

**In My Place: Fostering Connection and Continuity in Canada's
Aging Rural Communities**

by

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Dalhousie University is located in Mi'kmaq'i,
the ancestral and unceded territory of the Mi'kmaq.
We are all Treaty people.

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Contents

Abstract	iv
Acknowledgements	v
Chapter 1: Introduction	1
Chapter 2: Context	2
Canada's Aging Population.....	2
Canada's Aging Rural Communities.....	3
Advantages.....	5
Challenges.....	7
Chapter 3: Place in Aging	9
Defining Place	9
Continuity Theory of Aging	9
Aging in Place.....	11
Place Attachment	12
Migration.....	14
Broken Connection	16
Chapter 4: Living Arrangements for Older Adults	18
Defining Age groups	18
Living Arrangements.....	20
Independent Living	20
Assisted Living.....	21
Long-Term Care.....	22
Existing Communities	23
Kindered Uncommon	23
Marmalade Lane.....	24
Sølund Retirement Community.....	25
Metlifecare Gulf Rise	27
Humanitas Retirement Village	28
Chapter 5: Design.....	30
Design Approach	30
Age Friendly Rural and Remote Communities	30

Intergenerational Connections.....	34
Campus Care Model	39
Site Selection.....	40
Nova Scotia	40
Inverness, Cape Breton	41
Existing Vernacular	46
Design Proposal	49
Organization	49
Vernacular.....	50
Circulation.....	50
Outdoor and Landscape	51
Site Plan	52
Housing	55
Housing Types	62
Housing Connection	64
Social Nodes.....	65
Community Center.....	66
Amenity Spaces.....	71
Outdoor Spaces.....	75
Connecting Community	77
Chapter 6: Conclusion	79
References	80

Abstract

Facing Canada's demographic shift toward an aging population, this thesis addresses the challenges of aging in rural communities, where services for older adults are often lacking. This thesis proposes intergenerational housing as a method for bridging the gap between aging in place in a personal residence and long-term care. By envisioning senior housing as a community hub for culture, recreation, and health, it seeks to enhance seniors' quality of life, enabling them to stay engaged and connected within their communities. This model tackles the emotional and physical effects associated with being displaced in search of suitable living arrangements outside of one's community and the transition to more dependent forms of care and emphasizes the benefits of creating a continuity of place while aging. It highlights the capacity of rural communities to adapt, providing inclusive, supportive environments that foster a sense of belonging and continuity for aging populations. This approach advocates for a dignified aging process, ensuring seniors can maintain their connections and quality of life in familiar surroundings.

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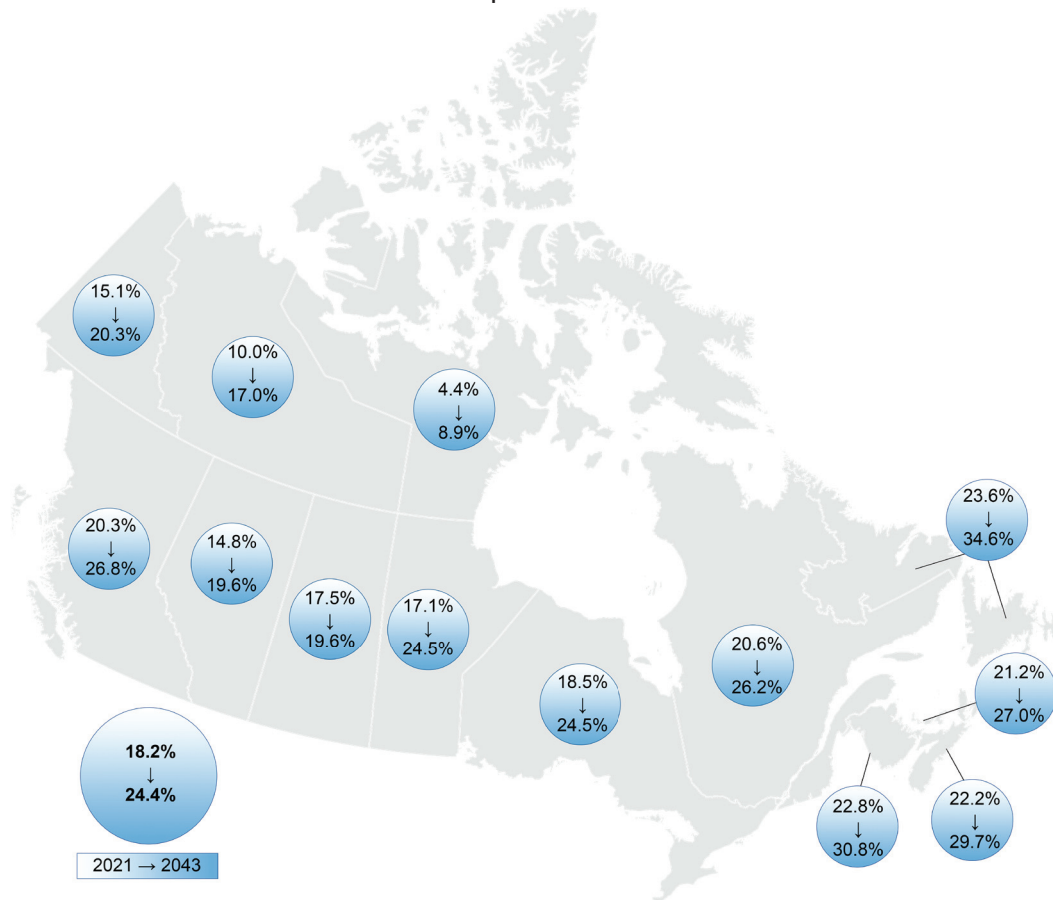
Chapter 1: Introduction

Canada is experiencing a significant demographic shift, with an increasing number of older adults in its population. This change poses a range of challenges that must be addressed to support the needs of this aging demographic. Rural communities are particularly affected, as they have some of the highest percentages of seniors in Canada. However, these communities often lack the necessary supportive services and environments that enable aging community members to continuously age in place. As a result, many seniors are forced to leave their rural communities in search of safer and more suitable living arrangements, which can have negative impacts on their well-being. This thesis explores how architecture can enable seniors to remain connected to their communities and support a continuity of place in aging, ultimately leading to a better quality of life. Specifically, the thesis proposes the use of intergenerational housing, which acts as an intergenerational community hub for culture, recreation, and health, to enhance seniors' connections to their community and enable them to continuously age in place.

Chapter 2: Context

Canada's Aging Population

Canada's population is undergoing a significant demographic shift. Not only is the population rapidly growing, but the proportion of the population of older adults over the age of 65 is surging. As of the 2023 Canadian Census of Population, over 19% of Canada's population is 65 or older (Statistics Canada 2023g), and this figure is expected to grow to over 25% by 2068 (Statistics Canada 2019). This means Canada is predicted to have between 2.8 million and 3.6 million people over 65 by 2068 (Statistics Canada 2019). With the surge in average age comes a range of challenges that are imperative to address in order to cater to the



Map of Canada showing projected percentage of population age 65 and over transition from 2021 to 2043 (data from Statistics Canada 2022)

growing needs of older adults. The demand for supportive living environments, adequate housing, and comprehensive healthcare for seniors is becoming increasingly critical. Unfortunately, much of Canada is lagging behind in providing the necessary resources and infrastructure to support its aging citizens, resulting in a scarcity of senior-friendly living options and a lack of preventive programs to maintain their health and enhance their quality of life (Channer, Biglieri and Hartt 2021, 146).

The Canadian healthcare system is under significant pressure due to the rising number of older adults. This pressure stems mainly from the absence of suitable housing and environments for aging adults. Although the government is making efforts to build more long-term care facilities and modify existing ones to reduce the number of older adults confined to hospital beds, these measures do not tackle the root causes of hospitalization and the premature need for long-term care. There is a critical need for more living options that offer safe and fulfilling aging conditions, bridging the gap between living independently at home and the need for hospital-based long-term care. While the government promotes aging in place as an all-encompassing solution, this approach is not always practical, especially in Canada's rural and remote regions, which host a significant proportion of the country's elderly population and have increased challenges.

Canada's Aging Rural Communities

Rural communities typically refer to a farming or country lifestyle outside the confines of cities, towns, villages, hamlets, or other designated residential or commercial zones (Park 2007). Canada's rural areas boast a diverse

array of industries, including, but not limited to, agriculture, mining, fishing, and tourism (Government of Canada 2022a). While many rural communities continue to thrive, there are countless that are industry dependent and have a population that fluctuates based on the success and demand of their industry.

According to Channer, Hartt and Biglieri (2020), a rural community is identified by its population density, specifically areas with fewer than 400 individuals per square kilometre. Canada's rural communities have a more significant proportion of residents aged 65 and older compared to urban regions, with about 23.2% of the rural demographic falling into this age group, as opposed to 18.2% in urban locales (Statistics Canada 2022). Notably, over a quarter of Canada's elderly population resides in rural settings (Menec et al. 2015, 207). This demographic pattern is caused by younger adults migrating to cities for jobs and education, alongside the trend of older Canadians relocating to rural areas for their retirement (Forbes and Hawranik 2012).

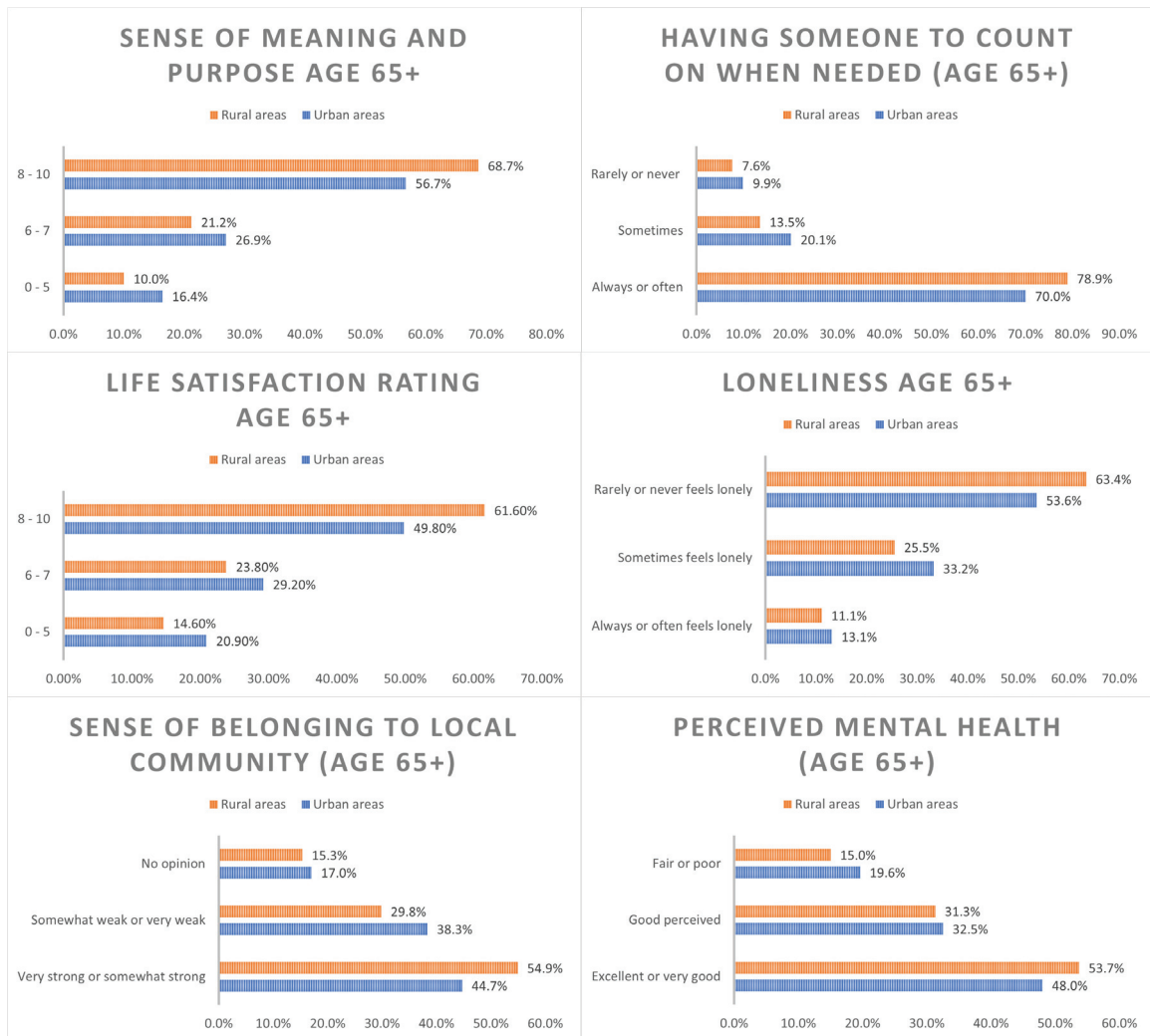
As the demographic of rural Canada ages, there is a growing emphasis on leveraging the inherent strengths of these communities to address and overcome their disadvantages relative to urban centers. Through the exploration of community fabric and an understanding of how rural areas navigate the challenges associated with aging, strategies can be crafted to foster healthy aging. This approach highlights the potential for rural communities to adapt and thrive and underscores the importance of targeted intervention to ensure the well-being of aging populations in these settings.

Advantages

Rural areas offer an ideal setting for successful aging. These regions, often remote and secluded, boast stronger social networks and community bonds compared to their urban counterparts. Strong social networks in rural locations have significant benefits to healthy aging, such as providing support, familiarity, and security (Channer, Biglieri and Hartt 2021, 146). The essence of rural life is deeply rooted in culture, resilience, and connectivity, creating a supportive environment that nurtures a sense of belonging among all generations. Older residents in rural settings report a higher quality of life than those in cities. Specifically, individuals aged 65 and above in these areas experience greater life satisfaction (Statistics Canada 2023b), a more profound sense of purpose (Statistics Canada 2023f), and a stronger sense of belonging to their community (Statistics Canada 2023e). They also face lower levels of loneliness (Statistics Canada 2023c) and have better perceived mental health compared to those living in urban environments (Statistics Canada 2023d). Rural communities are renowned for their cohesive nature, rallying together during difficult times to provide mutual support. In these communities, a higher percentage of seniors feel they have reliable support when needed compared to those living in urban settings (Statistics Canada 2023a).

Moreover, rural regions are home to a larger share of Canada's aging population, offering superior social settings, more chances for community involvement, and increased home care options (Menec et al. 2015, 211). For older adults, including those with dementia, small rural communities' supportive and interconnected atmosphere is more beneficial than the often impersonal urban centers

(Gregorio et al. 2014, 101). The unique blend of support and community engagement found in rural areas is rarely found in urban areas (Channer, Biglieri and Hartt 2021, 147). Rural communities offer advantages that can help support seniors as they age, and they often do so without much needed formal support systems. Rural communities find ways of supporting seniors through informal care methods within their homes for as long as possible without formal care. However, as the needs of aging adults grow, so do the challenges that result from aging in rural communities.



Comparison of health related characteristics for Rural and Urban Populations age 65 and over. (Data from Statistics Canada 2023)

Challenges

Like the rest of Canada, rural communities face increasing challenges from the growing proportion of older adults. Not only do the challenges that an aging population brings get amplified by living in rural and remote communities, but additional challenges often come with living there. Rural communities are in need of supportive environments and access to care for their aging residents.

Rural communities lack supportive housing options, programming, and healthcare, which are imperative for maintaining healthy aging. Distance and remoteness from healthcare, services, and amenities significantly make life more challenging as health diminishes with age (Channer, Biglieri and Hartt 2021, 144). As seniors age, it gets more challenging for them to stay connected with their community, especially in rural and remote communities where the support systems that provide programming and access to programming may be more challenging to access or may not exist.

Housing options for rural seniors are often limited to aging in place in a personal residence, which most often is not safe or suitable for this purpose. There are also limited contractors who can provide the upgrades required to increase safety and support seniors in their own residences. Rural housing is generally older, with fewer supportive features and higher maintenance costs than urban housing (Keating, Swindle and Fletcher 2011, 325).

Rural seniors often experience challenges accessing healthcare services, and the quality of such services is usually lower compared to urban areas (Channer, Biglieri and Hartt 2021, 145). This is mainly because rural

communities tend to be spread out over larger, less dense areas, making them primarily dependent on cars. As seniors age, driving can become difficult, and many may choose to stop driving or have their licenses revoked, which makes accessing services even more challenging. The availability of services in close proximity to their homes is critical for seniors to meet their daily needs. Access to services such as grocery stores, healthcare facilities, banks, community centers, and social programs is essential, and having easy access to them is equally important (Levasseur et al. 2015, 13). Seniors need access to services, daily living activities, and nearby social communities to age in place. Many rural areas in Canada lack public transportation, taxis, or transportation services that cater to older adults. Even non-disabled older Canadians face walkability challenges due to the long distances between services. Furthermore, Canadian winters exacerbate mobility issues, and not only for older adults, service delivery and caregiving also face weather-related challenges. In rural areas, staff recruitment and retention are also complicated by winter conditions, housing availability, and a lack of services and amenities, resulting in underserved healthcare in remote areas (Skinner, Yantzi and Rosenberg 2009, 687-688).

Rural regions have fewer housing options available. In many cases, the only available housing in these areas is single detached housing, which may not be suitable for seniors who wish to age in place. As a result, seniors in rural areas must choose between adapting their living arrangements to suit their needs or leaving their communities in search of suitable housing. Eventually, most rural seniors find their homes become unsuitable for their needs and must leave their homes in search of better, safer places to live.

Chapter 3: Place in Aging

Defining Place

The concept of place can be approached from a geographical ideology focused on physical location and form or a phenomenological approach focused on the relationship between users, environments and experiences of spaces.

The terms 'space' and 'place' are often used interchangeably; however, they can have entirely different meanings. A space is described as relating to the physical location or area that humans or users occupy. Place occupies space but with additional dimensions that focus on the experience and bond between a person and a particular setting (Sime 1986).

Place plays an important role in the experience of everyday life and can directly affect human behaviour and mental health (Najafi and Shariff 2011). Place is all encompassing. It consists of the physical landscape, the built environment, the materials, and above all, the actions that take place there and the people that inhabit it.

Space becomes place when inhabited, used and experienced. A sense of place is created through culture, experience and engagement with space. Seniors bond with place over time and for that reason, the majority of seniors would rather age in place than move elsewhere.

Continuity Theory of Aging

The continuity theory of aging is a psychological theory that emphasizes the importance of maintaining consistency in self and environment over time as a critical strategy for successful aging. Continuity theory in aging explains that older adults try to maintain the same habits, personalities,

and styles of life as they age to preserve their identity and promote their well-being. According to this theory, people inherently strive for consistency and coherence in their self-concept and behaviours over time despite the changes and challenges that aging may bring (Atchley 1989). Continuity theory takes a life course perspective in which the aging process is shaped by history, culture, and social systems (Diggs 2008). Atchley (1989) describes how aging individuals are motivated toward maintaining both self identity and a social life that remains consistent with their perception of themselves and their social environment as it has been over a long period of time. The continuity theory proposes that staying in a familiar environment can positively impact an individual's mental health by providing a stable context for lifelong habits, preferences, and routines. People may face physical limitations as they age, and it is essential to adapt their living environment while preserving the essence of the familiar setting. This may involve making changes to the home to improve accessibility or a local move to more supportive housing, enabling older individuals to live independently in a familiar environment. Emotional connections with specific places play a significant role in an older adult's sense of belonging and identity. The continuity theory suggests that these attachments are essential for emotional well-being and should be maintained. Maintaining existing social networks is a critical aspect of the continuity theory. Relationships with family, friends, and community provide a sense of belonging, support, and purpose. As people age, these relationships become even more crucial for emotional support and social engagement. The theory also suggests that continuing social roles, such as being a volunteer, club member, or participating

in religious communities, helps older adults maintain a sense of identity and purpose. Engaging in familiar social activities allows for the preservation of self-esteem and the continuity of the social self. While continuity in social life is emphasized, the theory also acknowledges the need to adapt to social losses or changes, such as the death of peers or changes in social circles. Developing new relationships or roles that align with one's previous experiences and values can facilitate adaptation while maintaining continuity. Following the continuity theory of aging, it is important to help older adults remain in their homes or communities for as long as possible while also keeping them actively engaged in social networks and roles. To promote well-being in later life, it is necessary to understand and address the relationship between the physical environment, social connections, and individual identity.

Aging in Place

The concept of aging in place has become a fundamental principle in gerontology. It represents a significant change in how we approach elder care and community planning. Recent studies reveal that if given the choice, more than 85% of older Canadians would choose to age in place within their own homes and communities (Government of Canada 2024). This preference is driven by the desire to stay close to family, friends, and an established support network that contributes to a sense of belonging and well-being. It is also driven by the desire to maintain routines, social circles and familiar environments and activities.

Aging in place means having the necessary health, social support, and services to live independently and safely in one's home or community (National Institute on Aging 2019).

Aging in place emphasizes the importance of personal attachments and social connections, allowing seniors to maintain their identity and continue contributing to their communities. This model is not just about living at home; it is about being an essential part of a community, with the freedom to live life on one's own terms.

While aging in place usually focuses on the home as a physical location, there is a growing understanding that the concept of place has many meanings. It can refer to the community where a person lives, not just the home itself. The “place” can be anything from the neighbourhood to the greater community where a person lives. Aging in place involves being among an individual's existing network of supporters while maintaining routines, social life, and attachment to the place itself, including the community as a whole (Thomas and Blanchard 2009, 16). Aging in place is rooted in the idea that people inherently develop emotional bonds with the places they spend most of their time. Maintaining continuity of place in aging can enhance quality of life by fostering the existing attachments with place.

Place Attachment

The concept of place attachment refers to the strong emotional and psychological bond that individuals develop with their surrounding environment. This connection is especially significant for seniors living in rural communities, where the places they inhabit are intertwined with their lives over long periods of time. Place attachment refers to physical spaces but incorporates memories, experiences, and social connections to give a place meaning and value.

Place attachment is developed through a three-factor process. Many researchers have proposed different forms,

including “Self, Others, Environment” (Gustafson 2001). “Individual, Social, and Natural Environment” (Raymond, Brown and Weber 2010) and “People, Places, Process” (Scannell and Gifford 2010). The multidimensional nature of our bond with place through these models emphasizes the individual or personal factors, the social or active factors, and the environmental factors that contribute to the formation of place attachments. The social factor plays a key role in the formation of attachment between the personal and environmental factors through action. Place attachment theory recognizes the role of social interactions and experiences in shaping the meaning of places.

Factors such as the frequency and duration of exposure to a place, along with shared social experiences, are crucial in strengthening attachment (Zahnw 2023). Seniors, in particular, develop a strong attachment to their place of residence through the experiences and memories they accumulate over time (Buffel et al. 2014, 801).

Place attachment shares many principles with topophilia, which is described as a love for a place (Tuan 1990). Topophilia directly influences their quality of life by enhancing the action and experience of environments (Ogunseitan 2005). The components of topophilia, which include emotional, mental, and cognitive bonds with a place, are shaped by natural elements, sensory experiences, familiarity, and cognitive engagement with the environment (Ogunseitan 2005, 117). These factors are linked to the overall quality of life, encompassing physical health, psychological well-being, social relationships, and environmental support.

Place attachment is strengthened through shared social experiences, highlighting the importance of social spaces in

fostering social ties, reducing isolation, and improving health outcomes (Zahnow 2023). The sense of safety, confidence, welcomeness, and social connection facilitated by place attachment can provide predictability in daily routines, promoting comfort and socialization (Zahnow 2023). Understanding the concept of place attachment, especially among seniors in rural communities, provides valuable insights into how the physical and social environments contribute to their overall well-being. It also emphasizes the need for policies and interventions that preserve and enhance these connections, promoting a sense of identity, belonging, and quality of life.

When seniors are forced to migrate to urban centers for suitable housing and support, the disruption of this attachment can lead to relocation stress, isolation, and loneliness, significantly impacting their quality of life and well-being.

Migration

As seniors age, they often go through three stages of migration. The first stage occurs after retirement when seniors move to areas that offer services, amenities, hobby and recreational activities, and other benefits suitable to their age and personal fulfillment. The second stage happens when an aging person's health begins to decline, which may be caused by illness, disability, loss of a loved one, financial constraints, or the need for social support (Marr and Millerd 2004). In this case, seniors seek informal care to help manage and enable independence wherever possible. Informal care often comes in the form of family or close friends and results in seniors moving closer to family. The third stage is when independence is no longer an option.

This happens when informal care can no longer support the elder or when the necessary support is unavailable locally. This stage often follows a critical incident or hospitalization and results in institutionalization (Marr and Millerd 2004).

Seniors often choose to relocate for different reasons, but one of the main motivations is the need to be closer to formal services such as hospitals and healthcare facilities or to housing that can support their independence. In rural communities, seniors must travel long distances to access essential services. This becomes a challenge when their health is declining, and they require frequent healthcare visits. Therefore, moving closer to these services becomes a necessity. Many seniors who can no longer drive due to health concerns or loss of a driver's license prefer to live near formal services to reduce the burden on others who assist them with transportation (Lavasseur et al. 2015).

As seniors get older, they often move from rural areas or townships to larger urban centers because of the availability of formal services in urban areas. Seniors often sell their family homes and move to smaller homes in suburban areas or apartment complexes in urban centers. This relocation is driven not only by a desire to be closer to amenities such as pharmacies, doctors' offices, shopping centers, hospitals, and recreational facilities but also by the convenience of being in proximity to these essential services (Davenport, Rathwell and Rosenberg 2009).

The decision to move is often influenced by a general concern about aging, anticipating potential health challenges, and declining mobility. Seniors want to live closer to the services they need, creating a sense of security and reducing reliance on informal support networks. Service rich communities

that support seniors not only provide formal services but also ample opportunities for socialization and recreational activities, catering to the holistic well-being of the elderly population (Marr and Millerd 2004). While the intention of moving towards services is to create a better quality of life, there is often a decline in mental and physical health and a reduced quality of life due to the displacement that comes from leaving one's community.

Broken Connection

As seniors leave their communities and seek appropriate living conditions for their growing needs, whether by choice or following an incident, it can result in discontinuity and broken connections with their place. This leads to seniors longing for their place, their culture, their social systems, activities and familiar environment. Relocation and displacement can have detrimental effects on mental health and well-being resulting in a poor quality of life.

Relocation stress syndrome is a condition that occurs when an individual moves from their personal home to a nursing home or assisted living facility (Walker, Cox Curry and Hogstel 2007). This can lead to feelings of anxiety, confusion, hopelessness, and loneliness. Older adults may move to these facilities due to changes in their health or abilities or as a preventative measure to maintain their quality of life. Even when the relocation is voluntary, they can lose their sense of belonging and social network, which can cause various psychological disturbances (Manion and Rantz 1995, 108). Common symptoms of relocation stress syndrome include anxiety, confusion, fear, loneliness, helplessness, hopelessness, indecisiveness, suspicion, and suicidal thoughts (Manion and Rantz 1995).

Transitioning into senior housing can be a significant life event for many older adults, characterized by both opportunities and challenges. However, forming new social connections and becoming integrated into the broader community within these settings can be challenging. Social connections play a vital role in an individual's quality of life, especially as they age (Mitchell and Kemp 2000). The difficulty in forming new social connections can lead to a sense of isolation, which can profoundly affect an older adult's quality of life, leading to emotional distress and a decline in their mental and physical health.

Research has shown that losing social connections and being physically separated from familiar environments can be detrimental to older adults (Winstead et al. 2013). This loss of social capital means that residents may find it harder to engage in social activities, access support, and maintain a sense of belonging. This isolation can be compounded in age-segregated environments, where opportunities to interact with a broader, intergenerational community are limited (Mitchell and Kemp 2000).

Chapter 4: Living Arrangements for Older Adults

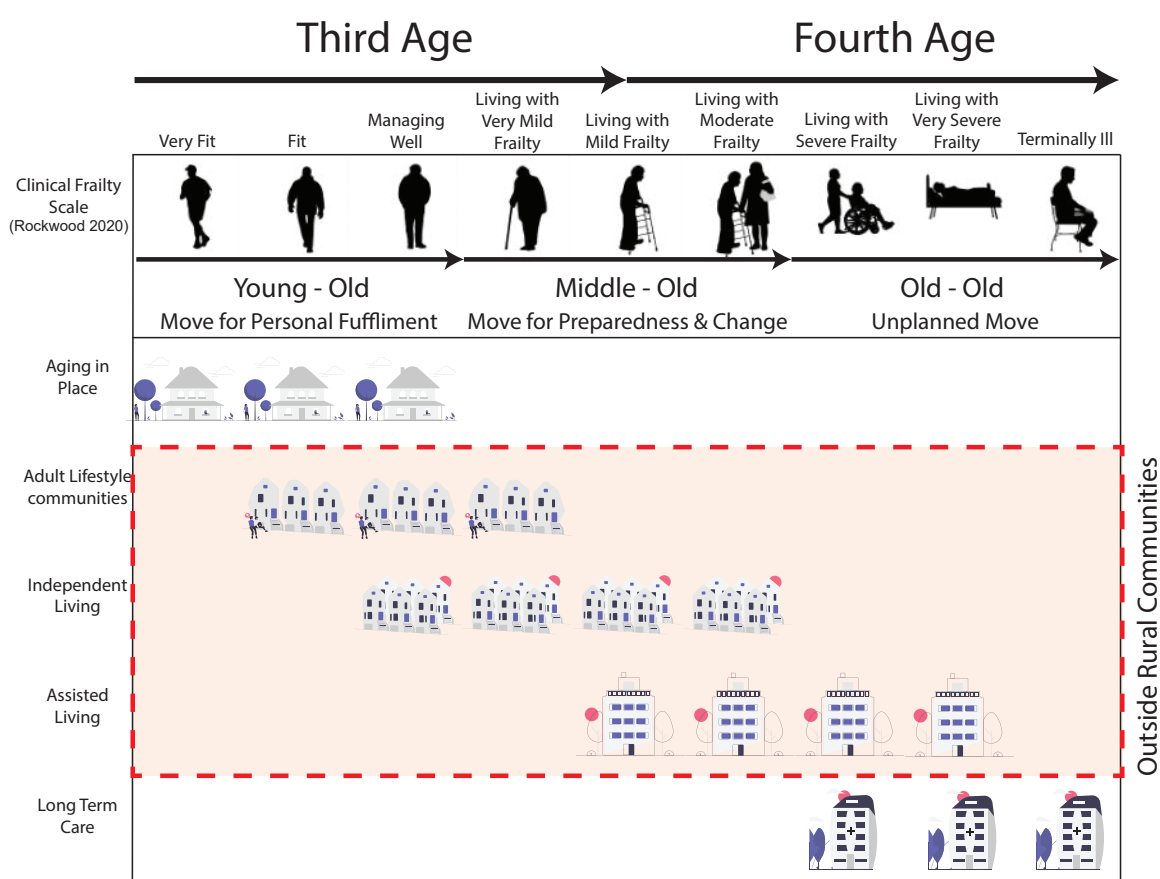
Rural communities have limited options for seniors who wish to age continuously in their place. The lack of suitable housing and supportive environments for seniors living in rural communities often forces them to migrate to other areas to support them as they age. However, it often results in a poorer quality of life, broken connections with their community, isolation, and loneliness. Although seniors strive for healthy living, this practice can be detrimental to their physical and mental health. The current living arrangements in rural communities are not focused on maintaining and enhancing connections but rather on creating new connections. This approach removes the element of time that is necessary for attachment to grow. When examining the living arrangements of older adults, we must first break down and classify their age and ability.

Defining Age groups

As per Laslett (1991), the stages of life can be categorized into four ages. The first age is characterized by dependence, socialization, immaturity, and education. The second age is marked by independence, maturity, responsibility, earning, and saving. The third age is a time for personal fulfillment, while the fourth age is marked by dependence, frailty, and death.

The third and fourth ages can be further classified into two subgroups based on the book “Young-Old Urban Utopias of an Aging Society” (Simpson 2015). These subgroups are the young-old and the old-old, and they are categorized based on physical and mental health conditions rather

than age. Deacon (2022) suggests that older adults can be broken down into three age groups: early-old, middle-old and oldest-old. Early-old is a time of personal fulfillment after retirement and before health begins to decline. The middle-old is a time of transition as health begins to decline, but independence and activity may still be possible with appropriate arrangements and support. Finally, The oldest-old is a time of dependency on others due to failing health from illness, or disability often following an incident.



Comparing stage of life, frailty and living arrangements. Highlighting the models not available in rural communities. Clinical frailty Scale (Rockwood 2020).

The Government of Canada also classifies older adults based on age. The age groups are pre-seniors (55-64 years old), young seniors (65-74 years old), older seniors (75-84 years old), and elderly seniors (85+ years old). However, these age classifications further relate to the clinical frailty scale to determine the trend of physical capabilities based

on the category of age group rather than the age itself. Age does not explicitly relate to age groups and is more based on characteristics, attributes, and ability (Laslett 1996).

Early old adults are usually physically and mentally healthy (Cohen-Mansfield et al. 2013). They are still socially involved and require limited to no support in their day-to-day lives. Middle old adults are starting to slow down; they are tired more often and have lower physical and mental function but still do not need intense care or regular support. Middle old adults have some social function but are not as active in the community as they once were. The oldest old adults have very low physical and mental capabilities; they are no longer social and require daily or full-time support.

Living environments for older adults need to be local and offer continuous suitability and a continuum of care. In most urban areas, there are a range of housing options for older adults focused on providing the level of care and support needed at their stage of life and physical needs. Models such as independent living, assisted living, and long-term care can offer options supporting each aging stage. These models of care directly coincide with the three models of care presented in *Aging Autonomy and Architecture* (Schwarz and Brent 1999) the home model, the social model, and the medical model.

Living Arrangements

Independent Living

Independent living is a housing arrangement designed primarily for older adults, typically those aged 60 and over. It's suited for individuals who can live independently without regular medical or nursing intervention but wish

to minimize the chores and maintenance that come with traditional homeownership. These communities offer a convenient, lower-maintenance lifestyle with amenities such as housekeeping, laundry, and security. Social and recreational activities are often available to encourage community engagement.

Design: Focuses on accessibility and mobility, with features like no-step entries, single-floor living, and wider doorways.

Housing Types: These can include apartments, townhouses, and single-family homes within a community setting.

Amenities: Often feature common areas like fitness centers, clubhouses, pools, and dining facilities.

Safety: This may include emergency call systems and security features to ensure the well-being of residents.

Assisted Living

Assisted living is for individuals who require assistance with daily activities such as dressing, washing and medication management but do not need the intensive medical and nursing care provided in a long-term care facility. Assisted living communities offer a balance between independence and access to care, providing personalized support services alongside housing.

Design: Emphasizes ease of access and safety with handrails, emergency call systems, and accessible bathrooms.

Housing Types: Usually consists of private or semi-private apartments within a larger facility that includes common living spaces.

Amenities: Services like meals, housekeeping, laundry, and transportation are standard, along with activities and social programs.

Care Facilities: On-site access to healthcare professionals and assistance with daily living activities.

Long-Term Care

Long-term care facilities, also known as nursing homes, are for individuals who require a higher level of medical care and assistance with most or all daily activities. These facilities provide 24-hour supervised care, including medical monitoring, rehabilitation, and personal care services for residents with chronic health issues, disabilities, or cognitive impairments like dementia.

Design: Highly focused on accessibility, safety, and medical care needs, with features such as wide corridors for wheelchair access, medical equipment, and specialized care units for memory care.

Housing Types: Rooms are typically private or shared, with easy access to medical staff and facilities.

Amenities: Includes specialized care services, rehabilitation facilities, dining services tailored to health needs, and programmed activities that cater to the abilities of residents.

Medical Facilities: Equipped with advanced medical equipment and staffed by healthcare professionals to provide ongoing medical care and monitoring.

Each of these living arrangements is designed to cater to different levels of need, from maintaining an independent lifestyle with convenience and social opportunities to providing comprehensive medical care and daily living

support. The organization and community features are thoughtfully designed to enhance the quality of life for residents at each level of care. Above all, a desire to maintain independence and connection to the community is expressed as an important factor in aging.

Existing Communities

Kindered Uncommon

Buda, Texas, USA

Type

Active Adult Living Community (55+)

Mission

Focus on the relationship between people, their homes, connecting spaces and the surrounding community.

Services & Amenity Spaces

- Central “Great House” for dining, lecturing and performing, as well as studios and maker spaces.
- Parks, Gardens
- Swimming pool



Kindered Uncommon Housing (Kindered Uncommon 2022)



Kindered Uncommon site plan. (Kindered Uncommon 2022)



Kindered Uncommon greenhouse. (Kindered Uncommon 2022)

Programing

- Continuing Education
- Volunteering Corps
- Fitness and Wellness

Form

Residential pockets of homes, clustered around shared spaces and a common building for working, meeting and cooking/dining together.

Review

Village Form is suitable for a rural community. To better accommodate winter climates, it would be beneficial to increase shared spaces and interior areas. Additionally, providing more options for housing types would be advantageous.



Marmalade Lane Shared Space (Cambridge Cohousing Limited 2024)

Marmalade Lane

Cambridge, UK

Type

Multi-generation CoHousing Community

Mission

- Marmalade Lane's shared spaces and communal facilities are designed to foster community spirit and sustainable living.

Services & Amenity Spaces

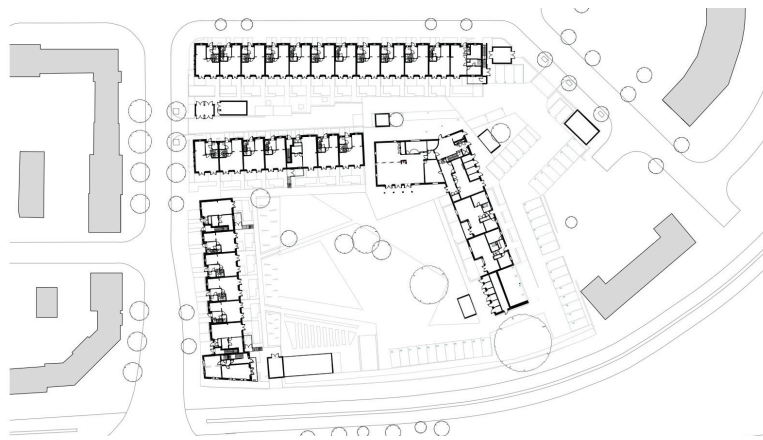
- Common House
- Guest Rooms
- Gardens
- Workshops

Programing

No formal programing. Connection is encouraged through the use of communal spaces.



Marmalade Lane Community (Cambridge Cohousing Limited 2024)



Marmalade Lane site plan (Cambridge Cohousing Limited 2024)

Form

Private Homes with shared amenities, outdoor spaces and communal social spaces.

Review

A great community for the early-old to begin aging in, there is no health support and limited walkability to external amenities. This community is reliant on transportation and does not support seniors as they get older.

Sølund Retirement Community

Buda, Texas, USA

Type

Residential and Retirement Community

Mission

Life at Sølund will incorporate the qualities of the residents' previous homes in a new retirement community based



Sølund Retirement Community (Furuto 2012)

on worthiness and well-being, safety and social relations. Intergenerational living will provide meaningful interaction between residents.

Services & Amenity Spaces

- Daycare
- Community rooms
- Shops
- Programing
- Horticultural activities

Recreation



Sølund Retirement
Community Courtyard
(Furuto 2012)



Sølund Retirement Community Site Plan (Furuto 2012)

Form

Mass residential surrounding common courtyards.

533 apartments with 150 dedicated for younger people and the rest for care facility residents and seniors.

Review

Sølund encourages intergenerational contact through proximity and shared spaces. Amenities are appropriate for all generations. Scale is too large for rural communities. Form does not embrace connectivity to the place itself.



Gulf Rise Village
(Metlifecare 2024)

Metlifecare Gulf Rise

Auckland, NZ

Type

Retirement Village, Independent care, Aged Care, Dementia Care

Mission

Metlifecare Retirement Village is designed to create an enriching and supportive community where our residents can thrive in their golden years. We are dedicated to providing a safe, comfortable, and vibrant environment that promotes independence, well-being, and a sense of belonging. With compassion, respect, and innovative care solutions, we strive to enhance the quality of life for our residents, ensuring they enjoy their retirement to the fullest.

Services & Amenity Spaces

- Transportation, Guest accommodation,
- Shared gardens and dining areas
- On site support
- Programing
- Clubs, Classes, Outings Health and wellness



Gulf Rise Village masterplan (Metlifecare 2024)



Gulf Rise Village masterplan
(Metlifecare 2024)

Form

Apartments and Villas with shared connecting communal spaces.

Review

A great form for the rural communities. Intergenerational contact is limited as the community is strictly for older adults. Introducing programming to increase intergenerational contact would be beneficial.

Humanitas Retirement Village

Buda, Texas, USA

Type

Residential and Retirement Community

Mission

Students are finding that accommodation near college campuses is substandard or unfordable. Meanwhile, elderly people in care often experience social isolation, which studies demonstrate as having an adverse impact on both their mental and physical health. Humanitas Retirement Village, a long-term care facility in the city Deventer in the Netherlands, offers free accommodation to students in exchange for thirty hours of help for elderly residents per month.

Services & Amenity Spaces

Community Gardens, Personal Care, Dining,

Programming

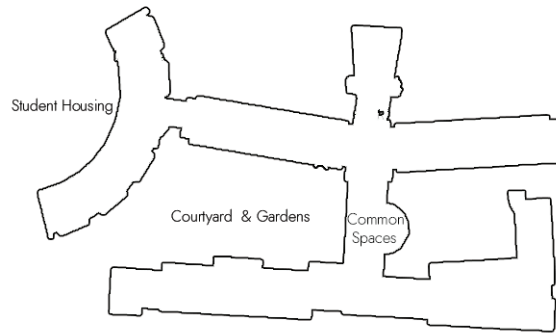
Intergenerational Programming, Lifelong Education, Recreation and Student connection programs



Humanitas Retirement
Village (Humanitas
Deventer 2012)



Humanitas Retirement
Village (Humanitas
Deventer 2012)



Humanitas Retirement Village Site Plan

Form

Long-Term Care facility with apartments, central common spaces and courtyards with community gardens

Review

Humanitas aims to be a part of the neighbourhood. It allows for community based events and contact at its core. The form is not appropriate for a rural setting but the intention of bringing people together through common spaces can benefit aging rural communities.

Chapter 5: Design

Design Approach

Enabling rural seniors to continuously age in place starts by removing the barriers that come with living in rural communities. Addressing the lack of services and amenities, as well as ensuring environments are supportive of the diverse needs of aging rural seniors, can begin to make rural communities more age-friendly. Introducing programming and housing that encourages intergenerational interaction and allows for a continuum of care by bridging the gap between aging in place in one's personal residence and long-term care can allow for a continuous experience of place in aging. Treating senior housing as a hub for intergenerational interaction between community members of all ages and abilities by making it the center of community activity, culture, health, and recreation can help give seniors purpose and meaning while maintaining their connection with all aspects of the place.

Rural communities are known for their connectedness and informal support systems. Embracing and maintaining the connections within rural communities can allow for a better quality of life for seniors as they age by giving them continuity in their social systems, routines and experience of place.

Age Friendly Rural and Remote Communities

According to reports, nearly 23% of the senior citizens in Canada live in small towns and rural areas (Government of Canada 2016). As a result, the Canadian government has released a guide to aging in remote and rural areas aimed at addressing the unique challenges that older adults face in these regions. This guide is based on the eight age-

friendly domains of cities introduced by the World Health Organization. To improve the quality of life for the elderly in rural communities, it is important to address the major obstacles that these communities face in each domain. This approach is intended to provide a better quality of life for older adults living in rural areas.



Age Friendly City or Community. World Health Organization 2023

Outdoor Spaces and Buildings

The physical environment plays a crucial role in determining both mental and physical health. Age-friendly outdoor spaces and buildings that provide support and contribute to the overall well-being and quality of life of individuals while also promoting social interaction and enabling independent daily living. This not only fosters a sense of belonging and attachment to the community but also supports physical health, which is essential for successful aging in place (Government of Canada 2016).

Transportation

Access to transportation, whether it is public or private, is essential for seniors to participate in events, social interactions, and recreational activities. It also promotes independence in daily activities. One way to achieve this is by reducing the need for transportation, which can be done by reducing the distances to the locations seniors use most. This connectivity helps reinforce social bonds and place attachment while facilitating aging in place by ensuring that individuals can access healthcare, social services, and leisure activities without needing to relocate. Another way to reduce the need for transportation is to enable seniors to live within walking distance of all their usual destinations, which removes the need for transportation altogether (Government of Canada 2016).

Housing

The ability to live independently for as long as possible is supported by the availability of services, healthcare, maintenance assistance, and external social interaction. Affordable, accessible, and adaptable housing options allow older adults to remain in their homes and communities as their needs change. This supports aging in place by providing a stable, continuous living environment that individuals can modify as necessary, enhancing their attachment to home and community (Government of Canada 2016).

Respect and Social Inclusion

Seniors do not wish to age idly in their communities; they aim to actively engage in community life. Seniors who participate actively in community life tend to feel less isolated and more connected to their surroundings (Novek

et al. 2013). These connections are critical due to the direct correlation between social isolation and health. As aging often leads to increased social isolation, communities that encourage active engagement and inclusivity are more effective in safeguarding the health of their inhabitants, including those who are isolated. Communities that promote intergenerational activities and respect for older adults help to create a sense of value and belonging among all community members. This fosters positive place attachment and supports aging in place by ensuring that older adults feel welcome and included in their communities (Government of Canada 2016).

Social Participation

Having a social life and feelings of belonging is essential for seniors to stay healthy as they age. Social networks and participation can help prevent isolation. More active seniors who stay involved in social activities are mentally and physically happier. Opportunities for older adults to participate in community, cultural, and recreational activities foster social connections and a sense of belonging. This engagement is vital for mental and emotional well-being, contributing to a stronger place attachment and making aging in place a more appealing and feasible option (Government of Canada 2016).

Communication and Information

Keeping older adults informed about community events and information to keep them connected to community members and supports. Accessible, clear information about services, events, and opportunities supports aging in place by enabling older adults to make informed decisions about their health, well-being, and participation in community life.

This also supports place attachment by keeping individuals informed and engaged with their community (Government of Canada 2016).

Civic Participation and Employment Opportunities

Allowing seniors to participate means doing what they love and are good at. Sharing their skills, knowledge, and time in a range of areas. That can be profitable or meaningful. Opportunities for older adults to engage in volunteering, civic participation, and employment contribute to a sense of purpose and belonging. This engagement enhances place attachment and supports aging in place by providing roles and responsibilities that keep older adults connected to their community (Government of Canada 2016).

Community Support and Health Services

Having access to support and services that can help maintain their health and well-being, but also keep up with their personal needs and home-based needs. Easily accessible health services and community support tailored to older adults' needs are crucial for aging in place. These services ensure that individuals can maintain their health and independence while living at home, reinforcing their attachment to the community by providing a sense of security and well-being (Government of Canada 2016).

Intergenerational Connections

Intergenerational contact zones refer to places where people of different ages can come together and connect with each other through shared experiences. "Place attachment" and a sense of place identity can be achieved through intergenerational activities that provide participants with

meaningful interactions in their local environment (Larkin, Kaplan and Rushton 2010).

Intergenerational programming is becoming more popular as a way to connect seniors with their communities. These programs can benefit all participants as they enhance well-being, reduce ageism, and create a sense of purpose for older adults. The aim of intergenerational programs is to promote understanding and respect between generations while building more cohesive communities. They are inclusive and build on the positive resources and skills that all generations have to offer (Buffel et al. 2014).

The interaction between generations strengthens the community by promoting mutual understanding. Intergenerational exchanges can rebuild social networks and create a more inclusive community (Auerbach and Levenson 1997). Research suggests that intergenerational programs can increase tolerance, comfort, and intimacy between generations, disprove myths about aging, and create common bonds through shared experiences, challenges, and problems (Henkin and Patterson 2020).

The relationships between generations can benefit both young people and older adults, shaping young people's health and giving older individuals purpose and meaningful interactions that improve their quality of life.

Intergenerational Housing

Intergenerational housing for seniors is an innovative approach to communal living that aims to bring generations together for mutual benefit. The model integrates older adults with younger individuals or families within the same living space or community. Often with a mix of individual

residences and shared living, amenity and service spaces. This arrangement not only combats the loneliness and social isolation frequently experienced by seniors, but also promotes a culture of mutual support, mentorship, and learning across generations (Suleman and Bhatia 2021).

Intergenerational housing fosters strong community bonds, creating a diverse and inclusive environment where individuals of all ages feel valued and connected. The shared use of facilities and services encourages economic and resource efficiency. Seniors are supported in daily activities and tasks that may be challenging for them while also benefiting from the energy, technological savvy, and physical assistance younger generations can offer.

Intergenerational housing exists in many different forms and schemes, and the level of care available varies based on individuals' needs. Overall, intergenerational housing promotes health, physical function, and cognition to benefit older adults. It can also improve societies, as studies show that pairing older adults with younger individuals results in an increased sense of trust and social interaction to foster communities and helps decrease loneliness and isolation.

Seniors Housing as a Community Hub

Housing is a vital aspect of our lives. For seniors, who often spend most of their time in their local areas and may have mobility or health difficulties, the type and location of housing can affect their independence, social connectivity, self-esteem, and life satisfaction (Henkin and Patterson 2020). Access to local amenities, such as parks, retail stores, cafes, and supportive services, can foster social connectivity and has been identified as a crucial feature of housing (Henkin and Patterson 2020). Many senior housing communities are

built near community centers and other community-based programs. However, there needs to be more clarity between the potential and the actual practice of building connections and relationships within the community. By opening the doors of senior communities to the rest of the community, intergenerational social connections can be made.

The following principles can be used to turn senior housing into a community hub:

- Indoor and outdoor spaces should promote both informal interaction and formal intergenerational programming.
- Spaces should be designed to enable adaptation and accommodate variations in participants' abilities, perceptions, and preferences for active or passive experiences.
- Residents, housing staff, and community partners (when available) should be involved in designing spaces that promote meaningful interaction.
- Space should be used to promote intergenerational values, such as interdependence, reciprocity, inclusion, and social connectedness.

If possible, large rooms should be adaptable, using movable walls or lightweight furnishings to create quiet, intimate spaces that facilitate self-disclosure and spaces for large group activities.

- The use of physical space should be aligned with programming and policies that intentionally promote relationship building across generations.
- New developments should be intentional about proximity to public transportation to support intergenerational programming (Henkin and Patterson 2020).

Senior housing has the potential to become a community hub that can facilitate social interaction across generations through programming organization and a willingness from the community. This environment can be of mutual benefit to older adults and the local community.

Culture as an Animator of Place Attachment and Intergenerational Contact

Culture plays a vital role in creating an attachment to a place. Highlighting the culture and heritage of a place helps to cultivate an attachment to that place. Art and cultural institutions can facilitate interactions between generations. Culture encompasses a wide range of activities and programs that enable individuals to express their identity and history creatively. It can contribute to a community's quality of life in various ways (McNulty 2020).

Shared cultural activities offer a natural context for intergenerational engagement. Activities such as music, dance, storytelling, cooking, and crafts provide opportunities for older and younger people to share their skills, stories, and traditions, bridging the gap between generations through shared experiences. (McNulty 2020).

Cultural heritage and identity preservation activities, such as documenting local history and learning languages and traditional arts, allow for the transmission of cultural heritage and identity from older to younger generations. This not only helps preserve cultural knowledge but also fosters a sense of identity and belonging across generations.

Cultural education and learning can take place through informal teaching and storytelling in intergenerational spaces. With their life experiences and knowledge, older adults can educate the younger generation about the

cultural context of historical events, changes in societal norms, and the evolution of traditions. Addressing Cultural stereotypes is possible by facilitating interactions between generations within a cultural framework. Intergenerational spaces can help dispel stereotypes and misunderstandings. These interactions enable participants to see beyond age-based stereotypes and appreciate the individuality and contributions of people from different generations.

Cultural festivals and events are another way culture animates these spaces; they celebrate diversity, encourage community participation, and strengthen intergenerational bonds through shared enjoyment and appreciation of cultural performances, food, and art.

Storytelling and oral histories serve as a powerful tool in intergenerational spaces. They allow for the sharing of personal histories, folklore, and wisdom across generations, fostering empathy, understanding, and connection.

Campus Care Model

The Campus Care Model is a comprehensive and integrated approach to senior living and healthcare. This model offers a combination of different levels of care and services within a single campus or closely connected community. The goal is to cater to the evolving needs of older adults, allowing them to transition smoothly between different types of care and living arrangements without the need to move to entirely new locations (Government of Canada 2022b 12).

A campus care model is a type of community hub that offers a variety of housing options and services for senior citizens. The perfect campus care model involves locating different types of housing, home-based services, grocery

stores, healthcare centers, and recreational programs in one place. In such a community setting, the campus care model can be used as a great template to establish central care coordinators who are available 24/7 (Government of Canada 2022b 12).

The campus care model is designed to meet the growing demand for housing and services for older adults. It offers economic growth and operational sustainability opportunities. With this approach, older adults no longer need to move somewhere else if they require a higher level of services. They can receive the necessary care and services while staying in the same place. Furthermore, it enhances their quality of life by providing them with improved access to daily services (Government of Canada 2022b 12).

Site Selection

Nova Scotia

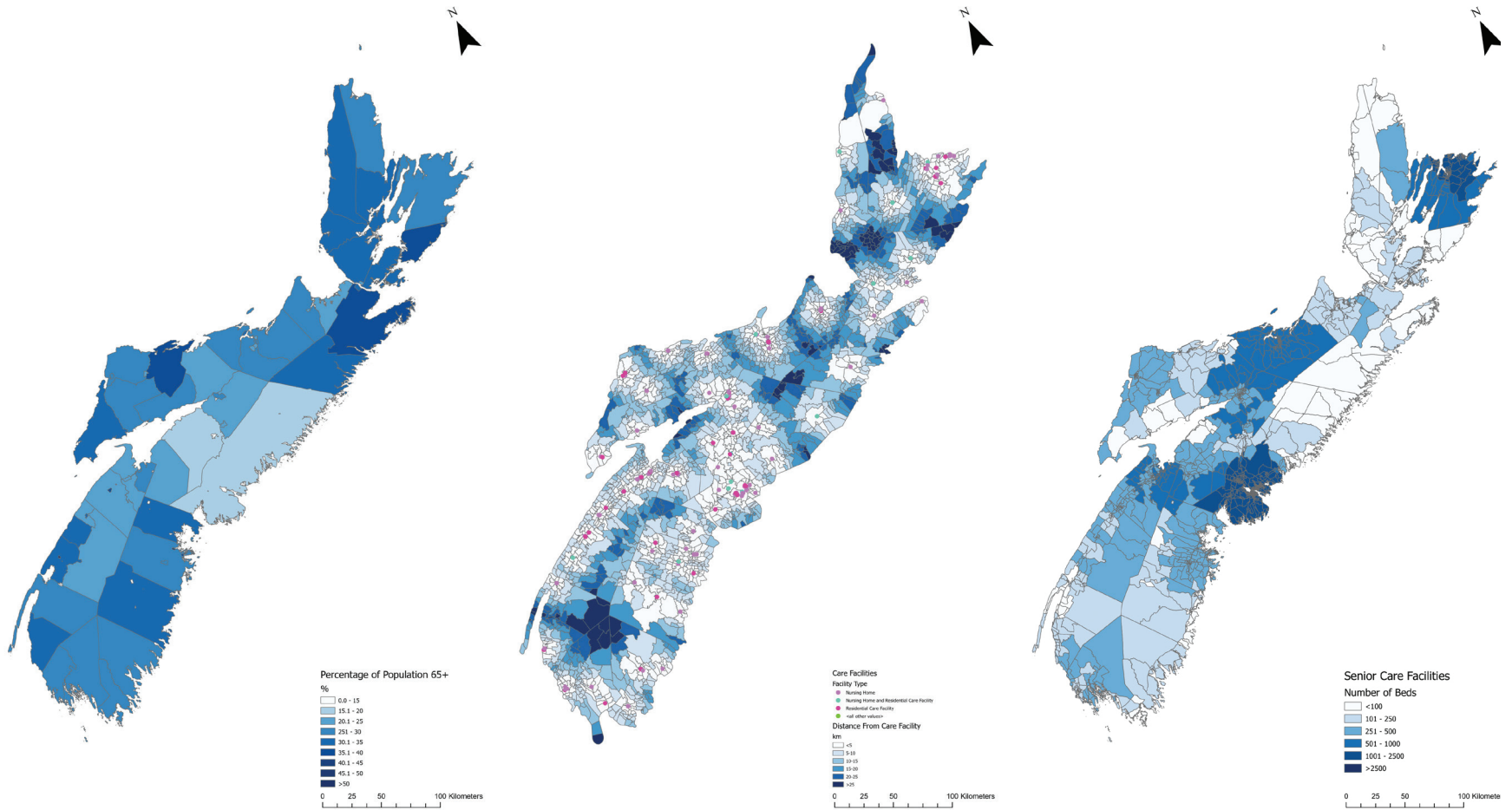
Like the rest of Canada, Nova Scotia has an increasing percentage of residents over the age of 65. However, Nova Scotia has a higher percentage of residents over the age of 65 than the national average, with 22% (Statistics Canada 2022). This number is expected to rise to 29.7% by 2043 and as high as 32.8% by 2068, according to Statistics Canada (2022). The province's rural communities are known for their close connection to their surroundings, but Nova Scotia is currently facing many challenges in keeping up with the growing demand for senior care and suitable living arrangements.

There are presently approximately 7,200 long-term care beds and only 850 residential care beds in Nova Scotia. However, with almost 2,050 people on the waitlist for initial

placement and over 2,700 waiting for inter-facility transfer, the province needs help to meet demand (Government of Nova Scotia 2024b). Almost 1,700 people are waiting in their own homes for suitable accommodations (Government of Nova Scotia 2024b), putting them at a higher risk of falls, disability, and hospitalization. Additionally, over 350 people are already in hospital, likely due to injury, disability, or illness, and are waiting for housing that can support them in their new state. Nova Scotia is in a critical stage where seniors are taking up places in hospitals and long-term care facilities before needed. This becomes especially true in Nova Scotia's rural communities, where there are limited options for aging and a reliance on informal networks of care. This results in seniors leaving their homes in search of suitable care and living arrangements or moving into long-term care before necessary.

Inverness, Cape Breton

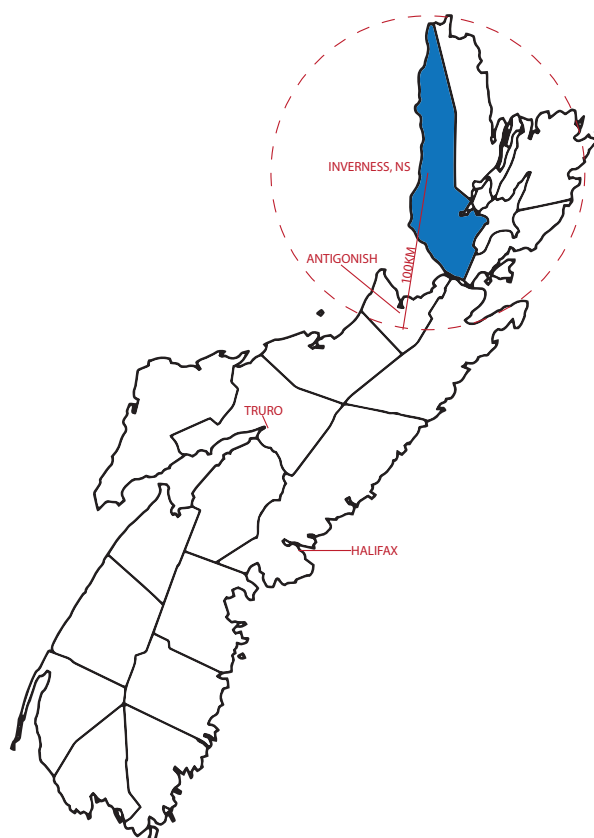
Inverness County is one of Nova Scotia's rural communities with one of the highest concentrations of seniors. Inverness has a population of over 17,300 people spread across the land and an average age of 47.7 years old (Statistics Canada 2022). Over 5,080 permanent residents in Inverness are over the age of 65. Inverness is home to only one long-term care facility with 72 beds that serves the entire western coast of Inverness. Inverness has one of the lowest ratios of senior care beds per 1000 people over the age of 65 in the country, with just 14.4, meaning there are only 0.014 facility beds per person over the age of 65 in the area. According to current standards for facility placement, seniors may be placed in a facility anywhere within a 100 km radius of their home (Government of Nova Scotia 2024). This often results in seniors being displaced from their communities,



Maps showing Nova Scotia's Percentage of Population 65 and over, the distance from and location of care facilities and finally, the number of beds in nearby facilities. (Data From Statistics Canada 2023g and Government of Nova Scotia 2024c)

leading to broken attachments, relocation stress, isolation, and a poorer quality of life. Inverness desperately needs an intervention that offers supportive housing and living arrangements that allow its residents to age in place.

Cape Breton is renowned for its rich culture and welcoming community. The Gaelic motto “Ciad Mile Failte,” which means “One Hundred Thousand Welcomes,” is evident



Map of Nova Scotia highlighting Inverness County and a 100km radius from its center.

throughout the island, particularly in Inverness County on Cape Breton's western coast - a region known as the musical coast. Visitors to the area will be greeted by the sound of a fiddle and stomping feet, the warmth of home-cooked meals, and the celebration of Gaelic culture through ceilidhs and kitchen parties filled with music, dance, and storytelling.

Architecture has the ability to enhance rural seniors' quality of life by enabling them to age in place by addressing social and environmental obstacles through the creation of intergenerational environments. Creating an intergenerational housing community that supports a continuum of care and is treated as a community hub for culture recreation and socialization can foster place attachment, enhancing the quality of life for older adults as they age in rural communities.



Aerial photo showing Inverness Beach, Cabot Links Golf Course and the community beyond.
(Build NS 2020)



Inverness Site Map and Imagery. (ESRI 2019)



FBM Cabot Cliffs Residences.

Existing Vernacular

Inverness is historically a coal mining town. The mines have since closed, and the prospects for employment have declined. Left behind are the buildings of the past, showing the remnants of a once successful mining industry. The Main street is lined with commercial properties, vibrant colours, and large storefronts. The housing is mostly small one or two story prefabricated homes and company houses or miners cottages once used to house the miners. There is a long-standing culture of wood-framed construction, harvesting wood from the nearby mill. The houses are mostly clad in wood siding or cedar shingles. The new housing development alongside the Cabot Cliffs Golf Course is rooted in the vernacular gabled sheds of Nova Scotia (FBM n.d.).

It's a standard phrase in Inverness County to say that houses or those buildings have a nice stand. And that really means that the buildings look well on that piece of property. That they fit into the hill in the background or to the brook or river that's nearby so that when you look at the property, it looks suitable, well-placed. I think also people have given their buildings here a kind of life. One of the things that influenced my enthusiasm for architecture was the way in which people talked about their buildings. How is your house is almost like asking 'how is your grandmother'. (Beaubien, n.d.)

Buildings and homes work with the landscape and topography. They frame views and fit naturally into the existing environment. The vernacular in Inverness is similar to that of the rest of Nova Scotia, harnessing the beauty of the place and celebrating the building culture and materiality.

Many of the existing homes follow similar forms that were produced for the mining community. Prefabricated, homes nicknamed Company Houses were used to house workers and remain scattered across the town.



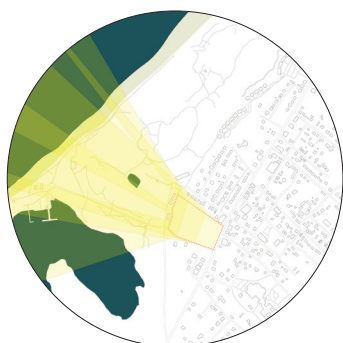
Study of existing vernacular in Inverness, Nova Scotia.

Site

The site selected provides the maximum opportunity for connection within the community. It is in close proximity to all community services and amenities and existing green spaces. It acts as a node sitting at the corner of the Main Street commercial district and is the only route to the Inverness Beach.

Views

The site topography allows for unobstructed views of the ocean, beach, harbour, green space, and world-famous Cabot Links golf course from all parts of the site, supporting physical, emotional and social well-being.



Views from Site.

Local Connection

Located on Inverness' main street, this community's walkability eliminates the need for a car to access shops, services and amenities. The site is near the Inverary Manor long-term care facility and Inverness Hospital.



Existing Greenspace.

Existing Green Space

Surrounded by green space, the site is in proximity to Inverness beach and the Cabot Links golf course. It acts as a green connection between the central street Inverness and the recreation and greenspace beyond.



Roads Trails and Paths.

Trails and paths

The site provides recreation access via trails, paths and elevated boardwalks. They are maintained to allow elderly users to use them as a way of staying healthy. The boardwalks lead to the beach and golf course, where there is ample opportunity for entertainment and recreation.

Access and Arrival

The site sits along the Ceilidh trail, at the intersection of the main highway leading to the Cabot trail and the main access to the Inverness Beach. It acts as the main route that tourists take from the Canso causeway, the connection from the mainland to Cape Breton. Being along this route and sitting at the intersection of activity for both tourists and locals allows for many opportunities for interaction between seniors, visitors and locals.



Access and Arrival, creating a Node

Nodes

At the intersection of two of the most active routes in town, the corner between the streets becomes a meeting point and node for interaction between those coming from away and local residents.

Design Proposal

Organization

The design for the site includes four small housing districts with shared courtyards along a central public spine activated by nodes of social and amenity spaces. The spine becomes the main street on which each neighbourhood is connected, and public programs are hosted. A community center sits at the head of the spine, acting as the gateway for those approaching the site from the main arterial road in Inverness. The site is created to become a hub for intergenerational activity for the extent of the region as well as visitors to the area.



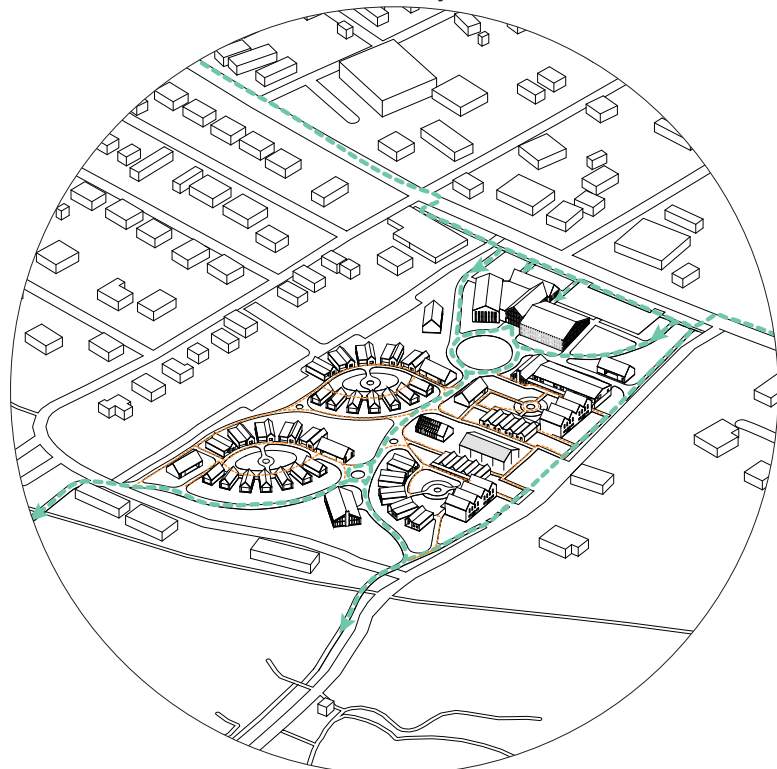
The organizing spine

Vernacular

The design aims to match the scale, materiality, and local building practices of the surrounding landscape. It features small one- and two-story gabled houses that work with the site topography to provide the best possible views. The housing design represents a connection to home, achieved through variability in style and shape that allows for recognition and individuality. The overall design does not deviate from the surrounding vernacular but rather modernizes it to enhance the connection with the place.

Circulation

Pathways are designed to connect the housing spaces with both the internal amenity spaces and the external community nearby. Smaller paths in the housing neighbourhoods lead to the main circulation spine that is activated by social nodes and amenity spaces. The paths connect to the sidewalk on Central Avenue and the trails beyond



Circulation on site.

Outdoor and Landscape

The pathways will connect the shops, services, and resources on Central Street through the site, linking the community center to the spine, amenity spaces, and neighbourhoods. They will continue to the boardwalks and pathways that lead to the beach and golf course. These pathways will be wide enough for both two-way walking or wheelchair traffic and interactions and conversation spaces. Additionally, benches and tables will be placed throughout the site to create moments of pause and rest for users. Greenspaces and trees will surround the paths, acting as buffers between the street, housing, and amenity spaces.



Connecting Greenspace



Connecting Pathways



Connection from Central Avenue through the site to the recreational area beyond.

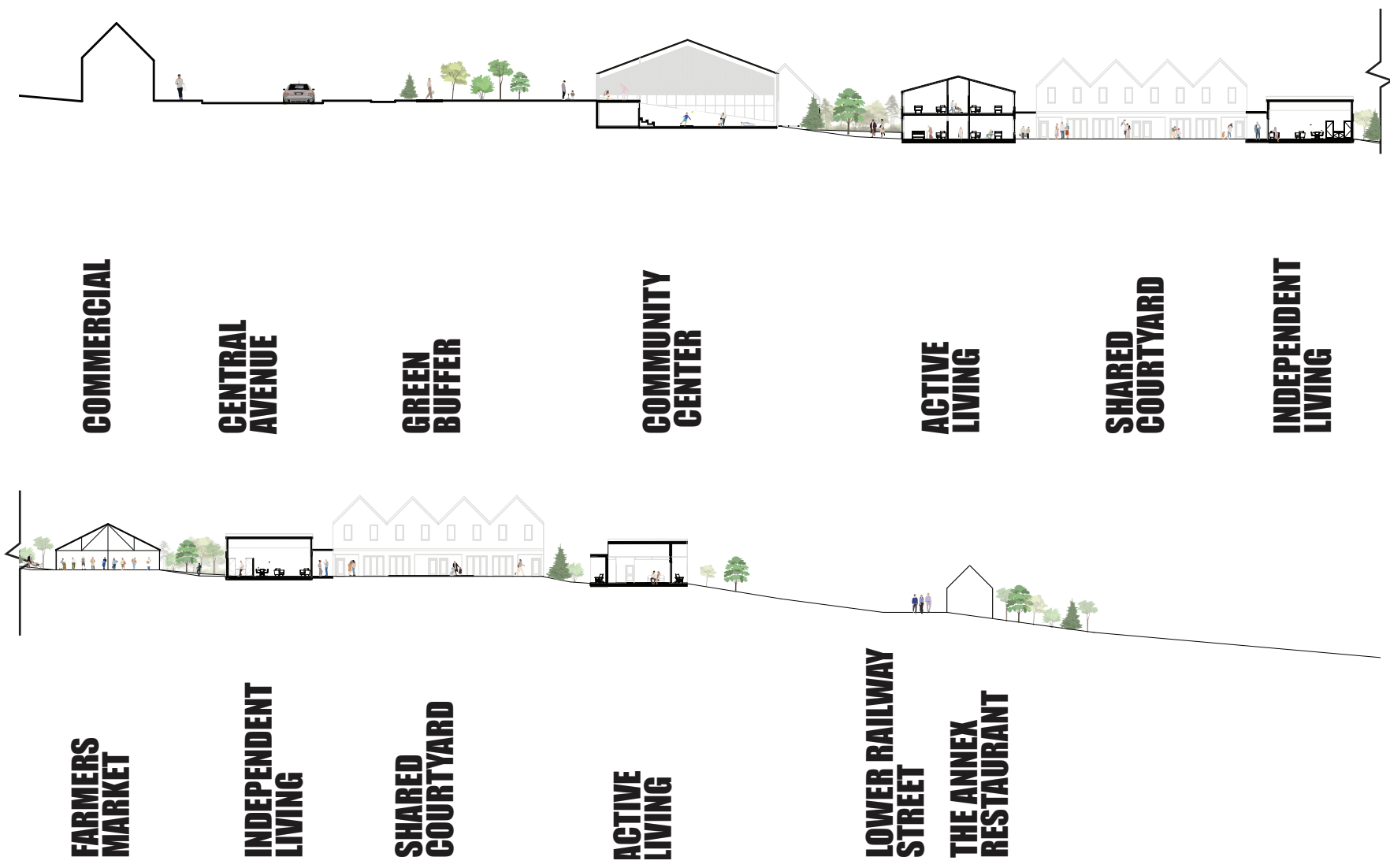
Site Plan



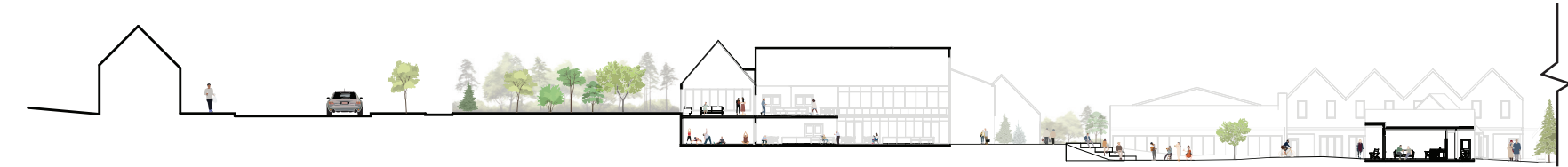
Legend:

- | | |
|-----------------------------------|--------------------------------------|
| 1. Community Center | 13. Active Living Housing - Detached |
| 2. Senior Daycare | 14. Path to Beach |
| 3. Assisted Living Building | 15. Clubroom |
| 4. Shared Kitchen, Dining, Living | 16. Housing For Healthcare |
| 5. Amphitheater | 17. Trailhead |
| 6. Rowhouse - Single Family | 18. Outdoor Recreation Storage |
| 7. Workshop | 19. Active Living Housing - Detached |
| 8. Rowhouse - Independent Living | 20. Reading & Story Room |
| 9. Farmers Market | 21. Housing For Healthcare |
| 10. Greenhouse & Community Garden | 22. Craft Room |
| 11. Rowhouse - Independent Living | 23. Active Living Housing - Detached |
| 12. Rowhouse - Single Family | 24. Children's Daycare |

Site Plan



Split Section Showing connection from Central Avenue through Community center, Neighbourhood 1, Neighbourhood 2 and to the extent of the site.



COMMERCIAL

CENTRAL AVENUE

GREEN BUFFER

COMMUNITY CENTER

AMPHITHEATRE

ACTIVE LIVING



SHARED COURTYARD

HOUSING FOR PUBLIC PARK

PUBLIC PARK

ACTIVE LIVING

HOUSING FOR HEALTHCARE

LOWER RAILWAY STREET

MINERS MUSEUM

Split Section Showing connection from Central Avenue through Community center, Neighbourhood 3, Neighbourhood 4 and to the extent of the site.

Housing

The neighbourhoods are designed to provide intergenerational housing and offer a variety of housing options suitable for people of all ages and abilities. For older adults, there are assisted living units, as well as row housing and detached housing options. Families can choose from row housing and detached housing options, while detached units are reserved for healthcare workers and young professionals.

All of the housing units offer a range of care options, including both assisted living and independent living. The design of all the units follows barrier-free guidelines to support the accessibility needs of older adults. The units are also designed to connect the interior and exterior spaces, allowing residents to look out onto shared and public spaces while remaining safe and secure within their units.

The community is built to offer a continuum of care. Each neighbourhood has housing units situated along a circulation path that leads to a central public space and shared parking areas towards the exterior of the site.

The neighbourhoods surround smaller courtyards that offer shared spaces for gardening, playing, and socializing. The row housing units offer covered walkways that connect to



Aerial view of proposed project.



Shared Dining and living space.

shared living and dining facilities located attached to the assisted living building, which are open to all members of the community. Detached housing options offer more independence while still remaining connected and central to community socialization and activity.

Neighbourhood 1 has the main assisted living building and shared dining and living spaces alongside independent living and family style rowhousing. The housing forms create a shared internal courtyard with gardens, trees and open space for activities.

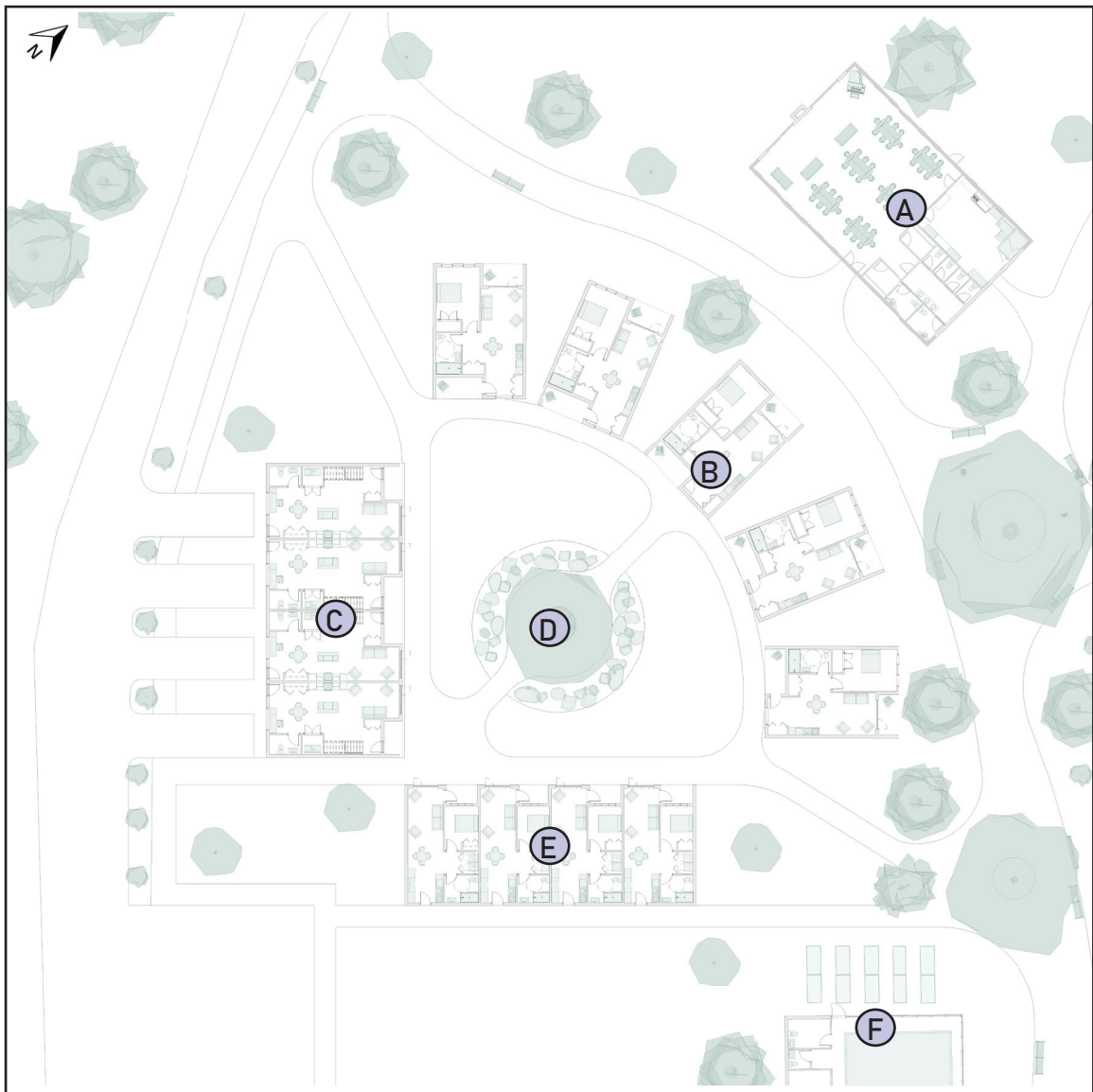


Neighbourhood 1 Ground Floor Plan. A - Independent Living Rowhousing, B - Workshop, C - Family Rowhousing, D - Shared Courtyard, E - Assisted Living, F - Shared Dining and Living Space.



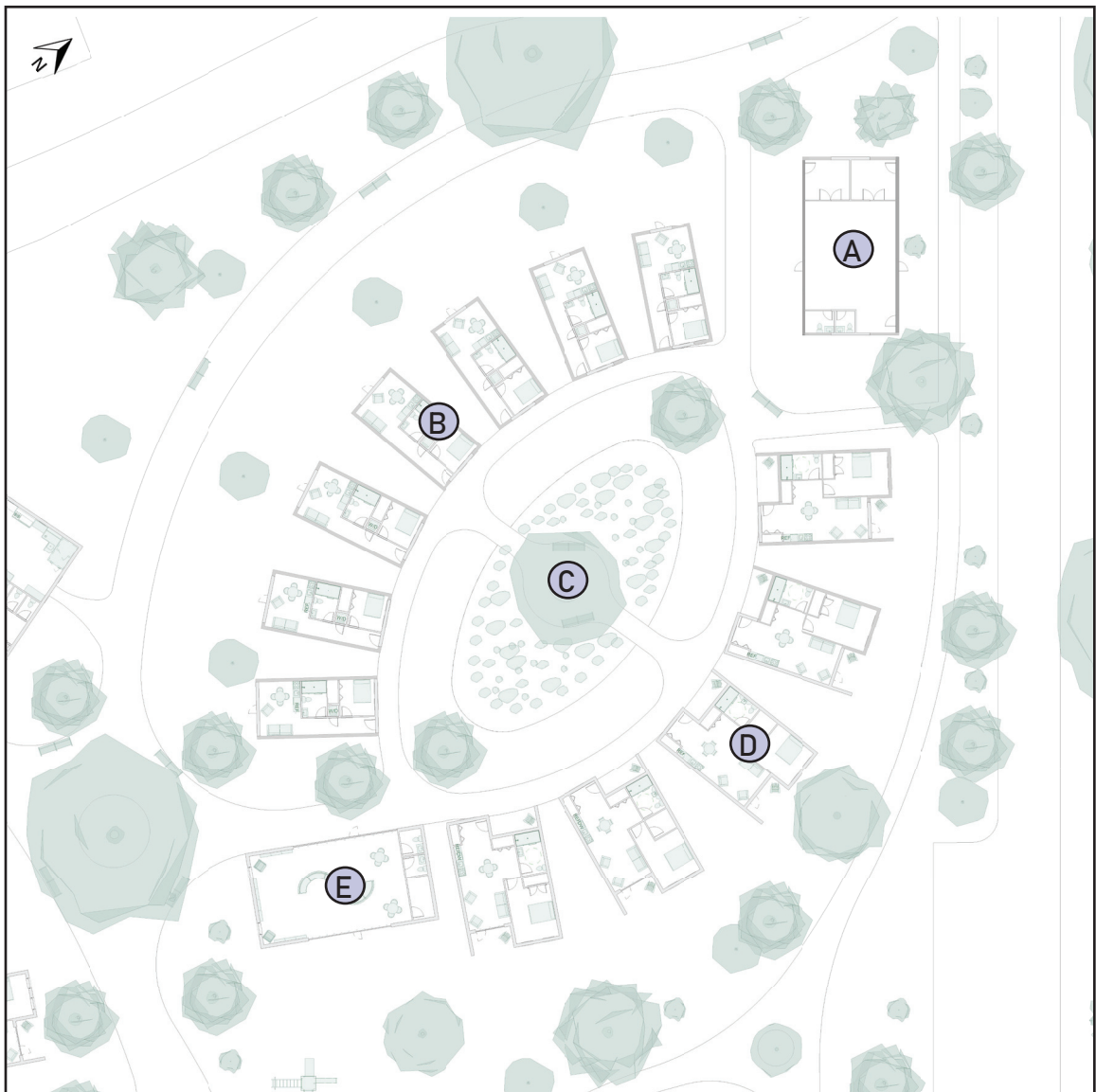
Neighbourhood 1 - 3D Section showing housing and shared courtyard connection.

Neighbourhood 2 is made up of independent living and family style rowhousing as well as active living detached housing. The rowhousing creates a border to the street and surrounds a shared courtyard. The detached active living housing works with the site topography and overlooks the golf course and beach beyond.



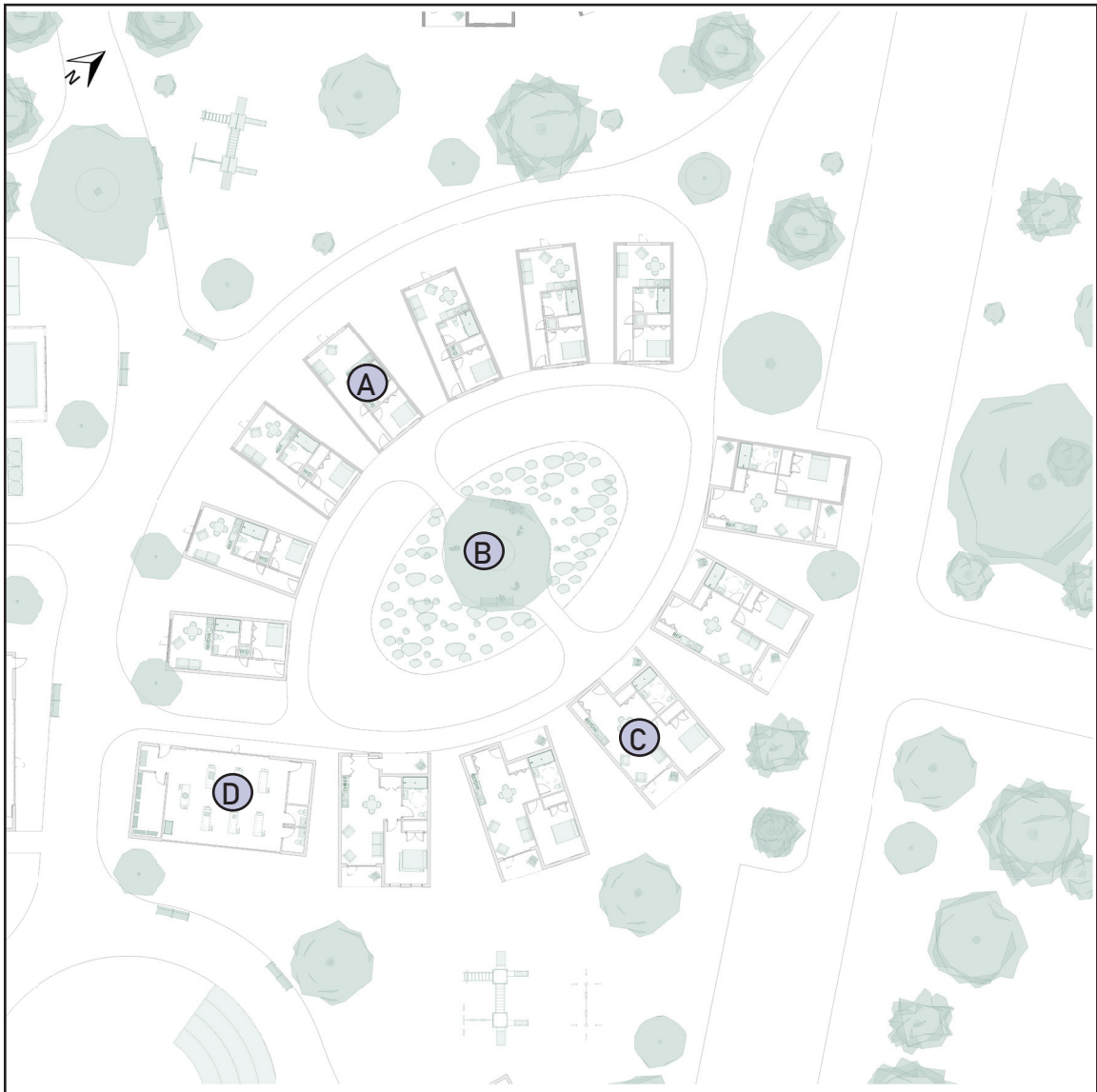
Neighbourhood 2 Ground Floor Plan. A - Clubhouse , B - Active Living Detached Housing, C - Family Rowhousing, D - Shared Courtyard, E - Independent Living Rowhousing, F - Community Gardens and Greenhouse.

Neighbourhood 3 sits at the connection point between the project site and the golf course, trails and beach beyond. This neighbourhood includes the outdoor living hub, Housing for healthcare workers, Active Living Housing and a reading and story space, all surrounding a shared courtyard. The housing looks out on the golf course on one side and parkland on the other side. Giving all users a connection to greenspace on both the internal and external sides of their living space.



Neighbourhood 3 Ground Floor Plan. A - Outdoor Recreation Hub , B - Housing For Healthcare, C - Shared Courtyard, D - Active Living Detached, E - Reading and Story Room.

Neighbourhood 4 is bordered by parkland on either side, offering views of greenspace. The neighbourhood surrounds a common courtyard and garden space and is made up of Housing for healthcare workers and Active Living Housing for aging adults. It also has a Craft hub located at the junction between the neighbourhood and the main circulation spine.



Neighbourhood 3 Ground Floor Plan. A - Housing For Healthcare, B - Shared Courtyard, C - Active Living Detached, D - Craft Hub.



Neighbourhood 1



Neighbourhood 2



Neighbourhood 3



Neighbourhood 4

Housing Types

Assisted Living Apartments

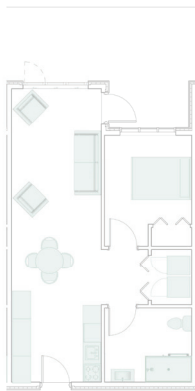
The assisted living apartments provide space for aging adults who require assistance with activities of daily living. The building has both single and double occupancy rooms. Each unit contains enough space for a double or queen sized bed or a hospital bed while remaining accessible by wheelchair or walker. The units are designed to incorporate a small seating area, a storage closet, and a full barrier-free washroom. All units have large windows with views of courtyards and greenspace, connecting the residents with their surroundings and the community activity nearby. Access to the shared common room and dining space is through enclosed hallways, offering protection throughout the year.



Typical Double Occupancy Assisted Living Unit.



Typical Single Occupancy Assisted Living Unit.



Typical Independent Living Rowhouse.

Independent Living - Rowhousing

The Independent Living Rowhousing is designed as a one bedroom, one bathroom and a small kitchenette for single or shared occupancy. These spaces are fully barrier-free and support independence while offering connection to shared spaces. The units look upon the shared courtyards, which are connected to the assisted living and shared dining space through covered walkways, offering protection from the weather. A covered porch opens onto the covered walkway and looks towards the courtyard, creating a node of interaction for the users of the path and the residents sitting on their porches. The residents of the independent living units have access to assistance from staff for any assistance they need with activities of daily living.



Typical Active Living
Detached



Typical Family Rowhouse
Upper Level



Typical Family Rowhouse
Ground Level



Typical Housing for
Healthcare Unit

Active Living - Detached

The detached, Active living units offer more independence while still connecting residents with their neighbours and with the support services available throughout the community. These units are designed to be barrier-free and have a small kitchen and dining space. Residents can choose to use the shared dining hall and living spaces that are accessible a short walk away. The Houses open onto a courtyard with gardens and sitting areas for all neighbours to use. The houses are situated on the site to maximize views and connect the residents with their surroundings.

Family Rowhousing

Rowhousing, designed with three bedrooms and two bathrooms, offers spaces for families or groups of people to live. These spaces are designed with living spaces that overlook the common courtyards and connect to the independent living rowhousing through covered walkways. The homes have full kitchens for preparing meals to share with neighbours. Residents have full access to the shared clubhouse and living spaces. Residents are encouraged to form connections with neighbours and incentives are offered for their support.

Housing For Healthcare Workers

Creating housing designated for healthcare workers can both create intergenerational connections throughout the site and attract healthcare workers to move and stay in the community. The homes are designed to offer independence to the workers to create a level of separation between work and home life. They still offer the same amenities and connection to the site and other community members. The units are smaller, offering a living room, a small kitchen,

a bedroom and a bathroom. Intergenerational housing can create and enhance the networks of support and interdependence.

Housing Connection

All housing types focus on connecting the residents with their place. They connect their interior and exterior spaces with large windows that capture views and open to join the interior and exterior. Covered porches allow for indirect connection with outdoor spaces and social connections with users of the outdoor spaces.



Active living detached housing interior showing connection with outdoor space and ability to capture external views



Typical covered porch looking upon neighbourhood courtyard for observing and interacting.

Social Nodes

Social nodes are created throughout the community as points designed to facilitate and encourage interactions among people within a physical space. These nodes are integral to creating vibrant, engaging, and community-oriented environments. These spaces can be categorized into three types based on the nature and level of activity or programming they are designed to encourage in the spaces.

Active social spaces are intentionally designed to encourage direct and active engagement among people. These spaces are often the scene of structured or planned social activities, programming, events, or gatherings.



Internal Social Nodes

- Active
- Incidental
- Passive

Incidental social spaces facilitate interactions that occur by chance rather than by intentional design or planning. These are the areas where people may meet, interact, or engage with others as a by-product of being in the same space at the same time, rather than a specific desire to socialize.

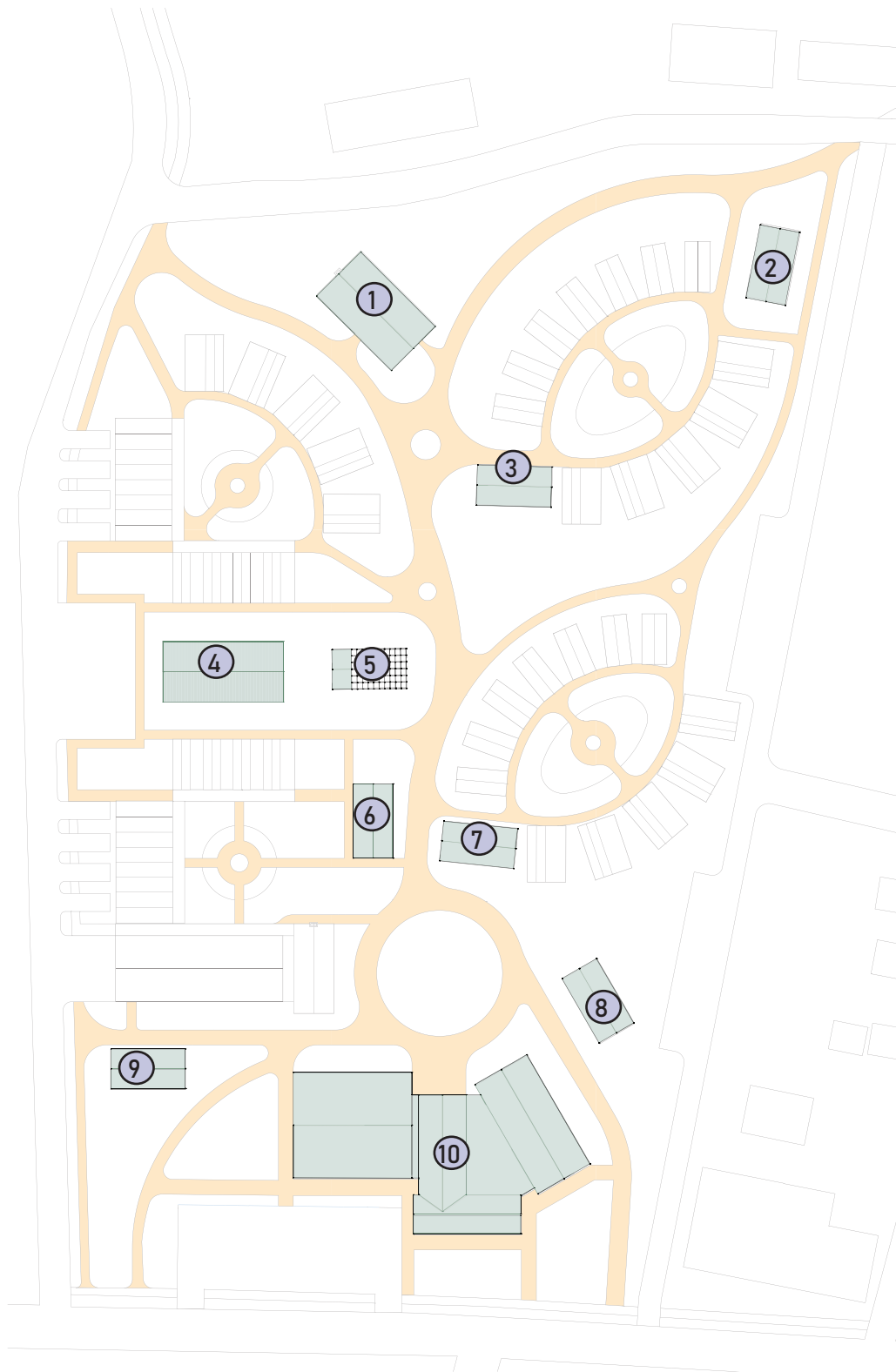
Passive social spaces are areas designed for quiet reflection, observation, or individual activities that take place within a social setting where people are present but may not directly interact with each other.

The spaces are organized along a central walking path that becomes a spine activated by social nodes and activity. The paths themselves become activated by the users, and each intersection becomes a node with benches, trees, and space for rest and conversation.

Community Center

Located along Inverness' main commercial street, the community center is designed to foster intergenerational connections by integrating recreation, culture, and health with community space at its core. The gymnasium serves as a social hub for many community members, offering space for sports events and recreational activities. Additionally, the studio spaces provide an ideal environment for recreational classes, while the fitness center enables community members to maintain their health throughout the year, including the winter months.

The facility also features classrooms and multipurpose rooms that serve as venues for parties, lessons, and various cultural events. In addition, a community kitchen is available to prepare community meals.



The organising spine with nodes of social space spread throughout the community.

- 1 - Clubhouse, 2 - Outdoor Recreation Hub, 3 - Reading and Story Space, 4 - Farmers Market,
- 5 - Community Gardens, 6 - Workshop, 7 - Craft Hub, 8 - Children's Daycare, 9 - Senior Daycare,
- 10 - Community Center

The health center provides mobile clinics with spaces to offer non-urgent healthcare services to the community. Furthermore, it provides spaces for massage, physiotherapy, and other forms of medical well-being.

Finally, the center offers space for music and culture, a key element in the culture of Inverness and Cape Breton. An auditorium and an outdoor amphitheatre that can be used for concerts and shows and be a part of Canada's musical coast, connecting residents with their culture and becoming a space for sharing cultural passion across generations.



Community Center approach from corner of Central Avenue and Beach Road.

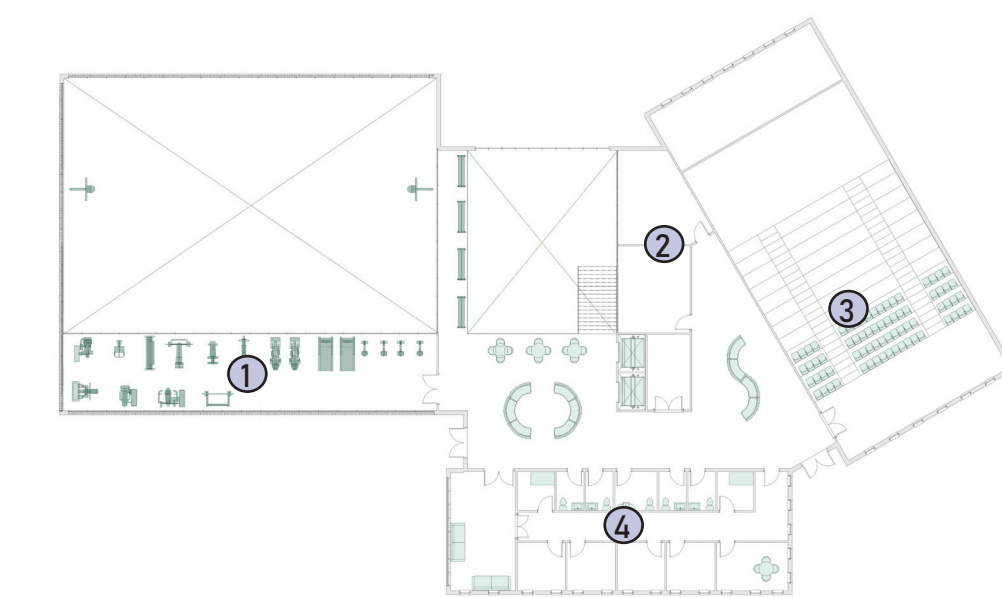


Nova Scotia Barn and Fishing Shed (Jadda 2019)

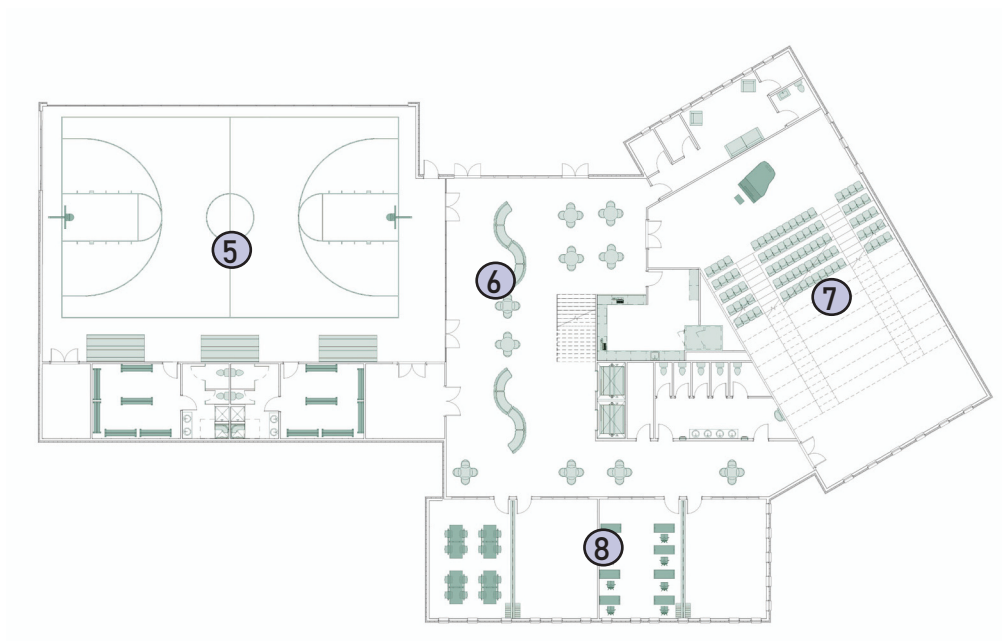
Influenced by the barn and fishing shed forms found around Nova Scotia, the Community Center is designed to work with smaller scale shed gable forms to remain at a scale, materiality and form that matches the existing vernacular. The Community Center works with the site to allow ground level entry from both the upper level and lower level. This allows for two storey ceiling heights in areas like the atrium, gymnasium and auditorium while remaining just one storey high along Central Avenue.

The Community Center incorporates active, passive, and incidental social nodes to encourage comfortable levels of

social interaction for all seniors and community members. This keeps them connected and involved in community activities and allows for a better quality of life.



Community Center Upper Floor Plan. 1 - Fitness Center, 2 - Studios, 3 - Auditorium, 4 - Health Clinic.



Community Center Lower Floor Plan. 5 - Gymnasium, 6 - Community Connection, 7 - Auditorium, 8 - Multipurpose Classrooms.



Community Center Entrance from Upper Level



Community Center Gymnasium



Community Center Community Connection Space

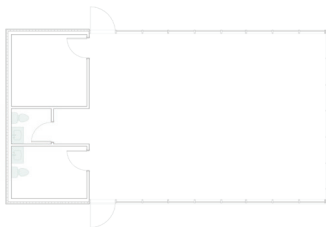


Community Center Gymnasium and Beyond

Amenity Spaces

Amenity spaces focused on encouraging socialization among residents are spread throughout the site. These spaces include a woodworking shop, a craft space, a reading and story space, a children's daycare, a senior daycare, a greenhouse, and a community garden. In addition, there is an outdoor recreation hub and a farmers market that sits between two neighbourhoods, providing space to sell and display community products.

Creating spaces programmed with classes but also open to free use can allow for connection and continuity of routine, craft, hobby and lifestyle. These spaces can give meaning and purpose to seniors and create moments for sharing across generations for the benefit of the culture, craft and future of the place itself. These spaces are open to the extent of the community and help to create activity on the site throughout the year, allowing it to become a hub for community activity.



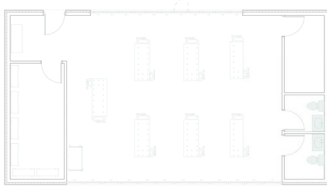
Greenhouse Floorplan

Greenhouse

A greenhouse provides year round space for growing and producing. Community gardening is a great animator for intergenerational contact.



Community Gardens and Greenhouse.



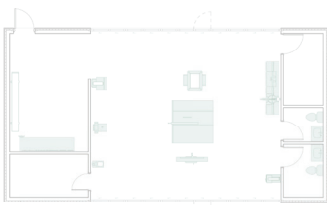
Craft Hub Floorplan

Craft Hub

A Craft Hub provides a room for making, learning and sharing craft. Cape Breton is known for its art and craft, this space becomes one where craft making and art can be practiced and shared across generations.



Craft Hub



Workshop Floorplan

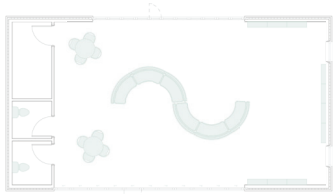
Workshop

Cape Breton has a tradition of making, woodwork and craft. This workshop will house the tools required for the production of woodwork, furniture and craft. This space can be used to teach and share the traditions across generations.



Workshop

Reading and Story Space

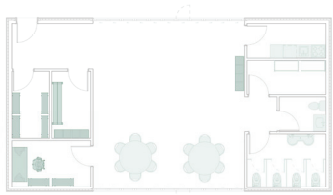


Reading and Story Floorplan

The reading and story space becomes a place to share Cape Breton's history and stories. Cape Breton is known for its folklore and storytelling, and this space continues that tradition across generations.



Reading and Story Space.



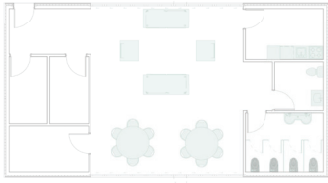
Children's Daycare Floorplan

Daycare - Children

Inverness has been noted to have limited childcare options. Introducing a daycare for children that can benefit from all the amenities on the site can bring generations together and activate interaction in the community.



Children's Daycare.



Senior Daycare Floorplan

Daycare - Senior

Seniors who don't live directly on site are welcome to come and join the activity and benefit from the amenities and interaction on site. Combined with transportation, this connects rural seniors across the region.



Senior Daycare.



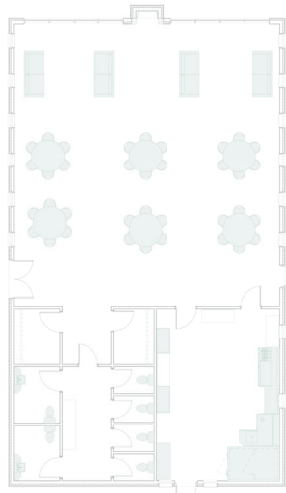
Outdoor Recreation Hub Floorplan

Outdoor Recreation Hub

Recreation is an incredible method for creating social interaction. Inverness is well connected with trails, walking paths, boardwalks, a beach and incredible golf courses. Having access to bikes, e-bikes, cross-country skis, snowshoes, and more can keep seniors active and healthy throughout the year.



Outdoor recreation hub showing storage for equipment.



Clubhouse Floorplan

Clubhouse

The clubhouse serves as a multipurpose space. It hosts ceilidhs, dances, and parties and can be rented out as a reception hall for weddings and events. Through culture, music, dance, and food, the clubhouse creates connections for tourists, seniors, and other locals.



Clubhouse interior, showing space for music, events and the view of the ocean beyond.

Outdoor Spaces

Creating a network of paths that not only connect neighbourhoods, amenity spaces and the extent of the community but also become areas for social interaction can help encourage social experiences amongst seniors and other users of the site. Benches are strategically placed under trees, at intersections between paths and at moments along the main circulation path where views of the ocean are framed. Benches become meeting points, and views create a connection with the landscape.

Amenity spaces connect interior and exterior spaces with walls that open onto circulation paths, inviting users into the space and connecting with the natural environment surrounding the spaces. Park spaces are activated by playgrounds and benches, bringing younger generations into the space and promote intergenerational interaction.



Main circulation pathway.



Main circulation pathway capturing views of the golf course and ocean beyond.



Connection between reading and story space and circulation pathways.

Connecting Community

Creating intergenerational housing and social spaces fosters connection within the immediate site and draws a range of community members to the site. It also creates connections with the rest of the community by putting all of the major community services and amenities within walking distance for all residents of the development. Each of these spaces becomes a node for social interaction for seniors.



External spaces for social interaction.

The internal and external spaces create opportunities for social connection that help foster attachment to the place itself. A network of social spaces is created with housing at its center. Connection to one's own culture, health, recreation and community together support the continuity that enables a better quality of life as seniors age.



A network of socialization.

Chapter 6: Conclusion

Canada's rural seniors are in need of housing and support that allows them to remain connected and age continuously in their communities. By developing intergenerational housing that offers a continuum of care and focuses on connecting the community by becoming a hub for community, culture, health, and recreation, the gap between personal residence and long-term care can be bridged, allowing seniors to continuously age in place and foster their attachment to their place. This approach can help seniors stay close to their families and friends, maintain social connections, and preserve their sense of identity and sense of belonging. By creating an inclusive and supportive environment that caters to the needs and preferences of seniors, architecture can play a vital role in promoting healthy aging and enhancing the quality of life in rural communities. It is essential to prioritize the development of senior-friendly housing options that are designed with the seniors' well-being and dignity in mind to address the challenges associated with Canada's aging population.

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