LIBRARY OF PARLIAMENT

BIBLIOTHÈQUE DU PARLEMENT
LIBRARY OF PARLIAMENT
3 2354 00181 150 7

DATE DUE

FEB 2 8 1996

Canada. Parliament.
Senate. Special Committee J
on Aging, 1966. 103
Final report. H7
1966/67
A25
A12

3 2354 00181 150 7

Canada. Parliament. Senate.
Special Committee on Aging, 1966.

J
103
H7
1966/67
A25
A12

THE SENATE OF CANADA

FINAL REPORT OF THE SPECIAL COMMITTEE OF THE SENATE ON AGING

1966

1st Session, 27th Parliament, 14-15 Elizabeth II,
1966

97371—1

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1966

Table of Contents

97371—1½

Table of Contents

Foreword

It hardly seems necessary to explain why the Senate of Canada decided to embark on this study. The problems of the aged and aging have been receiving attention in recent years in many parts of the world. There is ample evidence in Canada of public interest in the subject, and many organizations and individuals are involved in trying to improve the lot of aging citizens. Until now, however, no attempt has been made to examine the problems of aged Canadians as a whole on a national scale.

Special Committees of the Senate have in recent years conducted inquiries into broad issues of public concern. Among the many proposals now being made for the improvement of our parliamentary business is the provision of a small permanent research staff for the use of the Senate and the House of Commons. It would certainly facilitate inquiries of this kind if such services were available. Nonetheless some of the inquiries already carried out by the Special Committees of the Senate, such as the inquiry into Manpower and Employment and the Investigation of Land Use, have resulted in informative reports which have been judged by independent observers to be a useful contribution to public understanding of the issues. We are pleased to help in disseminating authoritative information on which Canadians can base their own opinions and judgment.

We have tried not to lose sight of the main subject of our inquiry, which is the problem of the aged and aging. It has been necessary to avoid being drawn into the wide and related area of welfare problems as such, or slipping into the trap of regarding the aged themselves as a problem group rather than a group beset by problems.

As our inquiry progressed, it became very clear to us that the word "welfare" had as many meanings as there were witnesses. There appears to be two broad categories of meaning for this word. There are those people, and the number of them is steadily increasing in our complex technological system, for whom "welfare" is an essential activity of the community, ensuring that every citizen is able to call upon community services that he may need as a right of membership within the community. The word "welfare" in this sense covers a wide range of services intended to provide for a condition of "well-being" for every citizen.

Then there are those, and there are still a great many of them in Canada today, who think of welfare services as those provided for the poor and socially inadequate. Our own position is closer to the first than the second of these two groups. We have concentrated our attention on the subject of the aged and of aging in its broadest sense. It is a normal and natural phenomenon of human life which

concerns all of us and we have deliberately rejected the idea of defining "services" to the old people as "welfare services".

In pursuing its inquiry, the Committee has placed principal reliance on the knowledge of the many government and voluntary bodies throughout the country that have had experience in this field. The Committee is grateful to all of them for their assistance. The fruits of their labour are in a substantial degree incorporated in this Report. In addition, the main submissions made to us, as well as the verbatim proceedings, have been published separately in order to make this authoritative information available to all who are interested in pursuing lines of inquiry on particular topics.

May I repeat what I said to my colleagues when urging them to undertake this work? Senior citizens are not some indefinable group, separate and apart. They are our mothers and our fathers. They are ourselves in a few years. They are those who have made contributions to society and to our country. They are those who have given their energies, their skills and their children for the good of society. What the senior citizen needs is to retain his earned right in his own world.

In our investigation of ways and means of promoting "the welfare of the aged and aging persons," extending over many months, we have not only studied the wealth of material put before us, but being sensitive to the current social climate, we have tried to take a broad view of the whole question of aging. Our collective experience in living has helped us to place in perspective the problems raised and the solutions advocated.

Although some kinds of help needed by older people can be provided on a universal basis, many of their problems require individual attention. To ensure that this is available in a vast country with widely varying local conditions is a big order. It is always easier to suggest things for others to do than to point the finger at one's own responsibilities. We have, therefore, kept in mind the continuing part that all of us might play individually. Concern about the need to improve public services is evidenced by the number of official inquiries that have been going on into the division of responsibilities between provincial and municipal governments. But in addition to all that governments do to help the aged, there is need for the personal interest of citizens both in supporting public programs and in lightening the load of their own elderly relatives, friends and neighbors.

Our terms of reference, with emphasis on the need to develop "positive and preventive" measures which would enable older people to "continue to live healthy and useful lives as members of the Canadian community . . . .", clearly imply concern for all elderly people and not only for those who are in trouble. Moreover, we assume that older Canadians will benefit by any measures that promote the general welfare in its broadest sense.

Aging is a normal process that goes hand in hand with living. It is not a disease; neither is it an inborn handicap. What we see as problems of aging are the

difficulties more likely to be encountered by people who have passed their 65th birthday. For those who are seeking work, we are convinced that, generally speaking, problems related to age descend into the forties.

Recognition that older people are vulnerable to certain kinds of threats does not imply—and we reject any suggestion of the kind—that the elderly are a problem group. A high proportion of people continue to enjoy and to contribute to life to the end, and they are the individuals most likely to live to an advanced age. Although ailments naturally accumulate with time, more than 90 per cent of the elderly are not physically or mentally incapacitated to the extent that they must be taken into care. And only a small minority—perhaps 15 per cent of those over 65—are in receipt of public assistance. The great majority, although pitifully poor in many instances, manage on their own with the aid of the old age pension and those who come to public attention are the exception rather than the rule.

What we believe to be the universal desire of the elderly was crystallized for us by the Canadian Association for Adult Education in the word "continuity". Continuity involves expectation of sameness or change that is planned for and, if at all possible, self-chosen. It gives a feeling of security to maintain as long as possible the continuity of life as represented by place of residence, employment, family, church, clubs, hobbies and personal care. It is open only to a small minority to continue at the same job after age 65, and the risk of losing the lifetime partner—often all that remains of the family of origin—it is very great at that age. It becomes increasingly important to bolster up those areas in which things can go on more or less as they are. And when a fundamental change must be made in the interests of health and safety, freedom of choice should be preserved in as many areas as possible.

In their desire for continuity the elderly are asking society to let them keep the image they have earned in their prime, and protesting the tendency to lump them all together. They are saying in effect that they want to be treated like other adults; that to segregate them on the basis of age is degrading. Since each human being is a part of all that he has met, he asks the right to bring with him into his later years a lifetime of growth and experience. He asks not to be required to leave his comfortable old coat at the door, accepting in its place a uniform style worn by all those, and only those, who have reached age 65. Older people are individuals representing a cross-section of characteristics much like those found in the general population. Personal attributes are more pronounced than ever when we reach a time of life in which the need to conform is less important.

Resistance to being identified as aged is very great in a youth-worshipping society, where the negative image of old age is almost universal. It is said to be fixed in the mind of a child by the age of 10 and to be so firmly rooted that a graduate student retains it even after a course in the psychology of aging. Even professional people are apt to have a distorted image of aging. Doctors and nurses see the aged

sick, social workers the aged poor, employment officers the aged (and often uneducated) job-seekers. It is not surprising that these people—with so many other fields of activity open to them—are not generally attracted to working with the elderly. Furthermore, in this area as in some others, theory and practice are sometimes divorced. We were informed that employers support campaigns to encourage employment of older workers, but seldom see a place for them in their own establishments.

Our objective should be to keep to a minimum the number of old people who must have special attention, something that is bound to require heavy outlay in money as well as in time of scarce professional staff. Further investment in the preventive aspects of aging should pay big dividends.

The universal need, which only a small minority of old people can provide for themselves, is a floor of income security to maintain self-reliance. Organizations serving older people understandably concentrate on the need for services and on plans for improving the administrative structure, but the elderly themselves equate money with freedom.

The financial prospects of many older people should be greatly improved by measures taken since our hearings began. Particular mention should be made of the Government decision to reduce the age of eligibility for Old Age Security so that by 1970 it will be available to all at age 65. The coming into force of the Canada Pension Plan will help to ensure more adequate income in retirement for most of those who have been in the labour force. These will make retirement easier for the next generation of older people. They do nothing, of course, to improve the lot of those who have already reached their 70th birthday.

We deplore the tendency to confuse economic dependency with social or psychological dependency. To assume that one who needs financial help must be an inadequate individual will help to make him feel unworthy and preclude satisfactory solution of his plight. The elderly are particularly sensitive to any implications of that kind. The fact is that it is often the cost of expensive and lengthy health care that reduces elderly people to destitution. Institution of a comprehensive system of health services will save many from economic dependency.

The evidence convinces us that the great majority of older people continue to enjoy the love and support of relatives and friends. In modern industrial societies in which the family has long since ceased to be the common unit of economic production and consumption, this does not usually take the form of three generations living under one roof, an arrangement which is seldom desired by the elderly and is practically always less than ideal for the younger family. Some witnesses told of seeing "controversy and friction" in families where several generations share a small house. Almost intolerable strains are sometimes imposed by family loyalty.

It would hardly be realistic to represent old age as generally more satisfying than youth or the middle years. On the other hand, continual harping on the problems of old age is apt to make those for whom it is still ahead live in dread of it. Those who are already old need no reminder that the sands of time are running out. "The old men know when an old man dies." There is wisdom in the repeated warnings that fear of aging makes us reject the aged as a group. One way to allay these fears is to do all we can to eradicate the intolerable conditions under which many of the elderly now exist. It is the true situation of these individuals that provides the basis for the public image of old age. Because of their serious plight, there has been a tendency to consider the whole situation of the aging in a context of welfare. The Canadian Association for Adult Education suggested to us that to view aging in the context of welfare makes it "incapable of solution."

We have seen our task as assessment of the position of the elderly in today's society and consideration of what appears likely to be their lot in the foreseeable future. In Canada as in all advanced countries, the number and proportion of people who live to later ages is growing. At the same time, changing conditions have made it more difficult for the elderly to maintain their place in the community. Increasing productivity per worker, with fewer individuals required to do the nation's work, has created problems for them in the labour market even before the age of normal retirement, and we have yet to develop the attitudes and conditions necessary for older people to live useful and satisfying lives within the new circumstances of modern society.

The genuine interest of the committee members is attested by their faithful attendance, often at great inconvenience and during periods when the Upper House was not in session. Among them they brought to the subject not only their interest, but both breadth and depth of knowledge and experience. Some, but by no means all, could qualify for membership in a senior citizens' club. Those on the Committee included doctors, lawyers, farmers and businessmen. They were drawn from all ten provinces, and many are well acquainted with rural as well as urban life. Now that the older years are becoming in many ways a women's world since, as statistics indicate, women live longer than men, we are happy to report that four of the members of our Committee were women.

DAVID A. CROLL,
Chairman.

97371—2

Order of Reference

EXTRACT from the Minutes of the Proceedings of the Senate, Tuesday, July 29th, 1963:

"With leave of the Senate,

The Honourable Senator Connolly, P.C., moved, seconded by the Honourable Senator Vaillancourt:

That a Special Committee of the Senate be appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, in order to ensure that in addition to the provision of a sufficient income, there are also developed adequate services and facilities of a positive and preventive kind so that older persons may continue to live healthy and useful lives as members of the Canadian community and the need for the maximum co-operation of all levels of government in the promotion thereof;

That the said Committee be composed of the Honourable Senators Blois, Brooks, Croll, Dessureault, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Jodoin, Lefrançois, Macdonald (*Brantford*), McGrand, Pearson, Quart, Roebuck, Smith (*Kamloops*,) Smith (*Queens-Shelburne*) and Sullivan;

That the Committee have power to engage the services of technical, clerical and other personnel as may be necessary for the purpose of the inquiry;

That the Committee have power to send for persons, papers and records, to print such papers and evidence from day to day as may be ordered by the Committee and to sit during sittings and adjournments of the Senate;

That the evidence received and taken on the subject at preceding sessions be referred to the Committee; and

That the Committee be instructed to report to the Senate from time to time its findings, together with such recommendations as it may see fit to make.

After debate, and—

The question being put on the motion, it was—

Resolved in the affirmative."

J. F. MacNEILL,
Clerk of the Senate.

NOTE: The Committee was reconstituted during the three succeeding sessions of Parliament. See Journals of the Senate, February 19th, 1964, April 6th, 1965, and January 19th, 1966.

97371—2½

Acknowledgements

Reference has already been made in the Foreword to the generous co-operation accorded to the Senate Committee in its inquiry by governmental and voluntary agencies throughout Canada. In addition to extensive memoranda prepared on request by six departments and agencies of the Federal Government and presentations by nine of the Provinces, the Committee received briefs from some fifty citizen organizations. The latter, including societies of old people themselves, were located in many parts of the country and represented, not only the fields of health and welfare, but such varied interests as religion, education, business and labour. The Committee is grateful to all of these interested groups which, in most instances, went to great trouble and expense to share with us their knowledge and experience.

Acknowledgement is made here of the debt owed by the Committee to the members of its small professional and clerical staff who carried heavy and demanding responsibilities throughout. Their ability, hard work and devotion over the past two years have been important factors in bringing this Report to completion. We wish to mention particularly Mrs. G. H. Josie, who served so faithfully as Executive Assistant to the Chairman and prepared very helpful summaries of the Committee's Proceedings, as well as useful research, which is reflected in the Report. Appreciation should also be expressed of the wholehearted cooperation received from the Library of Parliament throughout the period of the Committee's inquiry, and not least of its specific contribution in preparing the index of the Report.

We should like to commend Mr. John A. Hinds and Mr. Dale Jarvis of the Committees Branch of the Senate, for the competence and despatch with which they handled the many administrative details relating to the Hearings, the meetings of the Committee and the translation and printing of the Report. To Mrs. Cathy Carpenter, Mrs. Susan Irvin, Miss Vera Fisher, and Miss Marion Ballantyne, who in succession served as secretaries to the Consultant, we wish to express thanks for the efficient and cheerful way in which they performed their duties.

Special reference should be made to the contribution of a small group of experts from various disciplines whose help was enlisted in the final stages of the investigation. Members of this group, on time taken from their leisure hours, worked with the Consultant in analyzing the mass of evidence submitted to the Committee. They are also responsible for the basic content of the Chapters comprising Part II of the Report as follows: Mr. Gilles Paquet, Department of Economics, Carleton University, (Chapter 9); Dr. Meyer Brownstone, Department

of Political Economy, University of Toronto, (Chapter 10); Dr. Cope W. Schwenger, School of Hygiene, University of Toronto, (Chapter 11); Mr. André Saumier, Assistant to the General Manager, General Investment Corporation of Quebec, (Chapter 12); Donald H. Gardner, Social Planning Council of Metropolitan Toronto, (Chapter 13); Dr. Peter C. Pineo, Department of Sociology, Carleton University, (Chapter 14); Mrs. Freda Paltiel, Ottawa. (Chapter 15); and Dr. Robert Kohn, whose experience as Assistant Director of Research for the Royal Commission on Health Services, was invaluable in many areas.

We were very fortunate in being able to retain the services of Mr. R.E.G. Davis as Consultant, whose knowledge and advice were of inestimable value. Upon him rested the overall staff responsibility for planning the inquiry, organizing the hearings, and preparing the report. To this task he brought his wide experience in the social and economic fields, which was of the greatest assistance to the Committee in the conduct of its study.

Introduction: Older People in Canadian Society

In this Report, which touches on many aspects of the life of older people, considerable information, in statistical and other form, related to income, employment, health, housing and social conditions, is presented in individual chapters. The purpose of this introductory chapter, based largely on demographic data supplied by the Dominion Bureau of Statistics, (DBS),[1] is to indicate a few general but salient characteristics of the older population, which have enabled the Committee to view their situation in some perspective.

Growth and Geographic Distribution of the Older Population

1. Older people in Canada are a rapidly growing group. Using the customary, if arbitrary, age line of 65 years we find there are now nearly 1,500,000 of them (DBS estimate for June 1, 1964, was 1,468,000), five times the number there were in 1901. And looking ahead we can be reasonably sure the present figure will more than double in the next twenty-five years to yield a total in excess of 3,000,000 at the time of the 1991 census.[2] By contrast the total population of Canada only tripled between 1901 and 1961 and is expected not quite to double by 1991.

It may be observed further that the rate of increase shows some *tendency to rise with age*. The population aged 75 and over has increased nearly six times since 1901 and the estimates are that the present number will increase two and a half times by 1991. This, of course, is the group most likely to make heavy demands on health, welfare, and other services.

2. There are those who view these trends as alarming, economically, which is the reason for their concern about them. How, they say, shall we ever be able to support such large numbers of non-producing and needy people? The fact is, however, that numbers in themselves throw little light on the answer to this question. What we have to consider rather is the *proportion* of older people in the population and here the statistics are much less disturbing. In 1901, 5 per cent of Canada's population was in the 65 and over age group; by 1961, sixty years later, it had risen considerably, but only to 7.6 per cent, and in 1991 the estimate is it will still be less than 9 per cent.

Moreover, even if we lump together the whole dependent population, not merely the elderly but the children at school as well, and relate this total to the

[1] For fuller information see *Selected Statistics on the Older Population of Canada in 1961*, (Catalogue 91-507) prepared at the request of the Special Committee of the Senate on Aging.

[2] Estimates given in Table 44, *Report of Royal Commission on Health Services* (based on net immigration of 50,000 annually), Vol. 1, pp. 114-5.

population of working age that must support them, the ratio will according to the estimates remain more or less constant in the foreseeable future.[3] Added to the fact that this ratio, roughly 40 per cent dependent to 60 per cent working, is not likely to change, there is the further consideration that the economy's output per worker can reasonably be expected to rise from two to three per cent each year. We need have no fear, therefore, older people in Canada will become an insupportable financial burden.

Actually, Canada has a relatively young population. As the following figures show, it is well down the list of Western countries in terms of the proportion of its population that is 65 and over. Using 1960 statistics, Sweden is at the top with 12 per cent, followed by the United Kingdom (1961) with 11.9 per cent, Norway 10.9 per cent, West Germany and Denmark 10.6 per cent, the United States 9.3 per cent, the Netherlands 9.0 per cent, New Zealand 8.6 per cent, Australia 8.4 per cent, and Canada 7.6 per cent.

3. However, it should be noted that *the proportion of older people in the population varies considerably by provinces;* from highs of 10.4 per cent in Prince Edward Island and 10.2 per cent in British Columbia to lows in Quebec and Newfoundland of 5.8 per cent and 5.9 per cent respectively. This variation is tied in with a number of factors, notably inter-provincial migration. Since migration is most likely to involve people at working ages, the Maritime Provinces, Manitoba and Saskatchewan, which have lost more people than they have gained since 1941, have been left with relatively high proportions of older people. British Columbia is a special case due to its favourable climate which attracts people in later years. Although B.C. is the province showing the largest population gain due to inter-provincial migration, its population of older people is larger than that of any other province except P.E.I.

4. *An important characteristic of population trends is the steady trek from farm to city,* largely determined by industrial development, which has been most marked in Canada during the years since the outbreak of World War II. By mid-century this movement was well advanced in the industrialized provinces of Ontario and Quebec, and also in British Columbia, and it has continued in these three provinces since at an accelerated pace. The urban population had become the majority also in Manitoba and Nova Scotia at the time of the 1951 census, but the other five provinces at that time continued predominantly rural. By 1961 only Prince Edward Island, Saskatchewan and New Brunswick had larger rural than

---

[3] *Ibid.* Actually the numbers in the labour force vary considerably according to the state of the economy, and there is a large potential of workers among married women.

[4] *Health Services. Health Insurance and Inter-Relationship* by Dr. K. C. Charron, Director of Health Services, Department of National Health and Welfare, Canada, 1963.

urban populations and all provinces were moving in the direction of increased urbanization.[5]

Those trends are naturally reflected in the distribution of the older population. In 1961, 70 per cent of those aged 65 and over lived in urban areas, 20 per cent in rural non-farm areas, and 10 per cent on farms. Moreover, a comparison with the situation in 1951 reveals that during the 1951-61 period the number of older people in urban areas increased by 40 per cent, and in rural non-farm areas by 36 per cent, whereas the number living on farms declined 31 per cent, some 11 per cent more than the decline in the total farm population.

Note should also be taken of the distribution of the older population by sex. In rural areas, farm and non-farm alike, older men outnumbered older women, which has been the pattern for some decades, whereas in urban areas, older women in 1961 comprised 54 per cent of the total population aged 65 and over.

Sex and Marital Characteristics of the Older Population[6]

1. *On the average Canadians today live longer than they did a generation ago,* but this is due much more to the changes that have occurred in infant than in adult mortality rates. Deaths fell from over 100 in the first year per 1,000 live births during the early 1920's to a record low of 27 in 1961. The result is that at present according to the 1961-2 Canadian Life Table, a male infant at birth has a life expectancy of 68 years, and a female of 74 years, respectively, 8 years and 12 years more than in 1931.

However, life expectancy for adults has also increased over this period, notably for women. The latter at age 45 may now expect to live 4 years longer than women of the same age 30 years ago, and even at age 60 they have a 2.7 year advantage. By contrast men have improved their position very little. For those aged 45 the gain in life expectancy is less than 1 year and at 60 approximately only 6 months over that of their predecessors in 1931.

2. *The fact that women on the average outlive men goes a long way to explain why there are so many more widowed women than widowed men in the population.* Other reasons, are of course, the greater tendency there is for widowers to remarry, and their likelihood in doing so to choose younger women as partners. According to the 1961 census, 71.6 per cent of the widowed population aged 65 and over were women as compared with some 66 per cent twenty years earlier.

---

[5] DBS No. 99-512- Table 4. According to the DBS definition, "the *urban* population represents that portion of the total population residing in cities, towns, and villages of 1,000 population and over, whether incorporated or not, including persons residing in metropolitan areas and the urbanized fringe of urban centres of 10,000 population and over." The balance of the population is classified as *rural* and is divided into two sub-groups: *rural non-farm,* who are people living in communities whether incorporated or not, of less than 1,000 population and *farm,* people living on farms as defined by the census of agriculture.

[6] See Submission of *A. H. LeNeveu, Chief of Population Analysis, DBS,* to the Special Committee of the Senate on Aging, Nov. 5, 1964, No. 20, p. 1357.

Commenting on this general situation Mr. LeNeveu in his submission to the Committee remarked: "At all ages there were about twice as many widowed women as widowed men in the population of Canada in 1941, while in 1961 there were almost three times as many. This disparity in relative numbers of widowed men and widowed women in the older age groups is a factor of some importance in the consideration of family and housing problems of older people in Canada."[7] As will be seen in later chapters, the majority of older widows in 1961 had no other source of income than the Old Age Security Pension.[8]

The Social Setting of Older People

To round out the present brief review of basic statistical data something should be said about other aspects of the situation of older people, such as their income, employment and housing status. However, as the Report developed, so much of this material came to be included in the specialized chapters that it has seemed unnecessary to repeat it here. We conclude this background chapter with two or three general observations related to the social position of the aged.

1. *Old people are not nearly as distinct and homogeneous a group as is sometimes imagined.* Many of their needs and interests are very like those of other members of society, while in such obvious respects as income, health, cultural activities and social behaviour they vary widely among themselves. Even in the matter of age gerontologists are coming to distinguish between the young-old, the middle-aged old, and the old-old, and to recognize that these categories cannot be defined altogether in terms of years, but must take account of psychological and sociological factors.

What this implies is that older people can often satisfy many of their needs and interests through existing or emerging community arrangements, or could do so if the opportunity were as readily available to them as to other age groups, in areas like education and community recreation, for example. It also implies that where special provision has to be made for old people, as in regard to housing and health care, pains should be taken to ensure the widest possible variety of choice and opportunity.

2. *Older people are less likely today than formerly to live with their grownup children.* In the main this is due to the changed conditions of urban living, which in contrast to conditions in a rural economy make a large family burdensome. City families have smaller dwellings and a much narrower spread of social and economic functions. Another factor is modern mobility, which may mean the young family is located a long way from the place where the parents have their roots. And, finally, there is the consideration that many older people prefer to be independent and to maintain their own way of life.

---

[7] *Ibid.*, p. 1363.
[8] See Chapters 2 and 9.

The Committee discussed this latter situation on the several occasions when it met with older people and discovered some interesting attitudes, at any rate among the young-old and middle-aged old. What we were told was that, while older people want to be near their married children, they would prefer not to live under the same roof. This statement, it might be observed, is supported by census statistics. These suggest, although the data is not complete, that between 1951 and 1961, due no doubt to the introduction of the universal Old Age Pension, there was a shift away from older parents living with their children, even on the part of those who were widowed.[9]

The Committee's informants among older people also spoke of their wish to be financially independent of their children, except where the help could be mutual. The trend, which is supported by other evidence, seems to be for older people to turn for assistance of this sort, when they need it, to government and specialized community agencies rather than to members of their families.

3. *One of the most serious and difficult problems faced by society in relation to old people is that of helping them maintain some satisfying foothold in the community and with it a sense of self-worth.* In earlier times when old people had a scarcity value they not only enjoyed considerable respect, but were turned to as a source of wisdom and experience. Today, with the world changing as rapidly as it is, and moving along technical and scientific lines, such wisdom and experience tend to be at a discount. The result is that the older person, and more particularly the man, retired early from his accustomed occupation, frequently feels himself an economic and social supernumerary. He has ceased to belong in the important world of work and, consequently, has lost many of his social contacts. And his children, who could give him a sense of family rooting, may well at this point be at the other end of the country.

There is the further consideration, pointed out by Frederick Elkin that "when someone reaches the age of 65 or 70 others often define him as *old;* they treat him differently and expect different behaviour from him, and the elderly person may, no matter what his physical condition may be, accept this definition."[10]

Professor Elkin concludes that it is difficult in modern society to provide older people with "meaningful and satisfying" roles. Perhaps eventually the aged will work out this problem for themselves, or at any rate there is the possibility of it becoming less pressing, as we all learn to use more creatively the increased leisure the machine is now making available to us during our active working years. Meanwhile, there are many bored and lonely men and women in the old age group, which would seem to indicate the need for deliberate community planning and

---

[9] *Dominion Bureau of Statistics,* brief, prepared for the Special Committee of the Senate on Aging, Oct. 22, 1964, No. 18, pp. 1264-5.

[10] F. H. Elkin, *The Family in Canada,* p. 130, published by the Canadian Conference on the Family, 1964.

action to relieve their condition or prevent it arising. One obvious place to begin is with housing, recreation and institutional projects. In present circumstances these are often so planned as to segregate old people and remove them unnecessarily from familiar scenes and contacts.

4. *Finally, it should be observed, and indeed emphasized, that many of the personal problems of older people are the result of social and economic trends that are affecting all of us.* Old people may be in a particularly vulnerable spot but so, in varying ways and degrees, are the members of younger age groups. One has only to think of automation which, with its impact on early retirement, is giving a new meaning to "age" and "aging." A fact of life, significant for this Report, is that increasing numbers of people are retiring from the active labour force, or are being forced out of it, at ages when they are still relatively vigorous and resourceful. And yet people at all stages of the aging process wish to go on living as close to normal as possible, and to be regarded as still having a useful contribution to make.

Problems like these have to be considered in their broadest social context. What kind of a society is likely to be the outcome of our advancing technology? Will it be as mechanized and automated, and also as sterile, spiritually and culturally, as some thinkers and writers seem to imagine? Lewis Mumford was thinking along these lines in an article on Aging written as far back as 1956 which is still timely:

"The first step toward framing a sound program (for old people) is, I believe, to examine the human situation as a whole, not to center attention solely on the problem of destitution, chronic diseases, and hospital care. We shall not, perhaps, be able to care for the aged, on the scale their needs and our national wealth demand, until we are ready to put into the rebuilding of human communities something like the zeal, the energy, the skill, the dedication we give to the monomaniac production of motor cars and super highways . . . . but to say this is also to say that there is no easy shortcut to improved care for the aged: to do well by them, we must give a new direction to the life of the whole community. If we fail here we shall in prolonging life only prolong the possibilities of alienation, futility and misery."[11]

The Committee's outlook is not pessimistic. We believe that, without sacrificing economic growth or specialized efficiency, we can create in Canada a society where youth and age alike will find satisfaction and fulfilment. It is our hope that the present Report, which attempts to view the human situation in Canada through the eyes of the aged, may make some contribution to this larger task.

---

[11] Mumford, Lewis, *Not Segregation but Integration,* Architectural Record No. 234, May, 1956, U.S.A.

Reprinted in the Community Planning Review, the magazine of the Community Planning Association of Canada, Sept., 1956.

PART I

SUMMARY AND RECOMMENDATIONS

CHAPTER 1

Guiding Principles

In the course of its Hearings, extending well over a twelve-month period, the Committee has been brought into close contact with the situation of old people in Canada today. The many persons who have appeared at these Hearings, representative of governmental and voluntary bodies, and speaking usually from intimate knowledge, described this situation, or particular aspects of it, in considerable depth and detail. They also indicated, with some precision and an impressive degree of unanimity, what in their view should be done about it.

There can be no question of the important contribution made by the Hearings to the Committee's inquiry. Not only was a great wealth of material assembled, which could hardly have been secured in any other way; but also as the evidence accumulated members were made increasingly aware of the magnitude and complexity of the subject-area with which they were required to deal. The greatest difficulty arose when it came to assessing the proposals put forward by the different groups. As was quickly apparent these were based on a variety of premises that were not always compatible, and in the Committee itself differences were revealed in view-point and assumption that frequently stood in the way of easy consensus.

It cannot be said that the Committee made any formal attempt to resolve these differences. The focus throughout was rather on practical concerns, and it was in relation to one after another of these that matters of principle and philosophy were discussed and clarified. Out of this process certain generalizations were gradually evolved, which served to guide the Committee's thinking and planning and it would seem important to set these down in brief outline, as follows:

1. *The welfare of older people is closely linked with the welfare of all Canadians.*

Many of the problems older people face are the result of new developments in society, such as rapid technological change, which are having their effects on other age groups as well. This means that constructive planning for old people cannot proceed on an *ad hoc* basis but must rest on an analysis and understanding of the total social situation.

2. *Society has a responsibility to protect and assist disadvantaged groups in the population, such as older people under present day conditions, but in doing so must also take account of the wider public interest.*

David A. Morse, director-general of the International Labour Office, Geneva, speaking at the first Hearing of the Committee, enunciated this principle:

> "Older people", he said, "are more vulnerable to change than other groups . . . more defenceless, more liable to be discarded . . . Yet in justly recognizing the claims of older people . . we should do so, I suggest, through policies fully harmonized with the broad social and economic goals of the community as a whole."

Mr. Morse couples social and economic goals as though they are themselves in harmony, which is, of course, not always the case. His main point, however, is valid, namely that there is need for a total rather than a segmented view of the good society and for long-term as well as short-term objectives along the road to its achievement.

3. *Every effort should be made to enable old people to maintain their independence as fully and as long as possible.*

Not only is prolonged dependence likely to be debilitating but it is a condition which the great majority of older people are anxious to avoid. All the evidence received by the Committee supports this proposition. Witnesses from the health field laid great stress on the importance and potentialities of rehabilitation programs, and older people themselves spoke of their desire to manage their own affairs rather than become a burden to their families and the community.

4. *There is no simple answer to the question of whose responsibility it is to provide the services and facilities required by Canada's growing population of old people.*

Governments at all levels, voluntary agencies and associations, business enterprise and the individual citizen himself are all involved, but the roles performed by each are constantly changing, and at any given time vary according to the nature and extent of a particular need, and the social service pattern of the community or province.

Broadly it may be said:

— that the individual should be expected to carry a personal responsibility for his own health, welfare and happiness in old age as in earlier life up to the limits of his means and capacity.

— that voluntary agencies and associations may provide, or share with government in providing, services that are within the scope of private financing and/or are not yet accepted as requiring to be made generally available.

— that business enterprise should be free to cater to the needs and interests of those older people who have the means to pay for them.

— that governments have the overall responsibility to see that:

(a) older people have sufficient income to support a desirable minimum standard of living;

(b) the necessary range of basic services and facilities required by older people are provided and available to them;

(c) that under whatever auspices such services and facilities are provided acceptable standards are maintained.

5. *It follows from the above that one of the great needs in the field of aging is for planning and co-ordination, not only in local communities but at the provincial and federal levels.*

Vigorous and varied eflorts are being made everywhere across Canada at the present time to match the requirements of older people with appropriate services and facilities. To a large extent, however, these efforts are proceeding independently without reference to any central design. The result is a fragmented and unbalanced situation in which old people seeking help are often confused, and in which overall planning, evaluation and research are conspicuously lacking. Some disorder is to be expected in the early stages of any important undertaking, but if this disorder continues unduly, especially in an area as many-sided and complex as that of aging, there is an increasing risk of ineffectiveness and failure.*

CHAPTER 2

Income Status and Security

Income status of older people

Without question the most serious problem encountered by the Senate Committee in the course of its investigation was the degree and extent of poverty which exists among older people. Witness after witness at the hearings spoke of incomes insufficient to ensure proper food, housing and medical care; and every form of analysis made for the Committee, on the basis of the 1961 census and the 1962 survey of income statistics, supported the proposition that older people are a low-income group, and that many of them eke out an existence at or near the subsistence level.[1] The situation is elaborated in Chapter 9 but a few of the more striking facts may be summarized as follows.

---

* At a number of points in later chapters of the Report, the Committee returns to the question of guiding principles. This has seemed necessary, in relation to the particular problem under discussion. It will usually be found, however, that these later formulations are corollaries of the five statements presented here, which the Committee regards as basic.

[1] The chief source of data for this summary is a memorandum and subsequent tabulations prepared for the Committee by Miss J. R. Podoluk, Research Statistician DBS (See Proceedings of the Special Committee of the Senate on Aging (No. 18), October 22, 1964.)

1. In 1961, 54 per cent of the population aged 65 and over, had gross money incomes of less than $1,000. Actually the percentage was higher than that. For one thing, persons reporting no income, some 8 per cent of the total, were not counted; for another the survey excluded farm residents, inmates of institutions, and persons living in non-private households, altogether another 18 per cent. Had these two groups formed part of the total, the 54 per cent figure would undoubtedly be higher. For all persons who were included the median income was $960: $1,440 for men and $830 for women.[2]

2. Fifty-nine per cent of Canada's older people in 1961 were members of families as defined by the census.[3] It may be assumed, although we do not have adequate data, that many of these older people are better off than their individual incomes would suggest. If the husband and wife are still together, which was true in 80 per cent of such families, the wife may have had an income as well as the husband, and unmarried children, if present in the home, may have been making some contribution in support of their parents. The median income of non-farm families with the head aged 65 and over, was $2,831, which, however, was only 60 per cent of that of families with the head under 65. A further finding of considerable importance is that although older families (with the head aged 65 and over) comprised only 12 per cent of all Canadian families, they accounted for nearly one-third of the total number with incomes under $2,000.[4] Some 37 per cent of older families are in this latter group.

3. If things are difficult financially for many older people living in their own families, they are much more so for those whose families are broken up through the death of one of the marriage partners and children moving out on their own. In 1961 there were 570,000 such "unattached" persons, over two-thirds of them women, and their median income on the basis of the non-farm sample was $829[5], with 60 per cent receiving less than $1,000 annually.

We know less than we should about how these people manage. Over 40 per cent of them, mostly on very low incomes, lived with married children or other relatives, who in many instances doubtless provided free room and board. The remainder, however, some 262,000 older persons, 63 per cent of them women, lived alone or with non-relatives and were, presumably, dependent for the most part on their own resources. Of this latter group, 53 per cent had incomes of less than $1,000. Among those aged 70 and over, 47 per cent of the men and 50 per cent of the women, received almost their entire incomes in the form of Old Age Security payments.

---

[2] Because of the concentration of pension incomes at $660 (the old age security level in 1961) it is probable that the correct median in this group is lower, possibly as low as $660.

[3] A family, as defined by the census, comprises a husband and wife living together with or without *unmarried* children, or one parent occupying a dwelling with *unmarried* children.

[4] It should be observed that the 1964 Annual Report of the Council of Economic Advisors (U.S.A.) regards as poor all families with incomes under $3,000.

[5] See footnote 2.

4. Among the various sub-groups in the older population, "unmarried" women (single, widowed and divorced)[6] would appear to be in the worst economic position, which is all the more serious since in 1961 over 50 per cent of all women, 65 years of age and over, were in this category. Moreover, the prediction is that the percentage of women in the older population will continue to rise over the coming decades and that an increasing proportion of them will be widows.

An analysis of the income position of older "unmarried" women by household status indicates that for those who lived with relatives, usually their married children (one-third of the total group) 80 per cent had incomes of less than $1,000. Only slighter better off were lodgers (10 per cent of the group) with a median income of $844. For those who maintained their own apartment or house, (some 44 per cent of the group) the median was highest at $937. (Not included in the above classification were women in institutions, such as homes for the aged, nursing homes, etc., who comprised nearly 9 per cent of the unmarried female group, and employees and others who totalled 4 per cent).

Another informative statistic relates to Old Age Assistance. Of persons (between 65 and 69 years) granted such assistance in 1962-3, 56.6 per cent were women; and of these 7 per cent were single and 49 per cent widowed, separated and divorced.

In another tabulation (see Table 1) the Committee examined the incomes of older people by age beyond 70. It will be seen that among the present generation of older people incomes vary inversely with age, which suggests that those in advanced years, and especially the women among them, are in greater financial need than persons who retired recently.

[6] The census includes separated persons in the married group.

Table 1.—Percentages of Non-Farm Population 70 years of age and over with annual incomes of less than $1000 by sex, age and marital status for Canada to the year ended May 31, 1961.

Age	All Males	Females		
		Married (a) (36% of female group)	Single (b) (9% of female group)	Widowed or Divorced (c) (55% of female group)
	%	%	%	%
70–79	37	80	50	65
80–89	58	87	59	74
90 and over	62	94	63	77

SOURCE: Unpublished data DBS.

Sources of Income

An important question relates to the proportion of their incomes which older people receive from different sources. Census information on this subject, unfortunately, is not yet available but the Survey of Consumer Finance 1962 yields the following statistics:

Table 2.—Composition of Aggregate Family Income by Age of Head of Family[7]

Source	65–69 years	70 and Over
	%	%
Income from employment	71.4	48.1
Old age pensions and old age assistance	3.2	26.1
Other government payments	6.3	4.3
All other sources	19.1	21.4
TOTAL	100.0	100.0

SOURCE: Unpublished data 1962 Survey of Consumer Finance.

Table 3.—Composition of Aggregate Income for Non-Family Members by Age of Individual[8]

Source	65–69 Years	70 and Over
	%	%
Income from employment	42.0	17.3
Old age pensions and Old Age Assistance	12.7	46.2
Other government payments	12.6	4.1
All other sources	32.7	32.4
TOTAL	100.0	100.0

SOURCE: Unpublished data—1962 Survey of Consumer Finance.

In view of the fact that the incomes of children and other relatives living with the family head are included in Table 2, it is not perhaps surprising that employment should be the chief source of family income even for the group 70 years and over, or that government payments come to only 30 per cent of the total. Another reason why employment remains important as a source of family income is that most family heads are men and a considerable proportion of these (47.4 per cent aged 65-69 years and 17.8 per cent 70 years and over in 1961) continued to work.

[7] Includes incomes of relatives living with head.
[8] Individuals living alone or with non-relatives.

For individuals living alone apart from any relatives, some two-thirds of whom were women, heavy dependence on government payments is clearly seen. One-quarter of all income in the group 65-69, and over one half in the group 70 years and over came from this source. Miss Podoluk adds two other comments: 1) the proportion of total income received from government payments is much higher for women than for men (70 per cent of *all* women 70 years and over as compared with 40 per cent of *all* men had no other income than government payments); 2) for those individuals whose incomes were less than $1,000 (60 per cent of the total non-family group) government payments constituted more than 90 per cent of the total income.

It should be noted, however, that employment continues to be an important if diminishing source of income even beyond age 70. Older persons who continue to work, chiefly the self-employed, are in a much better financial position. Canadian figures on this point are not available but the situation in the United States in 1957 was described as follows: "Only about one-fifth of all men aged 65 and over, and 4 per cent of all aged women were year round full-time earners. Their average annual income was roughly two and a half to three times that for all aged persons."[9]

Unfortunately, it is not possible with the data now available to make an analysis of "income from other sources", which in three of the four categories given above is the second largest income component. Presumably the chief item is investment income, which accrues chiefly to persons at the upper end of the income scale. The other item of principal consequence is private pensions and annuities. Here we know that in the 1961 Census 228,000 persons of *all* ages, 166,000 men and 62,000 women, reported income form this source. Even if one were to assume that three-quarters of these persons were 65 years of age and over, only 12 per cent of the older age group were in receipt of income from this source. A breakdown of the figures by income indicates that of all male pension recipients, regardless of age, 35 per cent had incomes of $5,000 and up and 11 per cent had incomes under $1,500; and that of all women recipients 15 per cent had incomes of $5,000 and up and 28 per cent had incomes under $1,500.

Assets and Liabilities

Although cash income is the most important single measure of the financial position of older people, a complete assessment needs to take account also of income in kind, such as imputed rent on owner-occupied homes, and also of assets that may have been accumulated by older people during their working years. It is unfortunate, therefore, that recent data under this head are not available. The latest information is from a DBS survey in 1958 which shows that non-farm families with heads aged 65 and over had more liquid assets and less debts than families

[9] Lenore A. Epstein, *"Money Income of Aged Persons: A Ten-year Review, 1948-58"*— Social Security Bulletin, Washington, 1959.

generally.[10] For most people in both groups, however, the amounts involved were small: 60 per cent of the older families, and 80 per cent of all families had liquid assets of less than $2,000; and 96 per cent of the former, as compared with 88 per of the latter, had consumer debts of less than $1,000.

It is probably true in Canada, as in the United States and Great Britain, that the most important capital owners among the aged are a small minority of the total group. This same 1958 survey shows that for the group aged 65 and over, 15.3 per cent of family units (families and unattached individuals) with incomes of $5,000 and more held 40.3 per cent of the liquid assets of the group. Similarly in the United States in 1960, (according to the Survey of Consumer Finances, University of Michigan), the top 20 per cent of the age group 65 years and over, ranked by size of income, held about 50 per cent of the liquid assets.

Owned homes are the principal asset that people bring with them into old age. In 1961, of 747,000 dwellings occupied by households, whose head was aged 65 and over 77 per cent were owner-occupied. In the spring of 1959 it was estimated that over 90 per cent of home owners aged 65 and over owned their homes, mortgage-free. This means, of course, that a modest cash outlay enabled such families to remain in their own homes. However, as pointed out by Central Mortgage and Housing Corporation in its submission to the Senate Committee[11], the quality of the housing stock occupied by the elderly is much below average.

Increases since 1961 in Social Security payments

What has been said up to this point relates chiefly to the situation in 1961 which is the latest year for which substantial data are available. It does not, therefore, reflect the two adjustments that have taken place since that date in the payments available to older people under the country's Old Age Security and Old Age Assistance programs. Today these payments total $900 annually for a single individual, and $1,800 for a couple, by comparison with $660 and $1,320 respectively in 1961.

It is, of course, important to examine the effect of these substantial improvements, and the Committee regrets that the necessary data for doing so are not yet available. (1964 was the first year in which the most recent change has had its full effect.) With regard to older families it will be recalled that 37 per cent of them in 1961 had incomes of less than $2,000. This percentage is now undoubtedly lower, although perhaps not as much lower as might be expected. For one thing, on the basis of past experience, only some 20 per cent of persons in the 65-69 year age group are eligible for benefit under Old Age Assistance. And for another, again on the basis of the past record, less than half the families with heads aged

[10] Memorandum prepared for the Senate Committee by Mrs. G. Oja of DBS.

[11] *Central Mortgage and Housing Corporation*, brief submitted to the Special Committee of the Senate on Aging, Proceedings Nov. 26, 1964, No. 22, pp. 1470-71.

70 and over are receiving the double increase of $480. A moment's reflection indicates why this latter statement is true. Since husband and wife are rarely of the same age, there is usually a period during which only one of them is eligible for Old Age Security. By the time both become eligible, the chances are that one or the other will soon be left alone. The period during which an elderly couple is in the happy position of receiving two Old Age Security cheques, therefore, is likely to be, on the average, a short one.

The proportion of non-family members (persons living apart from any relatives) with incomes below $1,000 may also drop considerably from the 1961 figure of 53 per cent. However, since most of this group were dependent chiefly on government payments, their incomes tended to cluster around the $660 figure.[12] To the extent that this was the case, the addition of $240 annually will still leave them in the under $1,000 class.

Financial Requirements

Finally, a question arises about the financial requirements of older people. How much must they have in order to satisfy their basic consumption needs? Unfortunately, this is an area of inquiry which has received very little scientific attention in Canada. Only two bodies that presented evidence before the Committee were able to furnish information derived from studies they had made.

The Ontario Welfare Council submitted a budget developed in 1958, which was designed to ensure "a modest but adequate living standard" for older people. According to their report, obviously out of date in a number of items, the monthly income required to meet this standard ranged from $86 to $98 for a single person, and for a couple from $135 to $149.

The Canadian Home Economics Association confined its attention to food costs in 1963 and presented allowances for elderly individuals on a monthly basis, in selected cities across the country, which ranged from $25.54 to $36.07.

In the United States, the Social Security Administration, back in 1946-7, developed a budget for a retired couple and estimates of the cost of this budget are published periodically by the Bureau of Labour Statistics, which prices the various items in some twenty large cities.[13] In 1959, the average annual cost of the American budget for a retired couple in the cities selected was estimated at about $2,500.[14]

To sum up, the Committee, while recognizing and regretting the gaps and deficiencies in existing knowledge about the income status of older people, is fully persuaded on the basis of the evidence presented to it and its own analysis of

---

[12] See footnote 2.

[13] *Monthly Labour Review*, November, 1960. United States Department of Labour, Bureau of Labour Statistics.

[14] Lamale, Helen H.—*"Budgeting for Older People"* in Aging and Economy—Edited by Orbach and Tibbits, University of Michigan, 1963.

available data, that the economic problems of the aging population continue to present a serious challenge. Everything we learned confirms the view, expressed at the outset, that older people, and more especially those denied the support of a family, are a low-income group, both absolutely and by comparison with younger adults. Not only so, but older people, unlike younger adults, have little prospect of improving their condition through their own efforts. Only about one in six of them (one in four of the men) is in the labour force, and even this low rate of participation is definitely falling. Older people, therefore, are not able to benefit from the gains resulting from increased industrial productivity, while at the same time their meagre incomes are subject to erosion as the cost of living rises.

Recommendations of the Committee

What recommendations can be formulated to deal with the income problems outlined above? In facing this question the Committee was, of course, aware of one very important proposal that was before Parliament at the time in the form of an Act "to establish a comprehensive program of old age pensions and supplementary benefits in Canada payable to and in respect of contributors" (Bill C-136). Indeed, six members of the Committee, including the Chairman, were members also of the Special Joint Committee of the Senate and the House of Commons appointed to study it.

In the circumstances, the view taken was that it would be inappropriate, and indeed a work of supererogation, for the Senate Committee to make recommendations related to this particular measure. It has, however, followed the Proceedings of the Special Joint Committee with keen interest and is impressed with the degree of economic security that the new legislation will afford to the great majority of older people retiring in the future. In the past the modest aim of government programs in this area has been to meet the basic needs of older people. The significance of the Canada Pension Plan is that it goes beyond this minimum objective and seeks to ensure to retiring workers, and their dependents, an income that will be related significantly to the family's pre-retirement standard of living.

It is not a criticism of the Canada Pension Plan, which is based on the contributory principle, that its benefits will flow to those who retire in the future, and, meanwhile, build up a record of entitlement. The fact remains, however, that there are a million or more older people in Canada, already retired, who are altogether outside the scope of its provisions, and that the majority of this latter group, as the figures show, are in serious economic need. Having lived through two World Wars, the great depression and a period of marked inflation, these older people find themselves now with few personal resources and dependent on the support of government programs to a much greater extent than the new retirees are likely to be. The concern of the present aged is not one of maintaining a

pre-retirement standard of living, which for many was abandoned long ago, but rather of being able, in face of rising prices and depleted means, to secure the bare necessities of existence.

Note should also be taken of the recent action by Parliament which makes the Old Age Security pension available progressively at lower ages than 70 down to age 65 in 1970. While generally commendable, this action, of course, constitutes a further benefit to future retirees, amounting to $4,500 for those born in 1905 or later, without any corresponding benefit to those in the upper age group who, from all the evidence, are in greater need.

While the Senate Committee, in line with its terms of reference, has been concerned with "the welfare of the aged and aging persons" generally, it has felt a particular responsibility for old people already retired and has had their needs prominently in mind throughout its deliberations.

1. On grounds of equity as well as of need something must be done to increase the benefits available to persons aged 70 and over, and to ensure that the retired individual will enjoy future benefit increases that are in harmony with the upward movement of incomes generally. (It will be recalled that 70 per cent of all women in this group, and 40 per cent of all men in 1961 had no other income than Government payments.)

2. Any suggestion that these older people, when the $75 pension is not sufficient, should be expected to depend for supplementation on public assistance after a needs test is utterly unacceptable. Public assistance should, of course, be available to them, as to others in the population, to meet residual needs and to deal with special circumstances, but it is the Committee's conviction that main reliance for meeting their ordinary requirements should be on benefits to which they are entitled as a matter of right and that the proportion of older people requiring needs-tested supplementation should be very small at all times.

3. The question is how best to provide such benefits. One possibility would be to increase the Old Age Security Pension by some agreed amount as has been done at intervals in the past. It is obvious at once, however, that an adjustment of this type, however welcome it might be to retired people on slender means, will do nothing to improve their position relative to that of future retirees. The latter, in addition to their Canada Pension Plan benefits would be entitled also to whatever increase is made in the basic pension. Not only would the problem of inequity remain, but the cost of a general increase sufficient to relieve significantly the situation of retired people, would involve a very substantial outlay of public funds.

4. There is however, another possible way of dealing with the situation which the Committee has considered: viz., through the establishment of an Income Guarantee Program on the lines indicated below.

Income Guarantee Program

If this approach were adopted the following steps would be involved:

(1) The establishment of a technically competent body to study the income needs of older people and to develop a socially acceptable minimum budget for single persons and couples, which would be adjusted automatically each year on the basis of a suitable index of consumer spending or of earnings, with a review every five years to reflect changes in the relative circumstances of the working population and the retired population.

(2) Until this study has been made, acceptance as a working standard of the maximum annual income permitted now under Old Age Assistance, namely, $1,260 for single persons, and $2,220 for married couples.

(3) The establishment of an Income Guarantee program to provide allowances throughout life to all persons beginning at age 65 on the following lines:

(a) that the only conditions for eligibility under the Income Guarantee Program be age, as indicated above, ten years' residence in Canada, and net cash income from all sources, including Old Age Security and the Canada Pension Plan, below the above amounts.

(b) that the program be administered and financed by the Federal Government).

(c) that the procedure call for the completion of a simplified income form annually and that the amount by which the declared income falls short of the established minima in any year constitute the benefit for the year following.

(d) that there be "sample checks" periodically, as under Unemployment Insurance, to catch abuses, but no means or needs test enquiries on traditional lines.

(e) that income, capital and deductions be defined and treated as for income tax purposes so far as possible, except that all public transfer payments other than temporary needs-tested supplements would be included.

(4) The Committee is not in a position to estimate the costs of an Income Guarantee Program as outlined above. It is obvious, however, that to some extent these costs would reduce expenditures under the Canada Assistance Plan, although undoubtedly many needy old people would apply for supplementation under the new proposal, if implemented, who would be reluctant to do so where a needs test is involved. A further consideration in regard to cost is that the Income Guarantee Program is intended essentially for the benefit of old people already retired, who in such large numbers are dependent entirely on the Old Age Security Pension of $75 a month. It is assumed in spite of the escalation proposed that, with the benefits

available to future retirees under the Canada Pension Plan, the numbers qualifying for income guarantee payments would decline considerably through time.

Conclusion:

It is the considered view of the Committee that the income guarantee approach to the income needs of old people has much to recommend it. Apart from its administrative simplicity (by comparison with public assistance) and the modest level of public expenditures that would be involved (by comparison with the equivalent increase in the Old Age Security Pension) the proposal in our view has two important merits. It avoids the indignity of the needs test to which we should not like to see several hundred thousand retired people subjected, and further it provides the most effective means we have discovered of correcting the present inequity in our treatment of the already retired and the about-to-be retired generations of old people, a matter which has given us grave concern.

RECOMMENDATION:

(1) The committee endorses in principle the institution of an income guarantee program for all persons aged 65 and over and recommends to the Federal Government that this proposal be given immediate study.

CHAPTER 3

Employment Status and Opportunities

Reference has been made in the preceding chapter to the role of employment as a source of income for persons even beyond the age of 65. That employment has important psychological values as well was stressed continually in the evidence received by the Committee. Said the Jewish Vocational Service of Toronto in its submission: "Work gives form, dimension and meaning to the life of the average citizen."[1] And there was Mr. W., a retired widower, on an income of $150 a month, who, when the chairman asked him what he missed in retirement, replied, "Mostly getting up and going to work in the morning, catching the bus at a certain time—and just general routine."[2]

---

[1] *Jewish Vocational Service*, brief submitted to the Special Committee of the Senate on Aging, Proceedings No. 5, p. 263, April 30, 1964.

[2] *Evidence provided by five senior citizens*, Proceedings of the Special Committee of the Senate on Aging No. 4, p. 83, Nov. 7, 1963.

Some Basic Statistics

1. The fact is, however, that today fewer people beyond age 65 are working. From about 60 per cent in 1921 the participation rate for men has fallen steadily until today it is around 25 per cent. Interestingly the rate for women has actually risen, but the percentages are small (5.8 per cent in 1963 as compared with 4.2 per cent in 1950) since most women withdraw from the labour force altogether at or around age 65. So far as men are concerned the decline in labour force participation begins to be observable at age 45 (10 years earlier than for women) but the first substantial drop, 10 per cent for men and almost one-third for women, occurs in the age group 55 to 64.

2. Another measure of the difficulty experienced by older workers in the labour market is the unemployment rate. In 1963, this rate for men in the age group 55 to 64 was 25 per cent higher (6.1 per cent) than in the age group 45 to 64. Surprisingly the rate for the group aged 65 and over was lower than for either of these younger groups, doubtless due to the fact that many older men, although wanting and needing to work, had given up trying to find it.[3]

3. Perhaps the most revealing tabulation examined by the Committee relates to the duration of unemployment among older people. Here the statistics are not broken down by 10-year age groups. They do show, however, on the basis of October and June averages for the years 1961-63, that the percentage of persons unemployed for over six months was twice as large in the age group 45 and over as in the age group 25 to 44. This suggests that while many older workers, by reason of seniority and other factors, may be able to hold their jobs reasonably well up to the time of retirement, once they have lost them they find it difficult to get back into employment.

4. Another matter of interest to the Committee was the kind of work older people do and the extent to which it differs from that of younger workers. The situation as revealed by the 1961 census may be summarized as follows:[4]

(1) Men aged 45 and over comprised 34.1 per cent of the male labour force, but they constituted more than this percentage of the men in managerial (47.7 per cent), agricultural (46.9 per cent), personal service (46.6 per cent), fishing and trapping (37 per cent), and construction (34.5 per cent) occupations.

(2) Women aged 45 and over comprise 28.9 per cent of the female labour force, but they constituted more than this percentage of the women in managerial (54.7 per cent) agricultural (41.1 per cent), personal service (35.5 per cent), commercial and financial (31.3 per cent) and professional (29.6 per cent) occupations.

---

[3] *Dept. of Labour*, brief submitted to the Special Committee on Aging, Proceedings No. 14, p. 959, July 2, 1964.

[4] *Ibid*, pp. 961-2.

(3) Of men who continued in the labour market beyond age 65, two-thirds were concentrated in four occupational groups: agriculture (29.8 per cent); service (13.4 per cent); managerial (12.5 per cent); and manufacturing (10.8 per cent).

(4) Of women who continued in the labour market beyond age 65, more than two-thirds were concentrated in three occupational groups; personal service (40.3 per cent); professional (17 per cent); and celrical (11.5 per cent).

Several inferences may be drawn from the above figures:

(1) People that work for themselves, as in agriculture and the professions, tend to retire later.

(2) The same is often true in occupations where judgment and experience are positive factors, as in management (although an important consideration here for the group beyond age 65 might well be whether the manager controls the business); and where there is a shortage of skilled workers, as in certain manufacturing trades and types of office work.

(3) The proportion of men and women in the service occupations rises with age. Most of the women were in a category designated by the census as "housekeepers, waiters, cooks, and related workers", and it can be assumed that the majority of the men similarly were in poorly paid, and probably seasonal occupations.

The Problem Analyzed

Against the background sketched above, which is treated more fully in Chapter 10, the Committee attempted to analyze the problem of employment as it relates to older people. What is the nature and extent of it?

1. The term "older worker" cannot be limited to the age group beginning at age 65. Said the National Employment Service in its submission: "A person is an older worker only when he encounters, or may expect to encounter, difficulty in obtaining or keeping a job primarily due to his age . . . the problem is most likely to arise after a person reaches the age of 45."[5] It is most serious after age 65.

2. For many older workers there are no serious employment problems at all. They work out their days with no more difficulty than other members of the labour force and leave voluntarily at or around age 65 because of the availability of a pension, the attractiveness of retirement, or the disability of failing health.

3. Steady employment between the ages of 45 and 65 is of vital importance to the individual. To be out of work during these crucial years makes it impossible to accumulate savings for old age. The serious long-range effect of employment

[5] *National Employment Service,* brief submitted to the Special Committee of the Senate on Aging, Proceedings No. 11, p. 750, June 11, 1964.

difficulties in the later years of working life was brought home to us in many submissions. Professor John S. Morgan, of the School of Social Work, University of Toronto, noted that continuous unemployment from age 45 on will result in "an unhappy, insecure and damaged person before he becomes 65."[6]

The experience of the NES is that "repeated rejection on account of age will eventually lead to discouragement, frustration, and loss of self-confidence, which will in turn affect the ability to make a good impression on the employer."[7] The evidence in support of these views is overwhelming.

4. Technological advance, by eliminating old jobs and creating new ones, causes serious problems of adjustment for segments of the labour force. Groups most seriously affected are the unskilled, the poorly educated and older workers. It needs to be remembered that "A majority of the workers who are now 45 years of age and over prepared themselves for work at a time when 40 per cent of all workers were employed in primary industries, as compared with 13 per cent today."[8] While many individuals because of native ability and superior initial training have adapted successfully to changing conditions as they have occurred, other displaced workers have had to be content with insecure jobs in low grade occupations.

5. While recognizing the seriousness of the adjustment difficulties created by modern technology, the Committee is of the view that the root of the employment problem of older workers in Canada during recent years, beginning in the middle and late 1950's is to be found in the relatively slow rate at which the economy has been expanding. As was pointed out in the First Annual Review of the Economic Council of Canada issued in December, 1964, the averge rate of unemployment in this country has followed an upward trend throughout this period, and for the past decade has been higher than that of the United States and substantially above those of industrially advanced countries in Western Europe. While there have been fluctuations in unemployment throughout the post-war period, the average rate rose higher during each cycle up to 1962: 2.8 per cent in 1946-53: 4.3 per cent in 1954-57: and 6.7 per cent in 1958-62.[9]

The Economic Council maintains that, with appropriate policies, this trend can be arrested (In 1964 there was a drop to a seasonally adjusted rate of 4 per cent) and that "a realistic medium term goal for the Canadian economy" is 3 per

---

[6] *Professor John S. Morgan,* evidence submitted to the Special Committee of the Senate on Aging, Proceedings No. 2, p. 28, October 24, 1963.

[7] *National Employment Service,* brief op. cit. p. 756.

[8] *Federal Department of Labour,* brief op. cit. p. 968.

[9] Economic Council of Canada, *Economic Goals for Canada to 1970,* Ottawa, Queen's Printer, December, 1964, pp. 9-12. The Economic Council also points out (pp. 9-10) that the incidence of rising unemployment in Canada has been "highly uneven". "Thus the highest rates have always tended to occur among workers in certain regions of the country (especially in the Atlantic Provinces), in some sectors and industries (for example construction), in certain age groups (among teen-agers and older workers), and among some occupations (especially among the less-skilled)."

cent. If this goal could be attained there would be more employment opportunities for older workers over age 45, particularly during the next decade, since, as observed in the submission of the Department of Labour: "The group considered most competitive, the 25-44 year olds, is expected to form a considerably smaller portion of the total male work force in 1971 then it did in 1951 or 1961."[10]

The Special Problems of Older Workers

While, as has been said, the main hope of providing continued employment opportunities for older workers must rest on the success of efforts to keep employment generally at a high level, it would be a mistake to ignore the special problems of older workers in the labour market. Indeed, these problems were the burden of most of the briefs received by the Committee and in our view are likely to persist, in degree at least, even under conditions of optimum economic activity.

Employer Attitudes

The National Employment Service laid particular stress on this factor which it regards as "probably the major cause of employment problems in the 45 to 64 age group."[11] While in some instances the reluctance of employers to take on older workers may be well founded, the NES is convinced that much of it is due to the general tendency in our society, with its accent on youth, to underestimate the capabilities of people beyond middle life. Such attitudes, unfortunately, persist in spite of numerous studies which clearly show the relative advantage older workers have over younger workers for a considerable variety of work, and in respect of a number of characteristics like reliability, judgment and a low rate of absenteeism. Hiring and retiring practices, often related to pension plans, which discriminate against older workers are part of this general picture.

The Committee recommends:

(2) That the National Employment Service (NES) continue and intensify its efforts to correct prevailing misconceptions and to overcome current resistance to the hiring of older workers through educational programs aimed at employers as a group, but more particularly through direct contacts with individual employers; and that in such efforts it enlist the support of management and labour, possibly through the holding of employer-labour institutes sponsored by universities and community groups, as is done in the United States with leadership from the employment service.

(3) That, on the initiative of the Federal Department of Labour, research be continued into the characteristics of older workers and the effect

[10] *Department of Labour,* brief op. cit. p. 971.
[11] *National Employment Service,* brief op. cit. p. 751.

of age on specific abilities; and that efforts be made to get the findings of such studies translated into enlightened personnel policies and into conditions of work related to the changing capacities of the older worker.

(4) That the NES maintain a check on applicant qualifications as specified by employers, such as age and education, in an effort to ensure that these are realistically related to the requirements for successful performance in the jobs to be filled.

(5) (a) That studies be made by the Federal Department of Labour of experience with gradual retirement programs now in effect in private business and the public service and that the findings of these studies be used to stimulate wider interest in such programs on the part of management and labour; and

(b) That programs of counselling and planning in preparation for retirement be more widely adopted by private business and the public service, and that Federal and Provincial Departments of Labour provide to interested employers and unions the technical consultation necessary for their successful operation.

Worker Deficiencies

Limited schooling is a large factor here, and, while its importance can be exaggerated in relation to particular jobs, there is no doubt that in a technologically advancing society younger workers with more formal education are in a preferred position. Figures for the male labour force (Census 1961) indicate that 63 per cent of the group aged 55 to 64, and 66 per cent of the group aged 65 and over, as compared with 36 per cent of the age group 15 to 34, had elementary school education or less.

There is the further consideration that vocational skills adequate at one period of life may become obsolete under changing conditions and that the interest and opportunity necessary for older workers to acquire new skills may not always be present. In this context the submissions made to us by Dr. Roby Kidd and the Canadian Association of Adult Education are suggestive.[12] Both stress the need to adapt the content and methods of training courses to the interests, attitudes and background of older trainees.

Finally, among factors which have to be taken into account in efforts to help older workers improve their positions, is their aversion to being uprooted. The brief of the Federal Department of Labour referred to studies in the Maritimes which suggest "that when job opportunities in a community decline it is the younger and better educated who leave . . . . the strings that bind people to a community grow

[12] *Dr. Roby Kidd,* Evidence submitted to the Special Committe of the Senate on Aging, Proceedings No. 5, November 21, 1963. *Canadian Association for Adult Education,* brief submitted to the Special Committee of the Senate on Aging No. 18, October 22, 1964.

stronger with age,"[13] However, it would probably be a mistake to assume that this is generally true, at any rate for workers in their 40's or 50's.

The Committee recommends:

(6) That in line with the recommendation of the Economic Council of Canada, the NES, "as the key operational agency for implementing manpower policies" be responsible for analyzing basic supply and demand conditions and for administrating the range of programs required to facilitate adjustment to technological change and to assist the movement of workers from areas of declining to those of increasing employment opportunities.

(7) That, in particular, the NES seek the cooperation of individual employers, employers' associations and unions in developing procedures in relation to staff layoffs and adjustments from whatever cause which, unless planned carefully well in advance, may have serious if not disastrous effects on the employment prospects of displaced older workers.

(8) That the NES strengthen and improve its services to older workers in respect of counselling and job finding and that in larger centres a special officer be appointed to carry these responsibilities.

(9) That the Federal-Provincial Vocational Rehabilitation program be enlarged and strengthened to provide in greater measure for the rehabilitation of older workers, whose disability arises mainly from prolonged unemployment.

(10) That an examination be made of those training programs provided for under the Technical and Vocational Training Assistance Act, which have as their object the upgrading of employed workers and the retraining of the unemployed, with a view to determining the reasons for the limited use currently being made of them, and that such measures as are indicated be taken to improve their effectiveness in attracting and holding students especially in the older age range.

Part-time employment

Frequently in the course of the Hearings reference was made to the need and desire of older people for part-time employment, especially after age 65, and the Committee was therefore interested to discover that opportunities of this kind are increasing in Canada. Between 1953 and 1964, while full-time employment increased by 25 per cent, part-time employment increased by over 200 per cent from 197,000 to 594,000 positions. It was not possible to make similar comparisons by age groups but unpublished material from the census shows that in 1961 some 9 per cent of workers aged 45 and over (4 per cent of the men and 23 per

[13] *Federal Department of Labour,* brief op. cit. 970.

cent of the women) were in part-time jobs. For workers aged 65 and over the percentage stood at around 20 per cent, 16 per cent for men and 29 per cent for women.

There would seem to be an opportunity here that ought to be developed, having in mind particularly the needs and wishes of older people for employment on a part-time basis. Unfortunately, as things are, the field remains largely unorganized and the help provided by the NES in bringing jobs and workers together is on a relatively limited scale.

The Committee recommends:

(11) That the NES devote greater attention to the field of part-time employment with a view to discovering the nature of the demand and offering a more effective placement service.

Automation

In framing the above Recommendations, which are in the direction of keeping the doors of employment opportunity open for old people in Canada, the Committee may be accused of flying in the fact of economic realities. Have we taken fully into account the impact of automation on the economy and the extent to which it is likely to reduce the need for manpower? Dr. Schonning, Assistant Director, Economics and Research Branch of the Department of Labour reminded us that "less than two generations ago Canadians worked on the average of about three hundred hours a month to produce about one-half the per capita income which is now produced with about two hundred hours a month." "There is no reason," said Dr. Schonning, "to believe this trend will not continue; it may, in fact, accelerate."[14] And another witness gave it as his view, that "it (automation) is probably far and away the most important development with which this Committee must be concerned..... The future pattern, I would think, is likely to be one of entering the labour force later through remaining in school longer, and retiring from regular work earlier."[15]

The Committee was impressed by evidence of this kind and has endeavoured to appraise its significance. That automation as it proceeds will involve shifts in employment and some displacement of workers, especially in the older age range, goes without saying and measures to deal with this situation are among those we have put forward. It does not follow, however, that the total volume of employment will decline and, indeed, it is the Committee's view, in which we have the support of the Economic Council's recent report, that given the right combination of national economic policies this need not happen, at any rate in the foreseeable future. It may

---

[14] *Dr. G. Schonning,* brief submitted by the Department of Labour, op. cit. p. 978.

[15] *William N. MacQueen* in presenting the brief of the Social Planning Council of Metropolitan Toronto, Proceedings No. 15, pp. 1012-13, July 9, 1964.

well be, as has been suggested, that in the long run goods and services sufficient to satisfy man's needs and appetites can be produced with a minimum input of manpower, but this would appear to be a problem for future generations to deal with. Clearly it is not our situation now, in a country where so much remains to be done to meet fairly obvious social and economic needs, and in a world where two-thirds of the population lack the basic necessities of life.

Moreover, even on the assumption that because of the rapid advance of automation less manpower will be required in production, there is still a basic question to be answered. How do we propose to share the leisure the new technology puts at our disposal? Should we give it mainly to the old by reducing the age of retirement in circumstances where the life span is lengthening, and to the unemployed who are squeezed out of the labour market? Or, would a more constructive policy be to distribute it among people of all ages through a shorter work week and longer vacations, with sabbatical leaves to workers throughout their careers for the purpose of continuing education and re-training? The Senate Committee would strongly support the second of these alternatives, or at any rate such a mixture of the two as would permit workers at the point of retirement "an effective choice between remaining in or withdrawing from the labour market."[16]

CHAPTER 4

Health Status and Health Care

No adequate means exist to measure the health status of older people, but there are clear indications that many of them enjoy reasonably good health and get around well into old age almost as actively as when they were younger. We know that the incidence of acute illness is lower after age 65 than in any earlier period, and appreciably lower than for the group under 45, although for older people the period of recovery is longer.[1]

The real health hazard, especially in the later years, is chronic illness such as arthritis, diabetes, heart disease, cancer, and mental disorder, although here again it should be observed that one quarter of those suffering from chronic illness are under age 45.[2] Nevertheless, it is obviously true that as we become elderly, and more of us do than used to, the cumulative effects of many disabilities make themselves felt, and medical and health care become more important. According to the data from the Provincial Hospital Insurance Plans, length of stay in hospitals is twice as long for patients aged 65 and over as it is for those who are younger. The aged are

---

[16] *The Canadian Welfare Council*, brief submitted to the Special Committee of the Senate on Aging, Proceedings No. 6, p. 314, May 7, 1964.

[1] Health Statistics from the U.S. National Health Survey: *"Acute Conditions Incidence and Associated Disability,"* 1958, U.S. Public Health Service Publication, No. 5 B4-B6.

[2] U.S. Commission on Chronic Illness, *Care of the Long Term Patient*, Vol. 2, 1956, p. 7.

the chief users of nursing homes, the principal recipients of nursing home care, and are heavy consumers of medical services and drugs.[3]

The many inquiries carried out in Canada in recent decades into problems of health services, the latest and most comprehensive being that of the Royal Commission on Health Services, reflect the growing concern with matters of the provision and the financing of health services among all groups of the population and in all parts of Canada. Having pointed out the health problems peculiar to older people, we should like to draw attention to the fact that these problems are generally aggravated for the aged who live in rural areas. The latter suffer the disadvantages of long distances, difficult communication and transportation, and frequently lack conveniences which are taken for granted in the urban environment. More study is needed into the question of how the various forms of health services could be made available more adequately to these people. Particularly, one should bear in mind the importance in the rural setting of domiciliary and ambulatory care and, when admission to an institution becomes necessary, the desirability of keeping the older patient in reasonable proximity to his community. The availability of ambulance and other transportation facilities, and of effective telephone communication is especially important in the rural setting.

The Senate Committee, in the course of its Hearings, received a great deal of information of this kind from the Canadian Medical Association, the Department of National Health and Welfare, and various voluntary health organizations. It was also reminded on all sides of the gaps and weaknesses in current facilities for meeting the health needs of older people. The whole subject is discussed at length in Chapter 11 which, however, by no means exhausts the wealth of fact and opinion found in the briefs themselves. For the purpose of the present summary, it would seem important merely to itemize and underline those areas of special concern to which our principal recommendations are directed.

Preventive and Supportive Services

As the Department of National Health and Welfare reminded us: "The primary purpose of all health programs is to prevent illness." And, for those who take ill, the objective is "early diagnosis, treatment and rehabilitation."[4] The Committee was impressed by these statements and also by the fact that on a given day well over 90 per cent of Canadians aged 65 and over are carrying on outside

---

[3] According to the *Health Information Foundation,* a research organization financed by the pharmaceutical industry in the U.S.A., the average annual expenditure of the elderly for both prescribed and non-prescribed medicines is more than double that of the average of the entire population. (Developments in Aging 1959 to 1963; A Report of the Special Committee on Aging, United States Senate, Washington, 1963, p. 7.)

[4] *Department of National Health and Welfare,* Health Branch, brief submitted to the Special Committee of the Senate on Aging, Proceedings, No. 23, December 3, 1964, p. 1542.

hospitals and institutions,[5] although many of them are undoubtedly receiving some degree of health care. It is for this great majority of older Canadians that preventive and supportive services are so important.

The question is how to provide these services and, human nature being what it is, make sure they are used. There has been long and successful experience with health supervision for certain broad groups in the population, such as mothers and babies, school children and industrial workers, but reaching the elderly, who frequently have limited group connections and are generally less mobile, may present special problems. Besides, as was suggested to us, if all persons, say from fifty on, were to turn up regularly for medical checkups, it would create a heavy burden for the physicians.

Development of geriatric "well-oldster" clinics might help to solve the problem, as would counselling for healthy living in a variety of settings, such as day care-centres and community clubs, and on occasions when older people visit their doctor or go to the hospital on an in-patient or out-patient basis. "Multiple screening", which consists of tests for a variety of chronic diseases given together is another means of saving time and money. Voluntary health organizations can also play an important role through mass education programs designed to encourage health habits and to alert the public generally to early symptoms of disease and disability.

The Committee recommends:

(12) That periodic health appraisals be more widely available to older people from physicians in solo and group practice and also on an experimental basis in out-patient departments and through programs initiated by local health departments: and further that the cost of such appraisals be covered by prepayment plans.

(13) That more experiments be undertaken with multiple screening for chronic diseases, not only by physicians in dealing with their patients, and by health institutions when patients are admitted, but on a broader community basis by local health departments and/or voluntary health organizations.

(14) That health counselling of people middle-aged and older, including such matters as diet, rest, recreation and living habits be provided through well adult clinics, day care centres, health services in housing projects, pre-retirement courses and health maintenance programs generally: and that initiative in establishing such programs and facilities be taken by the local health department.

(15) That mass education programs for people of all ages, with emphasis on the maintenance of good health throughout life as well as on the early

[5] *Department of National Health and Welfare*, Welfare Branch, brief submitted to the Special Committee of the Senate on Aging, Proceedings No. 24, Dec. 10, 1964, pp. 1654-5.

detection of disease symptoms, be promoted extensively by governmental and voluntary agencies, with the advice and cooperation of medical associations.

(16) That research be undertaken into the effects of regular exercise, various types of organized recreation, and other forms of group and individual activity on the physical and mental health of older people, and that grants under the Fitness and Amateur Sports Act be made available for this purpose.

Ambulatory and Domiciliary Health Services

We return to the point that many older people are fairly well most of the time, or at any rate are able to carry on with what ailments they have, provided medical and health advice, and perhaps certain prescribed drugs, are available to them. Even when they become ill for longer or shorter periods from some chronic condition it does not follow that removal to an institution is always the answer. The experience of Great Britain and other European countries with the health problems of the elderly, a much longer experience than ours in Canada, supports the view that home care with adequate community services, both social and medical, will in many cases prove a better alternative. This is true not merely, or mainly, because of the financial saving to the community that is involved; the real advantage is to the patient himself who ordinarily will do better and be happier in his own home, provided he has assurance of adequate care and access to services and facilities which will prevent him becoming a burden to his relatives.

Many submissions to the Senate Committee supported this point of view, although it was, of course, recognized that even a combination of organized home care and community services should not be regarded as a substitute for hospitalization when the need for intensive care is indicated. The following recommendation made to us by the Canadian Medical Association[6] is in line with the testimony received from many other informed and experienced groups:

"The development of more organized home care and homemaker services is needed across Canada. They are essential components of any balanced program of health and welfare services and offer a desirable alternative or supplement to institutional care, providing there is a careful selection of persons for these services, based on skilled medical, social and nursing evaluation. . . .

"Whether individual programs are hospital or community based, it should be a public responsibility to ensure that this development takes place."

In the face of testimony of this sort, the Committee was surprised to discover what little use has been made up to now in Canada of an approach which would appear to be so promising, particularly for the care of the aged and the chronically ill. A few home care projects here and there, chiefly on an experimental basis,

[6] *Canadian Medical Association*, brief submitted to the Special Committee of the Senate on Aging, Proceedings No. 5, 1964, No. 20, pp. 1349-50.

homemaker services in perhaps 50 communities across the country but on a limited scale; these in addition to the well-established and widespread home nursing service of the Victorian Order of Nurses in urban areas (half the people cared for being in the age group 65 and over) are about the extent of it at the present time. The Royal Commission on Health Services, on the basis of its investigations, made the following declaration which we fully endorse: "We believe," they state, "that in the interests of patients and of costs, full scale programs of home care should now be launched in every urban centre of, say, 10,000 population and over, and in smaller centres as resources can be mobilized."[7]

The Committee recommends:

(17) (a) That home care programs for elderly people be greatly extended for those who are discharged early from hospital or who would otherwise require to be admitted; and

(b) That these programs include medical and nursing care, physiotherapy and other forms of rehabilitation, visiting homemaker service and use of sick room equipment; and

(c) That the cost of such programs be provided for under the Hospital Insurance and Diagnostic Service Act, through Health Grants or under a more comprehensive Health Plan.

(18) That facilities be provided more widely in the community to which sick elderly people could go or be brought for on-the-spot assessment, treatment counselling, rehabilitation and related services, such facilities to include outpatient departments of hospitals, geriatric clinics, and special clinics as required concerned with mental health, speech and vision defects, dental care and rehabilitation.

(19) That bedside nursing in the home be extended to urban areas now without them, and increasingly to rural areas, and that these services be provided or integrated closely with local or district health departments.

(20) That local health and/or welfare departments keep a register of all people aged 65 and over in their communities, and that public health nurses and/or social workers make contact with such older people and visit them periodically if such visits are necessary and desired.

(21) That arrangements be developed to make all these services available also in rural areas, by training lay personnel to assist the health professionals, and by ensuring prompt communication and transportation services.

Institutional Care

While the home and community services indicated above will go a long way to meet the needs of chronically ill older people and may, in many cases, provide

[7] *Report of Royal Commission on Health Services,* Vol. 1, p. 61.

all the help that is required, it would be a mistake to underestimate the importance of institutional care in the total spectrum of essential health services. According to the best estimates of the Department of National Health and Welfare[8], "on any particular day nearly 8 of each 100 persons 65 years of age and over, were residents in some form of institution rather than in the community at large", and for the population 75 years of age and over it is estimated that the proportion might rise as high as 15 per cent. Excluding from the above total some 20 per cent who were in hospitals for less than two months as a result of accident or acute illness, we still have 90,000 or more long-term patients in general and allied special hospitals, mental hospitals, tuberculosis sanitoria, nursing homes, homes for domiciliary care, and homes the nature of which was unspecified.

The evidence received by the Committee emphasized the extreme shortage there is in Canada of facilities designed and equipped to meet the needs of long-term patients. On the one hand, we are told that many long-term patients are in hospital when all they need is skilled nursing home care. On the other hand, we learned that lack of nursing homes is causing the bedridden to be placed in municipal homes for the aged which are unable to provide for them properly. What we heard from representatives of the Province of New Brunswick appears to be true all over Canada: "A great number of people now in homes for the aged should, because of their physical condition, be in nursing homes." Furthermore, it was reported they are taking up accommodation that is badly neeeded by other old people in need of domiciliary but not medical or nursing care, who as things are, have no place to go.

The nursing home is caught in the middle of the squeeze, with pressures from the over-crowded hospitals on the one side and from people in over-crowded housing or inadequate domiciliary care on the other. So desperate is the situation that even nursing homes of such poor quality that according to the authorities they "should not be in operation" have long waiting lists. Moreover, nursing homes, with a few exceptions, are not included under the hospital insurance program, so that unless patients are admitted as indigents and paid for as such out of public funds, they or their relatives must meet the full cost which we were told runs on the average of $8 to $10 a day, and is often much higher.

What impressed the Committee most about this whole situation, even more than the dearth of facilities, is the lack of clear policy that still characterizes our approach to what has been termed "the gray area" of long-term patient care. There could hardly be a better illustration of what the Royal Commission on Health Services described as "a paradox of our age, which is the enormous gap between our scientific knowledge and skills on the one hand, and our organizational and

---

[8] *National Health and Welfare*, brief submitted to the Special Committee of the Senate on Aging, Proceedings Dec. 10, 1964, No. 24, pp. 1654-5.

scientific arrangements to apply them on the other."[9] What facilities precisely do we need? To what extent should their provision be left to private enterprise? What standards are essential and who would enforce them? And what arrangements should be made to cover the considerable cost to the individual and his family which long-term care inevitably involves?

It would be unfair to say that these questions have not been faced in Canada. Evidence received in the course of our Inquiry indicates that they are under active consideration by medical and government authorities, as well as by many other equally concerned groups across the country. The fact is, however, that up to the present no clear-cut consensus exists regarding the answers. And, meanwhile, the great majority of older people in long-term care have the status of indigents in various types of accommodation, much of which is unsuited to their needs, or of doubtful quality, and some of which is downright disgraceful.

The Committee recommends:

(22) (a) That definite decisions be reached without delay about the range of institutional facilities and services essential for the short and long-term care of the chronically ill; and

(b) That particular attention be given to the definition of various kinds of sheltered accommodation; and

(c) That where essential facilities are in short supply the capital costs involved in providing them be eligible for assistance under the hospital construction program or such modification of the latter as may be necessary; and

(d) That in planning the above facilities due account be taken of the new possibilities of short-term active treatment and rehabilitation with early discharge home as contrasted with long-term largely custodial care, in dealing with chronic disease.[10]

(23) That patients with chronic illnesses be cared for in wards or wings of general hospitals, or in other facilities integrated with the hospital system, instead of in completely separate and often isolated institutions as so frequently at present.

(24) That in all institutional facilities a positive attitude be adopted toward the possibility of rehabilitating elderly people and that provision be made for programs designed to return them "from helplessness and dependency to self care and a considerable degree of independence."[11]

(25) That provision for meeting the needs of mentally ill and confused older people be greatly improved, inter alia, through adequate assessment,

---

[9] *Royal Commission on Health Services,* Vol. 1, p. 10.
[10] *Royal Commission on Health Services,* Vol. 1, p. 10.
[11] *Royal Commission on Health Services,* Vol. 1, p. 633.

which is regarded by the Canadian Mental Health Association as "the first essential in a comprehensive program,"[12] a wider use of smaller facilities, including nursing homes and foster homes located close to the places in which the aged live, and "a more hopeful attitude" towards programmes of rehabilitation which should be extended, especially in psychiatric hospitals and psychiatric units of general hospitals.

(26) (a) That provincial departments of health and/or hospital commissions determine as quickly as possible the place and function of nursing homes in the total spectrum of required health facilities; and

(b) That, assuming nursing homes to be accepted as an essential health facility, vigorous steps be taken to increase the present supply of those capable of providing a high quality of nursing and rehabilitation care; and

(c) That approved nursing homes, operated on a non-profit basis, be made part of the hospital services system, and be included in the federal-provincial hospital insurance arrangements; and

(d) That approved nursing homes, operated on a non-profit basis, be eligible to receive from federal-provincial sources capital grants under the hospital construction program, operating costs under the hospital insurance program to ensure the maintenance of desirable service standards and training grants to provide training for staff in rehabilitation nursing; and

(e) That all nursing homes be licensed and supervised by a health agency and that consultation services be made available to all nursing homes by local and provincial health departments covering not only medical and nursing care including rehabilitation, but also nutrition, recreation and other important aspects of administration. The selection and in-service training of nursing home staff should receive particular attention.

(27) That, as in the case of nursing homes, study be given by the appropriate authority to the place and function of homes for the aged, and that in particular attention be given to prevailing admission policies, the possibility of alternative accommodation in sheltered semi-independent housing for relatively well ambulant patients, the place of rehabilitation or "reactivization" programs, and the careful selection and training of the staff.

The Cost of Health Care

If meeting the costs of health care is a problem for Canadians of all ages, it is in old age that it assumes its most serious and threatening proportions. Elderly people are at a double disadvantage; their incomes in most cases are minimal at a time when the risks of long-term illness and disability are at their highest. Besides, hospital insurance, important as it is, covers the cost of less than one-third of the

[12] *Canadian Mental Health Association* brief, presented to the Special Committee of the Senate on Aging, Feb. 27, 1964, No. 1, p. 54.

group aged 65 and over who are receiving institutional care.[13] Over 50 per cent of old people in nursing homes and other "homes for special care," reduced to the status of indigents, have their costs met through public assistance.[14] We heard a great deal also in the course of our inquiry about the concern of old people out in the community regarding doctor and drug bills, which they can ill afford to meet on their meagre incomes. Indeed, we were told that many of them out of pride and feelings of independence neglect their health rather than seek help on the basis of "charity" or "welfare."

The Committee recommends:

(28) That the provisions of the Hospital Insurance and Diagnostic Services Act be extended to cover the use by the individual of all approved institutional facilities for health care, including tuberculosis and mental health hospitals.

(29) That, on the lines proposed by the Royal Commission on Health Services, a Nation-Wide Universal Health Service program be instituted to provide a comprehensive range of services including Medical Care, Nursing Care, Dental Care, Home Care, Prescription Drugs and Prosthetic Appliances: and that, if staging is required in the introduction of all or any part of this program, older people be given special consideration.

(30) That the above comprehensive program be financed mainly, if not altogether, by tax payments so that premiums, if any, may be kept to a minimum and the use of the means test, which we unequivocally reject, may be rendered unnecessary.

Professional Personnel

A serious bottleneck in the provision of health services for old people is the shortage of professional personnel interested and trained in this field, e.g. physicians, nurses, physiotherapists, occupational therapists, orthotists, prosthetists, social workers, podiatrists.

The Committee recommends:

(31) (a) That professional schools which train professional workers for the above specialties place greater emphasis in their curricula on the medical, social and economic aspects of aging; and

(b) That grants under the Health and Welfare Training programs of the Federal Government be used to increase the supply of workers equipped for work in the field of Old Age; and

---

[13] *Department of National Health and Welfare,* brief op. cit. pp. 1656-7.
[14] *Ibid.,* p. 1654.

(c) That programs to stimulate greater interest in geriatrics on the part of the various professions indicated above be provided by the professional societies concerned in post-graduate refresher courses, in conferences and institutes and by means of professional literature.

Coordination and Planning

The comprehensive health services program recommended above will help to ensure planned and coordinated development which indeed, is one of its principal objectives. We would, however, call special attention to the need there is for team work all along the line, if we are to deal effectively with the health problems of the aged: team work among the three levels of government; between health and welfare departments at each level of government; between governments and voluntary organization and among the various professional, technical and ancillary workers that contribute to the program.

The Committee recommends:

(32) That at the local level devices be developed to ensure cooperative planning and action between the Departments of Health and Welfare in Municipal Governments and between them and other local Government Departments and the various voluntary and professional organizations in the community concerned with the health of the elderly.[15]

(33) That Provincial Departments of Health establish special branches to concern themselves with the health problems of older people and that there be a continuing liaison between such branches and corresponding branches in Departments of Welfare in order to ensure joint consideration of matters of mutual concern, such as rehabilitation service, care of elderly people in institutions, organized Home Care programs, etc.

(34) That, similarly, at the Federal level a special branch or division concerned with the Health Care of the aged be established under the Director of Health Services in the Department of National Health and Welfare, and that close liaison be maintained between this branch and the corresponding body on the welfare side, as well as with the staff of other Departments which carry responsibility for the health of older people, such as the Department of Veterans Affairs, and the Civilian Rehabilitation Branch of the Department of Labour.

---

[15] Note the following recommendation from the *Canadian Medical Association,* (Proceedings, p. 1352): "The leadership and responsibility for planning programs for the aged should emanate from the community through meetings of all interested agencies including the medical profession. A central committee representing various interested groups is possibly the best method of establishing community programs."

Research and Statistics

This subject, as it relates to the whole field of aging, is dealt with in another part of the report,[16] but with particular reference to the field of health the Committee recommends:

(35) That periodic surveys be made of the health status of older people in order to provide comprehensive, reliable and up-to-date information as a basis for health planning.

(36) That the data related to the aged which is provided by provincial hospitalization and health insurance schemes be more fully analyzed, interpreted and made more readily available.

(37) That statistics relating to the health of the aged, as currently assembled by the Department of National Health and Welfare and the Dominion Bureau of Statistics, be reviewed with a view to their extension and improvement: and that in this connection particular attention be given to the definition of various kinds of sheltered accommodation.

(38) That greater financial assistance be provided for research into the nature of aging, the cause and control of diseases and disabilities with a high incidence among old people, and into the effectiveness of existing programs of prevention, diagnosis, treatment and rehabilitation.

CHAPTER 5

Housing Status and Needs

No one who reviews the briefs submitted to the Senate Committee can fail to be impressed with the frequent and often lengthy references they contain to the subject of housing. The variety of groups and individuals that appeared at the Hearings, or sent in their views, including the elderly themselves, were virtually unanimous in flagging this as an area of major concern. Central Mortgage and Housing Corporation, in its very comprehensive submission, spoke for all when it declared: "The statistical evidence on the housing situation of old people in Canada indicates that their need is large and widespread. There is a great gap between need and accomplishment."[1] And in another part of its statement CMHC comments: "Such a comparison between need and accomplishment makes it clear that, though we seem to be on the right path, an enormous task confronts us."[2]

---

[16] Chapter 7 and Chapter 15.

[1] *Central Mortgage and Housing Corporation*, brief submitted to the Special Committee of the Senate on Aging, Proceedings, November 26, 1964, No. 22, p. 1449.

[2] *Ibid.* p. 1446.

The Committee, after a careful examination of the data available to it, endorses this authoritative assessment of the situation. It also agrees with the judgment of other knowledgeable witnesses who stressed the complexity of the problem with which we are endeavouring to deal. One of these witnesses was the Canadian Welfare Council. Speaking out of the experience of a recently completed study on housing for the aged, the Council said: "Living arrangements for Canada's aged is a complex and in some respects a controversial problem. It is related to such diverse things as physical planning, nursing and medical care, building standards, public finance, rehabilitation, recreation, social welfare, public opinion and attitudes, and the real estate market. It involves questions of the respective responsibilities of federal, provincial and local governments; of voluntary organizations; of private enterprise; of the individual, the family and the community."[3]

How Older People Live

Chapter 12 contains the Committee's attempt to analyze the housing problem of older people so far as existing information permits. Some of the findings that stand out may be summarized briefly as follows:

(1) The inclination of older people seems to be to live in their own homes as long as possible. In 1961 nearly 95 per cent of families with the head aged 65 and over were doing so, and even when the older person was single, or was left alone as widow or widower, with no children at home, nearly 260,000 or 43 per cent of them continued to maintain their own dwellings, men and women in about the same proportion. So far as families are concerned this is much the same situation as obtained at the time of the 1956 census, but for unattached individuals, and especially for women, the proportion with their own homes had increased markedly.

(2) Very few older families doubled up with relatives but this was a fairly common pattern with older individuals. The percentage of unattached individuals living with relatives in 1961 was 29 per cent which, however, is less than it was in 1956. Older women were more likely than older men to live with relatives. The respective percentages were 33 per cent of all unattached women and 23 per cent of all unattached men. The actual figures were 123,000 women and 52,000 men.

(3) In 1961, 43 per cent of all older people were single, widowed, or divorced. One-third of older men and over one-half of older women were in this group which numbered over 600,000. This is a consideration which has an important bearing on the kind of dwellings older people need, even when allowance is made for those who may prefer to live with relatives or to share accommodation. At present too high a proportion of special housing for the aged is for couples.

(4) About 50 per cent of older people own their homes or are the wives of home owners, and the majority of these homes are mortgage-free. However, the

[3] The Canadian Welfare Council, *Housing and Related Services for the Aging*, Ottawa, 1964, p. 34.

quality of the dwellings occupied by the elderly, according to CMHC, is "much below average". Nearly 7 per cent were in need of major repairs; well over 25 per cent were without a separate toilet; and close to 30 per cent lacked a separate bath or shower.[4]

Besides, many of the dwellings, acquired earlier in life, were ill adapted to the changed needs of their occupants. CMHC called attention to the low mobility of older people in the matter of housing: nearly 60 per cent of the households whose head was aged 65 years or over in 1961 were living in the same dwellings they occupied ten years ago."[5]

(5) It is unfortunately not possible, with the data available, to correlate the housing accommodation of older people with their incomes. We do know, however, that in 1961, as indicated earlier,[6] the great majority of the elderly, and especially of older women without husbands (over 50 per cent of all women aged 65 and over), had incomes below modest subsistence levels. When to this is added the fact that 70 per cent of all older people live in urban areas, where rents are often high, it will be seen that for those who do not own a home that is fully paid for, the problem of securing decent housing may be well nigh insuperable without community aid.

General Conclusions

The Committee after examining statistics like the above, and the great volume of evidence received from experts and others, reached three or four broad conclusions which form the basis of our Recommendations;

(1) Many old people have no recognized or urgent housing problem. Whether as tenants or as house owners, they live in accommodation which at the moment they regard as suitable, or in any case which they are reluctant to leave. It is well to remind ourselves that at any one time only a minority of the general population is in the housing market and that the same is true of the elderly. This, however, should not be allowed to conceal the fact that a substantial number of older people are very poorly housed and that steps are necessary to deal with their situation.

(2) The great problem faced by older people needing to change their accommodation is the limited choice open to them. This is true for those with means as well as for the poor, although naturally the restrictions on the latter are more severe. One example is that of parents who want to live near their married children but are frustrated by the absence of small houses, duplexes, or even apartments in neighbourhoods planned uniformly for young families. Another is that of the individual or couple who through failing health or strength is in need of a setup that will provide some relief from household chores and a measure of

[4] *Central Mortgage and Housing Corporation*, brief op. cit., p. 1452.
[5] *Ibid.* p. 1468.
[6] See Chapter 2.

supporting care. Old people, regardless of economic status, have a great variety of housing needs and desires, greater perhaps than younger people, and these are not being adequately met.

(3) The poor among the old are the most seriously disadvantaged when for whatever reason they are compelled to move from their present dwellings. Necessarily, their search must be for cheap quarters which are hardly to be had except in deteriorating neighbourhoods.

So far public measures to help this latter group have not been very successful. Low-dividend housing under Section 16 of the National Housing Act, during the period 1946-63, yielded only 8,000 units for the use of old people and at present costs the economic rent for these runs at around $60 a month. Public housing is necessary to yield lower rents but Canadian communities up to now have been slow to adopt this method of meeting the needs of low-income families generally. Since provision for public housing was first introduced in 1949, only 13,000 rental units have been produced throughout the whole country and of these precisely 167, mostly one-bedroom units for couples, were earmarked for old people. An important point to be borne in mind is the large number of old people who are without partners. The Province of British Columbia, for example, reported that well over 60 per cent of their elderly in need of housing were in this group.

(4) One of the risks in planning housing for old people is, of course, that of segregating them from the community. Perhaps this is something that cannot be avoided altogether, especially in the later years of life, if institutional care is needed, but the Committee agrees fully with the Ontario Welfare Council that we should "encourage the mixing of housing types."[7] It is unfortunate that there are so few examples in our larger Canadian cities of what Lewis Mumford calls "the normal mixed community,"[8] where young and old can mingle naturally together and where in addition there is ready access to parks and gardens, neighbourhood stores, churches, libraries and pleasant places to sit and stroll.

Amendments to the National Housing Act

The Committee welcomes the recent amendments to the National Housing Act. These amendments, approved by Parliament in June, 1964, at about the mid-point of the Committee's Hearings, meet the principal criticisms of the legislation made to us in submissions received before that date. They also clear the way for the many sided attack on the housing problem of old people, which according to all the evidence is what the situation requires.

---

[7] *Ontario Welfare Council,* brief presented to the Special Committee of the Senate on Aging, No. 8, May 21, 1964, p. 459.

[8] Mumford, Lewis, *"For Older People not Segregation but Integration"*, reprinted in Community Planning Review, the magazine of the Community Planning Association of Canada, September, 1956.

Several features of the new amendments are worthy of particular note:

(1) In the limited dividend and non-profit sections 90 per cent long-term loans, which were previously available only for self-contained housing, may now be obtained also for hostels and other forms of group living accommodation. Further, such loans can be secured not only for new construction, as in the past, but for the acquisition and conversion of existing housing.

These two changes between them will, we feel confident, produce a much greater variety of housing opportunities than exists at present for old people wishing to live independently. They should also stimulate the development of more group facilities, hopefully on a neighbourhood basis, for the elderly who are left alone and desire companionship, or who because of frailty are in need of supportive service, short of medical care.

(2) The second series of changes relates to public housing, an area in which up to now, as stated earlier, very little provision has been made for old people. Here again hostels are now admissible projects, as are proposals to take over and convert existing properties. Further, the restriction has been removed which previously limited to 20 per cent the accommodation especially designed for use by old people in any given public housing project. There is also provision for the advance purchase of land for public housing, which could, and we hope will, encourage a better blending of age groups in new developments.

Finally, a choice is now offered between two methods of financing public housing projects. Before the recent amendments the only method available was one that made the federal Government a joint owner with the province of any project undertaken, an arrangement not always welcomed by the province and even less by municipalities of any size or substance, which found themselves in the position of distinctly junior partners. The new alternative separates subsidy from ownership. It is now possible for a local or provincial authority to own and operate its own public housing, and at the same time enter into an agreement with the Federal Government by which the latter will meet 50 per cent of operating deficits. While this is undoubtedly a constructive move, a question which might be raised is why the subsidy should be 50 per cent in the one case and 75 per cent in the other, particularly if it is desired to encourage the new arrangement.

Mr. H. W. Hignett, in giving testimony before the committee voiced his belief that the numbers, types and quality of housing for elderly people will be increased very rapidly and very substantially in Canada during the next few years.[9]

The Committee commends this statement from the President of CMHC, which it interprets not merely as a confident forecast, but as a declaration of Corporation policy. In the past, due to conditions during and after the war, the National Housing Act has been used largely to meet the housing needs of young families in the

---

[9] *Central Mortgage and Housing Corporation,* brief op. cit., p. 1425.

middle income group. Today we are in a different situation. Thanks largely to the success of CMHC's program, many of the earlier pressures have now been relieved and the financial requirements for home purchase are of such an order that, for the most part, they can be handled satisfactorily by the established lending institutions. An opportunity, therefore, presents itself at the present time to redirect the important resources and knowledge of CMHC into an area that far too long has been neglected in Canada: that of housing for low income groups including the elderly.[10]

The recent amendments, which have transformed the NHA into a significantly better instrument for a task of this sort, is the first step in the new direction. The next, clearly, is a well conceived and carefully planned program of action, involving the cooperation of all levels of government on which, it is encouraging to observe, a beginning has been made.

Recommendations

The following recommendations, as is appropriate, having in mind the terms of reference of the Senate Committee, are directed essentially to the housing needs of older people, but since so many of the latter are in the low-income bracket what is proposed in most instances will fit into the program indicated above.

Federal Government

CMHC's contribution to the development of housing is not limited to providing funds, although this is its principal function as a federal agency. It is also looked to by provincial and municipal authorities across the country and by private entrepreneurs and voluntary organizations as a source of technical information and advice. Equally important the daily contacts of its field staff with planning and housing officials in their several regions have served to raise the level of expertise generally and produced a common body of knowledge and experience for which CMHC is the accepted clearing house.

We are fortunate in Canada to have achieved this situation of mutual understanding and support among the three levels of government, which permits the federal agency, without trespassing on provincial prerogatives, to play a positive role in the housing field. If that role has proved important up to now, it will be

---

[10] A study by the Ontario Association of Housing Authorities: *Good Housing for Canadians* (1964) estimates "that something in the order of 1,000,000 low income family and elderly persons units will be required by 1980 alongside a program of approximately the same dimensions of moderate income housing". (p. 8). The first of these categories for families with incomes under $3,000 would require subsidies; the second for those with incomes between $3,000 and $4,500 would be provided on a full-recovery basis. The study estimates the low income housing needs of *old people* during the 1961-1980 period as 286,000 units for elderly families and 186,000 for non-family elderly individuals.

doubly so as we move forward vigorously into the field of social housing, where new policies and techniques may need to be developed and where carefully planned collaboration is essential.

The Committee recommends to the Federal Government:

In regard to Education

(39) That Central Mortgage and Housing Corporation (CMHC) conduct a sustained educational campaign to make everyone concerned aware of the opportunities, under the NHA as amended, to provide new and converted housing of many varieties for the use of older people, and that in such a campaign attention be called to such particulars as:

(a) The desirability of spreading housing for old people throughout the community and/or incorporating it in housing for other age groups;

(b) The additional opportunities available under the revised public incomes; and

(c) The importance, when hostels and other special group living arrangements are being considered for old people able to get about, of selecting a convenient site, ensuring a homelike atmosphere, keeping the size of the project as small as is compatible with economical operation, and of blending it in with the general housing of the area.

(40) That, on the initiative of CMHC, periodic conferences be held on a national and regional basis, made up of people from the variety of public and voluntary bodies concerned with old people's housing but also including architects, developers and builders, for the purpose of sharing experience, of discussing common problems and encouraging new and imaginative developments.

In regard to Technical Aid

(41) That CMHC develop plans and specifications for a wide variety of housing arrangements for old people and that the latter include low-cost one-bedroom houses suitable for couples and for two single people living together.

(42) That CMHC develop manuals for use by housing authorities and private sponsoring groups, giving precise information and advice regarding varieties of accommodation needed, housing designs including safety features, site selection, financing, and the procedures to be followed under the limited dividend, non-profit and public housing sections of the NHA.

(43) That CMHC appoint to its staff one or more persons with specialized knowledge relating to housing for old people and that their advice and technical assistance be available to housing authorities and other sponsoring groups.

(44) That a review be made of experience to date in rehousing within the area old people dispossessed by urban renewal schemes and that consideration be given to further measures, such as assistance with the purchase of small homes or rent subsidies for a limited period, which might be taken to ease the impact of the changeover and to assist generally in the process of resettlement.

In regard to Hostel Accommodation

(45) That insured NHA loans be provided to finance the construction of hostel, dormitory and similar type accommodation for elderly persons who could afford to pay a rent set by the normal operations of the market.

(At present loans for this type of housing are available only when the intention is to benefit persons who are unable to pay open market rates; there are, however, considerable numbers of older people, not in the low income group, who would welcome this type of accommodation.)

In regard to Research and Training

(46) That CMHC, in collaboration with DBS, review the present data collected and analyzed on the housing situation of old people with a view to filling the gaps that exist and introducing such changes as seem desirable in the definitions employed and the classifications provided. (Reference has been made earlier to the difficulty at present of correlating incomes and housing).

(47) That CMHC undertake or support, possibly in collaboration with the Department of National Health and Welfare, a major research project to determine the housing needs and preferences of old people, and their evaluation of existing housing opportunities. (The Age and Opportunity Bureau of Winnipeg, among other organizations, stressed the "deplorable" lack of information regarding the housing problems of the elderly).

(48) (a) That grants be made to universities and professional schools for special courses, seminars, conferences and other means of training with a view to increasing the supply of workers equipped to deal with both the social and physical aspects of housing for low-income families and for the elderly, and

(b) That to the same end scholarships be made available to promising students.

In regard to Organization

(49) That CMHC give consideration to the establishment of a national committee, analogous to the recently appointed national council on welfare, to advise on matters of policy and program in the field of housing for low-income families and for the elderly.

Provincial Governments

Since under the constitution welfare belongs in the domain of the provinces, it is on the shoulders of the latter that the chief responsibility rests for the provision of housing for old people. CMHC may be expected to make available its resources of money and technical knowledge and to perform additional functions, as indicated above, in the areas of education, research and coordination, but planning and the development of action programs are clearly matters for provincial initiative. The programs required in our view are of two kinds: the first directed to the provision of housing itself, and the second directed to the provision of those ancillary services that will enable the aged to avoid or postpone the necessity of institutional living. Our recommendations here relate chiefly to housing; services, which are the responsibility of provincial and local health and welfare departments, are considered in another section of the Report.[11]

The Committee recommends to the Provincial Governments:

In regard to Organization and Responsibility

(50) That housing programs for the elderly be integrated with those for low-income families and made the responsibility of a single department of government or of a provincial housing agency established by the department for the purpose.

(51) That consideration be given to the advisability of establishing a committee of knowledgeable citizens to be advisory to the minister and the department or agency on all aspects of social housing.

(52) That it be the responsibility of the provincial department or agency to ascertain and correlate information regarding housing needs and to develop a provincial plan calculated to produce within the reasonable time and according to an agreed order of priority the variety of accommodation old people throughout the province require.

(53) That it further be the responsibility of the provincial department or agency to negotiate with CMHC on its own behalf and that of municipalities and interested voluntary organizations regarding the size and nature of NHA assistance required. (This would ensure careful coordination of housing efforts within a province, the development of expertise on the part of the provincial authority and more effective communication between the province and the federal agency).

---

[11] See Chapters 4 and 6.

In regard to Technical and Financial Aid

(54) That the provincial department or agency appoint the necessary number of staff members equipped to assist the municipalities and voluntary organizations in the determination of need and the development and implementation of housing programs, and,

(55) That, in particular, funds and grants be provided in such amounts as to reduce to no more than token payments the capital funds required by voluntary organizations to qualify for loans under the limited dividend section of the act.

In regard to Policy

(56) That the provincial department or agency accept as a matter of principle the importance of enabling old people to continue in their own homes as long as possible and that where group living, short of medical care, is desired or required, it be provided in relatively small projects scattered throughout the community rather than in large institutions.

In regard to Program and Services

(57) That the provincial department or agency establish and enforce strict regulations concerning the design, siting and general operations of private homes or institutions offering individual or group living accommodation, short of medical care, to elderly people.

Municipal Governments

Historically municipalities, as the level of government closest to the situation, have been actively involved in housing problems, and in our view they should continue to carry substantial responsibility and authority in this field, unless they are too small to do so or form part of a larger administrative unit which includes housing in its jurisdiction. The recent amendments to the NHA which permit municipalities to own and operate public housing must be viewed as a constructive move.

The Committee recommends to Municipal Governments and other local area authorities:

In regard to Organization and Planning

(58) That, as at the provincial level, housing for the aged be entrusted to the municipal department or agency which is also responsible for low rental housing in general and that a committee of representative citizens be established to assist the department in an advisory capacity.

(59) That, with the advice and financial assistance of the two senior levels of government, each municipality survey the nature and extent of local need

and develop a comprehensive and balanced plan for meeting it, with the understanding that such plan must fit in with that of the province, and at the same time be integrated with the municipality's own total housing program.

(60) That through the cooperation of municipal health and welfare departments and with financial aid from the provincial government, ancillary services be made available and accessible to elderly people. (These services, which would include essentially visiting nurses, homemakers, and day-care centres, are dealt with in other sections of the Report).[12]

(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. (It is to be remembered that old people may need a different kind of living arrangement at different stages of their later years).

(62) That changes be made in zoning laws where necessary to make a variety of housing accommodation, such as cooperative residences, small houses and flats, boarding houses, etc., more widely available throughout the community.

In regard to Technical Aid

(63) That the municipal department or agency include on its staff one or more specialized persons to assist voluntary sponsoring groups and, in particular, to provide information regarding monies available from all sources, building regulations, local bylaws, siting, procedures, etc.

This recommendation should be read in conjunction with Recommendations 54 and 55 to Provincial Governments. It is to be observed that, of 197 non-profit housing projects for old people built under Section 16 of the NHA between 1946 and 1964, 114 were built by charitable organizations, as against 68 by municipalities and 15 by private entrepreneurs.[13] Although this situation will undoubtedly change as municipalities assume greater responsibility for the housing of old people, it would seem important that voluntary groups be encouraged to continue their active participation, although possibly in modified ways.[14] For this to happen, however, more assistance, both financial and technical, will need to be available to them.

(64) That arrangements be made whereby old people requiring short-term hospital or nursing home care may retain for a reasonable period the right to return to their previous living quarters in assisted housing projects.

---

[12] Chapters 6 and 13.

[13] *Central Mortgage and Housing Corporation*, brief op. cit., pp. 1473-83.

[14] *Ottawa Welfare Council*, brief submitted to the Special Committee of the Senate on Aging, July 2, 1964, No. 14. (See particularly pp. 936-8: the role of the voluntary organization.)

(It has been brought to our attention that considerable hardship and mental distress are caused to many old people who are now deprived of their homes due to a break of this sort in their tenancy).

CHAPTER 6

Community Services for Older People

Reference has already been made at several points to the need of older people for community services. Under the heading of health, and again under housing, we have stressed the part these services play in enabling the elderly to retain their independence and to postpone, or, it may be, to avoid altogether, the restraints and isolation of institutional living. Community services, however, have a more positive role than the prevention of dependency, important as that is. They also support the desire of large numbers of older people to continue as participating members of society and to find opportunities for useful and satisfying pursuits.

It follows that community services encompass a great variety of activities, which it is difficult to bring together within a single framework. Interpreted most widely they can be regarded, and indeed were regarded in some of the submissions, as embracing all the resources, outside his own family, on which the individual may draw for help and support. Our own use of the term has a narrower focus although we have not attempted to formulate a precise definition. The main difference is that we exclude the several large scale federal and provincial programs designed to provide basic economic security, hospital care and housing. When we speak of community services we are thinking, essentially, of what the Canadian Mental Health Association designated as "a wide range of small facilities (or programs). . . located regionally or locally, close to the place" where old people live. They may supplement or enhance the effectiveness of such major programs as those referred to above, or they may support interests and needs like recreation and satisfying social relationships, which call for an individualized rather than a uniform approach.

Community services, it should be recalled, were singled out specifically in the Senate Committee's terms of reference as an area to which special attention should be given, and we were fortunate in the wealth of information and suggestions that were provided to us in the submissions. There were few witnesses who did not lay emphasis on the importance of one or more "services and facilities of a positive and preventative kind" as a means of ensuring that "older persons may continue to live healthy and useful lives as members of the Canadian community."[1]

---

[1] Order of Reference of the Special Committee of the Senate on Aging.

A full account of the Committee's investigation under this head will be found in Chapter 13 where in addition to examining the needs that exist and reviewing the current situation, we propose what we regard as a desirable pattern of services for the average community and indicate some of the considerations involved in its attainment. The following brief summary highlights the Committee's principal findings and conclusions as a preface to its specific recommendations:

(1) Not every individual in his later years requires help from organized community services. Here, as in other areas we have considered, many old people continue to possess the energy and resourcefulness necessary to manage their own affairs, with the help available to them on occasion from relatives and friends. There are those, however, especially among the very old, who are not in this fortunate position. Their needs may be simple ones, like a visit to break up a long day, help with letter-writing and a bit of shopping; or their condition may be such as to call for intensive and long-term care which is not easy to provide in the home, unless support is available from the community. Even among the "young old" there are considerable numbers who find life in retirement "flat and unprofitable" and who need the stimulus of organized programs.

(2) Some needs of old people call for specialized and separate services, but many of them can be met through resources that already exist in the community, or should be provided, to serve all age groups. A primary aim of planning should be to see that these resources are in fact available to old people, which may necessitate some adaptations in program and procedures. As things are, homemaker services, for example, tend to be restricted to families with children, and recreation programs in community centres and elsewhere are offered mainly for the young.

(3) The evidence we have received indicates that the majority of older Canadians live in areas where community services and facilities, whether designed especially for their needs and interests or available to them on equal terms with others in the population, are spotty or non-existent. This is more true in the smaller places but the Social Planning Council of Greater Toronto pointed out that even in that large city "there is a serious, continuing and growing gap between the social needs of the population and the financial and human resources rendered available to meet them".[2]

(4) The community services suggested to us as essential to the well-being of old people are of such variety that, as indicated earlier, they almost defy classification. Broadly, and not without some overlapping, they may be grouped as follows:

(a) Services in their own homes for old people requiring varying degrees of medical and personal care—
(Organized home care programs, home-nursing, rehabilitation services, homemakers, etc.)

[2] *Social Planning Council of Metropolitan Toronto*, brief submitted to the Special Committee on Aging, Proceedings, No. 15, p. 1037, July 9, 1964.

These services are discussed in Chapters 4 and 11.

(b) Services in their homes for "shut-ins" who are not necessarily sick, but cannot get out much and need help with household chores and meal preparation, along with some companionship—
(Homemakers, friendly visitors, home help).

(c) Services and facilities in the community, preferably in the neighbourhood where they live, for old people who require advice, guidance and protected activity—
(Information and referral centres, case-work and counselling, legal aid, day care centres, sheltered workshops).

(d) Services and facilities for old people who want somewhere to go and something to do along with the chance for social contacts—
(Old people's clubs and centres).

(e) Services and facilities for old people who are interested in activities of an educational, cultural and community service nature which are adapted to their capacities and interests—
(Old people's clubs and centres have important roles here, but the major need is for the schools, churches, libraries, community centres and other existing organizations to adapt their programs to the interests of older people).

(5) Without the enterprise and devotion of voluntary agencies, very few of the services we now have for older people would exist at all. Their continued interest and leadership are essential and should be encouraged in every way possible. It is our view, however, that the accelerated development of community services which is now called for depends on the active participation of the public authority. Government support is also necessary for planning and coordination, the need for which was stressed continually in the course of the hearings.

The Committee recommends:

To municipal governments, local education authorities, and local voluntary organizations,

(65) That municipal governments accept responsibility for providing leadership and initiative in the planning and development of the range of community services required for the well-being of old people, themselves establishing or financing those services that fall under their statutory jurisdiction while working wth voluntary agencies or other levels of government in the establishment of others.

(66) (a) That on the initiative of the municipal government, the local welfare council or other appropriate body a representative committee, including appointees from the municipal government, be established for the purpose of surveying the local situation with respect to community services and facilities available to old people, and

(b) That this committee include in its investigation not only those health and welfare services, such as visiting nurses and homemakers. which would enable the aged to live in their own homes rather than in institutions, but also facilities and programs in the areas of recreation, education and community service which would enable them to continue as participating and contributing members of society, and

(c) That on the basis of the above survey, a plan be developed (i) to ensure communication and cooperation among all organizations and groups seeking to serve the aged and (ii) to extend and improve existing facilities and programs, and to establish new ones as required, and

(d) That in the implementation of this plan financial and technical help be sought from provincial and federal authorities along the lines indicated in later sections of these recommendations.

(67) That municipal governments take advantage of the municipal winter works program, the national health grants program, the national welfare grants program, the national fitness and amateur sport program, and also special provincial programs where they exist, to secure assistance with the cost of constructing facilities and developing services for the benefit of old people.

(68) That the municipal government, through its local public welfare department where such has been instituted, accept responsibility for seeing that an information and referral centre is established for the use of old people and others in the community seeking advice on their problems.

(69) That the municipal government, through its public welfare department where such has been established, and the voluntary family welfare agency, if such exists, extend and improve counselling services to old people, and that, under the auspices of one or both, a carefully supervised foster home placement service for old people be developed.

(70) That local institutions and agencies serving adults, including the schools and universities, the churches, social agencies, the public library, art galleries and museums, community centres and other recreational groups, experiment with changes in their programs and procedures with a view to encouraging greater participation on the part of older people.

(71) That municipalities, in seeking to fill the gaps between existing and needed services and facilities, give particular attention to the possibility of establishing homemaker's services and day-care centres.[3]

(On the basis of our inquiry we would give high priority to these two facilities which are at present in short supply everywhere. They can often prevent the institutionalization of old people and are a valuable resource also to patients after discharge from institutions.)

(See also recommendations 75 and 76.)

(72) That careful consideration be given also by municipal governments to the need for sheltered work and sheltered workshops open to all persons in the community, including the aged, who are unlikely to enter or re-enter the labour market, but who require work activity in a protected setting.

(See also recommendation 81.)

The Committee recommends to Provincial Governments:

(73) That, in line with their constitutional responsibility for the provision of essential health, welfare, educational and recreational services, provincial governments give particular attention to the serious gaps and deficiencies currently existing in all of these fields, as they relate to the needs of old people.

(74) That, with a view to bringing about the changes called for in the above situation, provincial governments through their departments of health, welfare and education provide strong leadership to local communities and in particular assist their efforts through initiating and publicising a program of technical advice and field service and through the preparation of materials for program planning and staff training.

(75) That grants be made available by provincial governments, independently or on a shared basis with the federal government, for:

(a) The construction and operation of day-care centres, community recreation centres and sheltered workshops;

(b) The conduct of training courses and institutes for professional, technical and volunteer workers in the area of community services; and

(c) Demonstration projects for old people in fields like meal service, recreation programs, camping, preparation for retirement and adult education.

(76) That the cost of homemakers be shared with municipalities on a basis which would permit the latter to provide this important service free to all old people who have a taxable income below a specified minimum, say $1,200 for a single person and $2,000 for a couple.

---

[3] Day care centres should not be confused with centres providing merely recreation. See page 151.

(77) That encouragement be given to local welfare departments to improve their counselling services and to make it available not only to people in financial need, but to all others in the community, including especially the elderly, and that the province share in the cost of this development.

(See also recommendation 83.)

The Committee recommends to the Federal Government:

(78) That the welfare branch of the Department of National Health and Welfare establish a special division for the purpose of providing technical advice and up-to-date information with regard to daycare centres, homemakers, meal services, counselling and such other welfare services for the elderly as come within the departments terms of reference.

(See Chapter 4 where a similar recommendation is made on the health side.)

(79) That the Department of Labour, similarly, through such of its branches as is appropriate, assist the provinces in the development of services for older people in occupational training, placement, and rehabilitation.

(80) That consideration be given to the possibility of earmarking for use in the field of aging a portion of the funds available for research, training and activity projects under the National Health Grants, The National Welfare Grants and the National Fitness and Amateur Sport Programs. (While it is true that grants are already available under these three programs for the purposes we have in mind, the fact remains that up to the present few grants have been so utilized. In our view, singling out the field of aging for special consideration would be an effective means of stimulating active interest).

(81) That the Department of Labour and/or the Department of National Health and Welfare give encouragement to the provinces and their municipalities in the provision of sheltered work and the establishment of sheltered workshops, and that this encouragement, in addition to technical advice, promotional aids and help in developing standards include Federal-Provincial sharing in the costs of facilities where indicated and in the provision of work activity allowances.

(See recommendation 72.)

(82) (a) That homemaker service be accepted as a shareable cost under the Canada Assistance Plan. Since the Federal Government now shares in the cost of maintaining indigent old people in nursing homes and other "homes for special care" it would seem only logical to expand this arrangement to cover the area of non-medical care given to old people in their own homes.

(b) That homemaker service be accepted as a shareable cost under the Canada Assistance Plan not only for persons on public assistance but for all others to whom this service is provided free by the provinces and their municipalities.

(See recommendation 76.)

(83) That counselling services provided by the local public welfare department for the elderly and others in the community be accepted as a shareable cost under the Canada Assistance Plan.

(See recommendation 77.)

Other Recommendations based on the Committee's findings as reported in Chapter 14.

(84) That research be undertaken with a view to learning more about the daily life of older people and, in particular, about their leisure time interests and their attitudes to community programs of various types in this area provided for their benefit.

(85) That in view of our present lack of knowledge about the leisure time needs and interests of older people, programs in this field be envisaged frankly as experiments with provision for the careful evaluation of the results achieved.

CHAPTER 7

Research and Statistics

One of the first undertakings of the Senate Committee was a survey to discover the extent and nature of research on Aging being conducted throughout Canada at the present time, and to ascertain the degree of interest there is in Aging as a field of research among the pertinent professional disciplines. The results of this inquiry, which are contained in Chapter 15, reveal a rather disappointing picture. It would appear that Canada lags considerably behind the United States, Great Britain and a number of European countries in the attention being devoted to the scientific study of older people and their problems. According to our respondents, this is true even in respect of medical and biological research, but the most conspicuous lag is in the area of the social sciences, where the most that can be reported is the beginnings of interest and a handful of projects, mostly of the survey variety, conducted by individual investigators with very limited financial aid.

The Committee is concerned about this situation, especially as it relates to social research. Again and again throughout our inquiry we have been dismayed by the great gaps that exist in our understanding of old people and their problems. Equally startling was the discovery of how often, in areas like housing, income

maintenance and health care, major decisions are made on the basis of much less complete information about the needs and wishes of the elderly and the merits of particular proposals, than planners and administrators recognize as desirable.

We are convinced that, whatever may have been true in the past, the point has now been reached where deficiencies of this sort need no longer be accepted as inevitable. What is required, once we recognize the importance of scientific knowledge as a guide to sound planning, is a deliberate effort on a bold scale to stimulate the development of research on Aging at all levels—basic, applied and operational.

The Committee has given considerable attention to the means by which this objective can be achieved and is convinced that the Federal Government has a major role to play.

Research in Federal Departments and Agencies:

It was noted that the Dominion Bureau of Statistics collects and analyzes an increasing volume and variety of statistical data with regard to the aging population; and also that several Federal departments and agencies, notably the departments of National Health and Welfare, Labour and Veterans Affairs, and the Central Mortgage and Housing Corporation, not only supplement this information from their own records, but carry on independent studies in respect to those aspects of need for which they have particular administrative responsibility.

The Committee recommends:

(86) That the foregoing activities be encouraged and that particularly in the Dominion Bureau of Statistics and the Department of National Health and Welfare, staff and budget be provided to strengthen existing programs of research and fact-finding in the aging field.

Statistics on Aging:

The Committee in making its inquiry has had occasion to work closely with the Dominion Bureau of Statistics and appreciates the extent to which the latter has enlarged and adapted its program of old age statistics over recent years in response to mounting interest in this field. Out of our experience, however, we are convinced that further improvements and refinements are desirable, in respect of the data collected, the definitions employed and the classifications provided.

The Committee recommends:

(87) (a) That on the initiative of DBS consultations be instituted at an early date with appropriate Federal and Provincial Government Depart-

ments, and with non-governmental organizations interested, for the purpose of improving present statistics related to aging.

(A meeting of all parties concerned, called by the Bureau for the purpose of general review, would seem to be a desirable first step).

(b) That, further, DBS take the measures necessary to match its achievements in the field of economic statistics with an integrated system of social statistics, which would contain a section on aging.

Federal Grants for Research on Aging:

Another observation of the Committee is that grants are currently available through the Department of National Health and Welfare, and to a lesser extent through other Federal departments and agencies, for research projects which may be in the field of Aging. Indications are, however, that up to the present very few such grants have in fact been used in this way, and that of those which are so used nearly all have to do with problems of medical, rather than of welfare and social policy significance. Undoubtedly this is largely a reflection of the level of interest in Aging that obtains, at present, in universities, professional schools, and other research centres, but there is a question whether the attitudes and preferences of approving bodies may not also be a factor. One of our great concerns is the lack of careful evaluation studies of programs for the financial support and care of older people in which large commitments of public funds are involved.

The Committee recommends:

(88) That the Federal Government review the experience it has had with research grants in health, welfare, and related fields such as housing and rehabilitation, and give consideration to means that might be employed, possibly through earmarking certain of these grants, to encourage the development of research on aging, especially in those areas of major need and expenditure that are now neglected.

The Case for a National Centre on Social Research:

The above proposals, important as they are, relate to particular aspects of a research program. They do not touch a major need, referred to in a number of submissions to the Committee, which is for leadership and direction of the program as a whole. The Committee considered this problem with some care, and in doing so had before it the experience of a number of other countries.

It was observed, for example, that in Great Britain, where there has been a continuous flow of studies and research related to all aspects of Aging, the chief source of financial support and stimulus to integration has been a private

organization, the Nuffield Foundation, which for many years "has devoted its largest sums to the 'care of old people' ".[1]

In the United States the great bulk of Federal expenditures for research on Aging are made through the National Institutes of Health within the Public Health Service, and are mainly concentrated in the area of health. Dissatisfaction with this situation of imbalance, and with the neglect of overall research planning, led the Special Committee on Aging of the United States Senate in 1961 to recommend the creation of a National Institute on Gerontology "with sufficient funds and staff to give the national leadership and recognition which research in the field of Aging requires and deserves".[2] This recommendation was later replaced by a proposal for a high-level "Commission on Aging" which would have the conduct and promotion of research as one of its responsibilities.

The arrangement in Denmark is on broader lines. There, the Government in 1958 established a Danish National Institute on Social Research as an independent body with its own Board but financed out of public funds. As the name implies, the Institute does not confine its attention to the field of old age, but it does include gerontology within its structure as a major area of interest.

The Committee's examination of these various patterns, in the light of conditions in Canada, gave rise to a number of questions:

(a) Should the integrating body we are considering concern itself exclusively with research, or should it carry responsibility also for leadership in the area of program and services?

It is the Committee's view that, if at all possible, the two functions should be kept separate. They are not of the same order, and there are marked differences between them in the type of staff and organizational setup required. Besides, there is always the danger, when research and services are combined, that one of them, usually services, receives priority over the other. It would appear unwise to run this risk when our needs in the field of research are so desperate. However, in Chapter 8, where we discuss coordination in the area of services, it is acknowledged that an agency carrying this latter responsibility might be expected at least to collect information derived from research, if our primary recommendation under this head is rejected, or until it is implemented.

(b) Under what auspices should the proposed research agency be set up?

The Committee's approach to this question was to ask where such an agency would be most likely to enjoy the status, financial resources and freedom of action necessary to operate effectively. Canadian experience of a number of struggling research bodies in the fields of education and social welfare lends little support to the

[1] *Research on Aging*, by John E. Anderson, in Aging in Western Society, University of Chicago press 1960, p. 362.

[2] *Developments in Aging, 1959 to 1963*—A report of the Special Committee on Aging, U.S. Senate, 1963, p. 161.

belief that more than a meagre budget would be provided out of private funds, although private foundations should, of course, be encouraged to devote more of their resources to social research, particularly in regard to the problems of aging. On the other hand, the status and freedom of action accorded to the new body are likely to be limited if it is located in a government department. The type of arrangement favoured by the Committee is that adopted for the National Research Council which receives its budget from public funds but operates independently within the limits of its terms of reference.

(c) Should the proposed agency occupy itself exclusively with research on Aging?

The Committee found this a more difficult question than at first appeared. One of the practical objections to a research agency concentrating on Aging is that in Canada we already have the Medical Research Council, which is concerned with the needs of *all* ages in the area of health. This means that in order to avoid overlapping any new agency would have to confine its attention to the *social* problems of old people.

What we had to think about, therefore, was the desirability of a social research centre, focussed altogether on the needs of older people. That older people have a host of social problems goes without saying, and has been amply documented in this report. It is also true, as has been stated earlier, that planning for the needs of older people, in areas like income, housing and health, involves important policy decisions that should be informed by scientific research.

However, as the Committee quickly recognized, there are considerations on the other side. One of these is the fact, brought out in Chapter 1, (Principle 1) that the problems of older people are interlinked with those of the total population and have to be seen in their widest social context. Another, (Principle 2), is that while society has a particular responsibility for the elderly, it cannot neglect the problems of other age groups. A third consideration is, of course, the economical use of funds. And, finally, there is the very real deterrent created by Canada's shortage of professionally trained workers in the social research field. While the aim must be to overcome this shortage as quickly as possible through financial aid to graduate students and grants to universities and other training centres, it would be a mistake to encourage the proliferation of bodies in the social research field, of which there is some evidence already.

In the Committee's view, Denmark, with its National Institute of Social Research, provides the model for Canada to follow, and we have no fear that within such a setup the needs of the older generation would be neglected. Whether such an Institute, or Council, is established in Canada, depends on the seriousness with which we regard our obligations in the field of human resources, and also on

the valuation government, and the public, place on the importance of research as a guide to social policy.

The Committee recommends:

(89) (a) That consideration be given to the establishment of a national council on social research, as recommended to the Government in the past by such national organizations as the Social Science Research Council of Canada; the Commonwealth Institute of Social Research and that specific provision be made within the program of the council for research in gerontology;

(b) That the council conduct or commission research on its own, particularly in the area of social policy, but that it should also make, or approve, grants for social research and training in social research to universities, professional schools, and non-profit organizations;

(c) That the council be composed of outstanding social scientists and laymen, including a number with specific interest in gerontology, and that it also include up to one-third of its membership, representatives of Federal Government departments and agencies that are concerned with social research;

(d) That the advice and services of the council be available on request to provincial governments, universities and non-profit organizations;

(e) That in order to avoid duplication in the health field responsibility for the conduct and support of research in geriatrics be carried by the medical research council and that the latter give high priority in its program to the biological and medical aspects of aging, and to those diseases and illnesses which have a high incidence among older people;

(f) That the proposed council maintain close relations with the Dominion Bureau of Statistics and the various Government departments and agencies having responsibility in the area of social research, including the universities, with a view to reducing overlapping and ensuring that the efforts of all are mutually supportive;

(g) That, with particular reference to the field of aging, the council seek the cooperation of the Dominion Bureau of Statistics and departments of the federal, provincial and local governments, and the major voluntary organizations concerned:

(i) in improving the collection and analysis of statistical data,

(ii) in stimulating and correlating research porgrams, and

(iii) in undertaking the variety of needed research that is recommended elsewhere in this report.[3]

---

[3] See inter alia Chapters 2, 3, 4, 5, 9, 11, 12, 14 and 15.

CHAPTER 8.

Planning and Coordination

In earlier chapters we have dealt with particular aspects of the situation of old people, their need for economic security, for example, for housing or health care, and in relation to each of them have had something to say about the planning and coordination that is required. Here we are thinking of all those aspects together, the totality of services for the aged, and, as in our discussion of research, we wish to consider the sort of overall structures that are necessary in order to ensure the effective organization of these services and their continuing development within the framework set by the goals and priorities of the community as a whole.

The Need Examined

Three main considerations lie behind the Senate Committee's interest in this topic:

(1) *The magnitude of the task that confronts us as a nation in providing adequately for the well-being of our older citizens.*

While in no way minimizing the importance of what is already being done by governments and voluntary organizations, we feel compelled on the basis of our inquiry to emphasize as strongly as we can the wide discrepancy that continues to exist between the actual situation of our aged population and what it should and could be in a country like Canada. Our immediate concern is that action be taken as quickly as possible to implement the proposals put forward in this Report, which is not an outcome that can be taken for granted. Appropriate mechanisms are called for at federal, provincial and local levels, through which the necessary leadership can be provided and wholehearted cooperation made possible all along the line.

(2) *The extent to which services and programs for old people are now springing up without the benefit of central planning.*

Many witnesses laid stress on the problems inherent in this situation. All too frequently the result of these well-intentioned efforts is considerable misdirection of energy and the proliferation of *ad hoc* projects with almost no regard to priorities and standards or the wise use of scarce resources. This is to view things from the angle of the local community. At the provincial and federal levels we find much the same assortment of piece-meal programs, each designed to meet a particular need with little evidence of any general design.

(3) *Finally, the Committee is impressed with the many difficult situations that are involved in sound planning for older people.*

As an example, in the area of economic security which is crucial, we have hardly begun to analyze the problem, let alone find acceptable solutions. And, in

relation to community services, a whole host of questions arise. Must we continue to follow the traditional pattern of organizing programs in terms of categories of people—the old, the disabled, the delinquent, etc.—an approach which is now being abandoned in the area of public assistance under the Canada Assistance Plan, or is a different structure called for to achieve the results we desire, such as a system of multiple service centres located in neighborhoods on some such pattern as we have now for our schools? The latter would seem to be a more ordered and efficient way of meeting the initial needs of all age groups with referral to specialized facilities when this is considered necessary.

Whatever organizational pattern is adopted, there is another series of questions around the appropriate roles of governments and voluntary agencies. Criteria are necessary to determine when a particular service is of a kind, or has reached the stage, where it should properly become a public responsibility, and any such criteria should, of course, provide not only for the actual transfer of functions but for a variety of patterns of public-private relationships that might be developed.

The foregoing are only illustrations of issues, affecting old people and the population generally, that are basic to the formulation of social policy. In our view, the continuing and concentrated attention which issues like these require constitutes an added if not the principal argument for more effective planning and coordinating structures than are to be found, generally, in Canada at the present time.

Evidence from the Briefs

It is perhaps only natural, since ours was a national inquiry, that most of the recommendations received by the Senate Committee related, chiefly, to what should be done at the federal level. One of the few specific references to the need for *local* planning bodies is to be found in the Brief of the National Council of Women, which recommends:

> "The formation at the local level of coordinating committees on Aging to assist in planning and prevent duplication of effort and the inefficient use of available assistance, both volunteer and professional, and of financial aid. Such committees could be either under local government control or part of a voluntary agency."[1]

But even this Brief continues:

> "There needs to be at the federal level an information centre which would make available to local coordinating committees data concerning what is being done, and what needs to be done, and otherwise give them aid and assistance."[2]

When the provinces are mentioned at all, it is usually, as in the Brief of the Community Chests and Councils of the Greater Vancouver area, to stress the need for "coordinated efforts on the part of local, provincial and federal authorities, as

[1] *National Council of Women*, brief submitted to the Special Committee of the Senate on Aging, No. 9, May 28, 1964, p. 600.
[2] *Ibid.*, pp. 601-02.

well as those of volunteers," although here again the reference is quickly followed by a plea for "national leadership."[3]

One of the few briefs which attempt to spell out the responsibilities of the *provincial government* is that of the Age and Opportunity Bureau of Winnipeg from which we quote, in part only, as follows:

> "It is our contention that the Province must take the major responsibility for enacting appropriate legislation to provide municipalities with the proper framework for services for the aged. This applies to leisure-time facilities and programs, housing projects and other services. The Provincial Government should continue to give leadership to the lower levels of government, and to help equalize financial imbalances in various parts of the Province by special grants to municipalities."[4]

With regard to the appropriate auspices for the national planning body some difference of opinion is apparent among the organizations giving evidence. A considerable group looks to the Federal Government to assume this responsibility: through "a Bureau on Aging within the Department of National Health and Welfare" (Montreal Council of Social Agencies and the Canadian Medical Association): "through an office on Aging in some department of the federal government", (United Church of Canada): or "through a federal interdepartmental arrangement to include the services of health, social welfare, housing, education, parks, etc.", (Notre Dame Day Centre, Winnipeg). On the other hand, the National Council of Jewish Women made a strong case for a National Association on Aging with provincial branches to be established as an independent body but with grants from all levels of government (along with voluntary contributions) and government representation on the Boards.[5] Somewhere in between is the position of the Ontario Welfare Council's Section on Aging, which pointed to the need to involve a number of government departments as well as community groups and voluntary organizations, but took the view that a national (or provincial) coordinating body" might be an arm of government or the task might be undertaken by a voluntary agency, provided public support was available".

Regarding the functions of the national agency there was more unanimity among the witnesses, and a number presented itemized lists of which the following by the United Church is a fair example:

> "(a) To keep under review both the problems and opportunities of older people;
>
> (b) To coordinate the work in Aging carried on by all departments of the government;

---

[3] *Community Chests and Councils of the Greater Vancouver Area,* brief submitted to the Special Committee of the Senate on Aging, No. 10, June 4, 1964, p. 638.

[4] *Age and Opportunity Bureau,* brief presented to the Special Committee of the Senate on Aging, No. 11, June 11, 1964, p. 733.

[5] *National Council of Jewish Women,* brief submitted to the Special Committee of the Senate on Aging, No. 2, Mar. 5, 1964, pp. 107-8.

(c) To work with provincial committees on Aging and voluntary agencies including universities and other educational institutions;

(d) To strengthen and extend existing services;

(e) To retain and extend the concern for older people which motivated the appointment of the Special Senate Committee on Aging."[6]

The Welfare Branch of the Department of National Health and Welfare devoted a whole section of its Brief to the subject of planning and coordination for the aged, in the course of which it reviewed the experience of Great Britain, the United States and a number of European countries. Considering the Canadian situation the Branch laid particular stress on the need for "a positive focus" in planning and the point was made that welfare programs, although they can make "some of the contributions required", are only a part of a comprehensive approach. The latter involves "imaginative social planning, full cooperation between public and voluntary bodies, and, above all, a determination to create the conditions under which the aged make a maximum contribution to the community, in the process of which they retain their place in the scheme of things."[7]

Guiding Principles:

Reflection on the above, and other statements in similar vein, received in the course of the Hearings led the Committee to formulate a number of guiding principles:

(1) Programs and services for older people must be planned in the context of the whole community and its needs. The aim should be an integrated pattern of services for all age groups.

(2) Planning and coordination should be conceived and practised as part of the democratic process. Authority to make and enforce decisions is essential, but a high degree of flexibility should be preserved and the accent throughout should be on cooperation and consensus rather than on directives and control.

(3) In order to achieve maximum effectiveness planning bodies must receive official status and involve the responsible participation of governments as well as of voluntary agencies.

(4) Overall planning for the needs of older people should not be viewed solely as a welfare operation. As is amply documented in this Report, the great majority of the aged, although poor, are not welfare problems, and in their pride and independence reject this distorted image of their condition. Health and welfare measures are, of course, important but, as emphasized in the Brief of the Federal

---

[6] *United Church of Canada,* brief submitted to the Special Committee of the Senate on Aging, No. 1, Feb. 27, 1964, p. 40.

[7] *The Department of National Health and Welfare,* brief submitted to the Special Committee of the Senate on Aging, Dec. 10, 1964, No. 24, p. 1704.

Department of National Health and Welfare, they are only parts of a comprehensive approach which must have the positive aim of creating greater opportunities for old people to lead satisfying lives and to continue as useful and valued members of society.

(5) Finally, while bodies charged with responsibility for planning are required at federal, provincial and local community levels, close working relationships among them should be encouraged by all appropriate means.

Conclusions and Recommendations:

In the light of the foregoing principles the Committee turned its attention to the kind of planning and coordinating structures that seem to be called for in the interests of older people, with the following results:

At the Local Level:

Here, notice was taken of the fact that community welfare councils are now to be found in some twenty of the larger centres of Canada and carry principal responsibility for whatever social planning is taking place. Indeed, a number of councils were represented at the Hearings and the Committee was impressed not only with their accomplishments in the field of Aging, but also with the considerable understanding of the planning process that was revealed in their presentations. It would seem desirable to utilize these community councils, wherever they exist, in the planning and coordination of services for older people which means, however, that they must broaden the scope of their interest, as is already happening, to include other than strictly welfare concerns. There remain, of course, the many smaller communities and rural areas where such councils do not exist; in most instances they will require the intervention of the public authority.

The Committee Recommends:

(90) That in all municipalities and/or appropriate local regions, on the initiative of the public authority where necessary, an officially recognized body be established to plan and coordinate programs, facilities and services for older people and that the concern of such bodies embrace not only the areas of health and welfare but also living arrangements, employment, education and leisure time activities.

At the Provincial Level:

In Canada at the present time the only permanent provincial bodies concerned with planning and coordination as they relate to older people are the Ontario Welfare Council through its section on aging and a more recently organized council

on similar lines in Quebec, both of them under voluntary auspices. This situation contrasts with that in the United States where, largely due to the stimulus provided by the White House Conference on Aging in 1961, a large number of states have established official Commissions or Committees on Aging which are doing useful work. The fact that Canada is to hold a National Conference on Aging in 1966 offers at least the hope of a similar development here. Meanwhile, it is important to note that nine provincial governments made submissions to the Senate Committee, most of them on the basis of extensive studies and surveys, which is clear indication of their interest and concern.

In considering what might be an appropriate form of planning organization at the provincial level, the Committee fortunately had before it proposals that have been made recently by official bodies in two provinces. It was observed that the Report of the Aged and Long Term Illness Committee of Saskatchewan (1963) recommended the establishment of an Institute on Aging so designed "that coordination of programs, services and facilities, as well as education and research, can be affected through one central agency."[8] The Institute was to be financed, so far as its operational costs were concerned, by the Provincial Government to which it would report annually but it would have its own board of directors and operate independently within its terms of reference.

The other proposal, which is contained in the Interim Report of the Select Committee on Aging and the Aged of the Ontario Legislature (1965), is for an Ontario Institute on Gerontology "which would have among its objectives the coordination and support of all provincial activities (including primarily research and training) in the field of Aging." The Ontario proposal is still under study by the Select Committee and information about structure and relationships is, therefore, not yet available.

The intent in both instances, however, seems to be the same: to create an officially recognized agency, separate from existing government departments, which would provide leadership in all areas of need associated with aging and devote itself principally to the assistance it could give to other organizations rather than to activities conducted on its own.

The Committee recommends:

(91) That provincial governments accept responsibility for the establishment of appropriate bodies for the planning and coordination of programs for older people within their jurisdiction and, that in doing so consideration be given to the proposals contained in the Saskatchewan and Ontario reports.

---

[8] *Report of Aged and Long Term Illness Committee*, Province of Saskatchewan, 1963, Chapter 12.

At the National Level:

With reference to the activities of the Federal Government recommendations have already been made to the effect that each department and agency, carrying important responsibility in the field of Aging, should have special staff, and perhaps a special office, to give visibility and focus to the needs of older people. Specific mention in this connection has been made of the Department of National Health and Welfare, on both its health and welfare sides, the Department of Labour, in regard to employment opportunities for older people, and CMHC, in regard to housing. Action of the sort thus proposed is in our view a prerequisite of planning, but provision must also be made for an organizational structure that will ensure clearance and coordination among all departments that share in the multiplicity of activities for the aged carried on by the Federal Government. The device that naturally suggests itself here is that of an inter-departmental committee, the ground work for which has already been laid in the Interdepartmental Committee on the Older Worker that has been in existence since the early 1950's. Such a committee, with members appointed by all interested departments, could be very useful as a means of exchanging information and facilitating voluntary cooperation. Made up of equal partners and with only limited authority, it could not, however, be expected to carry major responsibility for overall planning and coordination.

To perform the latter functions the Senate Committee is of the view that a special planning body needs to be established at the national level similar to those proposed at the provincial level for Saskatchewan and Ontario in the reports referred to above. The principal features of such a body, which might be called the National Commission or Council on Aging, are embodied in the Recommendations below.

The Committee recommends:

(92) (a) That the federal government establish a national commission on aging for the purpose of giving leadership in all matters concerned with a fuller life for older people in Canada;

(b) That the functions to be performed by this commission include the following:

(i) to examine intensively and follow up the recommendations contained in this Report of the Special Committee of the Senate on Aging,

(ii) to keep under review the needs and problems of older people and to develop recommendations on policy and program for dealing with them,

(iii) to develop close working relationships with federal government departments and agencies, national voluntary organizations, and provincial government planning bodies concerned with aging, to the end that planning and coordination may be achieved.

(iv) to serve as a clearing house for information on projects, studies and developments generally in the field of gerontology, and to publish a bulletin and other literature for the dissemination of this information,

(v) to provide technical and financial assistance in the area of program development and staff training on request to provinces, local communities, universities, and other organizations, to the extent this assistance is not provided already through existing programs,

(vi) to sponsor and cooperate with other agencies in conducting conferences, seminars, and training courses for workers in the field of aging;

(c) That, until the national council on social research, recommended in the previous chapter, is established, the commission, in addition to the above functions, carry responsibility for the conduct, collation and support of research in the field of gerontology;

(d) That the chairman and members of the commission be selected because of their status, experience and competence, in various aspects of the field of aging, and that they include, up to one-third of their number, representatives of federal departments and agencies that carry major responsibility for services and programs for old people;

(e) That the basic budget of the commission be furnished by the federal government but that the commission be enabled and encouraged to receive contributions from other public and private sources;

(f) That the commission report annually to parliament;

(g) That the commission have associated with it an advisory committee including in its membership representatives of provincial planning bodies, where such exist, voluntary agencies, and old people's own organizations for the purpose of reviewing the activities of the commission and advising on policy and program;

(h) And, finally, that the work of the commission be evaluated at the end of a five-year period and that consideration be given at that time to the advisability of linking it with a broader body on social planning for the population generally which, in our judgment, is required if a comprehensive and an integrated system of programs and services is to be developed.

PART II

THE COMMITTEE'S FINDINGS

CHAPTER 9

Economic Security in Old Age

Introduction

For the purposes of this chapter old age is thought of as commencing at 65 years, which is now the age beyond which most people are retired from regular gainful employment, but it must be borne in mind that the economic position of the aged, like their social situation and their health status, is largely determined by their past experience and activities; the young and middle aged are father to the old. How well off people are financially on reaching age 65 depends on their earning and employment record, particularly during the period immediately preceding retirement. This period, critical not only from the economic but also the social and health points of view, will be discussed further in the next chapter dealing with aging and employment.

The economic security of the aged has been the subject of discussion and enquiry by the Parliament of Canada since the turn of the Century. Legislative provision began in 1908, with the passage of the Government Annuities Act, which offered favourable terms to individuals wishing to save for retirement, but it was not until nineteen years later that the idea of government-provided pensions, albeit on a means test basis, was incorporated in the Old Age Pensions Act of 1927. There followed very shortly the Great Depression and it was the impact of this catastrophic experience, coupled later with the bold reconstruction aims arising out of World War II, that in Canada as elsewhere aroused widespread public concern over matters of economic insecurity. Two major outcomes were the Unemployment Insurance Act of 1940 and the Old Age Security and Old Age Assistance Acts of 1951. So far as the welfare of old people is concerned, the Old Age Security Act marked an important milestone. Flat rate pensions were now available as a matter of right to all persons at age 70 who could meet a Canadian residence requirement, set originally at twenty but reduced since to ten years.

It is interesting to observe that scarcely had the above legislation been placed on the books than political attention shifted to the advantages of the American approach to old age security which relates benefits to contributions by the

beneficiary, rather than, as in Canada, merely to his residence in the country. The former program, it was felt, held out the possibility of "higher benefits to be paid covering a wider range of contingencies at an earlier age."[1] A result of the Government's interest in the contributory principle was the appointment of Professor Robert M. Clark to analyse and compare the old age programs of the two countries. Dr. Clark's exhaustive report was transmitted to the Government in February 1959 and proved an important factor in lifting the level of sophistication at which pension problems were discussed in both governmental and private circles.

The next notable initiative relating to financial security for old people was that taken by the Government of Ontario in appointing a Committee on Portable Pensions, which it did in April 1960. The Ontario Pensions Benefit Act of 1963, based on the recommendations of this Committee's report, contained two main provisions: the first requiring every employer, with fifteen or more employees in Ontario, to institute by January 1, 1965, at least a minimum pension plan, the benefits of which would be immediately vested in the employee; and the second, establishing basic conditions which all supplementary pension plans would be required to meet after January 1, 1965, relating to such matters as vesting, solvency and the investment of funds. With the introduction by the Federal Government of a proposal for a Canada-wide pension plan early in 1964, and subsequent discussions of this proposal with the Provinces prior to its adoption by Parliament in the Spring of 1965, the Ontario Government withdrew the first of the above provisions, but the second is now in effect and has prompted similar legislation in Quebec.

Economic and Social Issues

While enquiries and legislation like those referred to above have focused primarily on the micro-economic aspects of the problem of social security, in response to the needs of the individuals affected, the macro-economic effects of such programs have been the object of study and discussion by economists, government departments, and of late also by the Economic Council of Canada. The use of funds accumulated in a public pension plan has not only economic but also, in Canada, political and constitutional aspects. How are such funds to be invested and by whom, with what effects? Increasing attention is also being directed to the problem of priorities among the major demands for social action which have arisen in the fields of economic security, education and health services. Further, there is the question of designing economic security in old age in such a way that provision of income security is linked most effectively with that of essential services and facilities, such as health care and public housing.

In the view of the Senate Committee, the introduction of the Canada Pension Plan should be accompanied by intensive studies for the evaluation of both its

[1] Order-in-Council, P.A. 1958—8/307 of Feb. 25, 1958.

micro-economic and macro-economic effects. We would urge that such studies commence before the Plan is in full operation in order that the changes may be observed from the beginning. Such studies might well be among the major tasks of the recommended National Council on Social Research.[2] It will be of particular interest to assess the impact of the Canada Pension Plan on personal savings and on the growth of private pension plans: while some expect the Plan to curtail interest in privately contracted pensions, there is considerable evidence that old age security actually stimulates new interest on the part of the public in providing supplementation to ensure a comfortable level of living in old age. The past accomplishments and the future role of pension plans in industry will have to be re-assessed in the light of the Canada Pension Plan and the most recent changes in the Old Age Security scheme. It should also be noted that the presence in Canada's population of a growing proportion, and certainly greater numbers, of older people will have an impact on the economy in a number of indirect ways. The spending and saving patterns of this group, whose members are largely retired from the labour force and often free from family responsibilities, will vary from that of the rest of the population. The degree of economic security and independence enjoyed by the aged will also influence spending and saving patterns of other groups in society, especially those who would be supporting the aged in the absence of social action.

In studying issues like the foregoing, it is clear that account must be taken also of the accepted values of our society and the implication of these for social policy. As has been pointed out already, sixty years ago all that was thought necessary in order to bring economic security to the aged in Canada was a scheme under which, if they so desired, people could purchase annuities at reasonable cost. Senator Cartwright, in opening the debate on the Government Annuities Bill in 1907, stated: "I doubt extremely the expediency of having recourse to a system of old age pensions, but I do believe there is a great opportunity for the state to avail itself of the machinery at its disposal for the purpose of placing within the grasp of every industrious man in Canada the opportunity, at an easy rate and at a very small cost to the state, of providing a reasonable annuity for his support at an advanced period of life."[3] Even, then, however there were dissenting voices. In the course of the debate, Senator Fergusson expressed this view: "It does seem to me that it would be necessary that all wage earners should be required to contribute, let it be ever so little. Only in that way can we bring under the operation of the law a large number of people, who, if left to themselves, would neglect to make the small contribution required."[4] There is, thus, an early record of the argument over voluntary and compulsory participation.

Regarding the function of government pensions and their amount, Dr. Clark found "widespread agreement that the Government of Canada should provide a

[2] See Chapter 7.
[3] The Right Hon. Sir Richard Cartwright, Speech delivered in the Senate on February 28, 1907.
[4] The Hon. Donald Fergusson, Speech delivered in the Senate on April 11, 1907.

basic minimum pension for the Aged."[5] "The basic minimum", he elaborates, "should be determined on the basis of a statistical study of the minimum amount necessary for subsistence."[6] In Clark's view "it follows from the principle of basing government pensions on the minimum of subsistence that pensioners should not have the value of their pensions eroded away by the winds of inflation."[7]

Another principle on which the amount of the government pension might be based is one that would provide the recipient, not merely with a minimum, but with "a fair share" of the national income. Some, who contend for benefits related more nearly to existing *standards* of living, as indicated by wages, as against subsistence allowances tied to the *cost* of living of marginal families, do so in light of the fact that continuing mass consumption is essential to the health of the economy. This approach raises a number of problems in its practical application. For one thing, such a method strictly applied would mean that the pension should follow the downs as well as the ups in the national economy. Above all, there is the conceptual difficulty of determining the person's proper share. What is the rightful share of an older, usually retired person? Should it be related to per capita consumer spending or to per capita earnings; and, in the latter event, should per capita earnings be calculated in terms of the total population or only of the working population? Would one assume that the retired person during his working life actually has contributed his full share to the economy? And how would his presumably reduced financial responsibilities affect the size of his share compared with that of people in other age groups? Would there have to be some provision for supplementing the pension in case of its drastic reduction through a slump in the economy?

It is acknowledged by the Government that the Canada Pension Plan "is not intended to provide all the retirement income or survivors' income which many Canadians wish to have."[8] The intention is to leave ample scope and initiative to the individual to supplement the government pension through personal savings and private pension plans.[9] Under the Canada Pension Plan, which will be entirely self-financing, the maximum benefit at the end of a ten year transition period will be 25 per cent of earnings related to an earnings ceiling of $5,000. Thus the monthly maximum pension in 1976 will be $104.17, subject to adjustment in line with changes in price and wage levels. The Act also provides protection to widows, dependent children and disabled persons, but again on a severely limited basis.

We have already emphasized the need to determine the present economic position of old people. Without this data, it is impossible to foresee the effects of the

---

[5] Clark, Robert M., "Economic Security for the Aged in the United States and Canada", Vol. II, Ottawa: Queen's Printer, 1960, para. 1574.
[6] *Ibid.* para. 1575.
[7] *Ibid.* para. 1581.
[8] *The Canada Pension Plan*, August 1964, Queen's Printer, Page 7.
[9] *Ibid.*, p. 7.

Canada Pension Plan, or of recent changes in the Old Age Security Act. More generally, unless steps are taken to ensure an adequate analysis of the problems of the aged, the effectiveness of any measure on their behalf, present or future, will not be known. This admonition applies not only to the economic position of the aged but to all other aspects of their place and function in our society. Lacking such information, we cannot hope to arrive at definite conclusions on policy matters but must be content, as we are compelled to be in the remainder of this chapter, with merely an exploratory discussion which may, however, raise questions and issues for future study.

The Present Economic Status of Old People

Only some very basic data are available on the economic aspects of aging in Canada. With their aid we shall try to review briefly the importance of the old people in the population, their income status, and the degree of heterogeneity of this social group that we refer to as the aged. We shall also examine so far as possible the sources from which their income is derived. Finally, we shall attempt to assess the needs of the old people and ask ourselves to what extent these needs are satisfied under present circumstances.

Old people constitute a comparatively small but increasing proportion of Canada's population. According to the projection by A. Stukel for the Royal Commission on Health Services, 7.92 per cent of the population may be over 65 by 1971, compared to the 7.62 per cent in 1961.

Table 4.—Number and Percentage of Older People by Age and Sex in Canada 1961 and 1971
(Assuming net immigration of 50,000 per year)

	1961			1971		
	Male	Female	Total	Male	Female	Total
Age			*Number*			
65–69	239,700	247,400	487,100	298,500	313,300	611,000
70 and over	434,500	469,600	904,100	526,600	649,900	1,176,500
			Per cent			
65–69	2.60	2.74	2.67	2.63	2.79	2.71
70 and over	4.72	5.20	4.95	4.63	5.78	5.21

SOURCE: T. M. Brown, Canadian Economic Growth, Appendix, A study prepared for the Royal Commission on Health Services.

One will notice in the above table the relative increase expected in the number of females in the population particularly over 70, between 1961 and 1971. This is important in the light of the statements made in several briefs regarding the special vulnerability of older women to economic insecurity. On the other hand, the trend in the rates of participation in the labour force has been rising for older women, while it declined sharply for the older men in the last decade. Moreover, one should be very careful in interpreting data which do not distinguish between unattached women and married women dependent on their husbands.

Both males and females show a definite concentration in the lower income brackets:

Table 5.—Percentage of Older People in Given Income Brackets by Age and Sex 1961.

	65–69		70	
	Male	Female	Male	Female
Income	%	%	%	%
Under $500	11.1	50.2	1.5	5.7
$ 500 to 999	17.0	27.3	43.0	67.3
1,000 to 1,499	10.4	7.5	16.1	11.7
1,500 to 1,999	10.4	4.3	10.6	5.5
2,000 to 2,999	16.0	4.8	11.8	5.2
3,000 to 3,999	13.2	2.6	6.7	2.0
4,000 to 4,999	8.1	1.2	3.4	1.0
5,000 and over	13.0	2.1	6.9	1.6

SOURCE: DBS 91–507, Table 41.

We see that 38.5 per cent of males between 65 and 69 years of age had incomes below $1,500. For females in the same age group, the percentage is 85 per cent. The situation shows a general deterioration with increasing age. For males over 70, 60.6 per cent of the group received less than $1,500 in 1961, while 84.7 per cent of the females were in the same position, and the percentage of females with incomes of $3,000 and over is lower than that of males in the same income groups. Such findings would tend to support the thesis of those who contend that older females are at a significant disadvantage.

This, however, requires some qualification. A breakdown of males and females into single, married, and widowed and divorced shows clearly that the single female is not significantly worse off than the single male. As for married women, they are supported partially or completely by their husbands and their incomes in most instances are supplementary. Only in the case of the divorced and widowed people do we find clear cut evidence that the males are better off. Nevertheless, it should be

noted that in the age group 65 and over only 20 per cent of the men are widowed whereas this is the condition of approximately one half of the women.

Table 6.—Percentage of Older People in Given Income Brackets by Age, Sex and Marital Status 1961

	65–69						70+					
	Male			Female			Male			Female		
	s.	w&d.	m.	s.	w&d.	m.	s.	w&d.	m.	s.	w&d.	m.
Under $500	16.2	13.6	10.2	20.4	27.8	68.9	1.5	1.4	1.5	3.3	4.5	8.0
$ 500 to 999	33.8	25.3	14.3	27.2	37.3	21.0	54.4	50.4	39.3	*48.4*	*63.0*	*78.0*
1,000 to 1,499	*12.3*	*12.5*	*9.9*	*10.6*	*13.3*	3.5	*19.1*	*17.8*	*15.2*	15.5	14.1	7.2
1,500 to 1,999	7.8	8.8	10.9	9.0	7.0	1.9	7.8	9.1	11.4	9.6	6.7	2.7
2,000 to 2,999	12.3	13.6	16.7	14.0	6.8	2.0	7.7	9.4	13.1	11.6	6.3	2.2
3,000 to 3,999	7.8	11.5	13.9	8.8	3.4	1.1	4.2	4.7	7.7	5.5	2.2	.8
4,000 to 4,999	4.1	6.1	8.7	4.1	1.6	.5	1.8	2.4	3.9	2.7	1.1	.4
5,000 and over	5.7	5.9	15.4	5.9	2.8	1.1	3.6	4.8	7.9	3.4	2.1	.8

SOURCE: DBS, 91–507.

In the face of such a structure, crude measures of central tendency should be used with great care because they obscure the actual distribution. In Canada, the problem seems to be with widowed and divorced women and, therefore, the policy maker should pay particular attention to their needs. In 1961 there were 287,000 such women in the age group 65 and over.

Table 7.—Composition of Money Income of Older People by Age and Family Status 1961

Source of Income	65–69 years		70 years and over	
	family income with head aged 65–69	Income of unattached person aged 65–69	family income with head aged 70 and over	Income of unattached person aged 70 and over
	%	%	%	%
Income from employment	71.4	42.0	48.1	17.3
Old Age Pensions	3.2	12.7	26.1	46.2
Other gv't payments	6.3	12.6	4.3	4.1
All other sources	19.1	32.7	21.4	32.5
Total	100.0	100.0	100.0	100.0

SOURCE: Unpublished data 1962. Survey of Consumer Finances (See DBS brief to Special Committee of the Senate on Aging, October 22, 1964. No. 18. p. 1263).

The above table is difficult to interpret without more knowledge of the family situation. For instance, with regard to family income from employment, who are the wage earners and what portion of this income is earned or received by the family head? For unattached persons, the interpretation is easier. Here we see the significant difference in the contribution transfer payments make to income, as we pass from the younger to the older age group. We observe, also, the relative importance of employment income: over 40 per cent of the income of unattached persons between 65 and 69 comes from the labour market. This percentage drops by more than 50 per cent when we pass to the group aged 70 years and over.

A definite trend in the structure of the sources of income of the aged can be observed, if we compare the data from the Surveys of Consumer Finances for 1951 and 1961.

Table 8.—Major Source of Income of Older People by Age and Family Status 1951 and 1961

	Unattached persons of 65 and over		Family with heads of 65 and over	
	1951	1961	1951	1961
No income	10.6	2.8	1.7	0.7
Income from Employment	25.0	13.4	60.9	49.2
Investment income	16.3	10.2	10.9	6.9
Transfer payments from gv't	38.8	65.6	19.7	34.2
Other sources (e.g., private pensions)	9.3	8.0	7.0	9.0
Total	100.0	100.0	100.0	100.0

SOURCE: 1952 and 1962 Surveys of Consumer Finances—unpublished data.

Table 8 does not give as detailed a picture of the age structure as Table 7 and, therefore, we are forced to deal with the two age groups (i.e., 65-69, and 70 and over) together although, as we have shown above, they have different characteristics. But even with this cruder classification, it is quite obvious that the role of government payments has increased significantly in the last decade. This is to be contrasted with the sharp decline in the relative importance of employment income, a circumstance which tends to support our concern over the labour market situation and policies in regard to the aged. If the trend toward a larger dependence on transfer payments is extrapolated, it becomes clear that the aged must depend more and more on some kind of retirement pension rather than on labour income.

Another feature of the last decade has been the relative decline in importance of investment income for the aged. This leads us to inquire into the distribution and the form of their assets since, without such information, it would be very difficult to

assess the importance of this element as a source of economic security. Information about asset holdings in Canada is very inadequate, and no survey has been made since the late fifties. It is possible, however, to get a general idea of the trend by examining the position of the older citizens in 1955 and 1958.

Table 9.—Percentage Distribution of Non-Farm Families with Head Aged 65 and Over by Liquid Asset Holdings in the Spring of 1955 and of 1958.

	1955 All families with head 65 and over		1958 All families with head 65 and over	
Liquid Assets	All Incomes	Incomes under $3,000	All Incomes	Incomes under $3,000
None	23.3	32.1	21.9	30.7
Under $250	12.5	12.9	9.5	10.6
$ 250– 499	7.8	8.3	4.9	5.1
500– 999	7.5	5.7	11.0	10.0
1,000–1,999	12.6	13.5	13.1	11.7
2,000–4,999	17.4	14.2	17.4	18.1
5,000–9,999	7.5	6.2	11.3	8.4
10,000	11.4	7.0	11.0	5.4
Total	100.0	100.0	100.0	100.0

SOURCE: DBS Incomes, Liquid Assets and Indebtedness, Non-Farm Family in Canada 1955 (13–508), 1958 (13–514)

It seems quite clear that the proportion of "old families" with liquid assets below $500 has been reduced in the 1955-58 period. The liquid assets position of the aged should, however, be examined within the context of a broad study of their total assets. Some such data may be available, at least for applicants granted Old Age Assistance in Canada.

We have pointed out the need for great caution in the use of measures of central tendency in the case of such a heterogeneous group as the aged in Canada. However, bearing this in mind, it might be helpful to present some figures, if for no other reason than to define in a fairly general way some orders of magnitude.

For families with head aged 65 and over, the average income in 1961 was of the order of $4,047 per year, and the median income of the order of $2,831. For persons in that age group not in families, the average income per year was $1,458, while the median income was $829 (or even lower).[10]

Since, as has been said, it is difficult to interpret the income of families without more knowledge of their composition, one might regard the median income of

[10] Dominion Bureau of Statistics, brief submitted to the Special Committee of the Senate on Aging, October 22, 1964, No. 18, p. 1273 (see footnote p. 1254).

people not living in families as a good indicator of the sort of income that accrues to old people dependent on their own resources in Canada today. In doing so it needs also to be remembered, however, that there is a concentration in the distribution of income at $660, the pension income, and that the amount of the Old Age Security pension has risen since 1961 to $900.

The question is whether such incomes are sufficient for an older person or an older couple. The answer, obviously, is dependent on our definition of adequacy. The briefs submitted to the Committee contain long sections on the economic needs of the aged, but in most cases we are confronted with assumptions regarding priorities which are unsupported by scientific knowledge regarding the tastes and needs of the aged. This is a reflection of the lack of studies on minimum adequate income levels in this country. In fact, very few local surveys[11] are available to provide estimates of socially defined minima in a form which would allow the observer to specify explicitly in the particular case of older people.

The bureau of Labor Statistics of the U.S. has attempted to build a budget for an old couple in the United States which would assure this couple of a "modest but adequate" standard of living. It found that in 1959 the old couple would need not less than $2,500 per year, in an average large American city.[12] How can this be applied to various areas in Canada? One could attempt some deflation procedure in order to pull the figure down to a level appropriate for Canada. However, if we keep in mind that our old people have expectations which are definitely tied to North American standards and that a recent conservative estimate[13] of the minimum family budget for a family of two persons in Canada (no age specification) is as high as $2,190, we might be tempted to use a very weak deflator if any.

The fact is we do not possess any specific minimum budget for a typical Canadian retired couple, let alone one which recognizes and reflects the older generation's pattern of tastes and preferences. The only way to get information about priorities as perceived by the aged would be to launch a series of extensive surveys not confined to financial matters. In fact the economic condition of old people can be perceived precisely only if questions as to the exact nature of contacts with relatives or friends are also answered.[14] Such information is necessary if policy makers are to provide economic security for the aged in a way that would assure a maximum of satisfaction to the individual at a minimum material and social cost.

---

[11] For instance, *A study of adequacy of social assistance allowances,* report prepared in 1958 by the Community Chest & Councils of Greater Vancouver, see Proceedings No. 10, June 4, 1964.

[12] M. S. Stotz, "The B.L.S. interim budget for a retired couple", Monthly Labor Review, 83, Nov. 1960.

[13] R. A. Jenness, *"The Dimensions of poverty in Canada: some preliminary observations"* University of British Columbia, February 1965, (typescript), p. 14—For a one-person family, the estimated minimum budget proposed by Jenness is of the order of $1,700.

[14] Some of the important questions pertaining to these surveys have been discussed by Dorothy Cole in July 1957 at the Fourth Congress of the International Association of Gerontology.—See also P. Townsend, *The Family of Old People.* London 1957.

If we accept the figure of $1,700 as the minimum budget for a one-person family, as suggested by the Jenness reference above, and if we compare it with the average income of older unattached persons which is of the order of $1,458, or even more meaningfully with the median income of the people in this group, some $829, it seems clear that old people, who are dependent entirely on their own resources, are in no position to satisfy their basic needs. For families with the head over 65 years of age, no definite conclusion can be reached without more information about the structure of such families.

Priorities and Values

Earlier we have mentioned the need there is to assess income maintenance programs for the aged in the light of Canada's overall social and economic policies. Even in the area of social policy, having in mind the demand there is for increased financial support of education, health services, and social security, it may be necessary to determine priorities. Clearly there must be integration in planning for the economic foundation of these various programs. Whether, in view of Canada's sound economic position and future prospects, the problem is really one of priorities would have to be determined in the light of the cost, particularly the net additional cost, of the programs in question related to the present and anticipated capacity of the economy.

It may well be that the net extra cost of these programs can be absorbed without establishing priorities in chronological terms and that the decision, therefore, would be one of degree within each program rather than of priorities between programs.

In any case, decisions about priority will require an appraisal of the values our society assigns to its various objectives and activities, in addition to the difficult enough distinction in the economic sphere between investment and consumption. This latter concept is by no means clear cut in its application. Neither health nor education, for instance, can be regarded solely as an investment in human capital in the economic sense: both include a strong element of satisfaction and utility to the individual. Education services, for example, are consumed by some individuals simply because of the satisfaction to be derived from acquiring knowledge, whether or not they actually apply it on a job. It should be remembered that the very objective of economic endeavour is to achieve a maximum of well-being for people and that considerations of economic investment must not be the only ones taken into account.

How a scale of social values is going to be obtained and agreed upon is not easy to foresee, particularly in the complex and intricate framework of Canada's political, social and constitutional machinery. It would probably have to come as a result of the interplay of many forces rather than through deliberate action by a

Council of Social Values as proposed by Alvin Hansen.[15] It must also be recognized that social attitudes and values are as dynamic as society itself and its institutions, and are, therefore, subject to change.

In 1960, a study of American attitudes toward responsibility for the aged showed that in 20 per cent of the cases people believed that relatives should have the sole responsibility and that in 30 per cent the belief was they should have primary responsibility. Only 9 per cent of the respondents felt that relatives and the government should share the burden, while 6 per sent gave primary responsibility to the government and 21 per cent gave the government the sole responsibility.[16]

Two factors, however, might affect drastically the corresponding social preferences of Canadians, and indeed of Americans, over the next decade. First, the recent campaign against poverty in Canada and in the United States has focused public attention on the peculiarities of income distribution in North America. Whether the impact of such a campaign will be important enough to shift income redistribution from a secondary to a primary position among our social goals remains unknown for the moment, but it is not completely utopian to think it might, especially since many people are coming to realize that "poverty is expensive to maintain".[17] Secondly, other studies done in the United States have revealed that the attitudes of people toward the responsibility of government in the maintenance and assurance of economic security for the aged, or for any other handicapped group, is related, with a time lag, to the amount of money paid out by the government in the region. Thus, we might be faced with a certain feed-back effect, resulting in a shift of attitude.[18] Finally, there is the consideration, pointed out earlier, that purchasing power spread broadly throughout the population provides an assurance of mass consumption on which continuing prosperity depends.

Basically, there are two schools of thought about the means to achieve economic security and conditions of social welfare for the aged or any other group, within the framework of the existing economic order.[19] On the one hand, there is the group, best described as individualists, who resist the enlargement of the social services as likely to weaken the moral fibre, and consequently the productive capacity, of the nation. Members of this group would limit the responsibility of the state in welfare matters to that of caring for the small fringe of people who are utterly unable to provide for themselves, even with the help available from the voluntary agencies. On the other hand, there are those who lay stress on what Churchill called "the collective functions of society". While appreciating the advantages of a private enterprise economy, they are keenly aware of the social

---

[15] A. H. Hansen, Economic Issues of the 1960's, New York, 1960, p. 91.

[16] C. A. Lininger in *Aging and the Economy*, edited by Orbach and Tibbitts, Ann Arbor 1963, Ch. 5.

[17] M. Harrington, *The Other America*, New York 1962, Penguin Ed. p. 133).

[18] C. A. Lininger, op. cit., Ch. 5.

[19] A. T. Peacock, *"The Political Economy of Social Welfare"* Three Banks Review, Dec. 1964.

problems generated by its operations. Since, in their view, these problems cannot be solved by the system itself and are, moreover, of a magnitude beyond the capacity of private individuals and groups to deal with alone, the case for state intervention seems to them to be clear. Not only must economic activity be subject to some regulation, but social legislation and social services must be accepted as indispensable in the interests of human well-being. It may be considered that the first of these two schools, the inheritors of the laissez faire tradition dominant in the 19th Century, carries less influence today than it did formerly, and to an extent that is true. However, its importance has revived recently, in view of the alleged emergence of the "Affluent Society". Marshall draws attention to signs of this revival in England where he says: "It is argued that amid so much affluence poverty can only be an exceptional phenomenon, and that now it really is possible for all but a few to win for themselves all the amenities of a civilized existence".[20]

None the less, it is probably fair to conclude that the development of social and economic thought throughout the 20th Century has brought these two groups closer together. Both now would appear to agree that there is a responsibility on the state to seek at least the *reduction of insecurity* within the limits imposed by the resources and general state of the economy. The real differences are about the extent of the responsibility and the appropriate means of carrying it out, but even here they find some common ground.

One observes, for example, more than a little convergence in the techniques accepted to ensure economic security. While the "individualist" would prefer to rely mainly on voluntary insurance, obtained through private carriers and supplemented by public assistance for the destitute and helpless, he is ready to settle for a state-operated insurance scheme, when no government subsidy is involved. Similarly, although "the collectivist" believes in government subsidy, on the ground that this is the only way for social aims to be given effect, he is prepared to accept a state-operated scheme, financed altogether through premiums, if the experts agree that this is an effective way of meeting the need.

There are questions about all of these various techniques which leave one uncertain about what form the provision of economic security will finally take. As has been amply documented, private voluntary insurance has failed to yield the desired results, even in relatively prosperous countries like the United States. On the other hand, those who wish to see the individual's sense of responsibility retained, raise strong objection to anything but a minimum use of government subsidies. Finally, if on the face of it social insurance would seem to be most acceptable to all concerned, this approach has been criticised on the ground that it has a tendency to develop, over time, into a mixture of compulsory self-insurance and public subsidy in which it is impossible to separate one component from the other.

[20] *Social Policy*. T. H. Marshall, p. 32, Hutchinson University Library 1965.

Considerations for Future Policy

It is reported that in 1911 when Lloyd George was in the middle of preparing his Health Insurance Bill he made the following jotting on a piece of paper: "Insurance necessarily temporary expedient. At no distant date hope state will acknowledge full responsibility in the matter of making provision for sickness, breakdown and unemployment".[21]—and he might have added old age. This suggests the notion of a socially determined floor of protection which society at some point may be willing to guarantee to all its members. Even if this is still only a notion, which has yet to be clearly articulated, let alone accepted by responsible planners, it contains the germ of an idea which could revolutionize many of our current programmes and other arrangements for the provision of economic security.

There is no opportunity here to pursue this line of thought with any thoroughness, but it might be useful to explore it a little with particular reference to the needs of the aged. The cash income of older people, as we have seen earlier, comes mainly from government payments, employment, and investment. Further, trends suggest that the relative importance of all non-government sources of cash income has been declining, which is making government payments the chief, if not the sole, source of income for many of them. The question is whether it is possible to establish or find a consensus of opinion about the magnitude of public subsidy which, given existing institutional arrangements[22], would guarantee an adequate, if modest, standard of living for older people.

Many organizations, in briefs presented to the Committee, gave their ideas on this subject. The United Senior Citizens of Ontario Inc. stated that the old age security benefit should be $100 a month, while the Canadian Institute for the Blind Acquaintance Club asked for an increase to $125. The Montreal Council of Social Agencies suggested $1,260 a year as the minimum income required for an older individual and $2,100 for an older couple, but the Ontario Welfare Council felt that $80 to $95 for an individual and $135 to $149 for a couple would be sufficient. An older citizen, Mrs. S., stated before the Committee that nothing less than $100 a month would do, and that $125 per month would permit one to live comfortably.[23]

It goes without saying that these various groups attached somewhat different meanings to the concept of an adequate standard of living and also that on the basis of their experience the assumptions they make about the availability of supporting institutional arrangements were not always the same. However, if in order to be on

---

[21] *Ibid.* p. 59.

[22] By this proviso, "given existing institutional arrangements", we simply mean that the claims on resources which the aged now have in our system would be preserved; for instance, like other Canadians, old people are now receiving hospital care and other services; we assume that such claims on existing resources would remain effective.

[23] For references see the Brief for each of these organizations; Mrs. S. is one of the five senior citizens who came to testify before the Committee on Nov. 7, 1963.

the safe side we accept the maximum estimate put forward, the figure we arrive at for a minimum cash income from all sources is $125 per person per month, subject necessarily to adjustment periodically on the basis of a cost of living index.

It is not possible with the information available to calculate with any accuracy what such a guarantee would cost. Assuming that it would be given to all persons aged 65 and over, and that 40 per cent of this group, some 560,000 people, would need supplementation for an average amount of $400 per year, we come out with a figure of roughly $225,000,000, which represents between 25 and 30 per cent of what the government paid out in old age security pensions during the fiscal year 1963-1964. However, this amount is not altogether an additional outlay. There were also federal-provincial expenditures on Old Age Assistance in 1963-1964, totalling close to $80,000,000 and under the new Canada Assistance Plan, if it fulfils its promise, expenditures might well be expected to rise sharply above this figure, What we appear to be talking about, therefore, is a new expenditure of something in the order of $100,000,000, and even this amount would likely decline within a few years as benefits from the Canada Pension Plan become available, and also as the recent action by Parliament in lowering to 65 the age for old age security pensions makes itself felt.

The question is whether Canadians would be willing to divert sufficient of their resources to make this kind of adjustment possible. We recall the statement contained in the brief of the Saskatoon Welfare Council. "Our senior citizens", reads this submission, "who have founded and built this country have earned the right to a fair share in our affluent society". If one were willing to accept such a proposition as is here put forward, the $125 per month per older person guarantee could easily be rationalized, since it would represent a minimum cash income of $1500 per year for every old person in a country where the personal income per capita for the period 1959-1963 has been of the order of $1763. Whether such an amount represents what might be considered "a fair share" of the national income remains hypothetical.

There are regional differences in the level of personal income per capita, and significant differences also in the cost of living between regions across the country. This might raise the question of the equity of a uniform income guarantee, as providing equal treatment of equals. Such a policy would render older citizens better off relatively in the provinces which have a personal income per head below the national average, i.e., in the provinces that are in a position to do least for their aged. On the other hand, it would discriminate against older people living in the richer provinces, but these provinces, presumably, are in a position to make good the discrepancy, one way or another, if they wish to do so.

In the above discussion we have concentrated on the claim of the aged to a certain level of cash income, and in doing so have left out of account the variety of

goods and services, as for example in the areas of health and housing, which may and do play an important part in ensuring their economic security. This problem of the total structure of the supply of economic security is a very complex one, as we have tried to indicate throughout. What is the appropriate balance between money income and the provision of services? What is the attitude of older people to one as against the other of these two approaches, and with regard to cash income, what degree of resistance do they feel to a means or needs test? How is responsibility for services to be most efficiently distributed between the public and private sectors, and among the various levels of government? These are only a few of the specific questions, the answers to which must await more precise information and a greater variety of expert studies than have yet been made. Finally, there is the problem of intermeshing social and general economic policies. This consideration may not have been important earlier, when welfare programmes were relatively small and subsidiary operations, but it cannot be disregarded today in a society which has assumed major responsibility for the well-being of its citizens and is prepared to devote a substantial amount of its resources to the fuller realization of this objective.

In a recent paper Titmuss[24] referred to the "iceberg phenomenon" in social welfare planning: the preoccupation there often is with the visible aspects of poverty, such as low income and lack of services, to the neglect of less easily detected agents of insecurity and inequality, such as the effects of the tax system, the way government subsidies operate, inflationary pressures and the like. In an analogous manner we have dealt in this Chapter with only a limited segment of economic security, omitting much above and below the water-line, and even in regard to this segment have confined ourselves mainly to an enumeration of issues that have yet to be resolved.

It would be defeatist, however, to conclude that nothing can be done for old people in the matter of income until all the facts are in. Already, as is clearly apparent, considerable that is constructive has been accomplished, including most recently the institution of the Canada Pension Plan and the lowering of the age of eligibility for Old Age Security. Together, these measures will do much to improve the lot of older people retiring in the future. The challenge is to match these achievements with comparable provision for the aged already retired, many of whom, as our analysis has shown, are in serious economic need. Our proposal which we believe Canadians generally would support, is a new program which, without resort to a needs test, would guarantee to this disadvantaged group a cash income sufficient to ensure a modest standard of living. The recommendation in detail is set out in Chapter 2 of this Report, and it is our hope that it will receive early and favourable consideration by the Government.

[24] R. M. Titmuss, "The Role of Redistribution in Social Policy" (typescript).

CHAPTER 10

Aging and Employment

In the preceding chapter we argued that economic security for the aged was a primary social responsibility. Furthermore, we have seen that for those beyond the normal retirement age of 65 years, economic security cannot depend to a large extent upon employment. We believe, however, that general social and economic policy should extend beyond the provision of pensions to those over age 65 to include opportunity for employment to all age groups. It is also our view that, even if economic security provisions for the aged were adequate, the problem of aging and employment merits close attention.

This view is substantiated by submissions received by the Committee, indicating that the problems of aging in Canada do not arise suddenly at age 65 but begin to make themselves apparent at ages as early as 45, or even earlier. While in purely economic terms it might be difficult to justify the effort of finding suitable employment for those over 65 and the expense of fitting these people for employment, there are good grounds for arguing that the costs of manpower policy for the whole labour force, including the aged, can be more than outweighed by gains to the economy as a whole.

In this chapter we shall, therefore, consider the problem of aging and employment from two points of view: that of employment and the general economy; and that of employment and the aging worker.

The General Context

Since the 1930's the spectre of mass unemployment has influenced Canadian economic thought. Admittedly, the great depression of the 1930's, and the deep economic and psychological wounds it inflicted on a whole generation of Canadians have, to a large extent, faded from memory. But unemployment has remained a problem of grave concern. Despite generally stated objectives and various insufficiently co-ordinated government efforts, unemployment has persisted, reaching high levels in recent years.

This has particularly serious implications for the aging since it was well established in testimony before the Committee that the very young and the older groups in our labour force suffer most in periods of unemployment.

Clearly, no policy for employing the aging can expect much success without an effective programme for a high level of general employment. It is essential, therefore, as a first step, to give consideration to Canada's efforts and performance in attacking the problem of general unemployment. This was stressed time and again by witnesses. For example, the Canadian Welfare Council argued that "a high

level of employment particularly in the crucial age from 40 to 60 is the first line of defense against the inability of people to provide for their own economic needs in old age"[1]: and further that "the ultimate objective of all Canada's manpower policies should be to ensure that every Canadian has the opportunity to engage in productive employment to the full extent of his or her needs, capacities, skills and potentialities."[2]

Recently the Economic Council of Canada provided the following definition of a tolerable level of unemployment: "In the light of careful studies, we have concluded that a 97 per cent rate of employment, or a 3 per cent rate of unemployment of the labour force would constitute a realistic objective to be aimed at over the balance of the 1960's."[3] And yet our unemployment rates have been above 3 per cent since the early 1950's and substantially above 5 per cent from 1957 to 1963.

The economic cost of this unemployment has been significant. A recent estimate by Prof. G. L. Reuber suggests that the potential full-employment level of the private sector of the economy (Gross Domestic Product) in 1961 was at least 12 per cent or between four and five billion dollars greater than the actual level experienced. The average gain in private output would be some 4 to 5 per cent for each 1 per cent reduction in the percentage of the labour force unemployed, up to the point of full employment.[4]

A substantial portion of the loss experienced is due not just to lower levels of employment but to the underemployment of those with jobs. The Economic Council of Canada has noted that between 1946-56, output per person employed rose 3.2 per cent per annum. Between 1956-63 it rose 1.0 per cent per annum.[5] In other words, the farther we are from full employment the less those already employed will produce. As we move toward full employment, we gain not just the production of workers coming into employment but also the increased production of those already employed.

The Committee is impressed with the argument that the fundamental factor at work in recent years has been *insufficient aggregate demand* leading to a high rate of unemployment and to the underemployment of those employed. However, it has been argued, and in fact reflected in policy, that to push levels of employment too high would result in price inflation. This has been a dominant influence in national economic policy for some time now. The Economic Council assumes a balance

---

[1] *The Canadian Welfare Council,* brief submitted to the Special Committee of the Senate, Proceedings, May 7, 1964, No. 6, p. 308.

[2] Ibid. p. 312.

[3] Economic Council of Canada—*First Annual Review, Economic Goals for Canada to 1970*—Queen's Printer, Ottawa, 1964, p. 38.

[4] G. L. Reuber—*The Objectives of Monetary Policy*—working paper prepared for the Royal Commission on Banking and Finance, Ottawa, Dec. 1962.

[5] *Economic Council,* loc. cit p. 44.

between prices and employment when prices are rising at 2 per cent per year and employment is at 97 per cent of the labour force, i.e., when unemployment is at a level of 3 per cent. In these terms, therefore, Canada could "afford" a level of employment approximating 97 per cent.

Apart from inadequate demand, it has also been asserted that unemployment in Canada has to do with *labour market structure*—regional problems, insufficient mobility of labour, inadequate or inappropriate labour skills, and so on. This has influenced the shape and emphasis of manpower policy. But here again recent evidence suggests either over-emphasis of the structural explanation or *insufficient attention to a more balanced approach.* Prof. Pierre-Paul Proulx of McGill has looked at the relationship between kinds of structural unemployment and general unemployment.[6] His results indicate that changes in the structural elements of employment are not significantly different from changes in employment as a whole. In their analysis of post-war unemployment, F. Denton and S. Ostry conclude that one may detect a sign here or there of a possible growth in the structural problem, though the overall impression is that the structuralist argument has received no strong positive support. It would appear, they maintain, that most of the increase in "residual unemployment in the latter 1950's and early 1960's was caused by growing slack in the economy, i.e., a growth of demand-deficient unemployment.[7] The evidence suggests that little will be achieved by a programme which is limited to attacking regional unemployment or age-group unemployment, without a general national employment policy attacking demand-deficiency problems. In summary, we can note at this point that the problem of employing the aging and aged cannot be resolved when the nation is in a position of high or even moderate unemployment. We can also note that national policy in recent years has provided limited scope for an employment framework within which we can grapple with aging problems. That such a framework is becoming more urgent is vividly illustrated by the labour supply forecasts of the Economic Council of Canada, which indicate a rapidly growing labour force.

We now turn our attention to the more limited sphere of the aging part of our work force in order to explore its employment characteristics. Granted that the essential condition is national full employment, the actual achievement of productive and rewarding employment requires other kinds of considerations and policies. In national economic terms, the question is how we can increase the economic contribution of the aging group, given its characteristics. In terms of the people involved, the question is how they can satisfy their employment goals—whether these be economic, social, or pyschological.

---

[6] Pierre-Paul Proulx, "The Composition of Unemployment in Canada", in *Employment, Unemployment and Manpower*, Industrial Relations Centre, McGill University, Montreal, June 1964.

[7] Frank T. Denton and Sylvia Ostry, *An Analysis of Post-War Unemployment*, Economic Council of Canada, Queen's Printer, Ottawa, 1965, pages 16 and 18.

The Critical Years

One difficult question which arises is how we should define the aging worker. Public pensions are available at age 70 and will shortly be available at age 65. These would be convenient age limits for our study of employment. Yet at this age level the entire issue of employment diminishes since one could argue, as we have, in favour of economic security for this age group without specifying income from employment. It was brought forcibly to our attention, however, that the aging-unemployment relationship begins much earlier and assumes major proportions in the 45 to 60 age period. In real terms, therefore, consideration of the problem requires much longer time perspectives than those suggested by other criteria for aging. Unemployment for the aging begins before 45 and not at 65 or 70. "In terms of employment opportunities a worker is old at 45. In terms of normal retirement, he is old at 65—in terms of old age security, he is old at 70." [8]

Table 10.—Male Unemployment Rates—1963

Age Group	Unemployment Rate
	%
All ages	6.4
35–44	4.7
45–54	4.9
55–64	6.1
65+	4.8

SOURCE: Dominion Bureau of Statistics; "Labour Force Survey."

The data for males indicate a "breaking point" in the 45-54 age interval. The same breaking point has occurred each year since 1950. Although exaggerated reliance cannot be placed on these data, it can be concluded from them that the relationship between aging and unemployment shows up long before age 65.

The lower unemployment rate after age 65 is explained largely by the withdrawal of this age group from the labour market. Such withdrawal is undoubtedly influenced by the unemployment experience of the people involved. Department of Labour data were revealing on this point.

---

[8] *A. Andras,* in presenting the brief of the Canadian Labour Congress to the Special Committee of the Senate on Aging, Proceedings, March 5, 1964, No. 2, p. 69.

[9] *Department of Labour,* brief submitted to the Special Committee of the Senate on Aging, Proceedings, July 2, 1964, No. 14, p. 948.

Table 11.—Duration of Unemployment by Age, Males
(October average, 1961–1963)

Duration	25–44	45 and over
(months)	%	%
under 1	34.5	29.6
1–3	31.2	26.5
4–6	10.4	12.7
over 6	17.7	26.4
Layoffs	6.2	4.8
	100.0	100.0

SOURCE: Proceedings, p. 959.

Thus, higher unemployment rates and longer duration of unemployment are both characteristic of the worker 45 years of age and over.

Additional relevant evidence on the critical years was provided by the National Employment Service.[10] In an analysis of vacancies it was found that almost 100 per cent were closed to workers over 65 years of age; 97.6 per cent to those over 55; 88.4 per cent to those over 45; and 43.6 per cent to those over 35. In terms of actual placement experience in 1959-60, 27.6 per cent of the applicants were 45 and over, but this age group represented only 12.3 per cent of total placements.

This kind of information provided the Committee with ample evidence that the problem must be viewed in a time dimension which begins in early middle age. Professor John Morgan of the University of Toronto noted that continuous unemployment from 45 will make an "unhappy, insecure and damaged person before he becomes 65".[11] Other submissions noted that repeated frustration in attempting to secure employment beyond 45 will itself reduce the individual's ability to secure employment.

In defining the critical years, it is useful to identify the age-related factors which affect the worker's competitive position in the labour market, a position which becomes critical during conditions of less than full general employment.

Certain basic characteristics associated with particular age groups are involved in an evaluation of the competitive position of the aging worker. Education is one such factor, and it was raised most frequently before the Committee. In general the aging are less well educated than younger workers; which establishes a serious employment disability, particularly for higher skilled, higher income opportunities. This is related partly to improvements in education over time and partly to the termination of the educational process at particular age levels. Associated with age and a lower educational base is the whole question of learning ability which, in turn, is

[10] *National Employment Service,* brief submitted to the Special Committee of the Senate on Aging, June 11, 1964, No. 11, p. 752.

[11] *Prof. John S. Morgan,* evidence submitted to the Special Committee of the Senate on Aging, Proceedings, October 24, 1963, No. 2, p. 28.

related to mental capacity, motivation, and a number of other social and psychological factors. A second characteristic of aging workers is geographical immobility arising from family composition, home ownership and community relations, all of which tend to grow in importance with aging. Thirdly, there are health factors associated with aging which affect mobility and adaptability.

The Critical Industries and Occupations

The competitive position of the aging worker in the labour market is influenced greatly by his ability to adjust to employment opportunities. These have undergone substantial change in recent years, and continued change related to industries, occupations, and locations is expected in the future. One of the general shifts has been from goods-producing to service-producing industries. The Economic Council of Canada reports that between 1946 and 1963, employment in goods-producing industries rose by something less than 3 per cent. During the same period employment in service-producing industries rose by 87 per cent.[12] The Council estimates, however, that between 1963 and 1970 employment in service industries will increase by 75 per cent while employment in goods-producing industries will increase by as much as 25 per cent. Yet, even if the older workers were initially distributed, industrially and occupationally as are workers on the whole, they would need to be equally mobile to adjust to rapidly changing labour allocations. Under such conditions, the aging worker would not be disadvantaged.

There is some evidence that the older worker tends to be concentrated in declining industries and low-paid occupations and is finding it difficult to shift. The evidence, however, is not conclusive.

Table 12.—Relative Distribution of Male Workers by Occupational Group and Age 1961

Occupational Group	Total	45 and over	65 and over
	%	%	%
Managerial	9.6	13.4	12.5
Service	8.5	8.6	13.4
Agriculture	12.2	16.8	29.8
Construction	7.1	7.3	5.1
Manufacturing	18.4	17.7	10.8
Clerical	6.7	5.6	6.0

SOURCE: Department of Labour *loc. cit.*, p. 14.

Table 12 shows the very heavy concentration of workers 65 and over in agriculture and a more than proportional concentration in managerial and service occupations. For the 45 and over group a similar, but somewhat less extreme, pattern obtains.

Concentration in agriculture implies participation in an industry which provides fewer and fewer opportunities for employment. Although there is considerable

[12] Economic Council, *First Annual Review*, p. 155.

outward mobility from agriculture, the shift for aging and aged workers is difficult, since it involves both a significant change in skill requirements and a change between rural and urban environment. To the extent that older workers are concentrated in agriculture, they are faced with severe adjustment problems. If they stay in agriculture, the chances are that they will be underemployed and their living standards economically depressed.

The remaining evidence is less clear. Employment in service industries has grown enormously and this would appear to present opportunities for older workers who appear relatively well entrenched; but little is known of the kinds of employment found by older workers, in this broad field. Denton and Ostry[13] have noted, however, that in recent years, despite the rise in importance of trade and service industries, the rate of unemployment in these industries was relatively high. In manufacturing and construction, which are affected most by automation and which are "under-represented" by older workers, the rates of unemployment are relatively low.

All of this indicates that better data and sharper analysis with a focus on the older worker is necessary. However, it would appear that older workers are concentrated in declining industries and unstable occupations some of which are regionally concentrated. Older workers also appear to be concentrated in occupations the skills of which are not readily adaptable to alternative growth sectors of the economy.

Some Revelant Trends

So far we have attempted to identify the general nature of the problem and its age and labour market characteristics. It will be useful now to sketch developing trends with respect to labour supply and demand as additional background for a consideration of possible policy. The following population projections have been made recently by the Economic Council of Canada:

Table 13.—Changes in Population by Selected Age Groups, 1963 to 1970

Age Group	Change
	%
0–14	+11.5
15–19	+28.2
20–24	+45.1
25–29	+22.6
30–39	−3.4
40–64	+15.8
65 and over	+13.5

SOURCE: First Annual Review, Economic Council of Canada, p. 59.

[13] Denton and Ostry, op. cit., pp. 14-15.

The most striking feature of the projection is the large increase in the combined 15-29 age group, which will exert considerable pressure on employment opportunities. But the Group 40 and older will also grow substantially.

The Department of Labour projects the composition of the labour force as follows:

Table 14.—Percentage Age Distribution of Labour Force by Sex 1961, 1971—[14]

Males	1961	1971
14–19	7.4%	7.6%
20–24	10.2%	13.8%
25–44	48.0%	42.7%
45–64	30.5%	32.0%
65	3.9%	3.9%
Females	**1961**	**1971**
14–19	16.0%	14.1%
20–24	16.5%	16.8%
25–44	40.0%	37.8%
45–64	25.2%	29.0%
65	2.3%	2.3%

SOURCE: Proceedings, p. 971.

Aging workers are expected to constitute a larger proportion of the labour force in the next ten years, both males and females. Although a relative decline in the 25-44 age group is indicated, its effect on the competitive position of the older worker will be offset by the increase in the 20-24 age group and the over-all challenge to employment posed by the general increase in the labour force. The Economic Council warns that we will need to find 1,500,000 new jobs between 1963-70. On balance, therefore, there is little prospect of a quantitative reduction in the problem of employment for older workers.

An analysis of participation rates throws further light on the employment prospects of older people. These rates reflect the relationship between the labour force and the whole population 14 years of age and over. Within the population, some individuals for a variety of reasons do not participate as either employed or unemployed. Young people 14 years of age and over may not participate because they are at school, while many aged workers retire and so do not participate.

In general, participation rates for men[15] are relatively low for the 14-19 age group and high for the 20-54 age group. Somewhere between 45 and 54 the rates

[14] Department of Labour, *op. cit.*, p. 971.
[15] For data see Department of Labour, *op. cit.*, p. 953.

begin to decline and are significantly lower in the 55-64 age group. Finally there is a drastic decline at age 65 and over. These differences have held historically, in very general terms, but some significant trends have developed amongst older men. These are shown below:

Table 15.—Labour Force Participation Rates—Males 65 and over by Selected Years 1950–63

Years	Participation rates
	%
1950	40.4
1954	33.2
1956	34.1
1960	30.2
1961	29.1
1962	28.4
1963	26.3

SOURCE: Proceedings, p. 953.

The observed decline in participation of older men reflects, to some extent, a reduction in their need to work. Presumably, an operating factor is economic security derived increasingly from sources other than employment. As noted previously, however, an undefined portion of withdrawal from the labour force may well be due to a persistent and discouraging lack of employment.

In contrast with those for males, participation rates for females have increased sharply in the past thirteen years; rates in the 45-54 and 55-64 age groups have doubled and, although the percentages are small, they have increased in the 65 and over age group as well. Undoubtedly, the main factor has been the increase in the service occupations.

On the demand side the Economic Council of Canada has laid down a bold challenge to the people of Canada: "In order to achieve our employment potential of 97 per cent employment by 1970, the economy must achieve a sufficiently large rise in employment to absorb not only the very large expansion in the labour force . . . . but also a substantial proportion of existing unemployment."[16]

The Council's report provides some projections relevant to the Committee's task. With regard to employment, the Council projects, from 1963 to 1970, an average annual increase in total employment of 3.0 per cent. It projects a yearly decline of 2.3 per cent in agricultural employment and a rise of 3.5 per cent in

[16] Economic Council, *First Annual Review*, p. 40.

non-agricultural employment. The latter includes a rise of 4.8 per cent in employment in public and community services and a rise of 3.2 per cent in commercial employment.[17] All of these changes are in terms of annual averages, and, unfortunately, the categories are rather gross. In any case we do not have data for age distributions. We have, however, noted that there is a concentration of the aged in agriculture; and, according to Economic Council projections, there will be shrinking opportunities for employment in this industry and, perhaps, expanding opportunities in service industries. In its review of primary industries, the Economic Council projects declining labour input in these industries generally, stressing the importance of improved technology. Thus we can anticipate not only changes in the allocation of labour among broad industrial categories, but also a continuation of improvements in technology. The relevant general consideration is reduced labour input per unit of output. The relevant labour force requirements are technical adaptability to the potentials of improved technology. The existing and impending challenges to society are: the ability to generate and maintain demand; to provide a basis for labour force mobility—industrially, occupationally and geographically; and to develop equality of employment opportunities. For the aging worker we can expect continued confrontation by new skills, strong competition for employment in changing occupations and possibly changed locations of industry.

Some Social and Economic Consequences

We have presented to this point a review of the employment status and problems of older people and the implications of current trends. Before launching into a discussion of policy possibilities, it will be useful to state briefly some social and economic consequences of unemployment among the older workers and some broad policy objectives:

1. In a society geared to industrial production, work and lack of work represent social values, and the social position of a person deteriorates when he is unemployed. Any employment represents a status superior to unemployment, unless the lack of employment amounts to a socially acceptable retirement. Even leisure, which is now increasing, enjoys higher prestige when it is related to employment and is reflected in shorter work weeks than when it is the result of permanent withdrawal from work.

2. Working and its derived income have important psychological as well as material implications for the individual older worker and his family. In the words of the National Council of Women, one of the basic needs of all adults is "a productive occupation for gain or pride of

[17] Economic Council, *First Annual Review*, p. 48.

accomplishment."[18] The Jewish Vocational Service said that "to deprive a man of the opportunity to work is to undermine the basic rationale of his life."[19] Unemployment erodes and undermines people and communities.

3. National economic consequences posed by a condition of unemployment among older workers is of two sorts. First, unemployment may reduce national output. Professor Reuber's estimates of losses have already been presented. The heavy incidence of unemployment among aging workers contributes to this loss. Second, these losses are increased because of underemployment among older workers. This underemployment occurs in such industries as agriculture, where older workers tend to concentrate.

4. Our society cannot be judged as one which has given full consideraton to the situation of the older worker in the labor market. For example, the Committee reviewed much evidence relating to age-discrimination practices among employers. To some extent these practices are due to the cost and regulations connected with employer pension plans, but more often to insufficient awareness on the part of the employer of the productive contribution which the older worker can make.

5. The committee suggests as relevant policy objectives the following:

a) Employment opportunities, even beyond age 65, for those who wish to work and an equitable sharing of employment opportunities.

b) Full use of our productive resources, leading to full employment.

c) Planned measures to offset the employment effects of major technological changes and measures to facilitate occupational, geographic and industrial mobility.

The fundamental policy requirement is a buoyant, fully employed economy. Even apart from the aging worker, this policy must be implemented if we are to cope with our rapidly expanding labour force. No substantial improvements in employment can be anticipated for the aging worker unless the general level of unemployment is reduced. Simply improving the competitive position of the aging worker will only tend to shift the problem to another age category.

---

[18] *National Council of Women of Canada,* brief submitted to the Special Committee of the Senate on Aging, No. 9, May 28, 1964, p. 601.

[19] *Jewish Vocational Service,* brief submitted to the Special Committee of the Senate on Aging, No. 5, April 30, 1964, p. 263.

The Committee cannot comment in detail on the precise policy measures required. Clearly, such policies will have to be shaped by the appropriate public and private bodies, but in this process the responsibility of the federal government is very great.

The major technique on the aggregate demand side is an expansionary use of monetary and fiscal tools, unhampered by some of the inconsistent and erroneous concepts of employment, price stability, and national production which have been influential in our recent history. The major technique on the labour supply side is a set of programmes designed to increase the adaptability of the labour force. Canada must face the necessity for a clear statement of national objectives and the need to provide federal government policies for their planning and implementation.

Matching Demand and Supply for Labour

The Canadian economy and its industrial structure are undergoing rapid change, and this is expected to continue. Under such conditions, even with high effective aggregate demand, unemployment and its consequences may result because of mismatching of the demand for labour and its supply. We have seen that the aging worker appears least able to adjust to the process of change. Our manpower policy has attempted to cope with this situation but with only limited success. Apart from the difficulties created by a high level of unemployment, a major problem lies in insufficient attention being paid to analysing, forecasting and planning demand. Canada has mounted programmes on the labour supply side but without sufficient precise knowledge of labour demand.

It is of vital importance to have a balanced regard for both sides of the market and to devise procedures and institutions to co-ordinate manpower policies. This becomes difficult as full employment is approached and as structural shifts become significant. The disadvantageous position of the aging worker makes all of these considerations imperative. As a general policy, Canada should make a consciously planned effort to gear demand and supply, thereby greatly reducing the risk of dislocation and discontinuity of employment and production.

Manpower Policy

The broader aspects of policy just reviewed should be considered prior requirements to manpower policy. Our manpower policy consists of a number of elements, including the general placement function of the National Employment Service and the range of programmes carried out under the Technical and Vocational Training Assistance Act of 1960.

A review of the structure, functions, and achievements of the National Employment Service is contained in the *First Annual Review* of the Economic Council. The Council underlined the organizational and functional limits surround-

ing the National Employment Service and suggested an expanded role for this agency as a key institution in an integrated manpower policy. The Committee subscribes to the need for a comprehensive federal employment policy and for the integration of activities in a single federal agency.

The programmes under the Technical and Vocational Training Assistance Act have met with mixed success. There are problems in developing consistency across Canada and further problems resulting from lack of co-ordination between the various provincial departments and municipal agencies involved.

One set of programmes provides for training of employed persons and those about to enter employment. In general, the programme has failed to attract participants, indicating substantial problems in attracting adults to a programme for developing new skills.

Programme 5 of the scheme is central to our concern, since it is intended to provide training for the unemployed. Federal support for meeting costs of the programme and allowances for trainees is generous. An initial problem has been the reluctance of provinces to commit themselves to their relatively small proportion of financial support. The programme has also failed to attract participation. Not only has enrolment been low, but dropouts have equalled completions. It is apparent that retraining of the unemployed has made very modest progress. Underlying this limited progress is the absence of known employment opportunities, so that there is little information on job possibilities for trainees. In addition, the programme lacks adequate provision for compensation. Allowances are not paid in some provinces and are only minimal in some others. The chief difficulty in educational terms is the lack of basic education of most of the trainees.[20]

The Committee regards the following as essential characteristics for an effective attack on the manpower aspects of increasing employment opportunities for the aging worker:

1. Continued attention to the problem at national and provincial levels. The problems surrounding manpower policy are extensive and complex. It would be useful to integrate and co-ordinate government study and action through the National Employment Service and its local offices throughout the country. This agency should be responsible for analysing basic demand and supply conditions and should develop programmes to facilitate the adjustment and mobility of workers. The federal Department of Labour should undertake, promote, and finance comprehensive research into aging and employment.[21]

---

[20] Pierre-Paul Proulx, *loc. cit.*, p. 69.

[21] Note should be taken of a recent White House announcement (N. Y. Times, Aug. 28, 1965) regarding a new American government program to train and use older people, aged 60 and over, as "substitute parents" for children in institutions, as home health aides, and in other similar capacities. The program in its first stage will be financed by an anti-poverty appropriation of $41 million and is expected to provide employment for 18,200 older people. Employees will be paid a minimum of $1.25 an hour and will work four hours a day, five days a week.

2. Financial assistance to unemployed employables should be increased and extended. The main elements of assistance in training and the provision of living and moving allowances and loans are now part of policy but the incentive levels are inadequate.

3. A more realistic approach should be taken toward education itself. Training should be based not only on the skills required but on the characteristics of the trainees themselves. In this context the submission of the Canadian Association for Adult Education is most suggestive. The Association proposed a general approach to education based on a process of continuous learning.[22] This is a most attractive proposal and would have important implications in the long run for our aging population, and for society generally. Of immediate importance is an adjustment in our current training process to suit the qualities and background of the trainees, not only to provide better results but to attract more students and reduce dropouts.

CHAPTER 11

Health Services and Institutional Care

Introduction

Most older Canadians are in reasonably good health. To overlook this, and to stress only the diseases and disabilities of later life is to develop a stereotype of pessimism and hopelessness which is not warranted. Actually the onset of a number of chronic diseases can be prevented or postponed, treatment if instituted early can bring many other conditions under control, and rehabilitation energetically applied can prevent many of the deformities and disabilities of old age (see Appendix I). These facts need more emphasis in the education and orientation of the healing and helping professions today, in view of the increasing proportion of older people among patients seen in doctors' offices, clinics, hospitals, and in home care situations.

It may be true, as was pointed out by the Canadian Medical Association, that "while there are diseases among the aged, there are no special diseases of the aged".[1] It is certainly true that aging and chronic disease are not synonymous; indeed, American statistics show that one-quarter of those suffering from chronic illness are under forty-five years of age.[2] However, there are some notable differences at older ages: the proportion of those suffering from chronic diseases is much higher than in

---

[22] *Canadian Association for Adult Education,* brief submitted to the Special Committee of the Senate on Aging, No. 18, Oct. 22, 1964.

[1] *The Canadian Medical Association,* brief submitted to the Special Committee of the Senate on Aging, Proceedings, Nov. 5, 1964, No. 20, p. 1313.

[2] U.S. Commission on Chronic Illness, *Care of the Long Term Patient:* Vol. 2, 1956, page 7.

the rest of the population; often there is a multiplicity of conditions; and symptoms and signs when they occur, tend to come on insiduously. For these reasons, among others, there have developed specialists in the care of the aged. These specialists include doctors, nurses, occupational therapists, physiotherapists, among others. There is some difference of opinion regarding the appropriateness of a medical specialty of Geriatrics. Whether, on the one hand, a new specialty of Geriatrics is instituted or, on the other, specialists in Internal Medicine devote more time (as they must) to dealing with the problems of aged patients, makes little difference. It is true, however, that until the rest of the medical profession fully accepts the challenge of caring for the aged there must continue to be a group of devoted clinicians with a missionary zeal and vision pointing the way to better care for the aged, and indicating that improvement and "control" in the old can be just as important and gratifying as correction and "cure" in the young.

That there is a challenge in preserving or restoring the health of an older person, that modern rehabilitation methods open up a wide new area of possible accomplishment, and that there can be a great deal of satisfaction in bringing health care to the aged, may, perhaps, best be illustrated by the many cases where older patients have been restored to a considerable degree of independence. The following is an example of what can be done for the patient and his family:

> "In one district an elderly patient, having suffered several strokes, had been in bed at home for over three years. He was paralyzed on one side and unable to speak. He was a heavy man and because the family could not move him out of bed, they left him there, fed him, kept him clean, and he did nothing for himself. Finally, because the family were exhausted, someone suggested calling the Victorian Order of Nurses. With the doctor's permission the nurse encouraged the patient to do some self-help activities and simple exercises. In a short time she was helping him out of bed. The family learned, in time, from the nurse teaching during her visits, how to do this easily and safely. In a few months the patient was walking from the bedroom to the kitchen and later outdoors. The family were amazed at the change in his mental and physical condition and regretted the fact that so much time had been lost."[3]

Health of the aged is intimately related to matters of employment (feelings of usefulness and well-being), housing (safety and sanitation), recreation (mental health), etc. The most important and crucial relationships, however, are between the broad areas of health and welfare. It is essential that workers in both fields collaborate closely in dealing with such common needs as rehabilitation, community services and institutional care.

---

[3] *Victorian Order of Nurses for Canada,* brief submitted to the Royal Commission on Health Services, Ottawa, 1962, p. 14.

The basic premise, laid out in the beginning of this report, that older people vary from one another as much as younger folk, is certainly true with regard to their health. We need a variety of facilities to enable the elderly to live as long as possible at home, and institutional care should be considered only as a last resort after all available home services have been exhausted. The older person must be given a real choice as to where and how he or she is to be looked after, when the condition is a long term one and institutional care is found to be necessary.

The U.S. Commission on Chronic Illness which studied the problems of chronic disease, illness and disability from 1949-1956 stated at the beginning of their four-volume report: "The basic approach to chronic disease must be preventive. Otherwise the problems created by chronic disease will grow larger with time and the hope of any substantial decline in their incidence and severity will be postponed for many years."[4] The very useful terms *Primary Prevention* (prevention of the onset of disease) and *Secondary Prevention* (prevention of the progress of disease) have evolved. Primary Prevention is ideal and is instituted, if at all possible. Secondary prevention is the second choice which is often the only thing available to us in dealing with many diseases of older people because, unfortunately, as yet we know so little of the specific etiology of the major causes of death and disability and, therefore, cannot prevent their onset. Here, an attempt is made to detect, by all possible methods, the early evidence of disease, and to start treatment as quickly as possible. Where necessary, suitable rehabilitation of the long-term patient is aimed at minimizing the amount of deformity and disability and, if at all possible, the patient is returned to the community. A residual small proportion must be cared for indefinitely in an institutional environment appropriate to the needs of the patient, be they social or medical or, as is usually the case, a combination of both.

Statistics

We are grateful to the Dominion Bureau of Statistics[5] and the Federal Department of National Health and Welfare[6] for some very useful new data on the health and welfare of older people in Canada. We have also benefited from the monumental compilation of the Royal Commission on Health Services which, although not devoted to the older group, has some very pertinent statistics.[7] Other most important facts and figures have been obtained from the pioneer provincial study of the problems of the aged by the Saskatchewan Aged and Long-Term Illness Survey Committee (1960-1963).[8]

[4] U.S. Commission on Chronic Illness, *Prevention of Chronic Illness*, Vol. I, 1957.

[5] *Dominion Bureau of Statistics*, briefs submitted to the Special Committee of the Senate on Aging proceedings Oct. 22 and Nov. 5, 1964, numbers 18 and 20.

[6] *Department of National Health and Welfare*, briefs submitted to the Special Committee of the Senate on Aging, proceedings Dec. 3 and Dec. 10, 1964, numbers 23 and 24.

[7] *Royal Commission on Health Services*, Volumes I and II 1964-1965.

[8] *Report and Recommendations, Aged and Long-Term Illness Survey Committee, Province* of Saskatchewan, 1963.

The forecast of three million people aged 65 and over by 1991, representing 9 per cent of the population (Royal Commission on Health Services), does not need to cause undue concern since several western European countries already have a higher percentage than this and services are on a more generous scale there than here without apparently ruining the economy. Great Britain, for instance, is expecting 15 per cent over 65 by 1981. We must, however, realize that we cannot look for a great deal of improvement in longevity, especially in men over the next few decades in spite of generalization by uniformed "experts" in the daily newspapers and elsewhere. The health brief of the Department of National Health and Welfare points out that from 1921-1961, although death rates for females aged 60 to 70 have fallen by over one-third in Canada, death rates for males in the same age group registered an actual increase.[9] It is sobering to note that in Scotland, where statistics have been kept for a longer time than in Canada, men over 65 added only six months to their life span over the past 100 years.[10] The discrepancy in life expectancy between men and women gets greater year by year. Perhaps this is the time to arrest the proclivity of men to marry women a few years their junior!

Table 16.—Leading Causes of Death, Age Group 65 Years and Over by Sex, Canada, 1956–1961[11]

(Rates per 100,000 population)

	Cardiovascular Disease		Cancer		Influenza, Bronchitis, Pneumonia		Accidents and Violence	
Year	Male	Female	Male	Female	Male	Female	Male	Female
1956.....	4,096	3,471	1,096	795	304	228	220	167
1961.....	4,227	3,429	1,189	768	320	224	199	138
% change	+3.2	−1.2	+8.5	−3.4	+5.3	−1.8	−9.5	−17.4

The lethal effect of degenerative diseases seems to be gradually decreasing in females. For males, however, we find significant increases in rates for cardiovascular disease, cancer and lower respiratory disease. Accidental death rates (the fourth cause of death for persons aged 65 and over) showed a drop for both sexes. By far the highest rate of accidental deaths in Canada, however, remains in the older age group, especially for women.

The most recent national morbidity statistics we have are from the 1950-1951 Canada Sickness Survey. They show that a much higher per cent of the population

[9] *Department of National Health and Welfare*, brief, op. cit., No. 23, p. 1553.
[10] *The Care of the Elderly in Scotland*, Royal College of Physicians, 1963, p. 12.
[11] *Department of National Health and Welfare*, brief, op. cit., No. 23, p. 1553.

is sick and disabled in old age and that recovery from acute illness is much slower. We can, however, become unduly pessimistic because of such statistics. It is true that, on the one hand, 15 per cent of Canadians aged 65 and over in 1950-1951 suffered from severe and total disability (compared with 3 per cent in the general population).[12] This means, on the other hand, that 85 per cent did not, although they may have had minor ailments. It is true that in 1961 people aged 65, and over, spent six or seven days per person per year in hospital (compared with one to two days per year for the general population). This, however, means that they were out of hospital for 51 weeks out of 52. Unless we look at both sides of the statistics they become misleading and unduly depressing.

We are sorely in need of up-to-date statistics in Canada on the morbidity of Canadians over 65, and we would certainly subscribe to the recommendation of the Canadian Medical Association that "periodic health surveys of the elderly population should be carried out in Canada to obtain accurate appraisals of the number of persons with long-term diseases and facilities for their care." The U.S. has a continuous National Health Survey from which valuable comparisons can be made but they do not necessarily hold true in Canada. We must continually hark back to a survey now about 15 years out of date. The Europeans have done extensive sociomedical surveys of the aged at home and in institutions including not only the population of whole towns,[13] but whole countries.[14] Similar surveys should be carried out in Canada to tell us where we are as a basis for deciding where we should be going.

We need more people in the Dominion Bureau of Statistics and the federal Department of National Health and Welfare concerned with information about the aged and chronically ill. Prospective and retrospective studies should be encouraged. Population projections should be revised regularly and currently; we had to depend on the Gordon Report estimates of 1957, until they were finally superseded by those of the Royal Commission on Health Services eight years later. Surveys should be going on in different parts of Canada with suitable randomization and controls similar to a large number in Europe, where it is known much more precisely what the needs are, with the result that more adequate and appropriate resources can be supplied to meet them. These surveys will require the cooperation of sociologists, epidemiologists, geriatricians, and experts in preventive medicine and social welfare, to draw up suitable questionnaires and gather objective data about older people, in their own homes, in subsidized housing, in homes for the aged, and in hospitals. Until we get more accurate statistics we are simply not in a

---

[12] *Canadian Sickness Survey* undertaken by the Dominion Bureau of Statistics and the Department of National Health and Welfare in 1950-1951.

[13] Sheldon, J. H., *The Social Medicine of Old Age,* London: Oxford University Press, 1948, and Hobson, W., and Pemberton, J., *The Health of the Elderly at Home,* London: Butterworth, 1955.

[14] Van Zonnereld, R. J., *The Health of the Aged,* Organization for Health Research, Van Gorcum, 1961.

position to know where we are heading and must continue to deal with each problem on an *ad hoc* basis.[15]

Primary Prevention

Many agencies made recommendations concerning the usefulness of health education starting in youth, progressing through middle age (pre-retirement counselling) and into old age where it could be provided in housing projects, well adult clinics, senior citizens clubs, etc., as well as through individual counselling.

There is no doubt that physicians and community agencies must promote positive physical and mental health by individual, group and mass education methods. Proper nutrition, mental hygiene, adequate housing, appropriate balance between work and play and between rest and exercise, and a useful and productive place in society are among the best recognized factors contributing to the maintenance of optimum health.[16] While it is true that the individual must control his own food intake, consumption of alcohol, and smoking of cigarettes, advice from his doctor may be a great stimulus and this can be supplemented very usefully by mass and group education. We would agree with the statement of the Canadian Medical Association that "although health education is largely a matter between the physician and his patients, public education programs in the prevention of disease and maintenance of good health for older people should be encouraged through voluntary and governmental agencies in health education with necessary advice from medical associations."[17]

Considerable lip service has been paid to the principle of "pre-retirement counselling" but very little actual counselling has been provided, with the exception of some spotty developments in industry. Physicians are in a particularly favourable position to counsel their middle-aged patients about health and related problems in retirement. In doing so they should keep in mind the epidemiological pattern of health problems in the elderly, including the high rate of accidents and their causes, and also of suicides, both of which are, theoretically at least, preventable.

There is an increasing list of chronic diseases which can be specifically prevented. Members of the health professions must apply fully what is already known and develop newer means of primary prevention as quickly as possible, through research into the etiology of diseases in the elderly. The difficulty in preventing some of the more serious chronic diseases is that at worst the cause is unknown and at best multiple. Unfortunately, at this stage, we are unable to prevent the onset of some of the more important causes of death and disability in the elderly.

---

[15] We fully endorse the observations and recommendations in regard to Statistics by the *Royal Commission on Health Services.* Vol. I, pp. 82, 83, and Vol. II, pp. 133-150.

[16] *U.S. Commission on Chronic Illness,* Vol. 1, *op. cit.*

[17] *Canadian Medical Association,* brief, op. cit., No. 20, p. 1343.

We must actively encourage research into some of the unproven areas of primary prevention. For example, why could not some of the five million dollars granted annually for physical fitness be allocated to investigating the beneficial effect, if any, of regular exercise on the health of the elderly?

Early Diagnosis and Prompt Treatment

A great deal of discussion has taken place recently, and a number of investigations have been undertaken in various parts of the world to prove or disprove the value of annual physical examinations to the middle aged and elderly. These are sometimes referred to as health inventories or appraisals and are recommended by many authorities for everyone over 40 years of age. Two things do seem evident: a) significant health defects may be discovered which have been previously undetected and have no overt symptoms or signs, and b) it is a golden opportunity for health education. On the other hand, if thorough, these examinations are expensive and time-consuming. With the present personnel shortage, doctors if required to do many such examinations would be occupied with little else and have no time for treatment. Physicians tend to be ambivalent about the value of these examinations and there has been relatively little encouragement given in medical schools. Patients are also notoriously ill-disposed to present themselves for examination when well, which slows down the demand. However, there has been a trend recently for executives to become interested in physical examinations for themselves and labour unions ask the natural question, "If it's so good for management why not for the rest of the staff?

It is accepted that personal physicians should be encouraged to do suitable periodic health appraisals.[18] For the health maintenance of the elderly we should also experiment more with clinics for well older people and can benefit from the experience in the U.S.A. with "Well Oldster Clinics", and in Great Britain with "Health Advisory Clinics" under the direction of the health department or, as the brief of the Canadian Medical Association suggests, with "Geriatric Consultation Clinics" in out-patient departments. A group practice setting would also be an admirable place for the provision of such a clinic.

There are interesting developments such as the pilot project started by the Medical Officer of Health in the city of London, Ontario, mentioned in the brief of the Ontario Welfare Council.[19] There, a health advisory clinic is operating very successfully in the Senior Citizen Recreation Centre. Every effort should be made to detect chronic disease and disability as early as possible through organized community effort.

---

[18] *Ibid.*, p. 1343; also the Royal Commission on Health Services recommends periodic examinations as a medical service benefit under its programme.

[19] *Ontario Welfare Council,* brief submitted to the Special Committee of the Senate on Aging, No. 8, May 21, 1964.

An alternative to periodic health appraisals has been developed to bring the benefits of early detection to large groups of apparently well people who would not otherwise receive such investigations. This is called "multiple screening" and consists of several tests for various significant chronic diseases given during one visit in order to save time and money. Scarce professional time is also saved by using technicians whenever possible. The tests are, as stated, "screening" (not diagnostic) and the confirmatory diagnosis is made by the private practitioner. Certain individual screening tests are at present carried out by private practitioners and these are to be encouraged, e.g., tonometry for glaucoma and Papanicolaou's smear for cancer of the cervix. In a group practice several examinations of a screening nature can be combined and performed by technicians, much the same as on admission to a general hospital. Multiple screening clinics have also been carried out by health departments in the United States and more recently in western Europe. More encouragement should be given to health departments in Canada to experiment with this method which, as the brief by the Department of National Health and Welfare states, should be related to the planned development of comprehensive community health services. (See Appendix II).

Care of the Long Term Patient

Several principles have been enunciated in the briefs concerning the care of the chronically ill in cases where it has not been possible to prevent the onset or detect the condition at an early symptomless stage. First, there is definite agreement that the care of the chronically ill must be closely integrated with general medical care. Unless this is done, there tends to be medical stagnation and deterioration of quality. Second, there is the need to incorporate rehabilitation in all phases of the treatment of aged patients. Third, is the recognition of excessive institutionalization and a plea for keeping older people at home as long as possible with suitable and sufficient home care services.

There is a need for some agreement on the definition of different types of sheltered accommodation. "Nursing Home", "Home for the Aged", and "Rest Home" for instance may well mean different things in different parts of the country. It is, therefore, extremely difficult if not impossible to make comparisons, and this is one of the reasons our statistical tabulations are so inadequate. The federal Department of National Health and Welfare is in an admirable position to convene a conference to draw up generally acceptable definitions and standards.

In its brief to the Committee, the Welfare Branch of the Department of National Health and Welfare presented us with an overall picture of the numbers and per cent of older folk in institutions in Canada as a whole.[20] In this brief there is a fascinating history of the development of institutional care stemming from

[20] *Department of National Health and Welfare* brief, *op. cit.*, No. 24, p. 1652 ff.

the Judaeo-Christian tradition, in which the virtues of charity were emphasized as a religious duty and a manifestation of brotherly love. In Quebec which inherited the traditional system of monastic institutions from France, both congregational and specialized institutions operating under religious auspices have been developed. The rest of Canada has tended to base its experience on the English Poor Relief Act of 1601, its various amendments and its successor of 1834, The principle of poor relief was that of "less eligibility", implying that recipients of relief should not enjoy conditions of life as good as those of independent laborers of the lowest class. In Canada we still have a philosophic legacy of the English workhouse.

Table 17.—Institutional Care of Aged Person in Canada[21] 1962–1963
(Includes General and Allied Special Hospitals, Mental Hospitals, Tuberculosis Sanatoria, and Homes for Special Care).

	Estimated beds used by persons 65 and over	
a) By Province	Number of Beds	Beds per 1,000 Population 65 and over
Newfoundland	1,073	39.2
Prince Edward Island	771	69.5
Nova Scotia	2,931	45.6
New Brunswick	3,260	68.5
Quebec	23,006	73.1
Ontario	43,883	84.7
Manitoba	6,864	81.2
Saskatchewan	6,261	72.6
Alberta	8,843	92.9
British Columbia	12,433	74.4
Yukon	78	195.0
Northwest Territories	20	40.0
Total	109,423	77.2

b) By Auspices	Number of Beds	Per Cent of Beds
General and Allied Special Hospitals	34,527	31.6
Mental or TB Hospitals	17,022	15.5
Homes for Special Care	57,874	52.9
Total	109,423	100.0

[21] *Ibid.* pp. 1656-9.

The closest estimate we have of institutional care, therefore, at the present time is that on any particular day 109,423 or 8 per cent, of persons aged 65 and over are residing in some form of institution rather than in the community at large. It was stated that for the population aged 75 and over this would rise to 15 per cent in institutions. There is a variation from 39.2 in Newfoundland and 45.6/1,000 persons in Nova Scotia aged 65 and over to over twice this rate (92.9) in Alberta. These statistics, although derived from a number of sources and, therefore, not fully accurate, are the most complete national compilations available up to the present.[22]

Hospitals

The brief by the Canadian Medical Association assumes the need for the ratio of 7 beds per 1,000 of population established in surveys by the Department of National Health and Welfare and the Provincial Health Departments in 1948. They make comparisons of bed requirements in Canada, the United States and Great Britain as follows.[23]

Table 18.—Estimates of Hospital Bed requirements per 1,000 Population in Canada, the United States and Great Britain, 1948.

	Acute	Chronic	Total
Canada	5.5	1.5	7.0
United States	4.4–4.7	2.3–2.6	6.7–7.3
Great Britain	3.9	1.4	5.3

One reason for these striking differences is that in Britain greater emphasis is placed on out-patient and home care services as alternatives to inpatient facilities. In 1960 there were 6.3 beds per 1,000 population in general chronic and convalescent hospitals in Canada divided as follows:[24]

Table 19.—Estimate of Beds Provided in Canada per 1,000 Population in General, Chronic and Convalescent Hospitals and in Nursing Homes, 1960.

		Long Term Care
Canada—Acute Beds	5.4	
(Short term 3.6)		
(Long term 1.8)		1.8
Chronic Beds	0.9	0.9
Total	6.3	2.7

[22] *Ibid.*, p. 1654.
[23] *Canadian Medical Association*, brief op. cit., No. 20, p. 1337.
[24] *Department of National Health & Welfare*, brief op. cit., No. 23, p. 1545.

Actually 2.7 beds per 1,000 are at present being used for long term care in acute and chronic hospitals. In addition, the Department of National Health and Welfare points out, 0.9 beds per 1,000 of population are provided in nursing homes, not to mention the chronic beds in mental and tuberculosis hospitals, nor the many nursing beds in homes for the aged.

In order to answer the crucial question of how many beds we need in hospitals for the aged sick we must first of all develop some system for defining the different levels of care and types of institutions and get agreement among the provinces. The Saskatchewan government submission quotes a comprehensive list of levels of care developed by their Aged and Long Term Illness Survey Committee which is given here in abbreviated from.[25] Other briefs have similar levels:

Level 1 - Self Dependent Care in the Community.

Level 2 - Sheltered Accommodation—Supervision and necessary personal care services—Hostels, Lodges and Homes for the Aged.

Level 3 - Nursing Homes—Basic nursing care and medical supervision.

Level 4 - Long Term Care Units of General Hospitals and Geriatric Centers—Skilled technical nursing care and regular and continuing medical supervision.

Level 5 - Long Term Care Units of General Hospitals and Geriatric Centres—Intensive rehabilitation.

The Saskatchewan submission recognizes that to provide for all these requires careful planning which must take into account "the needs of old people in respect to housing, sheltered accommodation, nursing homes, long term care hospitals and general hospitals". Many of the briefs asked for the development of an adequate range of facilities and services for the short and long term care of the aged adapted to their social and medical needs. The number of beds in one type of institution, of course, depends on the availability of beds in the other types. "It is important to consider housing, domiciliary services and communal care together, because a coordinated policy in the provision of all three is the only way to make the most effective use of them all, both from the point of view of the needs of older householders and from that of the cost to the consumer."[26]

The Senate Committee subscribes to the principle that older people should remain in their own homes as long as possible. It is frequently better for them, they are generally happier there, and it is usually a great deal cheaper. We must not be inflexible in applying this rule, but old people's homes, nursing homes and hospitalization should be considered only if absolutely necessary. There is a great deal more preaching of this principle in Canada than actual practice. Until we give

---

[25] *Province, Saskatchewan,* brief submitted to the Special Committee, the Senate on Aging No. 4, pp. 216-7.

[26] Shenfield, B. E., *Special Policies for Old Age,* London: Routledge and Kegan, Paul, 1957.

Home Care a real trial in both the United States and Canada we must continue to be institution-oriented and the proportion of those unnecessarily institutionalized will keep ahead of European countries where home services are much more liberally available.

We were greatly impressed with the Canadian Medical Association presentation which brought to our attention successful experiments in the United Kingdom with "dynamic programs for the chronically ill . . . developed in association with the general hospital or a general hospital complex by the late Dr. Marjorie Warren and Dr. Lionel Cousin".[27] This arrangement has spread widely in Great Britain; long range plans which are well advanced include a geriatric department (or unit) in every general hospital headed by well qualified, rehabilitation oriented, geriatricians in charge of the acute and chronic geriatric sick. The geriatrician acts as the consultant to local general practitioners. The Canadian Medical Association brief stated, "experience has shown that there are many disadvantages of segregating the sick older patient in isolated institutions". The present opinion of the medical profession as expressed in the Canadian Medical Association's submission to the Royal Commission on Health Services is that patients should be cared for in wings of general hospitals. We agree with this point of view. If the chronic disease section is not actually on the premises at least there must be a very close integration with the general hospital, as, for instance, between the Baycrest Hospital (chronic) and Mt. Sinai Hospital (acute) in Toronto.[28]

More imaginative and flexible admission and discharge policies could be developed in our chronic disease institutions. Some of the European procedures of "six weeks in and six weeks out" and summer admissions not only help the patient but also provide well earned relief to the relatives. Day and Night Hospitals are increasingly common in Europe where older people are brought in two to three times a week by "ambulance", given occupational therapy, physiotherapy, chiropody, meals, baths, etc., and then driven home. Night hospitals are provided in some places for the patient who is confused at night and can be home during the day. These principles have been used for some time in the psychiatric field, and are now being introduced into the field of geriatric care. We would subscribe to the briefs that ask for an extensive development of day and night hospitals.

Another item that has been emphasized in several of the briefs is the extension of out-patient departments for geriatric patients. The Canadian Medical Association brief advises more geriatric consultation clinics for diagnosis and evaluation where special services or equipment are required. A different type of orientation, philosophy and special training is needed than in the regular clinics. The matter of

---

[27] *Canadian Medical Association brief*, op. cit., No. 20, p. 1339.

[28] *The Jewish Home of the Aged*—brief submitted to the Special Committee of the Senate on Aging, March 12, 1964, No. 3.

time, for example: older people hate to be hurried and indeed should not be rushed for fear of missing their basic complaints and prescribing inappropriate remedies.

An imposing problem which the community has not yet faced up to is the enormous increase in the number and proportion of mentally ill older people needing institutional care. In the past many older people have been certified insane and sent to mental hospitals partly under the misconception that they were mentally ill and partly because of the lack of other facilities. The trend now is to get them out of the mental hospital even though community facilities may not be equipped to handle them. For instance, in Ontario recently a bill was passed, the purpose of which was to transfer 5,000 older people as quickly as possible to some other type of custodial care.[29] It is suggested that a pilot project be useful, akin to the Geriatric Short Stay Unit in Amsterdam, where acute confused older people could be observed and treatment instituted. A large proportion of these cases return home rather quickly. Again, the day hospital principle for aged patients could be adopted by mental hospitals in the hope that this would lead to greater concern for the rehabilitation of the elderly. Also, special nursing homes for mentally confused older people could play a useful role. These must not be too large and there must be a continuous effort at rehabilitation.

We fully subscribe to the Canadian Medical Association recommendation that rehabilitation services for aged patients in psychiatric hospitals should be greatly extended.[30]

Nursing Homes

Elderly people in need of nursing and personal care are caught in a vicious circle. On the one hand, we are told that long term patients are in hospital when all they need is skilled nursing care. On the other hand, lack of nursing homes is causing the bedridden to be placed in municipal homes which were not set up to care for the ill. So desperate is the situation that even nursing homes of such poor quality that authorities feel they should not be in operation, have long waiting lists. The nursing home is caught in the middle with pressure from the overcrowded hospitals on the one hand and from overcrowded and inadequate housing and domiciliary care on the other. The Community Planning Association described the Nursing Home as "the bottleneck for housing authorities as well as for hospitals."[31]

The term "nursing home" is far from precise, although it is sometimes given specific meaning for the purposes of particular legislation. It has not the same meaning in all provinces. In Quebec, for instance, the term is not used officially at all. Nursing homes are, usually, under nursing rather than medical direction; they

[29] It is at present difficult to get older people admitted to the psychiatric units of general hospitals because of the lack of interest and undue pessimism of the staff.

[30] *Canadian Medical Association*, brief, op. cit., Vol. 20, pp. 1343-47. Remarkable results have been obtained when psychiatrists have developed an interest in geriatic psychiatry.

[31] *Community Planning Association*, brief submitted to Special Committee of the Senate on Aging, June 4, 1964, Vol. 10.

are thus distinguished from chronic hospitals on the one hand, or homes for the aged on the other, by their auspices with, however, very little difference in their clientele. By far the majority of nursing homes in Canada are proprietary.

Nursing homes have arisen to fill a vacuum that exists in the care of the elderly. No matter how bad they may be they permit a feeling of independence on the part of an older person who is paying his own way rather than accepting the "charity" of a municipal institution. Nursing homes have arisen as profit-making ventures and, as Mr. Ruth of the Jewish Home for the Aged told us, they appear to have been forgotten by charitable groups and by governments.[32]

The least that could be done, in the opinion of the Committee, would be, as so many suggest, to set up much more stringent and specific legislation administered at the provincial level to license and inspect nursing homes with regard to both their personnel and physical facilities. Ontario at the present time appears to be the only province without any provincial licensing but does have a "model" by-law which has been adopted by many municipalities. In all provinces there is a need to raise standards and this does not mean that the home has merely met the requirements of the building code, the fire department and the sanitary inspector. Such simple requirements as adequate records (including accident reports) and medical control leave a great deal to be desired. Rehabilitation is non-existent in most homes and recreation is limited to television.

One method of providing necessary rehabilitation and recreation would be for nursing homes to pool their resources. This could, certainly, be arranged through nursing home associations wherever they exist. Why, for instance, could not occupational therapists and physiotherapists be shared among several homes? In the U.S.A. there is increasing awareness of the responsibility of state authorities for in-service training in rehabilitation for nursing home operators. The states of Washington, Wisconsin, Texas, and Illinois have teams of experts—physiatrists, nurses, occupational therapists, and physiotherapists—going from home to home, giving courses. There is no reason why the provincial authorities in Canada could not do likewise.

There is some difference of opinion as to whether the responsibility for nursing homes is primarily one for the welfare or health administration.The important thing is to ensure that the agencies in both fields co-operate in drafting suitable legislation. An attempt must be made in the legislation to ensure that the proprietor or operator is qualified for the task. In addition to suitable supervision at the provincial level in departments of health and welfare, the federal Department of National Health and Welfare could provide guides for building standards, rehabilitation facilities and training courses for operators. There is very little leadership in this area by any level of government.

---

[32] *The Jewish Home for the Aged* brief, *op. cit.*, No. 3

[33] *Department of National Health & Welfare brief*, op. cit., No. 23, p. 1545.

All nursing homes should be licensed by a health agency in the province and grants should be provided for the building of more suitable homes to voluntary non-profit bodies which are now providing facilities for ambulant well older people who could be looked after better elsewhere. A strong case could be made for developing, as suggested in the health brief of the Department of National Health and Welfare, a system of skilled nursing homes which would be closely associated in a functional manner with hospitals.[34] Perhaps this is inevitable; as more expensive services and facilities are provided in accordance with provincial regulations the rates will have to rise. This will mean a bigger subsidy and with more financing the government will necessarily have to exercise more direct control. It is to be hoped that eventually nursing home care will be taken over as an extension of hospital services. According to the best estimates we were able to secure, care in nursing homes costs on the average $8 to $10 per day. This cannot be paid for by low and middle income groups. It is only a question of time before provincial governments develop more concern for the increasing subsidies they are giving to nursing home operators for indigent cases. The pressure is on the provincial governments to take action and the above are offered as alternatives.

There are undoubtedly a great number of ambulant patients who could be accommodated in sheltered home care if additional services and facilities were provided. At present there is no real choice offered to the elderly. When isolated older persons are only slightly disabled, they are often unable to cope longer at home and there are only two major choices available to them in Canada: the public home for the aged and the private nursing home, neither of which is appropriate to their needs and both of which tend to sap whatever independence they may have had on admission.

Homes for the Aged

At present there are 1,500 homes for the aged in Canada, according to a recent study by the Canadian Welfare Council.[35] One of the most encouraging changes occurring in homes for the aged is the drop in the percentage of so-called "normal" care. With the increase in the old age pension many more older people are now enabled to make their own way in the community in spite of the lack of services. There is no doubt that, in the future, residents of Homes are going to be increasingly older and sicker than at present. Whether we call it "re-activation" or rehabilitation, more and more of them will need physiotherapy, occupational therapy, and speech therapy. Medical and nursing care must be much more highly skilled and the need for a closer liaison with the general hospital will become increasingly apparent and necessary. Homes for the aged will then have turned into long term geriatric nursing units and (along with nursing homes) will be equivalent

[34] *Department of National Health and Welfare,* brief op. cit., No. 23, p. 1525.
[35] *A Home after 65,* The Canadian Welfare Council, Ottawa, 1964.

to the long stay annexes in the British geriatric units. Alternative accommodation must be discovered for the relatively well, ambulant patients in sheltered independent living: hostels, foster homes, etc., as suggested in the case of similar patients now in nursing homes.

There is no general agreement regarding the ideal size of homes for the aged. We must be realistic. The size depends to a large extent on the people who have to live there. As they become more and more in need of special professional personnel, either resources of personnel and facilities must be pooled or else the institution must increase in size to warrant the full-time use of such personnel. Rehabilitation facilities and equipment can also be too expensive for a great number of smaller institutions unless they can be shared by several institutions.

The 1,400 old people's homes in Sweden, mentioned in the welfare brief of the Department of National Health and Welfare, are perfectly delightful with their 20-30 beds but they are often inappropriate for the patients living in them who are increasingly mentally disturbed and chronically ill. These homes have been overbuilt and there is now a trend toward bigger institutions, more closely associated with hospitals. Old people will stay out of institutions, however attractive, as long as possible if they can live at home with additional services. With such sheltered home care there is no longer the need for the small institution for the merely frail older person who is not in need of continuous nursing care.[37]

An exciting new development is taking place in Jewish homes for the aged both in Canada and in the United States. Day care centres have been started to serve the old people on their waiting lists and the day care centre at the Jewish Home for the Aged in Toronto was described to the Committee.[38] Meals, baths, occupational therapy, physiotherapy, counselling, sheltered work, and other suitable services are offered. This is a pattern which might well be considered seriously by other residential homes, both voluntary and official. There is a great need to integrate such institutions with the community and one can envisage the provision of day care services emanating from suitably situated homes. Eventually, these could be co-ordinated with the day care centres in the geriatric departments of general hospitals. The likelihood of duplication in the immediate future is remote in view of the scarcity.

Much more concern must be shown for the selection and training of directors of homes for the aged. Great Britain has had a course lasting several months for matrons and assistant matrons. Sweden has been training administrators of homes since 1908, and the course lasts three years. At present the qualification of directors of homes for the aged in Canada remains dubious in most parts of the country.

---

[36] *Department of National Health and Welfare brief, op. cit.*, p. 1687.
[37] Townsend Peter—*The Last Refuge*, London: Routledge and Kegan Paul, 1962.
[38] *The Jewish Home for the Aged brief*—op. cit.

Foster Homes

A number of suggestions was received concerning the use of foster homes and proposals that greater use be made of foster home care and boarding homes for older people, who need some degree of care or protection.[39] The committee agrees that more attempts should be made to place older people in suitable foster homes but a strict watch should be kept to make sure that the older person is not taken advantage of by unscrupulous "foster children". Also, increased use could be made of foster home care by homes for the aged but again under strict supervision.

Sheltered Care

There is a large and increasing number of older people too frail for completely independent living and yet not disabled enough for a home for the aged. We need much more housing and hostels with shared facilities, such as dining, laundry, and entertainment. Also desirable is a little supervision from a Canadian equivalent of the British "housemother" who supervises the residents of a group of flatlets. Not only do older people need shelter, they need also facilities for health care, recreation, education and sheltered employment. Some or all of these can be provided in housing developments and even made available, as in some other parts of the world, to the older people of the surrounding community.

Community Services at Home

The Royal Commission on Health Services recommends "measures to foster the implementation of home care plans".[40] The Royal Commission reports that, from the point of view of the agency financing either home care or hospital service, "in most cases home care will be cheaper than hospital care, where 38.3 per cent of the operating cost in general and allied special hospitals is accounted for by general services other than those provided by the service departments of the hospital." There is the further saving in capital cost due to the reduced expenditure for hospital construction if fewer hospital beds are needed. But from the point of view of the patient and the community, comparisons of costs would have to take into account the cost of keeping the patients at home which may be increased substantially where extensive housekeeping and other ancillary services are required.

A great many submissions to the Senate Committee supported the strengthening of such home care services as visiting nursing, occupational therapy, physiotherapy, chiropody, sick room equipment, etc. Several agencies made recommendations concerning the desirability of a more rapid development of home care and suggested the active role of government in its promotion, financed either as a part of a

[39] *Testimony of K. O. Mackenzie,* Deputy Minister of Welfare, province of Manitoba; Proceedings of the Special Committee of the Senate on Aging, Oct. 28, 1964, No. 19, p. 1288.

[40] *Royal Commission on Health Services,* Vol. 1, op. cit., 60-62.

comprehensive health care program or under hospital insurance. Among the reasons given by the Department of National Health and Welfare for the lagging development of organized home care plans in Canada are:

(a) The pattern of medical practice in Canada places an emphasis on hospital and office practice, eliminating all but a minimum of house calls.

(b) Administration of hospital based programs proves difficult because of the lack of regionalization of hospitals.

(c) The lack of interest on the part of public health departments.[41]

One of the main reasons for lagging acceptance of home care is that the patient is insured for services which are provided in hospital but has to make his own arrangements for home care. Once this difficulty has been surmounted, more patients (especially older ones) would prefer to be cared for at home and would apply pressure on relatives and on the physician to allow them to stay at home if at all possible, providing, of course, that suitable services are available.

Among the health services provided in the home have always been the home calls by physician and, since before the turn of the century, the Victorian Order of Nurses has been providing for visits by graduate nurses on a national scale, followed by other visiting nurses associations operating in certain areas. In some of the provinces public health nurses also provide some visiting bedside nursing, a policy adopted on a province-wide basis in British Columbia. A new element has been added to home care by organizing the visiting nursing services together with other community services into organized plans. Such plans may be operated by an individual hospital (hospital based) primarily with a view towards an earlier discharge of some of its own patients, or they may be operated on a community basis without limitation to a specific hospital. The objective in the latter case is to keep patients out of hospital as well as to facilitate their earlier discharge, and also to mobilize the various community services for patients outside the hospital who may benefit from them. We noted that the Royal Commission on Health Services forcefully recommends the extension of organized home care.

We strongly support the development of organized home care under any auspices. When it is provided by voluntary agencies, higher subsidies and adequate payment for services must be provided to permit the extension of these services to all areas and, particularly, to rural communities where probably greater use will have to be made of the public health nurse in the provision of bedside nursing on a visiting basis. It is rather starting to find the lack of home services in Canada compared with Europe.[42]

Podiatric or chiropodist services are now considered essential for the aged. In Edinburgh, for example, five full time podiatrists are on the staff of the local health

---

[41] *Department of National Health and Welfare,* brief op. cit., p. 1547.
[42] *Department of National Health and Welfare,* brief op. cit., p. 1694.

department. It is suggested that we need at least one podiatrist per 100,000 population;[43] their services are woefully inadequate in Canada. Physiotherapists and occupational therapists working in the home are almost non-existent in Canada except in a few areas. Until such services are available, including the relief of the crucial shortage of visiting homemakers, we are not able to offer a real choice to older people, or to the doctor as between hospital and home care.

Health Department

What we have said about the need for re-orientation of health agencies, in general, in order to provide the services needed by the aging applies, particularly, to health departments at all levels. As part of the assessment of its present and future role, the health department must effectively coordinate its services with the other agencies in the community.

We have already referred to the role of the public health nurse. Although the number of home visits to older people has increased in the past few years, a great deal more could be done. In Edinburgh, for instance, in a recent survey 38 per cent of old people needed the services of a health visitor and only 2½ per cent received them.[44] In some European health departments there is so much concern about the problems of the aged that a new speciality called Geriatric Public Health Nursing has arisen.

A recommendation has recently been made by the Royal College of Physicians in Edinburgh which has relevance in Canada. It suggests that a register be kept by health departments not only of needy older people (as many health departments in Great Britain are already doing) but of all people over 70. It is suggested that when the older person first receives the government pension his name be sent automatically to the health department. A routine visit could then be made and follow up visits, if necessary and desired, much as in the case of birth registrations to-day. No difficulties are envisaged since most older people love to be visited and there is no longer the same necessity for confidentiality.[45]

In Norwegian cities the Health and Welfare Centres get the names of all people in their area when they begin to receive the pension, and they are all routinely contacted either by letter or visit. As a result resources can be mobilized early to meet an old person's social or medical disability instead of waiting for an emergency to arise. Such a register would also yield the statistics necessary for the adequate planning and evaluation of health services to the aged.

It is strongly recommended that local Canadian health departments keep a register of all older people and that the staff of the health department visit these old

[43] *The Care of the Elderly in Scotland,* op. cit., p. 43.
[44] *Ibid.,* p. 35.
[45] As recommended in the presentation by the *Anglican Church of Canada* to the Special Committee of the Senate on Aging Proceedings, June 12, 1964, No. 12, p. 783.

people with a view to ascertaining their health status and needs. Consideration might be given to including with the first old age security cheque a letter informing the pensioner of health and other community services available to him.

FINANCING

Hospital Care

Ninety-eight per cent of Canada's population is insured for hospital care under the federal Hospital Insurance and Diagnostic Services Act, with the federal government providing funds to meet approximately 50 per cent of the operating costs of general, chronic, and convalescent hospitals. The federal expenditure for 1964 is estimated to be $425,000,000.[46] There is no limit on length of stay if medical need is established.[47] Tuberculosis and mental hospital care, however, is not at present covered by this Act.

Medical Care

Saskatchewan and Alberta both have province-wide medical care programs; Ontario, and more recently British Columbia as well, have announced plans to set up medical care schemes. In Newfoundland approximately one-half the population receive physician services at home or in hospital under the Cottage Hospital Medical Care Plan, including all children under 16 years of age.

People of all ages come under the Saskatchewan Medical Care Insurance Plan which is financed from personal premiums, with contributions from general revenue. The plan covers 95 per cent of the population for benefit purposes. Excluded from benefits are a few groups otherwise provided for, such as some Indians, veterans on War Veterans Allowances, members of the armed forces and the R.C.M.P. The Department of National Health and Welfare reports that, "no premiums were levied in respect of 1962. For 1963 the annual levies were $12 per adult and $24 for a family maximum. For 1964 the premiums were reduced to $5 and $12 respectively. Special corporation and personal income taxes have been introduced to help support the program along with the use of a portion of revenue of a 5 per cent retail sales tax."[48]

The Alberta plan, introduced in 1963, is voluntary, covering those who purchase their own insurance and a large number—estimated at about 425,000 persons—who, though otherwise self-supporting, require help in paying for medical

---

[46] *Department of National Health and Welfare,* brief *op. cit.,* p. 1543.
[47] *Ibid.,* p. 1545.
[48] *Public Health and Welfare Services in Canada,* a report prepared for the Canada Year Book 1964 by the Research and Statistics Division, Department of National Health and Welfare, p. 37.

care insurance. The "65,000 pensioners and others receiving public assistance," continue to be cared for under the same arrangements as before. "Residents desiring a subsidy must establish that they cannot afford to pay the full cost of the premiums . . ."[49]

The method used in Alberta subsidizes individuals on a means test basis rather than applying the subsidy to a common fund, and thereby reducing premiums for all as in Saskatchewan. This approach was rejected by the Hall Commission as unacceptable. The Senate Committee agrees with their conclusion that if millions of Canadians were to be "subsidized and means tested . . . . this would pose a formidable task in terms of organized administrative machinery, extra costs which Canadians cannot afford, and a method of examining the individual which, in the opinion of many Canadians, is contrary to the dignity of man".[50]

In addition to the foregoing public plans, there are throughout Canada commercial insurance plans and prepayment plans sponsored by the medical profession available to older people usually, however, at a cost reflecting the greater risk in this age group.

To end this state of fragmented, incomplete, often excessively costly, and generally inadequate coverage of health care needs by insurance or prepayment, the Royal Commission on Health Services has recommended a universal and comprehensive Health Services Programme. Its objective, furthermore, is not merely the financing of health services but also to ensure the quality of these services and adequate resources in terms of both personnel and facilities. It also provides guide lines for a rational coordination and organization of all health services.

The implementation of the Commission's recommendations would add to the existing hospital and diagnostic services the medical services it specifies,[51] dental and optical services for certain groups, prescription drug services (with a $1.00 fee), prosthetic services (including appliances), and home care services.

The removal, as recommended by the Royal Commission, of the restriction of the Vocational Rehabilitation Act essentially to members of the labour force would clearly make this Act applicable also to the aging and aged.

PERSONNEL

There is a serious shortage of members of the healing and helping professions concerned with the problem of old age e.g., physicians, nurses, physiotherapists, occupational therapists, physiatrists, orthotists, prosthetists, social workers, podiatrists, etc. Part of this shortage is due to the general shortage of such workers for all

---

[49] *Ibid.*, p. 39.

[50] *Royal Commission on Health Services, op. cit.*, p. 738.

[51] i.e., the various forms of physicians services; X-ray, laboratory and other diagnostic procedures, preventive services (incl. periodic examinations), appliances, therapists' services, podiatric and chiropractic treatment if prescribed, transportation services.

ages, but it is also due to the lack of interest on the part of professional personnel and others in the whole area of geriatrics. Old age and chronic diseases are alike rejected. When they are combined there is a double rejection. When the chronic disease is mental illness this is the third strike which only too often counts the old person out as far as help is concerned.

Part of the reason for the neglect of the aged is cultural but another important factor is the lack of training of professional personnel in the area of chronic diseases and gerontology. Teachers tend to be youth-centred, acute illness oriented, and efficiency focussed. There is a need to emphasize control rather than cure, management rather than recovery, and rehabilitation for the activities of daily living (A.D.L.) rather than for holding a job. There is also a need to emphasize the satisfactions, rather than the frustrations, of dealing with geriatric patients.

We would subscribe to the policy statement of the Canadian Medical Association Committee on Aging: "Greater emphasis should be given in the curricula of medical schools on the medical, social and economic aspects of aging. Programs for the aging population cannot succeed unless the medical student, the physician of tomorrow, is properly prepared for the handling of geriatric problems. The medical student should be indoctrinated to develop an interest in the problems of the aged and learn to assess the various factors involved in the illness of the patient: a) A form of continuing education in the area of aging should be maintained during the training period of internship and residency by formal guidance and instruction. b) Programs for the stimulation of greater interest in Geriatrics by the medical profession is essential."[52]

There should be a similar emphasis, in post-graduate training in all specialties having any bearing on health problems of the aged, in medical societies and associations, and in post-graduate refresher courses. It goes without saying that the programs of existing gerontological and geriatric organizations should be strengthened.

RESEARCH

Research in aging is divided into at least four categories: 1) Basic research into the nature of aging including biological, psychological and social aspects, 2) Basic research into the nature of chronic diseases including methods of preventing their onset, 3) Clinical research into the diagnosis, treatment and rehabilitation of chronic diseases, 4) Community health research; developing methods of applying the knowledge already known to the older people who need the services, e.g., the use of well oldster clinics, screening tests, home care, etc.

Much greater financial support is needed for the promotion of research in all the above areas. In regard to research, more particularly in the clinical field, the Canadian Medical Association's brief states: "Despite substantial and gratifying

[52] *Canadian Medical Association Journal*, Sept. 5, 1964, Vol. 91, p. 486.

increases by government in the past few years, the funds available for medical research are still short of advancing requirements and lag behind the level of funds provided by the Governments of the United Kingdom, Sweden and the United States. Industry and commerce should supplement government support in the field of clinical research. The augmentation of an active program of clinical research would be a vital factor in the improvement of the standards of medical care for all of our citizens."[53]

COORDINATION AND PLANNING

Here again reference is made to the extensive studies and proposals by the Royal Commission on Health Services. There are several crucial areas in dealing with the problems of the aged where coordination and planning are not only desirable but essential in dealing with the problems of the aged, e.g., the inter-relationship of the fields of health, education, welfare, and labour, and the inter-relationship of the physical, mental and social aspects of well being.

Teamwork is imperative if we are to deal effectively with the problems of the aged, e.g., teamwork between medical and paramedical personnel; between professional, technical and ancillary workers; between voluntary, official and professional organizations.

In caring for the sick older person at home, teamwork should bring together the services of the doctor, nurse, occupational therapist, physiotherapist, social worker, visiting homemaker, chiropodist, friendly visitor, etc. Unfortunately, in the past education of the health professions has not always prepared their members for this role and, as said above, improvements at the undergraduate and graduate level are necessary, An offer of cooperation with far-reaching implications is contained in the statement of policy of the Canadian Medical Association Committee on Aging: "The Canadian Medical Association cognisant of the multiple aspects of Aging (e.g., the social, economic physiological and environmental) that extend beyond the purely medical facet, is prepared to cooperate and work with all groups which have these areas as their primary concern for the welfare of the aged citizen."[54]

LOCAL

It is felt by many workers that the health needs of the aged would be best served through local agencies and municipal departments combining the functions of health and welfare. However, the vested interests on both sides are great, professional lines have been drawn, and the positions have become established. An alternative is a close working relationship through committees and other devices to bring the two groups together regularly in considering provisions for the elderly. Also necessary is the coordination of other official, voluntary and professional

[53] *Canadian Medical Association brief*, op. cit. pp. 1353-4.
[54] *Canadian Medical Association Journal. op. cit.*, Vol. 91, p. 486.

agencies and individuals concerned with caring for the elderly. All can be drawn together at the local level in the Aging Committees of Social Planning Councils (where they exist) or in Senior Citizens' Councils, which have proven their worth in certain parts of Canada, although most of these councils are seriously understaffed and underfinanced.

Planning for the health of older people cannot proceed without considering the other facets of need, such as housing, welfare services and recreation. An increase for provision in one area will have an inevitable effect on others. A variety of facilities and services is needed, much of the planning for which must be done at the local level.

PROVINCIAL

Some 35 American States at the present time have permanent Commissions or Committees on Aging, normally set up by the Governor and reporting to him. No corresponding development has occurred so far in Canada, although it should be noted that over the past few years three provinces, Saskatchewan, Nova Scotia and Ontario, appointed official committees to inquire into the situation of old people, which may perhaps be regarded as steps in this direction.

A crucial need in the health field is for a Branch on *Aging and Chronic Illness in each of the ten provincial departments of Health.* It may be significant that while all provincial welfare departments sent in briefs to the Senate Committee none was received from a provincial Department of Health. The only submission from a health department came from the Department of National Health and Welfare. More assistance from the provincial level should be given to local medical officers of health in setting up new programs and services for the elderly in their areas. Health departments at present seem preoccupied with maternal and child health to the exclusion of other age groups in the community.

In addition to the Branch advocated above, there should be a continuing committee of the Health and Welfare Departments which would meet regularly to consider mutually important matters, such as nursing home legislation, home for the aged, etc.

FEDERAL

There is entirely too little emphasis on aging and on the overall care of the chronically ill at the federal level. The federal Department of National Health and Welfare is in admirable position to set up a committee on aging coordinating both Health and Welfare which would bring these two groups together to consider problems of mutual concern.

In addition there should be a special *Health Services Division on the Care of the Aged and Chronic Disease Control* under the Direction of Health Services. It is not sufficient to have this centred in the Division of Medical Rehabilitation. The concern and programs should be much broader than merely rehabilitation.

Appendix I

Largely Controllable, Partially Controllable, Largely Uncontrolled Chronic Illnesses

(Excerpts from a Speech Presented in March 1951 by Dr. David Seegal at the Commission's Conference on Preventive Aspects of Chronic Disease)*

Table A-1 lists 17 long-term diseases which may be *largely controlled* if proper preventive diagnostic, and therapeutic measures are employed.

Table A-1.—Largely controllable chronic illnesses

Diabetes mellitus	Rickets
Pernicious anemia	Hookworm infestation
Syphilis	Malaria
Hyperthyroidism	Amebiasis
Myxedema	Thrombocytopenic purpura
Hyperparathyroidism	Familial hemolytic jaundice
Sprue	Poliomyelitis
"Alcoholic" neuritis	Retrolental fibroplasia
Pellagra	Rheumatic fever
Beri-beri	Patent ductus arteriosus
Scurvy	

Table A-2 contains a list of 27 chronic illnesses which are *partially controllable.*

Table A-2.—Partially controllable chronic illnesses

Congenital heart disease	Disseminated lupus erythematosus
Addison's disease	Bacterial endocarditis
Cretinism	Lung abscess
Diabetes insipidus	Bronchiectasis
Acromegaly	Trypanosomiasis
Coeliac disease	Hay fever
Hemophilia	Asthma
Erythremia	Myasthenia gravis
Tuberculosis	Myotonia congenita
Actinomycosis	Familial periodic paralysis
Osteomyelitis	General paresis
Rheumatoid arthritis	Epilepsy
Gout	Certain neuroses and psychoses

Table A-3.—Largely uncontrolled chronic illnesses

Certain congenital defects
Certain neurological diseases
Certain psychoses
Certain neoplasms
Chronic glomerular nephritis
Hypertension
Arteriosclerosis

*Contained in "*Prevention of Chronic Illness,*" Vol. 1, U.S. Commission on Chronic Illness, 1957, P. 322. In the intervening years there have been several additional advances in diagnosis and management of certain of the diseases cited.

Appendix II

Secondary Prevention Through Screening Examinations

"Screening is the presumptive identification of unrecognized disease or defect by the application of tests, examinations or other procedures which can be applied rapidly. Screening tests sort out apparently well persons who probably have a disease from those who probably do not. A screening test is not intended to be diagnostic. Persons with positive or suspicious findings must be referred to their physicians for diagnosis and necessary treatment."[1]

Multiple screening is the application of two or more screening tests in combination to large groups of people.

Criteria

- Reliability
- Validity—Specificity
  —Sensitivity
- Yield
- Cost
- Acceptance
- Ease of Performance
- Time Required
- Importance of Condition
- Laboratory Facilities Available
- Follow-up Services

Representative Screening Tests for Chronic Disease[2]

Evaluation of Physical Status

- Height, weight, and body build
- Pulse and respiration
- Temperature
- Blood pressure

Blood Tests

- Hematocrit determination
- Buffy coat test
- Blood count
- Hemoglobin determination
- Serologic test for syphilis
- Blood group and Rh factor determinations
- Sedimentation rate determination
- Blood sugar level determination

Urine Tests

- Albumin
- Sugar
- Acetone

Eye Tests

- Visual acuity determination
- Intraocular pressure determination

X-Ray Procedures

- Dental X-ray
- Chest X-ray (read for evidence of lung and/or heart pathology)

Miscellaneous Procedures

- Electrocardiography
- Cervical cytology test (Papanicolaou smear)
- Hearing test (audiometry)
- Self-screener history (done by the patient or a clerk, as distinguished from a complete medical history)
- Stool examination (for occult blood)

---

[1] From *"Proceedings on Preventive Aspects of Chronic Disease"*, March 12-14, 1951. Baltimore, U.S. Commission on Chronic Illness, page 14.

[2] From *"Prevention of Chronic Illness"*, Vol. 1, U.S. Commission on Chronic Illness, 1957, p. 52. In the intervening years there have been several additions to this list of suggested screening tests.

CHAPTER 12

Housing for Older People

I. The Problem

A. HOUSING SITUATION OF THE AGED

Before answering the question whether Canada's aged population is adequately housed, it is important to secure a clear impression of the reality lying behind the words "the aged"—keeping in mind, of course, that we are concerned here not with the totality of the problems of the aged, but specifically with their housing situation.

1. *Housing Status*

The following table describes the living arrangements adopted by older people, according to the evidence submitted to the Senate Committee by the Dominion Bureau of Statistics.

Table 20.—Household Status of Population aged 65 and over June 1, 1961

	Male	Female	Total
	%	%	%
In families (married population)			
In own household	63.2	44.7	53.7
Not in own household	3.3	2.8	3.1
Live with relatives	2.6	2.3	2.5
Lodgers	.7	.5	.6
Not in families (single and widowed)			
In own household	14.6	23.4	19.1
Living-alone	9.8	15.5	12.7
Other person present	4.8	7.8	6.4
Not in own household	19.0	29.1	24.2
Live with relatives	7.8	17.2	12.6
Lodgers	6.8	15.2	6.0
In Institutions	3.9	4.7	4.3
Employees or share accommodation	.5	2.0	1.3
Total	100.0	100.0	100.0

SOURCE: Brief of the DBS to the Special Committee of the Senate on Aging, October 27, 1964, No. 18, p. 1253.

It appears from these figures that where husband and wife lived together, or where a married woman was still head of a family, the usual pattern was for the family to maintain its own home. A very small percentage of older couples doubled up with relatives, while an even smaller group lived as lodgers. A doubling of an older couple with their younger married children, popular stereotypes notwithstanding, appears rather rare.

The situation was different where a man or a woman was left alone. The most frequent solution was *not* to maintain a household:[1] 56 per cent of the single and widowed aged people followed that course of action. Half of these lived with relatives and thus became part of a family of sorts; this was more common among women (59 per cent) than among men (41 per cent). Those who maintained their own household lived by themselves in 66 per cent of the cases. From the table we can also see that about 55 per cent of the single aged were living *alone* in their own homes, or as lodgers, or in institutions. Among these men and women must be, those who experience most intensely the crushing impact of solitude, whether their material needs are cared for or not.

2. *Home Ownership*

A noteworthy fact is that in 1961 77 per cent of the aged heads of households owned the homes they lived in, and that the vast majority held a clear title to them. However, the median value of dwellings owned by older people was relatively low: $9,296 for non-farm single detached dwellings owned by persons in the 65 to 69 year age group, and $8,399 for similar dwellings owned by persons 70 years and over, as compared with a national median of $11,021.

Older people, not fortunate enough to own their own homes, paid comparatively high rents: the average cash rent paid by tenant households whose head was 65 years of age or older was $64 in 1961, only slightly less than the national average of $65; and in five metropolitan areas (Montreal, Quebec, Ottawa, Sudbury and Saint John) the average rent paid by the aged exceeded the over-all average for the metropolitan area. Elderly women, despite their generally lower incomes, tended to pay substantially more for rental accommodation than elderly men.[2]

3. *Housing Conditions*

Whether older people own or rent the place they live in is less important than the actual quality of the accommodation and the availability of essential facilities. The following table throws light on this subject and provides a comparison with the housing conditions of the group aged 45 to 64. It is to be observed that the figures relate only to households, and, therefore, take no account of the situation of some 27 per cent of the older population, mostly single and widowed, who live with relatives or in rooming houses, and in many cases enjoy fewer amenities than those available to heads of households.

---

[1] According to DBS definitions, "a household constitutes all persons occupying the same dwelling regardless of relationship to the head. It may comprise one family, two or more families or no families. It may also consist of one person maintaining a separate dwelling."

[2] *Central Mortgage and Housing Corporation*, brief submitted to the Special Committee of the Senate on Aging, proceedings November 26, 1964, No. 22, p. 1470.

Table 21.—Condition of Housing occupied by the Aged, 1961

% of Households Without:	Age of Head of Household			
	45–54		65 plus	
	Male	Female	Male	Female
Running Water	10.8	8.8	17.2	11.9
Exclusive bath or shower	21.4	21.6	30.8	26.0
Exclusive flush toilet	20.2	18.9	27.8	26.6
Furnace	31.1	30.2	39.9	34.3
Refrigerator	8.3	8.6	13.8	11.3
Automobile	22.6	60.1	48.8	71.4

SOURCE: 1961 Census

These figures make it clear that a substantial number of older people live in less than satisfactory accommodation and that housing conditions tend to deteriorate as age advances. Why this should be so is related, of course, to the question of income, actual and prospective, which has been examined in Chapters 2 and 9. Our present economic system links together the strength of an individual's bid for suitable housing with the amount of money he is in a position to devote to this type of expenditure, and as we have seen the older person in this competitive situation is at a distinct disadvantage. Not only is there a major drop in average and median income after age 65, but also a considerable part of this reduced income assumes the form of fairly fixed payments, such as pensions, government allowances and the like, which are all very sensitive to inflationary trends.

4. *Marital Status*

In 1961, out of the 1,391,000 elderly persons 757,000, or 54 per cent, were married and 634,000 were single, divorced or widowed.

For various reasons, the rate of separation is higher among the aged than in the younger age groups and one out of every ten married elderly persons did not live with his or her spouse. Of the 757,000 married elderly persons, therefore, only 684,000 were members of traditional, husband-wife families. Of the latter, 493,000 formed 246,000 families where both husband and wife were 65 years of age or older, while the remaining 191,000 elderly lived with a partner who was less than 65 years of age.

Of the 634,000 unmarried elderly persons, 421,000 or 67 percent were women. Due to the different life expectancy between the sexes the proportion of unmarried women is very high in the older age groups. In the 75 to 79 age class, for example, 67 percent of all women were unmarried and only two out of every ten women over the age of 80 were married.

B. Housing Standards for the Aged

Most conventional housing does not readily facilitate the adjustments in living patterns required of the aged because of their declining physical, social and financial capabilities. This section explores standards for the design of suitable housing agreements.

1. *Design*

Essentially, housing for the aged should provide a greater degree of convenience, comfort and safety and this can be achieved by applying these criteria to all aspects of housing, i.e., relationship to community facilities, microclimate and site development, general layout and space requirements, and the details of illumination, finishes, hardware and electrical and mechanical controls.

The most critical design areas are:

Approach to the Accommodation—stairs should be avoided and wheelchair access should be provided.

The Kitchen—storage should not be placed higher than 63″ above the floor, and an electric stove with controls at the front is recommended.

The Bathroom—provide non slip floors and surfaces in tub or shower, seating for bathing or showering, strong grab bars and towel rails, bathroom doors which can be unlocked from the outside in an emergency and a direct, well lit path between the bathroom and bed areas.

Large scale multiple housing schemes should include features such as intercom warning lights, buzzers or bells for emergencies, temperature control with design temperature of at least 75°, elevators in structures of two or more stories and these large enough to permit access for wheelchairs and stretchers, smoke and fire detection equipment and a means of emergency evacuation or protection in case of fire.

2. *Community Planning*

One main objective of any housing policy must be the provision of a wide range of facilities and locations meeting minimum standards at reasonable prices. This applies equally to housing for the aged; old people should have wide choice among types of living arrangement.

Group residential facilities, whether apartments or hostel types, have a place within the desirable spectrum of accommodation for the aged. Their siting raises complex economic (which we shall ignore here) and community planning problems. It is now commonly accepted that the aged should not be segregated into "gerontological preserves." The ideal rather is to locate them in normal residential neighbourhoods. We must keep in mind that the overall objective is to create for the aged as natural as possible a "social milieu" in which they can continue to function as individuals and as members of various social groups; the disappearance

of the natural "social milieu" provided by the family renders this task at once more difficult and more urgent.[3]

Public transportation (recall that few aged have cars and fewer still may care to drive them) should be within walking distance. Community services and facilities should be easily reached, and include laundry, dry cleaning, shoe repair, barber shop, beauty parlor, restaurant, library, churches, movie theatres, clothing and drug stores, physicians and dentists. The site or the immediate area should offer space for outdoor activities; the nearby shops and services mentioned would at the same time provide areas of activity for the aged to enjoy. These various needs clearly bar cheap sites in remote or isolated areas, and in recently developed fringe areas where services are not already available.

Little can be said about housing structures themselves, as long as the design requirements mentioned above are met. No one type of construction is ideal: it should be possible to provide an esthetically pleasing variety of one-storey, garden-type and multi-storey structures. If hostel accommodation is contemplated, the size could range efficiently from 25 to 250 units, although a spread between 50 and 100 units is, probably, to be preferred. Where a central kitchen and minimum personal services are provided, economical operation is difficult in projects of less than 50 units, and as the number rises above 100, the friendly, homelike atmosphere, which is so desirable, tends to disappear.[4]

3. *Ancillary Services*[5]

Assuming that we intend to maximize the old person's opportunity for independent living, the following special services, in addition to those normally available to everyone (viz. hospital care), need to be provided in the vicinity of their homes.

—Financial: including access to a financial counselor;

—Personal: a short incapacity requires arrangements with friends or through volunteers for transportation and assistance in shopping; homemaker services, meals-on-wheels and laundry service can go a long way toward delaying the moment when institutional care becomes necessary;

—Health: home care program with services of visiting nurse;

—Personal adjustment and family life: help of competent case workers and counselors for older people and also for younger families with aging relatives;

—Employment and rehabilitation counselling;

—Promotion of activity and of participation: through adult education programs, senior citizens clubs, activity centers, hobby and handicraft groups, etc.

---

[3] *Cities in the Suburbs*—Humphrey Carver, University of Toronto Press, 1964.

[4] This chapter, throughout, is concerned with accommodation for relatively able-bodied old people. The situation of those in need of prolonged nursing and institutional care has already been dealt with under Health in Chapter 11.

[5] For fuller discussion of Ancillary, or Community Services, see Chapters 6 and 13.

C. Demand for Housing for the Aged

Predicting housing demand is a most elusive task: the estimates mentioned here should, therefore, be taken with due caution as informed guesses based on the most recent evidence available.[6]

Of the 1961 total of 516,000 elderly *families,* it is estimated that 30 per cent to 35 per cent are experiencing difficulty in securing decent housing at reasonable cost. Some 50,000 of these families are thought to dwell in unsatisfactory conditions: overcrowded dwellings or units requiring major repairs. A further 130,000 families are probably straining their resources to achieve reasonably adequate accommodations. This larger group may find their housing problems considerably alleviated by increased social benefits, larger pensions, etc. But, as things stood in 1961, their economically derived housing difficulties must be accounted for in any comprehensive low-income housing analysis. We thus arrive at an estimated 180,000 elderly families with housing problems.

Some figure must also be included for *single* elderly persons in bad housing. In 1961 there were 235,000 elderly non-family households, of which we can say that 117,000 have housing difficulties. The number of unsatisfactory dwellings occupied by this group has been estimated at 20,000 units requiring major repairs and 5,000 where there is overcrowding.

We thus arrive at a rough figure of about 300,000 elderly family and non-family households which, in 1961, were experiencing difficulties in their housing situation. This estimate is confirmed by a statement made by R. Adamson, CMHC economist, before the Senate Committee on Aging: he estimated indeed that at least 400,000 elderly persons as of that date were in need of housing assistance.[7]

Looking to the future, we can say the elderly population of Canada is likely to grow by some 990,000 before 1980.[8] At the 1961 average of 1.86 persons per elderly household, these persons would form some 360,000 family and 170,000 non-family households, and assuming no change either in income benefits or in the general effectiveness of our housing system meanwhile, we can expect that by 1980 some 126,000 new family households will be added to the existing group with housing problems. Similarly, assuming a continuation of the present situation, and, as in the case of the families above, making no allowance for vacancies, 50 per cent of the 170,000 new, non-family households formed by 1980 will experience housing difficulties. We have thus a need of 85,000 units for these households.

---

[6] This section draws heavily on the study prepared by Prof. J. A. Murray for the Ontario Association of Housing Authorities: *"Good Housing for Canadians"* 1964, p. 128 ff.

[7] *R. T. Adamson,* Testimony before the Special Committee on Aging, Proceedings, Nov. 26, 1964, No. 22, p. 1435.

[8] Estimates given in Table 4-4, *Report of Royal Commission on Health Services,* (based on net immigration of 50,000 annually), Vol. 1, pp. 114-5.

In this fashion, we reach a total figure of 211,000 new or converted dwelling units for old people needed by 1980, if the housing requirements of the forthcoming aged are to be met in accordance with decent standarda; and, adding this to the earlier figure of 300,000 for the current group of ill-housed elderly, yields a grand total of 511,000. The task before us is, therefore, of considerable magnitude and we turn now to consider how best it may be accomplished through a combination of public and private initiative.

II What Is Being Done

A. The Federal Government

The National Housing Act—1954, which succeeded previous statutes dating back to the pre-war period, is entitled "An Act to Promote the Construction of New Houses, the Repair and Modernization of Existing Houses, and the Improvement of Housing and Living Conditions." Its general aim, as stated by Mr. Hignett, President of CMHC in January, 1965, is "to bring to an end the existence of sub-standard housing conditions in Canada."

The NHA with its subsequent amendments (substantial changes were introduced in 1964) contains no specific provisions for housing for the elderly; indeed, that expression does not appear in it. A collection of speeches by the late Dr. Stewart Bates, President of CMHC from 1954 to 1964, published in the CMHC-sponsored journal "HABITAT", is equally barren of references to the problems of housing for the aged. It is, therefore, safe to state (not necessarily to criticize) that Canada does not have a federal policy dealing specifically with the problem of housing for the elderly.

Nevertheless, the general provisions of the NHA have relevance to the issue at hand, inasmuch as they address themselves specifically to sub-standard housing. The special benefits provided by the Act are available to assist the elderly as long as they fall within the category of "low-income persons."

General assistance for housing is provided through the National Housing Act in the form of loan insurance, guarantees, direct loans by CMHC, joint Federal-Provincial projects and direct grants.

(1) *Loan Insurance*

Insurance of Loan Principal (see particularly Sections 6-13 inc. of NHA).

The NHA provides for the insurance of the full principal amount of loans made by approved lenders for new home-ownership and rental housing. The same insurance provision is made for existing dwellings in designated urban renewal

areas. Approved lenders are private companies (chartered banks, life insurance, and trust and loan companies) authorized by the Government to make loans under the Act.

In the case of home-ownership dwellings, the maximum loan insurable is 95 per cent of the first $13,000 of the lending value of the property, plus 70 per cent of the remainder, up to an established ceiling amount of $18,000. For rental projects, the loan is 85 per cent of the lending value, subject to a maximum amount of $18,000 for houses and $12,000 for each self-contained family housing unit in apartment projects.

Insured loans from approved lenders are available to individual home-owner applicants, to builders constructing houses for sale or for rent, to rental investors, to co-operative housing associations and to farmers. There is no age limit as a qualification for these loans.

The interest rate on NHA loans is established by the Governor in Council and repayment terms vary from 25 to 35 years.

CMHC is authorized under Section 40 of the Act to make direct loans for home-ownership and rental housing where assistance is not available through the approved lenders. By policy, such loans are made to any eligible home-owner applicant but direct assistance to builders is generally subject to the pre-sale of the dwellings to satisfactory purchasers.

(2) *Guarantees*

Guaranteed Home Improvement Loans (Part IV, NHA)

Loans for home improvement purposes made by the chartered banks in accordance with the terms of the Act are guaranteed up to a maximum of $4,000 in the case of a one-family dwelling. For multiple-family projects, the maximum guarantee is $4,000 for the first dwelling unit plus $1,500 for each additional unit in the building.

The effects of home improvement loans on housing for the elderly are difficult to assess. Since 1955, when the Home Improvement Loans Program was inaugurated, 272,145 loans in an overall amount of $348.2 million have been approved. It is impossible, however, to ascertain how many of these were for the purpose of improving or generating housing for the aged. There was some decline in the number of NHA-guaranteed home improvement loans in 1964, with the banks approving 19,800 loans for a total value of $36 million. Despite the decrease in loan value from the 22,024 authorized in 1963, the total value of the loans approved was little changed.

Guarantee of Annual Returns (see Sections 14 and 15, NHA).

Private investors building rental housing projects of not less than eight units can be guaranteed a certain annual return from rentals for a maximum of 30 years.

These provisions designed to make such undertakings attractive to large investors, were introduced during the immediate postwar years. No new guarantees of this kind have been made under these Sections since 1954.

(3) *Direct Loans for Low-Rental Projects* (Sections 16 and 16A)

There are special categories of NHA loans which may be used by organizations wishing to provide accommodation for individuals and families of low-income including elderly persons.

Prior to the June, 1964, amendments to the Act, CMHC was authorized under Section 16 to make loans to limited-dividend companies to assist in the construction of low-rental housing projects or in the purchase of existing buildings and their conversion into a housing project for families of restricted income and for elderly persons.

These limited-dividend companies were incorporated to construct, hold and manage a low-rental housing project with dividends established by the terms of their charters or instruments of incorporation at five per cent per annum or less of the paid-up share capital. The majority of these projects were entrepreneur sponsored. However, loans were also made under this Section to non-profit organizations or municipalities which incorporated a non-profit company to construct, hold and manage low-rental housing projects. In these cases, the organizations were permitted to construct hostel or dormitory accommodation for elderly persons on the ratio of one hostel bed for each self-contained unit constructed.

The intent of the June, 1964, amendment, which added Section 16A to the Act, was to segregate these two classes of borrowers.

Loans under Sections 16 and 16A are now made as follows:

Section 16 To limited-dividend companies seeking a profit. Projects consist of self-contained units for families of low income.

Section 16A To non-profit corporations. Projects, in addition to self-contained units may consist of hostel or dormitory type or a combination of both types and are to be leased to individuals or families of low income. While the Act does not specifically use the term "elderly persons" it is permissible to construct housing projects for individuals or families classified as elderly persons.

Projects financed under Sections 16 and 16A are designed for individuals and families of low income who are not able to afford open market rents. Such projects for elderly persons are intended to provide accommodation to the following categories:

Self-Contained Accommodation

An ingoing tenant's gross annual income may not exceed $2,700 for a bachelor unit, and $3,600 for a one-bedroom unit.

Hostel or Dormitory Accommodation

This form of housing is reserved for persons who are unable to obtain suitable accommodation within their means. Priority is given, to the extent possible, to those having lower incomes.

NHA loans to limited-dividend housing corporations, as of the end of 1964, amounted to $186.7 million, out of a total CMHC loan portfolio of $1.9 billion.

(4) *Direct Loans for Public Housing Projects* (Sections 35C and 35D).

CMHC may make a loan to a province, or to a municipality or public housing agency with the approval of the province, to construct, acquire and operate a public housing project for low-income families and individuals.

A "public housing agency" is a corporation wholly owned by a provincial government or agency, one or more municipalities or a combination of these, having appropriate power to undertake public housing projects. A "public housing project" includes land and buildings providing family, hostel or dormitory type accommodation whether the buildings are new construction or existing housing.

The construction or acquisition loan may be up to 90 per cent of the total cost as determined by CMHC.

The term of the loan, which is secured by a first mortgage on the project, may be for as long as 50 years but not in excess of the useful life of the development.

Loans are also available to assist proponents of public housing projects to acquire land for future public housing projects. The maximum loan that may be made for this purpose is 90 per cent of the cost of acquiring and servicing the property. The period for repayment of the loan may be up to 15 years at an interest rate set by the Governor in Council.

(5) *Grants for Operating Losses* (Section 35E).

Whether or not a public housing project is undertaken with a loan under the National Housing Act, it may be eligible under Section 35E of the Act for Federal contributions to assist in meeting operating losses incurred. Grants may cover up to 50 per cent of operating losses for a period up to 50 years but not exceeding the useful life of the project.

Rents in public housing projects subsidized under Section 35E of the Act are based on the income of the tenants.

(6) *Joint Federal-Provincial Public Housing Projects* (Section 35A)

Partnership agreements between the Federal and Provincial Governments are authorized under the Act for the construction of public housing projects for low-income families and individuals, the sharing of operating losses and the assembly of land. The agreement also makes possible the acquisition, improvement and conversion for housing purposes of existing buildings in any area of a municipality. Projects are initiated by a municipality through the Province.

For Federal-Provincial public housing projects the Federal Government assumes up to 75 per cent of the capital cost of the project, the remainder being borne by the Provincial Government which may call upon the municipality to meet a portion of the provincial share.

Provision is made for the sharing of operating losses on the same basis as capital costs. The Federal Government shares up to 75 per cent and the Province up to 25 per cent, depending on the agreement with the municipality.

Rents in such public housing projects are geared to tenants' income through the application of a graduated rental scale. Minimum rentals may be imposed for welfare tenents whose shelter costs are paid from public money by the municipality.

In the period from 1950 to 1964, the number of dwelling units approved in public housing projects was 12,674 with the Federal share of actual expenditures amounting to $97.4 million. Of these units 1,366 are suitable for, but not necessarily occupied by, senior citizens.

It will be noted that low-rental housing projects call for a means test of sorts. Current policy requires that the monthly income of a prospective tenent be at least twice but not more than five times the monthly rent. In recently completed projects, the monthly rent for a one-bedroom unit was about $60, thus pre-supposing a minimum annual income of at least $1,440. We must recall that the median annual income of persons aged 65 and more, in 1961, was $1,440 for men, and $830 for women.

The 1964 amendments to the Act have eliminated some of the provisions most strenuously objected to in several Briefs submitted to the Senate Committee. In particular, hostel and dormitory facilities can now be provided and subsidized; the maximum value of loans has been considerably increased; the limitations in the "housing for the aged" component of public housing projects has been removed; and assistance is available for the purchase and transformation of existing buildings into housing projects, hostels or dormitories. Old houses themselves can now be rehabilitated with public assistance (85 per cent of the lending value) in designated urban renewal areas; since many elderly own deteriorated homes in contemplated urban renewal areas, this provision may come to have considerable relevance.

It is impossible to evaluate, even in a preliminary fashion, the impact of the 1964 amendments to the NHA, as far as housing for the aged is concerned. These changes, if successful, will remedy a situation which is not one of unmitigated success. Under Section 16 of the NHA, 8,217 units for the particular use of old people were built between 1946 and 1963; the public housing provision of the Act, for its part, lead to the construction of 167 units reserved for aged persons, and of 1,366 more classified by CMHC as "suitable for allocation to elderly persons." Assuming that the last units are all occupied by aged persons, we arrive at a grand total of 9,750 units provided for the aged through federal action in Canada, after 17 years of effort.

Whichever way one looks at the consequences of federal intervention, then, it is not easy to escape a feeling of inadequacy.

B. Provinces and Municipalities

A survey of provincial action in the area of housing for the aged reveals a mixed pattern. A few provinces have special programs, but these tend essentially to supplement the felt shortcomings of the NHA. At the same time they leave the initiative at the local municipal level, without providing much active guidance or leadership.

(1) Provincial assistance for the construction of various forms of housing for the elderly include:

(i) *Manitoba*

Legislation provides capital grants as follows:
For self-contained units:
2-person unit—lesser of ⅓ construction costs or $2,150 per unit.
1-person unit—lesser of ⅓ construction costs or $1,700 per unit.
For hostels:
New construction—lesser of ⅓ construction costs of $1,700 per bed.
Existing buildings—lesser of ⅓ construction costs or $825 per bed.
Personal Care Homes—lesser of ⅓ construction costs or $2,000 per bed.

(ii) *British Columbia*

Capital grants do not exceed one-third of the total cost of the project and the limited-dividend housing company must provide equity in amount of 10 per cent of the total.

(iii) *Saskatchewan*

A provincial grant of 20 per cent of the capital cost is available for the construction of approved projects. Annual maintenance grants to assist finance the operation of the projects are also given. CMHC loans do not exceed 72 per cent of cost by provincial request. The province requires the applicant to provide an equity of 8 per cent.

(iv) *Ontario*

(a) *Elderly Persons Housing Aid Act*

Grants in the Province of Ontario may be made only to a limited-dividend company which has had a loan made to it under the National Housing Act, 1954. The grants are calculated at the rate of $500 for each dwelling unit or 50 per cent of the costs in excess of the Corporations's loan, whichever is the lesser.

(b) *The Housing Development Act*

A grant made under this Act is not defined. The implementation of the Act is the responsibility of the Ontario Housing Corporation and no set formula has been set out, each case being treated on its merits. Grants have been made for rent reduction funds on some projects in the amount of $1,000 per unit, but these are not to be taken as precedents.

(c) Capital grants equal to 30 per cent of the cost or $1,500 per bed are available for hostels provided the municipality concerned gives a subsidy equal to 20 per cent of the cost.

(d) Capital grants of 25 per cent of the construction costs (or $5,000) are offered for community centres which can be used as clubs or day centres for the aged.

(v) *New Brunswick*

The Province will contribute 50 per cent or $2,000 per bed of the capital costs (including furniture) of a home for the aged. Two NHA-financed housing projects for elderly persons received provincial capital grants of $500 per unit but these were approved by the Premier's office and not by Legislature.

(vi) *Nova Scotia*

The province will contribute $500 per unit of housing accommodation or 10 per cent of the cost of the project, whichever is the lesser amount.

(vii) *Prince Edward Island*

Elderly persons' projects are constructed and owned by the Provincially-owned Senior Citizens Housing Corporation. The province provides the 10 per cent equity.

(viii) *Newfoundland*

Legislation permits the province to guarantee repayments of principal and interest on borrowings of non-profit companies constructing housing for elderly persons under the provision of Section 16A of the National Housing Act. In addition, by Order in Council, the province has made construction grants but these are not defined and amounts vary.

(2) Provincial grants are made to non-profit corporations, religious, charitable or philanthropic organizations, or to municipalities.

(3) Most provinces appear to have licensing bodies which supervise privately or commercially-sponsored homes for the aged. These bodies are usually part of the provincial welfare department. Several provinces (British Columbia, Ontario, Quebec and Newfoundland) pay subsidies to boarding homes which accept aged persons of limited means.

(4) Only Manitoba has, within its Welfare Department, a senior officer entrusted with the specific duty of assisting local governments and local voluntary organizations in providing adequate housing for the aged. The effect of this has been striking: from 1955 to 1959, twelve housing projects for the aged were built in Manitoba; since 1960, when the post of Director of Elderly Persons Housing was created, fifty-six projects have been built, providing some 2,800 accommodations at a cost to the province of $3 million.

(5) The impact of provincial policies is difficult to measure since they are directed to supplementing federal assistance rather than to generating additional projects. British Columbia, for instance, has subsidized the establishment of 4,000 beds; in Saskatchewan the government has contributed to 48 projects in 40 municipalities, providing 1,087 dwellings for couples and 259 bachelor suites; in New Brunswick, one low-rental housing project has been built so far and three more are under way; in Prince Edward Island, four units have been constructed by the government sponsored Senior Citizens Housing Corporation, and eight more are being built; in Nova Scotia, the government assisted Halifax Senior Citizens Housing Corporation and is about to build a 63-unit project, the second housing for the aged project to be undertaken in that province.

In general, the net effect of federal and provincial policies in the area of housing for the aged has been to pass the burden on to the poorest and most hard-pressed level of government in this country: the municipalities, assisted by those voluntary organizations active at the local level. Theirs has been the task of awakening and maintaining community interest, of gathering the initial capital, of finding architects, builders and specialized personnel, of acquainting themselves with the complexities of the relevant legislations and bureaucracies. They have had to initiate and carry out often protracted negotiations with distant provincial and federal offices, to guarantee the administration of the completed projects and to meet the deficits, if any, that could materialize. It is a tribute to the public-spiritedness of many Canadians that so much has been done against such odds, even if much more still remains to be accomplished.[9]

C. The Private Sector

Private efforts, in the area of housing for the aged, are not easy to document. Non-profit organizations have tended to avail themselves of the NHA facilities and

[9] *Ottawa Welfare Council*, brief submitted to the Special Committee of the Senate on Aging, July 2, 1964, No. 14. (Read the evidence, as well as the brief.)

have, therefore, been covered. For instance, of the 8,217 limited-dividend units built for the elderly with NHA assistance, 1,017 were constructed by private entrepreneurs and 3,716 by charitable organizations.

Unfortunately, there are no reliable and comprehensive data concerning profit-oriented "homes for the aged" and related institutions. Indeed, general disorganization appears to characterize this field in Canada, and we might hope that something will be learned from the Ford Foundation-supported efforts to establish, in the U.S.A., a national organization of owners and operators of homes for the aged. There seems to be no ground to assume, however, that private efforts are any more successful than public ones, even where they are carefully supervised by provincial bodies.

Conclusions

I Basic Philosophy

Society has a responsibility to see to it that every Canadian has decent shelter, and especially those who have toiled in the community for many years, and have reached an age where our social system no longer permits them to find through their own work the resources needed to secure adequate shelter.

An important goal of any housing policy must be to include a wide spectrum of accommodation and of location, so that the elderly person may be enabled to make the selection which is best adapted to his means and inclinations.

Another goal must be the maximation of personal responsibility, the minimization of state intervention, and the provision of the widest possible spectrum of complete independence—complete dependence facilities, so that the aged be not obliged to choose between "either-or" facilities.

Concurrently, a housing policy must be operative before the elderly person exhausts his own limited resources, becomes destitute, and is obliged to live as a ward of the state. Similarly, a housing policy must respond to the needs of the middle-income aged as well as to those of the poor.

Whenever the aged person has to be placed in an institutionalized housing arrangement, care must be taken to provide him with an adequate social "milieu" or "substitute family" to replace as far as possible the one he has lost.

II The Role of Government

The overriding concept should be that of a *dynamic partnership* among the three levels of government, each concentrating on that aspect which it is particularly equipped to carry out successfully. The following is an attempt at articulating such a partnership:

The *Federal Government* has vast resources and wide redistributive powers. Its primary responsibility in the area which concerns us here should be that of the

banker of funds, of ideas, and of technical assistance, rather than that of the originator of detailed housing programs. It should, therefore, ensure that adequate funds and expertise are available and that minimum needs do not go unsatisfied for lack of resources.

It must always be remembered that the housing needs of the low-income aged are not substantially different from those of other low-income persons. To the extent that the aged need less extensive quarters, they are, indeed, less expensive to house than younger low-income families. There seems to be little justification, then, for the creation, at the federal level, of a bureau or agency specifically concerned with housing for the elderly. An effective and well-conceived general low income housing policy, if energetically implemented, will meet the legitimate housing needs of the low-income aged; it is doubtful whether any other approach can be successful.

A strong argument can be made that the National Housing Act has so far benefitted mainly the younger Canadian middle-class. The conditions, which may have justified such a policy in the immediate post-war period are now largely over. The important resources and knowledge available within CMHC must urgently be redirected to that area which only the Corporation can tackle: low income housing for Canadians who need it. It would seem that the insurance companies, the trust companies and the banks—especially in view of the recent amendments to the Bank Act—can now very adequately respond to the mortgage needs of the young middle-class heads of family and are indeed doing so. The important money-management functions provided through the NHA can for the future be achieved in other ways, freeing CMHC for the tasks which it alone can undertake and carry out successfully.

The fact that the Federal Government would be playing the role of the banker of ideas and funds does not mean that it should take a passive attitude, quite the contrary. It must market aggressively the moneys and concepts at hand, within its constitutional prerogative. The current efforts of CMHC in the area of urban renewal indicates that an active stance can be taken, even if concrete initiative must, in the last analysis, come from elsewhere.

Provincial Governments, under the constitution, are responsible for welfare; they have the clear duty to formulate programs of concrete action in the area of housing for the aged. These programs are, basically, of two equally important kinds.

1. *Physical Shelter*

In close co-operation with local municipal agencies, the provincial agency concerned with low-income housing should make a survey of current housing conditions of the aged and of available private boarding and other homes for the aged. Consequent to this survey, it should establish and enforce strict regulations

concerning the design and operation of these homes, and formulate a program of action which would effectively provide, within a reasonable time period and according to a specified order or priorities, adequate shelter for its aged in accordance with the basic philosophy sketched earlier. It should co-operate at all stages with relevant municipal and voluntary organizations and advise them on the steps to be taken to reach the stated goals; in particular, provincial grants should reduce to no more than a token amount the capital funds needed at the local level to secure NHA assistance, and cover as well all operating deficits not met under NHA. The provincial agency concerned, about which more later, would be responsible for low-income housing generally; its program of low-income housing for the elderly would thus be integrated within a broader one. This appears preferable to an independent venture by a specialized "housing for the aged" agency and can be accomplished through a semi-autonomous "provincial housing corporation" or through a regular government department.

2. *Ancillary Services*

A vast majority of the aged wants to remain in independent quarters and to postpone to the utmost entry into institutions. Considerable housing flexibility, and capital economies as well, will be achieved if services aimed at enabling the aged to remain comfortably in their current remodeled private homes are provided on a sufficient scale. These services have been mentioned earlier under I.B. 3. The fluidity of the needs of the aged, which often vary from year to year and from month to month, renders such ancillary services of the utmost importance.

It should be the responsibility of the provincial low-income housing agency to negotiate, on its own behalf and on that of the municipalities and/or voluntary organizations, with competent federal departments and agencies. This would ensure co-ordination of efforts within each province, implementation of the overall provincial housing plan, development of expertise within the provincial housing agency, and effective communication with the federal authorities. The advisability of setting-up a structure similar to that of ARDA, with provincial co-ordinators at the center of the whole structure, might well be considered.

Within the framework of the provincially elaborated plan for low-income housing, municipalities should be expected to evolve detailed and concrete plans for the provision of adequate shelter for the aged and of ancillary services in their communities. The administration of low-income housing (and of its housing-for-the-aged component) could be entrusted to either provincial or municipal officers; that of ancillary services would be left to the municipal authorities and local welfare agencies.[10]

---

[10] See Chapter 6, Recommendation 65.

To the extent that housing for the aged becomes recognized as a normal community service, the pioneering role of voluntary organizations will have achieved its purpose. Eventually, it is expected that local government rather than voluntary or charitable bodies would initiate action in this field, thus freeing the latter groups for new ventures in unopened areas.[11]

We must beware here of transplanting *talis qualis* and without the most careful evaluation certain ways of organizing specialized services, especially in the area of housing, which may have proved necessary in the U.S.A. The American tradition of strong local autonomy is grounded in neither Canadian law nor practice, and the creation of local semi-independent Housing Authorities appears neither necessary nor desirable. Whatever offices or agencies have to be created here should be branches of provincial or municipal departments or bodies. The financial participation of the provincial government, supplementing NHA funds, should, furthermore, eliminate the need for special borrowing at the local level in support of housing for the aged or, for that matter, of low-income housing in general.

The above proposals deal mostly with the creation of a co-ordinated federal-provincial-municipal structure in the area of housing for the aged. It is believed that without such a structure the present checkered and depressing situation will not be improved and, that, on the other hand, the kind of structure proposed is particularly adapted to the dynamic partnership which alone can solve the immense problem before us.

CHAPTER 13

The Case for Community Services

This Chapter will be concerned with the contribution that can be made to the health and well-being of the elderly by that broad range of programs which, together with social security and health programs, constitute the social services of the modern community. Specifically we shall consider:

(1) Services in a variety of forms offered on an *individual* basis. Such services may be aimed at helping the older person to cope with his physical environment (e.g. housekeeping), to overcome his loneliness and isolation (e.g. friendly visiting), or to solve problems of social adjustment (e.g. casework).

(2) Services offered on a *group* basis. These services have as their object helping older people (a) to enjoy their leisure time; (b) to develop personally, and (c) to deal with their problems or needs. Services of this second type may extend from relatively simple and unsophisticated programs of entertainment and social activity to the conscious use of the group process to achieve specified therapeutic goals.

[11] Brief of *Ottawa Welfare Council*, op. cit., pp. 936-8.

There were few submissions to the Committee which did not stress the importance of one or more community services as a means of ensuring that "older persons may continue to live healthy and useful lives as members of the Canadian community."[1]

The Committee is aware, of course, that the rapid growth of Canada during the post-war years, and the far reaching social changes accompanying it have created serious social problems for all age groups. Nevertheless, the weight of opinion submitted to the Committee has led it inevitably to the conclusion that the development of an adequate network of community services for the elderly must be one of the major objects of social policy in the years ahead. Without the types of services discussed in this chapter, efforts to sustain an active and healthy older population through the provision of income, housing and health care can be seriously frustrated. The substantial investment of resources we are now making in these major health and welfare programs requires a growing investment also in community services, if maximum returns from the former are to be secured. The development of community services, therefore, must engage the attention, not only of private agencies, where responsibility for many of them has rested historically, but also of government at all levels.

Need For Community Services

The need for community services by the older group is associated to a considerable degree with socio-economic changes of relatively recent origin, some of which have had perhaps a greater impact on older people than on society as a whole.

(1) Increase in Life Expectancy

Many more people today than formerly survive to retirement and beyond, which focuses attention on existing social arrangements for the well-being of old people. A major problem is created by the dependence and ill-health that are likely to occur in the later years. How best can the care the elderly require under these conditions be provided?

In several Western European countries, faced as they are with larger "geriatric" populations than Canada, programs which enable older people to carry on in their own homes are well developed. In Canada the idea of the "community service" or "non-institutional" approach, although commonly accepted, is not yet widely put into practice. Community services do more than keep people out of institutions. Experience has demonstrated that the pathological aspects of the aging process can be significantly reduced, prevented or postponed by the imaginative use of various resources at appropriate or critical times in the individual's life. Social planners should take this fact into account.

[1] Order of reference, "Special Committee of the Senate on Aging".

Adequate income and shelter are, of course, essential to the maintenance of health and well being, but so also are opportunities for personal development and a meaningful way of life. The Committee agrees with the many submissions which contend that the later years should not be given over to rocking chairs and memories. Community services can help immeasurably to prevent the narrowing and eroding of the psychological and social environment in old age.

(2) **Changes in Family Life**

Industrial society has brought important changes in family structure and family relations. Instead of living together as was not uncommon in an earlier period, parents and grown children today usually maintain separate households, often in communities that may be a thousand miles apart. The Committee heard reports of neglect and sometimes actual exploitation of older parents by their children, but the overwhelming evidence was on the other side and suggested rather support and devotion, often to the point of sacrifice. There is still much rich intergenerational life.

Nevertheless, it appears to be true that the expectations of the elderly, their children and society generally have altered considerably over recent decades. Most older people at the present time do not wish to be dependent on their children, or even to live with them; and society for the most part emphasizes the family's responsibility for the rearing of the young rather than the care of the old.

Today family relationships between old and young are marked by ambiguity. Adult children and their parents are frequently uncertain and confused as to what is right. This situation can lead to neglect of older people, albeit unwitting, or to undue protectiveness. The churches and other bodies concerned with family relations and social values have an opportunity and a special responsibility here.

The Committee is of the opinion that it would not be realistic in the modern world to look to the family alone to provide emotional support and care for the aged. Unquestionably, the family is still a major resource, but where it cannot function in these regards, help from the community should be available. Moreover, it is one of the main objects of community services to help the family perform its functions. For example,* life in the home is eased if the grandmother has outside interests; and clearly a family looking after an aged relative who requires constant care, could cope more readily if help were available to give occasional relief.

(3) **Living Arrangements**

Statistics on the marital status and living arrangements of older people provide striking evidence of the need there is for community services. These reveal the extent of widowhood and the considerable proportion of older people of both sexes

* With increased longevity and early marriage, the modern family "system" as pointed out by Peter Townsend and others, is becoming one of four generations with marked effects on the pattern of kinship relations and responsibility. In the future the old people most in need of care and support may well be great grand-parents with children in their sixties.

who live alone, lacking the support that home and family normally provide. Studies show the close relationship which exists between marital status and dependency; indeed a large part of the aging problem in modern society is a consequence of dependent widowhood. As already indicated, a significant proportion of elderly people live alone. When domiciliary aloneness is coupled with friendlessness, with infirmity and perhaps poverty, unhappiness and suffering can be expected. A primary aim of community services is to prevent or alleviate such situations.

A Review of the Present Situation

A comprehensive and up-to-date inventory of community and other services for the aged in Canada is not at present available. However, a review of such material as does exist reveals an uneven pattern of development and also a variety of approaches.

In a few communities a specialized agency has been created to plan and provide a variety of services for older people. The Age and Opportunity Bureau in Winnipeg and the Silver Threads Service in Victoria illustrate this approach. More usually a particular service or facility is specifically designed for the aged, examples of which are senior citizen clubs and centres, friendly visiting and "meals-on-wheels". Casework and home-maker services for older people are apt to develop as extensions of an already existing program. Regardless of the approach, the services available remain limited, as suggested by the following statement from the brief of the Canadian Association of Social Workers:

> ". . . . Few of its (C.A.S.W.) members are engaged solely in work with older people, which in itself, suggests the community neglect of this group. But many members are acutely aware of serious problems facing the aged, through their work in family agencies, social service departments of hospitals, mental health clinics, public assistance programs, information and service bureaus, group work and recreational centres, liaison with health services, visiting homemaker services and housing, and through sharing in the planning and coordinating efforts of welfare councils."

By and large the community services that do exist were initiated through the efforts of voluntary groups. In several provinces, however, Government financial support is available for certain services, notably recreation. Common to many submissions made to us was a call for more government action.

There is urgent need for the further development of services in both urban and rural areas. General community services, upon which services to the aged could be built, are already to be found in many cities. In rural areas, however, this foundation may not exist. The Canadian Federation of Agriculture pointed up the need that exists for *social* programs for older people in rural areas. Other briefs, also, brought to our attention the problems faced by elderly people living in the country removed from community facilities and services.

(1) **Information and Referral Services**

One type of community service advocated by a great many organizations is an information and referral centre. Such a centre where one can get a sympathetic hearing, information and advice, and where necessary referral to an appropriate community resource, is needed by people of all ages. It is especially important for older people, who often suffer needlessly through lack of knowledge about help that is available in the community and where it may be had. The elderly have neither the energy nor the means of transportation to run around from one agency to another.

(2) **Counselling and Casework Services**

Counselling is a service that should be more readily available to old people and their relatives. It may relate to very practical matters, such as budgeting or finding a place to live. It may provide skilful help when there are difficulties in family relations, or a supporting relationship for the lonely, discouraged or bereaved. For serious problems of emotional disturbance professional service from a caseworker or psychiatrist will be required. Counselling is recognized as an important element in the after-care of patients discharged from hospitals.

Family casework agencies, although limited in number, are an important resource on which old people can draw for help with their personal problems. A counselling service has also a place in the programs of day care centres for older people; the Notre Dame Centre in Winnipeg is a case in point. Also public welfare agencies, in some instances and in varying degrees, counsel those in receipt of financial benefit. It is the hope of the Committee that public welfare authorities generally will pay increased attention to this function in the years ahead. Because the need for counselling and casework is often associated with illness and hospitalization, a social service department is a necessary feature of a hospital program. At the present time, however, only a small proportion of hospitals has such departments.

In many communities, both urban and rural, it is the public health nurse to whom many old people turn for advice on their problems. Her primary responsibility is for health guidance, but problems of health are difficult to separate from problems of financial need, housing or loneliness. Greater account should be taken of this fact in the training of nurses.

There is evidence that although the elderly welcome help with immediate practical problems, they are less aware of the value of professional counselling or casework. Perhaps, as suggested by one family agency, there needs to be some modification in customary social work procedures, allowing more time in interviews, for example, and reaching out to old people rather than expecting them to come to the agency. There has been a suggestion that counselling and casework services could be most effectively provided in familiar settings, such as a church or a senior citizen centre.

(3) Guardianship, Protection and Legal Aid

Reference was made by several organizations to the need for some form of protection for older people who are not able to handle their own affairs or who may be exploited by others.

The Old Age Security and Old Age Assistance Acts both have provisions for trusteeship when this is absolutely necessary, and both Acts prohibit the assignment of the pension or allowance. These provisions, however, apply only to that portion of income which the allowance represents. The Department of Veterans Affairs, also, has power to administer a War Veteran's Allowance when this is necessary. In some provinces guardianship can be obtained by application to the Courts but this is a lengthy and costly procedure.

What appears to be required are legal arrangements whereby some public or private agency could assume responsibility for the protection and, if necessary, the guardianship of elderly people, such responsibility to pertain to the estate, the person, or both. This would, of course, require legislative action. It is a complicated matter involving the rights of the subject and little study has been given to it in Canada. The matter will become of increasing importance with the inauguration of the Canada Pension Plan.

Legal aid and legal counselling are needed frequently by elderly people who cannot afford to pay for it. The answer would seem to be the development of a system of legal aid for low income people generally.

(4) Homemaker Services

A visiting homemaker service provides trained and experienced personnel to assist elderly people, particularly the frail or disabled, with household tasks and, where necessary, with personal care. It may also bring relief to those who have continuing responsibility for the care of those who are sick and infirm. During periods of temporary illness a homemaker can help maintain a household and thus enable an old person to remain at home, who otherwise might have to go to an institution.

What is most frequently required by the elderly is part-time homemaker service. The homemaker may visit an old person one or more times a week for two or three hours on each occasion. The service may consist merely of taking over simple "housekeeping" tasks but, in other cases, under skilful supervision it may become a professional social service. In many cases the friendly approach is all that is required.

Homemaker services, generally speaking, are not widely available in Canada. They are most extensively developed in the Province of Ontario.[2] In the main the

[2] See *Report on Homemaker Service in Ontario*, Ontario Welfare Council, February 1964. This report points out (p. 42) that the elderly and chronically ill are the groups most seriously affected by the lack of available resources.

service offered is an emergency one, to families with children during the illness or absence of the mother, but limited staff and financial resources make it impossible to meet the demands of even this group. In consequence, homemaker agencies have found it extremely difficult, if not impossible, to extend or adapt their programs to include old people.

Some impetus to the expansion of homemaker service has been given by the provision of public funds. In Ontario, the province, under the Homemaker and Nurses Services Act of 1958, will share with the municipality, up to a specified limit, one-half the cost of providing homemaker services to families with children, the elderly and the chronically ill, if they are on public assistance or fall below an income level determined by the municipality. The municipality may provide the service itself or contract for service with an approved voluntary organization. Since this legislation came into effect, there has been a moderate increase of homemaker services in the province. Our understanding is that many municipalities for reasons of cost are reluctant to take full advantage of the provisions of the Act.

(5) Other Home Services

Prominent among these are visiting nursing and organized home care (discussed in Chapters 4 and 11), "meals-on-wheels", friendly visiting and a variety of neighbourly services.

Meals-on-Wheels

The delivery of hot meals to older people, who are unable to cook properly for themselves, is a type of program that has been developed extensively in some European countries and in a number of American communities. The meals are prepared in a community centre, a church or other facility and are delivered in heat-retaining containers by a corps of volunteers This service is recognized as having value in preventing malnutrition, but it has psychological and social benefits as well.

A number of organizations have strongly recommended the initiation of programs of meals-on-wheels, but the Committee knows of only one such program in Canada at the present time, that operated in Brantford, Ontario, by the Red Cross and the I.O.D.E.[3] It should be noted, however, that there are alternative ways of meeting nutritional needs. For older people able to go out it might be better to provide meals in places where they congregate, as at centres and clubs or churches. The meals provided daily at the Women's Sheltered Workshop in Toronto, and at the Good Companions in Ottawa, are illustrations of this approach. The purchase of meals for home delivery from restaurants or commercial caterers constitutes another possibility.

[3] In April 1965, a Meals-on-Wheels program was inaugurated in Winnipeg for a three-year trial period (Canadian Welfare July-August 1965 p. 190); and in October, 1965 a similar program, offering a five days a week service, was launched in Toronto.

Friendly Visiting

When used with reference to community services the term "friendly visiting" denotes an organized program in which volunteers, on a regular basis, visit socially isolated old people, perform neighbourly services for them and encourage as normal a pattern of life as possible. The program can be organized and sponsored in a number of ways. It may be undertaken by volunteers through a church group, a service club, a community visiting committee or by members of an old people's club or centre. It may also be offered as a service under professional supervision by Public Welfare departments, family agencies, or by various health agencies. Friendly visiting need not, of course, be confined to the aged; it is a recognized service for shut-ins or the handicapped of all ages.

No matter how the program is organized, there is agreement that in order to ensure stability, continuity and sensitive approach, there must be careful selection and training of volunteers, thoughtful matching of visitor and visitee, a commitment by the volunteer to visit regularly for a prolonged period of time, and as well a ready channel to other community services when required. Reports received by the Committee indicate that a number of local welfare councils and social agencies, such as the Red Cross in Ontario and the Age and Opportunity Bureau in Winnipeg, provide systematic training to interested volunteers.

Neighbourly Services

During its hearings the Committee was informed of various other forms of neighbourly activity provided in response to the limited mobility of older people. These include regular transportation to a clinic, a club or to church; assistance with laundry and shopping; the delivery and return of library books; help around the house and property with tasks like snow shovelling, grass cutting, or putting up screens; or it may be a phone call to a shut-in older person at a certain time each day to make sure that "everything is all right". In some communities there is provision for a sheltered workshop or similar agency to deliver work to shut-ins at home.

All of these neighbourly services, apart from their immediate value, have the further advantage of maintaining communication with the old person, keeping him in touch with the community and lessening his possible feeling of being neglected. Moreover they offer to many volunteers the opportunity they desire to be of direct help to an older person.

(6) **Leisure Time Services**

In Canada, during the past decade or so there has been a wide-spread development under varying auspices of leisure time programs for the elderly. These programs offer social contacts and activities to replace those that were formerly

centred in work, child rearing and family life, or that have been lost through the removal or death of relatives and friends. By alleviating boredom, isolation and anxiety, they help to maintain the physical and mental health of the older person.

Senior Citizen Centres

In many Canadian communities special centres for the elderly have been established. Some are operated by volunteer groups with financial support from the local United fund. The Silver Threads Centre in Victoria, the Good Companions in Ottawa and the Second Mile Club in Toronto are illustrations. Others are joint public-private projects like the Notre Dame Centre in Winnipeg. Sometimes, as in the Ontario communities of London, Scarborough and North York, centres are operated by the public recreation authorities.

Generally, senior citizen centres offer varied social and, less often, educational and cultural programs. Some include as well a meal service and counselling on personal problems. The aim throughout is to further the well-being of old people; to assist in their rehabilitation where this is necessary; and to encourage their active participation in the affairs of the centre and in the life of the community.

Senior citizen centres frequently require substantial capital investment. Ontario, through the Elderly Persons Social and Recreational Centres Act of 1962, provides for a provincial grant to meet 30 per cent of the cost of building or converting premises for use as a centre, if the local municipality will assume 20 per cent of the cost. This is the first legislation of its kind in Canada. It is understood also that the Province of Manitoba will make capital grants or loans in aid of senior citizen centres.[4] The government of British Columbia assists the establishment of community centres for the general population through capital grants of one-third the cost, and encourages such centres to make provision for senior citizens.

It is important to note the possibility that exists for the use of federal funds in the development of recreation programs for older people, in the Fitness and Amateur Sports Act of 1961. This Act was designed to promote fitness in all age groups. The Department of National Health and Welfare reported to the Committee that while considerable emphasis is naturally placed on the encouragement of recreational pursuits on the part of youth, recreational programs for older people can also be assisted.[5] Under the Act the Federal Government assists the provinces in carrying out projects by reimbursing them 60 per cent of the costs and under this provision, to give one example, leaders and instructors of different kinds can be trained and provided for group recreational activities for the aged. Research on fitness in the later years can also be financed under the Act.

---

[4] *Testimony of K. O. Mackenzie,* Deputy Minister of Welfare, Province of Manitoba. Proceedings of the Special Committee of the Senate on Aging, Oct. 28, 1964, No. 19. p. 1281.

[5] *Department of National Health and Welfare,* brief submitted to the Special Committee of the Senate on Aging, Dec. 10, 1964, No. 24. p. 1685.

Senior Citizens Clubs

These clubs, which meet at specified times for various informal activities or the furthering of common interests, are to be found in many Canadian communities. Some clubs have been formed by elderly citizens themselves, independent of any sponsoring organization; others, as in the Western provinces, have been initiated by Pensioners' Associations. They are also sponsored by church groups, service clubs or other community organizations. In some communities the initiative is taken by the local public recreation authority or by a voluntary recreation, welfare or health agency. There is now evidence that to an increasing degree large business firms are providing social programs for their retired employees, and in some industries the labor union assists or encourages its locals to establish programs for retired members. These latter two developments impress us as particularly promising, having in mind the importance of work experience and work contacts in the life pattern of many retired people.

Adult Education in the Later Years[6]

The importance of continuing education was stressed by several organizations and experts appearing before the Committee. Indeed in the years ahead, as the physical and material needs of old age are more completely met, the intellectual and social needs will increasingly engage our attention.

At the present time active participation by the elderly, in organized educational programs, is extremely limited.[7] This, no doubt, is related in part to the educational levels and experience of the present generation of older people,[8] but certainly not much effort has been made to encourage their participation in educational programs. Apart from what may be offered in centres or clubs, there are few if any programs of continuing adult education in Canada designed specifically for older people. Urban communities do provide opportunities for educational and cultural pursuits of which older people may take advantage: evening courses offered by Boards of Education, adult programs of recreation departments, University Extension courses, the programs of libraries, museums and art galleries come immediately to mind. Some of these are free or cost very little, but others like University Extension courses may be beyond the financial means of the old people interested.

It was suggested by one expert witness that because of lack of education, or fear of failure, many older people may do well only in special classes or activities

---

[6] See also Chapter 14: *Living in Retirement*, which discusses education-recreational programs for old people.

[7] Old people, of course, get considerable educational stimulus and recreational satisfaction from television and radio. The notable contribution made by these media is referred to in Chapter 14.

[8] According to the 1961 Census 63 per cent of the population aged 65 and over had elementary school education or less. However, nearly 14 per cent were high school graduates or better.

planned with their capacities and interests especially in mind. Declining ability to learn,[9] he said, is not the problem.

Day Care Centres

Clubs and centres and adult education programs as described above serve primarily the active and more or less socially adequate person. There are, however, those who need special encouragement, assistance or a rehabilitative program. The physically or mentally disabled, those who are withdrawn, depressed or anxious, it has been found in many instances, can be maintained in the community through day care centres with therapeutic aims. Such centres may include in their program sheltered employment or other forms of meaningful activity, the provision of meals, health care and individualized personal services. They are regarded by hospital and mental health authorities as on important resource for patients after discharge from hospital.

A fully rounded day care centre is, in a sense, an institution without beds, although it might appropriately be located in a home for the aged. The day care program of the Jewish Home for the Aged, in Toronto, is an example. The senior citizen centres, described earlier, could very well incorporate in their programs at least some elements of day care as here outlined. In fact, a hard and fast line cannot be drawn between senior citizen centres and day care centres.

It is our conviction that day care centres, although not perhaps feasible in smaller places, should be established in all urban communities. Affiliated with them, or under separate auspices, there should be provision for sheltered employment and for a carefully supervised foster home program for the elderly.

Community Services Abroad

A number of countries in Western Europe have had earlier and longer experience than Canada in dealing with the needs of the aged. In the course of its investigation the Committee has attempted, on the basis of the literature, to familiarize itself with this experience, which has been helpful to us in assessing our own situation in Canada and in determining directions for future development. Space does not permit any detailed account of our findings, but, perhaps, a few brief remarks may help to set our Canadian experience in perspective.

First, it should be said that the aging of the population in Western European countries has been more extreme than in Canada. Secondly, basic programs for social security in old age were established somewhat earlier in most of these countries. Thirdly, centralized political structures permit more ready planning and development of services on a national basis.

---

[9] On the whole subject of continuing education for old people see the testimony of *Dr. Roby Kidd,* (Proceedings No. 5, Nov. 21, 1963) and the brief of the *Canadian Association for Adult Education,* (Proceedings No. 18, Oct. 22, 1964).

Given these factors it is not surprising that the development of community service, particularly in north western European countries, is in some respects more advanced than in Canada. This applies, particularly, to care and help in the home. Home-helps or homemaker services are much more broadly available in England, the Netherlands and the Scandinavian countries. National and local public authorities are more involved in both the financing and the operation of services. Thus in the United Kingdom home-help is available through all County and County Borough Councils. Charge for service is based on the ability to pay. Those who cannot pay receive free service, the cost being borne by the local authority.

A number of countries have also developed comparatively extensive meal services. These include meals-on-wheels, lunch clubs or reduced rates for meals in restaurants and government-owned cafeterias. Programs of meals-on-wheels under varied sponsorship, which may be public or voluntary, are well established in the United Kingdom and Sweden. Some government support of meals-on-wheels is provided in Australia and New Zealand.

As in Canada, recreational programs abroad are a prominent feature of older peoples clubs and centres. In the United Kingdom local authorities may contribute to voluntary agencies providing recreation or meals. Organized personal services, like chiropody and hair-dressing, are available in a number of European countries.

Community services in the United Kingdom are notable for the variety of supportive services that have been developed by local old people's welfare committees. Among these is a "sitter-in" service, to bring relief to families caring for sick or confused old people who cannot be left alone for long periods. Another feature is a good neighbour service, with the backing of an organization, carried by persons living nearby who call regularly and are prepared to do regular light duties. Both sitters-in and good neighbours are usually paid.

Experience in the United States

No brief account could do justice to the very great attention that has been paid to the needs of the aged in the United States and to the many efforts of local communities to expand or initiate services.

Increasingly, however, government funds from federal and state levels have become available to local public or voluntary agencies. Federal public welfare legislation, for example, provides for federal sharing with state governments in the cost of certain community services for public assistance recipients. Grants in aid of demonstration programs are also available under several programs administered by the National Institutes of Health of the U.S. Public Health Service. Many states have established special bodies, such as State Commissions on Aging, that are playing a leading role. They undertake studies, make grants in support of local services, offer an information and consultant service, and in some instances initiate state-wide programs.

New York State has particularly well developed programs for old people in the areas of education, recreation, pre-retirement planning and "post-retirement activities". Local governments and Boards of Education are encouraged to provide such programs, for which they receive consultative services, materials and financial assistance from the State Level. Mrs. Henrietta F. Rabe, Supervisor of Education for Aging in the State Education Department, described these programs for us in a letter as follows:

> "During the past year, (1963), 104 school districts in New York State (not including New York City) operated 401 classes for retired persons, with a registration of 17,963. Most of these classes were offered during the day and are an integral part of senior citizen clubs and day centre programs, which were organized under public school adult education and provided with over all leadership . . . . subjects include public affairs, languages, music instrumentation, painting, the crafts, health education, Great Books discussion, etc.
>
> "In addition to public school education, the State Education Department administers state aid for approved municipal programs of recreation for the elderly. By co-ordinating education and recreation, we in the Education Department are able to bring about genuine cooperation between the public school and local government in the development of education-recreational programs for older persons."

Some of the larger urban centres in the United States have also developed noteworthy programs. The services offered by the New York City Department of Welfare, for example, include recreation centres, homemaker services, foster home care and rehabilitation counselling.

A Proposed Pattern of Community Services

From the many submissions received by the Committee, from the testimony of expert witnesses and from the extensive literature on the subject there emerges with some clarity, at least in its broad outlines, the pattern of community services for older people which ideally should obtain in all Canadian communites. Clearly, the pattern cannot be developed over night. Serious problems of financial resources and personnel must be overcome in the years ahead. We need, however, a goal toward which our efforts can be directed, and the Committee would propose the following as such a goal:

(1) In every community, rural or urban, there should be an *information and referral service* for older people and their families. Depending on circumstances, this service might be located in a welfare council, the local welfare authority, the public health authority, or the family agency. In metropolitan areas there is much to be said for distributing information centres on a district basis throughout the community. The service need not be designed, nor perhaps should it be, for older people only. People of all ages may require information and referral services.

(2) In every community there should be available the variety of *services* which *would permit an older person to remain in the familiar environment of his own home* with the maximum of comfort and security, and render possible his return from health institutions as soon as possible. Among these services, the most urgently needed is that which might be provided by full or part-time homemakers. Existing homemaker agencies should extend service to older people, and where they do not exist, other auspices for the provision of such service should be found; the local public welfare or health authority, a visiting nurse organization, or a senior citizen centre are all possibilities. Homemaker services should be buttressed by meal services, friendly visiting and other forms of practical and neighbourly help. They must be closely co-ordinated with counselling services and with community health services and institutions, particularly hospitals. Administrative provision should be made for the integration of the various home-help services.[10]

(3) *Counselling and casework services* for the elderly should be available in all communities and on a district basis in metropolitan areas. Resources should be available to enable family agencies to extend their services to the aged. Hospital social services should be more extensively developed. Counselling should also be provided at senior citizen centres, either by centre staff or through arrangements with another agency. Public welfare authorities should also assume greater responsibility for counselling old people, whether in receipt of financial assistance or not. In fact, we would urge a general broadening of services to the aged by public welfare authorities.

(4) Varied leisure time programs in which the elderly can participate should be available in all communities. In this regard, the Committee would caution against segregating the elderly from the rest of the population. Clubs and centres should not be ends in themselves; rather they should restore or strengthen the individual's motivation for normal community involvement and participation. For this reason community services should include programs in which the elderly can participate with other age groups as well as programs designed primarily for them. In fact where recreation services generally are under-developed, the first step should be to establish a community centre which would serve the elderly among other age groups.

The Committee suggests that in each sizable community and in appropriate districts of large cities there should be at least one community centre with trained staff, a membership active in conducting its affairs and a corps of volunteers. The centre should not only provide for social activities and

---

[10] It was suggested by some witnesses that a competent *housekeeper*, without the special training and supervision given to "homemakers", would be able to meet the practical requirements of many old people.

entertainment; it should also encourage the participation of its members in the life of the community, offer counselling and guidance, and encourage continued learning.

While up to now voluntary organizations have been the chief sponsors of recreation for old people and will, it is hoped, continue to make a major contribution in the future, the Committee envisages growing participation by local recreation authorities in order to ensure that facilities and programs are more widely available throughout the community and that special provision is made for the interests of the retired population.

(5) Wherever possible *day care programs* for old people requiring intensive and individualized service should be provided. They may be offered by an agency established for the purpose, or in homes for the aged, in day hospitals operated by chronic convalescent or mental hospitals, or through the enrichment and broadening of senior citizen centre programs.

(6) Finally educational authorities and adult education groups should experiment more imaginatively with ways of encouraging retired people to participate in *educational and cultural programs.* We would expect many other organizations to join in this endeavour: business firms, labour unions, the churches, and agencies, such as the Y's, community centres and recreation departments that engage in programs of informal education. The potential of radio and television, particularly for shut-in older people, should not be overlooked.

Requirements for Meeting Objectives

We have sketched broadly those services which, in the Committee's opinion, form the basic components of a program of community services for the elderly. The development of such a program raises a number of important issues to which the following comments are addressed:

(1) The realization of some of the objectives indicated calls for the *strengthening of services to the total population;* for example, information and referral centres, homemaker and counselling services. The Committee would not want to suggest that where services generally are under-developed they should be provided for the elderly at the expense of other age groups. Rather the aim should be the development and strengthening of resources for all. In other instances, like day-care centres, the development of specialized services for the elderly will be required.

(2) In the area of community services, as elsewhere, the question arises as to the respective *roles of governmental and voluntary action.* The Committee can find no clear principle for distinguishing one from the other. On the one hand, we would wish to encourage voluntary interest and activity, which up to the present have made such a vital contribution. On the other hand, we are persuaded that the

existing spotty provision of services cannot be greatly altered without the participation of the public authority. As we see it, the pattern of public-private relations will vary from community to community and from time to time. In most communities at this time what is needed is closer co-operation between the two sectors and a flexible experimental attitude toward the need to be met. Among the immediate responsibilities of government are those of making greater financial resources available, setting standards, disseminating information, and providing a consultative service to voluntary groups.

(3) The development of adequate community services will require *substantial investment of funds.* In the voluntary sector, demands for service are outstripping available dollars; there is a sizable and growing gap between financial needs and financial resources. In some fields, as, for example, homemakers, the situation is well beyond the scope of voluntary financing alone.

Given a continuing favourable rate of economic growth, the funds required to provide essential services for older Canadians should not be beyond the nation's capacity. Though the Committee has conducted no analysis of costs it would suggest that the amounts involved are not substantial by comparison with what Canada is already investing in the economic security and health of its citizens. And it should not be forgotten that the cost of one hospital bed ($20,000) could provide some 10,000 hours of homemaker service.

It is clear from the evidence that community services for older people are most developed in the wealthiest provinces, and least in the poorest. Whatever the difficulties here, the fact must be faced that a balanced development of welfare services can only be achieved through a national policy aimed at the equitable distribution of the welfare dollar.

(4) Another problem to be faced in developing community services for the aged will be the *securing of sufficient numbers of adequately trained staff.* This again will be no easy matter. Large numbers of able and trained volunteers will also be required.

So far as employed staff is concerned the first necessity would seem to be a realistic analysis of the nature of the various positions for which paid workers are required, and an equally realistic analysis of the training required to fill them competently. Unfortunately, this is not an approach that has been used widely in the area of community services to date, with the result that professional workers, although in short supply, may spend much of their time performing non-professional tasks, and auxiliary workers, often tolerated rather than fully accepted, are used with almost no training except what they pick up on the job. For the extensive development of community services that we envisage, this sort of personnel policy, or lack of policy, will not do. We must know the kinds of people we need for the

posts to be filled, seek them out vigorously in sufficient numbers, and make sure that the facilities needed to train them are available in professional schools, universities, technical institutes, and special courses.

Careful plans will also need to be devised for the *recruiting of volunteers*. Here the potential of older people to help one another should not be overlooked. Training for the volunteer is also necessary in order to ensure not only proficiency in the particular service to be rendered but also considerable familiarity with the psychology of the aged. In many programs, like friendly visiting, the volunteer deals directly with the elderly and in doing so frequently receives requests for advice on personal problems. This renders the task satisfying but it also underlines the need there is for sensitive understanding and the ability to recognize situations where professional help is required.

Conclusion

In this Chapter we have presented a review of the Committee's findings in regard to community services for the elderly. The current picture, it must be agreed, is not one with which we can be satisfied. Many old people who desire to remain in their own homes are compelled, for lack of supportive help, to live in institutions. Others, who with the necessary programs and facilities could continue as active members of the community, are condemned to an existence they often find pointless and dull. We have attempted to suggest ways out of this situation, and in doing so have drawn on the experience of other countries. There is clear evidence that, in Canada too, improvements are taking place. The chief requirements for accelerated progress would appear to be local initiative, inventiveness in social planning and a large measure of government interest and financial support.

CHAPTER 14

Living in Retirement

In the previous chapter we have discussed Community Services for the elderly and recommendations have been made concerning the manner in which they might be extended and improved. In this chapter we concentrate more upon the problems of the elderly that can be solved by the normal mechanisms of our society. Community Services are again discussed, but the emphasis in this case is upon what these services can do to help those among the elderly who, for one reason or another, have lost their capacity to use the facilities offered by society to all its members.

For those working with the aged, planning for them, or endeavouring to understand them, two assumptions can be made, both of which dangerously over-simplify the situation. It is wrong to assume that the aged are in no way

different from the general population. Gradual changes through the life cycle, not only in health but also in attitude, have occurred. As well, sharp transitions, such as retirement or widowhood, have taken place which, among other consequences, have had the effect of reducing the resources the elderly can command to cope with their situation. One must modify in part the description of the "average Canadian" if it is to be applied to the elderly.

But it is equally, or even more, dangerous to assume that the elderly are wholly unlike other members of Canadian society, and that their special conditions have produced for them a wholly new set of problems and needs for which completely new remedies are required. Many, or even most, of the problems faced by the aged are faced by all members of our society. Others are simply the human condition.

It is not possible to deduce from common sense the ways in which the elderly are similar to or different from others in our society. Actual field work is required before one can know.

These considerations are of particular relevance to the problem of leisure, which is mentioned repeatedly in the Briefs. We must reconsider if it is in fact true that this is a problem of particular urgency for the aged. At first glance, the Briefs suggest that the elderly do experience particular needs in this area. Remedial programmes, such as Friendly Visiting, are discussed. There are reports of loneliness and lack of interest in life, such as in the Brief from the Second Mile Club of Toronto,[1] the Special Survey of the Government of New Brunswick,[2] and many others. Yet this is not conclusive evidence. We cannot assume because the elderly report a lack of meaningful activity in their lives that this is a full and accurate diagnosis of their problem.

The additional facts which would confirm the diagnosis would be evidence showing a demand for and acceptance of programmes providing leisure activity for the elderly. Study groups would be common and successful. Creative activity such as clay modelling or painting would be frequent and enthusiasm among the elderly for such activity would be commonly reported. Rather, the Briefs suggest the reverse. Such activities are found to attract only a minority. A certain pessimism about their success is suggested. As an example, the Social Planning Council of Toronto states it "has not come to grips" with adult education for the elderly.[3] Other Briefs suggest that particular difficulties are found in establishing leisure programmes. Those which appear most successful involve quite simple social activities, as in the Golden Age Clubs. The Canadian Medical Association Brief is highly

---

[1] *Second Mile Club*, brief submitted to the Special Committee of the Senate on Aging, May 14, 1964, No. 7, p. 406.

[2] *Government of New Brunswick*, brief submitted to the Special Committee of the Senate on Aging, June 18, 1964, No. 12, p. 780.

[3] *Social Planning Council of Metropolitan Toronto*, brief submitted to the Special Committee of the Senate on Aging, July 9, 1964, No. 15, p. 1053.

optimistic about these clubs and recommends the establishing of more.[4] Enthusiasm is reported for the Victoria City Silver Threads Club.[5] Still it is noted by the Ontario Welfare Council that so far only 5 per cent of the elderly in Ontario are involved in these activities.[6]

In general, the Briefs show that the problem of leisure is not solved at present and repeatedly recommend further analysis, research and experimentation within this area. It is clear that those working with the aged have been forced to depend too much for the development of ideas about what the elderly need or want upon common sense and deductive reasoning. Their task would be simplified and their energies better utilized if a programme of basic research into the nature of the needs of the elderly were established. A programme of research based on detailed questioning of the elderly can proceed independently of other endeavours and should be of great use. Emphasis might be placed on attitudes to leisure time, present recreational programmes and community involvement, as suggested by the Brief of the Community Chest and Councils of the Greater Vancouver area[7] and others. The need is even greater for more basic studies which ask what the elderly are like and what they need without pre-assuming that their problem is one of leisure, however.

A programme of research such as we have outlined above would not be enough. Complete dependence upon the capacity of the elderly to articulate what they need or want cannot be made. This is not because they are old; no one in our society seems able to communicate easily what unmet needs and hopes they have. The second recommendation we make, therefore, is that present and future programmes designed for the elderly should be more fully envisaged as *experiments,* again as suggested by the Brief of the Community Chest and Council of the Greater Vancouver Area,[8] and also by the Notre Dame Day Centre (Winnipeg)[9], and others. As is always necessary in experiments not only should there be innovations in design but also careful, objective measurement of the eventual success or failure of the programme.

We anticipate that some successful programmes may be found to resemble programmes or "leisure" only in the sense that this title is useful in recruiting new and shy members. The actual end product would in many cases become one of

---

[4] *Canadian Medical Association,* brief submitted to the Special Committee of the Senate on Aging, Nov. 5, 1964, No. 20, p. 1351.

[5] *Silver Threads Service of Victoria,* brief submitted to the Special Committee of the Senate on Aging, Nov. 19, 1964, No. 21, p. 1403.

[6] *Ontario Welfare Council,* brief submitted to the Special Committee of the Senate on Aging, May 21, 1964, No. 8, p. 451.

[7] *Community Chest and Council of the Greater Vancouver Area,* brief submitted to the Special Committee of the Senate on Aging, June 4, 1964, No. 10, p. 672.

[8] *Ibid.,* p. 672

[9] *Notre Dame Day Centre* (Winnipeg), brief submitted to the Special Committee of the Senate on Aging, June 11, p. 695.

providing informal guidance, aiding mental health or increasing feelings of security As the Notre Dame Centre of Winnipeg states of its programme;

> The real development of the Day Centre is seen in its members as they become more alert, creative and active citizens whose needs from the community are balanced by the community's needs for them.[10]

We further recommend that, insofar as it is possible, funds and time be allocated consciously for experimental programmes and that workers be encouraged to be imaginative and inventive in designing them. In discussing the development of their Sheltered Workshop, the representatives of the Jewish Home for the Aged and Baycrest Hospital[11] noted specifically that it was a willingness of their Board to allocate funds for experimentation that made the programme possible.

We recommend, for the time being at least, that in the design of new programmes concern about the secondary goals for them, which frequently involve either the attempt to make some clear contribution to society as a whole or to educate and broaden the elderly, should be de-emphasized. Instead we favour experimenting with ways to improve the meeting of the primary goal, namely, the provision of help to a sizable number of the elderly who report a discontent which they phrase as boredom, isolation, or lack of meaningful activity. In many cases the success of a programme will be shown in the swift return of its members to reliance upon those facilities which our society provides for all its members.

Analysis of the Briefs and of certain research publications suggest what is so far known or strongly suspected about the type of needs or problems which occupy the "leisure time" of the elderly. In many cases these are needs which the elderly share with the young, and the data serve as a reminder that there is similarity. In other cases the elderly are found to face distinctive problems. The description that can be presented at this time is, of course, extremely fragmentary. We have grouped the data under following headings:

1. The Family
2. The Church
3. The Work World
4. Community, Friends and Neighours
5. Education and the arts
6. Mass Entertainment and Specialized Activities
7. Morale and Expectations
8. Attitudes of Others.

Each is discussed in turn, below.

---

[10] *Proceedings,* Special Committee of the Senate on Aging, July 16, 1964, No. 16, p. 1072.

[11] *The Jewish Home for the aged and Baycrest Hospital,* brief submitted to the Special Committee of the Senate on Aging, March 12, 1964, No. 3, p. 122.

The Family

The family not only provides a variety of services for its members but also, for most Canadians, appears to be a good in its own right. Because of this, a major problem for the aged is the loss of the spouse. The problem of widowhood seems almost to overshadow that of old age, and it is among the widowed that reports of loneliness are most common, according to United States research.[12] Not only is there a loss of companionship, but labour which formerly was shared by two must suddenly be done by only one.

Figures provided by the Dominion Bureau of Statistics show that many who are widowed solve these problems by living with other relatives, generally their sons or daughters. Among the widowed women in Canada who are 65 years of age or older more than 3 in 10 were found to live "with relatives" in the 1961 Census.[13] This proportion is roughly equivalent to that reported for the United States by Ethel Shanas, as noted in the Saskatchewan Brief. Research should be done to determine if the relationships in such households are largely harmonious. Such research could suggest advice which would, as one of the elderly, Mr. W., suggested to the Committee, "help older people to understand how they can fit in their children's lives."[14]. Strategies might be suggested which would facilitate the formation of more of these households or prevent the breaking-up of those already formed.

For others who are widowed or old, a second solution is common. Although they live in separate households, the elderly are found frequently to live near married children or other relatives. While the full range of services that family life can provide will not be given under these conditions it appears to be an arrangement acceptable to many. Some authors, such as Peter Townsend, suggest that this arrangement is preferred to actually living with children. Townsend writes, based on his research in England:

> Old people were not against living alone. In fact most preferred it to living with married children, because they could maintain their own independence and avoid imposing on the privacy of the children's marriage. They made one big qualification. They did not mind living separately from their children, so long as they could live *near* them. Most parents mentioned this spontaneously.[15]

Care is reported to be taken by some agencies in Canada to achieve this desired proximity of residence, as mentioned by Dr. C. A. Roberts of the Canadian Mental Health Association.[16] This factor should also be considered in the relocation of the elderly owing to urban renewal.

---

[12] Ernest W. Burgess (ed.), *Aging in Western Societies*, Chicago, Univ. of Chicago Press 1960, pp. 289-90.

[13] *Dominion Bureau of Statistics*, brief submitted to the Special Committee of the Senate on Aging, Oct. 22, 1964, No. 18, p. 1253.

[14] *Five Senior Categories*, Proceedings of the Special Committee of the Senate on Aging, Nov. 7, 1963, No. 4, p. 86.

[15] Peter Townsend, *The Family Life of Old People*, London, Routledge & Kegan Paul, 1957, p. 30.

[16] *Canadian Mental Health Association*, brief submitted to the Special Committee of the Senate on Aging, Feb. 27, 1964, No. 1, p. 30.

For others who are elderly, as the Brief from the Department of Public Welfare, Province of Nova Scotia notes, the ordinary bonds within the family are weak.[17] Research is required to determine why this is so. An analogous problem concerns the reactions of the wife to the greater amount of time at home that is spent by a retired man. Again long-standing but evaded conflict in the family may become overt and the man will not be welcomed in the home.

For those without relatives, or for whom family bonds are weak, other solutions must be found. In work published in the U.S., Ernest Burgess has written:

> Whatever measure of personal maladjustment is taken—isolation, loneliness, death rate or suicide—gives findings indicative of the social disadvantages of the single state.[18]

Friends and neighbours, as we note below, may substitute for relatives, and programmes may facilitate the formation of friendships. Where this fails, direct dependence upon social agencies seems inevitable.

The Church

The churches in Canada are involved directly in the provision of welfare services. Without forgetting this, we concentrate in this section on the unique function of the church, the provision of spiritual guidance.

Some increase of interest in religion might be anticipated among the aged as a product of their realization of the imminence of death. This is suggested by Mrs. Stevens in discussion of the Brief of the Catholic Women's League of Canada when she stated, "I feel that as people get older their spiritual needs enter more into their thoughts."[19] Yet data available from other sources (Britain and the U.S.) suggest that there is actually only a slight return to church among the elderly.[20] In part the problem may simply be one of transportation. The Brief of the United Church of Canada reported surveys showing that many elderly people would like to have a "church visitor."[21] Mrs. Stevens continued, "I know many . . . homes (for the aged) have no provision for the solace of religion being brought to them. I feel that it should be encouraged by the provision of chapels, or at least a room that could quickly be cleared where religious services could be conducted if a special place for them could not be afforded."[22]

The return to the church may not occur because the elderly are not concerned with the imminence of death. U.S. studies suggest that the old are not greatly more

---

[17] *Government of Nova Scotia,* brief submitted to the Special Committee of the Senate on Aging, Oct. 15, 1964, No. 17, p. 1139.

[18] Burgess, *op. cit.,* p. 291.

[19] *Mrs. Herman Stevens,* Proceedings of the Special Committee of the Senate on Aging, May 14, 1964, No. 7, p. 384.

[20] Burgess, *op. cit.,* p. 346.

[21] *United Church of Canada,* brief submitted to the Special Committee of the Senate on Aging, Feb. 27, 1964, No. 1, p. 384.

[22] Mrs. Herman Stevens, *op. cit.,* p. 384.

preoccupied with death than are the young.[23] Because no opinion survey can probe very deeply, workers with the aged might do well to watch for subtle indications of concern with death and be prepared to find some cases requiring guidance and counselling.

The Work World

All Canadians are taught to take work seriously, and to respond to money as a reward for doing so. The Brief of the Canadian Association of Social Workers notes:

> The predominance of work as a central value in our society handicaps many people today in enjoying their retirement years.[24]

Any work, regardless of its real social utility, is seen as important activity and those who work have grounds for demanding concessions and deference from those who do not. Those people who do not work for monetary gain, such as those in school, many women, and many of the elderly, share certain characteristics. They report frustration and discontent. An obvious, simple and recurrent solution to this problem is entry into the work world; married women begin to work; children "drop-out" of school; those who have retired join the sheltered workshop programmes,[25] or take on part-time work.

Although it is the obvious solution, inclusion of all who wish it in the labour force appears to be increasingly difficult. Yet unpaid, but productive activity is only a second-best alternative since the practical and symbolic value of a money reward is of great importance to the old as well as the young. The definition of what is considered work could be broadened but little change in our traditional definitions of what is work seems to be occurring.

Withdrawal from the labour force has immediate secondary consequences. There are special side-effects of working, ranging from the companionship of co-workers or the "prestige" of the job (as suggested in the Department of Labour Brief)[26] to actual fringe benefits which come with the job. These are all lost and must be replaced. The loss of position in society because one has retired might be of less consequence if it were not accompanied by these secondary losses.

It must not be assumed without actual research that retirement from the labour force frees great amounts of time for "pure leisure." Any individual in our society has a great deal of necessary activity to perform outside his work role and

---

[23] Elaine Cumming and William E. Henry, *Growing Old: The Process of Disengagement*, N. Y., Basic Books, 1961, p. 71.

[24] *Canadian Association of Social Workers*, brief submitted to the Special Committee of the Senate on Aging, May 21, 1964, No. 8, p. 487.

[25] *The Jewish Home for the Aged*, op. cit., pp. 141-2.

[26] *Department of Labour*, brief submitted to the Special Committee of the Senate on Aging, July 2, 1964, No. 14, p. 99.

this does not cease with retirement. In fact, with reduced income and sometimes reduced energy the elderly may find these activities occupy more time in the average day than they did formerly.

Two major types of activity fall into this category. The first is the problem of wise consumption. A considerable amount of time and information is required to purchase wisely; those on small and fixed incomes are particularly vulnerable to mistakes in purchasing. The second major activity is that of non-commercialized or only partially commercialized services. One typically must perform his own domestic service, small household repairs, house-hunting, etc. People in our society are dependent upon relatives, friends and neighbours for help and advice in both these kinds of activities—the elderly more than most. This is discussed in the following section. Giving an emphasis and legitimacy to these non-work activities might also help to reduce the problem of feeling less useful or less self-sufficient after withdrawal from the labour force.

Community, Neighbourhood and Friends

Evidence recurs in survey data that involvement in the community actually increases with age. Leadership in civic organizations draws heavily from among the elderly.[27] Voting increases throughout the life span until health factors intervene.[28] This may be an example of an area of interest which is common to members of our society but is frustrated in the early years owing to distractions of work and family. With more time, the elderly may spontaneously turn to these activities. Research is again required to determine how broad a spectrum of interests may be included in the category of "community involvement." If it is broad, many programmes could be developed which would be of immediate interest to the elderly.

Most individuals in our society appear to require some contact with friends and neighbours to ensure full contentment. For the elderly, there is an automatic loss of friends because of death. Many leisure programmes apparently provide an area in which, under the guise of pursuing some specified activity, new friends may be sought out. As friends are made, contact can become independent of the situation in which the first meeting occurred so that the leisure programme is no longer required. A shifting clientele may be an indication of a successful programme.

The elderly, such as U.S. writer Aldena C. Thomason, comments that:

> To become a burden upon others, sons or daughters, or other relatives, or friends, or neighbours, is so distasteful to us that we will to the last try to evade and resist it.[29]

[27] Robert J. Havighurst, *"Life Beyond Family and Work"* in Burgess, op. cit., p. 345.

[28] Herbert Tingsten, *Political Behavior*, Totowa, New Jersey, The Bedminster Press, 1963, Chapter II.

[29] Aldena C. Thomason, *"We who are Elderly"*, in Arnold M. Rose (ed.), Aging in Minnesota, Minneapolis, University of Minneapolis Press, 1963.

It must be recognized that two factors are involved here. On the one hand, physical ill-health, lack of funds, etc., can force the elderly into an unusual dependence upon other, younger people. But, on the other hand, it is also true that accepting help from friends, neighbours and relatives is normal in our society and occurs throughout the life span. The difference for the elderly lies in the fact that while the young can repay for this help in kind, the elderly face the problem that as their command of resources—income or health—becomes diminished they are less able to repay for these informal services. What among the young is a smoothly running and almost unnoticed exchange of advice, aid and services becomes conscious and a point of concern for the elderly. New friends, with whom new reciprocities can be established, are sought. Again the "leisure programmes" can be of importance.

The services which are typically provided informally could, in some cases at least, be replaced by commercial agencies. With many of the elderly on reduced and fixed incomes this is not a realistic alternative, however. Social agencies can deal with some of the problems directly. Forming social situations in which friendships develop may seem like an indirect and inefficient solution, but the multiplicity of services friends can provide for one another may in the long run make it the more efficient. Others among the elderly suffer such an accumulation of un-met needs that they are unlikely to be able, easily, to make friends. Direct help would be the first priority in these cases. But the final aim again should be the redevelopment of the informal social relationships. No society at this time could afford the cost of providing all these services formally.

Voluntary Association, the Arts and Adult Education

Among both the young and elderly in our society, participation in most voluntary associations, interest in the Arts and in Adult Education is limited to those who are better educated. Some redesigning of these programmes may result in greater interest on the part of the less educated, as suggested by the Brief of the Canadian Association of Adult Education which recommended a "less formal approach" in education.[30] As well, an automatic growth can be expected as successive coherts of the "elderly" will have had more basic education. Experimentation is clearly called for, but only slow growth in the immediate future should be expected.

The clear exception to the above statement is the Golden Age clubs. These are more attractive to the lower income and less well educated individuals. A recent U.S. study shows that while 41 per cent of the manual workers interviewed in a single plant would like to join a "Golden Age or Senior Citizens Club" only 25 per cent of the managerial group shared their interest.[31] For the majority of the elderly

[30] *Canadian Association of Adult Education*, brief submitted to the Special Committee of the Senate on Aging, Oct. 22, 1964, No. 18, p. 1211.

[31] Burgess, Corey, Pineo & Thornbury, "Occupational Differences in Attitudes toward Aging and Retirement", *Journal of Gerontology*, Vol. 13, No. 2, (April, 1958), pp. 203-206.

these appear to be the sorts of voluntary association that are desired. The U.S. White House Conference on Aging states clubs of this type are "the most extensive (planned) leisure-time activity for older people."[32]

In designing clubs for the elderly attention should be paid to the possibility that groups which include both sexes are not to everyone's taste. Women who are accustomed to female company may be ill-at-ease in groups including men. Men who are unsure of their masculinity now that they no longer work may resent involvement in "women's activities."

Mass Entertainment and Specialized Activities

The elderly in Canada, like all Canadians, depend principally upon television and radio for their entertainment. Data are given in the Government of New Brunswick special survey[33] and the V. S. Stevens survey, mentioned in the Brief of the Canadian Federation of Agriculture.[34]

To some extent the listening preferences of the elderly are undoubtedly specialized and much information about this will be known to audience research agencies. Greater adaptation to their preferences should be expected in the non-commercial broadcasting systems as the lower purchasing power of the elderly must reduce their importance to the commercial systems. This is borne out by the fact that the elderly show a greater preference for the CBC than do the younger age groups.[35]

As the development of television has resulted in the disappearance of certain alternative entertainments, such as the corner movie house, virtually all members of our society are now dependent upon it. The acquisition and upkeep of receiving sets may present a financial problem to some of the aged.

Reading is also reported to be an important leisure activity among the aged. Help in getting books from the library must be of great importance to those who cannot go out.

While visiting and watching television are most frequent activities, research shows that many of the elderly are interested in gardening. Gardening can supplement a small income by providing vegetables and fruits at low cost and this may be part of its appeal. But as well it is an intrinsically interesting activity which demands, on the whole, only minor physical exertion and financial outlay.

---

[32] "Free Time Activities, *Report and Guidelines from the White House Conference on Aging*, Series No. 6, U.S. Dept. of Health, Education & Welfare, Washington, April, 1961, p. 38.

[33] *Government of New Brunswick*, brief submitted to the Special Committee of the Senate on Aging, June 18, 1964, No. 12, p. 814.

[34] *Canadian Federation of Agriculture*, brief submitted to the Special Committee of the Senate on Aging, June 25, 1964, No. 13, p. 874.

[35] *What the Canadian Public Thinks of the CBC*, Canadian Broadcasting Corporation, June, 1963.

Morale and Expectations

Studies of the morale of the elderly have been made in the United States.[36] Although the word morale is used, its meaning is not that of "group morale" but only general satisfaction with life. On the whole, the studies suggest that there is no sharp transition during the life cycle. Morale is found to reduce gradually through the life span, with the difference between youth and middle age being as marked as that between middle and old age. As physical and mental health problems increase gradually through the years people are found to reduce their level of expectations and ambitions so that the over-all effect upon their level of satisfaction is not marked. Again it appears that many of the problems of the elderly are extensions of the problems shared by those who are younger.

One consequence of this finding is that for those working with the aged the short-term result of a successful programme may be found to be an increase in expectations rather than satisfaction.

Attitudes of Others

The Briefs recurrently mention that the attitudes of the general population to the aged accentuate their difficulties. Dr. Roby Kidd reports that undesirable stereotypes of the elderly are found even among 10 year old children.[37] Many of the ideas about the elderly held by the general population are erroneous, as noted in the Brief from the Allan Memorial Institute of Psychiatry.[38] Commonly held ideas about the frequency of senility or its causes are false.

We have argued in this section that some of the problems of the elderly will disappear if they are able to retain normal informal relationships of aid, advice and companionship with other members of our society. These relationships are now made awkward through misunderstanding by younger people of what it is like to be elderly. Education of the general public is required. Care must also be taken to be sure that those working immediately with the aged are not influenced by the misinformation in the general population.

Summary

For lack of sociological research it is not possible to say exactly what life in retirement in Canada is like. One may extrapolate from U.S. and British data, with always a great risk of error. One may attempt to draw inferences from the statements of those who work with the aged or who have speculated about

---

[36] R. H. Williams, "Changing Status, Roles and Relationships," in Clark Tibbits (ed.), *Handbook on Social Gerontology*, Chicago, University of Chicago Press, 1960, pp. 261-97.

[37] *Dr. Roby Kidd*, Proceedings, Nov. 21, 1963, No. 5, p. 113.

[38] *Allan Memorial Institute of Psychiatry of McGill University*, brief submitted to the Special Committee of the Senate on Aging, July 16, 1964, No. 16, p. 1076.

the problem. Using this procedure we have come to tentative conclusions. All would need confirmation through actual research before they could be accepted with confidence.

We have *not* concluded that there is no problem for the elderly in Canada. Rather the evidence is clear that there is a considerable amount of unhappiness and concern. But we have concluded that the ordinary definition of the problem that the elderly lack activities to fill their leisure time is false. Rather we feel that the boredom and lack of meaningful activity which the elderly report may be interpreted as a result of a lack of facilities to solve their problems and to make themselves more content or more comfortable. Like the young, the elderly have many jobs to do in taking care of themselves. Only some of these can be accomplished simply through the expenditure of money, although increased funds would help a great deal. At the present time any solution, involving the expenditure of money, is even less available to the elderly than to the young.

We conclude that through their lack of economic and health resources, as well as the loss of friends and neighbours who could help them, many of the elderly become apathetic and devoid of self-confidence. A vicious circle will develop as the strength of their needs makes them less attractive to those who could help. Someone in this position is unlikely to respond to a programme which, manifestly at least, offers only a chance to be "creative" or to "contribute to the community." In our judgment, programmes which offer a chance to be creative will only succeed after programmes which help in the solution of basic unmet needs are fully established At the present time, their appeal must be limited largely to those who, through fortunate circumstance, have not found themselves in the socially paralyzing situation of being unable to be sure of reasonable care for their basic needs.

CHAPTER 15

Research on Aging

Society cannot always wait for scientific knowledge when framing its social policies and programmes. The fact often is, or has been in the past, that situations present themselves which have to be dealt with at once on the basis of what facts and opinions are readily available. This, however, is no justification for continuing to neglect the tools and techniques that modern science has put at our disposal, and the disposition to do so, which is still too common in many areas of social endeavour, must be viewed with concern by thoughtful people.

So far as aging is concerned, the Senate Committee in the course of its inquiry was made painfully aware of the slow rate at which research is developing in Canada, and this in face of the mounting public interest there is in the problems of old people and the increasingly large government expenditures to which these problems have given rise. The evidence brought before the Committee, as well as the gaps encountered in preparing the Report, have revealed clearly many fields where research is either lacking altogether or is inadequate in scope, content or co-ordination. As Elkin has pointed out in his recent study of information on Canadian families: "Our basic awareness of the problems of the aged stems primarily from our general knowledge and from reports published in the United States where literature on all aspects of aging is voluminous".[1] However, before we proceed to flaggelate ourselves unduly, perhaps another quotation should be added relating to the American situation. The Sub-committee on Problems of the Aged and Aging (U.S. Senate) 1961: "found that much so called research in the field (of aging) is second rate, carried on by poorly trained and unsupervised personnel or by individuals not trained in research techniques at all.....It uncovered problems relating to the financing of research in the field of aging that are directly responsible for many of these shortcomings and for the haphazard development that has characterized the entire field of gerontology".[2]

In evaluating the progress achieved to date, whether in Canada, the United States or elsewhere, it needs to be recognized that research on aging—gerontological research as it has come to be called—is a relatively new field.[3] Among its antecedents were the social surveys on the condition of the aged undertaken at the turn of the Century, as a precedent to social action, mainly in England and on the European Continent. In 1922 what is believed to be the first English book on the psychological aspects on aging was published; and in 1943 the Nuffield Foundation initiated its extensive support for gerontological research and research fellowships.

Systematic activity on this Continent started in this same year, 1943, when the American Social Science Research Council instituted a Committee on Social adjustment in Old Age which shortly afterwards issued a report calling for scientific investigation of such areas of concern as retirement, employment, income maintenance and institutional care. The American Gerontological Society was organized in 1944, and in 1946 the American Psychological Association established a division

---

[1] Frederick Elkin, *The Family in Canada,* published by the Canadian Conference on the Family, pp. 129-30, 1964, Ottawa.

[2] *Developments in Aging 1959 to 1963,* a report of the Special Committee on Aging, The United States Senate, February 1963, p. 135.

[3] *Gerontology* is well defined in the report of the Saskatchewan Survey Committee as "the scientific study of aging in all its aspects—biological, psychological, social and economic". It is to be distinguished from *geriatrics* which is the study and treatment of the diseases of the old.

dealing with problems of aging. Biennially since the war, meetings have been held in various parts of the world of the International Congress of Gerontology which have had an important influence in stimulating research interest and facilitating the exchange of information. Up to the present Canada has no national body devoted to research in the field of aging but a number of interested Canadians hold memberships in American organizations. It is worthy of note that Dr. E. David Sherman, of Montreal, is currently the President of the American Geriatric Society.

Research on Aging in Canada

In an endeavour to gain a broad over-view of the nature, extent and sponsorship of gerontological research in Canada, the Senate Committee in 1963, at the outset of its investigation, conducted a questionnaire inquiry directed to government departments, universities and voluntary organizations, throughout the country. The following table summarizes in a general way the responses received to these questionnaires:

Table 22.—Analysis of Questionnaires Regarding Research on Aging in Canada (Distributed by the Senate Committee on Aging in the Fall, 1963)

	Sponsors		Projects, directly or indirectly related to Aging, undertaken since 1950			
				Nature of Projects Reported		
Name	No. Requests Sent	No. Replies Received	No. Reporting Research	Bio-Medical & Psycho-logical	Social	Total
Federal Government Departments	5	3	2	2	4	6
Provincial Government Departments	49	35	5	8	6	14
Universities	31	23	9	32	39	71
Voluntary Organizations	33	17	8	23	15	38
	118	78	24	65	64	129

The above table, we believe, provides a fairly accurate picture of the Canadian situation, so far as the number of research centres or sponsors is concerned. It will

be observed that those not replying were, chiefly, certain voluntary organizations which a later check revealed are not a kind that regards research as among their customary functions. One of the striking findings is how few universities in Canada at the present are doing research in the aging field. A number of questionnaire returns, and the letters from department heads accompanying them in many instances, reported interest and hopes for the future, but up to the present no activity. It was also disappointing to discover the little research, directly or indirectly related to the problems of old people, which is proceeding under federal or provincial government auspices, and this in face of the very large public expenditures that are being made in this field.

With regard to the 129 research projects reported in the questionnaires several observations might be made:

1. The list does not include administrative reports made regularly by federal and provincial departments and agencies concerned with service to the aged, some of which contain relevant statistical and other information;

2. Research projects reported are divided about equally between the bio-medical-psychological and the social fields;

3 Research of bio-medical or psychological nature would appear, on the whole, to be on a more sophisticated level and to meet scientific standards more fully than those classified as social. Many of the latter were limited in scope to particular situations or to narrowly defined geographical areas and, therefore, yield few conclusions of general applicability. Broader investigations reported tended to be of a general survey variety, relating to the needs of older people in areas like housing, community services and institutional care, which tell more about the extent than about the nature and cause of the problems under investigation.

Government-sponsored Research

As pointed out above, various departments of the Federal Government, in the discharge of their administrative responsibilities, and also as a prerequisite to determining policy and long-range planning, conduct research into various aspects of aging.

Particular reference in this connection should be made to the *Dominion Bureau of Statistics* which, as a result of its data gathering procedures, has at its disposal a very considerable amount of relevant data drawn from the Census, the Sickness Survey, and many special surveys, where information on the aged is obtained, mostly as part of statistical studies of the general population.

The Senate Committee is indebted to the Bureau for the special statistical bulletin prepared for its use,[4] and as well for the two presentations made by members of its staff in the course of the Hearings. It would be our hope, however, that with the growing public interest there is in aging, the assembly, analysis, and dissemination of relevant information will be put on a continuing and regular basis. We feel, indeed, that the time has come for the Bureau to match its achievements in the field of economic statistics with a similarly well-integrated *system* of social statistics which, we would recall, is one of its specific obligations under the Statistics Act.[5] While a Health and Welfare Division already exists within the Bureau's structure, it has played a relatively minor role up to the present, and the statistics it produces relate to health only and not to welfare.

The brief submitted to the Senate Committee by both branches of the *Department of National Health and Welfare* is evidence of the serious research carried out by this Department on the various aspects of aging. Here, too, we recommend that organizational arrangements be made to co-ordinate on a continuing basis all projects related to this important field.

In the questionnaire return, the Department's Research and Statistics Division reported on intra-mural research studies "relating directly and indirectly to the aged and aging". Three studies were directly concerned with the aged: an information memo on "Services for the Aged in Canada, 1957", now out of date, a bulletin on "Legislative Measures Affecting Living Accommodation for Elderly Persons in Canada, 1961," and a bulletin covering "Legislative Changes in General Assistance, Mothers' Allowances and Living Accommodation for the Aged in Canada, 1958, 1959, 1960 and 1961". Five studies included in the response do not deal exclusively with the aged, but are reviews of Hospital and Medical Plans, Health Services for public assistance recipients, personal health care expenditures, and developments and trends in Hospital Care in Canada. Only one of these, an extensive memorandum on Rehabilitation Services in Canada (1960) includes special material on services for the aged. Two projected studies will deal with income and age.

In addition to intra-mural research, the Department supports research extramurally through the National Health grants, and more recently the National Welfare grants programmes, and the Committee has been interested to examine the record in this connection. The following table shows the distribution of health grants for research on aging by province, number of institutions supported, and total amount expended in each province:

---

[4] *Selected Statistics on the Older Population in Canada*, 1961, DBS, 91-507.

[5] *The Statistics Act* specifies, among the functions of the Bureau, the following: "generally, to organize a scheme of co-ordinated social and economic statistics, pertaining to the whole of Canada and to each of the provinces thereof". (1952, c. 45, s. 3, sub-s. (d).

Table 23.—Federal Health Grants support for Research on Aging for Fiscal Years 1955–65

	No. of Institutions	Expended Amount Approved
		$
Newfoundland	Nil	
Prince Edward Island	Nil	
Nova Scotia	Nil	
New Brunswick	Nil	
Quebec	3[1]	578,872.98
Ontario	3[2]	41,571.30
Manitoba	Nil	
Saskatchewan	2[3]	105,715.92
Alberta	Nil	
British Columbia	1[4]	23,733.26
Northwest Territories	Nil	
Yukon Territory	Nil	
Total	9	$749,893.46

SOURCE: Information supplied by the Department of National Health and Welfare.

[1] McGill University, University of Montreal, Verdun Protestant Hospital.

[2] Queen's University, University of Toronto, City of Ottawa, Health Department.

[3] University of Saskatchewan, Saskatchewan Department of Public Health.

[4] University of British Columbia.

It will be seen from the above that support provided by federal health grants for research on aging was confined to four provinces. The support in Quebec went mostly to the Allan Memorial Institute of Psychiatry, McGill University[6] for clinical, physiological studies as part of geriatric and gerontological research. Proposals for further study include a comprehensive epidemiological study of mental disorders of the aged, and the influence of retirement on the mental health of the aged individual. Health grant support has also been given to the Institute of Gerontology, University of Montreal, to study "all aspects of the process and consequences of aging".

In Ontario, grants were awarded for a psychological study of learning and attention disturbances in the aged, conducted by Queen's University; a socio-medical investigation of health and living conditions of persons over 75 in Metropolitan Toronto; and a policy research project carried out by the City of Ottawa, Health Department, "to assess and devise a service program to cope with the problem of chronic illness and aging".

[6] For a fuller account of the activities of the Allan Memorial Institute and the Gerontological Unit see Proceedings of the Special Committee of the Senate on Aging, No. 16, July 16, 1964.

The Saskatchewan Aged and Long-Term Illness Survey[7] received financial support from the National Health Grants. Between the years 1959 to 1964 inclusive, over $79,000 was allotted to this project, which is to date the most extensive and comprehensive study of aging undertaken in Canada, and might well provide a model for other provinces willing to undertake similar studies, the incentive of a federal health grant being available. The Saskatchewan study covers such topics as basic population data, economics, housing, health and welfare, education and leisure-time activities, the role of the church, and research, and includes detailed recommendations for needed action.

The *National Welfare Grants* program was initiated in 1962 for the development and strengthening of welfare services and the prevention of dependency. The grants provided are of two kinds: for staff training and for research.

Fifteen Welfare Research Projects were assisted under this program in the year 1962-63, but only two of these could be identified as dealing directly with problems of the aged.[8]

The federal *Department of Labour* and *the National Employment Service* began to recognize the employment problems of the age group 40 and over after World War II "when the economy of the country was generally buoyant". An Inter-departmental Committee on Older Workers was formed in 1953 to give "continuing study to the problem and to devise remedial measures". The Committee sponsored several studies, one on Pension Plans and the Employment of Older Workers, another on Age and Performance in the Retail Trade. Other studies, carried out by the Department, include a statistical study: "The Aging Worker in the Canadian Economy" now in the process of being brought up to date, and a review of the literature and research findings by Professor S. D. Clark, entitled "The Employability of the Older Workers (1959)". Of the fifty-four references in the latter publication only two referred to Canadian studies.

In 1959 the Department established a Division on Older Workers, which has been producing pamphlets and other material for public education. Similarly, the Women's Bureau of the Department has exhibited a growing interest in problems of the older woman worker and her problems on re-entering the labour force in the "empty nest" years.

The Department of Veterans Affairs carries on an extensive intramural research program in the field of geriatrics; in 1963, the Research and Statistics

---

[7] Province of Saskatchewan, Aged and Long-Term Illness Survey Committee:
1. *Report and Recommendations July 1963, Queen's Printer, Regina,* also
2. *Survey of Employers,*
3. *Information and Opinion Survey of Senior Citizens,*
4. *Survey of Patients aged 65 and over in Mental Hospitals, Tuberculative San., Geriatric Centres and Nursing Homes.*

[8] New Brunswick Department of Youth and Welfare: *An Evaluation of Nursing Homes for the Aged in New Brunswick* and Ontario Department of Public Welfare: *Assessment and Rehabilitation Project for Older Recipients of General Welfare Assistance.*

Division completed the first phase of a study of the social and economic characteristics of World War II veterans in receipt of Veterans Allowances.

The *Ontario Department of Public Welfare* has, since 1962, sponsored geriatric and gerontological studies under the direction of the Advisory Committee on Geriatric Studies to the Minister of Public Welfare. Many of these studies have been carried out at the Geriatrics Study Centre,[9] Toronto. The most far-reaching is the long term study on Aging, entitled "Longitudinal Study of Aging Male Workers, Ontario, 1959-1978".[10] This research project is directed to a study of the social, economic and health changes which accompany aging, the adjustment made to changing conditions, and the use and effectiveness of services. Close co-operation is maintained with the Ontario Geriatrics Research Society, which is a private non-profit organization supported by the Ontario Government, "to study and carry out research into the causes and prevention of diseases and problems associated with aging".

Research by Voluntary Organizations

Although numerous voluntary organizations are engaged in providing services to the aged, or planning for their welfare, only a few of them apparently feel they have the staff or resources to do very much in the way of systematic research. On the other hand, it is interesting to observe from the questionnaire returns that some thirty per cent of the projects reported were either sponsored or conducted by these groups. One of the significant current developments is the forthcoming Canadian Conference on Aging (to be held in 1966), sponsored by the Canadian Welfare Council in co-operation with a dozen or more other national bodies, which has commissioned background papers on the topics of (1) employment and economic status, (2) health, (3) living arrangements, (4) leisure, and (5) community planning.

The Senate Committee, itself, has generated a good deal of research activity among the various organizations, public and private, which prepared submissions for it. Indeed, the body of fact and opinion assembled in this way, and contained in the some two thousand pages of the Committee's printed proceedings, will undoubtedly serve for a long time as a valuable resource to the student of matters pertaining to aging.

The National Council of Jewish Women, since 1953, has provided gerontological fellowships, as a means of developing a nucleus of professional workers in the field of aging. From 1953 to 1955, five grants were awarded, all to social workers, and from 1955 to 1963, sixteen fellowships to physicians and others engaged in

[9] Established by the Ontario Department of Public Welfare, with the co-operation of Metropolitan Toronto, to which medical and surgical problems of the residents of Toronto Homes for the Aged are referred.

[10] Principal investigator is Lawrence Crawford, Consultant, Select Committee of the Legislative Assembly on Aging.

hospitals and the public health field. These specialists in gerontology and geriatrics, most of them with the benefit of observation visits to other countries, are already making important contributions in the six provinces in which they practice.

Foundations in Canada are a relatively recent development and, according to the best of our knowledge, few of them up to this point, with the exception of the Atkinson Charitable Foundation and the Laidlaw Foundation, have made allocations, specifically, to the field of gerontology. In the view of the Senate Committee, it is of vital importance to secure resources for research that are not subject to the limitations and restrictions that usually apply to research supported by Government grants.

There is a great need and opportunity for private foundations to follow the lead provided by the Nuffield Foundation in Great Britain and the Ford Foundation in the United States, and to furnish funds for research and imaginative experiments in relation to the problems of Aging. Such interest on the part of Foundations would not only support essential research but would act as a stimulus to service organizations throughout the country to give some priority to the needs of the aged.

Perhaps, the work of the Senate Committee will inspire some philanthropist, or group of philanthropists, to establish a new foundation to be devoted wholly or mainly to this object.

Research in other Countries

The following brief review of the research situation in other countries, although of necessity incomplete, demonstrates clearly the distance we in Canada have to go to equal what even countries with less resources have already accomplished. It may also help indicate the advantages that are to be derived from the exchange of ideas across borders. While the results of studies in other social settings may not necessarily be applicable to conditions in Canada, we have much to learn from the planning, design and methodology employed elsewhere.

Reference has already been made to the beginning of gerontological research in the *United Kingdom* and the impetus provided by the Nuffield Foundation. Note should also be taken of a body, known as the National Corporation for the Care of old People, that maintains a register and publishes a catalogue of research in progress or planned. In addition, the Corporation publishes a quarterly summary of current projects, prepared by the Advisory Group on Surveys and Research, a technical body set up by the National Old People's Welfare Council to advise on the work to be undertaken and the methods to be used.

In the *United States* at the present time there is a wide and growing interest in research related to all aspects of the subject of aging. As reported by P. Paillat, "the main work is done either by the Federal Government departments, or by the

universities, or by the two together"; but it is interesting to observe the support provided by the large foundations: "the Ford Foundation, for instance, has a specific program in this field: in 1962 it made grants of over $2,600,000 to universities, scientific associations, or welfare services", in order to improve the quality of community services for the aged.[11]

At the federal government level in the United States, through the Department of Health, Education and Welfare chiefly, but also through programs in the Department of Agriculture, Commerce (Bureau of the Census) and Labour, an extensive range of research projects is being worked on directly, or is receiving support. The most important government source of funds for extra-mural research is the National Institutes of Health in the Public Health Service, which have broadened their interest to include, besides the medical aspects of health, social and economic aspects as well.

Paillat lists thirty American universities featuring gerontological investigations and specialized training centres for workers in research. The number of these universities is increasing steadily through the stimulus provided by an Inter-University Council on Social Gerontology and by the Office on Aging of the Federal Department of Health, Education and Welfare. The University of Michigan and the University of Chicago have the two most important centres for research and training, but specialization at the Masters' and Doctoral levels is also available at Washington University (St. Louis) on the Psychology, and at Purdue on the Sociology of Aging.[12]

In response to the need for program planners, co-ordinators and consultants at all levels of Government and in voluntary organizations, the United States Department of Health, Education and Welfare has recently published a proposed two-year graduate curriculum in Social Gerontology for the use of universities and professional schools.

In *France,* the Centre de Gerontologie, established in 1957, is concerned with the development of biological medical research in Paris hospitals. The Centre is organized into four sections dealing with the biological, physiological, psychological and socioeconomic aspects of aging.

In *Germany*, the University of Hamburg has been engaged in a large research study on the relation between mental abilities and thinking processes of the aged in relation to their interests, activities, attitudes and adjustments. The Social Science Institutes are conducting a study of the characteristics of Old Age Security recipients.

---

[11] P. Paillat, *The Organization of Research on Aging in Certain Countries,* International Social Science Journal, Vol. XV, No. 3, 1963.

[12] Tibbitts, Clark, Social Gerontology: *Origin, Scope and Trends,* International Social Science Journal, *op. cit.,* p. 348.

In the *Scandinavian Countries,* where care of the aged has been developed to a very high level, scientific investigation into problems of aging is taking place, for example, at the Swedish Institute for Public Opinion Research and the Social Institute of Stockholm. Denmark, in 1958, established the Danish National Institute of Social Research which integrates and co-ordinates research projects by the government and universities. This has resulted in a more efficient use of scarce personnel. The field of social gerontology has a high priority in the research program of the Institute, which has an Advisory Council composed of representatives of municipalities, employers, labour, social welfare institutes and individual experts. Norway has a National Old People's Health Committee affiliated with the National Public Health Association. There is also a Gerontological Society.

Finland has an active Gerontological Society which publishes an annual journal.

In *The Netherlands* the body responsible for research in aging is the National Health Research Council of the Netherlands Foundation of Applied Scientific Research. The term "health" is broadly defined to include the social and psychological aspects of Welfare and Mental Health. On the basis of a stratified sample of all persons aged 65 and over, the Council can obtain a comprehensive picture of their characteristics and needs and establish priorities for studies in depth.

In *New Zealand* the School of Social Science at the University of Wellington in collaboration with the National Government undertook in 1962 a broad study of the needs of the aging for the purpose of improved planning in the field of aging.

As we have seen, Social Gerontology is a relatively new field of study. Until recently, systematic studies in the social aspects of aging were confined within national boundaries. Several years ago the Social Science Research Committee of the International Gerontological Association, mindful that comparative statistical data were becoming available from practically all countries in the world, promoted the undertaking of a Cross National Survey of Old Age, with participation open to all interested countries. Assisted by a substantial grant from the United States National Institutes of Health, Denmark, Great Britain and the United States are proceeding with the study. Field work in the United States is carried out by the National Opinion Research Centre, with data processing at the Operations Analysis Centre, both at the University of Chicago. Technical assistance in Great Britain is provided by the Government Social Survey, and in Denmark by the above mentioned National Institute of Social Research.

Conclusion

In conclusion, we would underline again the need there is for much more research in Canada in all aspects of the field of aging. Particular areas of investigation have been indicated in almost all the various specialized chapters of

this report, and we would urge that these proposals receive the detailed consideration they deserve. In any plans for the development of research interest and activity, care must be taken to use as efficiently as possible what, at best, will be our sparse resources of money and personnel. This gives point and emphasis to the Committee's recommendation, in Chapter 7, for the institution of a National Council on Social Research. Such an agency, in our judgment, would be the most effective way to provide the leadership and co-ordination that are so greatly needed, not only in studies of aging, but in research related to social policy generally. It would also greatly facilitate liaison between Canadian gerontological research and its counterparts in other countries.

LIST OF TABLES

97371—13½

LIST OF TABLES

GENERAL INDEX

APPENDIX

List of printed proceedings and witnesses in order of appearance.

1963:

VOLUME 1 October 17:
Dr. David A. Morse, Director-General, International Labour Office, Geneva.

VOLUME 2 October 24:
Professor John S. Morgan, School of Social Work, University of Toronto.

VOLUME 3 October 31:
Mrs. Jean Good, Consultant on Aging, Toronto, Ontario.

VOLUME 4 November 7:
Five senior citizens.

VOLUME 5 November 21:
Dr. Roby Kidd, Chairman, UNESCO International Committee for Advancement of Adult Education.

VOLUME 6 December 5:
Dr. E. David Sherman, President, American Geriatric Society.

VOLUME 7 December 12:
Mr. Charles E. Odell, Director of The Older & Retired Members Department, United Automobile Workers of America.

1964:

VOLUME 1 February 27:
United Church of Canada: Mrs. J. L. Halpenny, Special Assistant in Senior Adult Work, Board of Christian Education; Reverend J. Ray Hord, Secretary, Board of Evangelism and Social Service; Dr. M. C. MacDonald, Secretary, Board of Home Missions.
Canadian Mental Health Association: Dr. J. D. Griffin, M.A., D.P.M., General Director of the Association; Dr. Charles A. Roberts, Chairman of the National Scientific Planning Council of the Association, Executive Director of Verdun Protestant Hospital.

VOLUME 2 March 5:
Canadian Labour Congress: Mr. A. Andras, Director of Legislation; Mr. Joseph Morris, Executive Vice-President; Mr. Russell Irvine, Assistant Director of Research; Mr. A. I. Hepworth, Assistant Director of Legislation.
National Council of Jewish Women of Canada: Mrs. Abe Levine, National Chairman of the Field Service Committe; Mrs. Julia Schultz, Executive Director.

VOLUME 3 March 12:
The Jewish Home for the Aged and Baycrest Hospital: Mr. Sam Ruth, Administrator; Mr. Walter Lyons, Administrative Assistant.
The Canadian Home Economics Association: Mrs. H. Beverley Reichert, Chairman of the Foods and Nutritition Committee; Miss N. Frances Hucks, Supervisor of the Foods and Nutrition Extension Branch, Ontario Department of Agriculture.

VOLUME 4 March 19:
Province of Saskatchewan: The Honourable Alexander Malcolm Nicholson, B.A., Minister of Social Welfare and Rehabilitation; Miss Lola Wilson, Director, Interim Project on the Aged and Long-Term Illness.

VOLUME 5 April 30:

The Canadian Chamber of Commerce: Mr. G. Egerton Brown, Chairman of the Executive Council; Dr. W. Harvey Cruickshang, Chairman of the Health and Welfare Committee; Mr. W. J. McNally, Manager of the Policy Department and Secretary of the Health and Welfare Committee.

United Jewish Welfare Fund of Toronto: Mr. Benjamin Schneider, Executive Director; Mr. Albert Abugov, Secretary of the Social Planning Committee.

VOLUME 6 May 7:

The Canadian Welfare Council: Mr. B. M. Alexandor, Q.C., President; Dr. R. F. Malo, Chairman of the Committee on Aging; Mr. Reuben C. Baetz, Executive Director; Mr. Brian J. Iverson, Executive Secretary, Public Welfare Division; Miss Patricia Godfrey, Executive Secretary, Research and Special Projects Branch.

The Committee on Visiting Homemaker Services: Mrs. C. Douglas Allen, Chairman; Miss Kathryn R. Taggart, Executive Director, Association of Toronto; Mrs. William J. Robertson, Executive Director, Association of Ottawa.

VOLUME 7 May 14:

City of Toronto: Alderman Thomas A. Wardle, Chairman of the Committee on Public Welfare, Fire and Legislation; Alderman May Birchard; Miss R. J. Morris, Commissioner of Public Welfare.

The Catholic Women's League of Canada: Mrs. Hermon Stevens, National President; Miss Catherine A. Toal, National 1st Vice-President and Laws Convener.

VOLUME 8 May 21:

Ontario Welfare Council: Mrs. John J. McHale Jr., Chairman of the Advisory Committee of the Section on Aging; Prof. W. S. Goulding, University of Toronto.

Canadian Association of Social Workers: Miss Evelyn McCorkell, Chairman of the Social Policy Committee; Dr. Nicolai Zay, President of the Corporation of Professional Social Workers of the Province of Quebec; Miss Dorothy Pleming, Supervisor of Elderly Persons Department, Family Welfare Association of Montreal; Mr. Henry Stubbins, Vice-President; Miss Joy A. Maines, Executive Director.

VOLUME 9 May 28:

Montreal Council of Social Agencies: Miss Hazeldine S. Bishop, Executive Assistant of Older Persons Section; Dr. Henry F. Hall, President; Dr. J. Ronald D. Bayne, Chairman of the Health Section.

Federation of Jewish Community Services: Dr. Harry Grauer, Chief, Geriatric Clinic, Jewish General Hospital.

VOLUME 10 June 4:

Government of the Province of Alberta: Honourable Leonard C. Halmrast, Minister of Public Welfare; Mr. William T. Sykes, Director of Homes and Institutions.

Community Chest and Councils of the Greater Vancouver Area: Mrs. Mae McKenzie, Executive Secretary of the Committee on Welfare of the Aged.

VOLUME 11 June 11:

Age and Opportunity Bureau of Winnipeg: Mr. Gordon B. Wiswell, President.

Notre Dame Day Centre of Winnipeg: Mr. Don Browne, Supervisor.

National Employment Service: Mr. William Thomson, Director; Mr. Kenneth E. Marsh, Assistant Director; Mr. Clement Pepin, Special Services Division.

VOLUME 12 June 18:

Government of New Brunswick: Mr. J. Ernest Anderson, Deputy Minister of Youth and Welfare; Mrs. Trevor N.B. Lennam, M.S.W., Child Welfare Branch, Department of Youth and Welfare.

Anglican Church of Canada: Miss Anne M. Davison, Assistant Secretary, Department of Christian Social Service, Dr. Cope W. Schwenger, Associate Professor of Public Health, School of Hygiene, University of Toronto; The Reverend Kenneth W. Trickey.

VOLUME 13 June 25:

The Canadian Federation of Agriculture: Mr. Ed Nelson, Second Vice-President; Mr. A. H. K. Musgrave, Pres.; Mr. R. A. Stewart, President, Co-operative Medical Services Federation of Ontario; Mr. Lorne W. J. Hurd, Assistant Executive Secretary.

The Canadian Life Insurance Officers Association: Mr. J. A. Tuck, Q.C., Managing Director and General Counsel; Mr. H. L. Sharpe, President; Mr. W. M. Anderson, Past President, Co-Chairman, Special Committee on Old-Age Security; Mr. E. J. Jackson, Member of the Association; Mr. A. R. Hicks, Member of the Association; Mr. Frank Dimock, Secretary.

VOLUME 14 July 2:

Ottawa Welfare Council: Mr. Robert Hart, Member of the Council; Mr. Samuel A. Gitterman; Miss Ruth Townshend, Planning Secretary; Mr. Reuben Palef.

Department of Labour: Dr. G. Schonning, Assistant Director, Economics and Research Branch; Mr. Ian Campbell, National Co-ordinator, Civilian Rehabilitation.

VOLUME 15 July 9:

Baptist Convention of Ontario and Quebec: Mrs. Winnifred M. Rosewarne, Member of the Committe on Aging.

Social Planning Council of Metropolitan Toronto: Mr. William N. MacQueen, Chairman, Section on Aging; Mr. Donald H. Gardner, Executive Secretary, Section on Aging.

VOLUME 16 July 16:

Allan Memorial Institute of Psychiatry of McGill University: V. A. Kral, M.D., Associate Professor of Psychiatry, Director, Gerontologic Unit; Mrs. Phyllis Poland, Director, Social Service Department.

Associated Nursing Homes Incorporated of Ontario: Mr. Burrell D. Morris, Past President, Liaison Officer of the Association; Mr. James E. Fisher, President; Mrs. Frances Watson, Editor of the Association's Bulletin-Newsletter.

VOLUME 17 October 15:

Government of Nova Scotia: The Hon. James Harding, Minister of Public Welfare; Mr. Fred R. MacKinnon, Deputy Minister of Public Welfare; Miss Mary Lou Courtney, Field Work Instructor, Maritime School of Social Work.

Victorian Order of Nurses: Mr. F. W. Troop, Chairman of the Administrative Committee; Miss Jean Leask, M.A., Director in Chief; Miss M. Christine MacArthur, Assistant Director in Chief.

VOLUME 18 October 22:

Canadian Association for Adult Education: Dr. Alan M. Thomas, Director; Mr. Alan M. Clarke, Director, Canadian Citizenship Council.

Dominion Bureau of Statistics: Miss J. R. Podoluk, Research Statistician, Central Research and Development Staff; Mrs. G. Oja, Research Statistician, Central Research and Development Staff.

VOLUME 19 October 28:
Province of Manitoba: Mr. K. O. Mackenzie, Deputy Minister of Welfare.

VOLUME 20 November 5:
The Canadian Medical Association: Dr. W. W. Wigle, Immediate Past President; Dr. David Sherman, Chairman, Committee on Aging; Dr. Fred Heal, Chairman, Saskatchewan Division of the Committee on Aging; Dr. Gustave Gingras, Chairman, Committee on Rehabilitation; Dr. Arthur F. W. Peart, Deputy General Secretary.
Dominion Bureau of Statistics: Mr. A. H. LeNeveu, Chief of Population Analysis.

VOLUME 21 November 19:
(5 briefs from non-appearing organizations put on record)

VOLUME 22 November 26:
Central Mortgage and Housing Corporation: Mr. H. W. Hignett, President, Mr. R. T. Adamson, Chief Economist.
Department of Veterans Affairs: Mr. Ernest John Rider, MBE, BA, Director; Dr. John Neilson Brown Crawford, Assistant Deputy Minister and Director General, Treatment Services.

VOLUME 23 December 3:
Province of Quebec: Mr. Roger Marier, Deputy Minister, Family and Social Welfare.
Department of National Health and Welfare: Dr. K. C. Charron, Director of Health Services.

VOLUME 24 December 10:
Department of National Health and Welfare: Dr. Joseph W. Willard, Deputy Minister of Welfare.