²⁵⁴ Since then it became an essential case study to all villages that followed.²⁵⁵ This design features one large facility that reflects the appearance of a small-town village (**figure 7.04**).²⁵⁶ Residents are able to live a somewhat normal life, maintaining routine and some independence, through attending the village grocery store and other shops.²⁵⁷ Their homes feature living rooms, kitchens, private bedrooms, bathrooms and laundry, as well as their own private outdoor space.²⁵⁸ This project provides high quality care, while de-institutionalizing the concept of the nursing home.²⁵⁹ The founders of this village are quoted saying "it is not an institution, but a place where you can live your life as normally as possible."²⁶⁰

Drommehagen, by Haptic is another project that was analyzed.²⁶¹ This project was designed in London, UK and

²⁵³ "The Hogeweyk", *Be Advice*, accessed February 2022, <https://www.bethecareconcept.com/en/hogeweyk-dementia-village-hogeweyk-netherlands/>; "CNN's World's Untold Stories: Dementia Village," YouTube video, posted by "CNN," 2013, <https://www.youtube.com/watch?v=LwiOBlyWpko&t=66s>.

²⁵⁴ "The Hogeweyk", *Be Advice*, accessed February 2022, <https://www.bethecareconcept.com/en/hogeweyk-dementia-village-hogeweyk-netherlands/>.

²⁵⁵ Ibid.

²⁵⁶ "CNN's World's Untold Stories: Dementia Village," YouTube video, posted by "CNN," 2013, <https://www.youtube.com/watch?v=LwiOBlyWpko&t=66s>.

²⁵⁷ Ibid.

²⁵⁸ "The Hogeweyk", *Be Advice*, accessed February 2022, <https://www.bethecareconcept.com/en/hogeweyk-dementia-village-hogeweyk-netherlands/>.

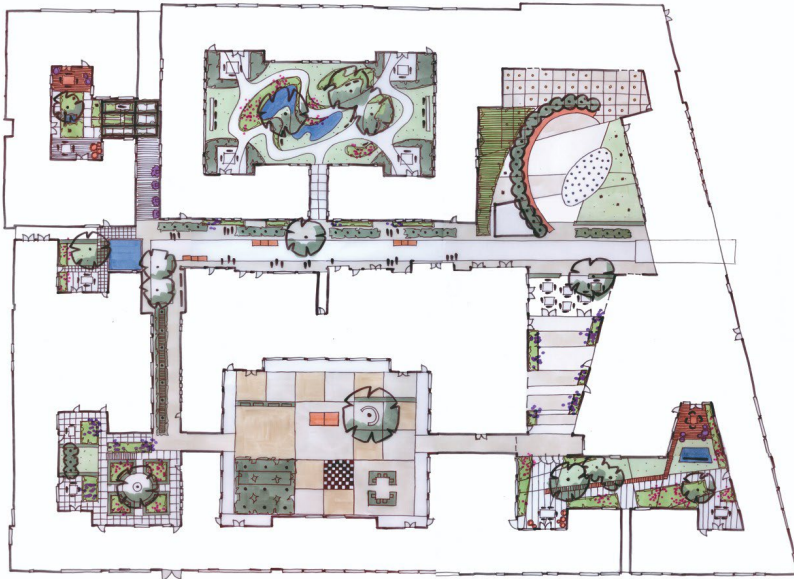
²⁵⁹ Ibid.

²⁶⁰ Ibid.

²⁶¹ "Haptic Designs Elderly Housing for Norway to Encourage Socializing," *Dezeen*, published November 17, 2016, accessed November 25, 2021, <https://www.dezeen.com/2016/11/17/haptic-designs-elderly-housing-clt-drobak-norway/>.

figure 7.03 | The Hogeweyk exterior photo

Above



functions as a home to many different elderly residents.²⁶² The design features 3 main buildings, that frame at a central space, where the residents can all interact outdoors (**figure 7.05**).²⁶³ The main floor of the building opens up onto this open garden space, where these individuals can sit or walk on the adjacent path.²⁶⁴



²⁶² Ibid.

²⁶³ Ibid.

²⁶⁴ Ibid.

Above
figure 7.04 The Hogeweyk site photo

Below
figure 7.05 Drommehagen by haptic site plan



Along the walking path, which enters into the central space, there is a community garden for residents to garden with members of the exterior surrounding community, as well as amongst themselves (figure 7.06).²⁶⁵ The design also includes a public square, shops, and restaurants.²⁶⁶ It focuses strongly on creating good outdoor space, encouraging these aging adults to interact outside, and assists in maintaining a good sense of well-being.²⁶⁷

The last case study that was studied was Sycamore Springs Garden Spot Village, located in New Holland, Pennsylvania.²⁶⁸ This project focuses on the layout of a village, with social intentions behind the design (figure 7.07).²⁶⁹ The concept behind it aims to create a neighbourhood that encourages authentic and deep relationships amongst the residents.²⁷⁰ This neighbourhood is designated for independent living for aging adults, and features multiple clusters that are connected to one main travel artery.²⁷¹ Each cluster contains 27 homes and shares a common green space.²⁷² Each home has a cottage-like appearance, that uses a

²⁶⁵ Ibid.

²⁶⁶ Ibid.

²⁶⁷ Ibid.

²⁶⁸ Tim Regan, "Best Independent Living Design of 2018: A Senior Living Spin on a Pocket Neighbourhood," *Senior Housing News*, published January 21, 2019, accessed February 2022, <https://seniorhousingnews.com/2019/01/21/best-independent-living-design-of-2018-a-senior-living-spin-on-a-pocket-neighborhood/>.

²⁶⁹ Ibid.

²⁷⁰ Ibid.

²⁷¹ Ibid.

²⁷² Ibid.

Above
figure 7.06 | Drommehagen by haptic
exterior render



walking path up to the main entrance to connect the home with one large walking path, which loops around the cluster (figure 7.08).²⁷³

The case studies that were analyzed provide insight into the design of senior village designs, encouraged interaction amongst aging adults, and generally aimed to provide a good quality of life to their residents. These projects provide examples for further developing an assisted living village, based on the village layouts and function, but also to ensure these residents receive care that meets all assisted living key principles.

²⁷³ Ibid.

Above
figure 7.07| Sycamore springs garden spot village site plan

Bottom
figure 7.08| Sycamore springs garden spot village exterior photo

Creating a Sense of Home: Assisted Living in the Timiskaming District is a thesis that aims to explore the current existence and qualities of assisted living within Northern Ontario and how it can be better designed to encourage independence for those who are aging. With an imminently increasing rise of the aging population, it is highly important to ensure these aging seniors receive care at a level that is comforting to them and beneficial their overall well-being. Aging individuals within the North, especially, find themselves requiring some level of assisted care, however when their independence is lost, they find their overall well-being declines. Moving into an assisted living village, that encourages independence while still providing some assistance to the residents, allows for them to maintain a good sense of well-being and feel more at home. This artifact, thus, aims to encourage this notion of independence while creating a sense of home and connection to the outdoors and the external community. This can be done through inspiring residents to proceed with routines and complete one's errands. This includes doing something as simple as walking to check the mail, thus, this artifact will function as a mailbox, that serves residents within the assisted living village.

To begin, the artifact in itself acts as an example of what could be done to personalize these "mail [home]s" for each resident. The main shell is made of ½" plywood and is made to mimic a traditional gable home, with a 6-12 roof pitch. The exterior façade then is made of 3mm birch plywood that is detailed with etching, to add elements of a specific home façade. These "mail [home]" façades can be made to imitate the façade of the home these individuals lived in prior to moving into the village. This allows for each resident to have a piece of their old life with them



in their new home, but it also allows them to show individuality and claim ownership of their personal home within this village. Moreover, for this artifact known as “mail [home]”, the home of a loved one is referenced to create a scaled drawing of their existing home’s façade. The windows are cut out as a means to add depth to the façade, while the decks are added as an additional layer to further add dimension. Additionally, on the front façade, the existing home has a separate roof line that runs perpendicular to the frame itself, in order to reflect this, the front façade was added as an additional layer to not only show depth, but reflect that it is closer in elevation ([figure 8.01](#)). The back of the “mail [home]” features a French cleat, which allows for it to be mounted onto the individual’s home within the assisted living village ([figure 8.02](#)). Finally, the roof is connected with hinges, which allows for it

Above
[figure 8.01](#) Mail [home] front elevation image

Bottom
[figure 8.02](#) Mail [home] side elevation image

to open and have mail placed within (figure 8.03).

Additionally, this thesis project also looks to explore intergenerational interactions between the community and the senior's, more specifically with an adjacent college. As part of this initiative, there is a large community centre that holds multiple activities for these individuals to interact with one another and work together. One of these spaces includes a workshop, where these homes could be produced when a new resident enters the village. This allows for the homes to be built together by student and senior individuals, helping to build a social intergenerational component. Thus, through the making of this object this was also done by working with my own grandfather. Pieces were measured for the frame and assistance was received with cutting them. Yet, in addition, this specific model references the house he currently lives in, which he actually built and designed on his own. This allowed for the idea of the intergenerational, social component to come to life.

Furthermore, this artifact also acts to discourage the culture of facility-based design, as facilities discourage independence and cause a decrease in well-being and loss of individuality. Each resident within a facility is left to have a single room/suite. Some residents put up a decoration on their doors to show individuality, but ultimately there really is no other differentiation between suites. With the design of this artifact and implementing it into an assisted living village, instead of within a facility, the "mail [home]" becomes one of the first individualized



items for these residents. The resident is also encouraged to step out of their home to check the mail, which discourages their isolation, but also assists them with generating routine, through the process of checking the mail (figure 8.04).

To conclude, this artifact's design and concept manifests the idea of continuity through encouraging the culture and routine of checking one's mail. There is a set feeling and routine focused around checking the mail, no matter where one may live. With this "mail [home]" attached to the side of the individual's house, there is a continued tradition and routine in checking the mail. However, this design is also unique as it explores generating a façade that mimics a past home of the individual. This allows for a portion of the person's past to be reflected in a way that expresses their individuality.

Above
figure 8.03| Mail [home] opening image

Bottom
figure 8.04| Mail [home] front of home render

Amberwood Suites Sales Coordinator. Interviewed by Hannah Taylor. Site Visit, Amberwood Suites, Sudbury. November 16, 2021.

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