

An interesting feature of some of the earliest institutions is that they were operated along functional lines as special facilities for the sick, the aged and the needy. This differentiation was lost later when the problems of poverty, age, illness, illegitimacy and delinquency became linked in people's minds and gave rise to the development of congregate institutions. In spite of periodic and severe criticism, these mixed institutions in which the aged person could receive little special attention persisted until very recent times, and in some places their last vestiges are only now being removed. During the Middle Ages, alms houses and houses of mercy, as they were known, were operated by monastic orders in most parts of Western Europe.

In England, this system of religious institutions was broken by the dissolution of the monasteries in the sixteenth century and was replaced gradually by poor houses established under the Poor Relief Act of 1601, its various amendments, and its successor of 1834. The principle under which all types of derelict human beings were crowded into custodial institutions in order to save them from neglect and indolence, and to protect a society which offered few alternative measures, remained basically unchanged until the eighteenth century when voluntary hospitals began to emerge. Poor relief was based on the principle of "less eligibility", implying that recipients of relief should not enjoy conditions of life as good as those of independent labourers of the lowest class. Thus the general mixed-work house often had a bleak, repressive atmosphere which was deliberately maintained to discourage the able-bodied poor, including the aged, from seeking admission.

The pattern of the English work house had a considerable influence on the development of institutions in the Atlantic provinces of Canada, some of which had earlier adopted the Elizabethan-type of poor law. Municipal institutions were established in Nova Scotia and New Brunswick, while Newfoundland and Prince Edward Island developed central institutions operated by the provincial governments.

In Quebec, which inherited the traditional system of monastic institutions from France, both congregate and specialized institutions operating under religious auspices were developed widely throughout the province. They became, and remained well into the twentieth century, the basic type of provision for those in need, including the aged. Thus the Quebec Public Charities Act in 1921, which offered public support on an organized basis for persons experiencing various types of need, was initially envisaged as extending only to institutional care.

Ontario was less directly influenced by European approaches to institutional care than the other older provinces. Thus while provision was made in the 1830's for the establishment of municipal houses of industry, this aspect of the English poor-law tradition did not take early root, and county homes were not developed in any number until close to the end of the century. From the 1840's, however, voluntary houses of refuge began to be established and were to be found in all the larger centres prior to the development of municipal homes. Many of the voluntary institutions were set up under religious auspices, while others represented broad community participation. The voluntary institutions began to receive grants from the province at an early stage; the grants were placed on a systematic basis in 1874 and made conditional upon the acceptance of provincial supervision in the same year. Ontario thus developed parallel and complementary public and voluntary institutions.

The institutional approaches worked out in Ontario were influential in the western provinces, especially Manitoba which also developed both public and voluntary institutions. Until recent years, Alberta had relatively few older citizens, and it is only within the last decade that it established its province-wide system of provincially-built but locally-administered homes for senior