



# **Commentary and Critique of the National Institute on Aging Report on Small Homes**

Prepared by  
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## INTRODUCTION

The National Institute on Aging markets itself as “Canada’s leading public policy think tank on aging” located at Metropolitan University in Toronto. It states its vision as “A Canada where older adults feel valued, included, supported and better prepared to age with confidence” (NIA, 2025).

The NIA’s latest report There’s No Place Like Home: Why Canada Must Prioritize Small Care Models in its Provision of Long-Term Care (Sinha et al, 2025) fails to live up to its vision.

Now, more than ever, the NIA and other public policy institutes addressing aging need to be mindful and inclusive of older adults’ perspectives and direct input, and engage in rigorous examination of age-related policies and program options.

Seniors for Social Action Ontario (SSAO) agrees that there is a need for small homes, but there are substantive problems with the approach taken in this report.

This report misses the mark for eight reasons:

- The principles of community integration, inclusiveness, and avoidance of segregation of elders are not addressed.

- There appears to be an emphasis on input from private, for-profit enterprises that are listed as contributor/reviewers;
- The “models” listed are questionable;
- There is a pro-institutional bias running through the report;
- There is more of an emphasis on the needs of service providers than on the comfort, care, and safety of elders;
- The report is silent on how funding directed to non-profits could be used more efficiently than continuing to funnel billions in public funding to institutions - be they large or “small homes” – segregated and located on predominantly for-profit institution “campuses”.
- Discussion about the impact of size of small homes in meeting the needs of residents is absent;
- Elder voices are also absent in spite of Seniors for Social Action Ontario having provided research, elder perspectives, and direct input to an author of the report.

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# COMMUNITY INTEGRATION, INCLUSIVENESS, AND AVOIDANCE OF SEGREGATION SHOULD BE PRIMARY PRINCIPLES IN THE REPORT

Elders do not want to be removed from their own homes and communities. Too often, in the absence of other options, they are not afforded the same rights as others to remain part of their communities as they age and develop frailty. Instead they are subject to segregation and exclusion, forced to live on the margins of society.

The Government of Canada in its Disability Inclusion Plan recognizes that inclusive programs require a “nothing about us without us” human rights approach that cuts across all government systems, policies, programs, and services – one that avoids marginalizing, segregating, and discriminating against people with disabilities (Government of Canada, 2024).

Disabilities do not come with an expiry date. Therefore these principles should apply equally to older adults living with frailty.

Inclusion of people with disabilities in their own neighborhoods and communities has long been a principle upon which development of residential alternatives to institutions has been based.

The segregating nature of long-term care institutions and the companies that own them building “small homes” on their own properties or in age segregated “neighborhoods” or “villages” is extremely problematic. These fail to meet standards of inclusion and community integration.

Elders with disabilities of all ages should continue to be included in their

communities, not segregated from them, should they require care. The absence of any discussion of this in the NIA report is disturbing.

The developmental disabilities sector provides an excellent example of a governing

Ontario Ministry recognizing the importance of community integration rather than segregation and exclusion in “special” residential accommodation.

In 2004, in announcing the closure of the last three institutions for people with developmental disabilities the Ministry of Community & Social Services reinforced the need for inclusion and community: “with the right supports, people with a developmental disability can make their

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own choices and live independently in the community” (Ontario Government, 2009).

Many people with developmental disabilities live with complexities that surpass those of older adults, yet they do live successfully in the community.

***Segregation in order to receive care is no longer considered appropriate for any other disability group. Why then, is it still considered appropriate for elders living with frailty?***

Many of SSAO’s co-founders successfully advocated for inclusion and community integration in government policies affecting people with disabilities. Some took part in the deinstitutionalization process – returning people who had suffered prolonged institutionalization to the community. This experience is invaluable when considering residential options for elders. Considering that individuals with far more complex needs than most long-term care institution residents can live successfully in the community with the needed supports, has important implications for older adults, including those with dementia, and physical and neurological disabilities.

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The authors of the NIA report appear unaware of the history of parallel systems of successful deinstitutionalization that could inform policy decisions concerning the need to continue to include elders in

their communities, what size smaller homes should be to best meet their needs, and what kinds of supports and services are required to help elders to continue to flourish in community. SSAO provided this input, but it is missing from the report.

## INVOLVEMENT OF PRIVATE, FOR-PROFIT ENTERPRISES IN THE “SMALL HOME” SECTOR

On November 4, 2023 an Opinion piece advocating “small care homes” appeared in the Calgary Herald co-written by Dawn Harsch the president of ExquisiCare, a for-profit “small care home provider” based in Edmonton, John Yip, president and CEO of SE Health, a social enterprise business, and Dr. Samir Sinha, director of health policy research at Toronto Metropolitan University’s National Institute on Ageing (NIA) (Harsch et al, 2023).

The Op Ed piece predates the release of this latest NIA report by over a year. It makes the case for “small homes” – presumably like those delivered by for-profit organizations like ExquisiCare, which opened a 10 bed facility in Edmonton in 2012. ExquisiCare presumably wishes to expand its “small home” operations.

The President of ExquisiCare is listed as a contributor/reviewer of this report.

The NIA making a case for small homes, including those operated for profit, within this context, should raise some red flags with readers.

## QUESTIONABLE “MODELS” IN THE REPORT

### The Eden Alternative

The report includes the Eden Alternative as a “model” apparently intended to make institutions more acceptable. Children, plants, and pets within an Eden Alternative model are often employed for this purpose (Tavormina, 1999).

What the report does not mention is that the Eden Alternative has

been shown, in the academic literature, to be harmful rather than effective since 2002 after a study was published in the Journals of Gerontology that stated:

**“.... follow-up MDS data indicated that the Eden site had significantly greater proportions of residents who had fallen within the past 30 days ( $p = .011$ ) and residents who were experiencing nutritional problems ( $p < .001$ ). Staff report**

**data indicated that, during the study period, the Eden site had significantly higher rates of residents requiring skilled nursing and hypnotic prescriptions, and more staff terminations and new hires. The control site had significantly higher rates of residents requiring anxiolytic prescriptions”** (Coleman et al, 2002).

There was an attempt to mitigate the seriousness of the findings of this study by qualifying it:

**“The findings from this study indicate no beneficial effects of the EA in terms of cognition, functional status, survival, infection rate, or cost of care after 1 year. However, qualitative observations at the Eden site indicated that the change was positive for many staff as well as residents,**

**suggesting that it may take longer than a year to demonstrate improvements attributable to the EA.”**

(Coleman et al, 2002)

While some research acknowledges slight

improvements in residents’ quality of life, but not levels of loneliness, apparently staff’s quality of life has suffered within an Eden Alternative institution.

**“Although care aides initially welcomed the restructuring, they described gradually becoming overwhelmed by the work, confined by consistent assignments, and isolated from colleagues and other residents”** (Andersen & Spiers, 2014).

**What the report does not mention is that the Eden Alternative has been shown, in the academic literature, to be harmful rather than effective since 2002 after a study was published in the Journals of Gerontology that stated:**

In light of problems with the Eden Alternative having been noted for 22 years in the academic literature, it is perplexing that this “model” would be included in the NIA report.

## Green Houses

The next “innovation” cited are Green Houses - often built on the grounds of predominately for-profit institutions, or in segregated “neighborhoods” rather than integrated into regular neighborhoods - requiring that elders still have to uproot and leave their familiar communities to receive care.

The Green Houses of Poplar Grove, Pulaski, Arkansas, cited as one example in the NIA report are 12 bed “cottages” located in a segregated “rehabilitation and long-term care community”. This “model” is essentially a for-profit nursing home broken up into 12 bed units, owned by Marybret, LLC since 2017 according to the Centers for Medicare and Medicaid Services (CMS).

The Pulaski Times reports:

***“During that period, the nursing home had an overall rating of one from the CMS, which is lagging behind the average of 3.0 recorded for nursing homes in Arkansas. CMS ratings evaluate nursing homes based on critical aspects such as health inspection outcomes, staffing levels, and the quality of care provided to residents.”*** (Pulaski Times, 2024).

It is perplexing why this “model” would have been included in the NIA report in light of its record.

## PRO-INSTITUTIONAL BIAS

While acknowledging that almost all elders wish to remain out of institutions, the report suggests that “the reality is that some will eventually require care in such a setting” (Sinha et al, 2025:11). This presumably also means 12-16 bed mini-institutions operated by for-profit companies.

Is the report suggesting that older adults living with frailty should settle for “small homes” that are not so small, are located in segregated neighborhoods or on institution grounds, operated for profit, rather than enabling small, non-profit operated, neighborhood-based real homes?

## FOCUS ON FOR-PROFIT SERVICE PROVIDERS AND ECONOMY OF SCALE

The report is completely silent on the role the non-profit sector could play in providing residential alternatives to institutions, in acquiring, renovating, and staffing real homes in communities where elders needing care actually live – if that sector had the per diem funding and construction costs offered to the predominantly for-profit institutional sector.

Worse, the report appears to suggest that the only reason the for-profit long-term care industry has not built smaller homes is because government has not given them enough money:

***“Furthermore, LTC home developers and operators have noted that the types of homes that are being built in Ontario to the government’s pre-pandemic design standards, and with their current construction funding subsidy levels, still makes it hard for them to not build large, institutional-style homes in order to achieve construction cost economies of scale.”*** (Sinha et al, 2025: 11).

The report is silent about whether or not “economy of scale” would matter if it was non-profit community service organizations receiving the funding with per diems of \$201+ per resident per day (Draaisma, 2024), plus government-subsidized construction costs of “560K per bed, or \$14 to \$34B overall” (Sinha et al, 2025:11).

***The larger the facility, the less likely it is that these principles can be adequately addressed. The report’s silence on how well residents’ needs are addressed in large “small homes” is problematic.***

10 participants (Government of Canada, n.d.).

There is a reason for this. Larger “small homes” do not adequately meet the needs of residents but do address the “economy of scale” needs of for-profit companies.

For example, residents with dementia would be likely candidates for “small homes”. Because of the close relationship between dementia and early psychological trauma (Desmarais et al, 2020), trauma-informed care and related activities should be an integral part of programming.

The principles upon which trauma-informed care rest are: Safety, Trustworthiness and

Transparency, Peer Support, Collaboration and Mutuality, Empowerment, Voice, and Choice, Cultural Issues (Duquesne, University, 2020).

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## SIZE OF SMALL HOMES MATTERS

The Government of Canada has stated that practitioners “from diverse program areas have consistently recommended that group size should not exceed 6-8 participants. Very rarely does a researcher or practitioner recommend a group size above

## EXCLUSION OF ELDER VOICES

As mentioned, SSAO co-founders with specific expertise and direct experience in returning individuals with complex needs to small homes in the community provided

considerable research information, including cost comparisons, to an author of the NIA report, yet this information does not appear anywhere in the NIA report - even though it is directly related to the subject matter. Why remove, or not include elder voices in a report whose recommendations have a direct impact on them?

The report also refers to a “culture change” movement in the U.S. away from institutions for elders, but fails to mention that Seniors for Social Action Ontario, a large non-profit social advocacy organization comprised of over 1600 members province-wide and staffed wholly by volunteers in their 70’s and 80’s has been advocating exactly this kind of culture change in Ontario. SSAO has long advocated a person-directed rather than a person-centered approach, and full citizenship for older adults.

Why describe a U.S. based culture change movement in the NIA report when there has been one here in Ontario, driven by elders themselves, not professionals, for over five years?

## COMMENTARY

Seniors for Social Action Ontario is concerned that the “models” outlined in the NIA report lack basic components that would ensure:

- older adults’ continued inclusion in the community;
- that residential supports are non-profit;
- that they are located within the communities in which those requiring residential care live, rather than on property or in age-segregated “neighborhoods” owned by institutions;
- that they not incorporate all the challenges that come with very large “small homes” many of which are actually mini-institutions.

The NIA report would have been stronger with the inclusion of elder voices, research, and lived experience and with better models of “small homes” and the absence of a pro-institutional bias.

At a time when older adults in Ontario are in dire need of alternative residential options and continue to face mass institutionalization, it is disappointing that the NIA would have drafted a report on small homes that falls so far short of what older adults actually require.



## Author

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## Reviewers

**With thanks to this critique's reviewers:**

**Ceciley White (SSAO Board)**

**Steve Tennant (SSAO Board)**

**Dr. John Lord (SSAO co-founder)**

**Doug Cartan (SSAO co-founder)**

**Linda Till (SSAO co-founder)**

**Harry Spindel (SSAO co-founder)**

**Kate Chung (Accessible Housing Network).**

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