

# University-Integrated Seniors Village



## State of Knowledge Report

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## University-Integrated Seniors Village Report Series

With funding from the Jalynn Bennett Estate held at Trent University, the University-Integrated Seniors Village Report Series was established in 2021 to provide information for Trent's University-Integrated Seniors Village development. Hosted by the Trent Centre for Aging & Society, this series features the following three reports based on consultations with experts in the field, a review of academic, research and sector grey literature, and a profile of existing university-integrated Seniors Village initiatives around the world. These and future reports in the series are available from the Trent Centre for Aging & Society ([www.trentu.ca/aging](http://www.trentu.ca/aging)).

### University-Integrated Seniors Village Report Series

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# INTRODUCTION

Spanning the state of knowledge generated on Seniors Villages provides a foundational understanding of this rapidly expanding field. Rather than sharing a concrete origin, Seniors Villages have been adapted by industry and community innovators to fulfill the needs of diverse populations and contexts. As such, the lexicon used within the field is wide-ranging, which contributes to numerous Seniors Village models being developed. To navigate the broad spectrum of academic and grey literature available on Seniors Villages, this report will focus on five Seniors Village models that can be used to inform Trent's unique approach: 1) Campuses of Care, 2) Cohousing, 3) Homesharing, 4) Ecovillages and 5) Memory Care Villages.

Each Seniors Village model has been examined using the following criteria for ease of comparison:



The Concept



Background



Theoretical  
Foundation



Economic  
Model



Potential for  
Innovation

It is essential to note that while scholars have attempted to provide clear definitions of these Seniors Village models (e.g., Benzie et al., 2020) there is a lack of clarity as well as conflicted terminology used both within and between industry and academia. These contradictions and the diversity in the physical designs and the services provided (even within the same 'model') reflect the importance of defining the overarching vision/goals, consumers, political landscape and local context that shape each unique Seniors Village approach. As such, this report will provide insight into the political landscape and local community that will support Trent's University-Integrated Seniors Village.

This State of Knowledge Report supports Trent University's pursuit of developing their own individualistic model of a university-integrated Seniors Village, highlighting that the objectives of the Trent Lands and Nature Areas Plan provide an ideal starting point from which Trent can become an innovator in the field. In particular, the campus of care Seniors Village model is not typically socially inclusive of Indigenous populations or seniors with lower socioeconomic means. Similarly, cohousing, ecovillage and memory care village models routinely undervalue the education and research potential of these rich contexts. This State of Knowledge report then supports Trent University's pursuit of developing its own individualistic model of a university-integrated Seniors Village. This Trent approach would align with the strategic goals of the university, while simultaneously supporting diverse populations through leveraging Trent's strengths of interdisciplinarity, environmental sustainability and social inclusivity.

For more information on the ways in which Seniors Villages can be adapted to diverse overarching visions/goals and consumers, the accompanying *Environmental Scan Report* provides a representative sampling of Seniors Villages from around the globe. In combination with this report, contextually sensitive recommendations have been provided in the accompanying *Potential for Innovation Report* that will help to inform Trent's unique approach to developing a university-integrated Seniors Village.

# CONTEMPORARY SENIORS VILLAGE MODELS

## CAMPUSES OF CARE

### The Concept

Most prominently used in Canadian and American university-integrated Seniors Villages, the campus of care model aims to interconnect psychological, social, cultural and economic spaces. Fostering a continuum of care, this Seniors Village model increases access to health and social supports by co-locating a wide range of amenities<sup>1</sup>, housing/care options<sup>2</sup> and health/social services<sup>3</sup> (Morton-Chang, Majumder & Berta, 2021). Campuses of care ensure reflexivity to older adults' changing needs by routinely adapting to the political climate and local context in which they are located. Community integration is a central feature of this model, which is pursued through community partnerships to attend to both the medical and non-medical needs of aging populations. Pooling community resources helps to ensure the sustainability of this model and fosters a shared responsibility for older adult care (Morton-Chang et al., 2021). The intentional physical and social design of these campuses is also essential for both planned and spontaneous opportunities for physical exercise, civic engagement and socialization (Morton-Chang et al., 2021). For example, physical linkages<sup>4</sup>, shared programming<sup>5</sup> and multi-use communal spaces<sup>6</sup> encourage meaningful interactions between residents and the broader community (Morton-Chang et al., 2021). Even though the campus of care Seniors Village model is typically not as socially inclusive as the other models presented in this report, some campuses of care provide research, services and/or care options that consider older adults with diverse socio-economic and/or cultural backgrounds<sup>7</sup>.

More recently, the campus of care model has expanded to focus on the community integration of residents in seniors care within a broader urban district. This community planning approach focuses on the eight interconnected domains of the World Health Organization's Age-Friendly Cities Framework<sup>8</sup> to identify and address barriers to the well-being and participation of older people in

1 e.g., grocery store, pharmacy, café, restaurant, spa, hair salon, convenience store, gift shop etc.

2 e.g., independent living, retirement living, assisted living, memory care services, cluster care, long-term care, short-stay respite etc.

3 e.g., podiatrist, family physician, massage therapist, physiotherapist, massage therapist, acupuncturist, natural path, Ontario works, community services, children's services etc.

4 e.g., covered ground linkages, connected corridors, cleared outdoor walkways, purposeful indoor hallways etc.

5 e.g., social events, committees, exercise programs, interest groups, educational classes, lectures, recreation and leisure activities etc.

6 e.g., amenities, common rooms, buildings etc.

7 See Georgian Village, The Village, Yee Hong Centre for Geriatric Care, and Faubourg du Mascaret in *the Environmental Scan Report* for examples.

8 The eight domains are: community and healthcare, transportation, housing, social participation, outdoor spaces and buildings, respect and social inclusion, civic participation and employment and communication and information (WHO, 2007).

the broader community (WHO, 2007). While community integration of seniors in these urban districts is paramount, this recent trend recognizes the importance of supporting intergenerationalities in fostering a community of care<sup>9</sup>. As such, these urban districts are designed to encourage meaningful interaction between community members of all ages to improve the holistic health and well-being of aging populations.

Particularly in rural areas, campuses of care are framed as a way of addressing service deficits and the impact of dwindling informal support systems to care for aging populations. This regional approach is typically initiated by counties or municipalities in alignment with community planning initiatives, such as 'age-friendly communities', or 'seniors' and 'housing' strategies. In areas where local governments have not taken the lead in development, campuses of care have been initiated by local faith leaders in an attempt to support the housing and care needs of their members (Morton-Chang et al., 2021). Campuses of care are then framed as a community approach to caring for older populations, initiated by local leaders interested in improving the care provided to older people.

## Background

Although the term campus of care is relatively new in academic literature, this Seniors Village model has been used by local innovators for several decades as a means of improving the care provided to older people in their communities (Morton-Chang et al., 2021). For example, in the 1960s the teaching nursing homes movement in the United States resulted in several campuses of care being developed to improve the knowledge about and the care of older people in long-term care (Bonetti de Carvalho et al., 2015). While typically smaller in scale than the contemporary campuses of care available today, these campuses aimed to design long-term care settings that were mutually beneficial to increase the learning outcomes of health professional students, while in turn improving the quality of care provided to older residents. Similar to teaching nursing homes, contemporary campuses of care have been designed in response to modern healthcare challenges<sup>10</sup>, which negatively impact older adults' well-being and lead to the inefficient use of resources to care for aging populations (Morton-Chang et al., 2021).

<sup>9</sup> See Milton Education Village, Tapestry at Westbrook Village, University District, and the Health and Wellbeing Precinct in the *Environmental Scan Report*.

<sup>10</sup> e.g., rising alternative level of care and readmission rates in hospital, the lack of alternative housing and care options for older adults, the medical focus of long-term care provision, human resource concerns, poor images of geriatric careers etc.

## Theoretical Foundations

The theoretical foundations of the campus of care model are rooted in the health integration movement (Morton-Chang et al., 2021). This movement is based on the ideology that streamlining health systems results in better quality care. In particular, this ideology challenges the traditional hierarchal health service structure and culture, which overlook the essential role that primary and community services have on health prevention and complex health problems<sup>11</sup> (Bayliss et al., 2015; Buccieri, 2016; Keohane, 2015; Oelke et al., 2015; Valentjin et al. 2015; WHO, 2015). As such, health integration researchers have indicated that differences in funding structures, histories, policies, legislation and governance impede collaboration between the health and social sectors (Buccieri, 2016; Keohane, 2015; WHO, 2015). Campuses of care then attempt to redress this siloed approach by fostering intra-inter organizational, inter-governmental, inter-professional and inter-sectoral collaborations<sup>12</sup> which increases patient-centeredness and operational efficiency<sup>13</sup> (Morton-Chang et al., 2021). Campuses of care also reduce the impact of traditional sectored divisions by working collaboratively to tackle deep-seated barriers of traditional healthcare, which provides opportunities for campuses to become recognized as champions and innovators in the field (Morton-Chang et al., 2021).

The more recent community planning approach to development aligns with the World Health Organizations Age-Friendly Cities Framework (WHO, 2007). This approach prioritizes residents' quality of life and holistic health through improving health and care access, social participation, physical activity and purposeful engagement of older people (Morton-Chang et al., 2021; WHO, 2007). The campus of care model then has evolved to embrace age-friendly community philosophies, tailoring campuses to fulfill the needs of older populations, while embracing the importance of intergenerationalities in fostering effective communities to care for older people (WHO, 2007).

## Economic Model

Campuses of care rely on a mix of funding sources<sup>14</sup> and/or ownership models<sup>15</sup> (Morton-Chang et al., 2021). Long-standing campuses of care note the need for these economic models to readily adapt to the changing political landscape<sup>16</sup> as well as the needs and preferences of older people and their carers over time (Morton-Chang et al., 2021). Ensuring campuses of care dedicate resources

11 Traditional health services are dominated by medicalized models of health that foster power differentials, enable professional divisions and centralize acute care rather than the multimorbidities, chronic conditions, holistic health and quality of life of older people (Bayliss et al., 2015; Buccieri, 2016; Keohane, 2015; Oelke et al., 2015; Valentjin et al. 2015; WHO, 2015). These traditional models then fragment the care experiences of older adults as they transition through the healthcare system (Poulin, 2021).

12 See Appendix B in *The Potential for Innovation Report*

13 e.g., resource sharing, bulk purchasing, expertise, decreases overlap in service provision etc.

14 e.g., charitable donations, the provision of private care or commercial services, accommodation, programming and commercial rentals, municipal, provincial and federal funding etc.

15 e.g., public, not-for-profit, private or multiple-shareholder ownership.

16 e.g., political direction, initiatives and funding opportunities etc.

and leadership to stay informed of these political and strategic opportunities is pivotal for financial security and to support future expansion (Morton-Chang et al., 2021). This adaptive approach allows campuses of care to take advantage of time-sensitive funding opportunities that present due to fluctuations in municipal, provincial and federal priorities (Morton-Chang et al., 2021). The revenue generated from these unique models is used to pay property taxes, complete restorative maintenance, address shortfalls in revenues and/or is reinvested back into the Seniors Village to retain quality staff or enhance the programs and services available (Morton-Chang et al., 2021). This approach ensures that campuses of care are economically sustainable over the long-term while also supporting the pursuit of ongoing innovation (Morton-Chang et al., 2021).

Campuses of care that collaborate with educational and research institutions foster innovations in practice that result in increased access to funding, resources and/or donations<sup>17</sup>. Universities<sup>18</sup> typically provide long-term leases of their campus land to private and public organizations to develop and operate various sections of the village that align with the university's strategic plan. For Seniors Villages that offer various forms of home or apartment ownership, monthly fees (similar to condo fees) are charged to residents to generate a stable revenue stream. Campuses of care that include municipal and other governmental partners are particularly resource rich due to the benefits of the partners' in-house knowledge, expertise and capital, which reduces the need to out-source costly aspects of planning, development and operation (Morton-Chang et al., 2021). This community approach ensures that campuses of care are aligned with governmental priorities and initiatives, which results in municipal, provincial and federal governments contributing additional funding, resources or infrastructure that enhances the campus of care<sup>19</sup>.

While each campus of care maintains a unique economic approach, they all benefit from the operational efficiencies and economies of scale that are created through their collaborative partnerships and integrative designs. For example, bulk purchasing<sup>20</sup>, resource sharing<sup>21</sup> and maximizing the use of campus services, programs and infrastructure increases the operational efficiencies of campuses of care (Morton-Chang et al., 2021). Certainly, sharing care staff between programs and services can minimize the need to outsource staff to fill vacation time and sick leave, which significantly reduces the cost of care provision (Morton-Chang et al., 2021). New campuses of care are also exploring sole contracted providers of personal support workers and nursing staff for all governmentally funded care services to further increase the economic efficiency of these Seniors

17 See The Village at University Gates and University District in the *Environmental Scan Report*

18 See University District, Tapestry at Westbrook, and Collegeside Gardens/Bethany Collegeside in the *Environmental Scan Report*

19 e.g., aligning with housing initiatives, child care priorities as well as age-friendly and municipal community planning has contributed to funding for development and operation of: community and wellness centres, parks, child care centres, playgrounds and trails on campuses of care as well as advantages such as expedited permits and rezoning, waived development and administration fees etc.

20 e.g., utilities, care products, equipment, food etc.

21 e.g., infrastructure (e.g., kitchen space, laundry, commercial amenities, recreation, leisure and common areas, event spaces, outdoor spaces etc.), expertise, funding and staff (e.g., care provision, administration, leadership, finance, human resources etc).

Villages (Morton-Chang et al., 2021). Continually seeking out new revenue sources and/or operational efficiencies is thus a central feature of the campus of care model, which requires designated leadership to support the continuous evolution of community partnerships and funding sources (Morton-Chang et al., 2021).

## Socioeconomic Considerations

Although campus of care models in Canada and the United States predominantly provide care and housing options for the dominant norm, several innovative campuses have developed economic models to support older adults with diverse socioeconomic backgrounds (Morton-Chang et al., 2021). Specifically, enhanced care services for affluent older adults with higher care needs has been used to offset the provision of subsidized units and can help to enhance the programs and supports available for those with limited financial means (Morton-Chang et al., 2021). Other campuses have created basic service packages that include a minimum purchase of services, with the option for residents to purchase additional services that then support low-income subsidies (Morton-Chang et al., 2021). While these options do increase the accommodation and services available to older adults with lower financial means, it is important to note that these economic models engrain social stratification into practice by providing increased services to older adults with affluence. This approach can then create a social hierarchy within Seniors Villages that can challenge the provision of care. To redress these inequities, privately paid respite and short-stay beds, benevolent funds, community outreach, volunteerism, geared-to-income services, mixed-income housing options, providing employment opportunities for older adults, informal fundraising events, formal foundation fundraising and affordable housing grants have been used to off-set the cost of subsidizing the care and accommodation needs of residents with lower financial means in Seniors Village developments (Morton-Chang et al., 2021). These options have been found to have less of an impact on resident relations related to socioeconomic status.

## POTENTIAL FOR INNOVATION



The City of Peterborough presents a supportive context in which to employ the prominent community approach maintained in contemporary campus of care models. Certainly, many community planning initiatives within the city align with the objectives of the Trent Lands and Nature Areas Plan. Specifically, a Seniors Village that considers environmental stewardship and social inclusion (e.g., Indigeneity, seniors with lower socioeconomic means, intergenerationalities) would allow Trent to align themselves with local community planning initiatives and could increase the resources available to support the development and operation of the Seniors Village. This community approach would help Trent to become an innovator in the field as these areas of focus are underrepresented in contemporary models of university-integrated Seniors Villages.

# COHOUSING

## The Concept

Cohousing is designed as an intentional neighbourhood where residents have their own apartments or houses, but share common amenities and resources as a means of maintaining low-impact lifestyles (Critchlow et al., 2016; Durrett, 2009; Riedy et al., 2018). The amenities shared by community members range greatly<sup>22</sup>, yet the intentional design of these neighbourhoods provides a balance of privacy, autonomy and social interaction (Critchlow et al., 2016; Harbourside Cohousing, n.d.; Wolf Willow Cohousing, 2021). Residents of cohousing also partake in a village-style support system through participatory processes and communal activities, which foster interpersonal connections between community members. This focus on neighbourly support results in a diverse range of benefits<sup>23</sup> that decrease the need to access governmental supports (Canadian Senior Cohousing, n.d.; Critchlow et al., 2016; Durrett, 2009; Riedy et al., 2018). The common house is the central meeting place for cohousing residents, which acts as a communal space for community meetings, weekly-shared meals and community clubs to support the holistic health of residents and foster community connectivity.

In more recent years, cohousing has been framed as a way of supporting the aging population (Critchlow et al., 2016; Durrett, 2009). These cohousing communities counter the negative contemporary framings of the aging population that lead to the depiction of aging as debilitating and isolating (Critchlow et al., 2016). Instead, seniors' cohousing focuses on social support and health prevention to greatly reduce the need for institutionalized care (Critchlow et al., 2016; Durrett, 2009). While seniors' cohousing does not offer long-term care services, many cohousing communities allow for the additional support of residents with higher care needs through a commitment to age-friendly designs (Critchlow et al., 2016). For example, most seniors' cohousing is fully accessible and/or has designated 'care suites' to assist residents to age-in-place (Harbourside Cohousing, n.d.). Some cohousing also has designated working groups that support, coordinate and/or advocate for residents in need of extra care (Critchlow et al., 2016). These groups provide health and social service navigation, facilitate ancillary support that is not provided publically<sup>24</sup> and/or advocate for residents to increase their access to public services. Alternatively, these groups may assist to retrofit older residents' accommodation to increase their ability to age-in-place (Critchlow et al., 2016). Cohousing

22 e.g., dining, kitchen, laundry, office, guest rooms, library, workshop, recreational space etc. See Harbourside Cohousing, Elderspirit and LILAC in the *Environmental Scan Report*.

23 e.g., increased physical security, socialization, well-being, care access, financial stability etc.

24 e.g., picking up groceries, lawn care, friendly visits, pet therapy, emotional support, home repair, winter maintenance and/or smaller tasks of caring etc.

then aims to foster an informal continuum of care that enhances the governmental supports available for seniors in typical residential homes.

## Background

The cohousing movement began in Denmark, Sweden and the Netherlands over 50 years ago as a means of supporting intergenerational living (Canadian Senior Cohousing, n.d.). These communities were presented as an alternative to the traditional nuclear family model that often contributed to the social isolation of women looking after children (Critchlow et al., 2016). Much as the majority of scholarship indicates that cohousing originated in Europe, it is important to note that some academic scholars suggest that cohousing actually more readily reflects the traditional ways of living of First Nations people (Lubik & Kosatsky, 2019; White-Harvey, n.d.). For example, longhouses or wigwams, pit houses or tipis, plank houses or igloos and hogans or pueblos represent multi-family dwellings that relied on interconnection and support between community members (Lubik & Kosatsky, 2019; White-Harvey, n.d.) This finding then challenges the concrete European origins that are prominent throughout cohousing literature.

Despite these intergenerational origins, Henry Neilson developed the first successful seniors' cohousing initiative in Denmark in the 1990s (Canadian Senior Cohousing, n.d.; M'akola Development Services, 2014). Cohousing has then been adapted worldwide to fit aging populations around the globe (Canadian Senior Cohousing, n.d.; Riedy et al., 2018). Specifically in Canada and the United States, seniors' cohousing has been framed as a means of providing affordable housing and home care options for older adults, while increasing their access to informal support and improving their holistic health (Hou & Cao, 2021; Riedy et al., 2018). The cohousing model has then evolved over time to better recognize the need to support older populations.

## Theoretical Foundations

Cohousing is a type of intentional community defined in scholarship as a group of people who have chosen to live together or in close proximity to each other to carry out a shared lifestyle or common purpose (Christian, 2003). The overall philosophy of seniors' cohousing is then to shift conceptions of aging from languishing and depressive to a period of life marked by flourishing<sup>25</sup> and self-actualization<sup>26</sup> (Critchlow et al., 2016). This focus supports independent aging by maintaining social and active engagement rather than emphasizing the increased needs of seniors as they age (Critchlow et al., 2016).

<sup>25</sup> Flourishing is defined as living through growth and resiliency to gain fulfillment, purpose, meaning and happiness (Critchlow et al., 2016).

<sup>26</sup> Self-actualization is defined as the realization of one's full potential and of one's true self (Critchlow et al., 2016).

The model of care used in seniors' cohousing is based on the principles of 'co-caring', which is underpinned by three values: 1) develop an ability to ask for what you need, 2) give what you are willing and 3) receive assistance with grace (Critchlow et al., 2016). These values foster interdependence of residents, minimizing the hesitancy of seniors to reach out for help when they need it and leveraging mutual support between neighbours to reduce social isolation and promote active aging (Critchlow et al., 2016). Specifically in the United States, the village model frames the care provided in cohousing communities (Village to Village Network, 2021). This care model relies on older adults living in the same neighbourhood of single-dwelling homes to organize paid and volunteer services to support its residents (Huo & Cao, 2021). While the village model and co-care model do not replace the need for publically available home care services, these models aim to enhance older adult care by providing personalized service navigation and filling in the gaps of governmentally provided services (Critchlow et al., 2016). This informal care approach has then been found to decrease the need for institutionalized care, improving the supports available to older adults as they age (Huo & Cao, 2021).

## Economic Model

The majority of cohousing communities rely on personal or joint ownership of housing and/or condo units on a property that is communally purchased by residents (Critchlow et al., 2016; Durrett, 2009; National Institute on Aging, 2021). Individual contracts are developed for each resident giving them exclusive rights to occupy their accommodation (National Institute on Aging, 2021). These communities are self-sufficient and are typically planned and managed by residents (Durrett, 2009; National Institute on Aging, 2021; Riedy et al., 2018).

## Socioeconomic Considerations

Cohousing by nature provides affordable housing options due to the smaller footprint and green designs of cohousing accommodation, which greatly reduces the cost of living (Harbourside Cohousing, n.d.). Specifically, the sharing of amenities and the co-caring model used results in several benefits that contribute to the economic resiliency of the community (Critchlow et al., 2016; Durrett, 2009; White-Harvey, n.d.). For example, sharing assets<sup>27</sup>, bulk purchasing<sup>28</sup> and communal activities<sup>29</sup> all contribute to lowering the cost of living within cohousing communities (Durrett, 2009). These communities also often align themselves with governmental affordable housing priorities, which increases the funding<sup>30</sup> available to support people with lower socioeconomic means<sup>31</sup>

27 e.g., cars, lawn mowers, tools, larger household appliances etc.

28 e.g., cable/internet, food, household supplies (garbage bags, laundry soap, toilet paper etc.), etc.

29 e.g., gardening, common meals, activities of daily living, instrumental activities of daily living etc.

30 In Canada: Mortgage and Housing Corporation and Proposal Development Funding are two examples of funding sources.

31 e.g., units being priced 20% below market value, rentals made available to households making less than 50% of the mean income of the area, etc.

(Critchlow et al., 2016; Jarvis et al., 2016; The Unity Council, n.d.). The development of income-based policy and formal agreements with unit purchasers can ensure that these units continue to remain affordable (Critchlow et al., 2016). Other cohousing models are based on an equity cooperative model where residents buy shares in a co-operation, which holds property and trust for residents. This model offers a lot of flexibility, allowing ownership agreements to be tailored to individual residents' needs, preferences and finances (National Institute on Aging, 2021). In addition, some cohousing communities are initiated by developers or non-profit organizations and managed by external property management companies to serve the specific affordable housing needs of local areas (National Institute on Aging, 2021). The diverse economic models used to develop and operate these cohousing communities are then conducive to supporting affordable housing options that can be tailored to the specific needs of local contexts.

## POTENTIAL FOR INNOVATION



Despite providing affordable living options, cohousing to date is rarely inclusive of diverse populations other than the dominant norm (Jarvis et al., 2016; Linares, 2018; O'Hashi, 2018; Sanguinetti, 2015). Since researchers suggest that cohousing has Indigenous roots, this Seniors Village model is conducive to supporting the Trent Lands and Nature Areas Plan by being inclusive of local Indigenous populations. Pursuing a cohousing community that is also inclusive of BIPOC<sup>32</sup>, LGBTQIA+<sup>33</sup> and other marginalized populations present an opportunity for Trent to become an innovator in the field.

The Kawartha Commons is a group of people who are interested in building a 30 unit sustainable and accessible cohousing community in Peterborough and already have a licensed architect through CoHousing Solutions. They are currently waiting for the rezoning of a 1.75 acre property in East City to build their sustainable housing community. A partnership with this group may allow Trent to develop innovative research and educational opportunities and/or connect with community members who are interested in this type of development (See the *Potential for Innovation Report*).

32 Black, Indigenous, People of Colour

33 Lesbian, gay, bisexual, transgender, queer, intersex, asexual, two-spirited and other expressions of self-identity.

# HOMESHARING

## The Concept

Homesharing is very similar to cohousing, yet focuses on the co-sharing of one home or dwelling rather than a shared community (Critchlow et al., 2016). Homesharing can be facilitated in residential homes<sup>34</sup> or provided in seniors care facilities<sup>35</sup> (Allen, 2017; Harris, 2016). Regardless of the ‘home-’ shared’, these initiatives aim to link like-minded applicants together to foster mutually supportive relationships by sharing communal spaces<sup>36</sup> and aspects of daily living<sup>37</sup> (Critchlow et al., 2016; Easton, 2019; Roussy, 2018). A subsidiary provides personal care and conflict resolution/mediation to residents in homesharing as needed (Critchlow et al., 2016; Easton, 2019; Hock & Mickus, 2019).

Seniors’ homesharing initiatives have been established as a means of supporting the aging population by providing mutually beneficial intergenerational cohabitation (Easton, 2019; Smith, 2021). For example, homeshare opportunities for university students aim to enhance student learning, while increasing access to affordable accommodation (Allen, 2017; Easton, 2019; Hock & Mickus, 2019; Loyalist College, 2020; Roussy, 2018). These initiatives aim to combat ageism on a local scale through personalized connections between generations that decrease age-specific labels and stereotypes (Allen, 2017; Easton, 2019; Smith, 2021). In many ways, the designs of these arrangements counter the institutionalized models of care of contemporary seniors’ housing by fostering intergenerational interactions that provide opportunities for reciprocity and learning (Arentshorst et al., 2019). In addition, homesharing increases the informal support available to seniors, which decreases the need to access higher levels of care and improves their overall well-being<sup>38</sup> (Allen, 2017; Hock & Mickus, 2019; Martinez et al., 2020; Smith, 2021). While some short-term homeshare opportunities have been established in long-term care homes (Smith, 2021), most homeshare opportunities are not inclusive of older adults exhibiting high or complex care needs.

34 Typically owned by seniors

35 Typically owned and/or operated by private or not-for-profit healthcare providers such as independent living, assisted living or long-term care homes

36 e.g., kitchens, dining rooms, living rooms, gardens etc.

37 e.g., cooking, cleaning, snow removal, lawn care, etc.

38 e.g., increased safety and security, nutrition, sleep, socialization etc.

## Background

Scholars suggest that homesharing originated in the United States in the 1970s. This concept has since spread to Canada and other countries worldwide<sup>39</sup> as a means of supporting older people to age-in-place (Gonzales et al., 2020; Hock & Mickus, 2019; Martinez et al., 2020; Smith, 2021) and/or to enhance geriatric education (Hock & Mickus, 2019). Similar to cohousing, however, homesharing readily reflects the traditional ways of living of First Nations people, which is often undermined in contemporary literature (Lubik & Kosatsky, 2019; White-Harvey, n.d.). Indeed, homesharing has been used by Indigenous populations well before the 1970s to foster a collaborative approach to activities of daily living (Lubik & Kosatsky, 2019; White-Harvey, n.d.).

## Theoretical Foundations

Homesharing relies on intergenerational living models to support meaningful exchanges between generations (Fraser & Collins, 2019; Hock & Mickus, 2019; Smith, 2021). Contemporary scholars suggest that the facilitation of positive interactions between generations can decrease ageist views and the social positioning of different generations (Smith, 2021). Longer-term homesharing opportunities for university students also employ a 'yes culture' to oppose the rigidity of contemporary aged care residences (Arentshorst et al., 2019). This overarching philosophy allows residents of all ages to articulate their ideas, solutions and undertake a wide variety of activities to ensure constant development and attention to quality improvement (Arentshorst et al., 2019). This model requires an inclusive shared vision that normalizes risk and/or behaviours<sup>40</sup> that are not as common in contemporary models of care. This approach to care can therefore generate interpersonal conflict, primarily by staff members who are not accustomed to these living arrangements and who may attempt to restrict these activities (Arentshorst et al., 2019). Establishing open-ended agreements between residents to commit to being 'good neighbours' allows for trust formation and the facilitation of conversation between older/younger residents, families and staff to ensure positive homesharing experiences (Arentshorst et al., 2019). While this model may result in the need for conflict management, the intergenerational living experiences provided in this model have been found to enhance the holistic health and quality of life of seniors, while also providing younger generations with transformative learning and life experiences. Fostering intergenerationalities/intergenerativity is then a central feature of this Seniors Village model.

## Economic Model

In Canada, many of the university homesharing initiatives are funded through internal, governmental or research grants<sup>41</sup> which threaten the longevity of these projects (Easton, 2019; Loyalist

39 e.g., United Kingdom, Spain, Germany, Australia, Austria, Belgium, France, Germany, Republic of Ireland, Italy, Switzerland, Korea and Japan

40 e.g., drinking, sexual relationships, unique identities etc.

41 e.g., McMaster University's symbiosis program-SPICES program (internal research funding), Loyalist program- NSERC & University of Toronto home sharing project-National Initiative for the Care of the Elderly

College, 2020; McMaster, 2021). In Europe, intergenerational homesharing is used to fill gaps in aged residential care and has been initiated by for-profit and not-for-profit organizations as a means of generating operational efficiencies and enhancing care provision. These models can be advantageous as students can fill vacancies, increase informal support during 'peak care times' and provide social and recreation programming above what is publically funded (Gonzales et al., 2020). While these models rely heavily on volunteerism from students, it is found that these models actually can lower the cost of institutional care by 10-25% (Glass, 2014). Homesharing then provides economic advantages once in operation but requires an upfront commitment of funding from seniors' care organizations or homeowners (Allen, 2017).

## Socioeconomic Considerations

The financial benefits of homesharing initiatives are plentiful including reductions in the cost of daily living due to shared expenses<sup>42</sup>, assets<sup>43</sup>, bulk purchasing<sup>44</sup> and communal activities<sup>45</sup> (Allen, 2017; Arentshorst et al., 2019; Gonzales et al., 2020; McMaster University, 2021; National Institute on Aging, 2021). Seniors benefit financially from these homesharing models through increased informal caregiving<sup>46</sup>, which decreases their need to hire external help and/or access financial assistance to remain in their residential homes (Allen, 2017; Smith, 2021). Homesharing models also provide affordable room and board options, which can assist students, especially those who may struggle to afford the costs of post-secondary education (Gonzales et al., 2020).

## POTENTIAL FOR INNOVATION



In Canada, homeshare opportunities for post-secondary students in long-term care are limited. For the most part, students live temporarily with seniors in their residential homes or in retirement living homes. Providing homeshare opportunities for university students in long-term care would then foster unique learning and research opportunities that would make Trent an innovator in the field.

While homeshare models have many socioeconomic benefits for seniors and students, homesharing is not typically socially inclusive<sup>47</sup> of populations other than the dominant norm and/or does not consider environmental sustainability. Providing unique environmentally sustainable and/or socially inclusive homesharing opportunities then provides a unique avenue to support the objectives of the Trent Lands and Nature Areas Plan.

42 e.g., utilities, cable/internet, etc.

43 e.g., lawn mowers, tools, larger household appliances, vehicles etc.

44 e.g., food, household supplies such as garbage bags, laundry soap, toilet paper etc.

45 e.g., gardening, common meals

46 e.g., the provision of recreation, physical or social care, household tasks, maintenance etc.

47 Exception: homesharing for women in need of affordable housing (Henry et al., 2019).

# ECOVILLAGES

## The Concept

Ecovillages are similar to cohousing and homesharing models as they promote meaningful intergenerational interaction, shared communal resources and focus on collaborative living (Critchlow et al., 2016). The differentiating feature of this model is the dominant focus on environmental and social sustainability, which is particularly effective in rural communities (Choi, 2008). Acknowledging the connection between nature and society, ecovillages are built using environmentally sustainable materials and seek out renewable energy sources as a means of reducing residents' impact on the environment. In addition, residents engage with the unique social, ecological, economic and cultural facets of local contexts to encourage social inclusivity (Price et al., 2019; Singh et al., 2019). Specifically, ecovillages are conducive to fostering strong informal support networks, cultural inclusivity and generating economic ventures<sup>48</sup> that help to reduce the social inequities between residents (Ulug et al., 2021). These practices support residents' health through community sustainability, which reduces the impact of social positioning on individual residents (Singh et al., 2019).

In response to the aging population, ecovillages have more recently evolved to become more senior-friendly (PBS, 2021; Watson, 2016). While environmental sustainability and the intergenerational component of these communities is still preserved, seniors' friendly ecovillage designs focus on supporting older adults to age-in-place (PBS, 2021; Watson, 2016). These ecovillages aim to enhance the health and well-being of older adults through intentional community designs that encourage easy access to geriatric medical support and rehabilitation therapies<sup>49</sup>. The physical design of ecovillages ensures that seniors are immersed in the community through leadership positions and purposeful roles as well as social events and physical labour (Watson, 2016). In addition, specific attention is paid to accessibility, recreation, socialization and nutrition,<sup>50</sup> which enhances both the mental and physical outcomes of older residents (PBS, 2021). Leveraging the collaborative nature of ecovillage communities, residents help to support the instrumental activities of daily living and activities of daily living of older residents as needed, which enhances the publically available care

48 e.g., residents share activities, artistic expression, cultural activities, rituals and celebrations, planning for and providing food provision as well as manufacturing, commercial and recreational opportunities that preserve and enhance ecosystems etc.

49 e.g., massage, physiotherapy, chiropractic etc. (PBS, 2021)

50 e.g., low maintenance accommodations, walking paths, parking, ramping, close proximity of amenities, accessible garden plots/raised beds, centralized access of walking trails, gyms, gardens, appropriate lighting and signage, increased access to seating, railings, accessible community spaces, like theatres and meeting rooms that encourage social interaction, healthy meal options, access to a dietician, etc.

services provided. Some ecovillage models also have caregiver residences located above the older person's residence, which allows for increased caregiving support as needed (Watson, 2016). These communities are particularly impactful for those older populations who value rural living, but who require additional support to maintain their rural lifestyles.

## Background

Dating back to the 18th century, ecovillages were conceptualized in response to prominent environmental movements in history. Ecovillages often had religious, spiritual and/or Indigenous affiliations, but became more secularized in the 1990s (Farkas, 2017). Despite this shift, Indigenous wisdom and teachings on sustainable living continue to frame the overarching philosophies that are employed in modern ecovillages (Farkas, 2017). Contemporary ecovillage models also present a more strategic and formalized approach to generating sustainable and regenerative communities (Farkas, 2017). For example, Global Ecovillage Network allows ecovillage residents to connect, learn and collectively pursue environmental and social sustainability on a global scale (Global Ecovillage Network, 2021).

## Theoretical Foundations

The overarching philosophy of ecovillages aims to enhance both environmental and social resilience (Farkas, 2017). Similar to cohousing, ecovillages are conceptualized as intentional communities, where residents engage in participatory processes to enhance the social, environmental and economic practices of the community (Christian, 2003; Price et al., 2019; Ulug et al., 2021). Ecovillages then integrate sustainability principles into daily living through collective values that aim to address sustainability concerns such as poverty, resource depletion, climate change, ecological hazards, and food insecurity (Ulug et al., 2021). Since ecovillage residents themselves determine their own community principles, there is an inherent commitment to upholding these ideals in daily living (Ulug et al., 2021). This approach increases the community support for residents, generating a strong informal support network that can help seniors age-in-place (Watson, 2016).

## Economic Model

The economic model that guides asset ownership within every ecovillage is unique as residents can either own, rent-to-own or rent their accommodation (Durrett & McCamant, 2016; Price et al., 2020). Ecovillages also leverage diverse economies to support daily operations (Price et al., 2020; Ulug et al., 2021). For example, non-monetary practices of gifting and reciprocity, sharing and/or bulk purchasing of community resources and costly assets as well as environmentally sustainable practices and infrastructure<sup>51</sup> reduce the costs of daily living for residents (Price et al., 2020; Ulug et

51 e.g., solar panels, insulation, geothermal heating, locally sourced and/or sustainable building materials etc.

al., 2021). In addition, resident's participation in community governance strengthens their dedication to internal economic, ecological and social ventures which can generate additional revenue to support the community (Groundswell Cohousing, 2020; Price et al., 2020; Ulug et al., 2021; Singh et al., 2019; TAMERA, 2020). These sustainable practices, physical designs and community ventures can result in ecovillages being entirely self-sufficient (Luo et al., 2011); however, most ecovillages still rely heavily on individual residents to have personal incomes (Price et al., 2020).

## Socioeconomic Considerations

The collaborative approach maintained in ecovillages is conducive to limiting the systemic stratification of modern society by fostering a sense of community (Singh et al., 2019) and providing affordable housing alternatives (Luo et al., 2011). Numerous strategies are then used within ecovillages to support residents with lower socioeconomic means. For example, some ecovillages are designed to allow affluent residents to purchase community housing and/or pay the rent of less affluent community members (Durrett & McCamant, 2016). Other ecovillages use shareholder models<sup>52</sup>, are distinguished as charitable organizations or implement income sharing<sup>53</sup> to facilitate co-ownership (TAMERA, 2020). Some ecovillages also aim to take a hyper-local approach mandating internal community purchasing or working with municipal governments to provide affordable rental accommodation in the region (Price et al., 2020). While there are a plethora of economic models used to support people with lower socioeconomic means, each model is uniquely tailored to the political landscape and local context in which they are employed to maximize the funding and resources available to support development and operation.

## POTENTIAL FOR INNOVATION



The ecovillage model aligns most closely with the Trent Lands and Nature Areas Plan providing many opportunities for which Trent can become an innovator in the field. Since an ecovillage has yet to be developed on a university campus, an ecovillage would help Trent to provide opportunities not available through other Canadian or International universities.



The ecovillage model is rooted in Indigenous knowledge and teachings about sustainable living, which presents as a starting point to provide affordable Indigenous housing options. Since increasing affordable Indigenous housing has been designated in several municipal and regional community planning initiatives in Peterborough (see [The Policy Landscape](#)), an ecovillage might increase governmental support for development and operation.

52 See LILAC in the *Environmental Scan Report*

53 Residents contribute a percentage of their individual income into a community pool that is used to pay for accommodation, utilities and other communal assets.

# MEMORY CARE VILLAGES

## The Concept

'Memory care villages' or 'dementia villages' aim to foster 'life as usual' through physical designs and approaches to care that allow residents to make choices about their daily lives (Glass, 2014). Dementia villages provide the typical amenities that would be found in a small town<sup>54</sup> (Glass, 2014; Ressay Gardens, 2021). All staff and volunteers dress in street clothes and are trained in effective approaches for working with people with dementia (Glass, 2014). The actions of residents are not restricted or imposed<sup>55</sup>, allowing them to engage in behaviours that would routinely not be allowed in traditional long-term care homes<sup>56</sup> (Haeusermann, 2018). Risk management is then a constant point of contention in memory care villages, balancing residents' 'feeling' of freedom and autonomy while also maintaining their safety (Haeusermann, 2018). The physical design is a central feature of the dementia village model. For example, the physical layout of the village itself aims to maximize the accessibility of residents<sup>57</sup> (Argyle et al., 2016; Haeusermann, 2018), while maintaining resident safety through technology<sup>58</sup> (Fragomeni, 2019; Planos, 2015). The dementia village model then prioritizes the quality of life, care and holistic health of people living with memory impairments, ensuring that each aspect of development and operation foster 'dementia-friendly' care.

More recently, memory care villages have evolved to become more inclusive of the broader community. These memory care villages offer adult day programs as well as have spaces that foster meaningful intergenerational interaction<sup>59</sup> and community integration (Glass, 2014; Glenner, 2021). Centralizing the social connection and social citizenship of residents and their caregivers, this community approach aims to maintain residents' relationships to others and their connection to place<sup>60</sup> (Silverman, 2021). For example, spaces for community gathering, a commitment to walkability and environments that actively work to reduce stigma are key to fostering dementia-friendly community integration (Silverman, 2021). Much as some dementia villages have been successful in establishing this community approach, most dementia villages continue to focus on residents' and their caregivers' needs rather than those of the broader community.

54 e.g., restaurants, grocery stores, pubs, a theatre, medical centre, hair salon etc.

55 e.g., care or medication administration, daily routines, meals etc.

56 e.g., access to all amenities and common areas, walk outside independently, make choices about when they eat or receive care etc.

57 e.g., limiting fencing and locked doors, creating invisible doors and fencing when possible, full access to outdoor spaces, fresh air and sunlight as well as small resident accommodations (6-8 residents) which all help to minimize the agitation of individuals living with memory impairments (Godwin, 2015).

58 e.g., twenty-four hour video surveillance, GPS applications, artificial intelligence, smart technology etc.

59 e.g., amenities can be used by the general public and physical spaces have been included to lease to the public to foster inclusion, such as child care centres.

60 People's identities that are shaped by how and where people live

Although some dementia villages have been pursued in Canada<sup>61</sup>, the upfront costs of these villages and the lack of government support for these initiatives have resulted in many seniors' organizations adopting dementia-friendly care home designs or 'neighbourhoods' instead<sup>62</sup>. These initiatives focus on ensuring: 1) a dementia-friendly physical design, 2) emphasize dementia education and training for staff and caregivers and 3) seek to foster a 'home-like' environment (for more details see the *Potential for Innovation Report*). While these initiatives act as a starting point, it should be noted that these designs still contribute to the social isolation of people with dementia (Glass, 2014).

## Background

The 'Dementia Village' concept originated from healthcare professionals in the Netherlands who were interested in pursuing a model of care that redressed the shortcomings of contemporary long-term care models (Glass, 2014; Haeusermann, 2018). In particular, this model aimed to increase the quality outcomes<sup>63</sup>, autonomy and well-being of older adults living with memory impairments. The 'dementia village' model is world-renowned with similar villages now being created around the globe<sup>64</sup> (Glass, 2014; Henry et al., 2019; Paola, 2017; The Village, 2021).

## Theoretical Foundations

Memory care villages attempt to provide 'normalcy' in the day-to-day lives of residents by creating a 'narrative reality'<sup>65</sup> for people with dementia that helps them to feel 'normal' even in the midst of their disease progression (Glass, 2014; Haeusermann, 2018; Planos, 2015). Problem-solving and quality improvement is engrained into the daily work routines of staff, which encourages a care culture that is continuously adjusting to the needs and preferences of residents<sup>66</sup> (Manchester, 2018; University of Waterloo, n.d).

The overarching philosophy of care used in memory care villages prioritizes the psychological and emotional needs of residents and their informal supports over their physical care needs<sup>67</sup> (Haeusermann, 2018). In this model, responsive behaviours are understood as an expression of self-help and self-preservation, which often results from residents adjusting to their new realities,

61 See The Village in Langley, Providence Dementia Village, and the Peel Manor Seniors Health and Wellness Village in the *Environmental Scan Report*.

62 See Ressay Gardens in the *Environmental Scan Report*.

63 e.g., decrease challenging behaviours, the use of incontinence materials, sedatives and the need for ground food, etc.

64 e.g., Germany, Switzerland, Australia, Canada

65 Narrative Reality- is the ways in which stories and places help people to understand the world around them. Story telling is then used to help people living with memory impairments feel as though they are in a place that is holistically normal, therefore confronting feelings of being lost that are common amongst people living with memory impairments (Planos, 2015).

66 For example, the 'plan, do, study, act' cycle is a natural part of staff's work routines in De Hogeweyk (See *Environmental Scan Report*), which helps them to continually work as a team to facilitate changes to daily work routines that are more conducive to supporting residents' pursuits of 'normalcy' (Manchester, 2018).

67 For example, residents live with others with similar interests and lifestyles, rather than traditional long-term care models that assign accommodation based on availability and physical care needs (Glass, 2014). This approach links older people with others that they are likely to have something in common with and designs accommodations with these common interests and lifestyle choices in mind (Glass, 2014).

abilities and/or means of communication (Haeusermann, 2018). As such, “staff aim to connect with each resident, to discuss, and to strive to understand the individual’s loss” (Haeusermann, 2018, p.147). This focus on empathy and connection is critical to minimize responsive behaviours since many older adults living with memory impairments exhibit fear, distrust and agitation due to internal and environmental stressors (Haeusermann, 2018). Another critical component of this care model is the inclusion of residents and their caregivers that is prioritized in all aspects of care provision (Haeusermann, 2018; Godwin, 2015). Indeed, the well-being of the resident and caregiver are inextricably linked in memory care models and are integrated into care provision<sup>68</sup> (Haeusermann, 2018; Godwin, 2015). This integrative approach provides ongoing support for families, includes families in the care provided to residents and helps to address the concerns of families through increased connection and dialogue (Haeusermann, 2018).

Memory care villages also reflect local lifestyles, populations and contexts to provide care environments that are more familiar to residents living with memory impairments (Waller et al., 2016; Seetharaman et al., 2020). This contextually-sensitive approach embraces local understandings of equal healthcare provision and thus supports the sociocultural needs and preferences of local areas (Haeusermann, 2018). In this way, memory care provision is designed based on varying definitions of ‘community’ and the individualistic relational connections that bind these communities together (Haeusermann, 2018). These contextually-sensitive philosophies of care are reflected in the physical design of memory care villages (See the *Potential for Innovation Report*) based on the ideology that the physical environment influences the cognitive, social, emotional and physical functioning of people living with dementia (Keenan, 2014). As such, several assessment tools have been created to support the development of these dementia-friendly neighbourhoods/homes<sup>69</sup>.

## Economic Model

While international dementia villages are governmentally funded (Haeusermann, 2018), the memory care villages in Canada are designed as collaborations between sectors and organizations to lower the operating costs of providing care through shared staffing models, bulk purchasing, shared assets and minimizing the duplication of services between organizations (Glass, 2014; Ressam Gardens, 2021). Much as the cost of operating a memory care village is comparable to that of a governmentally funded long-term care home, the model of care employed does rely heavily on volunteers (Glass, 2014) and a political landscape that is financially supportive of these types of

68 e.g., informal caregivers are encouraged to participate in the nursing routines, care designs, and act as a knowledge source on each resident prior to and while living in memory care villages

69 e.g., suggestions for visual cues like back toilet seats, way finding signs, limiting dead-ends, crowded communal space etc. See The King’s Fund (2014), Seetharaman & Chaudhury (2020), Vogel (2018), Kiliik, (2019) and Keenan (2014) for physical design considerations in addition to the Dementia Friendly Community Plans outlined in the *Potential for Innovation Report*.

initiatives (Haeusermann, 2018; Planos, 2015). Many memory care villages that have attempted to emulate the model used in the Netherlands have indicated that the quality of experiences provided to older adults are restricted by the lack of financial resources at their disposal (Haeusermann, 2018).

In the Netherlands, however, the original memory care village has received significant global attention for their 'Dementia Village' model and the effectiveness of its design and principles. This recognition has generated significant revenue from tourists, researchers and seniors' care operators interested in observing, studying and replicating these approaches (Godwin, 2015; Haeusermann, 2018). This attention has proved to be a convincing factor for critics and investors on the tangibility of operating memory care villages (Haeusermann, 2018; Henry et al., 2019). In addition, The Green House Project in the United States indicates that the return on the investment into memory care villages is significant due to the operational benefits, such as higher overall occupancy rates, higher private pay occupancy, equal or fewer capital costs and savings from decreased staff turnover rates (The Green House Project, n.d.).

## Socioeconomic Considerations

While the original dementia village in the Netherlands is governmentally funded, a similar North American model is still forthcoming. In Canada, partnerships between various levels of government have been conducive to supporting governmentally funded memory care services<sup>70</sup>, yet the provincial long-term care bed allocation model used in these villages still limits the access of older adults with lower socioeconomic means (Poulin, 2021).

## POTENTIAL FOR INNOVATION

-  Recent academic literature recognizes that people other than the dominant norm require unique approaches to care and support that are not considered in contemporary dementia services (Bayliss & Hammond, 2021; Martin & Paki, 2012).
-  Dementia villages have also not been created that focus on environmental sustainability. Providing a dementia-friendly Seniors Village that is socially inclusive and environmentally sustainable then provides an avenue from which to realize the Trent Lands and Nature Areas Plan and become an innovator in the field.

70 See Providence & Peel Manor Seniors' Health and Wellness Village in the *Environmental Scan Report*.

# THE POLITICAL LANDSCAPE

Morton-Chang et al. (2021) outline that Seniors Villages rely on a combination of federal, provincial and municipal grants and subsidies to sustain operations. University-integrated Seniors Villages and their community partners become leaders in the field by continuously adapting to this ever-changing political landscape (Canadore, 2020; Sinclair, 2017). This adaptation is vital to the sustainability of the Seniors Village to secure ongoing funding and political support (Morton-Chang et al., 2021). Expansions of Seniors Villages are then highly opportunistic rather than established through specific timelines or development schedules (Morton-Chang et al., 2021). While this section presents the current political landscape, designated leadership focused on seeking out ongoing political initiatives and funding opportunities throughout the development and operation of Seniors Villages is pivotal to establishing long-term sustainability (Morton-Chang et al., 2021) (See Table 1).

**Table 1: Example Partnerships and Supportive Arrangements**

Example Partnerships and Supportive Arrangements			
Government Partners	Community Partners	Clinical Intervention Partners	Academic Partners
<ul style="list-style-type: none"> <li>• Municipal - housing, paramedics</li> <li>• Regional - Local Health Integration Network homecare</li> <li>• Provincial - Ministry of Health and Long - Term Care, Public Health, Ministry of Housing and Municipal Affairs, Infrastructure Ontario</li> <li>• Federal - Canadian Mortgage and Housing Corporation</li> </ul>	<ul style="list-style-type: none"> <li>• Community Care Agencies</li> <li>• Hospitals</li> <li>• Community Health Centres</li> <li>• Primary Care</li> <li>• Alzheimer Society</li> <li>• Community Living</li> <li>• Mental Health Agencies</li> <li>• Pharmacies</li> <li>• Faith Communities</li> <li>• Local Businesses</li> <li>• Informal Community Groups/Programs</li> <li>• Shelters</li> </ul>	<ul style="list-style-type: none"> <li>• Audiology</li> <li>• Chiroprody</li> <li>• Social Work</li> <li>• Massage Therapy</li> <li>• Dental/Denture Care</li> <li>• Primary Care</li> <li>• Phlebotomy Lab</li> <li>• Physiotherapy</li> <li>• Pharmacy Services</li> </ul>	<ul style="list-style-type: none"> <li>• Colleges</li> <li>• Universities</li> <li>• School Boards</li> <li>• Elementary Schools</li> <li>• Secondary Schools</li> <li>• Outdoor Schools</li> <li>• Private Schools</li> <li>• Cultural Schools</li> </ul>

(Adapted from Morton-Chang et al., 2021)

## The Benefits of the Current Political Landscape

University-integrated Seniors Villages align with contemporary political objectives of streamlining healthcare services to better care for older populations (Allen et al., 2017). For many decades, scholars have outlined how this approach leads not only to improved health outcomes and quality care but also results in innovations and operational improvements throughout the healthcare system (Sinclair, 2017). Integrated care has then been an objective of recent provincial priorities<sup>71</sup> as a means of generating economic efficiencies through improved collaboration between the health and social sectors. At a federal level, long-standing models of federalism have previously reduced the federal government's involvement in the provision of integrated care for aging Canadians (Tuohy, 2020). The COVID-19 pandemic, however, has shed light on the role of the Canadian government in contemporary healthcare provision and has generated calls from the public to alter these federal models to ensure a more prominent federal role in older adult care (Tuohy, 2020). This political climate is unprecedented, challenging the long-standing governance and funding arrangements that are not conducive to caring for aging populations (Embuldeniya et al., 2018; Flumian, 2018; Keohane, 2015; WHO, 2015).

While evidence of jurisdictional and funding changes are still forthcoming, the recent attention to National Strategies that support university-integrated Seniors Villages has been gaining momentum even prior to becoming centralized by the COVID-19 pandemic. For example, university-integrated Seniors Village models align with the four pillars of the National Seniors Strategy by ensuring that older adults 1) remain independent and engaged in their communities, 2) lead healthy and active lives, 3) have access to person-centred high-quality care close to home and 4) that their informal supports are acknowledged and supported (Morton-Chang et al., 2021). This strategy leverages the World Health Organization's definition of health, embracing the physical, mental and social well-being of seniors rather than the mere absence of disease or infirmity (IRPP, 2015). Similarly, Canada's National Dementia Strategy stipulates how integrative care options are needed to improve the quality of life of older adults living with dementia and their caregivers (Public Health Agency of Canada, 2019; Morton-Chang et al., 2021). These national strategies support the streamlined design of university-integrated Seniors Villages, especially as a means to generate equitable supports for vulnerable older populations<sup>72</sup> Morton-Chang et al., 2021; Public Health Agency of Canada, 2019).

At a provincial level, the pursuit of more appropriate community care and support options has the potential to redirect 20-50% of older people waiting on long-term care home wait-lists from residing in hospitals (AMO, 2016). In addition, increasing access and ensuring a coordinated approach to care increases older adults' health through opportunities that allow them to maintain their independence,

<sup>71</sup> See *Potential for Innovation Report* for examples.

<sup>72</sup> e.g., education and research initiatives that support people with varying abilities and/or socio-economics as well as Indigenous people, ethnic and cultural minorities, the LGBTQ2IA community, rural/remote residents etc.

while also minimizing the requirement of emergency department visits or long-hospital stays (Public Health Agency of Canada, 2019). As such, the development of university-integrated Seniors Villages strongly aligns with the Global Strategy and Action Plan on Aging and Health which has been embedded in the 'Seniors Strategies' developed by the government of Ontario (Morton-Chang et al., 2021). These strategies place value on healthy aging and developing sustainable and equitable systems of providing integrated care (Morton-Chang et al., 2021). Several initiatives<sup>73</sup> and legislation<sup>74</sup> have been generated from these strategies that foster collaborative partnerships that aim to reorganize and better streamline the way in which care is provided (Government of Ontario, 2021; Government of Ontario, 2019). University-integrated Seniors Villages then align with this provincial direction in healthcare, providing an innovative example of how collaborative partnerships can improve both older adult care and resource efficiency (Morton-Chang et al., 2021). Certainly, many Seniors Villages have taken advantage of the Ontario Health Teams initiative, which has been seen as essential to adjoin community partners in generating a localized approach to care provision (Morton-Chang et al., 2021).

More recently, the provincial government has announced their long-term care staffing plan, which will increase the funding available to support the education of health professionals and health leaders as well as increase the staffing available within long-term care homes (Government of Ontario, 2020). This plan lays the foundation to increase funding for institutions that provide 'on-the-job-training models' that focus on successful transitions into employment and/or which provide professional development, mentorship and career growth opportunities for long-term care employees (Government of Ontario, 2020). This plan could increase the funding available to support university-integrated Seniors Villages as \$59.5 million dollars has been specifically allocated to support partnerships between post-secondary institutions, training providers and employers (Government of Ontario, 2020). Seniors Villages that foster partnerships between long-term care homes and educational institutions are then well situated to benefit from these provincial commitments.

University-integrated Seniors Villages also encompass the World Health Organization's model of Age-Friendly Communities, which has been formally recognized by the government of Ontario (Government of Ontario, 2021). This political direction establishes a localized approach to improving seniors' care by providing a connection to best practices, resources, funding and community partners that can help municipalities and community organizations to tailor age-friendly community models to local needs (Government of Ontario, 2021). The latest trend of Seniors Villages to employ a community-integrated approach then parallels this political direction to increase the resources available to sustain development and operation.

73 e.g., Ontario Health Teams, Bundled Care etc.

74 e.g., The People's Health Care Act

In the City of Peterborough, an Age-Friendly Peterborough Community Action Plan has been developed that aligns with this political direction (Peterborough Council on Aging, 2017). This plan has been adopted to foster healthy and active aging, promote intergenerational connections, be inclusive of local First Nations communities, and seek to enhance the physical, social and health-related infrastructure in the local area to support older adults as they age (Peterborough Council on Aging, 2017). Other community plans<sup>75</sup> have also been developed that have the potential to increase the resources available to sustain the development and operation of a Seniors Village. University-integrated Seniors Villages then have the potential to align with local governance and initiatives, which can significantly increase the sustainability of these initiatives.

Much as the focus of governmental programs is hard to predict (Sinclair, 2017), affordable housing and the provision of seniors' care appear to have some longevity. For example, all of the parties in the past federal election provided affordable housing platforms in response to the housing crisis in Canada (Boisvert, 2021) and outlined concrete steps to improve the health and care of older Canadians (Tunney, 2021). At a municipal level, the specific need for diverse housing options and enhanced support for vulnerable older adults<sup>76</sup> has been included in long-term strategic plans (Peterborough Council on Aging, 2017). Seniors Villages are then well-aligned with future political objectives as they can provide a variety of affordable housing options for older adults to age-in-place and support populations beyond the dominant norm (Sinclair, 2017). Even though affordable housing incentives change regularly at the municipal, provincial and federal levels, these incentives have generated stable funding for Seniors Villages especially for those villages focused on serving vulnerable or underserved populations (Morton-Chang et al., 2021; Sinclair, 2017). The prominent need for affordable housing and seniors care is then likely to sustain this favourable political landscape over the long term (Boisvert, 2021; Tunney, 2021).

## Political Support of the Trent Lands and Nature Areas Plan

The current political landscape offers many advantages of aligning Trent's Seniors Village with the Trent Lands and Nature Areas Plan. For example, several funding opportunities exist at a provincial level related to education, research and environmental sustainability as well as the provision of increased support for vulnerable populations<sup>77</sup>. The most prominent priority amongst all three levels of government is fostering Indigenous inclusion. At a federal level, Indigenous support, as well as truth and reconciliation, have been prioritized. These national commitments have resulted in

<sup>75</sup> See the Sustainable Peterborough Community Plan, The Affordable Housing Community Improvement Plan, The Housing and Homelessness Plan, The Community Wellbeing Plan, the 10 year Strategiv Plan for Recreation, Parks, Arenas and Culture as well as the Region of Peterboroughs' Community Safety and Well-being Plan in the *Potential for Innovation Report*.

<sup>76</sup> e.g., older adults of varied cultures, races, genders, sexual orientations, abilities and economic circumstances etc.

<sup>77</sup> e.g., seniors community grant program, enabling change program, inclusive community grants, francophone community grants, Investing in Canada Infrastructure Program: Green Infrastructure Stream, Seniors Active Living Centre Program, Ontario SPOR Support Unit, (See *Potential for Innovation Report* for links to these governmental initiatives).

Indigenous research and training being centralized by the three federal research granting agencies in Canada (Government of Canada, 2020) and funding being allocated to educational institutions that provide post-secondary education to Indigenous people (Government of Canada, 2021). At a provincial level, the Ontario government has several grants dedicated to improving the health, wellness and education of Indigenous people and have committed to an Indigenous Healing and Wellness Strategy (Government of Ontario, 2021). Finally, at a municipal level, Peterborough's Community Wellbeing Plan indicates that affordable housing options are needed for local Indigenous populations (City of Peterborough, 2021). Focusing on the Trent Lands and Nature Areas Plan, then provides many opportunities to align with government priorities at multiple levels and can increase the funding available to support Trent's Seniors Village over the long term. The *Potential for Innovation Report* then provides further insight into the connections that can be made to local community planning and government priorities to act as a starting point from which Trent can benefit from leveraging the objectives of the Trent Lands and Nature Areas Plan.

## The Persistent Barriers of the Contemporary Political Landscape

Despite the numerous advantages of the contemporary political landscape to support Seniors Villages, there are persistent barriers that impede development and operation. For example, Seniors Villages work across multiple sectors that require the involvement of multiple ministries and levels of government (Morton-Chang et al., 2021). Seniors Villages are then challenged by a wide array of conflicting laws, policies, regulations, funding arrangements, sectorized divisions and accountability requirements (Morton-Chang et al., 2021). These governing structures restrict the ability of older residents to age-in-place or access care (Morton-Chang et al., 2021). The management of long-term care wait-lists by the Local Health Integration Networks is also problematic, resulting in Seniors Village residents not being prioritized entry into on-site long-term care homes (Morton-Chang et al., 2021). Similarly, long-term care residents are not eligible for community health and social services, even if they use to access them prior to admission (Poulin, 2021). While the most recent provincial direction aims to reduce the impact of this fragmentation in care, the implications of long-standing funding models and governance are still highly restrictive in providing quality care (Morton-Chang et al., 2021). A central component of Seniors Village development and operation is then to continually challenge these political barriers, which often requires designated leadership and resources.

The jurisdictional barriers associated with services provided by different levels of government<sup>78</sup> and/or funding sources<sup>79</sup> can also reduce the eligibility of Seniors Villages to apply for certain funding opportunities (Morton-Chang et al., 2021). Seniors Villages then struggle with managing

<sup>78</sup> e.g., municipal, provincial & federal

<sup>79</sup> e.g., private, public, non-profit

compartmentalized funding sources, which results in barriers as to how funding is used to support development and operation (Morton-Chang et al., 2021). Sectorized silos are particularly challenging to establish collaborative practices between partners due to differing strategic priorities, eligibility criteria, service limits and accountabilities that hinder intra-sectoral collaborations (Morton-Chang et al., 2021). For instance, differing collective agreements between sectors results in a wage parody between staff working within Seniors Villages, which impacts staff's avidity to work in certain sectors. These sectorized divisions then increase staff turnover in certain sectors within the Seniors Village and decrease the flexibility of Seniors Villages to engage in staff sharing between sectors (Morton-Chang et al., 2021). Having designated leadership to challenge these jurisdictional barriers is therefore essential to ensure operational efficiency (see Table 2).

In Ontario, the lack of funding at a community level has been highlighted as particularly challenging to the operation of Seniors Villages. Specifically, provincial funding models do not reflect the financial impact that community services have on keeping older adults out of high-cost, high-staff intensive facilities<sup>80</sup>. This lack of funding limits community organizations' abilities to contribute to collaborative partnerships, which often reduces the incentive of including community service partners in Seniors Village developments (Morton-Chang et al., 2021). To redress this lack of incentive, Seniors Villages have included municipal and regional governance to increase the support available for vulnerable populations in need of community supports. This approach has increased the resources available to support development and operation, while generating socially inclusive Seniors Village models. While this approach is conducive to overcoming this barrier, designated leadership to illustrate the economic advantages of Seniors Village models is needed to increase provincial funding for these initiatives.

80 hospital/long-term care

**Table 2: Examples of Policies and Legislation Seniors Villages Work Within**

<b>Examples of Policies and Legislation Seniors Villages Work Within</b>	
<b>Seniors Village Feature</b>	<b>Provincial Legislation or Policy</b>
Independent Seniors' Housing	Residential Tenancies Act (2006) Housing Services Act (2011)
Assisted Living/Supportive Housing	Home Care and Community Services Act (1994) Assisted Living Services for High Risk Seniors' Policy (2011)
Adult Day Programs	Patients First Act (2016)
Wellness Centres	Seniors' Active Living Centres Act (2017)
Retirement Homes	Retirement Homes Act (2010) Residential Tenancies Act (2006)
Long-Term Care Homes	Ontario Long-Term Care Homes Act (2007)
Hospital	A Public Hospitals Act (1990)
Foundation	Canada Revenue Agency Guidelines Not-For-Profit Corporations Act (2010) Individual Gift Agreements with Philanthropists
Unions	Labour Relations Act (1995) Collective Agreements
Common to All	Building Code Act (1992) Employment Standards Act (2000) Fire Protection and Prevention Act (1997) Health Protection and Promotion Act (1990) Human Rights Code (1990) Municipal Regulations and By-Laws Personal Health Information Protection Act (2004) Workplace Safety and Insurance Act (1997)

(Adapted from Morton-Chang et al., 2021)

# CONSIDERATIONS FOR THE FUTURE

## A Community Approach to Education and Research

Seniors Villages provide interactive and context-based learning environments that are conducive to supporting practical education as well as applied and participatory action research (RIA, 2019). These 'living classrooms' or 'learning laboratories' result in collaborative, dynamic and mutually beneficial experiences that benefit a wide range of learners<sup>81</sup> and researchers<sup>82</sup> (Morton-Chang et al., 2021). Leading the way in the provision of geriatric education and research, university-integrated Seniors Villages support effective models of implementation science. In particular, Seniors Villages allow for the facilitation of transformative<sup>83</sup>, emancipatory<sup>84</sup> and experiential learning<sup>85</sup> that fosters multiple forms of knowledge, skill and competency formation and the expansion of environmental, social and cultural consciousness (Boscart et al., 2017; Garbutt et al., 2019; Luo et al., 2011; Papenfuss & Merrit, 2019). These opportunities expose students to the reality of care provision<sup>86</sup> that cannot be effectively taught in a traditional classroom (Boscart et al, 2017). Similarly, university-integrated Seniors Villages provide ideal research settings to develop, trial and refine the ways in which care and support is provided to aging populations (Morton-Chang et al., 2021). This research has been important to tackle stigma and improve the quality of life of vulnerable older populations<sup>87</sup> (RIA, 2019) and to generate knowledge on deeply rooted social issues (Jarvis, et al., 2016; National Institute on Aging, 2021; University of Waterloo, 2020). Papenfuss and Merrit (2019) maintain that these education and research opportunities are then essential to expand conceptions of interrelationships, relationality, contexts, multi-perceptiveness, somatic/emotional processes, and social complexity. The education and research opportunities within Seniors Villages are therefore progressive, providing a large range of experiences that allow for critical insight into the complexity of providing seniors' care.

81 e.g., seniors - through continuing education, life-long learning programs, educational symposiums, mentorship education events, teaching/tutoring, community service and/or conducting independent research, health and social care professionals - through mentorship and professional development, students - through high-school co-ops, post-secondary practicum, internships and continuing education courses as well as faculty - mentorship, professional development, and an accessible research setting.

82 e.g., researchers in critical and cultural gerontology, Indigenous studies, critical race, black studies, aging studies, religious studies, feminism, constructivism, post-humanist studies, critical social theory studies, disability studies, intersectionality, queer studies as well as the policies within these areas of study.

83 Transformative learning- is the engagement of learners through multiple ways of knowing that include the intellect, affect, body, and intuition (Papenfuss & Merrit, 2019). These experiences foster reflexivity of dominant worldviews and encourages self-awareness of learners, shaping their perspectives, values and behaviours (Papenfuss & Merrit, 2019).

84 Emancipatory learning- through interpersonal dialogue and action learners gain an awareness of and engage with power structures to facilitate learning that is immersed in real world contexts (Papenfuss & Merrit, 2019).

85 Experiential learning- contextualized learning opportunities that allow students to explore the ways that theoretical knowledge is understood in the real world encouraging learners to value and think critically about how spatial polygamy impacts knowledge mobilization in practice (Papenfuss & Merrit, 2019).

86 e.g., falls, deaths, complaints, dementia care or quality audits etc.

87 People with dementia, Indigenous people, BIPOC, LGBTIA+ etc.

Much as these education and research opportunities are advanced, most of them are based on short-term placements and/or research projects that truly undermine the benefits of these opportunities over the long term. As such, care organizations, educational institutions and community partners have begun to approach education and research collaboratively as a means of increasing the available opportunities, effectiveness and sustainability of these initiatives (Ulug et al., 2021). Certainly, these collaborations have increased access to funding through pooling resources to provide educational experiences or research programs that are inherently beneficial to those involved (Morton-Chang et al., 2021). From an educational institution perspective, the appeal of this collaborative approach increases enrollment (Boscart et al, 2017; Garbutt et al., 2019), educational and research capacity (Boscart et al, 2017; Garbutt et al., 2019), and the quality of students' experiences (Mezey et al., 2008). At the same time, these ventures have increased the care provided to residents, reduced human resource challenges and ensured the inclusion of modern care innovations into practice (Boscart et al., 2017; Luo et al., 2011; Mezey et al., 2008). While the inclusion of community partnerships is still in its infancy, these collaborations can align with municipal and community organizations' strategic plans and increase their program participation rates (Canadore College, n.d.). These newer Seniors Village developments often align with governmentally driven social housing programs, which has helped to fund infrastructure, health and social services as well as education and research opportunities that meet the needs of local areas<sup>88</sup> (County of Simcoe, 2014; ElderSpirit Member Association, 2021; Henry et al., 2019; RIA, 2021; Shannex, Inc., n.d.; The Village, 2021). The educational and research landscape provided in Seniors Villages is then mutually beneficial to facilitators, care/community organizations and learners which increases the sustainability of these educational and research pursuits over time.

88 e.g., New Horizons funding has been used to fund an intergenerational gardening program at Georgian Village, an intergenerational health and wellness program at Canadore College and provide intergenerational community programming to support new Canadians, Black and Mennonite communities at University Gates. See the *Environmental Scan Report* for more details.

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## NEXT STEPS: ENVIRONMENTAL AND SOCIAL SUSTAINABLE MODELS

Although the education and research opportunities provided within Seniors Villages are progressive, there are still gaps in the contemporary models available. For example, Seniors Villages are pivotal contexts to expand research and education opportunities in environmental and social sustainability<sup>89</sup>, yet to date Seniors Village models that support these focuses have been underexplored by universities and typically only provide accommodation and services to the dominant norm (Luo et al., 2011; Papenfuss & Merritt, 2019; Singh et al., 2019; Ulug et al., 2021). This lack of social inclusion results in contemporary care actually conflicting with critical and cultural gerontology paradigms<sup>90</sup>. Similarly, while these education and research opportunities are framed as interdisciplinary, most opportunities are provided only to aging, health and social service disciplines. As such, a university-integrated Seniors Village that supports diverse aging populations through an interdisciplinary approach has still not been pursued.

To redress this gap, some of the Seniors Village models<sup>91</sup> reviewed in this report leverage Indigenous knowledge that focus on the interconnection between people and nature (Bowra & Mashford-Pringle, 2021; Singh et al., 2019; Ulug et al., 2021). Specifically, the design of intentional communities reflect long-standing Indigenous teachings, which encourages a supportive social network while also lowering the community's ecological footprint (Bowra & Mashford-Pringle, 2021; Singh et al., 2019). These communities present a fascinating context from which to study societal inequities<sup>92</sup> and provide intergenerational and environmentally sustainable research and training opportunities (Lindstrom, 2020; Singh et al., 2019). The centralization of Indigenous culture, traditions, technology and learnings in the guiding principles of these communities (Bowra & Mashford-Pringle, 2021; Singh et al., 2019) can then enrich the educational and research landscape provided in university-integrated Seniors Villages<sup>93</sup> (Canadore College, n.d.). These models present an environmentally sustainable and culturally inclusive method of providing housing and care to populations other than the dominant norm.

89 e.g., specialized research programs have been designed to support environmentalism and mobilize research specifically on the interconnection between agri-food, nutrition and health such as ecology, leadership, community farming, environmental science, intersectionality, queer theory, critical and cultural gerontology etc. (RIA, 2021).

90 e.g., intersectionality, Indigenous studies, queer theory, feminist theory etc.,

91 Ecovillage, cohousing and home sharing models.

92 Since the influence of systemic labour divisions, capitalism and social positioning is experienced differently within these community settings

93 e.g., literature that has been conducted on learning opportunities that link dementia and Indigeneity have led to the development of culturally appropriate care provision, increased care access of Indigenous populations and provided essential information exchange opportunities between Indigenous people and care providers (McAtackney et al., 2021).

The informal continuum of care established in these communities also can expand the education of post-secondary students and can be analyzed as a means of supporting older populations to age-in-place. In particular, next steps in Seniors Village designs suggest that intergenerational communities that support seniors are more advantageous than seniors' only villages (LILAC, 2021). This intergenerational community approach decreases the aversions of seniors to care acceptance, increases their well-being and enhances the support available for seniors to age-in-place. Supporting intergenerational education and research opportunities this approach integrates seniors into the broader community and fosters genuine opportunities for natural interaction and reciprocity (Allen, 2017; Easton, 2019; Smith, 2021). Indeed, intergenerationalities or intergenerativity must be considered in the physical design, community partnerships and spaces of Seniors Villages to become mutually beneficial and inclusive of different generations (Canadore College, n.d.). Co-locating amenities, services, research and education experiences is then a fundamental element of this design.

Inherent in this approach, is embracing cohabitation models as a means of enhancing the education and research opportunities provided. These models challenge service-learning approaches of young adults in older residential homes, indicating that these opportunities do not allow students and older adults to form meaningful relationships (Arentshorst et al., 2019; Hock & Mickus, 2019). Instead, cohabitation provides a more effective approach to address negative stereotypes and long-term age-related biases through the facilitation of mutually beneficial intergenerational experiences that ensure meaningful engagement between older persons and students (Allen, 2017; Easton, 2019; Hock & Mickus, 2019). Pre-field work, field work and post-field work is essential in this approach, which allows students to discover and reflect on their ongoing experiences and relationships with older adults as well as develop empathy that they can take with them into their future careers (Allen, 2017). While homesharing opportunities have been pursued more recently by Canadian universities, it is important to note that these experiences typically are based on short-term research grants that lack longevity. Permanent intergenerational living options then provide interesting education and research opportunities that have yet to be explored within university-integrated Seniors Villages. This focus on building an environmentally and socially sustainable intergenerational community then marks next steps in Seniors Villages to concurrently enhance seniors' care as well as the education and research provided by post-secondary institutions.

-  While some research and educational opportunities have been pursued in contemporary models of cohousing, to date these connections have been underexplored (Labus, 2016). In particular, cohousing principles and the informal support continuum of care that is developed in these communities provides a rich educational and research context that has yet to be included on a university campus in Canada. A cohousing community then provides an innovative education and research context, which would help Trent become an innovator in the field.
-  Much as research and educational opportunities have previously been provided by ecovillages to generate community revenue, ecovillages have yet to be included on a university or college campus. An ecovillage then provides an innovative education and research context, which would help Trent become an innovator in the field.
-  Interdisciplinary education and research opportunities beyond aging, health and care are underexplored within university-integrated Seniors Villages. Acknowledging how connections to other fields such as the environmental sciences and/or Indigenous studies may enhance the well-being of both students and aging populations will help Trent become an innovator in the field.
-  While seniors' homesharing programs are slowly emerging in Canada, the United States and the Netherlands, there is a dearth of published research that demonstrates the impact of these programs (Hock & Mickus, 2019; Martinex et al., 2020). Providing homesharing experiences that are connected with education and research programs then provides an innovative method from which Trent can realize the Trent Lands and Nature Areas Plan and become an innovator in the field.
-  The provision of experiential education and applied research opportunities within dementia villages is still in its infancy. Most publications on dementia villages have resulted from observational evidence during tours rather than through the integration of research institutes or projects within the villages themselves (Haeusermann, 2018). Similarly, only one university or college integrated dementia village exists in Canada (See Ressam Gardens in the *Environmental Scan Report*). A dementia village then provides an innovative education and research context, which would help Trent become an innovator in the field.
-  While some Seniors Village models pursue social inclusivity, university-integrated models typically provide services only to the dominant norm. Pursuing a university-integrated Seniors Village that is inclusive of local Indigenous, BIPOC and LGBTQIIA+ populations then aligns with the Trent Lands and Nature Areas Plan and would help Trent become an innovator in the field.

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