

Meal delivery was available in six per cent of the developments; in another 32 per cent it was available as a general community service. This service is more likely to be available in metropolitan and large urban areas than in small towns. Again it is more available in Ontario than in other provinces.

Home nursing was supplied as a special development service by public health nurses or the Victorian Order in only eight per cent of the developments; in another 65% it was available as a general community service. Seventy-five per cent of self-contained developments had the service available from the community. Home nursing was most available in Ontario and least available in Quebec. This is explained by the fact that most Quebec developments have nurses on their own staff although not necessarily providing "home nursing" to particular residents.⁽¹⁾

Only nineteen per cent of the developments provided a regular medical checkup for residents. In 11% it was provided on site and in the other 8% in the community. Again such a service was more available in metropolitan developments than in major urban and small town areas. A full-time physician was on staff in only two developments. In three per cent a physician made regular daily or weekly visits. In another 29% a doctor was available on call. Of course a physician was more likely to be available to developments with a high proportion of incapacitated residents—and much more likely in Quebec.

Telephone contact service was operated in 17% of the developments surveyed, and was most likely to be available in British Columbia, Quebec, Prairies, Ontario and Atlantic Provinces, in that order.

Volunteer transportation was being provided for 24 per cent of all developments: thirty per cent of non-profit developments had service but only 14% of the public housing developments for senior citizens. Public transport systems were non-existent or ineffective in most developments. The Social Planning Council of Metropolitan Toronto considered the lack of adequate public transportation as a special problem in their 1973 report. "It is not only access to transportation that is important. Suggested improvements include consideration of vehicle design, rerouting buses, maintaining buses on subway lines and adjusting traffic signals and safety installations."⁽²⁾

Many municipalities provide cheaper transportation to their senior citizens. The Provincial Government in British Columbia, according to the annual report of the Department of Rehabilitation and Social Improvement (March 1972) subsidize British Columbia Hydro bus transportation for a nominal fee, valid in the Greater Victoria and Greater Vancouver areas.⁽³⁾

(1) *Ibid.*, p. 132.

(2) Social Planning Council of Toronto, *The Aging Toronto 1973*, p. E32.

(3) British Columbia, Department of Rehabilitation and Social Improvement, *Annual Report 1972*, Victoria.

The Manitoba Housing and Renewal Corporation⁽⁴⁾ reports that they require any plan submitted to them for the housing of elderly people to include space for centres which are generally organized on behalf of the tenants by the tenants or by private social agencies.

The Department of Social Affairs, Province of Quebec⁽⁵⁾ has announced new policies for the care of the aged. The emphasis is now on providing supportive services to the aged to enable them to maintain their independence.

Recommendation 61

That the municipal department or agency responsible for housing cooperate with other municipal departments and voluntary organizations in the community in the establishment of advisory and referral centres to assist old people with their housing and other problems related to their changing conditions and needs.

ACTION TAKEN

With few exceptions organized information and referral services are operated as a department or services of social planning councils in large centres. Elderly people seem to be unaware of the services offered and do not usually consult them.

British Columbia has its senior citizen counsellor program who are assisted financially with individual expenses up to \$40 a month. Referral Services are provided to a limited degree from the Provincial Department of Rehabilitation and Social Improvement, from private family agencies and centres in Vancouver and Victoria. Skilled counselling services are very limited throughout the province. Information centres have been set up in many communities in the Lower mainland. These are community operated to offer assistance to all age groups.⁽⁶⁾

The Prairie Provinces seem to be particularly well organized in this field, e.g., the Alberta⁽⁷⁾ Housing Corporation has a liaison with the Hospital Services Commission and the Department of Social Development as well as a consulting service with the Alberta Senior Citizens' Homes Association and the Alberta Council on Aging. In Manitoba⁽⁸⁾ the Age and Opportunity Bureau in Winnipeg is active in this area and in Saskatchewan⁽⁹⁾

(4) Manitoba Housing and Renewal Corporation. Letter dated August 8, 1973.

(5) Ouellet, Aubert, "Politique du Ministère des Affaires sociales relative à l'hébergement des personnes âgées. Symposium sur la gérontologie, Hôpital Notre-Dame de la Merci, Montréal, novembre 1973.

(6) Social Planning and Review Councils of British Columbia, *A Study of Community Care for Seniors*, Vancouver, 1972, p. 39.

(7) Alberta Housing Corporation. Letter dated August 20, 1973.

(8) Manitoba Housing and Renewal Corporation. Letter dated August 8, 1973.

(9) Saskatchewan Housing Corporation. Letter dated August 2, 1973.