

Home Pages: Domesticity and Duplicity in Images of Architecture for Ageing*

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This paper explores images of long-term care institutions on contemporary websites as contexts for understanding age as “a sweep of delimited time.” In particular, it considers how and why good institutions are described as inviting, cozy, intimate, and above all home-like, while other facilities are criticized for being exactly the opposite: uncomfortable, unhome-like and above all, “institutional.” By studying the imagery and architecture of long-term care we illuminate important tensions between representations and place; and between home and institution. We explain how an emphasis on homelike décor camouflages the functioning of highly complex and highly regulated institutions.

Cet article prend pour point de départ des images d'établissements de soins de longue durée, diffusées sur des sites web récents, afin de mettre en évidence l'âge en tant que « période définie ». En particulier, nous examinons comment et pourquoi les établissements de soins de longue durée sont jugés satisfaisants lorsqu'ils sont dits accueillants, intimes et domestiques. À l'inverse, d'autres établissements sont critiqués en raison de leur caractère institutionnel. En étudiant l'imagerie et l'architecture des établissements de soins de longue

* Thanks to McGill University School of Architecture students Frederika Eilers, Eve Lachapelle, and Don Toromanoff, who each contributed to research towards this essay. This research was supported by the Social Sciences and Humanities Research Council of Canada as part of their Major Collaborative Research Initiative. Pat Armstrong, York University, Principal Investigator [file#412-2010-1004].

durée, nous jetons un éclairage sur les tensions importantes qui existent entre représentation et lieu, domicile et institution. Enfin, nous montrons en quoi l'accent mis sur un décor familial camoufle le fonctionnement d'institutions hautement complexes et réglementées.

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In North America, long-term care (LTC) architecture has traditionally been the work of mediocre architectural firms. Highly constrained by governmental regulations, the design of the places where most of us will age and die is far from inspired, and marked by a remarkable conservatism. Many LTC buildings look like hotel chains and are sited like strip malls, forming undistinguished backdrops to unremarkable thoroughfares, designed more for cars than for people. Rarely do the top students in architecture schools take on long-term care buildings for their thesis projects, perhaps because of this reputation for design constraints rather than innovation. This legacy of banality received widespread recognition with Robert Venturi's Guild House of 1960-63 in Philadelphia,¹ generally appreciated as one of the first works of postmodernism, where the architect opted to celebrate the unremarkable architectural traditions associated with housing for seniors, and even included a giant, non-functioning television antenna in the centre of the building's façade, poking fun at the major activity of residents living in its 91 units.

Since the 1960s, and perhaps as an incentive to improve design standards, long-term care architecture has frequently been a category in national and international design awards. In recent years, at least in Canada, more established and highly visible architectural firms have designed new long-term care centres, with a number of positive outcomes. This movement of good firms to LTC projects might also be tied to the close alliance of long-term care with healthcare design, as emerging architects seek out lucrative and highly specialized hospital commissions by trying their hands at related projects first. A number of Canadian long-term care projects, in fact, have won recognition from the International Academy for Health and Design, an

¹ "Guild House," *PhilaPlace*, www.philaplace.org/story/259/ (accessed July 7, 2013).

association mostly focused on hospital design, founded in Sweden in 1997.

With the general intention of outlining some recent trends in long-term care design, this article explores award-winning long-term care projects through images and texts on institutional and architectural websites. What interests us in particular is how institutions celebrated as successful in terms of design engage associations with domestic life and institutionalization in their advertisements and in their architecture. “Home pages” advertising LTC institutions in metropolitan areas like Toronto, for example, show an abundance of brick buildings featuring pitched roofs and bay windows, recalling the look of detached houses. Many entrances to long-term care buildings, in addition, look like hotel entrances and lobbies, with peninsular awnings reaching out to guests in an expression of hospitality. Websites typically depict residents surrounded by their own furniture, ensuring that the rooms in these large institutions resemble their former homes.

However, despite these gestures to the *homelikeness* of LTC buildings, the sites also emphasize the institutional nature of the settings, creating an intriguing tension that highlights the interplay among biological and cultural dimensions of growing old during a demographic boom. By studying these representations of long-term care, we begin to illuminate significant tensions between representations and place; and between home and institution. Since long-term care institutions lie at the intersection of home and hospital, we wish to untangle their dual nature, by first examining them as placeholders for previously lived-in environments, and then as highly-organized systems that won’t shy away from administering medical care.

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LTC architecture as home-like

To begin, we note how website texts describe good institutions as inviting, cozy, intimate, and above all home-like, while other facilities are implicitly criticized for being exactly the opposite: uncomfortable and unhome-like. However, even these attempts are haunted by the reality that the setting is institutional, so that no website or image is wholly convincing in terms of its claims to domesticity. The places may be home-*like* but they are always very clearly *not* home. Toronto's Apotex Centre at Baycrest, built in 2000 by Diamond Schmitt Architects, is a good example of a large-scale institution (472 beds) caught between these two worlds of home and institution.



Figure 1: The Apotex Centre at Baycrest, Toronto. Website images such as this one provide a first impression to potential residents. (Source: <http://www.baycrest.org/wp-content/uploads/2012/12/care-programs-01.jpg>)

Figure 1 from the section of Baycrest’s website entitled “Living at Baycrest” illustrates this tension. The slight low angle shot tries to make the seven-storey structure and imposing entranceway look as though it is surrounded by “nature,” in the form of a few carefully spaced, relatively young trees and a manicured though brownish lawn. Instead, the viewer is encouraged to place him or herself as though viewing an institution from outside, preferably from within his or her own (non-institutional) “home.” The link for Apotex takes viewers to a text screen with no images that emphasizes “small, home-like settings,” with “flexible schedules,” based on “each resident’s needs and preferences,” while also being clear about “rehabilitation programs” and the existence of a “spousal support group.”² Thus there is an element of “home” being sold as well as a reminder that this is a safe, advanced, medical facility that knows that spouses stay outside, in “real” homes. Apotex garnered a 2004 Ontario Association of Architects Award of Excellence, as well as an award from the Canadian Institute of Steel Construction in 2000. But its sheer scale (indicated by the use of steel in construction) makes it difficult for Baycrest to fully hide its institutional nature; and spaces such as a massive atrium and auditoria conjure up associations with financial institutions or corporate headquarters and even shopping malls. Nonetheless, the arrangement of individual rooms in Baycrest’s latest addition illustrates an explicit effort at domesticity: “recognizing that a home-like environment was needed for satisfactory long-term care, the Apotex Centre is made up of 36 semi-autonomous, home-like clusters”³ declares the architects’ website.

² “Apotex centre—long-term care,” *Baycrest*, www.baycrest.org/?page_id=15496 (accessed June 29, 2013).

³ “The Apotex Centre,” *Diamond Schmitt Architects*, www.dsai.ca/projects/the-apotex-centre-baycrest-centre-for-geriatric-care (accessed July 3, 2013).

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Running parallel to this architectural trend for LTC architecture to look homey is a textual discourse focused on domesticity. Norview Lodge designed by architects Montgomery Sisam in 2005, a municipally-owned and operated, not-for-profit institution in Simcoe, Ontario, is typical of these, presenting explicit references to the 179-bed facility as a home, despite the reality of residents living in large groups of unrelated co-residents: “The home is a two-storey building featuring 8 home areas, one of which is a secure dementia area. Each home area provides both basic and private accommodation for either 22 or 23 Residents,”⁴ visitors learn in the Norfolk.ca website section about Norview. This repetitive and insistent use of the word “home” is mirrored by other domestic references in the short (182 words) write up which contains the key words: landscape, courtyard, gazebo, greenhouse, dining room, family room with fireplace, kitchenette, and main kitchen. However, the same tension as with Apotex is present here, where the website authors also stress the “secure dementia area,” “activity room,” “communication centre,” “medication room,” “gift shop,” public washrooms, meeting rooms (mentioned twice in the same list), physician office, consultant’s office, therapy room, staff lunch room and adherence to the “smoke-Free Ontario Legislation and Ministry Standards and Guidelines,”⁵ demonstrating and even showcasing a decidedly institutional element. The same architects designed the Ontario Mission of the Deaf, a finalist in the 2009 International Academy for Health and Design Award and winner of a 2008 Ontario Wood Works Award. Here it is even suggested that a home-like atmosphere will mean better care for the residents. The 2006 building located on land overlooking Lake Simcoe in Barrie, just north of Toronto, is currently administered by The Bob Rumball Foundation

⁴ “Norview Lodge,” *Norfolk County*, www.norfolkcounty.ca/living/health-and-social-services/norview-lodge (accessed July 5, 2013).

⁵ *Ibid.*

for the Deaf. The LTC home’s website optimistically explains that:

An integrated model of care allows staff to assist residents in all areas of their daily life, creating a personal and home like atmosphere. Staff strive to develop relationships with the seniors and see each not just as a *resident* but also as a *person*.⁶ [italics in original]

The facility’s website also mixes the idea of care with the idea of home, listing one of “Our Values” as “Promoting a holistic perspective of health with a home-like setting.”⁷ The site also explains that within the facility “Home areas are divided into *houses* each of which has a distinct look and colour code” [italics original]. The use of domestic language is intriguing, and the use of colour codes is a gesture towards the needs of deaf residents. However, it is also decidedly institutional since deaf people living in the community would not use single colour codes to locate their homes. Further, LTC facilities are just as likely to use visual, rather than auditory, codes to signal spatial divides.

The assumption behind individualized care, here expressed in part as *homelikeness*, is that personalized space will give residents a greater sense of control, and that control is good for us as we age. A magazine feature on Wellesley Central Place, a 150-bed building which gained Toronto-based architect Tye Farrow an International Academy of Design and Health Architect Award in 2007, links domestic imagery directly with this enhanced sense of control. “Focused on two main guiding principles, Wellesley Central Place provides a home-like environment and the opportunity for residents to

⁶ “Resident Care,” *Rumball Home for the Deaf*, www2.bobrumball.org/content/2/112/Resident+Life+and+Care (accessed July 5, 2013).

⁷ “The Bob Rumball Long Term Care Home for the Deaf,” *Rumball Home for the Deaf*, www2.bobrumball.org/content/2/110/Values+Vision+Mission (accessed July 5, 2013).

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exercise choice and control in their lives,”⁸ it says.

This assumption that certain design arrangements can give us an enhanced sense of control is perhaps best illustrated by the long-established trend of residents bringing their own furniture to long-term care facilities. Allowing residents to bring beds, dressers, and La-Z-Boy chairs from their former homes makes the unit in long-term care seem like a natural extension of their regular home, rather than as an institution, since institutions typically offer standardized furniture. Perhaps it is too obvious to state, but using the same furniture minimizes the impact of the move from home to institution. The ideal scenario is that the resident’s new room will look just like the room she shared with, for example, her late husband, suggesting to her, perhaps subliminally, that little has changed.⁹ Many facilities are careful to control what comes through the doors, mostly due to fire and other regulations. For instance, in apartments at Norview Lodge a floor to ceiling entertainment unit is included and only three pictures may be hung on the wall by staff in predetermined locations.¹⁰ Wellesley Central Place, by contrast, invites residents to bring in pictures, bedding, lamps, and any other furniture that will fit safely in the room.¹¹

However, implicit in this range of approaches to “allowing” residents to bring furniture from “home” is a set of limits. Regardless of how much the resident’s room might look “like” home, the fact that she has had to choose

⁸ Sean Stanwick, “Rekai Centre—Wellesley Central Place Long-Term Care Facility,” in *Sab Mag*, July 5, 2013, www.sabmagazine.com/blog/2008/11/02/rakai-centre/.

⁹ The websites generally call the building occupants “residents.” Also, note that there is generally a higher proportion of women in LTC.

¹⁰ “Accommodation,” *Norfolk County*, www.norfolkcounty.ca/living/health-and-social-services/norview-lodge/accommodation/ (accessed July 7, 2013)

¹¹ “Wellesley Central Place,” *Rekai Centre*, www.rekaicentre.com/images/wellesleybrochure2.pdf (accessed July 6, 2013).

among her possessions signals the ways in which it is decidedly *not* home. Further, there is an even more subtle assumption that the resident would always choose continuity and not embrace change, though the change entailed by moving to an institution does have a set of associations that she is likely to strongly reject. The idea here is that for older adults in care, a gesture towards the home they leave is enough and is desirable.

Additionally, the use of so-called memory boxes at the entrances to long-term care rooms is a recent design trend encouraging residents to express a personal history through smaller artifacts. At Baycrest, for example, these small, 45-inch-height display boxes in the corridor outside each room (Figure 2), are often filled with family photographs and wedding and/or religious objects.¹² At the same time, the display case itself is telling; the space is delimited and there is no room for actual improvisation (arguably what makes a house a true home). The tiny display space only really allows for frames, vases and other precious objects. What if the resident, for example, wanted to display her Fender Stratocaster? And how can so many older women collect identical porcelain flowers? Is it possible that families purchase these items under unexpected pressure to keep up with the long-term care neighbours? Conversely, the display boxes might show the uniformity of a generation's interest in one artifact over another. While the aim of these boxes is, according to Wellesley Central Place's website, "to differentiate the Resident's space" observations from Baycrest expose a monotonous effect.¹³

¹² Mark Franklin, "Handled with care," *Canadian Architect* 45.11 (2000), 30.

¹³ "Wellesley Central Place," *Rekai Centre*, www.rekaicentre.com/images/wellesleybrochure.pdf (accessed September 23, 2013).

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Figure 2 Memory box, Toronto. The home/institution dichotomy is illustrated by the standardized display case inviting each resident to curate her or his past persona. (Photo: Annmarie Adams)

Somewhat tellingly, photographs in the memory boxes identify residents at much younger ages. Current residents of Baycrest, for example, were likely born in the 1920s and 1930s and many of the memory boxes show wedding photos from the years just following World War II. Youth is thus carefully choreographed: contained, trapped, and artfully displayed, as a stand-in for the ageing person in the adjoining room. Websites of long-term care facilities indicate that residents and their families are encouraged to fill their memory boxes with “memorable items,” “photographs and souvenirs,” “personal mementos,” “small reminders,” to help personalize the room, provide an opportunity to reminisce, aid them in identifying their own rooms, recall special moments and people, and help others think of their individual life story. Anecdotal evidence suggests that memory boxes have very positive outcomes as they might inspire staff members to see the residents as individuals, rather than as generic patients, perhaps lingering longer in the rooms or engaging in conversations inspired by the special objects on display. However, there are some worrying implications to this practice in that it assumes that a life story exists entirely outside of and prior to the space in which the resident now lives, so that it is essentially over, leaving the residents to merely live and relive their pasts rather than perhaps imagine new hobbies, new friends, and new collectibles. Even more importantly, regular houses would never feature memory boxes outside bedrooms. Memory boxes are wholly institutional inventions. Houses are, in themselves, large-scale memory boxes as containers of both precious and non-precious artifacts.

Architects also make LTC facilities look more like houses, as opposed to homes, by exaggerating features from the history of housing. For example, they frequently use pitched roofs and warm colour palettes to emphasize domesticity, two features we typically associate with residential design. At the

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Apotex Centre (Figure 3), the colour palette of the exterior of Baycrest, a high-rise, revolves around warm hues like orange and gold (colours you would never find on commercial high-rises in nearby downtown Toronto, for example). An undulating ground pattern in the Baycrest courtyards and at the entrance invites visitors to meander, an ambling type of movement we associate with leisure and recreation, not serious business. Curved lines and the extensive use of warm woods counteract the sharp edges of ageing, adding a soft, romantic tactility to the overall effect of the place.



Figure 3: Outdoor courtyard at Baycrest, Toronto from the Diamond Schmitt Architects' website. The curvilinear geometry of the ground plan encourages residents to meander. (Source: <http://www.dsai.ca/uploads/projects-main/Baycrest2.jpg>)

Dining spaces are also important cues to the design strategies deployed by LTC architects and the assumptions about old age that inspire them. These

relatively large spaces cater to many individuals at the same time, but still give the impression that residents are passive, immobile, and cared for by others. Norview Lodge's dining room designed by Montgomery Sisam Architects (Figure 4), is a classic example. Residents eat together in clusters of four, emulating a nuclear family size. The setting is passive, intended only for consuming food that was actively prepared elsewhere (contrast the image, for example, with a chaotic high-school cafeteria). The invisibility of the kitchen in LTC institutions is informative, since kitchens are often understood as the nucleus of home life. House kitchens are often full of activity and movement; traditionally they are the source of heat and sustenance. We all know that the best house parties end up in the kitchen. Most obviously, the kitchen is the room most closely associated with mothers and wives, at least in houses occupied prior to World War II. But in the architecture of long-term care, access to the heart of the home is hauntingly absent. The broken dining-kitchen axis is perhaps the clearest illustration of LTC's failure to be a true home. Its architecture maintains the illusion of a dynamic, home-oriented lifestyle, by showcasing the end results of labour-intensive actions, but stops short of fully engaging residents in the production of meaningful space by separating them from the areas of production like kitchens (and possibly laundry). In the end, the architectural message is that residents are merely guests in a "luxurious" home managed by others.

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Figure 4: Norview Lodge dining room, Simcoe, Ontario. Although dining halls in LTC centres are thoughtfully designed, the spaces underline the residents' passivity. (Source: <http://www.norfolkcounty.ca/living/health-and-social-services/norview-lodge/>)

LTC architecture as hospital-like

While architectural research suggests that domestic references are beneficial and the building guidelines in Ontario's Long-Term Care Home Design Manual support this assertion, long-term care facilities also draw inspiration from medical clinics and hospitals, illustrating expertise through the use of cutting-edge technologies to safeguard the health of ageing residents.¹⁴

¹⁴ For example William J. Brummett, *The Essence of Home: Design Solutions for Assisted-Living Housing* (New York: Van Nostrand-Reinhold, 1997), 13; Ministry of Health and Long-Term Care. "Long-Term Care Home Design Manual," 2009, www.health.gov.on.ca/english/providers/program/ltc_redev/renewalstrategy/pdf/home_design_manual.pdf. (accessed September 23, 2013).

Looking like a hospital, for example, might comfort families and residents, providing discreet cues that this place could serve as more than a final home, but also as a place to find relief from (if not a cure for) the various illnesses and conditions that plague us in old age. Also, gestures to institutional architecture and, on websites, to state-of-the-art care, likely help family members and even future residents justify the need to move from home, where care needs cannot be met for those who, indeed, require a more hospital-like atmosphere. If the LTC centre were home, it would be very difficult to explain the need to move. Note that long-term care buildings accommodate the storage and dispersal of large quantities of prescription drugs; the buildings also support details and technologies that enhance residents' mobility. For example, in the design of LTC there is an extraordinary emphasis on universal access—it is a sort of universal design fantasia, all the design requirements are scrutinized, respected. Websites showcase dozens of images of residents in wheelchairs and using walkers; corridors and bathrooms have special railings, like hospitals. These architectural features are potent reminders of how real residential design has failed those who live here. The resident is in long-term care because she fell at home, can no longer ascend the stairs, needs help making dinner, can't get out of the bath tub, or perhaps most importantly, needs medical care. The duplicity of LTC centres is felt everywhere; their lived spaces bring together, and even blur, home and medical care. This willingness to merge both spheres is what makes the LTC typology truly unique but the cultural refusal to acknowledge the decline that comes with age leads to the need to mask institutional aspects with claims to *homelikeness*.

The Apotex Centre and Wellesley Central Place are our clearest examples of institutions that don't hide such medical objectives. The Apotex Centre emphasizes research as an asset, even sporting the forward-looking

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slogan, “Baycrest: innovations in aging.” The Apotex Centre has a 4,300-square foot atrium at its heart (Figure 5); its design reflects this futuristic attitude with a soaring, umbrella-like steel structure supporting the roof. This open steel structure is abstract, open, and optimistic; it resembles bank architecture, rather than anything residential. The signature aspects of the space are called “umbrella structures” or “tree structures.” The roof cantilevers from “trees” that join together to make a central column, i.e. the supporting structure consists of a cluster of steel tubes that branch out at higher levels to support the shallow roof structure.

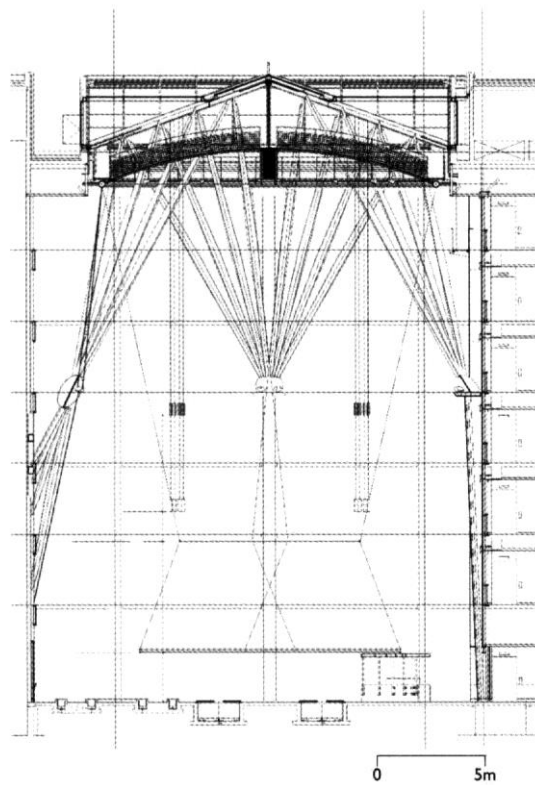


Figure 5: *Section through Winter garden of the Apotex Centre, Toronto. The*

structural requirements to hold the roof up in the indoor atrium underscore the principle that this is no ordinary home. (Image: Canadian Architect¹⁵)

Beyond structure, these buildings also most obviously have nursing stations, points of surveillance and medical expertise located every so often in the floor plan. Residents can call for help in an instant, unlike home, and are also seen by an impressive range of geriatric specialists who are employed here. This medical mandate of the facility is decidedly non-residential; to the teams of healthcare workers who staff places like Baycrest, the facility is a workplace, not a home.

A further characteristic of these buildings that makes them resemble hospitals is their large, communal spaces. When we visited Baycrest there was a weekly concert going on in the space (Figure 6), which brought residents together to enjoy music, an exercise in both stimulation and socialization. Smaller LTC facilities such as Norview Lodge have expansive entry lobbies and are warm and inviting, but definitely institutional. At the Ontario Mission of the Deaf, for example, a double-height chapel and lounge declare the building as “public,” signaling a dramatic presence from the road.

¹⁵ Franklin, “Handled with care,” 30.

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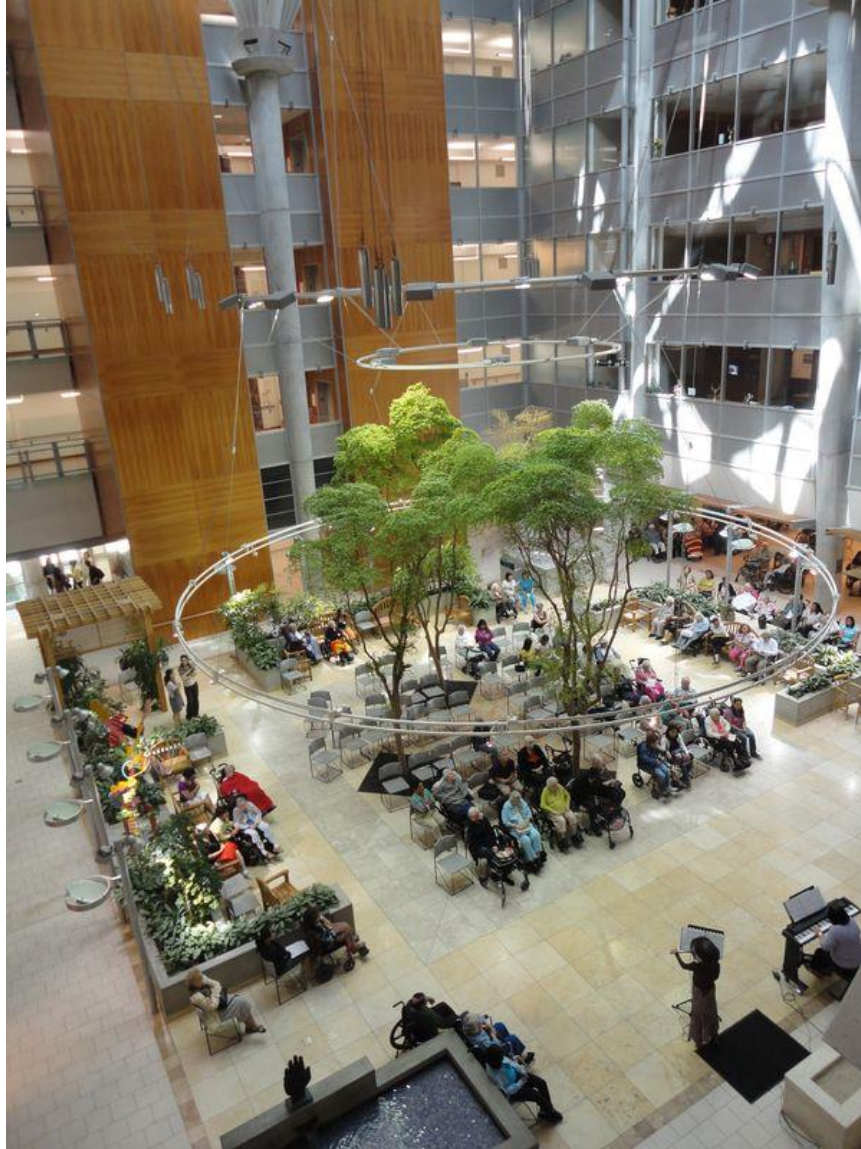


Figure 6: *A concert in the main atrium of the Apotex Centre, Toronto. Expansive, sheltered indoor spaces provide opportunities to come together (Photo: Annmarie Adams)*

Conclusion

When does an institution have to pretend it is a home? When does a home need to be institutionalized? These questions are directly tied to old age in our essay, since LTC homes are usually built with that population in mind, though some younger residents do live within them. As historian Jim Struthers has argued, claims about the “homelike” atmosphere of LTC facilities in Ontario in part arose from a need to differentiate structures from the legacies and stigmas of the poorhouses which came before.¹⁶ There was a distinct need to show that there was a new way to institutionalize older adults who required medicalized care. However, that need led to the creation of “homes” that were not necessarily particularly well designed to provide biomedical care. The facilities we have discussed were built later than those in Struthers’s study, though they come out of the policy context created by the earlier buildings.

Since the post-World War II years that are his focus, there has been a marked rise in both the anti-ageing industry and the insidious discourses associated with it as well as a marked increase in the pathologization of normal aspects of ageing, such as wrinkles and grey hair. Thus, we propose that an institution has to pretend it’s a home when to acknowledge otherwise presents an admission to growing older in a culture that increasingly sees visible ageing as a catastrophe. If even looking old is seen as a disease that can be cured and prescriptions for active ageing lead to the pathologization of older adults who accept aspects of old age that others reject because of an immersion in youth-obsessed consumer culture, then the situation for the so-

¹⁶ Jim Struthers, “‘A Nice Homelike Atmosphere’: State Alternatives to Family Care for the Aged in Post-World War II Ontario,” *Family Matters: Papers in Post-Confederation Canadian Family History*, Lori Chambers and Edgar-André Montigny eds., (Toronto: Canadian Scholars Press, 1998), 335-354.

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called “frail elderly” is even more complex. Further, the policy context of Ontario, where most of the homes we discuss are set, favours home care and sees the decision to move into institutional care as a failure. Thus the justifications for institutional care, both in terms of individual residents’ choices to enter it and talented architectural firms’ recent choice to work on such projects, requires emphasis on how the “homes” provide “state of the art” care, such as that offered at Baycrest with its focus on innovation in research. Thus, the duplicity created by gestures to home in decidedly institutional settings is directly tied to social views of old age at a time when social and cultural age anxiety is heightened by sensationalist attention to demographic change.

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Bibliography

- Baycrest*. “Apotex centre—long-term care.” www.baycrest.org/?page_id=15496 (accessed June 29, 2013).
- Brummett, William J. *The Essence of Home: Design Solutions for Assisted-Living Housing*. New York: Van Nostrand-Reinhold, 1997.
- Diamond Schmitt Architects*. “The Apotex Centre.” www.dsai.ca/projects/the-apotex-centre-baycrest-centre-for-geriatric-care (accessed July 3, 2013).
- Franklin, Mark. “Handled with care.” *Canadian Architect* 45, no. 11 (2000): 30-34.
- Norfolk County*. “Accommodation.” www.norfolkcounty.ca/living/health-and-social-services/norview-lodge/accommodation/ (accessed July 7, 2013)
- . “Norview Lodge.” www.norfolkcounty.ca/living/health-and-social-services/norview-lodge (accessed July 5, 2013).
- Rumball Home for the Deaf*. “The Bob Rumball Long Term Care Home for the Deaf.” www2.bobrumball.org/content/2/110/Values+Vision+Mission (accessed July 5, 2013).

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———. “Resident Care.” www2.bobruhall.org/content/2/112/Resident+Life+and+Care (accessed July 5, 2013).

Ministry of Health and Long-Term Care. “Long-Term Care Home Design Manual.” 2009. www.health.gov.on.ca/english/providers/program/ltc_redev/renewalstrategy/pdf/home_design_manual.pdf. (accessed September 23, 2013).

PhilaPlace. “Guild House.” www.philaplace.org/story/259/ (accessed July 7, 2013).

Rekai Centre. “Wellesley Central Place.” www.rekaicentre.com/images/wellesleybrochure2.pdf (accessed July 6, 2013).

Stanwick, Sean. “Rekai Centre—Wellesley Central Place Long-Term Care Facility.” *Sab Mag*, July 5, 2013. www.sabmagazine.com/blog/2008/11/02/rakai-centre/ (accessed July 6, 2013).

Struthers, Jim. “‘A Nice Homelike Atmosphere’: State Alternatives to Family Care for the Aged in Post-World War II Ontario.” *Family Matters: Papers in Post-Confederation Canadian Family History*, ed. Lori Chambers and Edgar-André Montigny. Toronto: Canadian Scholars Press, 1998: 335-354.