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Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 13

THURSDAY, JUNE 25, 1964

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

The Canadian Federation of Agriculture: Mr. Ed Nelson, Second Vice-President; Mr. A. H. K. Musgrave, President; 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. S. Jackson, Member of the Association; Mr. A. R. Hicks, Member of the Association; Mr. Frank Dimock, Secretary.

APPENDICES

I-1—Brief from The Canadian Federation of Agriculture

J-1—Brief from The Canadian Life Insurance Officers Association

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21011—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21011—1½

MINUTES OF PROCEEDINGS

THURSDAY, June 25th, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: The Honourable Senators: Croll (*Chairman*), Grosart, Hollett, Inman, Lefrançois, Quart and Smith (*Queens-Shelburne*)—(7).

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Grosart, it was Resolved to print the briefs submitted by The Canadian Federation of Agriculture and The Canadian Life Insurance Officers Association as appendices I-1 and J-1 to these proceedings.

The following witnesses were heard:

The Canadian Federation of Agriculture:

Mr. Ed Nelson, Second Vice-President.
Mr. A. H. K. Musgrave, President.
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. S. Jackson, Member of the Association.
Mr. A. R. Hicks, Member of the Association.
Mr. Frank Dimock, Secretary.

At 12.35 p.m. the Committee adjourned until Thursday, July 2nd, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, June 25, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Honourable senators, I see a quorum. We have before us today two briefs, first, the submission of the Canadian Federation of Agriculture, and also the submission of the Canadian Life Insurance Officers Association.

May I have a motion to print the two briefs?

Senator GROSART: I so move.

Hon. SENATORS: Carried.

(*See Appendices I-1 and J-1*).

The CHAIRMAN: We will have the Canadian Federation of Agriculture first. Sitting on my right is Mr. Ed Nelson, second Vice-President of the Canadian Federation of Agriculture. He served as President of the Farmers' Union of Alberta from 1959 to 1963.

Next to Mr. Nelson is Mr. A. H. K. Musgrave, President of the Ontario Federation of Agriculture since November 1962. He is a past president of both United Co-operatives of Ontario and the Twin Pines Apartments Limited.

Next is Mr. R. A. Stewart, who owns and operates Bragneath Farms at Pakenham, near Ottawa. He is currently president of the Co-operative Medical Services Federation of Ontario, the services of which are referred to briefly in section V of the Canadian Federation of Agriculture submission.

Mr. Lorne W. J. Hurd is Assistant Executive Secretary of the Canadian Federation of Agriculture. He is from Saskatchewan, and is an arts and agriculture graduate of the University of Saskatchewan. He was a member and group chairman of the 1962 Duke of Edinburgh's second Commonwealth Study Conference held in Canada.

Finally, Dr. Armand Lacasse, the economist from the Canadian Federation of Agriculture.

Mr. Ed Nelson, Second Vice-President, Canadian Federation of Agriculture: Mr. Chairman, honourable senators, ladies and gentlemen: In the first place, I want to extend to you our apologies on behalf of our President, Mr. J. M. Bentley, who was unfortunately detained on other business so that he is unable to be here. For that reason, you have a substitute in myself, and I shall hope to carry the ball well enough to do the job for you.

In the interests of brevity, I will read you the introduction as it is tabulated in the document here, without any further elaboration, except to say that I myself represent a practicing farmer who is a direct descendant of immigrants. My father farmed all his life in this country in western Canada, and I

have carried on from there. To this extent I say I have this experience to present to you.

The submission is the result of many years of organizational activity and represents an immense amount of data on the policy on this particular subject, and I think it is a very well documented effort. Because of the time factor involved, I will read the summary of conclusions and recommendations, and then ask each one of the people we have with us to make a comment on that summary, and then let you go ahead with the questions. The summary is in the first part of the submission:

1. Farmers, being among the ranks of the self-employed, are not forced to retire at the usual retirement age of 65, and many of them do carry on in their occupation after this age has been reached. The 1961 Census of Agriculture showed that 12 per cent of the farm operators in Canada, or 56,322 out of a total of 480,903, were 65 years of age and over.

2. Notwithstanding the tendency for farmers to carry on in their occupations during their old age, many of them do retire for health, economic or family reasons. They tend to have many of the same problems and needs in retirement as do the aged people in other walks of life, and in some cases in a more acute form.

3. While information on the economic status of the rural aging is limited, that which is available indicates what might be expected; namely, that on the average the rural aging have lower incomes than the urban aging, and, in particular, that pension or annuity provisions are practically non-existent among rural people. Limited evidence also suggests that income from investments in the rural aging group is nowhere near enough to make up for the lack of pension provisions in this group. For the rural group, the major source of investment income tends to be from the sale or rental of their farms.

4. Recognizing the need for higher incomes for our senior citizens, the Canadian Federation of Agriculture recommended in 1959 that a federally-sponsored old age contributory pension plan be established, which would include farmers and other self-employed people, and which would be in addition to the existing flat-rate Old Age Pension. The Federation has urged that the proposed Canada Pension Plan be mandatory for farmers on the grounds that a merely voluntary opportunity to participate would result in failure to achieve the central objective of the Plan: that is, to provide a minimum pension security for everyone in this country.

5. One of the most difficult problems in farming today is the transfer of farm enterprises from one generation to the next. Constantly rising capital values of farms has accentuated this problem. The CFA recommends that research be undertaken to more clearly establish the dimensions of the problem, and to suggest ways in which it might best be overcome.

6. The CFA further recommends the implementation of a government land purchase policy, perhaps under ARDA, to assist the rural aging who stay on at farming long after they should or want to because they are captive to it. The idea of providing that the retiring farmer may continue on in the farm house under such a policy deserves careful consideration.

7. The opinion was expressed in an Ontario survey that employment opportunities for the elderly in rural districts, while not plentiful, are better than they would be in the cities, where educational requirements are usually higher, where industrial pension requirements are often a limiting factor for the older person seeking work, and where the competition for unskilled jobs is greater.

8. One survey conducted in Ontario indicated that: a significant proportion —17 per cent—of the rural aged would show immediate interest in educational classes if they were provided.

9. In the field of recreation what the rural aging seem to lack most are organizations such as Senior Citizen and Golden Age clubs. In a survey of the rural aging in Ontario, 50 per cent of those interviewed said they would be interested in joining such organizations if they were available in their district.

10. Modern society and modern housing do not provide for multi-family living. There are an increasing number of aged persons in rural districts, many of whom are retired farmers, who are financially unable to compete for conventional housing, but who are often many years away from requiring institutional or other care. They want to remain in their communities, where their families and their friends of long standing live, and where familiar institutions and services are at their disposal. What these aged people need and want in term of housing is independent living accommodation of a suitable nature and at a price they can afford to pay.

11. One means of meeting this particular housing need is through the provisions of the Limited Dividend Section of the National Housing Act. The experience of United Co-operatives of Ontario in using this legislation to provide apartment-type accommodation at cost for senior citizens in the rural districts of Ontario is outlined in the submission in some detail.

12. Drawing from its experience to date, U.C.O. is concerned that the future success in providing the kind of accommodation for elderly people in which it has become engaged is dependent upon better promotional information on the Limited Dividend Section of the National Housing Act, and the necessity for keeping rents as low as possible in the face of rising costs. To this end, the organization recommends the following:

> First, that a much more extensive public information program be conducted on the provisions of the National Housing Act in providing loans for the construction of accommodation for the aging.
>
> Second, that the subsidized interest rate of 5⅛%, and the amortization period of 50 years be maintained for loans under Section 16 of the National Housing Act.
>
> Third, that the Federal Government reconsider the advisability of exempting non-profit Limited Dividend housing projects for the aging from the recent and planned increases in the sales tax on building materials. (The general CFA position on sales tax on building materials, it may be noted, is that the exemption provided for so many years should be re-instated.)
>
> Fourth, that the provincial government also exempt such projects from the provincial sales tax, and give consideration to increasing its grants to such projects from 5% to 8% of the capital costs.

13. The Canadian Federation of Agriculture looks upon the approach being taken by the United Co-operatives of Ontario in providing modern apartment accommodation for aging rural citizens in Ontario as a promising and valuable development which might well be duplicated in other provinces.

14. Our farm people believe that it is the right of every citizen to have the best of medical care, and not to be deprived of it, or placed in financial jeopardy, because of lack of financial means. The Canadian Federation of Agriculture strongly recommends the establishment of a National Health Insurance Plan under provincial and Federal Government sponsorship and control, to give

full medical and surgical care at a premium the lowest income group in our society can reasonably afford. We have recommended as a basic principle that the particular circumstances of long distances and scattered population of farm and rural communities be fully taken into account in the improvement of the organization of health services. Certainly we would insist that in the development of a National Health Plan, and the improvement of health services generally, the circumstances of the aged population should be taken fully into account. Such a Plan is, we believe, even more necessary for senior citizens than it is for the rest of the population.

15. County co-operative medical services have been developed throughout Ontario because of the lack of a universal medical care plan to meet the needs of rural and small town people. They are providing a valuable service to senior citizens in that they have no age limits and no medical examination requirements for entry. In addition, they offer a very comprehensive program of prepaid medical care at cost, and at premiums that compare favourably to those of other medical plans.

16. The cost of drugs is of vital concern in connection with health services. The Canadian Federation of Agriculture recommends that the Canadian Government abolish drug patents in this country in order to reduce the prices of drugs which have been shown to be excessive.

Now, honourable sirs, ladies and gentlemen, that is the summary of the submission of the Canadian Federation.

In conclusion, Mr. Stewart and Mr. Musgrave are here to make additional suggestions to the summary, and we will be pleased to answer all or any questions as they come along.

The CHAIRMAN: Mr. Musgrave?

Mr. A. H. K. Musgrave, Member of the Executive Committee of Board of Directors of the Canadian Federation of Agriculture: Mr. Chairman, honourable senators, ladies and gentlemen, it seems that retiring people fall into three classes. First, those who have been able, through one means or another, to provide sufficient for their financial needs. We do not have to worry about them; they are able to look after themselves. Second, there is a group that through ill-health or senility or indigence are completely dependent on institutional care, and they too have a certain measure of security, if not comfort. But there is a third group who are enjoying reasonably good health, who are sound both mentally and physically, and who could profitably spend a number of years in independence rather than being dependent on institutional care; and in those people we are very much interested. We believe that in the Twin Pines housing scheme a solution has been provided under the Limited Dividends Section of the National Housing Act, if we can control one item of expense and that is the cost of housing. If we can control it and prevent it being subject to the gradual inflation that is taking place we believe these people could look after themselves and be valuable members of the community. We also think this is an economic measure, and would help reduce the costs of institutional care.

I am not going to take any longer, except to say I have half a dozen or more of these little pamphlets that Twin Pines got out. They are out of date, are 1½ years old, because they show me as president of Twin Pines, and I am no longer on the board nor on the board of United Co-operatives. There are six projects listed as being under construction. Those six are all operating now, and there are six more for which application has been made.

The brief points out some of the difficulties that have faced Twin Pines—the building tax, the occasional disposition, apparently, to reduce the amortization period which we hope will be retained at 50 years, and the inability of

some people to understand why a company like United Co-operatives, which is sufficiently powerful financially to do a job, would be bothered to do it when there is practically no chance of making any earnings or recouping any loss. The costing is done on such a fine basis that if there is an apartment vacant for a month or two it is almost impossible to get it back again. With regard to the shareholders of risk capital—and that includes United Co-operatives and a number of private people—there has been no attempt to pay the 5 per cent dividend. In fact, it has not been earned. There is a small surplus at the present time.

If there are any questions, I will try to answer them.

The CHAIRMAN: Mr. Stewart?

Mr. R. A. Stewart, President of the Co-operative Medical Services Federation of Ontario: Mr. Chairman, honourable sirs, ladies and gentlemen, I am here this morning representing the Co-operative Medical Services Federation of Ontario, and we have within that organization some 31 local co-operative groups providing medical care not only to rural but to urban people as well. Thinking specifically in the terms of reference this morning, this was one of the reasons why the organization I represent developed. Many of the older people in the rural areas and also in the urban areas, people who were retired, found themselves either unable to get medical insurance or were only able to get it at very exorbitant premium rates. Our organization has covered many of these people. A survey we did last fall indicated that while the proportion of age 65 or over in our general adult population in Ontario runs about 14 per cent, we found that we had about 23 per cent in this category within our membership. Our membership now covers about one-quarter of a million people in Ontario, and this survey also indicated that insurance companies which have individual rating, as compared with community rating, had about 7 per cent of the aged in their medical plans.

So that we feel we are making quite a contribution towards medical care of this older age group. I have a sample contract here and some financial statements if they would be of interest or of any value to you. I also have a verbatim report of our presentation to a commission, an outline of the position of medical co-operatives in Ontario.

Thinking generally about the problems of aging among rural people, farmers and their wives, if they reach the higher age limits, do like to stay on the farm. I notice there are in this brief several recommendations as to how to facilitate that. We have many people in our own community who are just living out their days on their farms. It is the only thing they have, and that is what they want to do, and any assistance that can be provided which would facilitate that would tend towards increased happiness for these older rural people.

The old age pension, of course, was a good contributing factor in enabling many of these people to stay on their farms, and they could live on in their houses and make other arrangements for the operation of the farms. It probably is not too adequate in present conditions, but certainly it is quite possible that when a man and his wife reach 70 years of age on the farm and get the old age pension, I am sure many of them are better off than they had been for many years in the way of actual cash to spend.

This, I think, is a crucial consideration in the terms of reference of this committee. Every possible step should be taken to make it possible for these farmers to continue living on in their houses. Often they cannot sell their farm property for any more than they could purchase a house in town. The plan Mr. Musgrave spoke about certainly does make it easier for people who want to move off, and where there are other families coming in to take over. But we have many farm people who have no families, they are alone on the farm, and

they want to live out the rest of their life there. With modern farming techniques they can arrange to have the farms operated by others. There are many ways this can be done, and if they can get sufficient cash to carry on, I think that is where they would like to stay.

Mr. NELSON: I would like to say a few words about the economic needs of our aging rural people. In our submission there is some time devoted to the need for real study of the conditions that exist.

Mr. DAVIS: What page is that on?

Mr. NELSON: I don't know what page it is—it is in the submission. One of the reasons for that is that the normal farmer is a fairly uncommunicative person. He doesn't readily communicate to people his financial condition, and therefore one cannot too readily know what position he is in, but we know in a general way what he has accumulated over a lifetime of work, and this is generally tied up in the equity he has in the farm itself or in total ownership. It is also tied up in what has become by this time a lot of worn-out machinery which really does not represent in dollars and cents any kind of investment value to him. He has spent most of his liftime accumulating and investing his earnings in a venture which provides a real problem as to how it can be transferred to the next operator, get a real return and have something to show for the work he has put into it.

The CHAIRMAN: It just occurs to me as I read the brief and heard you this morning that much of what you have been talking about seems to be in blueprint form. For instance Mr. Justice Hall's report on national health insurance certainly seems to be what you have been asking although I don't suggest that is what you are doing here this morning, but he has pinpointed the things you have suggested. In addition the amendment to the housing act made at the last session covers many of the points you have covered here. I think it is very advanced, even to the point of subsidies. Then we have the Canada Pension Plan on the boards, whatever form it will take. That is one of the things you advocate also. I also understand some changes were made to ARDA which will be beneficial to the farmers and which is intended to meet the problems. What problem have you got now?

Mr. STEWART: To get some of these things into effect.

Mr. MUSGRAVE: I think we should say we are happy to know that these things are in blueprint stage, but we want to activate them as soon as possible.

The CHAIRMAN: I am sure I speak for the committee when I say that this is the time to get into real action. These things are in the making, and urging from an organization as influential and representative as yours will help bring them to fruition a lot quicker. That is the point.

Now I should like to ask a question that I have been asking other people. We have been thinking here of the question of priorities. We think the priorities are something of this order—first, economic, including employment; second, health in all its aspects, and, third, social, including housing and recreation. How would you like to comment on that?

Mr. MUSGRAVE: I think housing should be moved up a little bit. It seems to me that is one of the essentials. There isn't much point to life, in this country and in this climate at any rate, unless there is a place to live.

Mr. NELSON: I am not entirely sure you can get too far away from the fact that the economic returns to agriculture are not a stable return. For that reason it is extremely difficult to put them into a type of investment that will ensure that the person, when he reaches a certain age, has the necessary requirements, and while I agree with Mr. Musgrave that housing is extremely important, I think the average farmer appreciates being master of his own house probably

as much as any individual in our society. It is for this reason I think organizations generally are concerned with his economic income to give him an opportunity to be able to be master in his own house. He wants to be more than on the verge of existence. It is necessary to be able to give him an opportunity to make decisions to help him live the kind of life he wants to live. While I agree with Mr. Musgrave housing is important, I don't think we want to lose sight of the fact that we do have a problem on the income side.

Senator HOLLETT: You say it is one of the major problems of the aging farmer. How can housing be a problem after all the years of farming?

Mr. NELSON: I would say this, that if you go through the farming communities you will find today a great percentage of farmers still living without some of the amenities of life, such as running water and even electric power, and all those other things. I think there is a need to look at this sort of thing.

Senator GROSART: Have you had any experience with respect to distributing the farms but allowing the farmer-owner to live in the farm homestead? That is a point you have developed here. Is there any experience of that in Canada? You have mentioned that it occurs in Holland and other countries.

Mr. MUSGRAVE: You do not have that happening any more—you do not have two or three generations living—

Senator GROSART: No, that is not my point. You say that there should be some arrangement whereby a farm could be sold to neighbouring farmers while the original owner remains in the homestead.

Mr. MUSGRAVE: Yes.

Senator GROSART: Is there any experience of that in Canada?

Mr. STEWART: I do not think there is any experience of that in Canada, and I think it would be very slow to develop here because we do not have the acute problem of small holdings which they do have in some European countries. The older generation of farmers have got caught up in this mechanization program. They are not going to spend money in order to get the equipment they require to compete and to take the place of the labour that is not there any more. We find that they are just settling down on their farms, and they themselves arrange for other farmers to look after their farms on a rental or share basis. But, as we point out, they do not like to feel they have lost control of that property.

This older generation is caught in this squeeze right now, but they attempt to carry on. As I say, the pension plan is of great assistance here. I think our present younger generation, as they become older, will be so tied up with credit arrangements that they will be dependent on something like the pension that is being talked about looking after them. I can see this credit business going on away out of sight, and many of them are just deciding they are going to live on credit until they can get the pension which will carry them through their later years and these, I think, will want to continue on their farms.

The larger farms are becoming a different concept of this idea of continuing operation—particularly among the aged—than was the case when every farmer owned his own 100 or 150 acres. He is going to continue on his farm as long as he can. The others are going out on an all-out credit deal with tremendous capitalization of farm operations and they, I think, will have to depend on their pensions.

Mr. DAVIS: For the record, Mr. Stewart, I want to ask you if you support the recommendation outlined in section 32 on page 8 of the brief. In section 32 the federation recommends the implementation of a Government land purchase policy, and so on. Then, at the end, after having outlined the experience in the Netherlands you say:

> . . . we believe it should be given every consideration in devising a similar plan in this country.

Are you opposing this at all?

Mr. STEWART: No, I am suggesting it will be a long time developing, but that is the sort of things we should be investigating. I cannot quite see this working for the present generation of farmers, and I am sorry if I seem to be contradicting this a little. I was not in on the setting up of this. I can see difficulties by just looking at the farmers around me who are just sitting on their farms and who are very much against anyone coming in and dividing the farms up.

Mr. DAVIS: You do not want us to put this in our summary of material when we come to write our report?

The CHAIRMAN: Mr. Stewart, the situation in Holland is really not comparable to our situation. I am speaking about farming as I remember it.

Mr. STEWART: I am just speaking about this recommendation. I did point out in my original remarks that every step should be taken to make it possible for the farmers to stay on their farms, but there is no comparison between our situation and that that exists in Holland.

Senator HOLLETT: Do you not think that within a generation or two there will be no small farmers left? I come from fishing country, and I see that happening with respect to our fishermen. Formerly we had individual fishermen, as you had individual farmers. You now have large farms, and the same thing is happening in the fisheries. Very shortly we will have no fishermen who are fishing on their own, but they are not in the same position as farmers when you look at housing.

Mr. STEWART: As these older farmers pass out of the picture—and they have to pass out of the picture before this happens—their farms will be absorbed by other units, and farms generally will become larger. There will probably still be some farm workers living on these farms, but they will be under the larger direction.

Senator GROSART: How would you suggest this land purchase policy work, Mr. Nelson?

Mr. NELSON: Well, I suppose this is something that would require a good deal of study, but in simple terms I think it would mean that the state would have to make available a certain sum of money and be in such a position to use it in the acquisition of land that becomes available when some aged farmer wants to retire and turn his farm into capital, that farmer not having a son or other relative to whom to turn it over in the normal way. After all, the turning of the farm over to the next generation is part of our tradition. It is difficult to get away from it.

I can cite you an example of where it seems to me this would be useful. In Alberta we have the problem of the Hutterites. Here you have a group of people who live a different way of life from that of the community, and who are interested in purchasing land wherever land becomes available. Because the normal community does not accept the Hutterites there is a tendency to object to their taking up the land. It seems to me that the only alternative is to provide state funds so that whenever a person wants to sell he has a choice as to whether he does sell to the Hutterite colony or to the state to be used by people who accept our way of life. This is just an example. I do not know how it could be made to work.

It seems to me there is something there you have to consider because you have to meet these problems. That very definitely is a problem in Alberta. This is aside from the aging problem, but it is still part of it because it is quite common for an aged person to seek out the Hutterites because they do have the funds to buy land.

Senator GROSART: Do you have laws limiting Hutterite land purchases in Alberta?

Mr. NELSON: In a sort of a way, but I would have to say they are very limited. Mind you, the provincial Government does have the final say, but when a farmer wants to turn his land into money, and the Hutterites are there, willing and able to pay, then it is pretty difficult to turn the offer down, and it is difficult even for the Government to say that sale shall not be carried through.

Senator GROSART: Some provinces have such laws.

Mr. NELSON: Alberta has, but they are very difficult to enforce.

Senator QUART: Is that a provincial problem?

The CHAIRMAN: Yes.

Mr. NELSON: I just cited that as an example of one of the things you have to think of.

Senator SMITH (*Queens-Shelburne*): Mr. Nelson, is that much different in principle from what is happening in at least one province where the provincial government for some years has been in the field of buying land with trees on it in the public interest? When somebody wants to liquidate his farm the Government steps in and buys it because the Government can manage it and accumulate large tracts of land over the years, and then eventually determine what is the best way of dealing with it as time goes on. In principle this seems to me to be not much different.

Mr. NELSON: I think in principle the same idea is there. The only difference is that you are talking in terms of removing from normal farm production land which logically cannot be profitably used for that purpose, and turning it over to some other purpose. I am thinking more in terms of the continued use of land for farming purposes, but that you organize the transfer in such a manner as to keep it in production in the way people expect. In this case you have to apply it to the normal transfer from father to son, and take in all the rest of those considerations.

The CHAIRMAN: Are you not saying in addition to the things you have said about housing and all the other important items which you have advocated for years, that you want the farmer to live out his life on the farm? Is that not what you are saying?

Mr. NELSON: I think that is what we are saying, provided this is what he wants. We want to give him the opportunity of living out his life there, which I know is what most of them prefer.

Senator GROSART: But is there not a strong tendency in these days for farmers to want to leave the farm? Do they not want to leave the homestead and live in the nearest town? I saw a study from Saskatchewan which indicated that that is a very substantial trend.

Mr. MUSGRAVE: That is the point I want to make. The farmers find it difficult and although there is a feeling that one looks to a city, the farmer likes to stay in his own place, where he has bought his own home or his own farm. As his age advances and he becomes incapable of driving a car, there is a desire to be part of the community. That is where these Twin Pine apartments come in. They provide an independent, comfortable, safe, secure, dignified housing and they take the place of a senior citizens club.

When you visit some of those who have been living in them, in the 11-suite apartments for say six months and ask them how it compares with their existence previously, perhaps in poor conditions, perhaps in a farm where it is difficult to maintain some communication, perhaps driving in the winter time when they do not wish to and do not like it, when it is dangerous and uncomfortable, and when you ask them how that compares with what they have

now, you would be convinced that this housing for senior citizens, under the limited dividend section of the act, is really a remarkable achievement.

I think we are fortunate to have these organizations doing this. We have service clubs doing it. They go through the red tape once and then they are sick of it. On the other hand, where there is an organized staff which has done it two or three times, they become familiar with CMHC requirements and personnel, they understand one another, there can be better achievements and savings can be made.

The CHAIRMAN: Senator Grosart's point was that there was a tendency to move away from the farm to a small adjoining community. Looking at the communities participating, I noticed that the projects are in small towns—which is exactly what Senator Grosart was saying. You have 12 of these on the board now?

Mr. MUSGRAVE: Ten operating, six more to follow.

The CHAIRMAN: How many more do you think you need before you solve the problem?

Mr. MUSGRAVE: How many small communities are there?

The CHAIRMAN: How many have you?

Mr. MUSGRAVE: Eleven suites, seven for married couples and some singles. They are not large. Any smaller would be uneconomic to operate. Some of the communities will want a second apartment before very long.

The CHAIRMAN: I notice you say there are service groups involved—is that Rotary, Kinsmen and the Legion? When it says "citizens groups," what does that mean? Does it mean the city?

Mr. MUSGRAVE: Yes, probably the municipality has a big finger in it. There has to be some tax arrangement there to prevent inflation, pushing the rent up and up. These people do not have that kind of income. Their income will not increase, so they are vulnerable to inflation. But if the rent, which is the biggest single cost of living, is kept at a reasonable level, they can manage.

Senator QUART: What is the rent per month?

Mr. MUSGRAVE: It is $40 to $45 for a single, heated with refrigerator, electric stove and access to washer for laundry. In the case of the married couple apartment it is $55 to $60, dependent on the tax arrangement. The tax arrangement has to be that it will not be more than $25 per suite per year over the amortization period of 50 years. Some municipalities waive the taxes altogether, on the basis that these people in independent apartments are of value to the merchants, because they spend their own money at the retail level. If they did not do that, they would be in an institution, which would be buying wholesale, and the merchants would not get much of a hand out of that. Therefore the municipality sometimes waives the taxes altogether. That is why there is some variation in rents from one community to another.

Senator GROSART: You say your minimum income requirement is $750 to $900. Does this mean you are getting a substantial percentage who have no means of income other than the universal pension?

Mr. MUSGRAVE: We have quite a few people who have very little—I do not think those figures are exact. I think his income has to be a little more than the pension.

Senator GROSART: Your figures are $750 and $900, on page 16—$750 for individuals and $900 for couples. That would mean that anyone with no income other than the old age pension would be able to qualify.

Mr. NELSON: This is an average.

Senator GROSART: With respect, this is your annual income requirement.

Mr. MUSGRAVE: I'm afraid I will have to question that. I have not been on the board of Twin Pines for some time. As I remember the minimum was above that. It may have been reduced. According to my memory it was about $1,100 or $1,200 for a single and a little more than that for a double. Where a couple are both getting the old age pension, they could get by on that alone.

The CHAIRMAN: I hope you gentlemen appreciate that on this committee sits our expert on farming, a man who has been a real farmer all his life, Senator Aseltine. I do not know what his views on this may be.

Senator ASELTINE: What I have heard this morning does not apply to the area I live in. It is a very wealthy area. The farmers carry on the farming operations, but they live in the town all the time. They go out to the farm every morning. When one farmer wishes to live on the farm, he sells the farm and keeps the building site, to live there. An adjoining farmer buys his land. The farmers are increasing the sizes of the farms all the time. An economic unit in our area now is 1,200 acres. My experience only applies to that part of Saskatchewan in Rosetown, Kindersley and such areas. I see nothing in this brief which applies to that area. There are many other areas in Saskatchewan such as Regina, Moose Jaw, Melfort and Tisdale. To my area it does not apply at all.

Mr. STEWART: Regarding Government purchase of land. If we get into the field of marginal land, we come into a different aspect. Within the concept of ARDA there are proposals for the acquisition by Government or municipalities of large areas of submarginal land, not with the idea of redistributing it but with the idea of reforesting or making park areas. Under those circumstances it would be quite easy and logical, if a farmer wanted to stay on the farm, for them to arrange for him to stay on the farm; or, if he wanted to go off and move into Twin Pines apartment, this would be all right. But this is a concept of Government purchases of good farm land and redistributing it, which I was questioning in my earlier remarks. I think there is a great field for the acquisition of blocks of this submarginal land. We have areas of it in our own county, Lanark, which have already been taken over by the County Council and reforested and an extension of that program with the local people probably being given some employment by it, is one of the prime concepts of ARDA in connection with marginal lands.

The CHAIRMAN: From our study, considering the things I suggested, which were economic, employment, health, social, housing, including recreation, as the priorities, in what respect do you think the rural citizen differs from the urban citizen, considering those priorities, if those are the priorities that we will decide on finally.

Mr. NELSON: My personal opinion is that the urban citizen retires in the environment that he has lived in, in the main. He may retire from a small business or from work in a small community and retire to a larger community. But the farmer, if he retires off his property, is faced with moving away from the thing he has worked with and known all his life and this itself has a major effect on his social life and on his own thinking.

The CHAIRMAN: You come from Alberta.

Mr. NELSON: Yes.

The CHAIRMAN: Alberta has recently undertaken the building of 40 or 50 homes in various parts—they are available to everybody, in the main—despite your wealth as a rural province, in the sense of the largest population being in the rural areas. How is it working out?

Mr. NELSON: I think it will work out very well. People have to be accustomed to these things before they accept them in their entirety. You have a man not accepting them as well as he might. In other words, he thinks of these homes more as a poorhouse than as a place to live out his last years. I think as time goes on this view will be changed and they will become more acceptable to him.

The CHAIRMAN: Have you seen any of them?

Mr. NELSON: Yes.

The CHAIRMAN: What are they like?

Mr. NELSON: They are wonderful from the standpoint of a place to live. The only thing is, for a farmer who is an individual, when he comes to a situation where he lives like the other fellow in a systematized community, he is inclined to be a little sensitive. However, little by little I think they will accept it. To me it is working out very well; it is a beginning.

Senator GROSART: I cannot reconcile some figures which appear on page 3, paragraph 9, which says that almost 12 per cent of the farmers in Canada in the last census year were working beyond the normal retirement age. Yet we have the figure that the total percentage of the farmers beyond the normal retirement age is about 6 per cent. What is the explanation of that? How can 12 per cent be working beyond the age, if only a total of 6 per cent is in that age group?

Mr. HURD: In the last sentence there is a division of the age group. You will note that it is stated that 5.9 per cent of the farmers in 1961 were in the 65-69 age group, and 5.8 per cent in the 70 year and over age group. So that the 12 per cent is an approximate figure, if you add up those two figures. It amounts to approximately 12 per cent, you see.

Senator GROSART: The 12 per cent is larger than the figure in relation to the population as a whole, is it not?

Mr. HURD: Yes, it is a high figure of older farm people.

Senator GROSART: What is the aged percentage of the population as a whole, about 7 per cent?

Mr. HURD: Seven or 8 per cent.

Senator GROSART: So that you have a very substantial proportion of the aged people in the rural population?

Mr. HURD: Yes.

The CHAIRMAN: They work longer on the farm?

Mr. NELSON: No, I do not think this is saying that. It means simply that either the farmer is carrying on beyond the normal retirement age because he is healthy, I suppose in some cases or because he knows nothing else; or perhaps he is forced to live there because he has not the wherewithal to do anything else.

The CHAIRMAN: What makes you think that age 65 is an appropriate retirement age?

Mr. NELSON: I think my own reaction to that is simply to state that I have 11 years to go to reach that stage, and if I feel increasingly tired in the next 11 years I think I will feel by 65 it is time I should retire. Whether that has anything to do with the case, I do not know.

Senator ASELTINE: You are not ready to retire yet.

The CHAIRMAN: Are there any further questions?

Senator GROSART: I should like to ask the statistical people how much validity they see in the Stevens' study. It is a very small sample. Do you feel it is fairly representative?

Mr. HURD: I have no way of knowing, Senator Grosart, whether it is fully representative. It represents sound statistical sampling as far as it goes. Stevens himself pointed out the weakness in it insofar as the home group was concerned in giving equal treatment to both rural and urban people in the sample. However, for Ontario I see no reason why it would not be reasonably representative; but, as you know, the conditions in the prairies and, say, the maritimes, vary, and it would be unfair I think to suggest this is representative of Canada as a whole.

Senator GROSART: Wellington County would be a fairly rich agricultural community?

Mr. HURD: Yes, it is a fairly good farming district.

Mr. MUSGRAVE: Mr. Chairman, could I make one comment? The actual minimum is at $750 for a single, but the average would be $1,000 or $1,200. That means that Twin Pines would not turn away anyone who had an income of only $750; he would be admitted. If he had more than a certain amount he would be turned away because he could compete on the regular market for accommodation.

Senator GROSART: But your average is what?

Mr. MUSGRAVE: It would be somewhere around $1,200, or so.

Senator GROSART: They have an income of about $300 in addition to the old age pension. Your figure in Wellington is about $688?

Mr. MUSGRAVE: $688.

Mr. NELSON: I should like to make a comment on this study, Mr. Chairman. While I have no doubt it can be quite representative of Ontario I do not think similar studies have been made—certainly not in western Canada, until just now. The Farm Credit Corporation, I think, have completed a fairly broad study that will take in this kind of information. In Alberta our organization has just undertaken a study which has taken a cross sampling of Alberta farmers from one end of the province to another of over 2,000 farms, and this study when completed will give us a better picture than anything we have ever had before.

Senator ASELTINE: Is a similar study being made in Saskatchewan?

Mr. NELSON: The Centre for Community Studies has made several studies, but I do not think as comprehensive as the one we undertook in Alberta dealing with this particular type of thing.

Senator GROSART: Does your experience of these surveys suggest that respondents tend to overestimate or underestimate their outside income?

Mr. NELSON: Well, we find that on the average it works out. I think you will find there are individuals who do one or the other, but in the average of 2,000 samplings we are pretty well convinced you will get a pretty fair indication of income.

The CHAIRMAN: This concludes our submission made by the Canadian Federation of Agriculture. On behalf of the committee, Mr. Nelson, and the other members, I want to express our thanks for your most useful and thoughtful contribution and for the trouble you took to present it to us. I can assure you it is a point of view that has not heretofore been presented to us, and we shall give much attention to what you have had to say.

Mr. NELSON: Thank you, sir.

The CHAIRMAN: Our next brief is from The Canadian Life Insurance Officers Association.

Mr. J. A. Tuck, Q.C., is Managing Director and General Counsel of The Canadian Life Insurance Officers Association. He has appeared before our committees on many occasions, and we have quite a good understanding with

him. He has always been very helpful to the committees on which I have been a member. We appreciate very much his coming down and bringing the delegation. I will ask him to introduce the delegation.

Mr. J. A. Tuck, Managing Director and General Counsel, The Canadian Life Insurance Officers Association: Thank you, very much, Mr. Chairman and honourable senators. We are happy to be here today. On the Chairman's right is our President, Mr. H. L. Sharpe, who in addition to being President of our association is President and Managing Director of the Northern Life Assurance Company of Canada, London, Ontario. He is a graduate of the University of Toronto and a Fellow of the Society of Actuaries. He has had wide experience in Canada and the United States in all phases of the operation of a life insurance company. He has been with the Northern Life for the past 32 years.

Mr. W. M. Anderson, who will be our principal witness, is a Past Presirent of the Life Officers Association and of the Society of Actuaries. He is Chairman of the North American Life Assurance Company of Toronto. He joined his company in 1926 and has risen through the ranks to his present post. In 1945 Mr. Anderson was Acting Director General of the National Housing Administration—and you may have run into him in that capacity—for which, as you know, he is a Commander of the British Empire. He has been active in the Canadian Welfare Council, the United Community Fund, the Social Planning Council of Metropolitan Toronto, the Ontario Cancer Treatment and Research Foundation, the Ontario Cancer Institute and many other worthwhile activities. I understand that he has even helped Mr. Charles Goren with his books on bridge.

On my right is Mr. A. R. Hicks of Sun Life. He was in the investment department before World War II, left at the outbreak of war and came back in 1946. He became secretary of the company in 1961 and vice-president and secretary last year.

On his right is Mr. E. S. Jackson. He is the chairman of a small committee we have in the Association which has worked on provincial portable pension developments over the past five or so years. He graduated from the University of Manitoba in 1947, joined the Manufacturers Life Insurance Company in 1948, and became Actuarial Vice-President of his company last December.

Mr. F. C. Dimock is the secretary of the Life Insurance Officers Association. He is the member of our staff who has helped Mr. Anderson and his committee and Mr. Jackson and his committee on these matters for some years.

Mr. Chairman, if it meets with your approval, our president, Mr. Sharpe, will make a very short statement of what is in our submission. Mr. Anderson will then go through the submission very briefly, summarizing each part and stopping so that you and the other members of the committee may ask him questions as you go along. Is that suitable, Mr. Chairman?

The CHAIRMAN: That is suitable to us.

Mr. H. L. Sharpe, President of the Canadian Life Insurance Officers Association: Mr. Chairman, ladies and gentlemen, may I say first that we are very grateful for the opportunity of being here this morning. As Mr. Tuck mentioned, my introduction will be very brief in order to conserve your time.

Our Association—The Canadian Life Insurance Officers Association—is a voluntary organization whose membership consists of 100 Canadian, British, United States and other European companies in the life insurance business in Canada. These companies transact upwards of 99% of the life insurance business in Canada.

The company officers are not without personal knowledge of the many-sided needs of the aged. But their professional experience qualifies them to be of most assistance in connection with one of your five areas of investigation, namely, the economic needs of older people. Your other areas of investigation, such as occupational, educational and recreational opportunities, housing, institutional care and social services, are no less important and in fact may, as fields of prospective government measures, be more important.

The Association, among others, has for some time been advocating a full inquiry into the economic needs and resources of older people in relation to those of the rest of the population, and into the particular status of low-income groups within both of these broad categories. The life insurance companies have been pressing for such studies so that governments would have more specific guide-lines as to the groups in the population most in need of help through new or expanded government measures. It is only by defining the problem areas that the best solutions can be developed. The Association therefore heartily supports clause 2 in your Second Report of December 12, 1963:

> Of vital importance to an inquiry of this magnitude is comprehensive statistical information specifically related to people aged 65 and over. Such information, your Committee has found, is scarce, scattered and often unreliable.

This submission deals with three sets of questions:

I. What are the economic needs of the aged?

This is the main part of our submission and, in this connection, I would refer you to paragraph 16 of the submission. Mr. W. M. Anderson, Chairman of the Board of the North American Life Assurance Company, has done considerable research on this subject. He is also co-chairman of our Association's committee on Old Age Security. I am sure you will find Mr. Anderson's specialized knowledge on this subject most helpful.

II. How is retirement income now provided? What are the main weaknesses in this system and how can they best be strengthened?

III. Would a government-run earnings-related program meet the economic needs of the aged?

The proposed Canada Pension Plan is not designed, of course, to help today's aged and, from the data available, appears inconsistent with the pattern of need.

Part IV then summarizes the submission and stresses the need for full study of any proposal for new or revised welfare programs, especially those for the aged. Defining the economic and other needs of the aged in relation to others is a vital first step. The recent report of the Royal Commission on Health Services with its far-reaching and expensive proposals lends great emphasis to our contention that much needs to be done to study the priorities of welfare needs, not only among the aged but among all classes of our Canadian citizens.

The time required for such a study before an irrevocable course is set would be time well invested. Of course, the Association would be pleased to render every service it can to help with the study.

Mr. W. M. Anderson, Chairman of the North American Life Assurance Company of Toronto: Mr. Chairman, as Mr. Sharpe has indicated, I want to make a few introductory remarks that relate to the first part of our submission dealing with the economic needs of the aged.

I think it is fair to say—as we point out and as, I am sure, you and your committee realize—that in concentrating your attention on the aged as a group

you are really singling out the major component of a somewhat larger group in the community. That is the group of people that typically have not access to current labour income. This group includes the disabled, the orphans and as we indicate it is a group that we think requires study over-all rather than singling out particular elements of it. The retired population is by far the largest component of the group in the community that has not access to current labour income. I stress this point of division because it is rather obvious, when you start to study our income and resource statistics in Canada, that we have arrived at a pattern in this country where there is a decisive difference in general between people who are either in the labour force or dependents of people in the labour force, on the one hand, and people who are not. This difference is very marked.

It appears to be the case that people with access to labour income, as far as private resources are concerned, have income levels that typically are of the order of two or two-and-a-half times those of people who have not access to labour income. In spite of the various transfer payment measures we have in the community today there is some doubt as to whether we have gone far enough in the aggregate to bridge this gap that exists.

Another aspect of the problem that escapes the attention of most people when they study it is this: they recognize this problem has developed because of the way our society has moved, in the sense that the old people are no longer in a position where they can rely on younger people individually for their economic needs, but it escapes most people's attention that in the development of this situation we have arrived at a point where the typical retired person has an average age of about 74 and the typical person in the labour force has an average age of 39, and this type of condition will continue. In other words, retirement on the average, will be enjoyed at an age which is about 35 years later than the average working age.

The economic progress of our community over the years has been such that in the course of a period of 35 years we find wage rates and consumer spending per person roughly quadrupled. This has been the historical pattern in Canada, and no doubt will continue at somewhat like that pace. Certainly, if we can fulfil some of our hopes, as borne out by the Gordon Commission, of increasing productivity and standards of living, there is every reason to think, looking ahead to the future, that people typically in retirement will be spending very much larger amounts of money per person than was the case while they were working. I stress this point because it is pretty evident that the problem we are facing is sufficiently large and broad that solutions to the problem are going to require very substantial action at both public and private levels. It is a problem that cannot, to my mind, be solved in one way or another alone. It has to be solved by co-operative and complementary action at different levels.

We have stressed our point of view that it is difficult to find solutions without the facts. We know too that the committee has recognized this point, and we congratulate you on "twisting the arm" of the D.B.S. to the point where they have brought out selected statistics for the old age population. We find it interesting that for this purpose you have regarded age 45 as being the threshold of old age. From our point of view we would be particularly interested in seeing the analysis broken down by age group among those of age 70 and over. We have nearly a million people in this group, and these people stretch up into the late nineties and beyond age one hundred. Furthermore these are people whose backgrounds are materially different. You take it for granted that the person who is age 86 is likely to be in a position where his private resources are not likely to be even half those of people at age 70, while a person at age 100, has resources which are likely to be one-quarter of those of people at age 70. In our view it is highly desirable that we

should get further information breaking down the old age population by subdivisions of age, and also of sex, marital status and geographically.

As far as we can tell one of the most important problems is, and I was quite interested to hear the farmers refer to it this morning, that of what happens to old people who have retired. We are in the position now where the expectation of life of the older age group is growing, as your own research has already demonstrated. We are also in the position where the age of leaving the labour force is declining. It has declined by two years in the last decade. This is for men.

There is a counter force operating in regard to women, where we see married women returning to the labour force and staying on until their late sixties and even into their seventies.

We are getting to the situation where the average length of retired lifetime is growing quite significantly. It is growing to the point where on the average one can expect from the point of retirement to the point of death there will probably be a doubling in the average level of disposable incomes for Canadians, and the average level of consumer spending.

How do you solve this problem, in conditions where you expect people either through private resources or public payments to live on flat incomes? People coming to retirement have spent 40 to 50 years working. During that time their wages have been rising because as experienced individuals they have acquired particular status and better paying jobs. It can be said that in the past in Canada the typical person in the labour force has enjoyed a forward movement in his income level while working of about 5 per cent per year. Four per cent of that would represent the general increase in rates, and the remainder would represent his own movement within the structure. That is in money income.

The average real income has been rising about 2 per cent per year. The average real income per individual worker again will rise more rapidly, perhaps at the rate of 2½ per cent per year because of his own individual progress. Then of course there is the element of inflation, and we do not want to hypothesize inflation but when we have it we have to contend with it. But we also have an upward movement in the real standards of living. An individual enjoys this upward movement during his working years, and then he finds himself suddenly having to learn to live on a constant standard of living for 15 years or more while his friends and neighbours still have access to labour income, and they are progressing all around him.

If you look at the situation with regard to old age security you find four changes have been made since 1952 moving the level from $40 to $75 a month in 12 years. As far as the people that were originally qualified were concerned, the people aged 70 and over, in 1952,—and I know Senator Croll will agree with me on this because he was a prime member of the joint parliamentary committee—they were in a position at that time where their private resources were very, very low indeed, almost half that number qualifying for means test pensions. I think the percentage was actually 49 per cent in December of 1952. That group had gone through the depression, through the war, and then the postwar inflation.

It seems to me to be abundantly reasonable that for that group aged 70 and over, and who are now aged 82 and over, there should have been increases through that period of $35 a month since per capita consumer spending has gone up $36 in the same period. You have acted to let these people keep pace with the community.

Senator GROSART: You say consumer spending has gone up $36 a month. How much has the cost of living gone up? Can you translate it into monthly figures?

Mr. ANDERSON: Monthly figures—it went up from $79 a month in 1951 to $115 a month in 1963. This is the actual spending per capita in Canada.

Senator SMITH (*Queens-Shelburne*): Constant dollars?

Mr. ANDERSON: Current dollars. Remember with old people it is current dollars they have to spend. It seems to me the kind of action taken in Canada with respect to that group is perfectly logical. The question whether we had to do it in four bites is doubtful, it might have been more sensible to do it in bites of $3 per month per year.

Senator GROSART: I don't quite follow you. Are you suggesting that the rise in consumer spending is more or less equivalent to the rise in the cost of living?

Mr. ANDERSON: Well, it is the cost of living, isn't it?

Senator GROSART: No, because consumer spending takes in many things that are not involved in the cost of living.

Mr. ANDERSON: It is related to the cost of living index because it represents the rise in prices, and the expanding standard of living.

Senator GROSART: Plus the rise in the cost of "living well"?

Mr. ANDERSON: That is part of it.

Senator GROSART: Have you a comparative figure to the $36? What part would be cost of living as defined by D.B.S.?

Mr. ANDERSON: It breaks at about $19 and $17. In other words $19 of that $36 increase forms price change, and the $17 represents the upward movement in real spending, that is the increased standard of living occurring in the community in the last twelve years. For the long-term trend the upward movement of spending by individuals, is roughly 55 per cent represented by price change and about 45 per cent represented by improvements in the real standard of living.

Mr. TUCK: I wonder if Senator Grosart was after the figure that is here.

The CHAIRMAN: On what page?

Mr. ANDERSON: Page 11, paragraph 27, where there is an explicit reference to the implicit price index from the national accounts, which is similar to the cost of living index which is base-weighted. It has gone up 27 per cent in that period, and the actual dollar spending has gone up, as I indicated, by about 50 per cent.

Senator GROSART: So would you say that the increase in the universal old age pension is about $15 per month more than the rise in the cost of living?

Mr. ANDERSON: I do not mind saying that. The major point I wanted to make, Senator, is that once people have retired then in some way or another the community, publicly or privately or through a combination of each, must deliver an increased income to the people who have retired in order to enable them to keep pace with the community at large. I do not think anybody in Canada wants the old people to stagnate. They want them to keep pace with the rest of us. This means there must be dollar increases to the individual that are comparable to the dollar increases in disposable personal income, or the dollar increases that are occurring in personal spending.

In some way or another these increases must be delivered. I am suggesting to you that as senators you did deliver these increases at the level required to people who retired in 1952. I am making the further point—of course, nobody could have foreseen this, and I blame myself as much as anyone—that we could not have foreseen at that early stage that we were emerging into a situation in which people arriving at age 70 were bringing in larger and larger complements of private resources. They were enjoying larger pension benefits

and, of course, the fruits of the savings bond program. We should not have lifted the initial levels of universal old age security anywhere near as much as we have. I doubt whether you can justify a universal pension of even $40 a month for people of precisely age 70 at the present time because this takes people of that age above the income level of the population as a whole.

Senator GROSART: Let us leave that argument for a moment because I would be inclined to dispute it, but is it not a fact that the rise in the universal old age pension has done exactly what you have been advocating, namely, it has matched almost exactly, accidentally or otherwise, the per month rise in average consumer spending?

Mr. ANDERSON: I say it has done almost what we advocated as far as the people who were the original beneficiaries are concerned, but I think we have done it in an unnecessarily costly way because of the fact that we have made the increase for everybody of age 70 and over. This, of course, as you well know, is an increase in the benefit of $3 per month per year, which is a greater increase than our tax sources will stand, and, as a consequence, we have shifted from the 2:2:2 tax formula to 3:3:3 and now it is 3:4:3.

Senator GROSART: Do you mean that Canada is at the point where the general taxes are higher than the economy can stand?

Mr. ANDERSON: No, I said that the tax base of the kind that we have laid on for old age security—the 3:3:3 basis, and they are all slices out of the broad tax bases—moves directly with the economy, but it does not move sufficiently rapidly to support an increase of $3 per month a year for the totality of the age group. That is, we have driven ourselves into a structure that on the average is moving up too fast.

Senator GROSART: Have you worked out any figure to indicate what percentage of the 12.8%, that you mention as the standard figure on page 13—the percentage of net national income that is diverted into welfare payments of various kinds—is directed towards the aging segment of the community?

Mr. ANDERSON: I thought there was a reference to that fraction in the brief.

Senator GROSART: I do not think so, and I read it over several times.

Mr. DAVIS: What about section 36 on page 14?

Mr. ANDERSON: Yes, paragraph 36, Senator Grosart. The share of persons aged 65 in the income maintenance benefits rose from 18 per cent to 35 per cent, although those people only constitute 7.7 per cent of the population.

Senator GROSART: So the percentage figure in 1961 would be about 4.1—roughly 35 per cent of the 12.8 pe rcent of net national income which is devoted to welfare or social justice.

Mr. ANDERSON: No, 35 per cent of the 8 per cent of net national income which relates to income maintenance payments alone would mean that 2.8 per cent of the national income was being devoted to income maintenance payments for the population aged 65 and over.

Senator GROSART: Or about 2.8 per cent of our total gross national income is now—

Mr. ANDERSON: I think this is net national income.

Senator GROSART: I am sorry. About 2.8 per cent of our net national income is now being used to provide income maintenance payments to the people 65 years of age and over. That would take in old age assistance?

Mr. ANDERSON: Yes.

Senator GROSART: Thank you. I am sorry for interrupting you.

Mr. ANDERSON: That is quite all right. The major point I wanted to make here, sir, is that it does seem to me that under conditions where there

is little chance at the private level of developing resources that will be in the form where they will produce a significant increase in incomes after retirement, that if it is our desire that the aged as a whole should be in about the same economic position as the rest of us, there must be some kind of corrective factor introduced at the level of government in order to make sure that people in retirement keep themselves pretty well in pace with the community as a whole. I am suggesting that you did introduce the correcting factor, but it was introduced in a very expensive way, because of the way in which the uniform benefit was lifted for the new recipients, whereas this was not justifiable on the facts of the case in the last decade. The upward movement of the resources being brought into retirement by people coming into the age 70 group has been quite rapid indeed. The estimate that I have made—and I have just recently been able to corroborate this from the D.B.S. material that recently came out—is to the effect that at about age 70 the average level of private resources per individual is about $100 a month. This is for the 1960-61 year. It is an average of those two years because the D.B.S. income figures are for the year ending in May 1961.

Yet, we were in the position in that year where we started to pay these people universally $55 a month, thus bringing the average level of their private resources up to $155 per month. This was in a year where the average disposable income per capita in Canada was $114 a year, and where the average level of consumer spending per person was $107.

I really do not think that a case can be established for universal flat benefits of anything like the level at which we are now paying them for the people that are in their early seventies. On the other hand, when I look at the people in their late eighties and in their nineties, I can argue for a level of benefits that is even higher than we are paying now.

Senator GROSART: Do I understand that you are recommending that the present old age pension should be paid now at 65 years of age?

Mr. ANDERSON: Yes, we are recommending that the old age security system—we have recommended this for ten years—should be extended downward selectively. In particular, we feel that any extension downwards to make any sense, and to avoid excessive payments, must involve a retirement test or an earnings test. We submit that there is no case for extending the universal payment downwards for people who have access to labour income.

Senator GROSART: Even at age 65?

Mr. ANDERSON: Yes.

Senator GROSART: A retirement test should be imposed after age 65?

Mr. ANDERSON: Up until age 70, anyway.

Senator GROSART: You are really suggesting that instead of a universal flat old age pension we should have an age-related pension?

Mr. ANDERSON: That is another part of the suggestion. We have not made this formally. We have brought it out to the extent that we think there should be an examination of these older age groups with the intention of lifting the benefit levels beyond age 80. That is where we feel the present benefit levels are too low. We recognize the point that you do not merely reduce the benefit levels for people under 70.

The CHAIRMAN: Mr. Anderson, you know that politically we have decided in this country that we cannot live with a means test.

Mr. ANDERSON: Yes.

The CHAIRMAN: But that is what you are suggesting.

Mr. ANDERSON: No, sir. I think you must make a radical distinction between an earnings test and a means test. After all, every one of us is earnings tested. We all file income tax returns.

The CHAIRMAN: What are you saying?

Mr. ANDERSON: I say there should be an earnings test—a labour income test—because, remember, we are in the peculiar position in our society that, on the one hand, we want people to save because in the process of preserving our traditional society we know that we need savings in the economic sense; in fact, if we do not obtain savings domestically we have to import them. Therefore, we should not be using measures that have the effect of penalizing the savings process. I suggest the means test is a bad thing. I recognize it as bad and it is bad primarily on the score that it locks the level of benefits to the question of the individual's own private savings and what he can derive from them. But an earnings test is entirely different in character.

We are in the position in Canada, where we are faced with chronic unemployment and it may become worse before it is better, if the threats of automation materialize. It seems to me that we should always see that when we adopt new welfare measures we do not let them make the possession of a job even more attractive than it is now.

Senator GROSART: Your proposal is that you must be out of the labour market before you can get the pension?

Mr. JACKSON: Just persons aged between 65 and 70. This would be the same as old age security in the United States, where persons aged 65 to 72 are subject to retirement test, and the same as proposed in the Canada Pension Plan.

Mr. ANDERSON: It is the same as in Britain.

Senator GROSART: In other words, at age 65 people have a choice of getting out of the labour market or taking a pension.

Mr. ANDERSON: That is the proposal in the Canada Pension Plan.

Mr. HICKS: It does not mean you have to go entirely out of the labour market. In other words, there is a graduated scale and some level of income can be earned without being penalized.

Senator GROSART: That is because you are electing to take less money at 65 in your pension, is that the reason?

Mr. ANDERSON: This is not our point.

Senator GROSART: This is the point in the present proposed plan, where, as I understand it, you can elect to have $51 a month at 65.

The CHAIRMAN: I think you are confusing the two.

Mr. JACKSON: I think you are confusing old age security and the Canada Pension Plan. The Canada Pension Plan has a retirement test, under which there is no reduction in your benefit. Under the old age security system there is $75 a month at 70 and you take an actuarial reduction at earlier ages down to 65.

Mr. ANDERSON: I think the point is that, as far as old age security is concerned, we do not favour the proposal that you should be able to get $51 a month at 65 rather than $75 a month at 70. We think you are storing up trouble for the future. People who take the $51 will get into a serious problem later. The Americans are running into this problem now. We think it is better to say you can take old age security at an age earlier than 70, subject to a retirement test until 70. When you reach 70 you are in the same position as everyone else in old age security.

Some of us do not like the idea of the so-called actuarial reduction of benefits that are paid for on a generalized social basis, as we think the emphasis should be on adequacy of benefit.

Senator GROSART: You would assume that people making that election at 65 would not be aware, according to your figures, that their needs were going to increase rather than decrease with age. You are objecting to that

election of the lower figure. I suggest that the reason for your objection is that you feel they would not be aware of the fact that their needs will rise rather than drop. Most people would assume that their needs will drop. That is a misconception, but it is a very general one. As you get older your responsibility to others lessens, and you think you can live on less because your needs will be less at 80. It may be that at 80 you have less desire to go to night clubs.

Mr. ANDERSON: That might be true, if the community were static. Our strong feeling is that we require many more facts in order to analyse the magnitude and pattern of the desirable types and rates of benefit that should be paid. Our thinking carries us directly into the region of the disabled, the orphans and the retarded population. We think it is logical to deal specifically with people who have little or no access to labour income and that this is a problem of the community which requires solution.

In the area of so-called earnings related benefits, which is touched on in our brief, this relates primarily to the proposals in the Canada Pension Plan. As far as the benefit structure is concerned, our feeling is that this plan is designed to pay large amounts of unpaid for benefits in perpetuity to the wrong people. As far as we can tell, for the foreseeable future the plan will be in the position where people benefitting will receive a windfall, in the sense that they will get benefits worth more than the contributions they pay. The people with the higher earnings records previously, will get the biggest windfalls. Our long-term forecasts do not indicate that this situation will disappear. We do not think this can be characterized as a transitional problem.

Furthermore, the Canada Pension Plan, long-term, by its own terms, will operate in such a way that among the retired people, the oldest people will always be getting the smallest benefits. This is because of the way in which the benefit formula is geared to the wage structure. It is perfectly obvious that the average pensionable earnings records for individuals are going to rise as the years go by. In the long term, this can result in average initial benefits being doubled in from 15 to 20 years. After retirement they will be corrected in part by the post retirement provisions of the cost of living index figures. Over all, the emerging pattern will always be one where the oldest people will get the lowest benefits. In this sense the Canada Pension Plan is merely aggravating the difficulty which relates to the levels of private income resources. There does not seem to be any way you can avoid this completely as far as private resources are concerned. We do not see why governments should be aggravating this problem rather than working in the direction of correcting the situation. The oldest people among the retired had the least opportunity to save and the most opportunity to have had their savings dissipated.

Our rather strong feeling is to the effect that the Canada Pension Plan in its present form is, if I may use the word, antisocial. It has been characterized in our brief as "upside down welfare," which we think it is.

Of course, we are not taking exception to the Government financing benefits through an earnings tax. This is a logical way of financing transfer payments to people who have no access to current labour income. It seems to be the most efficient financing method, to tax labour income to provide for these benefits. But we think that when an individual is subjected to an earnings tax, that the greatest individual entitlement he should be able to get when he retires, as a consequence, and as distinct from the general program —the greatest individual entitlement he should get would be what his money will buy. We cannot see any reason for granting an individual a refund after retirement that is beyond the limit of what his contributions will purchase. We have no objections to an earnings tax being used on a "pay

as you go" basis, to finance entirely the retirement pensions. It would probably make sense, as I understand, some witnesses have said, to use an earnings tax instead of the 3-4-3 method.

Senator GROSART: Is not that what we do now? As long as you have taxes, you have earnings taxes?

Mr. ANDERSON: This is not in our brief, but all this talk about the great big fund does not mean anything. It will not be a great big fund. There is no reason for building one up, as far as we can see. It would be more logical to say we will use an earnings tax to finance our retirement payments and therefore to relieve other tax sources.

Senator GROSART: You are rather proud in your brief of the great big fund you have built up, that private pension funds have built up. In the second and third paragraphs you say that you are proud, and rightly so, that you have helped to finance economic growth and employment. What percentage of your funds goes into equity investment in Canada?

Mr. TUCK: On the basis of book values of the common stocks of life insurance companies—and I am speaking here of stocks held for insurance account and pension account, but I assume your question is a special one—it is about 4 per cent. On the basis of the market values of the stocks, which is not the basis we record on, but what you might call the real basis, the average would be about double and varies by companies. It runs as high as 15 per cent in some.

Senator GROSART: What does the law allow you?

Mr. TUCK: The law allows us 15 per cent.

Senator GROSART: Why the disparity? Why are you not investing these funds in real growth factors, that is, in equities?

Mr. JACKSON: There are, of course, other forms of equity investments, such as real estate.

The CHAIRMAN: Is it not so that you are limited to invest in equities in which a dividend has been declared for seven years?

Mr. JACKSON: That is a limiting factor. Another is the valuation. Price has been another.

The CHAIRMAN: You are entitled to invest up to 15 per cent. The latest over all figure is 3 per cent. That is one that comes from, the Department of Insurance. I think the announcement was made by Mr. Gordon that he was going to raise that to 25 per cent; and that was the recommendation of the commission, was it not?

Mr. JACKSON: The Royal Commission on Banking and Finance.

Senator GROSART: We as individuals, of course, have exactly the same limitations in investing. However, it is a common criticism of the life insurance business that you do not invest enough of these funds in equity stocks, and I am asking why. I have never understood why.

Mr. HICKS: I could take half an hour on this point. This is a common charge, and I am satified that it is based on a complete misunderstanding of how the investment process works throughout Canada. Life companies that invest in common stock must choose from a limited list of seasoned, well-known companies but bonds, debentures and stocks are all used to raise the money for industrial expansion. I would maintain that the question of investment in common stocks is not relevant to the economic contribution through investment of pension funds and other funds. The great contribution that the life insurance companies make to the development of Canada is through their investments in the social types of investment, in housing and in industry.

The life insurance companies invest in all types of industry, both resource development and manufacturing, and in both large and small companies, and

I submit that we make a far bigger contribution toward new sources of manufacture and the development of new products through our fixed-interest investments than our equity investments.

Senator GROSART: This is what everybody says. This is not an explanation or an excuse that is limited to the insurance companies. However, in Canada we are in the position of needing Canadian equity investment more than we need any other kind of investment. One of our difficulties is that the average investor makes the same excuse; he does not get into equity investment. I am not necessarily associating myself with the criticism, but there is a general criticism that you are not pulling your weight in this most important aspect of the development of this country.

I would like a reason in principle for that, rather than a list of the limitations, because we all know them.

Mr. HICKS: Regardless of the limitations, I suggest that the general impression relating equity investment to economic development is false. When a company is enabled to build a new plant and to develop a new product, this is where we make a contribution, and a very big one. I have been through the lists of industries invested in by our company and others, and analyzed the investments—such industries have contributed greatly to the development of Canada.

Senator GROSART: Is it not the fact that foreign investors come in and pick up the equity lack which you are not prepared to do? It is fine for you to provide the debenture capital, and so on, but this leaves the door open for foreign capital to come in to take the risk that you will not take.

Mr. HICKS: This foreign capital coming in is coming in for situations that don't come near the capital market; and even if they did, the life insurance companies because of the limitations in the act including that on the amount of investment in the equity of any one company are precluded from buying them.

The CHAIRMAN: Mr. Hicks, in Great Britain I understand the law permits 25 per cent.

Mr. HICKS: No limit.

The CHAIRMAN: No limit; but I understood that they reached 25 per cent?

Mr. ANDERSON: More than that.

The CHAIRMAN: How do you explain that? They provide for debenture capital, mortgage capital and all the other needs, and yet the insurance companies invest large sums in equity holdings in Britain.

Mr. HICKS: There is a whole range of reasons. It is quite a different market. They have a different insurance contract. The British companies do not tend, in Britain, to give the ready access to guaranteed cash values that have been traditional in Canada and North America. Secondly, a large part of what goes into equity in Britain has not been needed for, let us say, allocations (a) to housing (b) to government bonds. So they put less into housing, less into government bonds, and more into equities. Now, in Canada, life insurance companies have shifted with the needs of the country and of the economy and, if I may say so, the wishes of Parliament.

Senator GROSART: One other question. Is there any intention or trend today amongst the Canadian life insurance companies to increase their investment in equity capital?

Mr. HICKS: Very definitely.

The CHAIRMAN: Of course, this is not helping the aged. However, it is most interesting, because I hope we have made you more aware of the fact that this is a matter of concern to parliamentarians.

A question was put to Mr. Anderson, and I believe Mr. Jackson joined in when the answer was made. I am not quite sure if I understood it. You are suggesting that at a specified age—I am not sure, but I believe it was 65—the person at that age leaves the labour market, walks off the scene and becomes for all practical purposes, a charge upon the community at large. Is that right?

Mr. ANDERSON: May I put it this way, that in principle the dividing line should really relate to whether the man is able to work. In other words, there is some doubt whether you should put persons of 65 on old age security under conditions where they merely voluntarily retire. As far as we can tell, they certainly should be entitled to it if they are in fact unable to work.

The CHAIRMAN: At age 65, for whatever reason—that is it. Well, of course you are saying that if he is unable to work.

Mr. ANDERSON: Let us take the 65-69 group and confine the question to that group.

The CHAIRMAN: We have that group of 65 to 69 out of the labour market, and we have to make provision for them; the rest of us who are younger are to provide for them; isn't that so?

Mr. ANDERSON: These people have retired, they are off the labour market.

The CHAIRMAN: What do you suggest we provide for these people?

Mr. ANDERSON: We think they should be part of the old age security structure. If the old age security structure is going to be flat as it is at present, then we suggest they should get $75 a month. If our old age security structure is going to be related to the different age groups, then they would get the amount relating to their own ages.

The CHAIRMAN: So long as he stays in the labour force, whatever his age, he doesn't come under this formula?

Mr. ANDERSON: That is right.

Mr. DAVIS: Up to 70.

The CHAIRMAN: Once he is at 70, he would come under the formula.

Mr. ANDERSON: Yes, whether he stays in the labour force or not.

The CHAIRMAN: Whether he stays in the labour force or not?

Mr. ANDERSON: Yes.

The CHAIRMAN: So that if he decides to stay in the labour force you exclude him from the benefits?

Mr. DAVIS: Up to 70.

The CHAIRMAN: Any age up to 70, you exclude him from the benefits?

Mr. ANDERSON: Yes, that is right.

The CHAIRMAN: What are you building up here?

Mr. ANDERSON: People beyond age 70, the 70 to 74 group, we think these people should all get the same benefit regardless of when their benefit started, because we do not see any reason why a person taking the benefit at 65 should be getting $51 a month in his early seventies while a man who stayed in the labour force until age 70 gets $75. We think the question of when you commence benefits should not be a criterion in deciding the size of the benefit at a later point.

Senator GROSART: Mr. Anderson, how would you justify having an earning test but not an income test?

Mr. ANDERSON: On the particular point I mentioned, if it is our desire not to do anything which will cause a diminution in private savings, as soon as you have a full income test it is tantamount to a means test.

Senator GROSART: I know it is, but is not your other test going to be called a means test? Let me give you two examples. Here is one man who is getting $2 an hour in a factory. Here is another who is in the labour market but his income is from his mortgages, and so on. No. 1, as long as he is getting his income from labour, will not qualify for the Government pension. The other man will, but he is still working.

Mr. ANDERSON: Do you mean, working managing his mortgages?

Senator GROSART: Yes.

Mr. ANDERSON: On that particular point, I think what will have to be done for the Canada Pension Plan and otherwise will be to have a different definition of the borderline between labour income and investment income.

The CHAIRMAN: We do now.

Mr. ANDERSON: We do not do it in the way necessary for this purpose. Take a typical self-employed businessman, the retail merchant. His income is reported as labour income, and yet part is investment income.

Senator GROSART: The same with the farmer?

Mr. ANDERSON: Yes, the same with the farmer, and most self-employed. The same with the landlords. They have all their income reported as rental income, which is technically investment income, though it is treated as earned income for the purposes of tax. For most self-employed income is double-barrelled, part is investment income and part earned income. It seems quite logical to say the investment income component is the equivalent of interest and dividends or pensions and annuities that other people get; but the earned income component is the same as wages and salaries. We think it is only the earned part that should be regarded as labour income. It is not difficult to divide them.

Senator GROSART: I am not questioning the principle, because I rather like it; but I am thinking of the opposition you will get, for example, from organized labour. They will say, "Why should this distinction be made? Why insist this man get out of the labour market whereas the other fellow does not have to get out of his income job?"

Mr. ANDERSON: If we divide the income into the part that is investment and the part that represents his labour, then you are treating them fairly.

The CHAIRMAN: As we do now.

Mr. ANDERSON: No, we do not do it now. The landlord treats his net income as if it were rental income, though part of it represents investment income and part represents work being the landlord.

Senator GROSART: Is not that providing one law for the rich and one for the poor?

Mr. ANDERSON: No. Almost all of us have some investment income, even the poor.

The CHAIRMAN: Under investment income, at the present time you can have an income of up to $10,500 a year and not pay a dime in tax.

Mr. ANDERSON: Yes, from dividends.

The CHAIRMAN: That is our present law. It has been there for 20 years.

Senator GROSART: No, not that long.

The CHAIRMAN: Well, 15. I am sure it has been there for 10 years.

Let me put a question to you for a moment. You—in fact, all of you—have given this brief a lot of thought and your contributions today have been most valuable. In addition to our other problems we have a problem of priorities. You heard me ask questions of the farm group in connection with

priorities. We are thinking in terms of economic, employment and health in all its aspects, social, including housing, recreation and community services. That is our thinking. What are your observations?

Mr. ANDERSON: I think they are all important, and I am rather hesitant to suggest priorities. I will make the observation that if you found a satisfactory solution to the economic needs most of the rest of the problems would disappear, in the sense that these other problems do not exist for other groups in the population because their economic needs are being looked after by our present system.

The CHAIRMAN: We have had witness after witness who came to us and said that if you met the economic needs you would not meet the needs of the aged.

Mr. ANDERSON: I am suggesting that if you meet the economic needs the problem of meeting the other needs would rapidly resolve itself at the local level. I do not think you require massive government intervention with respect to the other needs if the economic needs are met.

The CHAIRMAN: I agree with that.

Mr. ANDERSON: I am not suggesting the other needs are not important. I am suggesting that in our society perhaps the best way of facilitating the meeting of the other needs is to see that the economic needs are satisfactorily met.

The CHAIRMAN: Economic needs, including employment.

Mr. ANDERSON: I am speaking about income primarily, whether employment income or not. As long as the income resources of the aged are compatible with the rest of the community I think the other problems can be resolved without massive government intervention beyond such things as limited dividend housing corporations and certain forms of institutional care.

Senator GROSART: Mr. Anderson, in paragraph 2 you say about three-quarters of a million annuity contracts are in force. Would that be 750,000 individuals?

Mr. ANDERSON: Yes. There would be very little duplication in that figure.

Senator GROSART: I know we cannot average the arithmetic, but could you give us an idea of the yield, on the average, of the most popular annuity contract? I mean, the average yield.

Mr. ANDERSON: In what sense?

Senator GROSART: To the individual. How much a month, how much a year are you providing the three-quarters of a million people?

Mr. ANDERSON: These annuities are not all in payment. These are annuity contracts that are in payment now or are being purchased by people not yet retired.

Senator GROSART: The people who are now retired, who are receiving an annuity income, what is the average amount they are receiving?

Mr. ANDERSON: I cannot give you that figure at the moment. It is a figure we have prepared for other purposes from time to time, and we can supply information brought up to date as to the average size of annuity contracts that are in payment.

Senator GROSART: What I am getting at is this, we have X number of people in this category over 65. Some have additional income from various sources; some have no additional income. Here you account for roughly, let us say, three-quarters of a million now covered, so some part of these are aged?

Mr. ANDERSON: Yes.

Senator GROSART: What part of the income problem do private annuity plans take up—the problem being the requirement of the individual aged between $70 and whatever the standard of a modest to adequate standard of living is? The evidence we have had suggests it may be in the order of $120 a month per person.

Mr. TUCK: I think we will have to get you those figures.

Mr. ANDERSON: I think you should bear in mind, in looking at the figures, that most people are not prone to put all their resources into an annuity or to rely entirely on a pension. It is particularly true with annuities that there is an aversion to taking the totality of your resources and converting them into an annuity. You do not like the idea of all your capital disappearing. Our annuity contracts in payment for a typical payee would only represent a comparatively small fraction of his own income resources.

Senator GROSART: For many people it might represent their only supplementary income.

Mr. ANDERSON: Yes, this would be true where they have a pension plan to a much larger extent than with individual annuities. You also find in another instance annuities that have resulted from estate bequests, where the husband has died and the widow puts the money into annuities which very frequently represent a substantial part of her resources.

Senator GROSART: If we had the ideal situation where everybody at age 65 or 70 was covered on a private contributory basis or by annuities there wouldn't be any necessity for the Canada Pension Plan.

Mr. ANDERSON: But you would still have the situation where you would need to increase these pensions after people have retired.

Senator GROSART: You say on page 3 that you are having difficulty in getting information on persons on farms in respect to their income. It is rather interesting that in the other brief we had today on page 6 there is some information derived from a survey which is admittedly based on a very small sample. But there we find this phrase: "In the Stevens' survey, 96 per cent of the rural aging received no pension benefits, and 98 per cent received no annuity payments or military pensions." Now, this would not apply to the aged as a whole, that 98 per cent have no annuities, would it?

Mr. ANDERSON: No, this would be a completely lower figure. In the first place the presence of a pension is highly unlikely in the case of self-employed persons. At the present time it may not be as unlikely with the continuing development of registered retirement savings plans with suitable income tax arrangements, but as far as annuities are concerned again you get the proposition that the typical person who owns a farm or a business is not likely to acquire an annuity unless and until he liquidates that holding, so that you may have a lot of people in the country who used to be farmers and have sold their farms and bought annuities. That would not be in this analysis.

Senator GROSART: I am only trying to get at the sources of income that these people have. In another place you say, for example—I cannot find the page—that two million workers are covered at the present time by private pension plans. I am not speaking of annuities. This is in a labour force of about seven million, is that correct? About two out of seven members of the labour force are privately covered, is that correct? Two million out of the labour force—the latest figure in fact is 6.9. Now it has taken you quite a few years to get to this point where you have two million. If the job was left to private pensions, how long would it take you to get up to the seven million, or would you ever get to it?

Mr. ANDERSON: You never would get to the full seven million.

Senator GROSART: If you were allowed to continue enrolling people in a private contributory pension scheme, how high could you get?

Mr. TUCK: Seventy-five or eighty per cent.

Mr. ANDERSON: I think the measurement is unfair in two respects. In the first place as you are aware a comparatively high proportion of the labour force, probably around 40 per cent, consists of people under age 30, and it is typical of these people that they are not interested in pension schemes. They are not interested at this particular age.

Senator GROSART: That is why the Government is going to make it compulsory.

Mr. ANDERSON: The Government of Ontario, when it was looking at the question of compulsion, examined all the problems fairly, and reached the conclusion that it didn't make sense to compel people under the age of 30 to save for retirement.

Senator GROSART: They compelled us during the war to save regardless of age. Of course this was not for pensions. I am a private enterprise man, and I would like to believe that there is some evidence that if the Government scheme were not in force private enterprise could do it.

Mr. ANDERSON: I want to make the point that without compulsion it does not seem to be in the cards that you can get substantial contributions from the younger people in the labour force. The second point is that the form of that ratio is a little bit misleading in the same way that the labour force participation ratios are. When you say that 80 per cent of the men in a particular age group are participants in the labour force, this is not a true figure. It simply means that on a particular census day 80 per cent were working. The same applies here. The fact that two million are participating at any time does not represent the totality of the number that can achieve retirement having contributed during their lifetime.

Senator GROSART: What percentage might you cover of the actual labour force going into retirement or people who had been in the labour force and are now retiring? What percentage would private enterprise hope to cover in time?

Mr. TUCK: I would make a guess that we could reach 75 or 80 per cent. Incidentally, the two million figure you refer to on page 14 is followed by a sentence referring to the percentage of workers in industry in firms that have pension plans. Many of these are not in the plan in the early years, but they do get into the plan and come out with a pension.

Senator GROSART: In industry you have been very successful in covering firms with 77 per cent of the workers.

Mr. TUCK: In industry we have had success. And there are now retirement savings plans for individuals. In one form or another a pension at retirement should be possible for many on a voluntary basis. I think it should be in the order of three-quarters of the population or better.

Senator GROSART: Have you an estimate of the number, more or less, that the compulsory Canada Pension Plan will cover? Will it come to more than 75 per cent?

The CHAIRMAN: If it is compulsory, it must.

Mr. ANDERSON: It would be higher than that.

Mr. TUCK: We haven't an accurate figure.

The CHAIRMAN: I would like to adjourn at 12.30. Would you try to fit in your questions so as to finish at that time?

Senator GROSART: I would be glad to but it took six hours or more to study this brief and I have a few more questions.

The CHAIRMAN: It took me nearly that long to read it without fully understanding all its implications.

Senator GROSART: It is a very interesting brief and it is the first that has been fundamentally contradictory to some of the other views we have had. I am interested in this contradiction because I think it may be sound, and with your permission I would like to investigate it right now.

On page 7 where we have the general figure, that is the monthly disposable income of persons over 70. The average given is $134 per person over 70. Now, I said earlier that we have had evidence that somewhere around $120 would provide for a single person a modest but adequate standard of living. Therefore if the distribution of this $134 is anywhere like universal, then this committee does not need to sit at least as far as economic problems are concerned. We are wasting our time. Therefore I would like to ask first of all what percentage would you estimate to have less than $120. We have an average figure, and we have evidence which I shall not go into here, that the average is different from the median, and the median is different from the individual case. How many older people and what percentage would get less than $120, and what percentage would get less than $100? Let us take the over-seventy group for which $75 is the universal old age pension. How many are in need? May I just add this, that the consensus of evidence that we have had, as I have checked it over, seems to show that this figure is over 50 per cent. The income of over 50 per cent is below the standard of a modest but adequate living. What would be your figure? Is that figure wrong?

Mr. ANDERSON: I am quoting directly from Bulletin SX-2 of the Dominion Bureau of Statistics in which they say—

Senator GROSART: For what month is that?

Mr. ANDERSON: This is one of the census bulletins, sir. The D.B.S. indicates that for the nonfarm population of 70-plus the total number is 730,000. This excludes people on the farm and people in collective households. It indicates that the average cash income of these people was $1,576.

Mr. DAVIS: I have a figure of $1,578, but it does not matter.

Senator SMITH (*Queens-Shelburne*): I wonder if Mr. Anderson could complete that. This is interesting.

Mr. ANDERSON: They indicate an average cash income level of these people in the year ending May, 1961, was $1,576 from all sources, which is $131 a month.

Senator GROSART: Is that for 1961?

Mr. ANDERSON: This is for the year ending in May of 1961.

Mr. DAVIS: Mr. Chairman, might I add a little footnote to this because I have worked with some of this material. It is true that the average in that group is $1,576—although my figure is $1,578—but 57.3 per cent of those people had less than $1,000 of income.

Mr. ANDERSON: That is the point I want to make. Of the total number, 8,000 reported no income, 19,000 an income below $500, and 406,000 reported an income of over $500 and below $1,000. I think that is the figure you have in mind. About 60 per cent of that group had incomes below $1,000.

Senator GROSART: The Federation of Agriculture warned us on page 5 of their brief about using average figures; and I will just quote their statement:

> All of which indicates a hazard in using averages and a disaster in stereotyping the aging.

Mr. ANDERSON: We recognize the point that averages are very deceptive.

Senator GROSART: But you rely on them all the way, but I do not blame you because that is your business.

Mr. ANDERSON: We suggest the point that if the total money being paid out is not defensible then perhaps the pattern of paying it out should be investigated. That is, we submit we are not directing enough of the money to the people who require it most.

Senator GROSART: On that theory you would wind up the whole private enterprise system.

Mr. ANDERSON: Well, our private enterprise system in our society cannot conceivably solve this problem. There is no present mechanism by which the individual can provide in advance for increasing standards of living.

Senator GROSART: It cannot solve the problem, and should not, of giving everybody the same income. I will come back, if I may to page 8. I was going to ask you about the footnotes numbered 2 on both pages 7 and 8. Is there a stenographic error in the last line of note 2 on page 7, which reads:

> It is assumed in the case of married couples that their income including Old Age Security is divided equally and, therefore, part of Old Age Security in payment is included in the income of younger spouses.

Mr. ANDERSON: No, that is correct. We have taken the view that if we have a married couple but only one spouse is qualified for old age security, that benefit is shared with the other spouse. That seems obvious if a man is in his seventies and a women is in her sixties.

Senator GROSART: It was just the grammar of it that caught my eye. However, I will leave it. I do not understand the grammar. On page 8 you come back to this point of where you take $56 as the portion of disposable income of persons 70 years of age and over accruing from old age security, and knock it down to—

Mr. ANDERSON: From the figure of $64 which, I think, was the average for that year.

Senator GROSART: You knock it down from $70, which would be the figure—

Mr. ANDERSON: No, in 1962 the actual benefit received was $55 for one month and $65 for eleven months, which averages out at $64. Marking it down involved taking off the tax collections, and attributing some of this to the younger spouses. You see, in the group of people aged 70 and over you have 100,000 more husbands than wives. There is this net excess of husbands to consider.

Senator GROSART: I have one more point with respect to page 13. There you have a comparison of the percentage of net national income of various countries, and you show Canada's figure as 12.8 per cent, which is comparatively high. Have you not been very selective there? What is the figure for France or West Germany? Why are they not here?

Mr. DIMOCK: These figures were all developed by the Department of National Health and Welfare, and there are no other countries for which they have published figures.

Senator GROSART: Well, in respect to the weight of taxes in various countries I am sure you have seen this table that was published in the Canadian Tax Foundation Journal. I would like to put it on the record, and I will say no more. It is a table showing total taxes as a proportion of gross national product for 20 countries out of 40 which reported data. This shows that of these 20 countries Canada is the fourteenth in the list. That is, the precentage of taxation to gross national product in Canada is less today than it is in West Germany, France, Austria, Norway, Sweden, Finland, The Netherlands, Luxembourg, Italy, the United Kingdom, the United States, New Zealand and Denmark. I am not suggesting that we should have more taxes, but I draw attention to that to

indicate that he implication of the table on page 13 of your brief which refers only to welfare expenditures, should not be taken to indicate that Canada cannot do as well as other countries in respect to looking after the aged.

The CHAIRMAN: Mr. Sharpe, have you something to say?

Mr. SHARPE: I will be very brief, sir. In closing we would like to say that there has been no thorough scientific study of what groups are the most in need of government help in Canada. This Association and others have for some time called for such a study before any welfare programs are set up or expanded. In short, we like the approach of your Special Commitee on Aging—to examine and define the needs first.

Our own examination of the needs leads us to think Canada should avoid the "upside down welfare" approach of the proposed Canada Pension Plan, and instead extend the existing Old Age Security program to younger ages than 70, and possibly supplement it at older ages. This would provide help where help is needed, and do it now for every one of the aged.

We thank you for the opportunity of appearing before you today, and we hope we have made a constructive contribution to your studies.

The CHAIRMAN: First of all, I wish to thank the senators who came here today despite the fact that the Senate is not sitting in order to keep our appointment with you who are interested in the problem of aging.

On behalf of the committee I want to indicate that we are very appreciative of your most useful and comprehensive brief. We could have gone on for a very long time, but I do not know that we would have settled very many problems. This has been a new and fresh approach, and it will be very helpful. On behalf of the committee, I thank you.

The committee adjourned.

APPENDIX I-1

SUBMISSION

BY

THE CANADIAN FEDERATION OF AGRICULTURE

TO

THE SPECIAL COMMITTEE OF THE SENATE ON AGING

June 25, 1964

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Submission

by

The Canadian Federation of Agriculture

to

The Special Committee of the Senate on Aging

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

1. Farmers, being among the ranks of the self-employed, are not forced to retire at the usual retirement age of 65, and many of them do carry on in their occupation after this age has been reached. The 1961 Census of Agriculture showed that 12 per cent of the farm operators in Canada, or 56,322 out of a total of 480,903, were 65 years of age and over.

2. Notwithstanding the tendency for farmers to carry on in their occupations during their old age, many of them do retire for health, economic or family reasons. They tend to have many of the same problems and needs in retirement as do the aged people in other walks of life, and in some cases in a more acute form.

3. While information on the economic status of the rural aging is limited, that which is available indicates what might be expected; namely, that on

the average the rural againg have lower incomes than the urban aging, and, in particular, that pension or annuity provisions are practically non-existent among rural people. Limited evidence also suggests that income from investments in the rural aging group is nowhere near enough to make up for the lack of pension provisions in this group. For the rural group, the major source of investment income tends to be from the sale or rental of their farms.

4. Recognizing the need for higher incomes for our senior citizens, the Canadian Federation of Agriculture recommended in 1959 that a federally-sponsored old age contributory pension plan be established, which would include farmers and other self-employed people, and which would be in addition to the existing flat-rate Old Age Pension. The Federation has urged that the proposed Canada Pension Plan be mandatory for farmers on the grounds that a merely voluntary opportunity to participate would result in failure to achieve the central objective of the Plan: that is, to provide a minimum pension security for everyone in this country.

5. One of the most difficult problems in farming today is the transfer of farm enterprises from one generation to the next. Constantly rising capital values of farms has accentuated this problem. The CFA recommends that research be undertaken to more clearly establish the dimensions of the problem, and to suggest ways in which it might best be overcome.

6. The CFA further recommends the implementation of a government land purchase policy, perhaps under ARDA, to assist the rural aging who stay on at farming long after they should or want to because they are captive to it. The idea of providing that the retiring farmer may continue on in the farm house under such a policy deserves careful consideration.

7. The opinion was expressed in an Ontario survey that employment opportunities for the elderly in rural districts, while not plentiful, are better than they would be in the cities, where educational requirements are usually higher, where industrial pension requirements are often a limiting factor for the older person seeking work, and where the competition for unskilled jobs in greater.

8. One survey conducted in Ontario indicated that: a significant proportion—17 per cent—of the rural aged would show immediate interest in educational classes if they were provided.

9. In the field of recreation what the rural aging seem to lack most are organization such as Senior Citizen and Golden Age clubs. In a survey of the rural aging in Ontario, 50 per cent of those interviewed said they would be interested in joining such organizations if they were available in their district.

10. Modern society and modern housing do not provide for multi-family living. There are an increasing number of aged persons in rural districts, many of whom are retired farmers, who are financially unable to compete for conventional housing, but who are often many years away from requiring institutional or other care. They want to remain in their communities, where their families and their friends of long standing live, and where familiar institutions and services are at their disposal. What these aged people need and want in terms of housing is independent living accomodation of a suitable nature and at a price they can afford to pay.

11. One means of meeting this particular housing need is through the provisions of the Limited Dividend Section of the National Housing Act. The

experience of United Co-operatives of Ontario in using this legislation to provide apartment-type accommodation at cost for senior citizens in the rural districts of Ontario is outlined in the submission in some detail.

12. Drawing from its experience to date, U.C.O. is concerned that the future success in providing the kind of accommodation for elderly people in which it has become engaged is dependent upon better promotional information on the Limited Dividend Section of the National Housing Act, and the necessity for keeping rents as low as possible in the face of rising costs. To this end, the organization recommends the following:

First, that a much more extensive public information program be conducted on the provisions of the National Housing Act in providing loans for the construction of accommodation for the aging.

Second, that the subsidized interest rate of 5⅛%, and the amortization period of 50 years be maintained for loans under Section 16 of the National Housing Act.

Third, that the Federal Government reconsider the advisability of exempting non-profit Limited Dividend housing projects for the aging from the recent and planned increases in the sales tax on building materials. (The general CFA position on sales tax on building materials, it may be noted, is that the exemption provided for so many years should be re-instated.)

Fourth, that the provincial government also exempt such projects from the provincial sales tax, and give consideration to increasing its grants to such projects from 5% to 8% of the capital costs.

13. The Canadian Federation of Agriculture looks upon the approach being taken by the United Co-operatives of Ontario in providing modern apartment accommodation for aging rural citizens in Ontario as a promising and valuable development which might well be duplicated in other provinces.

14. Our farm people believe that it is the right of every citizen to have the best of medical care, and not to be deprived of it, or placed in financial jeopardy, because of lack of financial means. The Canadian Federation of Agriculture strongly recommends the establishment of a National Health Insurance Plan under provincial and Federal Government sponsorship and control, to give full medical and surgical care at a premium the lowest income group in our society can reasonably afford. We have recommended as a basic principle that the particular circumstances of long distances and scattered population of farm and rural communities be fully taken into account in the improvement of the organization of health services. Certainly we would insist that in the development of a National Health Plan, and the improvement of health services generally, the circumstances of the aged population should be taken fully into account. Such a Plan is, we believe, even more necessary for senior citizens than it is for the rest of the population.

15. County co-operative medical services have been developed throughout Ontario because of the lack of a universal medical care plan to meet the needs of rural and small town people. They are providing a valuable service to senior citizens in that they have no age limits and no medical examination requirements for entry. In addition, they offer a very comprehensive program of prepaid medical care at cost, and at premiums that compare favourably to those of other medical plans.

16. The cost of drugs is of vital concern in connection with health services. The Canadian Federation of Agriculture recommends that the Canadian Government abolish drug patents in this country in order to reduce the prices of drugs which have been shown to be excessive.

Submission

by

The Canadian Federation of Agriculture

to

The Special Committee of the Senate on Aging

I. INTRODUCTION

1. The Canadian Federation of Agriculture appreciates this opportunity to make this brief submission to the Special Committee of the Senate on Aging, and to have its representatives appear before the Committee to give personal testimony.

2. The Federation will be well known to the members of the Committee. It is the national voice of organized farm people, embracing within its membershap nearly all of the significant provincial, regional and national farm organizations in this country. The CFA member bodies include 8 provincial federations of agriculture; the farm organizations in Quebec (L'Union Catholique des Cultivateurs, Co-opérative Fédérée, and the Quebec Farmers' Association); two national commodity organizations (The Horticultural Council of Canada and the Dairy Farmers of Canada); and, one major regional commodity group (The United Grain Growers Limited).

3. While the Federation's principle objective and preoccupation is to promote the welfare of the Canadian farmer in his occupational role, through the development and implementation of sound farm policies and programs, it also concerns itself with the problems of farm people as citizens of this country. The Federation therefore attempts to deal with all the important matters affecting the economic and social well-being of farm people, including problems such as the ones this Committee has before it.

4. Your Order of Reference is, of course, 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 iincome, there are also developed adequate services and facilities of a positive and preventative kind so that older persons may continue to live healthy and useful lives as members of the Canadian community.

5. Since you began your work and hearings last summer you have had presented to you numerous submissions from a wide cross section of Canadian life, including testimony from a number of well qualified experts in various fields associated with your study. These submissions have gone a long way in identifying unmet or insufficiently-met needs of our older citizens, and they have brought forward a lot of useful information and quite a number of recommendations for government consideration and action. It is therefore our intention to avoid insofar as it is possible any unnecessary repetition, and to concentrate to the extent to which we are able on the problems of the aged in rural communities, and, more particularly, on those aspects of the subject that are peculiar to farm people, or to which our member bodies have devoted some attention.

6. It should be noted here that the member bodies of the Federation have not given comprehensive consideration to the full range of problems confronting the aged, either individually or within their national association.

Notwithstanding, many of them have taken an interest in certain of these problems, have developed policy proposals in respect to them, and in some cases launched action programs of their own to assist in alleviating them. Specific mention will be made of the pertinent proposals and service programs in the appropriate sections of this submission which are to follow.

7. In preparing to make this submission, we sought the co-operation of our various member bodies, and in this connection, we should like to single out the Ontario Federation of Agriculture. The OFA not only provided us with some valuable source material, but through one of its member bodies, Co-operative Medical Services Federation of Ontario, actually conducted a survey which was designed to provide background information for this presentation. We are happy to have with us at this presentation, the officers of both these organizations.

II ECONOMIC NEEDS OF AGING RURAL PEOPLE

8. It is a generally held belief that many farm people never really retire, but are inclined, like old soldiers, to just fade away. It is suggested that being self-employed, and not forced to retire at age 65, farmers can choose to carry on as long as they are physically fit, then slip into a life of semi-retirement. This situation probably does apply to a good many farm people, although the evidence to support the tendency is of a rather general nature.

9. According to the 1961 Census of Agriculture, there were 480,903 farm operators in Canada. Of this number 56,322 were 65 years of age and older. This means that nearly 12 per cent of the farmers in Canada in the last Census year were working beyond the normal retirement age in industrial and other occupations. It is of interest to note that 28,411 or 5.9 per cent of the farmers in 1961 were in the 65-69 age group, and 27,911 or 5.8 per cent, were in the 70-year-and-over age group. (*See table 1 Appendix.*)

10. Many people who have made farming a life's work do of course retire, either for health, economic or family reasons. Farming, even in this day of highly mechanized operations, continues to be a demanding occupation which draws heavily on the physical resources of the operator. Advancing years or deteriorating health, or a combination of both, may force the operator to give up his farming career. In other cases, the aging farmer may feel a moral obligation to retire in order to turn the management of the farm over to his son or other close relative.

11. What is the economic status of the aging farmer? What is the economic status of those among them who retire? What are their problems and their needs?

12. One has scarcely to remind a Committee of this body, after its special study of Land Use in Canada, in which the problems of low income farmers were explored, of the inferior economic status of a large section of our farm population. According to Dr. David MacFarlane, head of the Agricultural Economics Dept., Macdonald College of McGill University, the general tendency has been that in depression or recession periods, returns to farmers drop to a range of one-third to one-half of those of city workers; in periods of prosperity farm returns may rise to two-thirds or three-fourths of equivalence. But they never reach the same level. That farm incomes have been less and have lagged behind income of most other occupations in Canada is a fact which can be documented. (*See table 2 Appendix*). Moreover, with advancing technology and mechanization in agriculture, farmers have had to invest their earnings in their farm businesses in order to keep them modern and efficient, and viable

economic units. This strongly suggests that farm people on the average have not only had less to live on, but have been less able to prepare for their retirement years than non-farm folk.

13. What evidence is there to support this latter contention? Well, we regret to say that there has been very little research done in Canada on this subject. We know of only one study that can throw any light on the question. It was conducted by Vernon S. Stevens of the Ontario Agricultural College in 1958.

14. Mr. Stevens, with the help of two graduate students, did a sample survey of "The Aging Population of Wellington County". The survey embraced interviews with representative groups of rural, urban and county home people in the 65-and-over age group. Actual numbers interviewed for each of the three groups were 122,133 and 111 respectively. Of the rural group, 70 of those interviewed resided on farms and 52 were non-farm residents.

15. With respect to the rural aging, the survey found that 44% had disposed of their farms or businesses. On the average the farm was sold 14 years previous to the study, and, for 41 who were able to give the information, the actual cash received at the time of sale averaged $2,874. Eighteen per cent had disposed of their farms or businesses to their children, and 10% had contracts with them for the operation of the farms or business. Twenty-four persons of the rural group had their equities secured by first mortgages.

16. According to the Stevens study the following are the averages of the self-provided incomes from various sources (other than the Old Age Pension) of the Wellington County aging in 1958.

Source of Income	Average Amounts Received			
	Rural	Urban	Home	County (sample average)
Work	$383	$385	$ 6	$263
Employer's Pension	30	125	14	54
Government Annuity	9	485	9	21
Military Pension	9	52	19	25
Rent	64	176	77	149
Interest	193	252	73	174
Totals	$688	$1,475	$198	$686

17. The following is Mr. Stevens' comment taken from the study:

"Estimates of additional income available to aging may be made from the following facts. Twenty-four of the Wellington aging had spouses who worked for wages; the number is small and the amounts were not dependedly reported. Few children, 14 in all, made contributions to their aging parents, but the average for these was $475.

"Seven persons between the ages of 65 and 70 received Old Age Assistance to the value of $55 a month. All 282 persons over age 70 automatically receive Old Age Pension to the same amount. Also 71 persons had spouses who received Old Age Pension.

"Averaging the public funds made available over the total number gives $686. (This figure should not be confused with the self-provided county average income which is also $686.) Averaging incidental amounts in the same way gives an estimated $19. Adding these amounts to the average self-provided income gives a total of $1,391 a year. This is more than adequate to meet the demands of the Proposed Monthly Budget of the Ontario Welfare Council. If a normal distribution be assumed, it means that more than half the aging

can lead a life 'consistent with health, decency and self-respect'. On the other hand a very large proportion of the aging have no income other than Old Age Pension, and 107 of the aging depleted their savings by an average of $331 in the year. Moreover, all the figures are distorted by calculating the home aging as a third and equal group; in the census, for example, they constitute parts of other groups. All of which indicates a hazard in using averages and a disaster in stereotyping the aging."

18. As Mr. Stevens suggests, it would be misleading to draw conclusions from these average figures, and moreover, it would be misleading to suggest that the economic status of the aging in Wellington County is typical of all other areas of the country.

19. However, the study, limited as it was, does seem to substantiate what might be expected, i.e. that on the average the rural aging have lower incomes than the urban aging, and, in particular, pension or annuity provisions are practically non-existent among rural folk. (In the Stevens' survey, 96 per cent of the rural aging received no pension benefits, and 98 per cent received no annuity payments or military pensions.) It also suggests that income from investments of the rural aging are, in fact, less than those for urban aging, and are nowhere near to making up for the lack of pensions. For the rural group, the major source of investment income tends to be from the sale or rental of their farms.

20. Under these circumstances, it is not surprising that the Canadian Federation of Agriculture was among the citizen groups in this country that called for a federally-sponsored old age contributory pension plan which would include farmers and other self-employed people, and which would be in addition to the flat-rate Old Age Pension. The Federation passed a resolution at its 1959 annual meeting recognizing the need for higher incomes for Canada's senior citizens, and advocating the establishment of a federally-sponsored contributory pension plan to meet this need.

21. The present Governments' recent actions to establish such a plan were welcomed by the Federation. However, our organization was disappointed when the original proposals placed participation for the self-employed on a voluntary basis. Following a mandate from our annual meeting in January of this year, the Federation petitioned the Government to make the proposed plan mandatory for farmers, if not for all self-employed people. The Federation takes the position that the voluntary basis of inclusion would result in a failure to achieve, as far as farmers are concerned, the central objective of the plan: that is, to ensure a minimum pension security for everyone. It would be precisely those who will most need a pension who would most likely fail to take advantage of a merely voluntary opportunity.

22. Since our representations were made in February, the Government announced further changes in the proposed Canada Pension Plan, including one to make coverage compulsory for the self-employed who earn more than $1,000 a year. The Federation believes this to be a step in the right direction.

23. Before leaving this section of the submission we should like to raise two additional and relative subjects which we deem to be important and worth emphasis.

24. One of the most important problems in farming today, and which very much involves the older as well as the younger people in the industry, is that of the difficulty of transferring farm enterprises from one generation to the next. The value of farms is getting larger and rising with the substitution of

capital for labour in the industry. The average capital value of commercial farms in the 1961 Census of Agriculture was approximately $35,000, and this means of course, that many are capitalized today at $50,000 to $60,000 and more.

25. We submit that for many farmers, who wish to retire, it is extremely difficult to withdraw their investment in their farm business, and at the same time keep them viable and relatively efficient operating units. The problem is equally difficult for a member of the younger generation who wishes to buy a farm. The younger man finds it hard to borrow sufficient money to satisfy the immediate needs of the seller, or to assume the debt on such borrowings, and at the same time keep the farm operating in an up-to-date and efficient manner. If some acceptable means could be found to overcome this problem, it could contribute in large measure to the economic and social well-being of a significant proportion of our aging farm people.

26. In a working paper on "Farm Credit in Canada", prepared by D. W. Carr and Associates for the Royal Commission on Banking and Finance, it is recorded that: "A major transfer of farm enterprises had taken place in the period 1945 to 1952. Another generation would be due to take over again in the decade 1965 to 1975. By that time, investment per farm will have increased further. The demand for credit to finance such transfers is likely to become pressing."

27. The Canadian Federation of Agriculture takes the view, and has so recommended, that the maximum loans under the Farm Credit Act should be substantially raised, and the government is now in the process of doing so. While increasing the maximum loan under FCC will tend to ease the the problem of refinancing farms each generation, it will not of itself resolve it.

28. The problem is complex, because it varies in nature from farm to farm, with the size of the operation, the size of the family involved, the income level and potential of the farm. In addition, there is the question of whether, in fact, farms that reach a capital value of say $60,000 or $75,000 can be refinanced every generation, without undue hardship and self-sacrifice, if at all, even if long-term mortgages are available.

29. We submit that far too little is known about the transfer problem which, as the Carr report indicates, will become much more serious and acute in the early 1970's. In the interests of the security of aging farmers, both now and in the future, every effort should be made to find the proper policies to deal with it.

30. The CFA recommends that study and research is needed to more clearly establish the dimensions of the problem, and to suggest ways in which it might best be overcome.

31. The second problem we wish to mention is that faced by farmers who stay on at farming long after they should or want to because they are captive to it. It may not be simply a case of the financial problems associated with a farm transfer from father to son. There may be no willing heirs to take over, or indeed, because of the farm's marginal nature, it may be unsaleable.

32. To meet these kinds of problems, the Federation recommends the implementation of a government land purchase policy, perhaps under the ARDA program, as a means of assisting the rural aging, and as a means of reallocating the land resources involved to their most suitable use.

33. It is of interest to note that in European countries schemes of this kind are now in the process of being introduced. In Holland, for example, a plan was put into operation on May 1st of this year. The Netherlands Govern-

ment has established a Development Fund through which provision can be made for elderly farmers to dispose of their holdings to a central body that would divide the land among the neighbouring farmers.

34. A Dutch farmer so disposing of his holding would receive a pension ($55 per month at age 55, $110 per month at age 60) provided that (i) he was not less than 55 years of age; (ii) he had not earned more than a specified income from his farm (about $1,800) over the preceding three years; and (iii) he gave up farming. He would be at liberty to continue to reside in the farm house. The retiring farmer, on reaching the normal pensionable age of 65, could draw the normal pension plus $280 per year. The land which he had farmed could not be farmed in future as the same unit, but could be used to increase the size of neighbouring holdings.

35. The idea of providing that the retiring farmer may continue on in the farm house in such cases appeals to us, and we believe it should be given every consideration in devising a similar plan in this country.

III OCCUPATIONAL OPPORTUNITIES, EDUCATION AND RECREATION FOR THE RURAL AGING

36. This particular section of the Federation's submission contains no recommendations. It is included to provide what information we could obtain of a rural nature on this phase of the Committee's study.

Occupational Opportunities

37. From the (1958) Stevens' study in Wellington County, in which 346 persons were interviewed, and in which the average ages for rural, urban and home groups were 74.7 years, 74.7 years and 78.8 years respectively, the incidence of work on a full or part-time basis was slightly higher for rural aging than for urban. Thirty-eight per cent of the rural aging received some income from employment, as against 32 per cent for the urban aging. The following table shows the distribution of earnings from work among those interviewed:

	Percentages of Groups		
Amount Earned	Rural	Urban	Home
Zero	62	68	95
$1—$100	3	4	0
$101—$500	11	10	2
$501—$1,000	11	4	0
$1,001—$2,000	7	4	0
$2,001—$5,000	3	7	0
Over $5,000	1	0	0
Not known	2	3	3
Totals	100	100	100
Average of known earnings	$383	$385	$6

38. In the informal survey conducted by the Co-operative Medical Services Federation of Ontario, the general concensus was that employment opportunities for the elderly in rural districts, while not plentiful, are better than they would be in the cities, where educational requirements for employment are frequently higher, where industrial pension requirements are often a limiting factor for the older person seeking work, and where the competition for unskilled work is greater. Small businesses in towns and villages, and the district farmers, are

more likely to hire someone they know can still do the job to be done regardless of age. The respondent from Norfolk County indicated that "many realy elderly people are continuing to do useful work".

Education

39. The only real insight into the educational situation of the rural aging comes again from the Stevens' survey. Here is what he found out about the education of the Wellington County aging:

"To the query, 'Now that you have leisure, would you like to pick up your education where you left off?' about eight per cent replied in the affirmative. The variation among the groups is only one per cent. Possible reasons for the apparent lack of enthusiasm are lack of knowledge, lack of opportunity or both. Fifty per cent of the urban aged were unaware of adult classes in the neighbourhood although, in fact, there were some such classes. Twelve per cent of the home aging were likewise unaware of local adult classes, and 99% of the aged in rural areas asserted there were none. One rural, two urban and no home aging persons were in attendance. Within none of the homes were there educational facilities as such. Negative motivating factors were dominantly lack of interest and conditions of health.

"It was suggested that classes or discussion groups of their age peers be organized to study current events, books, cookery, new developments in old occupations, light occupations or hobbies. There was considerable overlapping in the responses, but it seems safe to conclude that at least 17% of the rural, 11% of the urban, and eight per cent of the home aging would show immediate interest. Indeed 16% of the rural aging and 10% of the urban aging would like to act as instructors in educational projects. More women than men volunteered in the rural areas, more men than women in the urban areas.

"In the rural areas 99% of the sample listened to the radio daily, this for a model time of two hours. This is the typical time in all groups, but 25% of the urban aging lack radios and 33% of the home aging do not listen. Two hours is, also, the typical viewing time for television and characterizes 66% of the rural aging and 48% of the urban aging, and 33% of the home aging. In all groups men are somewhat more addicted to radio and women somewhat more to television.

"About 16% of the whole county sample got books from the nearest public library, the percentage for the rural aging taken alone is 14. Thirty-nine, 38 and 35 per cent of the rural, urban and home groups respectively said they would read books if they were brought to them.

"From one to three farm periodicals were seen by 100% of the rural aging, 33% of the urban and 23% of the home aging. On the other hand 78% of the home aging saw no farm journals and 49% saw no periodicals at all."

Recreation

40. Television and radio are of course a source of entertainment as well as a means of education. So is reading. The Stevens' study would seem to indicate that more of the rural aging spend time engaged in these activities than do the urban aging. In addition, it is our opinion, and it is substantiated in the same study, that the rural aging not only have more frequent communications with their immediate families than do the urban aging, but they also have more contacts with visitors, other than their families, as well.

41. What the rural aging seem to lack most in their social life are organizations such as Senior Citizen and Golden Age clubs, which are more numerous in urban centres. This viewpoint was expressed by the Ontario Federation of Agriculture, and also in the survey of the Wellington County aging. In the

latter study, it was shown that while only 6 per cent of the rural aging participated in such clubs, 50 per cent of those interviewed said they would be interested in joining if they were established in their district.

IV. HOUSING FOR RURAL SENIOR CITIZENS

42. During the hearings of this Committee you have been told a good deal about the housing conditions of the aging and the problems that are being encountered in meeting the accommodation needs of our senior citizens. It is an area of need that has received growing recognition by governments, and by service and charitable organizations of various kinds.

43. Four our part, the Canadian Federation of Agriculture wishes to record the experience of one of its member bodies, the United Co-operatives of Ontario, in its efforts to help in providing housing for the aged in rural districts and communities.

44. With respect to housing, aging people tend to fall into three classifications. First, there are those who are financially secure and thus are able to remain in their own homes or compete for conventional accommodation if a move is indicated. Secondly, there are those who are indigent or infirm and who require custodial or institutional accommodation and care. And, finally, there are an increasing number of aged persons who are financially unable to compete for conventional housing, but who are often many years away from requiring institutional or other care.

45. In the view of the U.C.O., it was this latter group which seemed most vulnerable and which all too frequently faced the prospect of living in indifferent or unsuitable housing. The Co-operative was convinced that the housing requirements of at least a substantial proportion of this group could be met if decent accommodation could be provided (under existing conditions) at not more than $55 to $60 per month for couples in a one bedroom apartment, and preferably not more than $40 to $45 per month for single persons in a bachelor apartment. Moreover, U.C.O. recognized that while the Limited Dividend Section (Section 16) of the Notional Housing Act was designed to provide low-rental accommodation of the kind needed, it was not being utilized as fully as it might or should be, especially in the smaller rural communities. The reason seemed to be that the kind of voluntary, local effort related to securing the necessary Charter, the planning and financing, the architectural and construction aspects, plus operational management for 40 or 50 years, was simply too onerous a task to be undertaken by many interested groups.

46. It was arising out of these considerations, and the conviction that it could develop certain economics of operation which would help to keep the rents down, that U.C.O. decided to venture into the housing field as a public service.

47. This Co-operative set up, as a subsidiary, the Twin Pines Apartments Limited. Twin Pines is a provincial company chartered under the National Housing Act, and dedicated to providing modern apartment accommodation at cost to elderly citizens. U.C.O. furnished the original share capital in Twin Pines Apartments and contributes further in development, accounting and management service, plus assuring the responsibility for successful operation under the continuing supervision and approval of Central Mortgage and Housing Corporation.

48. Twin Pines projects retain their local identity and are organized, constructed and operated by Twin Pines Apartments Limited in close association with local advisory committees involving service clubs, fraternal or church

groups, or the municipality itself. Such organizations participate in the overall affairs and financing of Twin Pines Apartments by holding preferred shares constituting the owner-equity in the projects of approximately 5 per cent of total capital costs. Preferred shares are usually acquired by local groups as payment for the land site of the project, but many other interested groups and individuals participate in the owner-equity financing.

49. Local construction costs and land values vary between communities, but to illustrate financing, the average total cost including land of several recent standard 11 suite fire-resistant buildings is $70,000. The sources of the financing is as follows:

A 90% (approx.) CMHC 50 year amortized mortgage loan at 5⅛% interest	$ 62,000
A 5% (approx.) Ontario Department of Welfare outright grant	4,000
5% (approx.) owner-equity capital, Twin Pines Apartments Limited)	4,000
Total costs (approx.) 11 suite building	$ 70,000

50. The factors which affect the achievement of the lowest possible end rents are: (a) the purchase of well located land at the lowest possible cost; (b) the establishment of the maximum municipal property tax rebate; (c) government controlled operating costs; and (d) the centralized services provided by the U.C.O. subsidiary.

51. U.C.O. believes that one of the basic requirements is to get the local municipal council to agree to a property tax rebate in full if possible, but at least limiting the tax to not more than $25 per apartment per year, or $275 per year for an 11 suite standard building.

52. End rents are approved and controlled by CMHC at actual carrying cost, based on actual requirements of each project, and allowing only for the potential dividend of not more than 5% on equity capital, i.e. $4,000 equity for an 11 suite building.

53. In effecting economies, U.C.O. is able through its subsidiary to:

(*a*) Provide staff engineering and architectural services at two-thirds of the cost of comparable outside services.

(*b*) Provide staff construction services for the apartments at lower cost than outside contractors.

(*c*) Supply some of the equipment for the apartments, such as refrigerators and stoves, at wholesale prices.

(*d*) Provide the cost benefits achieved through volume purchasing.

(*e*) Provide property management services and continuity of operations by experienced personnel.

(*f*) Operate on one charter and corporate structure for any number of projects, using standard building designs that can be reused in various communities without reflecting monotonous similarity.

54. The Twin Pines approach also has the advantage, not available to sponsors of single projects, of equating small operating losses on some projects with small operating savings on others through a consolidated corporate structure, operating statement and balance sheet.

55. Twin Pines is considered a charitable sponsor under the National Housing Act by virtue of the offer to purchase it extends to each municipality for the project building at the remaining book value (approximately 10%

of capital cost) after the CMHC mortgage amortization retirement period. The only proviso is that the building, or the money from its sale, is used for continuing charitable purposes. This arrangement is unlike most other Limited-Dividend housing projects, and is an inducement for municipalities to provide the tax rebate in the initial stage of the project, and generously recompenses them for this consideration in the final analysis.

56. To qualify for tenancy in Twin Pines apartments applicants must be nearing the age of 60 or older, and physically and mentally able to take care of themselves. There is a minimum annual income requirement of $750 for individuals and $900 for couples. Maximums are set at $2,100 income from any source for individuals and $2,700 for couples. The Local Advisory Committee is responsible for screening and approving tenants on a non-discriminatory basis and giving priority to those in greatest need.

57. Twin Pines has been operating since 1961. In a little over two years, it has established ten (11 suite) housing projects in these following communities: Dundalk, Orillia, Orangeville, Trenton, Durham, Mitchell, Hanover, Wingham, Mt. Forest and Ridgetown. Preliminary to going forward with these projects an authoritative survey was conducted in each of the localities to prove the need for this kind of accommodation. Discussions for the development of similar accommodation has progressed to various degrees in some sixty other small towns and communities in Ontario.

58. U.C.O. expresses a distinct preference for the National Housing Act Limited Dividend approach over the joint Federal-Provincial-Municipal joint financing scheme, because the former allows for greater local participation and enjoys some economic advantages over the latter.

59. It points out that the 60-and-over age group represents up to 25 per cent of the local population in a great many of the smaller towns and villages in rural areas. In the town of Pretolia, 30 per cent of the population falls within this age group. Notwithstanding these much higher percentages of aging in the smaller communities, government-sponsored housing for senior citizens—including Limited Dividend—is concentrated almost entirely in the larger urban and metropolitan communities.

60. Lack of suitable housing for elder citizens in the smaller communities may be attributed to:

(*a*) Ignorance as to the existance of the provisions of the National Housing Act, and the almost negligible promotion of the provisions by the authorities.

(*b*) Lack of well-organized welfare agencies in these communities which might normally be expected to take some responsibility in this field.

(*c*) A traditional negative attitude amongst small town legislators towards any type of housing other than the conventional kind, and an unjustified belief that institutional houses for the aged can meet the needs.

(*d*) Active opposition by some small town landlords to Limited Dividend housing projects, because they believe these to be privileged competitors, even though the existing accommodation is inadequate, substandard, hazardous and too costly for many senior citizens.

61. Drawing from its experience to date, United Co-operatives is convinced that the future success of providing the kind of accommodation for elderly citizens in which it has become engaged is dependent upon better promotional information on the existing Limited Dividend plan, and the

necessity of keeping rents as low as possible in the face of rising costs. To this end, U.C.O. recommends the following:

First, that a much more extensive public information program be conducted on the provisions of the National Housing Act in providing finances for the construction of accommodation for the aging.

Second, that the subsidized interest rate of 5⅛ per cent and the amortization period of 50 years be maintained for loans under Section 16 of the National Housing Act.

Third, that the Federal Government reconsider the advisability of exempting non-profit, Limited Dividend housing projects for the aging from the revent and planned increases in the sales tax on building materials.

Fourth, that the Ontario Government exempt non-profit, Limited Dividend housing projects for the aging from provincial sales tax, and give consideration to increasing its grants to such projects from 5 per cent to 8 per cent of the capital costs.

62. In summing up, it seems clear that modern society and modern housing do not provide for multi-family living. Hence, the interest in and need for independent living accommodation of a suitable nature and in a rental range that many of our senior citizens can afford. This type of accommodation should be provided where the senior citizens are. They want to remain in their communities, where their friends of long standing live and where familiar institutions and services are at their disposal.

63. The Saskatchewan Aged and Long Term Survey Committee, the findings of which have been made available to you, stated that the change to single family housing in rural areas appears to have led older people to seek admission to institutional care simply because there is no other place to go. The Committee went on to say that "it would be a mistake to say that the demand for institutional care today indicates the need for institutions. What it does indicate in many cases is a need for the type of housing old folks require at a price they can afford." In the same survey 89.3 per cent of a representative sample of the senior citizens in Saskatchewan wished to live in their own house, apartment or room with light housekeeping facilities.

64. This thinking is very much in line with the conclusions reached by the U.C.O. through its experience in utilizing the provisions of the Limited Dividend section of the National Housing Act. This legislation with proper promotion and auxiliary tax concessions, can contribute substantially to meeting the need for low-rental housing projects for our senior citizens. The Canadian Federation of Agriculture looks upon the U.C.O. approach to the utilization of the legislation as a promising development which might very well be duplicated in other provinces of Canada.

V. HEALTH CONSIDERATIONS

National Health Insurance Plan

65. The Canadian Federation of Agriculture was among the organizations which made representations to the Royal Commission on Health Services. For obvious reasons you have asked us not to repeat the same material here, but to simply draw your attention to the sections which relate to the health needs of older people. We will do our best to meet this request.

66. Very briefly our organization has recognized the need for a National Health Insurance Plan for Canada since 1943. The central CFA recommendation to the Royal Commission on Health Services called for the establishment of

such a Plan under provincial and Federal Government sponsorship and control, to give full medical and surgical care at a premium that the lowest income group can reasonably afford. What we advocate is a public medical insurance program that is contributory to a reasonable degree, rather than fully supported from general revenue, but in which the basis of contributions would be such that no unreasonable burden would be imposed on any family or persons.

67. Our farm people believe that it is the right of every citizen to have the best of medical care, and not to be deprived of it, or placed in financial jeopardy, because of lack of financial means. We have recommended as a basic principle that the particular circumstances of long distances and scattered population of farm and rural communities be fully taken into account in the improvement of the organization of health services. In this connection we suggested that serious consideration should be given to the possibility of making special provision to meet transportation costs for farmers and other persons who incur unusual expense as a result of their physical isolation. Certainly we would insist that in the development of a National Health Insurance Plan, and the improvement of health services generally, the circumstances of the aged population should be taken fully into account. Such a plan is, we believe, even more necessary for senior citizens than it is for the rest of the population.

68. Our submission to the Royal Commission on Health Services (paragraph 29) notes in particular that the low income groups in our society (which includes many of the aged, rural as well as urban) had more sickness and disability, lower expenditure on health care and less prepayment coverage than the higher income groups. For farm families must be added the costs of being at a distance from doctors, and especially specialists, and the lower availability of group medical plans.

Co-operative Medical Services

69. In view of the fact that there has been no universal medical care plan established, and in the knowledge that rural and small-town people in particular had need of a prepaid plan for medical services, there has been developed in Ontario, over a period of some 20 years, 31 county medical co-operatives who are federated together in the Co-operative Medical Services Federation of Ontario. This member body of the Ontario Federation of Agriculture is the one which was mentioned earlier in this submission.

70. Its county members provide at the present time quite a unique and valuable service to senior citizens in that they have no age limits and no medical examination requirements for entry.

71. As you would expect in a co-operative endeavour, comprehensive medical services are provided at cost, and at premiums which are favourable in comparison to those of other medical plans for similar coverage. Premiums vary somewhat among the county medical co-operatives, and with the type of coverage selected, but the semi-annual premium for a typical plan for surgical, major medical and in hospital medical care is $15 for single persons and $30 for a family. These semi-annual premiums are roughly doubled if a member selects additional coverage of doctor's services at home and in the doctor's office.

72. We received recently in our national office a newspaper clipping with the heading "Man 101 Signs Medical Contract". The account goes on to point out that a John J. McLellan of Mount Forest had been insured with Wellington Co-operative Medical Services in his 101st year. This item speaks for itself. The Canadian Federation of Agriculture strongly supports such co-operative endeavour, especially in view of the fact that a universal medical care plan has been so long in coming.

73. We should perhaps point out however, that in our submission to the Royal Commission on Health Services we advocated that the terms and conditions of a universal medical care plan should be so arranged as to permit the development, wherever consumers wish to take action, of co-operative joint provision of medical services such as group practice, co-operatively owned and operated clinics, and like endeavours. To make sure our meaning is clear, however, we would explain that this recommendation is not intended to support any form of insurance or group payment for services outside a universal plan. What we were concerned to ensure is that groups of citizens, as consumers of medical services who wished to employ doctors and set up their own provision for group practice or clinics, would receive insurance benefit payments from the universal plan.

74. Co-operative medical clinics have developed in many rural communities throughout Saskatchewan since the introduction of the Medicare Plan in that province. In an article on "Community Clinics in Saskatchewan" which appeared in the Summer 1963 issue of "Canadian Co-operative Digest", Stanley Rands had this to say on the role performed by the community clinics:

"....There is no relationship between the community associations and the Medical Care Insurance Commission. The relationship is between the doctors and the Commission, in that the doctors submit their bills on behalf of the patients to the Commission and the doctors receive payment directly from the Medical Care Insurance Commission....

"The formal relationship, therefore, between a group of doctors and a Community Health Services Association is simply a relationship of landlord and tenant. The citizens have banded together, raised money and provided premises; the doctors practise in those premises and pay rent for the premises and whatever other equipment and services may be provided by the association.

"This relationship of landlord and tenant may appear to be a slender one. However, it contains a great potential and a potential which very quickly begins to be realized. In the first place, it provides the opportunity for group practice. Group practice has many advantages to the patient in that he has at his disposal the supplementary skills and experience of a group of doctors working together as a team. It has many advantages to the doctor, because it makes it possible that he have more time for himself, that he have a better opportunity for professional self-realization, and that he have opportunity for professional consultation and supervision. In short, such arrangements make it possible for doctors to concentrate on what they want to do, namely, practise good medicine, leaving the physical and economic arrangements to the consumers."

The Cost of Drugs

75. The cost of drugs is of vital concern in connection with health services, and for many elder citizens can become a very real financial burden. The Canadian Federation of Agriculture has taken an active interest in this question, and has petitioned the Government of Canada to abolish drug patents in this country in order to reduce the price of drugs, and to establish an authoritative government publication for doctors which would give all the necessary particulars concerning new drugs. The existence of such a publication would reduce the expensive, uncertain reliance that must now be placed by doctors on company literature and sales promotion in the assessment and use of new drugs. We believe such steps would bring some financial relief to the aged who must use drugs, and indeed to all our citizens who require such medication.

Respectfully submitted,
CANADIAN FEDERATION OF AGRICULTURE.

APPENDIX—CFA SUBMISSION TO THE SPECIAL SENATE COMMITTEE ON THE AGING

Table I—Farm Operators Classified By Age Group, 1931-1961

Age Group	1931		1941		Age Group	1951		1961	
	Number	%	Number	%		Number	%	Number	%
Operators Reporting	670,933	100.0	673,800	100.0	Operators Reporting	621,350	100.0	480,903	100.0
24 years and under	20,402	3.1	20,942	3.1	24 years and under	21,759	3.5	12,354	2.6
25–34	110,449	16.4	113,004	16.8	25–34	113,152	18.2	68,026	14.1
35–39	79,291	11.8	73,318	10.9	35–44	157,303	25.3	118,943	24.7
40–49	176,629	26.3	156,599	23.2	45–54	145,059	23.3	127,905	26.6
50–59	147,083	21.9	159,568	23.7	55–59	62,513	10.1	54,887	11.4
60–69	94,385	14.1	106,897	15.8	60–69	90,146	14.5	70,877	14.7
70 years and over	42,754	6.4	43,472	6.5	70 years and over	31,418	5.1	27,911	5.8

APPENDIX—CFA SUBMISSION TO THE SPECIAL SENATE COMMITTEE ON THE AGING

TABLE II—FARM INCOME AND NON-FARM INCOME, CANADA, 1960-1962

A—Labour Force	1960	1961	1962
Average total employed Labour force (thousands)	5,976	6,049	6,217
Farm (1) (thousands)	565	563	545
Non-farm (2) (thousands)	5,411	5,486	5,672
Farm labour force as % of total	9.5	9.3	8.8
B—Personal Income			
Total Personal Income (3) (millions)	$27,411	$28,506	$30,794
Accrued net farm income (4) (millions)	1,184	975	1,391
Net farm income as % of total	4.3	3.4	4.5
C—Labour Income			
Total Labour Income, (5) (millions)	$18,251	$19,068	$20,359
Average per non-farm labourer	3,373	3,475	3,736
Accrued net farm income per farm labourer	2,096	1,732	2,552
Average net farm income as % of average non-farm income	62.1	49.8	68.3
D—Average Yearly Earnings (6)			
All Manufactures	$3,670	$3,862	$3,980
Average net farm income as % of above	57.1	44.8	64.1
Mining	$4,538	$4,632	$4,743
Average net farm income as % of above	46.2	37.4	53.8
Construction	$4,077	$4,156	$4,324
Average net farm income as % of above	51.4	41.7	59.0
Service	$2,110	$2,146	$2,185
Average net farm income as % of above	99.3	80.7	116.8

SOURCE: D. B. S. *Labour Force, Man-Hours and Hourly Earnings*, and *National Accounts, Income and Expenditures.*

(1) Includes self-employed and unpaid family workers.
(2) Includes also paid workers employed in agriculture.
(3) As defined in the National Accounts.
(4) Accrued net farm income *of farm operators from farming operations.*
(5) Includes wages, salaries and supplementary labour income.
(6) Of hourly-rated wage-earners.

COMMENTARY

Comparing farm and non-farm incomes is admittedly a somewhat difficult task. Certain statistics, however imperfect, do indicate rather clearly that farmers, as a whole, are a significantly economically disadvantaged group.

For example, it is shown in sections A and B of table 2 that farmers, who made up about nine per cent of the total employed labour force in the period 1960-1962, earned from their farm operations only slightly more than four per cent of the total personal income. It should be noted that the labour force figures for farmers are for self-employed and unpaid family workers only. This statistical calculation includes persons actually working at a job on the survey dates; it is not a census figure of the number of farmers regardless of whether they are employed in agriculture full time or not. Such a figure would be much higher than the figure used here. On the other hand, it should also be mentioned that accrued net farm income used in table 2 includes only returns from farm operations. It does not represent the total returns to farm operators and certainly not the total returns to farm families. A 1958 D.B.S. suvey shows that on the average 25 per cent of the total cash income of farm families, consisting on the average of 4.2 persons, comes from sources other than the operation of a farm.[1]

Farmers are also shown to be at a disadvantage (section C of table 2) when the average net farm income from farm operations is compared with the average labour income of non-farm workers. Income figures, in this case, exclude any other income that either a farm or a non-farm labourer could receive, such as rent, dividends, interest and family allowances.

As shown in section D, the average net return to farm operators from their farming operations does not compare favourably at all with most of the average yearly earnings of the hourly-rated wage-earners. Once again, these income or earning figures are not all inclusive. Furthermore yearly earnings figures assumed year round employment of the workers in each of the various non-farm industries and consequently do not necessarily represent the average income of all the labourers engaged in these industries.

[1] D.B.S.—*1958 Farm Survey Report*, No. 21-506.

APPENDIX J-1

Submission to the Special Committee of the Senate on Aging by

The Canadian Life Insurance Officers Association—

June 25, 1964

INTRODUCTION

1. The Canadian Life Insurance Officers Association is a voluntary organization whose membership consists of 100 Canadian, British, United States and other European companies in the life insurance business in Canada. These companies transact upwards of 99% of the life insurance business in Canada.

2. The companies have in force in Canada more than 750,000 annuity contracts of all types guaranteeing the payment upon maturity or the attainment of retirement age of total amounts in excess of $950 million per year. In addition, they have in force in Canada about $62 billions of life insurance, a large portion of which will emerge in the form of annuity benefits.

3. About one-quarter of the $10 billion of assets held by the companies for Canadian policyholders and annuitants has arisen out of their annuity business. Most of the remaining assets are held in respect of life insurance contracts under which the proceeds may be used for retirement income. These assets, invested in Canada, have helped finance economic growth and employment.

4. The support which your Committee has already received from the community at large will encourage you in your far-ranging assignment. This Association is keenly interested in the work of your Committee. Its representatives speak on behalf of many institutions—large and small—that are helping Canadian people provide for retirement and aiding Canadian growth at the same time. Perhaps it is unnecessary to observe that these company officers are not without personal knowledge of the many-sided needs of the aged. But their professional experience qualifies them to be of most assistance in connection with one of your five areas of investigation, namely, the economic needs of older people. Your other areas of investigation such as occupational, educational and recreational opportunities, housing, institutional care and social services are no less important and in fact may as fields of prospective government measures be more important.

5. This submission deals with three sets of questions:

I. What are the economic needs of the aged?

II. How is retirement income now provided? What are the main weaknesses in this system and how can they best be strengthened?

III. Would a government-run earnings-related program meet the economic needs of the aged?

Part IV then summarizes the submission and stresses the need for full study of any proposal for new or revised welfare programs especially those for the aged. Defining the economic and other needs of the aged in relation to others is a vital first step.

The time required for such a study before an irrevocable course is set would be time well invested. Of course, the Association would be pleased to render every service it can to help with the study.

I. THE ECONOMIC NEEDS OF THE AGED

Who are most in need? What are their greatest needs?

6. The Association among others has for some time been advocating a full inquiry into the economic needs and resources of older people in relation to those of the rest of the population and into the particular status of low-income groups within both of these broad categories. The life insurance companies have been pressing for such studies so that governments would have more specific guide-lines as to the groups in the population most in need of help through new or expanded government measures. It is only by defining the problem areas that the best solutions can be developed. The Association therefore heartily supports clause 2 in your Second Report of December 12, 1963:

> Of vital importance to an inquiry of this magnitude is comprehensive statistical information specifically related to people aged 65 and over. Such information, your Committee has found, is scarce, scattered and often unreliable.

7. There is a great deal of basic and valuable information in the hands of governments which can usefully be analysed for this purpose. The life insurance companies were pleased to note in your Second Report that an inter-departmental committee of senior government officials had been formed under the chairmanship of your Special Consultant, Dr. R. E. G. Davis, to gather statistical and related information available from federal government sources and that provincial governments had been asked to make available relevant information. The publication of "Selected Statistics on the Older Population in Canada" by the Bureau of Statistics was a useful first step. Additional valuable data might be derived from further co-ordination of information that has been gathered through (i) the Census, (ii) Surveys of Consumer Finances, (iii) Taxation Statistics, (iv) public assistance programs, (v) cost of living studies and (vi) records of pensions and annuities in payment.

8. Available Census information on the employment, living conditions and income of the aged will, when analysed and cross-classified according to age, geographic location and marital status, throw considerable light on the needs of older persons in private non-farm households. Unfortunately, the information for persons on farms and in collective households is scanty. It is understood that the Bureau of Statistics is devoting a section of a monograph on incomes to a study of the incomes of the aged and low-income groups. As Father Guillemette of the Institute of Gerontology of the University of Montreal will inform you, his Institute has developed an outline of a broad study of Census information in conjunction with the Bureau.

9. The Bureau of Statistics has conducted a number of income studies independent of the Census. For example, three surveys of consumer finances have developed income information for non-farm families. The 1962 survey results have not been published except in a small way on pages 53 to 57 of "Selected Statistics on the Older Population in Canada". An earlier survey shows that in 1959 the average money income for older families (namely, with heads aged 65 and over) was $3,830 compared with about $5,000 for younger families. If one looks at older families and "unattached individuals" whose major source of income is wages and salaries, the average money income was $4,500 compared with about $5,000 for younger families and individuals. The gaps between old and young families would be narrowed and possibly closed if the extra $500 exemption for older income taxpayers and the number of

dependents in the families were taken into account.[1] The incomes are those of the entire family, not just the family head. However, taken with other data, the further analysis of such income information might be worthwhile.

10. Cursory examination of the published results of the 1958 survey of consumer finances appears to support the following observations regarding the assets and indebtedness of non-farm families:

(i) fewer older families (namely, with heads aged 65 and over) had no liquid assets that families with younger heads (22% vs. about 30%);

(ii) more older families had no consumer debt than younger families (75% vs. about 35%);

(iii) average liquid assets were much higher in older than in younger families ($4,500 vs. perhaps $1,200);

(iv) average consumer debt was lower in older than in younger families ($320 vs. perhaps $500);

(v) at each income level, with minor exceptions, older families had lower debts and higher liquid assets than younger families; and

(vi) a greater proportion of the homes owned by older families and "unattached individuals" were free of mortgage debt than the homes owned by younger families and individuals (90% vs. about 50%).

The 1961 Census figures support the last observation. Older households are more likely to own their own home, to live in less crowded conditions, not to have lodgers and to be free of mortgage debt than younger households. It would be instructive to get behind these averages and to focus on the groups most in need of help.

11. A great deal of information on the size and sources of taxpayers' incomes is available for analysis through the federal income tax returns. Although the individual returns are confidential, there is extensive analysis by narrow classifications published in Taxation Statistics and it is expected that other classification studies would be permitted. In 1962 persons filing these returns were asked for the first time to record their dates of birth. Consequently, considerable detail is available by attained age. For earlier years, there could be special breakdowns of information for returns showing the special $500 exemption available to persons aged 65 and over. As a subdivision of this, the returns of persons reporting Old Age Security income could be classified separately.

12. As you know, special information has been gathered for some years on the recipients of Old Age Assistance who represent 20% of the 65 to 69 age group. This is obtained on a relatively uniform basis from the provinces administering this program and consolidated by the federal government. It would be helpful if this information could be analysed by sex and marital status according to qualification age and attained age.

13. The provinces also provide needs-tested welfare benefits to older and other persons under the federal Unemployment Assistance Act. No comprehensive analysis of the recipients corresponding to that under the Old Age

[1] The figures in paragraphs 18 et seq., relate to after-tax income and to all persons, not just selected non-farm persons.

Assistance program is yet being attempted. Such an analysis, expanded as proposed in the preceding paragraph, would prove valuable in assessing the relative extent of the needy amongst both the young and old. In addition, of course, the Welfare Departments of some provinces have made studies throwing light on the economic status of certain age groups.

14. Having developed information on the income and resources of the aged by age group and location, it would be instructive to relate this to information on the cost of living by age group and location, if possible. As a group are the aged in the high-cost areas in greater need than those in low-cost areas or have the aged in high-cost areas private resources which offset the disparity in costs? Note the prefix "as a group"; exceptional individual cases will, of course, occur to everyone. Comparisons with the circumstances and living costs of younger groups would also be informative.

15. Some information on the number and amount of pensions in payment is now available from studies by the Bureau of Statistics and the Annual Reports of the federal Superintendent of Insurance. If needed to supplement the extensive government data, statistics might be gathered from self-administered pension plans, both public and private, and life insurance companies to determine the number and amount of pensions and annuities in payment classified by age. Differentiation by sex might present a problem for life insurance companies because of the widespread practice of treating female pensioners and annuitants as if they were males at a younger age. Since the pension plans administered by the life insurance companies represent only a portion of the overall pension picture, co-ordination for a study of this kind would have to come from a government agency such as the Bureau of Statistics or possibly from the Canadian Association of Actuaries or the Canadian Pension Conference.

16. In the absence of detailed and comprehensive studies of information in government hands, Mr. W. M. Anderson, Chairman of North American Life Assurance Company, has made broad estimates of the financial resources of older persons using information published in the National Accounts, Taxation Statistics and Census material. His results show that, on the average, each person in Canada aged 65 and over now has a disposable income from private sources, Old Age Security and Assistance programs which is above the level of disposable income of the population as a whole. In consequence, when one takes into account the cost involved in raising and educating young families and the "cost of working" (for example, transportation, suitable clothing and meals on the job) as against the cost of living in retirement, it is quite possible that, on the average, the aged may be better off financially than the younger population.

17. Of course, averages can be deceptive. In this regard, however, Mr. Anderson has found evidence that disposable income is more evenly distributed among the aged than among younger persons notwithstanding the disparities among the aged dealt with later. The upper half of the aged has not as high an average as the upper half of the entire population nor has the lower half of the aged as low an average as the lower half of the entire population. This therefore poses the question of who are the worst off among the aged and what are their definable characteristics so that new or revised welfare and other programs can be designed to be of specific and direct help to them.

18. Some of Mr. Anderson's results are as follows:

Average Monthly Disposable Income Per Person in Canada

Year	Total Population	Persons Aged 65-69*	Persons Aged 70 & over**
1955	$ 94	$ 94	$ 96
1960	$110	$117	$119
1962 (tentative)	$119	$128	$134
Increase 1962 over 1955	$ 25	$ 34	$ 38
1962 as % of 1955	127%	136%	140%

*This is based on persons claiming the extra $500 income tax exemption at age 65 and therefore includes persons who do not attain this age until the latter part of the calendar year. In consequence, the column might more correctly be headed "Persons Aged 64½-69".

** It is assumed in the case of married couples that their income including Old Age Security is divided equally and, therefore, part of Old Age Security in payment is included in the income of younger spouses.

NOTE.—The main difference between disposable income as defined in the National Accounts and as defined by Mr. Anderson stems from the treatment of private pension arrangements. In the National Accounts public service pensions are treated differently than private plans. Mr. Anderson has treated the private plans in the same way as the National Accounts treat public service plans.

19. Two observations stem from these figures:

(i) the average disposable income of older persons has been higher than that for the population as a whole, and

(ii) the excess has been widening.

20. A major part of retirement income is derived from private resources such as farm and small business ownership, investment income, continuing employment and private pensions. A large part also comes from public sources such as Old Age Security, Old Age Assistance and needs-tested supplements. These private and public sources are discussed in the next section of this submission; their measure, according to Mr. Anderson's calculations is as follows:

*Sources of Disposable Income Per Person Aged 70 and Over**

Year	Old Age Security**	Private Resources	Total
1955	$39	$57	$ 96
1960	$48	$71	$119
1962 (tentative)	$56	$78	$134
Increase 1962 over 1955	$17	$21	$ 38

* See the second footnote to the table in the preceding paragraph.

** This includes some Old Age Assistance paid to wives of Old Age Security recipients.

In addition, of course, public sources provide substantially for the retired population through direct provision of services such as public housing subsidies and institutional grants such as for hospitalization. This type of expenditure is not provided for in disposable income.

21. Mr. Anderson's studies have indicated that those in their 80's and 90's have much less in the way of private resources than the newly retired. He estimates, for example, that in 1960 persons around age 70 had private

resources of about $95 per month. The average probably dropped to about $55 for the group in their early 80's. This latter group were able to save less than people now approaching retirement and their savings have been drained away by inflation. Private pension benefits to which they might be entitled were, of course, based on lower than current wage levels. In addition, many older people are forced to dip into accumulated capital instead of preserving its capacity to produce steady income. Finally, their participation in the labour force declines gradually and eventually comes to a complete stop.

22. Mr. Anderson's calculations have led him to the conclusion that the average level of private resources of all older persons has been rising each year by about $3 a month. Persons reaching 70 in the past year had resources approximately $4 to $5 per month greater than those who reached 70 the year before. Those in the aged group who died had much lower resources. Offsetting these two factors which make for an increase of more than $3 a month, was the fact that the mass of other persons over 70 were on the whole experiencing a decline in their resources. It is not expected that the current rate of overall increase will necessarily continue in future although incomes and resources will definitely go up to some extent because those now retiring have worked longer at current wage levels and have accordingly had greater opportunity to save for retirement. It would appear that, on the whole, greater help is needed as age advances.

II. SOURCES OF INCOME DURING OLD AGE

How is retirement income now provided? What are the weaknesses in this system and how can they best be strengthened?

23. The Joint Committee of the Senate and House of Commons appointed in 1950 to examine the question of old age security programs in Canada set forth the following principle (page 103 of its Report):

> The Committee feels that any plan to be considered should not interfere with employee pension plans, the purchase of governmental or private annuities, or private savings. Any scheme conceived under public auspices should be such as to place a floor under these private or collective provisions for retirement security; this would make possible the development under private initiative of supplemental programs which, taken together with governmental provisions, would result in more adequate retirement security for the largest possible number of Canadians.

24. Obviously, the Committee conceived a three-phase provision for retirement:

(i) Each family's discharge of its responsibility to provide for its own old age income within the limits of its capacity to do so. Such provision can take many forms, including pension plans and registered retirement savings plans; insurance and annuities; ownership of homes, securities and business and savings through banks, caisses populaires and credit unions.

(ii) The collective sharing of basic responsibility by all the individuals in the nation through the Old Age Security program.

(iii) Public assistance based on need for those persons who through misfortune or lack of thrift do not receive sufficient income from the above sources.

There is considerable evidence on the whole this three-phase approach of the Parliamentary Committee was soundly conceived and has worked reasonably

well. There is, of course, need for periodic assessment of any approach with a view to determining its strengths, assessing and if possible resolving its weaknesses and, where desirable, considering alternatives. The public programs will be discussed first and the private programs second.

Old Age Security and Public Assistance

25. The Old Age Security and Old Age Assistance programs were established on the recommendation of the 1950 Parliamentary Committee. The programs had the support of all political parties and many other interested groups including the life insurance companies. The Old Age Security program was designed to provide everyone with a basic income at age 70—a floor on which the individual could build his own retirement program. The Old Age Assistance program provided benefits to needy persons aged 65 to 69. In recent years benefits have been extended to needy persons aged 70 and over through the Unemployment Assistance program.

26. The Old Age Security plan has many advantages. Because of its universal nature—$75 a month to everyone—the plan is of greater relative help for those persons who when working had low earnings and hence the least chance to save for retirement. It is simple and inexpensive to administer and ensures the payment of the maximum benefit for each tax dollar collected for this purpose.

27. At the outset of the plan the benefit was $40 a month. The present $75 amount is 87½% greater than the original benefit when the program commenced in 1952. Prices (as measured by the implicit price index of the national accounts) have increased about 30% in the same period while consumer spending per person has increased about 50%. In other words, the benefit has more than kept pace with increasing living costs.

28. The $75 monthly benefit is already more generous than that provided in most other countries. Specifically, in relation to per capita national income, the average benefits paid to the aged in the United States and United Kingdom are less than 80% of Canada's $75 benefit.

29. Has the Old Age Security program some weaknesses? The comment has been made that the benefits of the Old Age Security program do not vary with the cost of living where the retired person lives. However, governments now deal directly with this problem through needs-tested supplementary assistance that is paid to an estimated 15% of Canadians 70 and over (as stated in paragraph 13, no accurate figure is available). A significant influence on the cost of living is the cost of shelter. Subsidized public housing is another means now used to meet the problem of regional differences in living costs. An earnings-related pension program would not meet this problem.

30. Another comment has been made that benefits do not vary with the earned income of the retired person when he was working. The 1950 Parliamentary Committee carefully considered this point and chose the "floor" approach to avoid the inequities, the higher administrative cost and other serious weaknesses of the earnings-related approach. Obviously, persons with higher earnings are usually in a better position to save than persons with low earnings. The vigorous growth of private resources, not only through private pensions but in all other forms of savings, would indicate that most Canadians are utilizing the savings instrument of their choice to build on the "floor" provided by the basic Old Age Security program.

31. There is frequent discussion of lowering the commencement age for the Old Age Security because many people retire at age 65. Paying the universal Old Age Security benefit at age 65 would increase the cost of that program by 50%. This increase would be partly offset by the consequent saving in the Old Age Assistance program. This saving would reduce the increase in the Old Age Security cost from 50% to 40%.

32. The 1950 Parliamentary Committee recommended that in the 65 to 69 age group, assistance be given only to the needy for "the double purpose of keeping costs within reasonable limits and encouraging the largest possible number of individuals 65 to 69 to continue in gainful employment". It has been evident in recent years that a large proportion of persons do work beyond age 65 under existing arrangements and should be encouraged to do so. On the surface, federal proposals for earnings-related benefits have embraced the principle of encouraging work beyond age 65. The original version proposed reduced benefits at ages 65 to 69. The more recent versions proposed that persons aged 65 to 69 be allowed to take the Old Age Security benefit at reduced rates for life, if they choose, that a retirement test be introduced for the proposed earnings-related benefits. However, in combination with Old Age Security the proposed benefits are so high that the result is likely to discourage work after 65. A comparison of the proposed benefit scale with that of the United States is presented in Appendix III.

33. The Association has supported all along the universal Old Age Security program and favoured proposals to make its benefits available on an appropriate basis to persons younger than 70. Many people are unable to find work after age 65. For single persons and married men with wives younger than they are, the proposed optional retirement pension is only $51 a month. Should not these deficiencies in the "floor" plan be met before a new plan is built on the floor? The Association suggests making

(i) the full Old Age Security benefit payable at age 65 to single persons and to married men with wives under, say, age 60 and

(ii) a minimum family benefit of perhaps one and two-thirds the single benefit payable when the wife of a man at least age 65 is herself aged, say 60 or over.

Each beneficiary would be subject to a retirement test before age 70.

34. Studies of the economic needs of the aged may show that disparities of income by age are greater than disparities by region. If so, the best course would be to step up the Old Age Security benefit for everyone reaching, say, age 80 and specified older ages. As pointed out in paragraphs 21 and 22 there is strong evidence that on the whole the resources of the aged decline as they get older.

35. The extension of Old Age Security to ages below 70 suggested in paragraph 33 might cost $400 million—about 40% of the Old Age Security program—or possibly 2% of payrolls up to $5,000 a year. This leads to a basic concern shared by the life insurance companies and many others including some Senators. It is a view expressed frequently to the Royal Commission on Taxation. Substantial government commitments have already been made in the welfare area. Addition to these commitments cannot help but reduce the amounts available for the other essential services. The following figures developed by the Department of National Health and Welfare relating

social welfare expenditures to national income in four Commonwealth countries and the United States show the startling rise in the rate and amount of Canada's welfare load:

Government Social Welfare Expenditures as Per Cent of Net National Income

	1949-50	*1959-60*	*1961-62*	*Increase in Percentage 1962 over 1950*
United States	5.5	7.6	8.5	3.0
United Kingdom	11.9	12.7	12.8	.9
New Zealand	13.2	13.9	14.8	1.6
Australia	7.3	9.4*	10.6	3.3
Canada	8.1	11.4	12.8	4.7

* (1958-1959).

The point has been reached when Canada must weigh carefully and responsibly her ability to increase her welfare load.

36. What part of Canada's social welfare expenditures is going to older persons? During the span of the table in the preceding paragraph (namely, between 1949-50 and 1961-62) total social welfare expenditures through government in Canada rose from $1.1 billion to $3.7 billion. Income maintenance benefits alone rose from $.8 billion to $2.3 billion. The share of persons aged 65 and over in the latter rose from 18% in 1949 to 35% in 1961. The aged would also receive a significant portion of the health outlays in the total. Obviously, government welfare commitments to the aged are increasing and quite large in relation to the proportion of persons 65 and older in the population (7.7%).

Family Saving

37. Family provision for retirement may take many forms, including registered retirement savings plans, insurance and annuities, and the ownership of a business or farm, home and securities. Home ownership is one of the most important forms and ownership of consumer durables is of increasing significance. Private pension plans are also one of the most successful and widespread means of stimulating family provision for old age, partly through the discipline of required regular contributions by individuals and partly through the assumption of part of the cost by employers. A major incentive to this progress has been that of income tax deferment. The extension of coverage under private pension plans in Canada during the past 20 years has been rapid. Today two million workers are participating. According to the Department of Labour, 77% of workers in industry are in firms with plans and if they continue working, most of these people can retire with pensions. Without government intervention this extension of coverage would undoubtedly continue and the terms of various plans would be gradually liberalized as business conditions allowed and competition for labour required.

38. The pension plans which the life insurance companies administer cover about one-fifth of the number of Canadians in all private plants. Plans administered by trust companies and other trustees, the Dominion Government Annuities Branch and employers themselves cover the remainder. Contributions

to all of these pension plans was of the order of $900 million in 1963. Pension fund investments provide one-fifth of the new capital raised each year through the issuance of bonds, stocks and mortgages. Statistics on the growth of the assets of and contributions to private pension plans by type of plan are attached as Appendix I.

Portability

39. A shortcoming of some private pension plans becomes apparent when workers move from one employer to another, perhaps many times during their working lives. Often when they move they either fail to secure pension rights or they lose or consume the rights they may have built up. A prevailing practice among employees, that of choosing to accept the refund of personal contributions when changing jobs, terminates many promising pension accumulations. Hence, there are two aspects to portability—the vesting of employer contributions and the "locking-in" of employee contributions if any.

40. The "Blue Book" of Principles and Rules respecting the registration of pension plans for income tax purposes issued by the Department of National Revenue in 1950 introduced a requirement concerning the vesting of the employers' contributions. Vesting is the gaining by an employee of a legal claim to that part of a deferred annuity or pension accumulation arising from his employer's contributions to his pension. In order for a plan to be approved for income tax purposes, said the Blue Book, contributions by the employer for current service must vest in the employee not later than age 50, subject to a minimum period of service with the employer or participation in the plan not exceeding 20 years. The federal rules were progressively relaxed in succeeding years. A basic reason for the relaxation was the federal government's contention that it had limited authority to bring about socially-desirable ends through federal tax measures. It felt that the responsibility was mainly a provincial one.

41. After long and careful study the Ontario government enacted the Ontario Pension Benefits Act in 1963. In essence the legislation provides a series of rules for private pension plans. One rule requires complete vesting of an employer's contributions when an employee has attained the age of 45 years provided he has been in the service of the employer for a continuous period of not less than the previous ten years. Many pension plans covering employees in Ontario already comply with these requirements.

42. The Association recognizes that while more generous vesting adds to an employer's costs, lack of vesting impairs the social usefulness of private pension plans. Life insurance companies have, therefore, always encouraged the use by each employer of a vesting formula as generous as his circumstances permit. During the 1950's the Association urged that the federal registration rules not be relaxed but retained as a minimum basis for the encouragement of even earlier and more substantial vesting in contributory plans. The vesting provision established in Ontario was therefore consistent with long-standing Association policy.

43. Many pension plans provide the terminating employee with the option of taking his contributions in cash or as a deferred annuity. In possibly half of these plans, however, when the employee chooses to take cash he forfeits his right to any employer contributions that may have vested in him. Experience indicates that when the employee, on termination of employment, is faced with the option of using his pension equity to meet either immediate or future needs, he most often liquidates his equity, thus defeating the basic purpose of the pen-

sion plan. In situations where a breadwinner is confronted with a period of unemployment or a female worker is intentionally withdrawing in order to become a homemaker, such action is understandable. In some cases employees withdrawing from some pension plans are forced to take their equity in cash.

44. The Ontario legislation has imposed a restriction on the withdrawal of contributions by terminating employees. The restriction will, like the one on vesting, apply to persons who have reached age 45 and have completed ten years of service and whose service terminates for reasons other than retirement or death. Their contributions for future service are to be locked in except that the employees will be allowed, if the terms of their own pension plans permit, to withdraw cash in an amount up to one-quarter of the pension benefits accrued after the effective date of the legislation. The Association feels that such a provision is quite reasonable.

Solvency

45. To some extent the questions of portability and solvency should be discussed in combination. A benefit that is not funded cannot be vested with certainty. If a departing worker were allowed to transfer the full value of his vested pension credits out of an insufficiently funded plan, this would have the effect of making the plan's deficiency even larger as regards the claims of workers who remained in it.

46. The Ontario Pension Benefits Act provides for the setting aside of sufficient assets in each pension fund to pay the benefits promised in future and specifies a period of time during which deficiencies in respect of earlier promises are to be made up. The Ontario Act also provides for registration and supervision of pension plans. Proper actuarial advice and supervision are most important in order to ensure the ability of the plans to meet their obligations.

47. The Provinces of Manitoba and Quebec have announced their intention of enacting legislation concerning the portability and solvency of private pension plans like that in Ontario.

The Effect of Private Pension Plans on Employment of the Aged

48. There has been some discussion at your hearings of the effect of the retirement age provisions of private pension plans upon the employment of older workers.

49. The normal retirement age for males under most insured pension plans is 65 years of age. Many plans provide for a retirement age for females somewhat lower than this but the trend in recent years seems to be toward having the retirement age the same for both sexes. It appears that few insured pension plans provide for compulsory retirement at the age set out in the plan. Ordinarily, therefore, there is no provision in insured pension plans requiring termination of the employee's service at normal retirement age.

50. Also, there is no restriction against the employment of a retired worker by an employer with a private plan. Such a worker can be taken on and excluded from the plan. Reference is not being made here to the possibility of hiring discrimination against middle-aged workers. The existence of a pension plan has sometimes been used by employers as a convenient administrative excuse for not hiring middle-aged workers. If any of your research staff wishes to pursue this question, it is discussed fully in Chapter 8 of the Second Report of the Ontario Committee on Portable Pensions.

III. GOVERNMENT-OPERATED EARNINGS-RELATED PENSIONS

Would a government-run earnings-related program meet the economic needs of the aged?

51. The federal and Quebec governments have proposed the establishment of an additional government program to provide earnings related pension on top of the Old Age Security program. The Association feels this proposal falls short of meeting several principles of particular interest to your Committee:

(i) Any expansion of government welfare should be directed toward those groups in the population most requiring it regardless of their age.

(ii) A government welfare program should not provide the less generous treatment for persons with the lowest income.

52. The proposed Plan has other serious shortcomings and is in fact inconsistent with several important objectives of national policy. One of the stronger statements in this regard was made by The Royal Commission on Banking and Finance which referred, among other things, to the significant extension of government influence over capital and resource allocation, government domination of a large part of the financial system, increased difficulties of combating inflation and greater reliance on investment by non-residents (pages 262-4 of its Report). These aspects of the Plan are not discussed here because they do not go directly to the question of the economic needs and resources of the aged. However, while apparently indirect, they are perhaps of even greater consequence. As Mr. Graham Towers said recently:

> It would seem to me that one of the basic criteria should be simply; what is best for the individual and for the country. The two are inseparable and we must avoid the trap of trying to do something for the individual and failing because it did not work out satisfactorily for the country as a whole.

Principle:

Any expansion of government welfare should be directed toward those groups in the population most requiring it regardless of their age.

53. As your Committee has found, it is extremely difficult to determine from the sparse information currently available who are the groups in the population most in need of help and what their needs are.

54. It was observed in section I of this submission, that currently available studies of spending power appear to show that, on the average, the aged may be at least as well off as the whole population if not better off. Moreover, the differences between rich and poor may not be as great amongst the aged as among younger families. Study is therefore required as to who are the most deserving of help in the population so that new or revised welfare programs can be designed to help them.

55. While the proposed plan would be as broad as compulsory measures could make an earnings-related plan, many of those not covered would be the ones most in need of retirement assistance. In contrast, an increase in or extension of Old Age Security (suggested for study in paragraph 33) would be universal.

56. The proposed earnings-related plan would operate to widen differences in spending power among the aged. The wide disparity of government retirement provision amongst the aged would be fully apparent in ten years and would likely lead to pressures for revision.

57. These particular frailties of the proposed scheme are also illustrated in the accompanying table which sets out the position of the five senior citizens who appeared before you on November 7th. The Joint Parliamentary Committee of the House of Commons and the Senate of 1950 recommended against putting an earnings-related program on top of Old Age Security (page 105 of its Report). Nevertheless, in column 3 of the table it is assumed that the federal proposal now being put forward had come into effect at the first of 1952.

58. This table indicates several of the weaknesses of the current federal earnings-related proposal. The present aged would get no benefit. The disabled and other unemployables would get no benefit. Casual labourers would get few, if any, benefits. Yet one of the claims made for the proposed earnings-related plan is that "in combination with existing old-age-security, it should provide pensions that are modestly adequate for people who cannot make other provision for their retirement".

59. The attachment of survivors and disability benefits to a federal earnings-related retirement program has been proposed. The approach has serious weaknesses from a welfare point of view. It is very difficult to have an earnings-related plan cover everyone. In all likelihood such a plan would provide little or no protection for families in outlying areas or with low or spasmodic earnings—the very persons with least opportunity to build their own protection or resources. It is therefore unlikely that such a plan would relieve governments in Canada to any significant extent of the costs of needs-tested programs in the survivors and disability fields. A universal, flat benefit program would reduce these costs.

WHAT THE CURRENT FEDERAL PENSION PROPOSAL WOULD BE PROVIDING THE FIVE SENIOR CITIZENS AT SENATE HEARING ON NOVEMBER 7th IF ITS PROVISIONS HAD BEEN IN EFFECT SINCE 1952

Circumstances	Now received from public programs each month	Would likely be receiving each month under current federal proposal*
Miss L. Age 79. Never worked. On her own since mother died about 1953.	$75 Old Age Security plus $44.75 relief and disability allowance.	$65 Old Age Security; no earnings-related pension; relief.
Mrs. S. Age 74. Husband died 7 years ago at 72. Widow's superannuation $44 a month and extra help from family.	$75 Old Age Security; public housing accommodation.	$51 Old Age Security; no earnings-related pension; public housing.
Mr. W. Age 66. Retired at 65. Private pension about $65 a month.****	No Old Age Security until age 70.***	$51 Old Age Security plus $92 earnings-related pension.**
Mrs. O. Age 66. Invalid husband died 8 years ago. Housekeeper. Has found it very difficult to set aside money.	No Old Age Security until age 70.***	$51 Old Age Security. If she had paid $40 a year "contribution" she would have $40 earnings-related pension.**
Mr. B. Age 77. Retired in 1953 age 65. No private resources.	$75 Old Age Security.	$61 Old Age Security plus $9 earnings-related pension.**

* It is assumed—fairly assumed, the Association feels, on the basis of the evidence you heard—that all five citizens would have taken the reduced Old Age Security benefits as soon as available earlier than age 70. The Association's suggestion in paragraph 33 would have provided them with the full benefit.

** The figures for earnings-related benefits assume a contributory ceiling of $3,600 in 1952 and a subsequent increase in it of $100 a year.

*** The Association's suggestion in paragraph 33 would provide full Old Age Security at age 65 subject to a retirement test.

**** Private pension would likely have been less if the Canada Pension Plan had been established in 1952.

60. Needs-tested programs function best when the needy group is a relatively small portion of the population. Toward the end of 1951 nearly half of persons 70 and over had qualified under the means-test for old age assistance and one of the main reasons for adopting a universal flat benefit approach was the high cost of adequate administration in relation to benefits. It has been the Association's view for some years that a similar situation now prevails in the case of widows with dependent children and totally and permanently disabled persons and need is so widespread throughout these groups that a universal flat benefit approach should be adopted for them before any new program is set up for the aged.

Principle:

A government welfare program should not provide the less generous treatment for persons with the lowest incomes.

61. The proposed earnings-related plan would discriminate in favour of those near retirement and in the process the largest unpaid-for benefit or windfall would go to the taxpayers with the highest pensionable earnings (see Appendix B).

62. The automatic adjustment of benefits in line with prices or average earnings widens the inequities inherent in the plan. The increase in benefits resulting from this automatic adjustment represents a windfall not available to non-contributors and the highest of these windfalls would go to those with higher pensionable earnings. In the meantime, those aged not qualifying for the earnings-related benefit would have to be content with the flat (and apparently unadjusted) Old Age Security benefit. At the same time a fund of billions of dollars would have been built up to pay earnings-related pensions to workers shortly to be retiring and those pensions would be many times the value of the payroll tax paid in for them. Is it realistic to assume that the voters and the government would tolerate the differences in treatment of older persons brought on by the proposed plan?

63. The Old Age Assistance program in the United States is a needs-test program analogous to our Old Age Assistance program but its benefits are available as a supplement to the earnings-related Social Security program at all ages. The Chief Actuary of the Social Security Administration recently wrote:

> About 17 per cent of all women aged 65 and over are assistance recipients, but the proportion moves steadily upward as age advances, from a low of 9 per cent for women aged 65-69 to a high of 35% for women aged 85 and over. The same general trend is also present for men, with the proportion receiving assistance rising from 4 per cent at ages 65-69 to 30 per cent at age 85 and over.
>
> It seems likely that in the future the proportion of the total population aged 65 and over that is receiving assistance will be somewhat lower than it is at present . . . . Nevertheless, it is likely that in future years the ratio of assistance recipients to the total population will have an upward trend as age advances. As the aged use up the assets they have accumulated, the likelihood grows that they will require supplementation of their income through assistance, even though most of them will have income from Old Age and Survivors Insurance. (Social Security Bulletin, October 1963, p. 17.)

64. What is the variation by province of the proportion of the 65-69 age group receiving Old Age Assistance in Canada? The figures are 34% in the Atlantic provinces, 31% in Quebec, 20% in the Prairie provinces, 14% in British

Columbia and 13% in Ontario. As the percentages show, need is most widespread in the provinces where income levels are lowest and where an earnings-related plan would produce the smallest benefit. These percentages would also appear to indicate that, when their income permits, many Canadians do take the initiative and build their own retirement savings programs.

65. The Association feels that a program of the kind proposed would be basically unsuited as a government welfare measure to meet the economic needs of many of the aged. As these inherent weaknesses come to be realized, public pressures would likely force severe overhaul of the proposed program. With this tinkering, it is quite possible that the existing and basically sound Old Age Security program might become distorted and unsound. Many persons outside the life insurance business share this concern. As one university professor has commented:

> The state should not widen . . . . differences in income after retirement by relating benefits to prior earnings as is done in the proposed Canada Pension Plan.

This is illustrated in the earlier table in which Mr. W., the man with the most private resources, gets the largest unpaid-for benefit under a government earnings related program. On the same and other grounds a second professor posed the hypothetical question:

> Suppose the Canada Pension Plan is enacted substantially as proposed and suppose, secondly, that after ten years the public has learned about the Plan what we now know and they decide they want no more of it. How could the Plan be discontinued?

IV. SUMMARY AND CONCLUSION

Need for public inquiry into all welfare needs and into the priorities of need as between aged and others

66. The approach to solving any problem is to define it and to measure it. Solving the problem of how to expand welfare in Canada requires precise answers on who are in the greatest need and what are their needs. Then it can be determined how these needs can best be met.

67. The general economic problem of the aged stems from an inability to share in the country's economic progress. However, this same problem confronts other groups in our society. Many of the aged are destitute and helpless but there are younger persons also destitute and helpless. The need to examine welfare needs throughout the population and to determine priorities is urgent.

68. Much raw material for a study of the real needs of the aged is now in government hands (paras. 7-14), yet up to this time most assessments have been based on personal observation rather than thorough analysis of all the facts.

69. The statistical evidence available in published form is scanty, as your Committee has found. For example, it would be of great interest to learn how the resources and the cost of living of older persons vary by region and as between rural and urban communities. Some evidence deduced from information that has been published is quite revealing and not entirely in line with widely-held views. Estimates of the disposable income (income after direct taxes) of olders persons shows that on the average individuals aged 65 and over may be at least as well off financially as younger persons and possibly better off. Also, the differences between rich and poor amongst older persons may be narrower than amongst younger persons (paras. 16-21).

70. What particular sections of the old and the young populations are in greatest need of government help? Amongst the old, available evidence is that those in their 80's and 90's are, on the average, much more in need of help than those newly retired (para. 21). Persons who will be retiring in ten years appear to be better prepared financially than those now retiring (para. 22). It may well be that, taken as a group, widows and disabled persons with dependent children are in the greatest need of help.

71. A new welfare program has been proposed—the Canada Pension Plan. How does it meet the pattern of need? It is, of course, not designed to help today's aged. It provides the biggest unpaid-for benefits or windfalls for workers at least ten years from retirement (paras. 61-62), smaller windfalls for workers nearer retirement, the smallest benefits for workers with low or spasmodic income, no benefits for persons now 70 or over and no benefits for persons not working (para. 59). It is designed to protect workers against inflation in retirement yet affords no such protection to persons more vulnerable to inflation (pages 475-9 of the Proceedings of the 1959 Senate Finance Committee on Inflation). In other words, the Plan's design is completely inconsistent with the pattern of need set out in the preceding paragraph (paras. 55-56, 64-65).

72. The Plan has been characterized as "upside down welfare" because it would provide the least help or no help at all for those who require government help the most and indeed would widen rather than narrow differences in income. Hence, though costing about $600 million a year at the outset, the Plan would appear to aggravate rather than solve Canada's most urgent welfare problems. To solve these would add more hundreds of millions to the present heavy welfare load. Why embark on the "upside down welfare" approach without first determining if the traditional approaches would not meet existing welfare needs?

73. Improvements can be made in the ways in which people now save for retirement (paras. 37-38). Specifically, constructive and direct steps for improving private pension plans have been devised (paras. 39-47).

74. The present Old Age Security program is an effective social measure (paras. 26-30). On the basis of available evidence on the position of older persons, it would appear that the economic problems of older persons would be better solved by making Old Age Security available, on an appropriate basis, at ages earlier than 70 (paras. 31-33) and possibly by paying higher benefits at older ages (para. 34). The changes proposed, if implemented in full, might cost about $400 million a year or 2% of payrolls up to $5,000. They could be adopted in stages depending on the development of the economy and other priorities for financial policy. They have the further advantage of being completely universal in their effect and therefore producing the greatest good for the largest number of existing and future aged in Canada in the most economical manner.

75. The federal government memorandum on the proposed Canada Pension Plan calls for safeguards against misguided benefit increases in future. Among the safeguards would be the publication of reports by an (apparently independent and effective) Advisory Committee and full discussion with the public before amending legislation is presented to Parliament. If this procedure is considered desirable before amendments are made to the proposed Plan, surely the same process should be followed before the Plan is presented for enactment and a course is set from which no amendments can rescue it.

76. Such inquiry would draw together the federal government's study of programs for aged in Canada and the United States, the Report of the Royal Commission on Health Services and the views of the National Council on Welfare and the Economic Council of Canada.

77. To the search for the best solution Canada can afford, your Committee's broad-ranged study will be a vital contribution. As the Joint Parliamentary Committee on Old Age Security reported in 1950 (page 101 of its Report):

> The Committee has also been faced with an impressive volume of evidence which demonstrates that old age security does not consist solely of the assurance of adequate cast income to individuals in their later years. It is important to keep in mind that income security, while an important element in the total program, is not by any means the entire answer. Adequate housing, health and welfare services, the availability of suitable part-time occupations for the aged—all these factors enter into the complex picture of the needs of this important section of the nation's population.

APPENDIX I—PRIVATE PENSION PLANS—ASSETS AND CONTRIBUTIONS

$ million

		Trusteed Pension Plans	Life Insurance Group Annuities (b)	Dominion Govt. Annuities	Sub-Total	Federal Civil Service, R.C.M.P. & Armed Forces Superannuation Funds (d)	Total
		(1)	(2)	(3)	(4)	(5)	(4+5)
Assets—End	1962	4,572	1,606	625	6,803	3,469	10,272
	1961	4,074	1,397	610	6,081	2,996	9,077
	1960	3,616	1,208	600	5,424	2,739	8,163
	1959	3,200	1,062	560	4,822	2,386	7,208
	1958	2,791	894	655(c)	4,340	2,175	6,515
	1957	2,460	756	620(c)	3,836	1,651	5,487
	1956	1,999	646	—	—	1,427	—
	1953	835	398	—	—	961	—
	1952	717	336	—	—	818	—
Contributions	1962	475	172	20	667	233	900
	1961	436	157	25	618	233	851
	1960	393	146	30	569	204	773
	1959	379	152	36	567	210	773
	1958	345	126	41	512	206	718
	1957	283	106	40	429	193	622
	1953	117	62	44	223	111	334
	1952	98	52	42	192	93	285

Sources:

Cols. 1, 2 and 3—D.B.S. Trusteed Pension Plans (see Note a)

Col. 5 "Assets" (see Note d)—Budget Papers; "Contributions"—National Accounts.

(a) Included are the provincial civil service plans for only three provinces and teachers plans for only seven provinces.

(b) Plans written on a pension trust basis are not included. Contributions to such plans amounted to an estimated $30 million in 1962.

(c) Estimate later indicated to be about 20% too large.

(d) Government liability at March 31 of following year. These figures include the unamortized portions of actuarial deficiencies in the government funds, i.e., those amounts which had not been written off to budgetary expenditure. At March 31, 1963, the deficiency not written off amounted to $806 million. Large increases from preceding year usually reflect the result of an actuarial valuation.

APPENDIX II—UNPAID-FOR BENEFITS OR WINDFALLS AT THE END OF THE FIRST DECADE* OF THE PROPOSED FEDERAL EARNINGS-RELATED PENSION PROGRAM

Take a married man with a wife the same age:

	Example 1	Example 2	Example 3	Example 4
1. His monthly wage or salary	$ 417	$ 417 at outset, rising with contributory ceiling under plan	$ 200	$ 200 at outset, rising 2% a year compounded
2. If he is 60 at the outset of the *program and retires at 70*				
a. Monthly pension promised at 70 composed of...	263	271	204	209
Old Age Security	150	150	150	150
Earnings-related benefit	113	121	54	59
b. Taxes paid for earnings-related benefit by the man and his employer at the rate of 3.6% for 10 years including 4% compound interest	1,940	2,085	794	887
c. Monthly earnings-related benefit taxes in (b) would pay for	13	14	5	6
d. Monthly earnings-related benefit promised but not paid for	100	107	49	53
e. Value at retirement of benefit in (d) not paid for, i.e., "windfall"	14,724	15,755	7,215	7,804
3. If he is 55 at the outset of the *program and retires at 65*				
a. Monthly pension promised at 65 composed of...	215	223	156	161
Old Age Security	102	102	102	102
Earnings-related benefit	113	121	54	59
b. Taxes as in 2(b) above	1,940	2,085	794	887
c. Monthly earnings-related benefit taxes in 3(b) would pay for	12	12	5	5
d. Monthly earnings-related benefit promised but not paid for	101	109	49	54
e. Value at retirement of benefit in (d) not paid for, i.e., "windfall"	16,989	18,335	8,242	9,083

*It is obvious, of course, that windfalls would continue after the first decade and would continue to be higher for better-paid persons.

NOTE: The benefits in lines (c), (d) and (e) are based on current Government Annuity rates adjusted to provide for widow's benefits and post-retirement price increases. Also, the illustration assumes no change in the Old Age Security benefit level for new beneficiaries during the next ten years.

APPENDIX III—LEVEL OF GOVERNMENT BENEFITS UNDER CONSIDERATION IN CANADA RELATIVE TO THOSE UNDER UNITED STATES SOCIAL SECURITY—FOR A MARRIED COUPLE*

Monthly Earnings Level	Canada					U.S.A.
	Old Age Security		Proposed Earnings Related Pension**	Total		Social Security**
	at 65	at 70		at 65	at 70	
	(1)	(2)	(3)	(4)	(5)	(6)
$100	$102	$150	$ 25	$127	$175	$ 88
200	102	150	50	152	200	126
300	102	150	75	177	225	158
400	102	150	100	202	250	190
417	102	150	104	206	254	190

Monthly Earnings Level	Canada		U.S.A.			
	Total Benefit		Social Security			
	at 65	at 70				
	As a % of Earnings			As a % of Average Consumer Spending Per Couple***		
	(7)	(8)	(9)	(10)	(11)	(12)
$100	127%	175%	88%	53%	73%	27%
200	76	100	63	63	83	38
300	59	75	53	74	94	48
400	51	63	47	84	104	58
417	49	61	46	86	106	58

* This assumes only one of the couple has qualified for an earnings-related benefit and both have reached the age at which Old Age Security is available.

** In the United States workers can retire on full benefit at age 65 but until they are 72 their benefits and those of their dependents are reduced and eventually become zero as their annual earnings rise above $1,200. As a result of the retirement test, the average United States male worker has in effect been commencing to receive retirement benefits at about age 67. In Canada it is proposed that a similar retirement test apply from age 65 until 70 when annual earnings rise above $900.

*** Average consumer spending per couple per month was based on the National Accounts and taken to be $328 in the United States and $240 in Canada.

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 14

THURSDAY, JULY 2, 1964

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

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.

APPENDICES

K-1—Brief from the Ottawa Welfare Council

L-1—Brief from the Department of Labour

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21013—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21013—1½

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, July 2, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Senators, I see a quorum.

We have two briefs before us today. The first is the brief to the Special Committee on Aging submitted by the Ottawa Welfare Council; and the second, a presentation by the Department of Labour.

May I have a motion to print the briefs?

Senator FERGUSSON: I so move.

Hon. SENATORS: Carried.

(*See appendixes K-1 and L-1*)

The CHAIRMAN: We have before us now, first, on my right, Mr. Robert Hart. He has served as Chairman of the Committee of the Ottawa Welfare Council responsible for the preparation of the council's brief. He is employed by the federal Department of Fisheries, and is chairman of the Ottawa Presbytery Committee on Housing for Senior Citizens of the United Church.

Miss Ruth Townshend is a social work graduate from McGill University. She is presently employed by the Ottawa Welfare Council as planning secretary in the areas of health and old age. Prior to coming to Ottawa she was employed in the Social Service Department at University Hospital in Saskatoon. She is leaving Ottawa soon for a year of study in Stockholm, Sweden under the Laidlaw Foundation Fellowship which she has won. Congratulations, Miss Townshend.

Mr. Samuel Gitterman is a graduate in architecture from McGill. He is in private practice and was employed by the National Housing Administration and Central Mortgage and Housing Corporation. He held the position of Chief Architect and Town Planner and subsequently advisor on housing construction. He was the architect for Island Lodge, the new City of Ottawa home for the aged, and for Macdonald Manor, an apartment building for the aged now under construction.

Mr. Reuben Palef is chairman of the Board of Macdonald Manor Inc., the new apartment building for senior citizens being constructed in Ottawa. He is a public-spirited Ottawa businessman and has taken a keen interest in Ottawa developments.

Mr. Hart?

Mr. Robert Hart, Ottawa Welfare Council: Mr. Chairman, honourable senators, the Ottawa brief which you have before you contains an outline of the constitution and functions of the Ottawa Welfare Council, an expression of the Council's appreciation for this opportunity to present the brief to you, and, we hope, some constructive suggestions.

The way we would like to make our verbal presentation to you is as follows. I will speak for a few minutes on the background of the Brief and on the role of voluntary agencies. This outline will be followed by Mr. Gitterman who will speak for a few minutes on planning. Miss Townshend will then speak for a few minutes on public housing and one or two other matters. And, finally, Mr. Palef will join us in trying to answer such questions as you may have to ask.

First of all, the nature and scope of the Brief: Our committee had the advantage of being able to read through many of the previous briefs which had been submitted. We noted that the problems of aging had been very well outlined, and saw no reason why we should seek further to elaborate on these problems.

It was noted the committee were asking the question: Why is it the legislation which is now in effect is not being fully utilized? So we decided that rather than burden you with further details about the problems of the aging, we would take a more direct approach and make some suggestions as to what might be done about it from the point of view of voluntary organizations such as our own. The decision was made to limit our presentation to housing because it was felt that this was one of the principal problems, and one we could deal with in a little more depth, if we didn't try to touch on any other problem. Even this problem we considered to be rather large, and we narrowed it down to the provision of housing for able-bodied people.

The brief deals with some of the needs to be met if this Government is to meet the challenge of providing appropriate housing for the elderly. These needs include the following:

A clear understanding of the role of voluntary agencies; a co-ordinated approach by the three levels of Government and voluntary agencies; planning on a city-wide basis; better technical and informational services; pilot studies; more public housing; improved educational facilities for people engaging in this type of work; consideration of urban renewal schemes; a ministry of housing; the development of a national program; provincial legislation to complement national legislation; and local housing commissions.

A couple of days ago someone said something to me which set me thinking. They said "Have you got a good brief?" And I had to admit that I didn't think it was a particularly good one. I asked myself why I didn't think it was a good one, because I thought this was a reasonable question to ask. These are some of the thoughts I came up with: how can one be satisfied with a brief which deals with the highly complex sociological, financial and realistic problems, not to mention the problems occasioned by dealing with the three levels of Government, when everyone you talk to is either a volunteer or a part-time worker in the provision of housing for the aged? Now, I further thought of my own dealings in the last two years on this subject, and I discovered that I had never in the two years I have been engaged in this work met one single person whose whole time and energy was devoted to this problem of housing for senior citizens.

We have a real problem facing us, with 10 per cent of our population going on into this age group. This is an age of specialization, and this is one area where we do not yet seem to have achieved this specialization.

This, then, is a submission prepared by a group of volunteers who wish to let you see some of the problems of providing housing for the elderly from the point of view of the voluntary organization. So much for the background to the brief.

Now our presentation is going to be in three parts, and mine is to talk to you for two or three minutes on the role of the voluntary organization.

First of all let me say it is the opinion of the Ottawa Welfare Council that the provision of housing for elderly people with limited incomes is logically and ultimately the responsibility of Government. Our brief is a consideration of what might or should be done to provide more housing of a desirable quality, in sufficient quantity, with rentals commensurate with the financial resources of the elderly.

Looking at this problem of participation by voluntary agencies, I discovered that the extent to which voluntary agencies and organizations participate in these programs varies enormously. It appears to vary in accordance with the extent of the active interest displayed in the problem by provincial and municipal authorities. By and large the willingness of members of service clubs, labour organizations, churches, professional groups, and fraternal organizations, in the provision of housing, does not vary with their geographical location. I am sure that the Kinsmen, Rotary people, the United Church, the Anglican Church, the various labour organizations and members of the public from Vancouver and Newfoundland, New Brunswick and Quebec, would all feel the same way about this; the spirit is the same and the concern is the same, but the accomplishment varies, and this, I think, is due to the degree of assistance given at the provincial and municipal level.

Voluntary groups are handicapped by lack of municipal support in many areas; in other areas by lack of provincial support and in some cases by lack of adequate federal funds. They are all handicapped by lack of experience. It strikes me that many people who enter into a project of this kind do so with great enthusiasm, but by the time the project is completed they would have grave thoughts about whether they would try another one. There are problems in continuing administration of projects, and significantly a great problem concerning the achievement of the objective which they first started out to achieve. In other words they start out with a great idea and find out that the limitations cause them to reduce their objectives very, very seriously. The role of the voluntary agencies should perhaps be to mobilize community support, develop pressures, pioneer projects, and contribute to the amenities and general well-being of the residents. The long-term role of the voluntary agencies is certainly not in this highly complex problem of choosing sites, designing buildings, operating homes, raising money and planning programs. This is something that has to be done on a planned basis by professional people.

What we are saying is that there is a role for the federal Government, there is a role for the provincial Government, there is a role for the municipal Government, and one for the voluntary organization, and these roles need to be clearly defined. We need to find the correct formula to develop effective co-operation, so that each level of Government and the voluntary organizations can make that contribution which they are best equipped to make.

In the CMHC, the provincial Government, and municipal Government, I have met only with people who in every case are willing and anxious to help because they are personally concerned. They realize the problem, but all of them, or almost all of them, bemoan the fact of the inflexibility of legislation which restricts their ability to help us as they would like to.

If a well conceived approach to the planning and financing is developed, the gigantic economic resources available, and the ranks of willing people across Canada could be mobilized to play an important part in any national policy to provide housing for elderly people.

Finally, if the Government should eventually bring in new legislation, the council would hope that representatives of the voluntary agencies across the country would be consulted to ensure that the legislation is such that it will permit the voluntary organizations to offer the contribution they are best equipped to make.

I personally think it would be a significant step forward if a national committee representative of voluntary organizations in the country which have already made useful contributions in this area were formed to advise the Government on the most effective contributions voluntary organizations could make.

Mr. Chairman, I thank you. I would like to call on Mr. Gitterman.

Mr. Samuel A. Gitterman: Mr. Chairman and honourable senators, I would like to restrict myself to four of the recommendations contained in the brief to the Commitee. The first one is that which recommends that special consideration for the elderly be urged on all levels of government assuming responsibility for urban renewal programs.

Our cities have reached a stage of aging as well, and a great deal of replacement is necessary. This replacement has to take place in the down town areas where a great many people live—young people as well as old people. The older people know these areas. They know their way about them, but unfortunately in the past in urban renewal programs those people have not been considered at all and have been moved away from the centres of the cities which they know. This does not help the problem.

It is suggested, therefore, that in urban renewal programs a great deal of consideration be given, in the redevelopment and replanning that is being done, to providing housing for the aged population in relation to location, transit systems, stores, and so on. If this is done urban renewal will play its part in respect to providing proper housing, properly located and adjusted, for the aged.

The second recommendation I want to mention is the one which recommends that a pilot study be undertaken financed by funds of C.M.H.C. provided under Part V of the National Housing Act. It is suggested that the City of Ottawa is a suitable city for such a pilot study. The problems of the aged and accommodation for the aged are relatively new, and as a result there is not a great deal of information in regard to them.

One of the things I ran into when I was involved in providing housing for the aged was the fact that there has not been much research done in this area. A great deal of work is needed to determine just what accommodation is required. We think those concerned should look at the kind of housing that is needed—whether apartments should be built, or whether boarding houses should be built.

For instance, we are trying to get some apartments which contain two living rooms and bedrooms combined. These aprtments would enable two elderly ladies or gentlemen, or any two who wished to live together, to do so. They would be able to share a common dining room and a common kitchen and yet each would have a bed-sitting room to themselves. Under the act this has not been permitted. The accommodation to be built is for individual families. From the point of view of social welfare workers the accommodation I have in mind is desirable because two elderly people can share that accommodation.

A great deal of research is necessary to determine what kind of housing is necessary, and also its location and structure, and so on.

C.M.H.C. has funds under Part V which are presently used for urban renewal studies, and for the development of a comprehensive program of urban renewal for cities. Unfortunately, at the moment I think you will find that any project that is suggested for the aged is generally a crash program. At the last moment someone decides that a program is necessary, and then the search starts, and such questions as: Where do you locate these buildings, and what kind of buildings should they be, have to be answered. There seems to be no kind of over-all program for it.

Possibly there should be developed in each city an overall housing program of which housing for the aged would be a part. Every year that program could be adjusted, but the problem could be attacked bit by bit as part of the overall scheme. By this method we will get the problem under control in time, and it will become part of the overall comprehensive planning of a housing program.

In connection with research there are also funds available under Part V. It might be desirable to have a conference of people from across the country and of people from abroad who can then exchange views on the problem and also research results with respect to housing for the aged. This is a very useful thing, and it has been done in other areas where it has been found that an exchange of information is necessary. This in turn could develop some ideas for coordinating committees at a later date, and methods could be devised with respect to the setting up of the program. This relates to the first recommendation concerned with research because a program of housing for the aging could evolve from it. It could also deal with the needs that come after, such as the amount and kind of management required.

The last point I would like to make is that serious consideration be given to the establishment of a ministry of housing which would consider all aspects of housing and town planning. It could be concerned with the development of legislation pertaining to a national program on housing for the aged, and its implementation.

I would like to mention that in the past the administration of the National Housing Act and C.M.H.C. have had some peculiar attachments. In the early days it was in the Department of Finance. Subsequently, it was part of the Department of Trade and Commerce, and after that it reported to the Minister of Resources and Development, and when the Minister of Resources went to Public Works then C.M.H.C. went to Public Works. When he left Public Works it remained with Public Works for a while, and then went to the Department of National Revenue, and now it is with the Postmaster General's department.

All those different ministers did a very good job in advocating policies, but if one ministry could be set up which would be responsible for housing, better results might flow.

This is as far as I would like to go at this point. Thank you very much.

Miss Ruth Townshend: Mr. Chairman and honourable senators, I have great concern for those elderly people who are unable to pay the current rents for limited dividend projects. These are the people who presently occupy rooms in shoddy third or fourth rate hotels or poor rooming houses, and who live in unbearable situations with relatives. The numbers of such people are not known because their names do not appear on the waiting lists for existing or proposed limited dividend housing projects. They are very realistic about their financial situation, and they do not apply for admission.

Rents for bachelor apartments built under section 16 for the National Housing Act are now running as high as $53, and rents for one-bedroom suites are well over $60. Needless to say, two people living together with a combined pension income are better off than the single individual. Not only are many of these single individuals who have the federal pension as their only source of income living in the depressed conditions I have referred to, but many others are sacrificing their independence strictly for financial reasons, and living in institutions where their board and room is subsidized.

As is pointed out in our brief, those individuals who do spend half of their income—the maximum allowable from public funds being $95—on rent are obviously seriously curtailed in their other expenditures. They live, in

fact, from hand to mouth, and I think one can be sure that very little goes into the mouth. They must consider each small expenditure they make for bus tickets and postage stamps and so on very, very carefully.

We feel very strongly that accommodation for elderly people must be provided at rents lower than those presently charged in limited dividend projects. It is our feeling that this can probably be best achieved by greater use of the public housing section of the National Housing Act—section 35, which until recent amendments was section 36.

Other parts of our brief, as you will have read, deal with greater assistance to limited dividend projects, and this also, we hope, would bring the rents down. But, I think that greater use of the public housing section of the act would be an immediate answer to the provision of housing for those people whose income is extremely limited and who are just not able to live in limited dividend projects.

The CHAIRMAN: Mr. Palef?

Mr. HART: Mr. Palef will not speak now, but will join in the question period.

The CHAIRMAN: I think Mr. Palef is being given the task of answering the difficult questions.

Mr. Gitterman, with respect to the suggestion that there be established a department of housing, I would point out that the Government now has that under consideration. While what you have said about the department being bounced around from year to year is very true, I do point out that it is a matter of serious concern for the Government, particularly in the light of the present amendments which are quite far reaching. That matter is under serious and active consideration.

Senator Grosart, would you like to start off the questioning?

Senator GROSART: I did a great deal of talking the last time the committee met. I suggest you start with some other honourable senator.

The CHAIRMAN: May I say one thing more? You spoke of shared accommodation, Mr. Gitterman. Under the new amendments that is not prohibited, or denied. As I understand them, they deal with shared accommodation.

Mr. GITTERMAN: Originally the people at C.M.H.C. appreciated this problem and would like to have seen provision for shared accommodation, but the regulations did not permit it at that time; and therefore provision was made in the amendments for this to be changed.

The CHAIRMAN: In discussing the bill in the house that was one of the matters discussed and I think it was made quite clear that the regulations would be changed under the new act.

Mr. DAVIS: I am not clear what you mean by "shared accommodation". Obviously there is shared accommodation now. Has it not been that they have a living room and a double bedroom? You want to abolish the living room and have two bedrooms?

Miss TOWNSHEND: Two bed sitting rooms.

Mr. DAVIS: So that two persons not related could live in that apartment?

Mr. GITTERMAN: I think the point is that the unit of accommodation is for a family of husband and wife. I believe they must be related or they cannot share that accommodation as a unit. With the provision of a living room and a bedroom, there is one sleeping room; and in a case like that two people may not want to sleep in the one room, particularly if they are strangers. But with a living room and a bedroom so designed that each can be used as a bedroom, the two can share and each has his own room with kitchen and bathroom and dining facilities.

Senator GROSART: It seems to me that the main theme of this excellent brief—I disagree with Mr. Hart in that, it is a good presentation—seems to be that voluntary organizations are willing and anxious to work in this field but that they are encountering major difficulties—that is the phrase used on page 3. They suggest on page 4 that steps must be taken to facilitate the use of the existing legislation providing for Government assistance. Mr. Palef, I understand from the introduction, has had a good deal of experience as a businessman taking a voluntary interest in this. We have Mr. Gitterman working also, with very considerable experience, both inside C.M.H.C. and outside in the moving forward of accommodation for elderly people. I would like to ask two questions about these difficulties. One is, specifically, what are the red tape difficulties—and I am using that phrase, because I think that is implicit in it—red tape either thin red tape or thick red tape. Secondly, what are the financial difficulties? I wonder if you would outline for us, because I am not clear in my mind as to the exact present situation, what it is a voluntary organization has to find in order to take advantage of the legislation.

Mr. PALEF: Basically you have to find five people prepared to form a limited dividend company. This in fact is not what we consider a limited dividend company, because it is a non-profit company; they have to file this through to the municipal authorities. In our case we file it on behalf of the City of Ottawa and we have to get approval of the Province of Ontario in order to qualify for a provincial grant.

Senator GROSART: You are speaking of your experience with Island Lodge?

Mr. PALEF: No, Mr. Gitterman was more closely associated with Island Lodge. It is a geriatric centre which is supported by the three levels of government. In our case, we were asked to have this project organize as a limited dividend company on behalf of the City of Ottawa.

Mr. DAVIS: That is Macdonald Manor.

Mr. PALEF: Is this the project you speak of?

Senator GROSART: I am asking for information in general.

Mr. PALEF: The first thing we had to consider in planoing Macdonald Manor was the type of concept we had to develop. In our particular case, because it was a project devoted exclusively to the aged, we did not have the same factors as other projects such as Ottawa Lowren, where they had the opportunity of catering to senior citizens in a small scheme. They also had the advantage of the revenues earned from the family unit and it was as a result of earnings from the family unit that they could develop a realistic price on the basis of rental for senior citizens. But in our case we were devoting our project exclusively to senior citizens. We wanted something different from Lowren. We wanted this project in Centre Town, in an area that lent itself ideally to this particular project. This meant we had to try to obtain a site which measured up to the requirements of the various authorities which were involved. Our cost per unit far exceeded the normal C.M.H.C. unit. We were running to $600 and $700 per unit.

This did not affect the appraisal value. C.H.M.C. makes available mortgage funds. It does not contribute money but it is a lender of funds at less than the conventional rate. In borrowing money you have to comply with their requirements. They determine what they consider the appraised value, which determines the amount of money they will lend you on mortgage. The appraised value may have no relationship whatever to the actual completed cost of the project.

Senator GROSART: Is the appraised value the same for what one might call a charitable institution and for a commercial institution?

Mr. PALEF: I would think they had certain standards in connection with senior citizen units and I would say that in this case we were developing not a walkup type of dwelling but that of an elevator type. All the projects done in Ottawa in the past had been of the conventional walkup type. We wanted to develop something which we could give people accommodation which would have some durability over the years, in case some of these capable and able-bodied people became incapable of self-mobility. So this was one of the first problems we had to overcome, that is, the problem of a site which would meet the regulations of C.M.H.C. and be acceptable to them.

As I say, the sources of funds were a very serious problem because of the fact that in this case also, while we were representing or forming this company on behalf of the City of Ottawa, the City of Ottawa's contribution in all other projects was normally limited to a 10 per cent contribution. We assumed that the land contribution would equal that 10 per cent, but it did not. The City of Ottawa finds itself in the somewhat dangerous position of establishing a precedent by contributing an amount of roughly 30 per cent beyond the normal 10 per cent. In other words, what you finally wound up with in this case was that instead of contributing $87,800 to the project they wound up with contributing $112,631. As a result of establishing that precedent they ran the risk of being faced with this in future projects as well. This is one of the situations.

Then of course there are two ways of approaching this particular financial contribution. One has to be able to establish that you have sources of funds which will be sufficient to make the project fit in with your capital cost development.

Senator GROSART: What percentage of funds do you have to have as a voluntary organization, to obtain substantial help from C.M.H.C?

Mr. PALEF: Normally the amount is set at 10 per cent, but in our particular case we obtained a mortgage from C.M.H.C. of roughly 85 per cent. Even though they say they will lend up to 90 per cent, their loan of 90 per cent is related, as I said before, to the so-called appraised value, which does not in my opinion reflect any additional amount to take care of the amenities of the social adjustment which we are trying to set up in this particular project.

Senator GROSART: So from other sources you had to find 15 per cent?

Mr. PALEF: That is correct. Part of the problem arose also from the fact that the provincial government normally would make available a $500 per unit grant. We were looking to them to increase the amount of their grant in order to make the project fit together from a capital cost point of view.

Senator GROSART: I am confused now. You had grants from Ottawa?

The CHAIRMAN: The grants were from the City of Ottawa.

Senator GROSART: And from the province. Would you give the arithmetic? You had 85 per cent?

Mr. PALEF: Out of a total cost of $900,000, $726,668 being made available in the form of C.M.H.C. mortgage, then you have $61,000 made available in the form of a provincial grant, which is $500 a unit on 122 units. And then the City of Ottawa made up the difference of $112,631.

Senator GROSART: Is the City of Ottawa in the same position as Kiwanis Club or a Rotary Club?

Mr. PALEF: Yes.

Senator GROSART: And the City of Ottawa was a voluntary organization in this case?

Mr. PALEF: We acted on behalf of the Corporation of the City of Ottawa, but by virtue of the fact that we were acting on their behalf we still had to comply with all the rigid requirements regarding parking by-laws and

various other things. We had to make submission to the Ontario Municipal Board in order to get relief. Instead of getting 50 per cent parking, we wanted parking to the extent of one space for every six units.

Senator GROSART: What does the present by-law call for in Ottawa?

Mr. PALEF: Fifty per cent. In other words, if we have 122 units, we would be required to have 61 total apartment spaces; but we knew that we didn't have this requirement.

Senator GROSART: And are you saying the City of Ottawa was adamant on this by-law?

Mr. PALEF: They had to go to the Ontario Municipal Board, and they initially put through the by-law at our request, and at the request of the Kiwanis, in order to get relief for parking.

Senator GROSART: I understand you to say that the City of Ottawa, which had an interest in this, had to go to the Ontario Municipal Board to change its own by-law?

Mr. PALEF: That is right.

Senator GROSART: Well, that is a good example of red tape. Of course, I am not saying some of it is not necessary.

Mr. PALEF: We were also subject to the same regulation with respect to a high rise sewer charge. We obtained no relief from Ottawa for taxes. We had to satisfy all the people involved in this financially, that there were adequate funds to build the project, and also to assure them that there were adequate funds to make the project meet the current budget so that there would be sufficient income to equal the total operating expenses.

Senator GROSART: At 100 per cent occupancy you would have—

Mr. PALEF: We break even.

Dr. DAVIS: At what rent?

Mr. PALEF: The rents here are based on one bedroom apartments at $60, and bachelor apartments at $51 per unit.

Senator CAMERON: Would you define those units?

Mr. PALEF: The bachelor apartment has a total square footage of 396 square feet, and it is intended to accommodate one person; it has a kitchenette, bathroom and a bedsitting room. The one bedroom apartment, has, I would say the equivalent of two bedsitting rooms, kitchen and a bathroom. Now, the bedsitting rooms are interchangeable to the extent that you could rent them for single occupancy or double occupancy.

Senator CAMERON: What percentage do you allow for maintenance, taxes, upkeep, and so on?

Mr. PALEF: As a percentage of revenue?

Senator CAMERON: Capital.

Mr. PALEF: I would prefer to attempt to correlate expenditures with revenues, rather than correlate expenditures to a capital cost. But let us say that in so far as the revenues are concerned, we have a total revenue estimated here of $83,520. The application of those funds goes this way: We have a City of Ottawa total tax payment of just about $20,000. Of $39,000, $20,000 of this goes to the City of Ottawa between municipal taxes and its water and sewage charges. The rest of it is made up of insurance, light, heat and power, and those normal operating charges. So that of a total revenue of $83,520, $39,000 goes towards the actual operation. Then $40,000 is to take care of servicing and debt charge, and another $4,481 for replacement reserve, which is calculated on the basis of 6/10th of 1 per cent of the cost of the project, excluding land, and various other aspects.

Senator GROSART: On page 11 of your submission, you give the information that an individual must have an income equal to twice the amount of the rent before you can take him in to an institution financed by C.M.H.C.

Mr. PALEF: That is correct. But when it is arrived at, in this case of the bachelor unit, they take the $51 a month rental, and from that they subtract $11 to service that unit for light, heat and power, and so on. With the net amount of $40, they take double that, and this is the minimum income a person must have in order to be eligible to apply for one of these units.

Senator GROSART: This would completely exclude a large percentage of aged persons who have no income other than the universal old age pension.

Mr. PALEF: That is correct.

The CHAIRMAN: I suppose in the strict sense, that is so.

Senator GROSART: Are they not completely excluded, because they have not anywhere near twice $51?

The CHAIRMAN: No, twice $40, which is $80.

Mr. PALEF: This is the absolute minimum for the bachelor. To give you the full picture, the minimum is $80, the maximum is $200. This is the range. In other words, it goes from two to five times.

Senator GROSART: I don't think we are very interested in the maximum.

Mr. PALEF: In the case of the double unit, the rent we have there is $60, and from that you subtract $11, which makes $49, and by doubling that amount, which is $98, you arrive at the minimum for the one-bedroom apartment.

The CHAIRMAN: Any other questions?

Senator GROSART: What difficulties have you had other than those you have enumerated?

Mr. PALEF: These are very time consuming, because it means every time we require additional assistance from the City of Ottawa they have to go back to city council, which meets once a month, and before it is even submitted to city council it has to be approved by Board of Control. As a matter of fact, we were very close to having this complete project collapse just before the end of the year, that is, 1963, until the City of Ottawa put through a special by-law agreeing not only to make up the additional funds, but agreeing also to absorb and assume any deficit which might be sustained by virtue of its operation. The lenders of the money are not satisfied to make the loan available unless they have someone guarantee this deficit would be assumed.

I personally am not happy with rental rates. I think it is a compromise and not a solution.

The CHAIRMAN: What is the solution?

Mr. PALEF: I think to some extent the federal Government has got to assist these projects. To grant a loan at a low rate is not an answer. I think there has to be a uniform situation set up at the federal, provincial and municipal levels, and that instead of having the signed separate agreement with Ottawa and Ontario and a tremendously separated agreement with the C.M.H.C., there should be some attempt to simplify this entire procedure. I think simplification is in order.

The CHAIRMAN: Simplification is one matter; but you said a minute ago that the federal authorities should make some contribution.

Mr. PALEF: Well, perhaps in the form of a subsidy. It is not unusual or unnatural for a government to do so; it was done during wartime.

The CHAIRMAN: Not only that, but the new act provides for subsidization of public housing.

Mr. PALEF: Well, I believe it provides for a sharing of losses.

The CHAIRMAN: Not only subsidization but sharing of losses; both are included. This may not directly solve the problem, but it seems to me that the provincial government does make a grant of $500 per unit. How long has that been in existence?

Mr. PALEF: That has been in existence for many years; but it is only in recent years they have decided to increase that, only on the understanding that it is utilized for the purpose of reducing rents. They agreed to give us an additional $300 a unit, but only on the understanding that we would reduce rents. The amount by which we could reduce rents with this additional $300 a unit would amount to $1.25 a month, which I do not think is a major consideration.

The CHAIRMAN: What you said to us today is regard to this undertaking which cost approximately $900,000 was that the provincial government gave you about $61,500 for 122 units. The municipal government gave you $112,000 and agreed to share in some way in the losses, if any.

Mr. PALEF: The City of Ottawa agreed to assume full responsibility for the losses.

The CHAIRMAN: For the losses—

Mr. PALEF: Through the operation.

The CHAIRMAN: The federal Government gave you a loan of $726,000 for less than the going rate of interest, whatever that might be?

Mr. PALEF: That is right; but you will appreciate as well as I can, Mr. Chairman, that in a case like that, borrowings which have to be repaid naturally are of some assistance if the interest rate is lower; but it still has to be repaid. In addition to that, there is a replacement reserve which has to be built up—in our case, to around $70,000.

Senator FERGUSSON: I just wanted to speak about the suggestions you make for studies. According to what you said, it would appear that CMHC does nothing but lend money. Actually they do more than that. You must be familiar with the material they got out on the housing for older people. There is a great deal of that sort of advice that would be in a manual. Also I presume you are familiar with the recent "At Home after 65" brought out by the Canadian Welfare Council. It was only possible through a grant from CMHC to carry that out. Are not those two of the things you are including beside lending money?

Mr. PALEF: They may be all right in the general sense of the word, but I was asked by Senator Grosart to give him my experience of what we have run into Macdonald Manor. Publications are fine, but it is a case of giving some meaning to them. I want to qualify my remarks. Everyone was extremely co-operative—

Senator FERGUSSON: Mine was a separate question from Senator Grosart's.

Mr. PALEF: I am sorry.

Senator FERGUSSON: My question was with regard to the fact you have brought this up in several places in your brief that a manual should be provided.

Mr. DAVIS: And staff.

Senator FERGUSSON: Yes, and that they should contribute something for research.

Senator GROSART: It is page 6 of the brief.

The CHAIRMAN: On the question of research, I think Mr. Gitterman could speak to that. He knows about research and knows that at the present time they are doing some active research.

Mr. PALEF: I think this is the next progressive step. All our research was done, we had the project, and it was a case of getting the thing on the rails.

Senator GROSART: Was an attempt made to force you out of the downtown area?

Mr. PALEF: The only reason we were able to get into a downtown area was because the city owned the land, they had a piece of property that was not being made use of.

Miss TOWNSHEND: To get back to Senator Fergusson's question, we are aware certainly of the fact that CMHC is continuously doing research, sometimes related to senior citizen housing and sometimes more broadly related to housing generally. We have in mind something a little more specific, something that would be more specifically helpful to voluntary organizations wishing to sponsor projects, I think most of the material in the brochures you have referred to give examples of housing projects that have been carried out, and certainly there is material available to explain what Central Mortgage and Housing Corporation's contribution can be. But there are many other things involved. Just from hearing Mr. Palef's experience, one can imagine the kinds of feelings a voluntary organization has when it starts out to take on one of these projects. Very often these are people who have had no experience in investment or in dealing with building people, and they really have an extremely frustrating experience, as Mr. Hart will corroborate. Our idea of the manual would be to give them some 1, 2, 3, 4 simple suggestions.

Senator FERGUSSON: I have heard Mr. Hart talk about this, so I am familiar with your problem. I would like to know if this is a problem you have run into in Ottawa—that is, generally, whenever the provisions of section 16 are going to be used for housing for elderly citizens.

Mr. PALEF: Outside of one other project being undertaken by the King's Daughters Guild we are the only senior citizens apartment project which has gotten under way in the City of Ottawa; and, as I say, notwithstanding the various pieces of literature which have already been published, it still means you have to put up a considerable amount of money of your own. We have had many changes of people within our own group who got frustrated and disillusioned and who said they felt they were getting nowhere. We have used several thousand dollars of our own money. Before you can even make an application to Central Mortgage and Housing Corporation you have to put deposits up. They are extremely co-operative, but they have rules and regulations by which they have to operate.

Mr. GITTERMAN: I do not know whether I should mention this, but a practical consideration I feel I should point out is that we are short one month of three years since the project was started or conceived. In this period I, as a professional architect, dealt with Mr. Palef who was not at that time the chairman of a board of any company. We had no one to deal with, and in that period, in addition to having no company, there were no funds, and in this period no money exchanged hands. I, as a professional, felt I was doing quite a bit of welfare work in this period. If the project did not start it would be in trouble, and Mr. Palef put up the money all the way through. This is one problem that occurs in that type of project.

The CHAIRMAN: It took you three years from the beginning until it was completed?

Mr. GITTERMAN: Until the ground was broken.

The CHAIRMAN: That is, the preliminary stages from the conception until the ground was broken took three years?

Mr. PALEF: The King's Daughters Guild were a little longer than we were, and they were supplying the total equity capital of $150,000.

Senator GROSART: They would be a group in Ottawa close to the sources knowing the ropes?

Mr. GITTERMAN: In close touch with CMHC headquarters rather than a branch office.

Senator GROSART: Could you give a rough estimate of the amount of money invested privately by the group and the amount of time involved? Approximately how many interviews, for example, did you have with various Government officials before you got under way?

Mr. PALEF: I would say, conservatively, about a dozen interviews with various levels of Government.

The CHAIRMAN: What would you say "liberally"?

Mr. PALEF: I would hesitate, Senator Croll. I know I made many visits to Toronto, and there were many return visits of Toronto officials who came here. I appreciate they have certain procedures which they must follow. They are not going to give advances on mortgage loans to ordinary people merely because they have expressed a desire to do something. I think they have to be convinced not only of the sincerity but of very strong desire and need. The question is, in the final analysis, apart from the frustrating experience of trying to get it together, whether or not we are achieving our final purpose in being able to produce something which is going to have to rent at such a high price.

Senator GROSART: Your operating liabilities are what, $85,000 a year?

Mr. PALEF: $83,520.

Senator GROSART: Would a voluntary group, a group of businessmen or a group of public-spirited citizens, by entering into this be in a position where they would be held to have joint legal liability for such a sum for 20 or 30 years?

Mr. PALEF: Fifty years.

Senator GROSART: This would apply to a service club or a church?

Mr. PALEF: Yes, continuing responsibility during the life of the mortgage.

Senator CAMERON: Would it be a charge against the estate of a demised?

Mr. PALEF: The only way we could overcome that was to endorse our share capital in blank to the City of Ottawa, to ensure continuity and perpetuity.

Senator GROSART: I am speaking of another voluntary group.

Mr. PALEF: There is a continuing obligation.

The CHAIRMAN: Most limited dividends are without, but grants undertaken should permit a 5 per cent return?

Mr. PALEF: I can even show you the CMHC file in which it shows a zero return. I object to the use of the term "limited dividend".

The CHAIRMAN: They are limited as to rents.

Mr. PALEF: In terms of the return on equity capital. In other words, if the City of Ottawa has $112,000 it cannot earn more than $5,600 a year on that. If it does it must restrict itself and reduce its rents in order to equate the situation. But it is limited in relation to its earnings on equity.

Senator GROSART: Has anybody ever earned anything on equity?

Mr. PALEF: Lowren has been successful, because they have a reasonably good mix. They have about 80 per cent of family type units by which they have the opportunity of getting a little bit of the revenues, with which they are in turn subsidizing the senior citizen portion.

Senator GROSART: How would you re-write the National Housing Act in this respect? Specifically, what would you suggest if we were to say as a committee that we recommend certain amendments to the National Housing Act?

Mr. PALEF: First of all, I would like to determine whose responsibility it is. That is, whether it is the municipal responsibility or whether it is the voluntary organizations' responsibility. But assuming it was a three-way situation arising out of the federal Government, the provincial government and the municipal government, I would like to see the provincial government charged with the responsibility of supervising and imposing a requirement on the municipality to develop these types of projects if there is evidence of need. Let the municipality budget for it the same as it does for waterworks or any other service it provides. It is doing it in the form of social service, but it is not providing decent housing.

Senator GROSART: And it is fundamentally, under our Constitution, the responsibility of the municipal Government at the committee level in Ontario?

Mr. PALEF: Yes.

Senator CAMERON: This $500 contributed per unit by the Province of Ontario, is that repayable?

Mr. PALEF: That is not repayable. Just the same as there is no repayment to the City of Ottawa—it is interest-free.

Mr. HART: I wish to thank you for this opportunity to address the committee. I did promise we would try to keep within the time schedule, and I see we have gone over it two or three minutes. However I should say that Mr. Palef in his concluding remarks expressed some of the feelings of the Ottawa Welfare Council concerning responsibility. I would also just point out that one thing should be considered. We have here in Canada three major bodies, the federal Government, a giant, the provincial Government, a giant and the municipalities. And all these three great organizations are like a chain, and the weakest link in the chain is the voluntary organization. When this link breaks down everything seems to stop. It seems to me you are not going to strengthen the voluntary organizations to cure this and make the chain stronger. The thing is to put the responsibility where it belongs, and permit the voluntary organizations to carry out something which is within their capability, and something which they can do better than the governments can do.

Senator QUART: I am very interested in Mr. Hart's statement about the voluntary organizations. Would it be your idea, Mr. Hart, to have something like a recruitment officer set up within the department which may well come out of all this research who would go in and recruit volunteers in the manner in which we had them throughout the last war for war service. Or should they be left at the community level?

Mr. HART: I think what I suggested in my earlier remarks was that eventually a national committee should be formed on which you would probably have the Canadian Council of Churches, probably the Kiwanians, the Rotarians, the fraternal organizations—they could be represented, and who would have some national policy within their own organizations as to what they could do to help this. I do not think the approach of going to individuals is a good one. I think this has to be done on a national level.

Senator QUART: Do you feel now that communities, and provinces, let us say, Canada-wise, have become alert to the needs of aging citizens? Do you think there is more interdenominational co-operation now than formerly?

Mr. HART: I would say I have addressed many meetings on this matter in the past, and people in general are not aware. However, it does appear quite possible that we shall receive interdenominational support in many geographic areas. Certainly churches are begining to talk about this and to work together on it. But this is in areas where the problem is very prominent.

Senator QUART: This Happy-Go-Lucky Club in the United Church, I was interested to see that there were seven parishes involved in that.

Senator GROSART: We have had conflicting evidence here about the ideal size in terms of units. We have completely conflicting evidence as to whether there should be a large number of small units, for example 20 units, or whether there should be larger numbers like 300 units.

Mr. GITTERMAN: This is difficult. From the point of view of the aged there seem to be varying needs. A 300-unit apartment building would be a satisfactory type of accommodation for able-bodied senior citizens. It is, as I say, an apartment building rather than an institution. Then you would also have the smaller types. Not all the apartments, whether in the 300-unit type or the 100-unit type, would be similar. There would be some people who would require accommodation in modified or altered units. There are different types of needs. The 300-unit type building could serve as an apartment. Where there is some added care required, well then you would need a smaller one.

Senator GROSART: Our information is contrary to that. Those who have supported the 300-unit type have done so on the basis it would provide facilities for the various needs of people in the process of aging, such as dispensaries, etc.

Mr. GITTERMAN: This is why I recommended it so strongly. Island Park Lodge has 300 units and provides for such requirements as dispensaries, etc. There are various facilities provided for older people, whereas at Macdonald Manor we have an apartment building for able-bodied senior citizens. Here there is no need for any dispensary or for medication of any kind at all.

Senator GROSART: Isn't it a fact you should provide for the aging process? I would suggest that aging people do not want when they move into accommodation to have to move out again. They expect to stay therefore the rest of their lives. Wouldn't it therefore make sense to provide for the problems of progressive aging rather than to say that when they need a little more help they should be moved out?

Mr. GITTERMAN: I think further research is necessary to determine these matters, but at the moment a senior citizen or an aged person who is able-bodied is quite content to look after himself or herself with certain facilities or amenities provided. For example they may need certain assistance about the bath. In other instances they might require special facilities such as a library, a recreation room or a dining room. These people manage quite well. Research may prove otherwise, but I think you will find that once one gets sick, whether through aging or any other reason, one is generally taken from there to a place where one can be cared for by competent people.

Senator GROSART: I am speaking of the problems of progressive aging. I am able-bodied today, but I may not be so tomorrow.

Mr. HART: May I answer that? The United Church put out a report on this in Ottawa some time ago. This was in connection with a project for a 200-unit type building, and it said there could be a type of institutional care within that building which would make it possible for people, after they were unable to carry on and look after themselves, to move into some other floors and receive institutional care where they could have their meals served, and somebody competent would be in attendance from time to time.

The CHAIRMAN: May I say on behalf of the committee that the gentleman who asked you about your brief received the wrong answer. You have heard what the committee has said about that. You can say on our behalf that we consider it was an excellent brief. We particularly appreciated the emphasis on housing in Ottawa, which seems to be doing quite well. I thank you very much for coming and presenting this brief.

We now proceed to consideration of the special study that was made at our request by the Department of Labour, and we are very fortunate today

in having with us outstanding civil servants. They are men of great quality, ability and devotion to their duties.

Dr. Gil Schonning is the Assistant Director of the Economic and Research Branch of the Department of Labour. I am not going to say too much about him because all members of the committee know him. Since 1951 he has been with the Economics and Research Branch of the federal Department of Labour. He is a graduate of the University of Alberta, and has taught school in Alberta. He has a distinguished war record.

Next to him is Mr. Alan Portigal who is Research Director in the Economics and Research Branch of the Department of Labour. He joined the department in the spring of 1955, and is the author of the Department of Labour publication "The Aging Worker in the Canadian Economy," which was published in 1959, and which has recently been revised.

Superlatives fit Mr. Ian Campbell very well. He has some experience with the Workmen's Compensation Board, and as a rehabilitation officer. He is responsible for that centre at Malton, which is the largest rehabilitation centre in North America. He has been chairman of the Old Age Pension Commission, and in 1952 he became the National Co-ordinator of Civilian Rehabilitation here in Ottawa. He was a Government representative at the White House Conference on Aging, and is internationally known as an authority in the field of the rehabilitation of the disabled. He is Chairman of the World Commission on Vocational Rehabilitation.

Mr. Douse joined the Department of Labour in 1948 as an Information Officer, and he has lent his efforts to public education on behalf of the older workers. In 1959 the Division on Older Workers was established under the general direction of Mr. Campbell, and Mr. Douse was appointed Chief of this Division. He is serving in that capacity today. He is an alternate member of the Canadian Welfare Council's Committee on Aging, and has served as a consultant to the Planning Committee of the proposed Canadian Conference on Aging.

Dr. Schonning, will you speak first?

Dr. Gil Schonning, Assistant Director, Economics and Research Branch, Department of Labour: Mr. Chairman and honourable senators, I am very pleased to submit the first part of this report on the problems associated with aging in the world of work. This first part is an attempt to identify problems in the world of work as far as they relate to aging. And we have tried to do this in a statistical and analytical fashion. We have tried here to identify these problems with respect to the state of the economy, as it were—what we economists call the demand side—as well as with respect to people. We have tried to examine some of the possible remedial actions that are under way in broad terms, and more details will follow in the second part of the report.

Aging, as we are all aware, is a very dynamic aspect of what we are dealing with here, and hence it was felt to be useful to look at the whole of the working group, and not just identify problems with particular ages. We have related these problems to every age group in the world of work. I think this is a very important way of doing it because in any dynamic economy there are problems that arise with respect to any age group. This is a matter of difficulty, and hence I should say we have dealt with the whole spectrum.

I deliberately—I suppose to save time and space—dealt with the male labour force. I want to make sure that there is no misunderstanding here. I point out that there are, of course, many of the same problems associated with aging so far as females are concerned, and particularly with certain categories of females. So, we can apply some of the things that have been said in Part I to females as well.

In the world of work I made the assumption here that we work because of certain motivations. We assume people work because they either have to work or they want to work. I would suggest that the need to work prevails, although it does get mixed up also with the desire to work for the sake of working. Work to me, at least, is a means to an end. This may shock you, but it is my philosophy that primarily we work to gain income. As I said earlier there is also, of course, the need to work just for the sake of working, just as some people like to play for the sake of playing or stimulation. Anyway, in my opinion, income is a primary objective.

In this report I have tried to demonstrate how people participate in work, by age groups and, that there is a tendency for participation to slacken off with age. The youth group, of course, has one of the lower participating rates apart from the 65 years of age and over group, primarily because this is the time when they are preparing themselves for work. This rate has been going down very rapidly because of the public encouragement to young people to stay longer in school and prepare themselves for the kind of world that is developing. Another reason is, of course, the rising per capita income that we have experienced particularly in the postwar period, which provides a greater capability for the young people to attend school.

I have looked at statistics on unemployment to try to identify whether or not people are more subject to unemployment as they grow older, and I find this to be so. I looked at the duration of unemployment, and found again, and particularly in this category, that the length of time on the average is longer for those who are older than for those who are younger. This comes out quite clearly from the statistical analysis.

You will notice from this report that I have dealt not too much with the 65 years of age and over group. In part that is because there is a break, as you know, here as a result of compulsory and voluntary retirement. But, I have assumed in the analysis some of the problems that people in the late forties and fifties meet, are met, probably even more so, in the sixties.

We have looked at where people work. This matters a great deal. It matters in what occupation they work. It matters at what level of occupation they work. It matters where in the country they work, and in what industry they work. Obviously, if we were all professional people participating in the world of work we would remain at a very high level of work for a long time. This is evident from the statistics.

It matters what industry people work in. In the seasonal industries, for example, there is a break in employment more frequently than in most other industries, and breaks in employment, of course, is the key problem that people face, particularly as they grow older. That is, it becomes more difficult to be re-employed after a break in employment.

It matters where people work in the country. There are places, of course, as we know, where employment is generally very high, and there is a very heavy occupation mix of employment, and where unemployment is extremely low, because of the growth in employment in particular centres.

Contrariwise, there are many places where employment does not grow, where the mix is poor, where opportunities are few and where the aging find it very difficult to find alternatives, particularly if there is a break in employment. There are certain characteristics in the work nowadays. It is dynamic. We are working in advanced and rapidly developing technology in this country. In other words there are constant changes going on in the economy at the technical end as well as owing to competitive processes. We are an open market and we compete in the world markets and we have to meet this competition wherever it is, both competition from without in our own markets and with

others in foreign markets. This leads to a breakage in employment quite frequently. In any one year, for example, in Canada, about 1,500,000 people enter or re-enter our labour markets and about 1,200,000 leave. Much of this of course is involved in the seasonal aspects, going and coming.

The CHAIRMAN: In one year?

Dr. SCHONNING: In any one year. Few people realize the tremendous milling around in any one year in an economy of this kind. If you think back to the real rural economy, how small that would be compared to this kind of economy we have now. This means that there is tremendous frequency of this breaking so far as employment is concerned. If the breakage is such that the person is no longer quite qualified for any of the other jobs, if they exist, then he may be unemployed for a long period of time unless there is some way of fitting him back into that kind of employment, at the side of other working people, because there is this change going on in the labour market, because we are moving upwards in the sense of away from the physical into the mental. This has been a characteristic now for a long period of time but I think its pace has accelerated.

This means we are doing away with a lot of slugging of the older days and the economy now is more based on mental effort. The latter is hard to characterize, because of automation, which you cannot characterize. You cannot say it is mental, it is some sort of thing where a person has to have a greater sense of responsibility. He has to have a keenness about something, to be a keen observer. He has to have a certain type of initiative and so on. This is the way we are moving.

On the other hand the people who are now at least in their 40s, 50s, 60s received their education and training a long time ago and because of this upward pressure for more and more education and for a different kind of training and other requirements, there is this tendency for those people, as they grow older, to become less and less competitive, as we call it, in the labour market, unless there is something done to get them back in again.

It is true they receive all kinds of experience over the years, which is partly a substitute for training, not necessarily a substitute for the kind of education which may be required if they are to be retrained or upgraded or trained in some other way. It requires a particular type of education in this technological world. There is a tendency for older people to have less education than the young and too little for many of the jobs in today's job markets.

I came across something rather startling not very long ago about education, in working through the census tables on education—which by the way is not referred to in this document but I want to mention it. There are over 1,000,000 people in Canada, aged 15 and above, with one to four grade of education, that is one to four years of schooling. At least for a technical and functional employment, these people are unemployable. There is no way they can be used, or at least it is very limited and the labour market now narrows very sharply for these kinds of people.

Senator GROSART: Would a high percentage of those be over 65? You say on page 17 that 65 per cent of those presently over 65 have only elementary schooling. This percentage of those with half elementary schooling would be even higher there, would it?

The CHAIRMAN: Senator, you will receive that answer very soon.

Dr. SCHONNING: There is education and training. There is the health factor, which I dealt with briefly. I thought I should point out that this is one of the great wasters as far as people are concerned and of course it intensifies the incidence and makes it greater as you grow older. There is on the part of people a tendency to become increasingly immobile. This is a very important characteristic in our type of economy where a fairly sizeable group must move around,

if they are to be re-employed, if they lose employment. And as the people grow older they become more and more immobile. To the extent that they grow immobile they close out job opportunities that could exist elsewhere or in a different occupation. This kind of mobility I am talking about is both physical, moving between one place and another, and mental, it means also moving into another occupation that may require retraining or re-educating.

I suggested a few broad ways in which these problems could at least be reduced. The first, and the key one, I suppose is that we maintain employment at as high a level as is physically possible to do it in relation to the competition that we are facing on a regular basis. We note in the statistics that while the unemployment of the older group 45 to 54 and 55 to 64 is a little higher than that of what I sometimes call the ginger group from the point of view of competition, the ages from 25 to 44, these rates have been dropping in the past four years. They were extremely high in 1961 at the end of the last recession. This is something that we have known, that the fuller your employment is the better the chances of course for those who are less competitive in the labour market. This then is a very important aspect of keeping people employed in groups 45 and over.

There are many islands of poverty, as I believe it has been termed in the United States—anyway, islands of slow growth, or actually reduced growth. I hear there is a tendency, because of inability of people to move, even if they wanted to move, to congregate a little bit in old age groups.

In our studies in the Maritimes of five or six of these areas, we discovered that those with the highest education, and who also had some form of useful training, moved. In other words, you syphon off the younger and more capable people who are more able to move, leaving a high level of older people in these areas. So this is a very important aspect.

Then there is what we call the adjustment aspect in the economy, particularly in industry, anywhere where there are establishments, where there is change going on, and people have to be released for one reason or another. It is very important that people who need retraining or refitting be returned, even to that establishment, rather than be pushed out into the labour market in contest with others, or if they do not need retraining, to try to place them as quickly as possible into employment.

I think there is a growing movement in which Canada is taking the lead, in the important aspect of preventing this disassociation from work, which is a crucial problem in industry. I think it is important to get these people back to work again.

I think we need more assistance in the form of mobility for people. If they want to move and know that we can get them employment elsewhere, this is important.

We must continue to emphasize the importance of education. In other words, I think there is a preventive sort of approach here, and that we should seek to get the young people as well educated as possible, because before we know it, they are going to be in the older age groups.

Before they become very old we should enable them to take refresher courses. This is going on to some extent, as far as the individual is concerned, voluntarily, but not much in a formal way. It may be that we need more of a formal approach to that. For example, in manufacturing or mining, the subjects of arithmetic, mathematics, physics, English, and other subjects, should be stressed.

Again, I think the question of health should be reconsidered, and this question should be dealt with early and consistently. Sometimes I think we fail to realize the dividends that may be paid as the result of programs of

this type, in order to keep people working and self sufficient. I think we sometimes fail to realize what can happen to these people, and the national burden, apart from the humanitarian aspect, that is accumulated by ignoring some of these preventive approaches.

Then there is the future. The 45 to 64 group is going to be relatively bigger by 1971 than it was in 1961. This is in part because the 25 to 44 group shows little or no growth. If you assume reasonably full employment, this could mean a good period for the 45 to 64 age group, because of the shortages of the 25 to 44's. These are the depression results.

In conclusion, having raised some general problems, perhaps I should say that there seems to be no end to the things man likes to have. The economists say that man is insatiable for goods and services. This is true. At the same time, we seem also to be ingenious in finding ways of shortcutting the methods to produce goods and services. This has limitations, of course, in terms of productivity per unit, man hours employed, which are constantly going down. On the other hand, productivity per capita is going up. Nevertheless, it leaves the problem that the total number of man-hours required by this whole system is expanding very slowly in terms of the total number of persons, and of course particularly in the output of goods and services. This is all to the good. However, I think we are faced with a problem here. How do we share these hours? If you want people to work, to gain income through work, how do we share it? This is a sort of relatively shrinking hours package. Does there need to be a more consistent view on reduction of hours? If you want more people in, this is the variable that we work with, or do we not have to face, as I said in Part One, early retirement? I think that is what we may have to face, probably not in our time, but in the future. This means that to the efforts we have to put into preparing people for work is added another important aspect, that of preparing people for retirement and leisure.

I am not one of those who thinks that people will go to seed on account of leisure. I heard this argument as I grew up in Norway, when the eight-hour day came in. That created a tremendous stir in 1914 and 1920. The things that were going to happen to that population were not worth mentioning! However, somehow they got over it.

Retirement, of course, is a different matter. It means a break. We have the two choices. Are we to share the work and continue until we are 60 or 70—and people are going to live longer and longer, and will be needed less and less. So that is the problem.

Thank you, very much.

Mr. Ian Campbell, National Co-Ordinator, Civilian Rehabilitation, Department of Labour: Mr. Chairman and honourable senators: Work of this kind is of tremendous interest to the Department of Labour, and is helpful to us in the carrying on of our regular work in connection with the problem of the older worker. As you know, the National Employment Service was recently transferred to the Department of Labour. This means that there are now three branches in this department that are particularly concerned with this problem.

The Economics and Research Branch must find the facts. This is what Dr. Schonning has dealt with.

The National Employment Service have appeared before you already, and its responsibility is to find jobs for the older worker, to counsel him regarding jobs, and regarding training, and to do whatever is considered necessary at the local level to stimulate employment of the older workers.

Now, the Division on Older Workers has the responsibility of co-ordination of program activities, and deals with national and provincial organizations and

governments, stimulation of research, the study of aspects of employment of older workers, and the development and implementation of a national educational and publicity program. The problem, of course, is a consequence of the changing world population pattern. As the world's population gets older the work force gets older too. At the same time the rapid change in technology makes a much greater number of jobs become redundant, and the difficulty in getting back into the labour market is intensified. However, it is during the latter period of their working life that most people do their best work; they are at their peak of performance and earning power. But, unfortunately, when they become unemployed during that period they have much more difficulty getting back into the labour market.

We know some of the causes, but too many of these are rooted in prejudice and wrong information. There is prejudice in favour of youth, misconceptions regarding capabilities of older persons, tendencies to generalize about health and the capacity of older people, the widely held view these people cannot re-learn once they have been away from the school system for any length of time, that unfortunately with changes in technology certain skills become obsolete. There is the factor of group insurance and pension plans, and the problems of promotion and the promotional system which means that most vacancies occur at the bottom, and many other things add to the difficulties these people encounter.

We in the Department of Labour are conscious of all the problems that are faced by the older segment of the population, but we feel very definitely that most of the problems of aging with which we are all concerned—such as housing, health and recreation—would be greatly lessened if a higher percentage of our people approached retirement following a period of steady employment. Actually, over 20 per cent of all Canadians qualify for old age assistance on a means tests basis when they reach 65. This certainly indicates the population just before this is not being used to the extent that it is possible. Obviously, the person that has the money to take care of his health problem, that has the means of getting the type of accommodation he wants or money in his pocket to go for a bus ride or to go to a show, is not as direly in need of some of the services we have talked about as the individual depending only on his public assistance.

Senator GROSART: You said 20 per cent nationally qualify? You do not mean only 20 per cent could qualify?

Mr. CAMPBELL: I do not know.

Senator GROSART: You mean 20 per cent have qualified?

Mr. CAMPBELL: Twenty per cent of the population in the age group 65 to 69.

Senator GROSART: —are willing to take the means test?

Mr. CAMPBELL: Yes.

This problem is of international concern. One of the jobs of this division is to keep in touch with what is happening throughout the world. We are in touch with the International Labour Office and various divisions of the United Nations, the World Health Organziation, the Organization for Economic Co-operation and Development. As we obtain information we make it available to anyone in Canada we think might benefit from it or who might be interested. This is becoming one of our major functions. Last year we had requests for over 10,000 pieces of material from various parts of Canada.

We are doing a service in disseminating information regarding the problem. The Department of Labour has been concerned with this problem since the last war, and has become increasingly aware of it as time has gone on.

The department has spent a considerable amount of time in trying to issue publicity material to point out the advantages of hiring the older worker. One of the steps taken was in 1953 when they set up an inter-departmental committee on older workers which brings together people from labour, the National Employment Service, National Health and Welfare, Veterans Affairs and the Civil Service Commission. This committee meets formally once or twice each year, but the departmental representatives are in constant liaison and communicate with each other whenever anything comes up in the department we think might have some effect on the common problems in which we are all interested. This committee has been very useful, not only in relating the work carried on but in stimulating research. For instance, it was this committee that stimulated the research that produced the booklet, "Pension Plans and Employment of Older Workers".

This had quite an effect on the thinking on this subject throughout Canada. We have been doing various things, mostly in the publicity area, newspaper articles, articles for trade journals. We have billboards across the country—and you may have seen them—declaring, "Don't Judge a Man's Work by his Date of Birth." This space is donated by the billboard industry, and we supply the posters. At the present time there are 90 of these posters across the country. We have had a series of radio broadcasts and they have been transcribed and sent out again, and TV shows.

The economics and research branch has done research. The one Dr. Schonning mentioned earlier, was done by Mr. Portigal, who is very helpful to us, and also the study done on the relative performance of age groups in the retail trades. These have all been helpful in bringing into focus the correct facts about the older worker.

We had one interesting experience with 45,000 letters sent out to employers—and that is practically every employer of 10 employees or more. To our surprise we received replies respecting the opinions of over 15,000 employers, which showed a tremendous interest. Some of these said they had not thought about it but now they would. Others wrote to tell us about what they did. Included in these were letters five or six pages long from the presidents of some of our largest companies, which indicated tremendous interest and that people were doing something about it or were beginning to think about doing something about it. Last year we had the Older Worker Employment and Training Incentive program, about which you have heard already. Through this program approximately 2,000 older workers secured employment, and we are now in the process of analyzing the results so that we can get some guidance as to what can be done regarding this in the future. This was an experimental program, and we will be very interested to know what this research reveals. Progress has been made by all this effort.

In 1956 a survey of newspaper advertising in the "Help Wanted" area indicated that 51 per cent of advertisements gave an upper age limit of persons they wished to employ. In 1962 a similar survey indicated 12.4 per cent. So there has been some change there. We are glad to say the civil service gives leadership in this, and they have removed age qualifications from practically all job specifications. The only places where these exist now are where you have jobs that involve training, but in 1962 26 per cent of civil servants hired were over 40 years of age. I do not know what the figure is for older employees.

Mr. DOUSE: Almost one-third of the older workers hired were 50 years of age or over.

Mr. CAMPBELL: So the Civil Service Commission is certainly doing its part.

We have gained some interesting experience through our activities in the vocational rehabilitation of the disabled, where the same people are counselled, assessed medically, socially and vocationally, and are referred to whatever

services of restoration, training or employment placement they need. Quite a number of people who have benefitted from this program are older disabled people.

I think an indication of an approach that could also be very helpful in the future is where you do not just look at a problem a man is confronted with, but you look at the whole situation and say, "What can we do to rectify this?" We think we are making some progress that is slow, but we do feel, as Dr. Schonning has said, that if we can apply all the knowledge we now have regarding placement and better methods of training the older worker; regarding the continuous process of training the unemployed, as well as the individual that is in work; plus continuing public education, we will make some headway. Thank you.

The CHAIRMAN: In order to start the ball rolling, in this brief somebody made the statement—I do not know who did, perhaps Dr. Schonning—that the lack of income in the middle years would not be solved by the pension plans. Now we have always been under the impression here that the older people faced two or three problems—first of all age, about which there was a discrimination, educational qualifications, or whatever he needed in that line, and then when he qualified on those two grounds they still did not want to admit that there was an age barrier so they said "You don't fit into our pension plan." Now somewhere in this statement there is a suggestion made that the lack of income in the middle years will not be solved by the pension plans. Did I get that correctly from somebody or from some part of the brief?

Mr. CAMPBELL: We touched on this. The pension plan, of course, if it has portability built into it will remove one of the barriers so far as these people are concerned. But the lack of income before these people retire has wide effects on the family and on the community. The man who, because he has no income or very little income, cannot keep his children in school cannot have them carry out their plans. This is something which is very serious indeed.

Senator ROEBUCK: Hasn't unemployment for older people been intensified by the fear of the employer of the approach of retirement age for the worker, and his poverty at that time? Is not that one of the motives for the advertisement in newspapers that nobody over a certain age shall apply? And is it not likely that the pension plan will ease that situation?

Mr. CAMPBELL: If that worry were removed, this would be a help. Even if this employer had the means of including that older individual in his plan, he finds himself embarrassed at having to retire him with an inadequate pension because he feels this would look bad from a public relations point of view.

Senator GROSART: How do you reconcile that with the statement on page 37 which quotes the document published in 1957 as saying "There is nothing inherent in any pension plan which makes it impossible for an employer to hire an older worker or to retain him beyond normal retirement age."

Mr. CAMPBELL: It says "There is nothing inherent in the nature of a pension plan which makes it impossible for an employer to hire an older worker or to retain him beyond normal retirement age."

Senator GROSART: That statement reads "in the nature of a pension plan"; if it were to read "in the nature of any pension plan" do you think that would be correct? You see this is very contradictory to evidence we have had before us that the inherent nature of pension plans tends to bring about compulsory retirements at an arbitrary age.

Mr. CAMPBELL: I think the point they are trying to make is that there is nothing to prevent an employer hiring this man. He can usually hire him and bring him into his scheme, but it may cost him more or he may be embarrassed by this possible future situation that he may get into where he has

to let him go on a small pension. It could be done. In other words it is not the pension plan itself, but the employer did not want to pay more to cover that man, and he did not want to be faced with this embarrassment. So this was used as an excuse.

Senator GROSART: I don't think it is an excuse, it is a question of cost. It will cost more not to have an arbitrary retirement age.

Dr. SCHONNING: There is a certain type of plan where the cost is higher. It goes up with age. There are others that do not and it is not inherent in pension plans as such. I would agree there may be some cost involved in meeting these obstacles as far as the employer is concerned. He is trying to maximize profits. So he is going to get people who will cost him less.

The CHAIRMAN: But aren't there other pension plans in industrial groups that cover all employees regardless of age?

Mr. CAMPBELL: There are but they are on flat rates.

Senator GROSART: But the whole actuarial basis is that there is an arbitrary age at which these people are out of the plan. There is a letter in the current edition of the official organ of the Canadian Labour Congress where it says that a person is told, "Now you are out of the plan and the premium would be away up if you wanted to continue." They are concerned about this, and I think justly so.

Dr. SCHONNING: If you buy an annuity or if you want an annuity you can carry when you are 50, it is going to cost $50,000 or $60,000. If you want $50 a month income at 65, this is going to cost you a lot of money. The person is not going to be able to carry this cost. The kind of pension that will be recommended to such a person is going to be one that probably comes to $25 or $20, and the carrying charge will be much the same as it is for those around 30 getting $50 a month, or for someone at 20 getting $100 a month.

Senator GROSART: But isn't the situation now that practically every plan is based on the arbitrary and compulsory retirement of those covered at a certain age, usually 65?

Dr. SCHONNING: That is true.

Senator GROSART: All you can do at 65 is to go and buy an annuity if you have $50,000 or $60,000.

Dr. SCHONNING: Or buy it when you are re-employed.

Senator GROSART: Speaking on the point Senator Roebuck raised, looking at the figures for people at 65, on page 5, table 2, it does not seem that since 1950 the incidence of unemployment amongst those over 65 in relation to average unemployment has increased.

Dr. SCHONNING: That is also over 65?

Senator GROSART: It does not appear to have increased relatively in these 13 years.

Dr. SCHONNING: This, of course, is a difficult point. These figures for those aged 65 and over do reflect the labour market but maybe not as well as other groups because of the combination of compulsory and voluntary retirements. Simply by giving up and going out on unemployment assistance means you get out of the measurement here. This appears to have been particularly the case in 1958, 1959 and 1960 when those over 65 showed much lower than average unemployment rates. There has been a return to normal over the last three years now that employment has started to take hold again. I think possibly there is a slight reflection, but there are so many other variables in this situation.

Senator GROSART: There seems to be no increase in 1950. The rate at 65 is 3.8, and the overall rate for all ages is 3.9. If you come to 1963 the rate for those over 65 is 4.8, while the rate for all ages is 6.4. The participation rate according to the table on the last page is 26.3 as against an overall average of 78.5. How realistic in terms of people who want and need employment is the 26.3 in the participation rate?

Dr. SCHONNING: Actually I think we have had this in mind for some time —we ought to make an attempt at studying a sample of this group that is no longer participating. To what extent have they been compulsorily retired, and to what extent have they voluntarily retired, and to what extent have they given up? How many have been unemployed for a long time, and how many have been getting a few hours of work or a few days, and finally when everything seemed to have collapsed, do they find at 65 they will earn more by agreeing to a means test, and so forth.

Senator GROSART: Would you say it is possible there is a very high rating of compulsory unemployment as between the 26 per cent who are participating and the 78 per cent who might be if they were at the average?

Dr. SCHONNING: Obviously, there are those who have gone up, as it were, and who are, as you say, probably compulsorily unemployed, who fall into that group. I do not know how many would be in here. We know from the study in the Maritimes that there is evidence that some have simply given up. They say: "What's the point?" You get the feeling in discussing their general health, for example, that they could do something, but that the labour market has nothing for them, and it is unthinkable that they should move anywhere, while at the same time 15 or 20 miles away they could get something. Those people have simply given up.

We have to remember that what some of these have to offer in the labour market shrinks to the extent that it is almost zero. Here I am talking simply and coldly about the labour market and what is required in industry.

Senator GROSART: I am not speaking about their compatibility. Just to clear up this point, would you say that the figure of 4.8 per cent is not necessarily an indication of the percentage of aging people over 65 years of age who need and want employment?

Dr. SCHONNING: Yes.

Senator GROSART: Would you agree with me?

Dr. SCHONNING: Oh, I surely would.

Senator MCGRAND: How much success are you experiencing in the employment of older people? I suppose much will depend upon the attitude of organized labour, and the development of automation today. How are you going to fit the employment of older people into a scheme that is designed to protect the middle-aged worker?

Dr. SCHONNING: If I understand your point I will say that there is a problem here. On the one hand organized labour protects people through seniority, but there may well come a time when there is much change going on, and where the employer will say: "What we need now is a retraining course that will last six or eight months. We have 100 workers who are now 55 years of age. We are doubtful if we are going to invest in these people". It may well be that the unions may not put up too much of a defence in this respect. I do not know; different unions would react in different ways, but if their older members are replaced by the younger ones, at least it would not be a matter of union survival.

I am glad you brought this point up because it gives me an opportunity to mention that there has been a study made in the States which I think is rather important. I am not sure that I remember the figures precisely, but with

respect to the person that is retrained at the age of 50 and over—say between 50 and 55—there is an average chance that he will stay with that employer for seven and a half years, whereas if you retrain in the same program a person who is between 25 and 35—a younger person—the average duration of his stay is 5.2 years. In other words, for that employer, and not considering the general labour market, the investment in the older worker is a better one than in the younger one, but for the general community probably—well, I do not know; that is a different problem. That means he should be moved elsewhere, or should be more mobile, so that he does not need to stay with this one particular employer.

Senator McGRAND: How does that argument appeal to organized labour which has the slogan: "We are going to protect your jobs"?

Dr. SCHONNING: I think they are prepared to accept this kind of retraining and refitting back into employment.

Mr. CAMPBELL: Organized labour has given this some support.

Senator McGRAND: And it will go along with the training of the older worker for the psychological benefit he will obtain from it?

Mr. CAMPBELL: Yes, and for the job, but there is some conflict with respect to companies where the seniority rule applies. However, they do try to find ways around it.

Senator ROEBUCK: Dr. Schonning, the problem of the older man is, of course, a general problem for everybody, is it not? I wonder if your department has ever made a study of those conditions which lead to maximum employment and those which lead to minimum employment in the world at large? For instance, you can go to New Zealand today and find that there is practically no one unemployed. You can go to Germany at times and find the whole population at work. You can go to England at times and find a very large number of people out of work at one time, and nobody out of work at another time. What are the conditions that bring about these very drastic changes in one country as compared with another, and with respect to the altering conditions with the passage of time? Has your department never made a study of that kind?

Dr. SCHONNING: No. I do not think we have gone very much further—I do not know how far you have gone, but you have raised the question. We have raised the question, and we have discussed it.

Senator ROEBUCK: Right in our own country there are times when employment is very high and when the problem of getting a job is minimum, but at other times it is awfully hard for a person to find something to do. There are general principles involved, and I should think that that is one of the things your department should go into and make a thorough study of. I think somebody said only today that the problem was to put a man to work and to put the resources to work. There is something in that. What is it that puts our resources to work? What is it, therefore, that employs our men? What changes take place that bring about this disaster of unemployment?

Dr. SCHONNING: Well, I do not want to get very far into that, Mr. Chairman, but I would suggest that one thing in the thinking of people at the official level is that we should gradually relinquish the idea that our economy operates by an unseen hand; that there should be no interference by the public, or a minimum of interference. That is one thing. The idea now has been brought forward that there may be times when that unseen hand needs help. Another aspect that is very important, and which we are gradually getting into, is that we ought to know more about what goes on in our economy with respect to other economies; where we are heading, and where other economies that we are competing with are heading.

Senator ROEBUCK: What the future has for us?

Dr. SCHONNING: As you know, the National Economic Council—

Senator ROEBUCK: I just put the question. I did not expect a comprehensive answer.

The CHAIRMAN: Senator Roebuck, I think Dr. Schonning in his last statement hit upon something. There is a National Economic Council under Dr. Deutsch which is, of course, trying to deal with the exact problem you have raised.

Senator ROEBUCK: But he has not dealt with it, Mr. Chairman.

The CHAIRMAN: He has not had much time. Let us hope they will come up with a solution.

Senator GROSART: This argument of the *laissez-faire* economy as against the planned economy has been going on since the beginning of time, and it will never end.

The suggestion has been made, Mr. Chairman, that it would be helpful if in the national employment service the officials dealing with older people were made a separate entity apart from the general placement section. Would you agree with that, Mr. Campbell?

Mr. CAMPBELL: The National Employment Service has its special services section.

Senator GROSART: Yes, but the suggestion is that there should be special officers dealing only with the problems of the older workers.

Mr. CAMPBELL: This is purely a personal opinion, but I do not think that would help. I think we can segregate groups within the labour market better if the problem of the older worker is dealt with as part of the problem of the whole labour force. You need some special type of emphasis on each segment because of the peculiar situation of each, but they should be dealt with, as far as possible, as part of the overall problem of the utilization of manpower. Where you make groups feel that they are different, that they are apart, I do not think this is good. We like to sell the older workman on the basis that he is a good worker.

Senator GROSART: This is the very basis of the criticism that you were saying the older worker is in with the underpaid and they should be segregated. You were throwing him into that group. I am not saying that was my criticism, but that was in one of the briefs. You are in favour of separate sections.

Mr. CAMPBELL: I think it is a matter of analysis.

The ACTING CHAIRMAN (*Senator Fergusson*): Are there any other questions? If not, on behalf of the committee I would like to thank Dr. Schonning, Mr. Campbell, Mr. Portigal and Mr. Douse for the excellent brief and for the comprehensive answers which have been given by the members of the delegation. We are very grateful to you and I am sure this will be of considerable help to us in preparing our final report. Thank you very much.

The committee adjourned.

APPENDIX "K-1"

Brief to

THE SPECIAL COMMITTEE ON AGING
OF THE SENATE OF CANADA

submitted by

THE OTTAWA WELFARE COUNCIL
329 CHAPEL STREET
OTTAWA 2

July 2, 1964.

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OTTAWA WELFARE COUNCIL

BRIEF TO THE SPECIAL COMMITTEE
OF THE SENATE
ON AGING

Introduction

1. The Ottawa Welfare Council is a voluntary organization, financed by contributions made to the Ottawa and District United Appeal (formerly Community Chest). The Ottawa Welfare Council, like similar organizations in other municipalities, has as its major objective the coordinated development of health and welfare services in the community which it serves. A small professional staff and a 26 member Board of Directors work towards this objective in cooperation with the Council's 66 member organizations. Close relationships are maintained with other health and welfare agencies in the city and with individuals and groups who have a particular interest in health and welfare matters.

2. Included amongst the different areas of health and welfare services to which the Ottawa Welfare Council has given special attention over the years are the services and facilities which exist and which are required for the increasing numbers of older people in the community.

3. Like all of the other organizations which have made, or will make, submissions to the Senate Committee on Aging, the Council feels that the existence of this Committee has given tremendous impetus to its own work in the local community and we are extremely pleased to have an opportunity to take part in its task by sharing some of our thinking and experience with you.

4. In our submission we are not attempting to cover all of the different services outlined in the terms of reference of the Special Senate Committee. We are, in fact, concentrating on only two of these: housing and leisure time services.

5. Our contribution on leisure time services, day centres and clubs for older people, will be forwarded in a separate submission. This Brief deals with the provision of adequate housing for older individuals with limited income.

6. Because we are of the opinion that ample reference has been made in previous briefs to the factors in our contemporary society which contribute to the housing needs of older people we do not intend to define the problem in any detail. Our Brief is actually a consideration of what might or should be done by both voluntary organizations and government agencies in an effort to provide more housing of a desirable quality and in sufficient quantity to meet the needs of the older individuals of our population whose incomes prevent them from obtaining housing in the usual way. Except where otherwise noted, we are using the term "housing" to refer to self-contained accommodation rather than institutional facilities.

7. While the Brief is limited in its scope it is hoped that some of the principles incorporated in the recommendations may find wide application in other fields of health and welfare activity particularly as these relate to the needs of elderly people.

I *The Role of the Voluntary Organization*

8. One question which demands consideration concerns the respective roles of voluntary groups and public authorities in the provision of housing for elderly people.

9. It should be stated at the outset that it is the opinion of the Ottawa Welfare Council that the provision of housing for elderly people with limited income is logically, and must ultimately be, the responsibility of government. Voluntary groups, with limited funds and often lacking experience in planning and building, encounter major difficulties in attempting to provide housing projects for older people on suitable sites and incorporating the services which are now recognized as important, including recreational facilities, communal dining rooms and a health clinic. The on-going administration of major projects is beyond the capacity of many voluntary organizations simply because they depend upon voluntary services, and encounter frequent changes in leadership.

10. The long term role of voluntary organizations may be the mobilization of community opinion and the developing of pressure to move public authorities to greater action in this area. As far as actual service is concerned voluntary organizations may contribute to the amenities of a housing project by providing funds as required for a day centre or a health clinic in the building.

11. The continuing demand for low-rental housing for elderly people across the country has not been met by public authorities and, utilizing Section 16 of the National Housing Act voluntary organizations, including service clubs and churches, have sponsored numerous projects. Presuming the continuation of this legislation which provides long term loans to groups incorporated as limited-dividend companies, steps must be taken to facilitate its use.

II *Problems Related to Voluntary Sponsorship of Housing for the Aged*

12. The various religious denominations perhaps represent the largest organized force of volunteers in the country. With the influence of the ecumenical movement now sweeping the country, it is believed that inter-denominational co-operation not easily attainable a few years ago can and is being more readily achieved.

13. It is felt that given the necessary encouragement churches of many denominations and synagogues might willingly co-operate, particularly if success were achieved by inter-denominational co-operation on a pilot project.

14. Similarly it is felt that service clubs and fraternal organizations in given geographical areas might be willing to work together in developing major projects of this type if the way were shown to them.

15. In our local press there are, from time to time, announcements saying that sponsorship of a housing project is going to be undertaken by a voluntary group or organization. Such announcements are invariably followed by long delays if not cancellation of the project. These delays or cancellations have not been caused by lack of interest or enthusiasm on the part of the organization concerned or by lack of willingness on the part of government officials to give help and guidance when called upon to do so. Delays and difficulties are due to a variety of factors, some peculiar to the group concerned. The more general factors may be classified into the following areas

(*a*) lack of knowledge on the part of sponsoring groups about the people to contact, particularly provincially, for information and advice about how to proceed with plans, and the lack of specialists on housing for the aged at all levels of government.

(*b*) lack of concise, readily available information about existing projects of different types with details of costs, plans and evaluations as to success or otherwise.

(*c*) problems created by variations which exist between local and CMHC building requirements.

16. It is difficult under present legislation to propose any single way in which these difficulties can be overcome and it is somewhat difficult to draw clear lines or responsibility between the various voluntary and public agencies at the three levels of government each of which has a part to play in the use of Section 16. However, it is recommended that:

Recommendation A

Central Mortgage and Housing Corporation should be charged with the responsibility of providing more specific advice on the design of senior citizens housing, financing, site selection and procedures that have to be followed, to groups wishing to utilize Section 16 of the National Housing Act.

17. Local sponsoring groups report having received helpful advice from the local office of Central Mortgage and Housing Corporation, however, the information obtained there pertained mainly to the scope of assistance available under Section 16 of the National Housing Act, and did not encompass municipal and provincial requirements.

Recommendation B

The Canadian Welfare Council should take responsibility for preparing an informative manual to be used by groups wishing to sponsor a project.

18. This manual should stress the social aspects of housing for older people and contain typical and desirable types of floor plans. Such a manual should also contain procedures for incorporation as a non-profit company and list various bodies to which application must be made for approvals, grants and other information.

19. Voluntary groups should be made aware of the fact that many complexities do exist in the undertaking of this type of project and the manual could contain specific suggestions, e.g. the importance of obtaining an architect who is familiar with the specific requirements for a senior citizens project and the importance of proper site location and the optimum sizes of various kinds of projects. This manual might be prepared with assistance available under Part V of the National Housing Act. It would be of particular value to individuals in those areas where local welfare councils or municipal housing departments do not exist.

Recommendation C

Provincial and municipal housing departments should have staff knowledgeable in specific requirements of housing for elderly people and should provide all available assistance and information pertaining to monies available, building regulations, and local by-laws, and to assist in site selection and re-zoning as required. The availability of such guidance should be widely publicized.

20. Each province of Canada has some type of administrative arrangements for dealing with housing matters. The responsibilities which provinces have undertaken in this regard are varied. In Ontario there is the Ontario Housing Corporation, recently replacing the Housing Branch, Department of Economics and Development. The staff of this office, in addition to administering grants, is responsible for giving information and guidance to groups interested in low rental housing but the existence of this office and the services available there are not well known or understood, and, at the present time, because of the lack of requests for guidance it has not been particularly reasonable to assign specially trained staff to advise groups on the rapidly changing concepts of housing for elderly people.

Recommendation D

Local welfare councils, where they exist, should form co-ordinating committees on housing for the aged which along with representatives of interested voluntary groups would include the local manager of Central Mortgage and Housing Corporation, and a municipal representative engaged in housing. A liaison should be maintained with the appropriate provincial authority.

21. While it is not feasible for a Welfare Council, at any level, to employ a person whose knowledge would embrace all aspects of housing problems, these organizations should be expected to provide information to enquiring voluntary groups about the needs which exist in the community and about other projects which exist, or are in the planning phase. Furthermore, they are traditionally the organization best suited to effect liaison and co-operation between various sponsoring organizations. Although the degree of real co-ordination in the sense of shared effort on the part of voluntary groups may be limited, the experience of the Ottawa Welfare Council, even in bringing individuals together in the preparation of this Brief, has shown that sponsoring groups benefit from sharing their mutual concerns.

22. The difficulties outlined thus far are those of voluntary groups which have been prepared to undertake a major financial commitment and the responsibilities of operating and managing a project for senior citizens.

23. There are voluntary groups which are deterred from action because the group does not want the continuing responsibility of managing a senior citizens housing project.

Recommendation E

Provincial or municipal housing departments should establish the necessary administrative bodies and undertake managerial responsibilities if a voluntary sponsoring group desires this.

III *Financial Encouragement of Voluntary Sponsors*

24. Serious difficulties are encountered by voluntary organizations in obtaining sufficient funds and concessions to enable them to build projects of a reasonable size on a suitable site at rents which can in fact be considered low.

Recommendation F

Central Mortgage and Housing Corporation, Provincial housing departments and municipalities, if they wish the continued participation of voluntary organizations in the provision of housing for older people, must make more generous financial contributions than they do at present.

25. Section 16 of the National Housing Act was not originally designed to promote the development of low rental housing for older people. Amendments to the National Housing Act recently approved by the federal government which, among other things, allow for the conversion of older buildings, are likely to facilitate this development to some extent.

26. Ways in which the federal financial contribution to limited dividend projects might be increased include the forgiveness of a portion of the loan if the sponsoring organization meets requirements and conditions as set down and the lowering of interest rates on loans.

27. Voluntary organizations report difficulties in developing their early plans, getting architectural sketches done, and carrying out feasibility studies. It is suggested that Central Mortgage and Housing should make money available for this purpose.

28. Provincial grants per unit must be increased. In the Province of Ontario grants of $500 per unit are available for limited dividend projects under provisions of the Elderly Persons Housing Aid Act, and higher grants per unit are available under the Ontario Housing Development Act if the project is

more than a straight apartment building. Under provisions of this Act, $1000 per unit has been granted to Metropolitan Toronto for its new Thistle-town Project and $800 per unit to the builders of a new project (Macdonald Manor) in Ottawa. However these grants are still not high enough to meet rising costs.

29. In addition to raising grants the Province might well consider the purchasing and leasing of land to a sponsoring organization.

30. The latter might be more appropriately done by the municipality. Another way in which the municipality could provide a major incentive would be to grant tax concessions. Many municipalities charge an annual tax of only $25 per unit. The taxes for one of the projects currently proposed in Ottawa will be over $125 per unit each year.

31. It would appear reasonable for low rental projects for elderly people to be exempted from at least the educational component of municipal taxes. Consideration should also be given to the exemption of limited dividend corporations from federal and provincial sales tax.

32. In summary, in more than one way, efforts must be made to make the provision of housing under Section 16 a financially feasible matter if this legislation is to be retained. Rental rates in limited dividend projects currently are already higher than many people can afford.

IV *Public Housing for Elderly People*

33. Regardless of the degree of public assistance given to voluntary organizations to enable them to sponsor limited dividend projects and regardless of the degree of responsibility undertaken by municipalities in providing this type of accommodation there remains in the country a group for whom adequate accommodation, at existing rentals, is not accessible.

34. Census figures for 1960 indicate that $\frac{1}{3}$ of the Canadian population over the age of 65 has no taxable income after the minimum $1500 deduction. This means that at least $\frac{1}{3}$ of the Canadian population over the age of 65 is living on less than $125 a month. (This proportion may have changed slightly in view of the recent increase in the Old Age Pension).

35. In order to qualify for admission to housing for the aged built under Section 16 of the National Housing Act, the individual must have an income equal to twice the amount of the rent (but not exceeding five times the rental). The average rent across the country for a single person is about $41. The intended rent for a bachelor unit in a project soon to be started in Ottawa is as high as $55. In addition to the Federal pension of $75 there must then be some additional income to cover the basic costs of living. In some instances this is covered by a supplemental allowance from the municipality or from funds from families.

36. A study made by the Ontario Welfare Council in 1958* proposed a minimum monthly budget for an elderly single person of $90-$92 a month.

37. This total is calculated on the basis of $35 per month for rent and minimum amounts for other expenditures (e.g. health supplies $1 per month). In actual fact, rentals and all costs are now considerably higher and yet the standard maximum amount of money available to the individual with no other means, from public funds is $95. (assuming supplementary allowances are not reduced concomitant to increases in Federal-Provincial pensions.)

* Report on Economic Needs and Resources of Older People in Ontario, Ontario Welfare Council, Toronto, 1958.

38. Not only do many of the individuals who are living in limited dividend projects face extreme hardship when almost half their income is spent on their rent but many others whom we hear from do not even make application for limited dividend accommodation when they see the amount of rental advertised. Instead they continue to live in inadequate, unpleasant rooms.

39. We are constantly saying that it is important for the elderly person to remain a part of his community and be active in clubs and organizations. Minimum budgets for the aged allow very little for items related to such activity.

40. These arguments can lead one to take the position that the income of the elderly person should be increased. However, this would not in itself solve the problem of the elderly person trying to find decent housing at what would still have to be minimal rent. In view of the foregoing it is recommended that:

Recommendation G

Provinces and municipalities be urged to undertake building projects for older people under the provisions of Section 35 (until recently Section 36) of the National Housing Act.

41. The provisions of the Act pertaining to public housing have allowed Central Mortgage and Housing to enter into agreements with the Province and/or municipalities to assume 75% of capital costs and an equal proportion of operating losses. Recent amendments enable Central Mortgage and Housing to provide 90% loans and undertake 50% of operating losses, thereby granting local authorities greater autonomy.

42. In areas where there is urgent need consideration should be given to the construction of projects, using this section of the National Housing Act, devoted exclusively to older people. Until the amendments it has not been the policy of Central Mortgage and Housing Corporation to allow more than 10%-20% to be for the aged. It is our hope that this situation will now not continue. Real need should be the criteria.

V *Urban Growth and Renewal as it Affects the Elderly*

43. Many cities in Canada are presently undertaking urban renewal projects involving the partial or complete clearance of dilapidated buildings. The re-use may or may not include housing.

44. Inevitably this process tends to occur in older areas of the city relatively near to the centre where there is a large concentration of older people. This of course means that they are disrupted and forced to move to areas less familiar and possibly less convenient. Increased emphasis is being placed on the improvement of buildings within a blighted area (a process known as rehabilitation) rather than complete clearance, although there will continue to be large areas where the latter will be the only answer. It seems reasonable to suggest that some portion of rehousing in redevelopment areas (say 20% in Ottawa) should be suitable for, or specially designed for, the elderly. Even where the process is one of rehabilitation this is not too helpful to the elderly as they rarely have the capital necessary for improvements required to bring properties up to standard. The following table indicates the unusually high concentration of elderly people in potential rehabilitation areas in Ottawa.

Area	Census Tract No.	Population	% of population over 65 years of age
Glebe (north)	26	4,831	16%
Glebe (s.e.)	27	5,669	15%
Sandy Hill	13 to 17	21,864	10.9%
Lower Town	18 & 19	12,744	10.3%
Metro Ottawa		429,750	6.4%

45. In view of these circumstances it is recommended that:

Recommendation H

Special consideration for the elderly be urged on all levels of government assuming responsibility for urban renewal programs.

46. Municipal rehabilitation efforts should make provision for small stores, open spaces, safe pedestrian walks and public transportation. Zoning by-laws should be relaxed where necessary to make these facilities available.

47. In all urban renewal areas the housing needs of the elderly require a variety of special types of housing. These include hostels; care centres, both part and full time; boarding homes; accommodation in detached and combined small units of many kinds. It is encouraging to note that the recent amendments to the National Housing Act, contain measures to permit more flexibility in the provision of housing of these types. In many municipalities, however, zoning by-laws prevent sound use of older housing by the elderly. It may be that conversion into small units is restricted, parking requirements may be too stringent; mixed land uses may be excluded. It is not suggested that by-laws can make special exceptions for the elderly but it is recommended that in older areas, where there are concentrations of elderly people, zoning and other regulations should be sympathetically reviewed with the real needs of the elderly in mind.

48. Many of our cities double in size in 25 years. This dynamic expansion is accompanied by the growth and strengthening of central areas despite the competition of suburban shopping centres. The inevitable consequence in the years ahead is that areas which are currently attractive to the elderly will be cut into by commercial expansion at the centre with a resulting decrease in available housing. As there will be increasing numbers of old people in the future it is clear that pressures on forms of accommodation not attractive to the elderly now will become so and the need for them will become acute. It is therefore suggested that consideration be given in time to the best way in which the older suburban areas can be adapted to form a satisfying environment for older people. In the future it may be necessary to convert single family housing for use by 2 or 3 old couples or by single elderly people. Those responsible for the design of housing might give some thought to the way in which this inevitable change can best be made. Again, municipal zoning by-laws may need modification.

49. At the present time consideration should be given to ways of encouraging young families living in the suburbs to have their elderly relatives with them. Zoning by-laws in many municipalities prevent two family dwellings in suburban areas and this means that families are unable to build apartments onto their homes where the elderly person could maintain his independence and yet be near his or her family. In other countries these arrangements, often known as 'granny apartments', have been most successful. In England these apartments have been successfully included in public housing projects.

VI *Proposal for a Research Pilot Study on Housing for the Aged*

50. The problem of housing the aged is becoming more and more acute. Because of the relative newness of the problem a great need exists for the development of a comprehensive long term program for housing the elderly in each municipality, related to and coordinated with other community housing activities and services. It is proposed therefore that:

Recommendation I

A pilot study be undertaken, financed with funds from Part V of the National Housing Act to develop a comprehensive plan for housing the aged. It is suggested that Ottawa is a suitable city in which a pilot study could best be undertaken.

51. The City of Ottawa should have the best housing program for the aged of any city in Canada because it has:

(*a*) The largest concentration of professional resource people for any city of its size in Canada.

(*b*) A Mayor and Council conscious of the problems and willing to help.

(*c*) The Ottawa Welfare Council with a concern for the needs of the elderly.

(*d*) The professional resources of the Department of National Health and Welfare close by for consultation.

(*e*) Many willing and interested voluntary organizations.

(*f*) A Provincial government which is willing to help municipalities and voluntary agencies.

(*g*) The resources of the Canadian Welfare Council staff available for consultation.

(*h*) The Central Mortgage and Housing Corporation's head office and its professional staff who are always willing to give assistance and advice and close cooperation can be maintained.

52. According to the 1961 Census Reports there were in the City of Ottawa approximately 23,000 individuals over the age of 65, the usual retirement age. Of these 23,000 only about 30% were males. There is also an unusually high percentage of single women in the older age groups and this state of affairs is likely to persist for some years.

53. To assist these people adequately a variety of community services exist. Included amongst these services are three non-profit housing projects, financed under the provision of Section 16 of the National Housing Act. There is total accommodation for 174 older married couples and 110 older people living alone. These projects with the exception of an older veterans project, which is not as well known as the other two, have waiting lists. The combined waiting list contains over 500 names.

54. Because of this continuing condition three additional limited-dividend projects for the community have been planned during the last few years. In two of these three cases planning has been undertaken by service clubs and in the case of the third, the City of Ottawa has encouraged the formation of a limited dividend company under the chairmanship of a local builder.

55. While the municipal council is to be commended for the projects it has assisted to date, it must be recognized that the approach being taken is, of necessity, limited to meeting only the most critical needs which exist right at this time.

56. Even with all of the encouragement and assistance proposed in a preceeding section of this Brief, voluntary organizations are not likely to build large and complex projects for the aged but the Council believes that many of them stand willing and ready to carry out projects within their competence.

57. Because Ottawa is the National Capital and the Federal Government the largest employer of labour there is an unusually high degree of economic stability and a recognized degree of security as far as income both for employed and retired people.

58. Because most of the elderly people in Ottawa are already assured of a small pension, in addition to that which they are entitled to under the Old Age Security Act, the predominant group which would benefit from the provision of appropriate housing is made up of people in the middle income group. Many of the people in this group can afford, but are not living in, housing suited to their needs simply because such housing is not available to them. This does not exclude the fact that many more cannot afford decent accommodation of any kind.

59. The land clearance operations of the National Capital Commission are causing many elderly people to be displaced from districts in which they have lived all their lives. Rents in new developments are often beyond their modest means and there is nothing left for them to do but to move into the already rundown and crowded areas of the city. Such a change is extremely hard on them.

60. A study of the housing needs of Ottawa might include the following:

(*a*) Determination of the most suitable locations for projects.

(*b*) Analysis of the most suitable plans.

(*c*) Investigation of management problems.

This study would provide an opportunity to test existing legislation and examine the suitability of financing techniques. It is conceivable that a master plan might suggest, for example, that a given number of units should be built under the provision of the limited dividend section of the National Housing Act, that others elsewhere in the city should be built under the public housing provisions and that some conversion of older buildings should take place. This master plan would be integrated with all aspects of urban renewal in the City of Ottawa.

61. New concepts in housing for the aged should be considered and where feasible incorporated into appropriate projects which would form a part of the total plan. Those concepts worthy of consideration include:

(*a*) Communal dining facilities and cleaning staff for those who find themselves unable to carry out these activities.

(*b*) A day centre on the premises including space for recreational activities, crafts, social gatherings and a library.

(*c*) Space for a health clinic where a nurse and perhaps a doctor would be available on call or periodically for consultation and guidance on health matters.

(*d*) Opportunities for tenants to provide their own furnishings with electrical appliances provided as required.

(*e*) In cases where two elderly men or two women or two relatives of opposite sex, wish to live together, units should be provided which contain two bed-sitting rooms rather than a living room and double bedroom which are now commonly provided for married couples, as a requirement of Central Mortgage and Housing Corporation. In addition to the obvious social advantages substantial savings on rent would result.

Incorporation of different levels of care and the provision of facilities proposed above would call for the utilization of different legislation administered by different levels of government and by different departments of the same government and would only be possible if there were a very large measure of cooperation between all of the authorities involved and any voluntary organization which might participate.

62. In conjunction with the study and development of a master plan for Ottawa it is recommended that:

Recommendation J

Central Mortgage and Housing Corporation convene a conference of people from all across the country with an interest in, and knowledge of, housing for the aged to enable them to exchange views and plan co-ordinated research on housing for the aged.

63. From this conference a continuing co-ordinating committee (similar to the Co-ordinating Committee on Rehabilitation established by the Department of Labour) might be developed which would constantly review legislation in this area and related standards, propose changes, and work toward the integration of efforts between the voluntary organizations and the three levels of government.

64. The development of a master plan or program for Ottawa would provide a "workshop" or "case-study" for both conference and co-ordinating committee participants.

65. Closely associated with the development of a master plan for Ottawa and the establishment of a co-ordinating committee, a program of studies on the provision of housing for the aged should be conducted in an Ottawa University annually. Such a course, which might be of a month's duration, could be attended by responsible people at all levels of government, representatives of voluntary groups, managers, architects and builders.

VII *The Responsible Authorities*

66. Ultimately the attainment of any real solution to the housing needs of the aged is dependent upon the development of a national program on housing for the aged whereby finances are available on such a scale that it is within the capability of every province and municipality to undertake the necessary measures to cope with their needs.

67. To facilitate the development of a national program on housing for the aged, it is recommended that:

Recommendation K

A Ministry of Housing be established. Included amongst the responsibilities of this Ministry would be the development of legislation pertaining to a national program on housing for the aged and the implementation of same.

68. It would also be necessary for Provincial authorities to establish complementary legislation and the means to implement provincial programs.

69. Such an arrangement would benefit considerably from the establishment of local housing commissions. Functions of the latter body composed of five to seven members of the community appointed by City Council, and assisted by a City employee, would include:

(*a*) Acting in an advisory and consultative capacity with advice based on studies, to the City on all matters pertaining to low-rental housing.

(*b*) Being responsible for the operation of a central housing registry to determine the need and demand for low rental housing on a continuing basis.

(*c*) Acting as a management agency for all City projects.

70. In order to carry out all of these functions, the Commission would have to be incorporated in accordance with the various statutes to which it would be referring.

71. It is in the opinion of the Council that anything less than an approach of this type means that the success of our attempts to cope with the housing needs of the aged of this country is in doubt from the start.

VIII *Summary*

72. In its Brief the Ottawa Welfare Council has attempted to make recommendations which will facilitate the use of existing legislation for the provision of housing for the aged with limited means, stressing the importance of increased public activity in the very important task of ensuring housing of adequate quantity and of sufficient variety.

73. It is our feeling that to achieve the ultimate goal new legislation, new regulations may be required and we have therefore recommended research into this whole question which until now has been only a rather supplementary aspect of government legislation relating to housing.

74. It is our conviction that the housing needs of the aged present a problem worthy of considerable expenditures of the time of knowledgeable people and public money.

75. It is our hope that our contribution to the Senate Committee on Aging will in fact be a contribution to the aged, at the least emphasizing a very real problem and at the best resulting in steps being taken which will mean more and better housing for every individual older person in need of it.

July 2, 1964.

APPENDIX "L-1"

PRESENTATION OF THE CANADIAN DEPARTMENT OF LABOUR TO THE SENATE SPECIAL COMMITTEE ON AGING

DEPARTMENT OF LABOUR, OTTAWA, CANADA
JULY 2, 1964

PRESENTATION

OF THE

CANADIAN DEPARTMENT OF LABOUR

TO THE

SENATE SPECIAL COMMITTEE ON AGING

DEPARTMENT OF LABOUR, OTTAWA, CANADA

JULY 2, 1964

Foreword

The following presentation by the Canadian Department of Labour has been prepared in two sections - Part I and Part II. Each part complements the other.

Part I contains a statistical and research analysis of the problems arising from age, which affect individuals in the labour market. This paper indicates that certain factors operate in the employment market which make it increasingly difficult for people to participate in work and income as they grow older. The possible magnitude of this problem in the foreseeable future is examined and certain lines of action for dealing with it are suggested.

Part II attempts to describe some of the complexities of the social and economic aspects of the older worker problem; its basic causes, its relationship to the problems of aging generally; and efforts made by the Department of Labour in co-operation with the National Employment Service to create a more favourable employment market for older workers. The paper also outlines the possibilities inherent in the application of vocational rehabilitation principles and practices to older disabled workers,

W.R. Dymond,
Assistant Deputy Minister
of Labour.

PART I

WORKERS IN THE EMPLOYMENT MARKETS

Dr. G. Schonning,
Assistant Director,
Economics and Research Branch.

PART II

SOCIAL AND ECONOMIC PROBLEMS OF THE OLDER WORKER - ACTIVITIES OF THE DEPARTMENT OF LABOUR IN COUNTERACTING THEIR EFFECTS

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National Co-ordinator, Civilian Rehabilitation,
and
Chairman,
Interdepartmental Committee on Older Workers.

PART I

WORKERS IN THE EMPLOYMENT MARKETS

Considerable interest and concern has been shown for many years in Canada and other countries about the inadequate income position of so many people beyond 65 years of age. This has led to a corresponding growth of interest and concern during recent years in seeking more information and understanding about the factors which seem to affect the competitiveness of a great many individuals in the labour market--especially the extent to which these factors are associated with the age of the individual. In other words, it may well be that not only are there employment and income problems among a great many people long before they reach the age of 65, but this situation may in fact be a major contributing factor to the poor income position of so many after the age of 65.

Much has already been heard and, no doubt, a great deal more will be heard about the welfare and income position of those who do no work or who earn too little from work or other sources to sustain themselves at a decent standard of living.

The purpose of this report will be to examine and to interpret some of the important aspects of the labour markets, as these are revealed from employment and manpower statistics. On the assumption that at least a vast majority of male workers need to and want to be employed, it is proposed to illustrate from the available data that certain factors operate in the employment markets which make it increasingly difficult, in general, for people to participate in work and income as they grow older. Having demonstrated that employment problems may increase with age, certain tentative reasons why this may be so will be presented. Following this, it is intended to indicate the possible magnitude of this problem in the foreseeable future and, most important, suggest certain lines of action for dealing with the problem.

It would, of course, be pointless to pretend that everything is known about all the factors that affect the employment position of workers as they grow older or to imply that the Federal Department of Labour has discovered any magic formula for overcoming whatever "aging worker" problems do exist. It is helpful, however, to look at the facts from the standpoint of the working world in order both to assess the magnitude of the problem and to examine at least some of the factors with which it seems to be associated so as to place the problem in the total context of the working world and to look for solutions.

Participation Rates and Age

At the outset, it was affirmed that the vast majority in the employment markets need and have to work. Judging by the degree to which people participate in work over a fairly long period of time, it is reasonable to arrive at the conclusion that some people need and have to work more urgently than others. For example, the urgency of work appears

TABLE 1

The Participation Rates of the Canadian Labour Force* by Age and Sex
Annual Averages, in Percentages

	1950	1954	1956	1960	1961	1962	1963
				Male			
14-19	55.9	50.2	48.1	43.0	40.5	39.6	39.0
20-24	93.0	92.0	91.7	91.2	90.7	89.0	88.9
25-34	96.9	97.3	97.6	97.9	97.6	97.6	97.6
35-44	98.1	97.3	97.6	97.7	97.7	97.8	97.8
45-54	96.0	95.6	96.0	96.4	95.8	95.6	96.0
55-64	86.8	85.4	86.4	86.8	86.6	86.1	86.0
65+	40.4	33.2	34.1	30.2	29.1	28.4	26.3
All Ages	84.0	82.2	82.2	80.8	80.8	79.3	78.8
				Female			
14-19	33.0	33.6	33.9	32.6	32.4	31.0	29.9
20-24	46.4	46.6	47.1	48.1	48.8	49.7	50.0
25-34	24.0	24.4	25.1	27.3	28.1	28.3	29.2
35-44	20.5	22.1	23.8	29.4	30.1	31.0	31.7
45-54	18.9	21.1	24.4	30.4	32.2	33.3	34.7
55-64	13.2	14.0	15.9	21.2	23.2	23.8	24.7
65+	4.2	3.7	4.5	5.5	5.8	5.5	5.8
All Ages	23.2	23.7	24.9	28.0	28.8	29.1	29.6

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* Labour Force - The civilian labour force is composed of that portion of the civilian non-institutional population 14 years of age and over who, during the reference week, were employed or unemployed. The participation rates are calculated on that basis. Thus, the population figures used exclude inmates of institutions, members of the armed services, Indians living on reserves and residents of the Yukon and Northwest Territories.

Source: Dominion Bureau of Statistics, "Labour Force Survey" publication from the Special Surveys Division.

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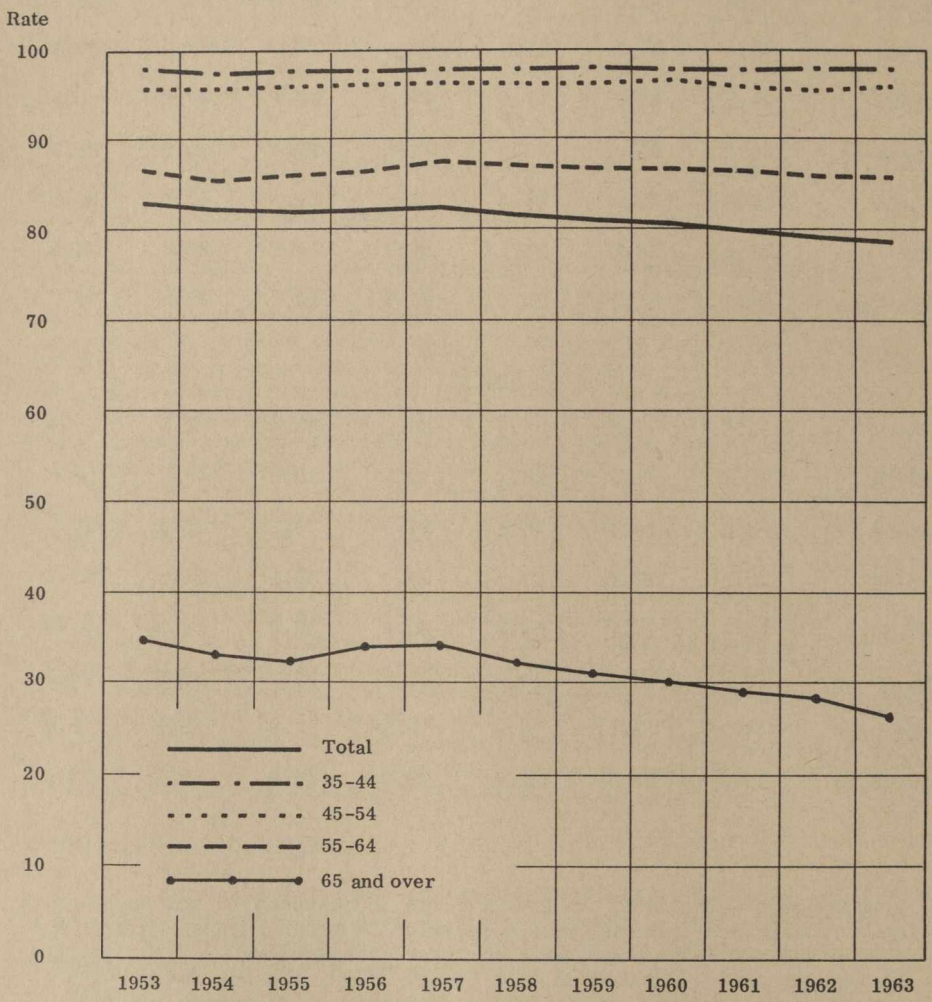
CHART 1

PARTICIPATION RATES* OF OLDER MALE WORKERS

ANNUAL AVERAGES



* Those in the labour force as a percentage of the civilian, non-institutional population in the same age-sex category.

greater for men than for women and greater in certain age groups than others. While many females would qualify under the "urgent-need-to-work" assumption, this report is designed primarily to deal with the problem of aging in employment as it affects the working man.

Table 1 and Chart 1 show the extent to which various age groups of men have participated in the so-called labour markets, either as employed or as unemployed workers. The extent to which the population in a particular age group works or is counted as being unemployed is called a participation rate. For example, the participation rate of all men in 1963 amounted to 78.8 per cent.

It will be noted that the participation rate of the young men 14-19 was only 39 per cent in 1963. The reason for this is, of course, that a majority of them are still preparing themselves for work. To a much smaller degree, this is also true of the age group 20-24. By the time that a person is 25, it must be assumed that he is well prepared for work. It will also be noted that participation rates of the next three age groups are very high with the third group, men 45-54, just slightly lower than the other two. This is followed by a ten percentage point drop for those 55-64 years of age and a very sharp decline to 26.3 per cent for men 65 years of age and over.

Both Chart 1 and Table 1, showing participation rates, indicate that, apart from young men and men 65 years of age and over, the rates are remarkably stable. The reasons for the declining participation of young men in the employment markets are pretty clear. The advancing complexity of the economy seems to demand increased preparation on the part of the new workers, and the young people are rising to this challenge. Secondly, and of fundamental importance, the adult working members and society in general, are able to give the young people more extended preparation for the kind of working world that is evolving. It is much more difficult to attribute precise reasons why men between 45-54 should participate somewhat less than men between 35-44 and why men 55-64 should be almost 12 percentage points below the 35-44 age group. Similarly, it is difficult to find precise reasons why just over one quarter of the population of 65 years and over should be participating in 1963 and why the rate should have fallen from about 40 per cent in 1950. Answers to these questions are, of course, the prime purpose of the analysis, in so far as they can be found in the world of work. And, in the following examination of the available facts it is proposed to indicate what some of the answers are.

It will be evident that there is an inverse relationship between age and participation rates after a certain age. That is, looking at it by age groups, men participate less as they grow older. Also, the group of 65 years of age and over participate less and less over time.

Unemployment and Age

The incidence of unemployment at any one time and over time among the various age groups of men should now be examined. The unemployment rates shown in Table 2 and Chart 2 reflect the influence of a number of factors operating in the labour markets. The more important factors reveal

TABLE 2

Male Labour Force* Unemployment Rates, by Age,
Annual Averages, Canada, 1950-1963, in Percentages

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963
14-19	7.4	5.8	6.3	7.2	10.0	10.1	8.1	11.2	16.7	14.3	16.3	16.6	14.5	14.0
20-24	6.0	3.6	4.7	4.9	7.6	7.2	5.7	8.1	12.5	10.4	12.2	11.8	9.9	9.6
25-34	3.4	2.1	2.7	3.2	4.9	4.4	3.4	5.0	7.8	6.6	7.7	8.1	6.2	5.7
35-44	3.0	1.8	2.4	2.5	3.8	3.7	2.9	3.9	6.1	5.1	6.2	6.6	5.3	4.7
45-54	3.1	2.0	2.5	2.8	4.3	4.2	3.2	4.2	6.7	5.7	6.7	6.8	5.6	4.9
55-64	3.4	2.5	2.9	2.9	4.4	4.3	3.4	4.3	6.8	5.9	7.2	8.0	6.7	6.1
65+	3.8	2.5	2.0	3.1	3.7	4.2	3.4	4.3	5.1	5.2	4.8	6.0	5.6	4.8
All Ages	3.9	2.5	3.1	3.4	5.1	4.9	3.9	5.3	8.2	7.0	8.2	8.4	6.9	6.4

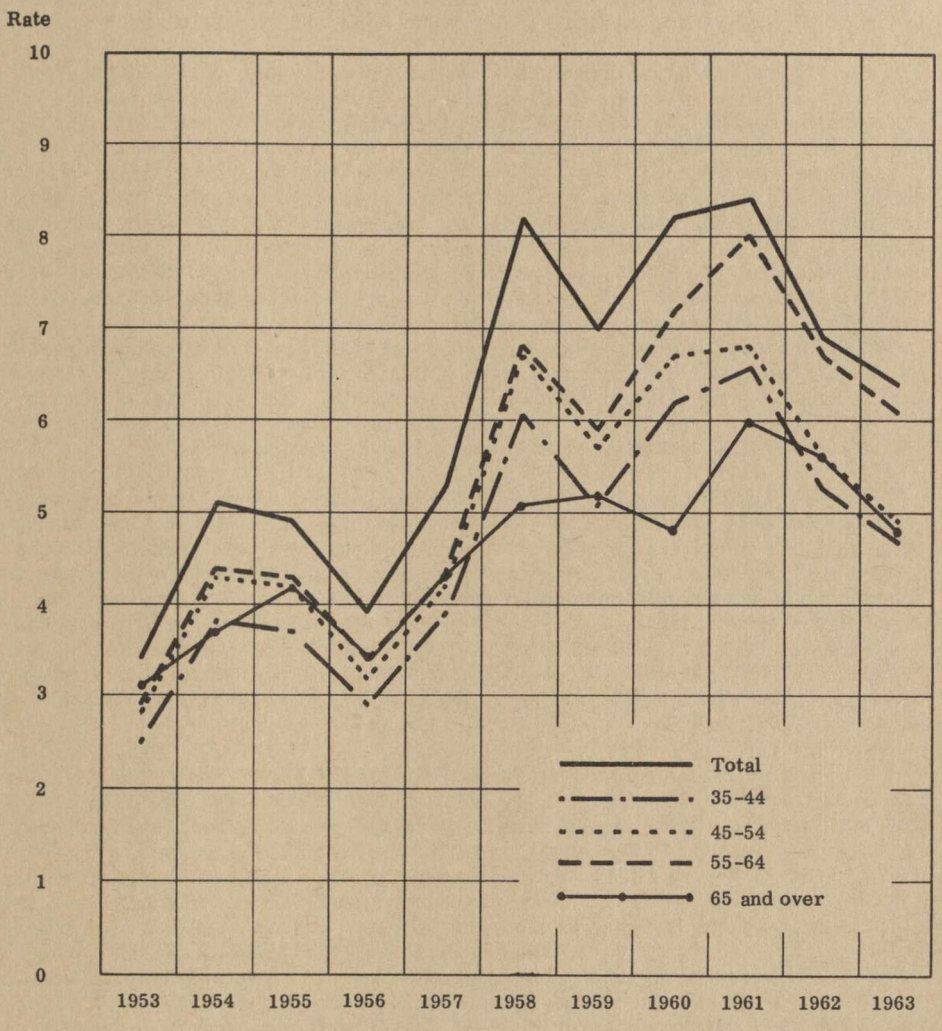
* Excludes inmates of institutions, embers of the armed services, Indians living on reserves and residents of the Yukon and Northwest Territories.

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

CHART 2

UNEMPLOYMENT RATES* OF OLDER MALE WORKERS

ANNUAL AVERAGES



* Those unemployed as a percentage of labour force in the same age-sex category.

the extent to which total demand for workers has been able to absorb those available for work. They show that the kind of demand emerging and the kind of services which workers can offer may not be well matched; and they show that some workers may be less competitive in the labour markets than others. Furthermore, they reflect the relative need to work; a need that is shown, for example, in the unemployment rates of men and women. Of course, it cannot be argued that these are the only factors affecting unemployment, but it may be asserted that they are the most crucial. Taking this a step further and--by being objectively brutal--it is believed that, given the aggregate level of demand, the different unemployment rates among these age groups of men reflect to a high degree the relative capabilities of these age groups to meet the constantly changing requirements of a dynamic and expanding economy. More will be said about this.

First of all, take a look at the unemployment rates of men for 1963--a year which must be considered a good year--at least by the standard of recent years. It will be seen that some 6.4 per cent of all men in the labour markets were unemployed. Note also the high rates of the younger age groups. The unemployment rates of the first three age groups reflect three basic characteristics which operate most strongly in the first age group and least of all in the third. One of these characteristics is that of inexperience. Even in time of shortages of workers, unemployment in the 14-19 age group is very high. A second characteristic is that the younger the age group, the higher the proportion of the unskilled. Many of the youngsters do, of course, learn on the job and, in time, gradually become semi-skilled or skilled. A third characteristic is that these conditions occur in the formative or settling-in years for their life's work, a large number tend to "probe" the market or, because of their lack of experience, they tend to be shunted around from job to job which creates sporadic employment and high unemployment.

A further examination of the unemployment rates among the experienced adults will reveal that the lower rate obtains for the 35-44 year-olds; it goes up slightly for the next age group and is considerably higher for the 55-64 year age group. Before commenting on these three groups, it is desirable to draw attention to the fact that the relative unemployment position of all six age groups has held over the whole post-war period. Secondly, it is evident that, when the economy is working at fairly full employment, the unemployment rates for the fifth and sixth age groups are close together, but they pull apart perceptibly when unemployment is high as it has been in the past few years.

This evidence strongly supports the inference that workers in the age group 35-44 are relatively best suited to meet the requirements of the job markets. They possess adequate experience and their qualifications and capabilities make them most competitive. The next age group, those 45-54, seem to be only slightly less competitive. However, a considerably higher percentage of workers--the 55-64 age group--do not seem to meet the qualities possessed by the previous two groups. It is necessary to stress the fact that this applies to the relative competitiveness of the three groups. It has already been shown that, when total unemployment is very low, the rate of the third age group, 55-64, does not deviate so far from the other two, which seems to imply at least that more people from the older group are "usable" when the need is greater, although they may be somewhat less productive than the others.

So far, not much has been said about men 65 and over. These are affected by another dimension, namely, retirement. While the fact that just over one quarter of the 65 and over participated in 1963 no doubt reflects compulsory[1] and voluntary retirement, one is forced to deduce from the factors affecting the previous age group that the 65 and over may even be more affected in the sense of gradually becoming less competitive in the job markets. It is also possible that the relatively low unemployment rate for this group could mean that many may have given up trying to find employment and are not, therefore, classified as unemployed, although actually they may need and wish to continue working. In smaller measure, this may also be true of the previous age group; a contention that will be supported by analytical proof in the following section.

TABLE 3

Duration of Unemployment by Age, Men,
October Average, 1961-1963, in Percentages

Duration	All	14-24	25-44	45 and Over
	100	100	100	100
Under 1 Month	32.5	33.0	34.5	29.6
1 - 3	31.5	36.7	31.2	26.5
4 - 6	12.1	13.3	10.4	12.7
Over 6	19.1	14.0	17.7	26.4
Layoffs	4.8	3.1	6.2	4.7

Table 3 and Chart 3, which show duration of unemployment, indicate, as was mentioned earlier, that the youth group tends to display a high degree of unemployment partly because it is their period of probing the job markets and because they also tend to be shunted around a great deal at this stage. Thus, while their unemployment rate is the highest of any age group, the duration of unemployment is relatively short. As can be seen from the data, duration becomes a more serious problem with age. Unfortunately, there are no data available to demonstrate what actually happens to duration as persons approach the age of 60. However, the available information does imply that the duration is lengthier for those in their 50's than for those in their 40's.

As in the case of the unemployment rates, the lengthening of the period out of work, which seems to be associated with age, supports the assumption that unemployment difficulties mount with age. It also suggests, as the unemployment rate does, that there exists a strong need to work.

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[1] Whether by virtue of contract or by custom.

CHART 3

DURATION OF UNEMPLOYMENT - MALE - BY AGE GROUP
1961-1963

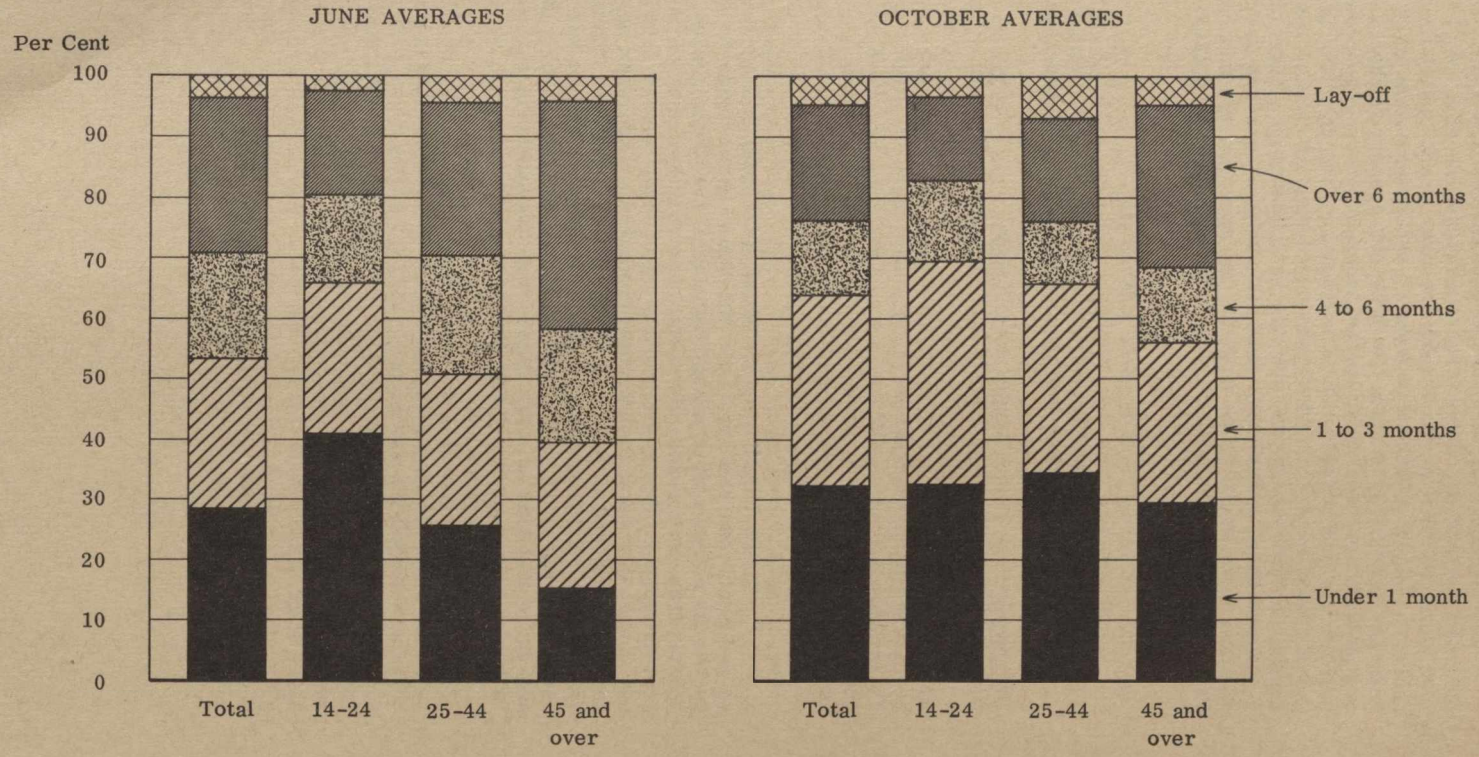


TABLE 4

Duration of Unemployment by Age, Men,
June Average, 1961-1963, in Percentages

Duration	All 100	14-24 100	25-44 100	45 and Over 100
Under 1 Month	28.7	40.9	25.3	15.3
1 - 3	25.0	25.0	25.6	24.5
4 - 6	17.2	14.5	19.6	18.6
Over 6	25.4	19.3	25.2	37.4
Layoffs	3.6	2.4	4.4	4.2

In the first table on duration, an examination was made of time out from employment following the summer months when job opportunities are more abundant. In the last example, Table 4, a June observation was taken so as to discover whether or not age is also related to the seasonal problem. It will be seen from the data, that the proportion out of employment for long periods, by those 45 and over, is higher above the over-all average (60 per cent to 40 per cent) following the winter months than it was following the summer months. This would seem to imply that older age groups are also affected seasonally. In any case, a highly significant factor is revealed: older workers in the job markets find it relatively more difficult to get back into employment once they are out. Moreover, the longer they stay out, the less competitive they become. Consequently, there is not much doubt that many from the ranks of those who have experienced lengthy unemployment periods enter first the twilight zone--that is, the margin of the employables and the unemployables; and if no help is subsequently available, they become absorbed into the latter category. To the extent that this is a fact, so, to the same extent, do the unemployment rates and duration rates understate the problem.

It is now appropriate to discuss briefly those occupational groups into which those 45 years of age and over are concentrated. Please refer to Table 5. According to the 1961 Census, working men 45 and over held 34.1 per cent of all male employment. It is of particular interest to note the occupations in which they were most concentrated above the average. Some 47.7 per cent of the managerial group were 45 years and over. However, there is a lesser need to be concerned about this group. Over 46 per cent of all men in personal services were in this age group; 46.9 per cent of those in agriculture; 37.0 per cent of those in fishing and trapping; and 34.8 per cent of those in construction.

One inference to be drawn from this information is that many workers in the 45-and-over age group are concentrated in groups of occupations which offer relatively less secure year-round employment. This may account for the seasonal pattern already observed in the duration of unemployment. Another point to note is that, while this group contributes

TABLE 5

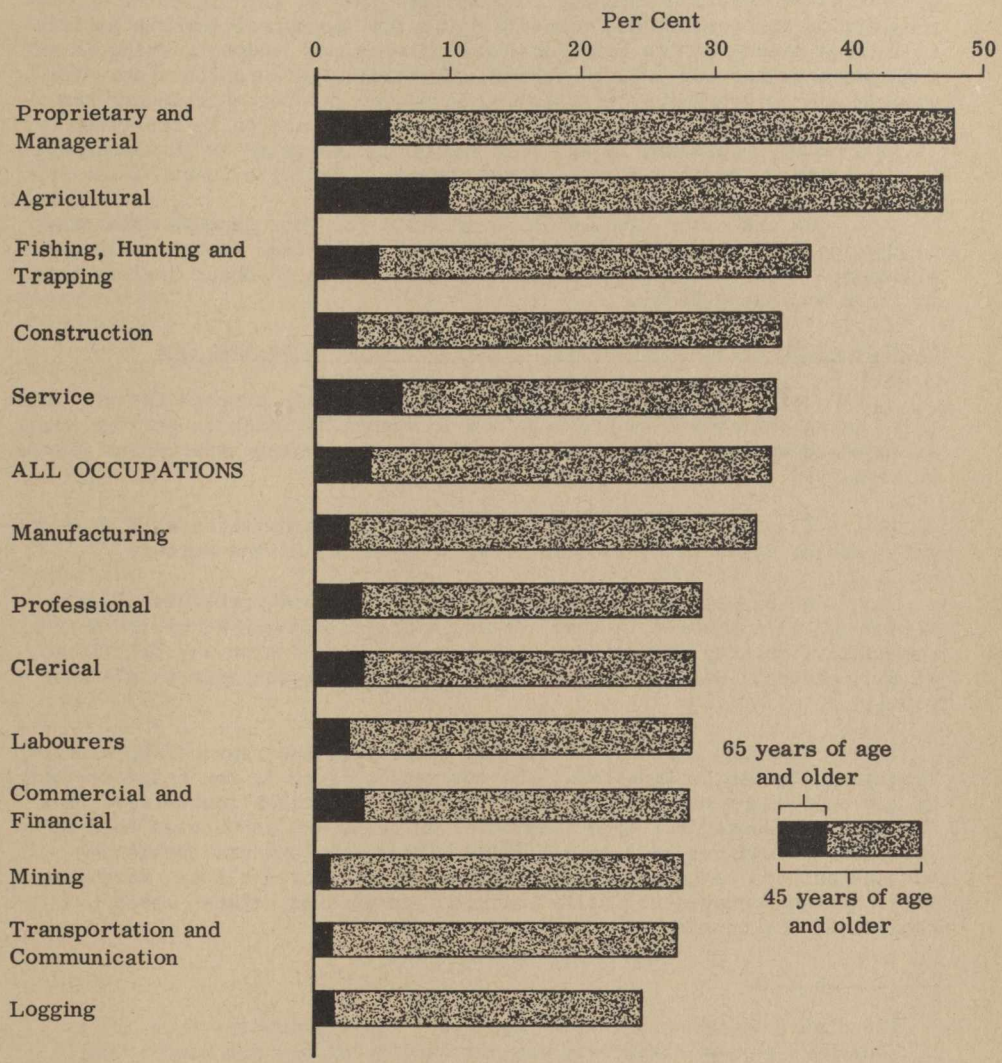
Percentage of Older Workers in Various Occupational Groups*
Census 1961 According to 1951 Occupational Classification
(including Armed Forces, Canada, excluding Yukon and Northwest Territories)

	Total (Aged 15 and Over)	45 and Over	65 and Over
		(per cent)	
Males			
All Occupations	4,694,294	34.1	4.1
Managerial	449,191	47.7	5.3
Professional	360,478	28.9	3.4
Clerical	315,252	28.3	3.6
Transportation & Communication	457,532	27.1	1.3
Commerical & Financial	311,900	28.0	3.5
Service	401,097	34.3	6.4
Personal	197,972	46.6	8.6
Protective Sc.	203,125	22.2	4.2
Agriculture	573,042	46.9	9.9
Fishing & Trapping	36,581	37.0	4.6
Logging	79,557	24.4	1.5
Mining	64,590	27.5	1.2
Manufacturing & Mechanical	862,417	32.8	2.4
Construction	335,078	34.8	2.9
Labourers	322,918	28.1	2.5
Not Stated	124,661	29.4	1.9
Females			
All Occupations	1,763,862	28.9	2.7
Managerial	51,720	54.7	6.0
Professional	273,793	29.6	3.0
Clerical	503,660	20.1	1.1
Transportation & Communication	39,291	23.1	1.3
Commercial & Financial	180,728	31.3	1.8
Service	398,703	35.5	4.9
Personal	390,447	35.9	4.9
Protective Sc.	8,256	-	-
Agriculture	75,868	41.1	4.0
Fishing & Trapping	396	-	-
Logging	125	-	-
Mining	21	-	-
Manufacturing & Mechanical	174,525	26.7	2.2
Construction	799	-	-
Labourers	20,925	22.8	1.2
Not Stated	43,308	20.2	1.9

* Percentages of the labour force, 45 years and over, and 65 years and over, classified by occupation and sex.

CHART 4

PERCENTAGE OF MALE WORKERS OF GIVEN AGE AND OLDER IN VARIOUS OCCUPATIONS 1961....



Source: Census of Canada, 1961.

less to the labouring or unskilled group (28.1 per cent) than the average (34.1 per cent), it is remarkable and indeed serious to discover so many in this category at this period in their working life. There can be little doubt that these 90,000 so-called labourers[2] do pose a serious social problem; more so than any other group of comparable size from this age group, since they must compete with the young in the lowest category of work. Older skilled people can at least compete at their own level as well as at lower levels if they need.

The data in Table 6, which show the distribution of older workers by occupational groups, suggest some general principles of competition for work. When competition in the employment markets depends to a large extent on the individual's knowledge and judgment, aging is not a negative factor but can, in certain situations, be a positive one, for example in the managerial group. The situation is even more favourable for people who work for themselves; for example, those in agriculture. It is probably necessary to add that employment security in these markets is considerably greater than in other markets. See also Chart 4.

On the other hand, when competition for jobs depends primarily on physical effort and/or speed, age becomes a negative factor. Also, employment security tends to be much more uncertain in these markets than in those discussed above.

Factors which Affect the Competitiveness of Workers as They Age

Sufficient evidence has now been set out to support the view that there is an employability problem, the incidence of which is greater among experienced workers 45 years of age and over than among experienced younger workers.

Examination of some of the principal reasons which will show why this problem seems to be associated with the aging of the worker.

An hypothesis, posed earlier in this report, provides a key reason for this problem in that, on the average, workers become less competitive as they grow older. A brief review will show why this is so. At this stage it will be assumed that the health factor affects all ages equally.

Over the long haul, there are basically two reasons why workers' employability can be impaired. The one can be found in the characteristics of the employment markets, and the other in the workers themselves. New and shifting demand for goods and services cause new industries to rise and older industries to rise and fall. These developments create new occupations and cause older occupations to expand or decline. Moreover, they can and do cause radically shifting fortunes as between areas and regions of the country.

2/ The figure 90,000 represents the lowest minimum number since, in a household survey, labourers may not want to or may not need to call themselves that.

TABLE 6

Percentage Distribution of Older Male and Female Workers 1961
by 1951 Occupational Groups

	Total	45 and Over	65 and Over
Males			
Managerial	9.6	13.4	12.5
Professional	7.7	6.5	6.4
Clerical	6.7	5.6	6.0
Transportation & Communication	9.7	7.7	3.1
Commercial & Financial	6.6	5.4	5.6
Service	8.5	8.6	13.4
Personal	4.2	5.8	8.9
Protective Sc.	4.3	2.8	4.5
Agriculture	12.2	16.8	29.8
Fishing & Trapping	.8	.8	.9
Logging	1.7	1.2	.6
Mining	1.4	1.1	.4
Manufacturing	18.4	17.7	10.8
Construction	7.1	7.3	5.1
Labourers	6.9	5.7	4.2
Not Stated	2.7	2.3	1.2
All Occupations	100.0	100.0	100.0
Females			
Managerial	2.9	5.6	6.4
Professional	15.5	15.9	17.0
Clerical	28.6	19.8	11.5
Transportation & Communication	2.2	1.8	1.1
Commerical & Financial	10.2	11.1	6.6
Service	22.6	27.8	40.6
Personal	22.1	27.5	40.3
Protective Sc.	.5	-	-
Agriculture	4.3	6.1	6.4
Manufacturing	9.9	9.2	8.2
Labourers	1.2	.9	.5
Other	.1	.1	-
Not Stated	2.5	1.7	1.7
All Occupations	100.0	100.0	100.0

Advancing and changing technologies give rise to new and different ways of producing these goods and services which can radically or minutely alter the skill content required or the way in which work must be performed.

It takes a highly agile work force to meet satisfactorily the dynamics of such developments. The extent to which some workers are unable to meet the shifts in the job markets, either as these shifts reflect changes in the occupations themselves or changes in employment in these markets, to that extent they reduce their job chances and so impair their employability. It is not surprising that some workers after 30 or more years in the labour markets, especially those who have been most frequently affected by change or those least capable of meeting the changes, find their employability reduced. What is surprising is that the over-all effect of this isn't greater.

This is the stage at which it is convenient to present a few factual illustrations of the dynamics of the job markets over time and also some evidence to show why "older" workers may find it increasingly difficult to adjust to change.3/

Any examination of the job problems of workers, who are now in their 40's and over, should be accompanied by an analysis of changes in the job markets since the end of World War I. Unfortunately, sufficient data and the time to do this are not available. Nevertheless, two illustrations may suffice to reveal what has happened to industry, employment and occupations between 1931 and 1961. In agriculture, 28.6 per cent were employed in 1931, 10.1 per cent in 1961; in manufacturing, 18.5 and 23.4 per cent respectively; in trade and services, 24.3 per cent and 40.6 per cent. It is also important to note that the white-collar workers increased their share in total employment from 24.4 per cent in 1931 to 38.6 per cent in 1961, whereas the manual occupations showed no appreciable change. The primary occupations declined in their share from 32.5 per cent to 13.1 per cent.

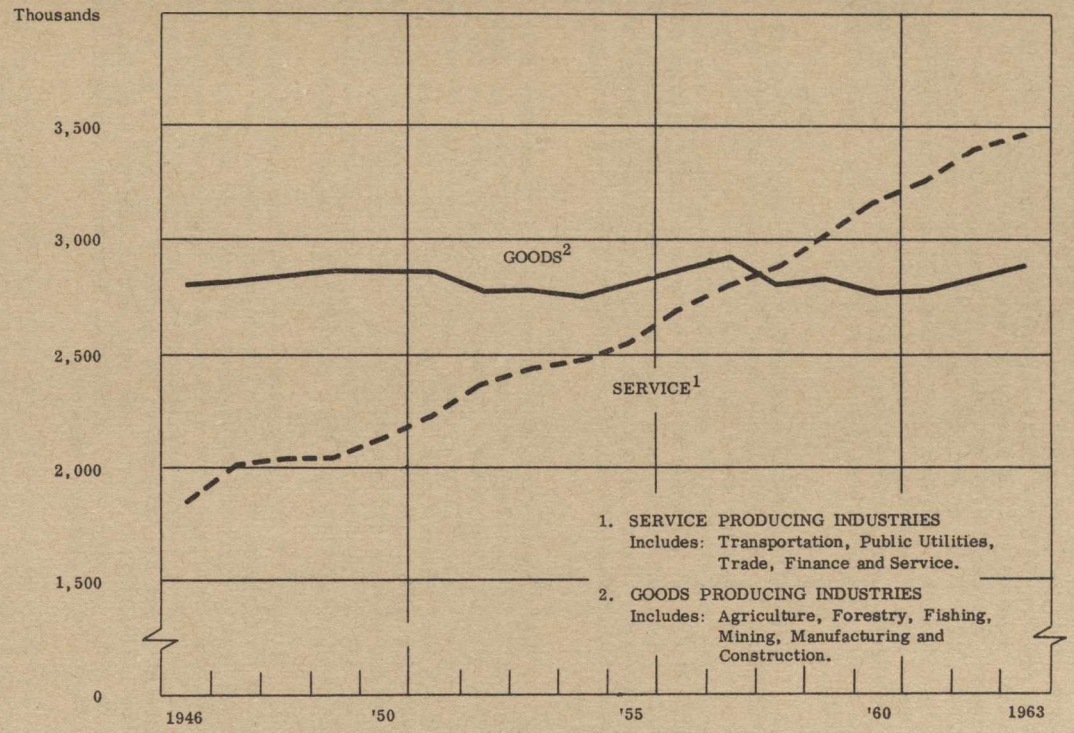
More striking are the changes that have occurred since the end of World War II. The data in Chart 5 show--in very aggregate terms--the dramatic changes which occurred over this period. Moreover, employment in the goods industries has remained more or less flat over the whole period, while employment in the service industries has increased by over 1.5 million. Numerous and often very dramatic changes took place within the goods group which have affected radically both the quantities and qualities of workers these industries require.

Similarly, thousands of occupations were affected in one way or another. Here are a few samples of what happened between 1951 and 1961. During this period the Canadian labour force increased by 21.6 per cent.

3/ Certain institutional factors which tend to produce road-blocks to employment or re-employment as people grow older, such as compulsory retirement pensions and the element of "prejudice", will be discussed in Part II.

CHART 5

EMPLOYMENT IN GOODS PRODUCING INDUSTRIES COMPARED WITH EMPLOYMENT IN SERVICE INDUSTRIES....



The white-collar group rose by 44.7 per cent and within this group the professional occupations increased by 64.5 per cent, and the clericals by 45.4 per cent. The manual occupations rose by only 12.7 per cent, but the service occupations by 53.2 per cent.

Many occupations declined, among them were the tire and tube builders, down 34.2 per cent; shoemaker and repairers 22.1 per cent; textile weavers 49.8 per cent; blacksmiths, hammermen and forgemen 46.6 per cent; coremakers 52.8 per cent; boiler and firemen 39.2 per cent; streetcar operators 78.4 per cent; and many others. On the other hand, many occupations showed substantial increases. For example, postmen and mail carriers 48.6 per cent; bus drivers 62.5 per cent; barbers, etc. 72.5 per cent; charworkers, cleaners, janitors and sextons where many elderly workers are employed rose by 96.6 per cent; also firefighters were up 60.7 per cent; and guards, watchmen and caretakers rose 35.6 per cent.

These illustrations provide only a small part of the total change that occurred in the job market over time. Obviously, if the job a worker holds does not decline and if what is required on the job does not change appreciably, the chances of the worker holding the job are good. Unfortunately, it is known that there are numerous occasions and ways in which workers can and do involuntarily become dislodged from their jobs. These are the workers, and particularly as they grow older, who find it increasingly more difficult to re-establish themselves in jobs suitable to them.

Next, it is necessary to examine two important characteristics of the workers themselves that undoubtedly contribute to their employment problems as they grow older. Workers prepare themselves for the kind of economy in which they live. They absorb the level of schooling and training which they believe they need or can afford. Experience from their working life gives them additional know-how and some ability to cope with the various changes as they meet them. It is clear that the vast majority in this category do make these changes, although they might not always be the most productive in terms of their native abilities.

A majority of the workers who are now over 45 years of age prepared themselves for work at a time when some 40 per cent of all workers were employed in primary industries, as compared with 13 per cent today. In addition, there has been a substantial advance of technology both in primary and other industries since that time and this advance has brought with it the need for an increasing amount of schooling on the part of workers. The younger age groups are better able to meet this need. Consequently, as they gain experience, they become the most competitive element in the employment markets.

The amount of schooling each of the following age groups of men possessed in 1961 is shown in Table 7. Some 44.5 per cent of the whole group of men 15 years and over had elementary school and less. Of those 15-34 years of age, 35.6 per cent had this much schooling; 46.2 per cent of those 35-54; 62.7 per cent of the 55-64; and among the 65 and over, 65.6 per cent had elementary school or less.

TABLE 7

Male Labour Force: Years of Schooling by Broad Occupational Groups by Age, Percentage Distribution

	Educational Level			
	Elementary	1-3 yrs. Secondary	4-5 yrs. Secondary	University
All Occupations				
Age: 15 and Over	44.5	31.1	15.3	9.2
15-34	35.6	36.6	18.0	9.5
35-54	46.2	29.7	14.6	9.5
55-64	62.7	20.3	9.8	7.2
65 and Over	65.6	17.7	9.2	7.5
Managerial, Professional, and Clerical Occupations				
Age: 15 and Over	17.2	27.9	27.1	27.7
15-34	10.0	28.5	32.0	29.6
35-54	18.1	28.6	25.5	27.8
55-64	30.8	25.5	20.6	23.0
65 and Over	35.0	22.2	19.1	23.7
Other Occupational Groups				
Age: 15 and Over	53.4	32.1	11.4	3.1
15-34	43.1	39.1	14.1	3.8
35-54	56.6	30.1	10.6	2.7
55-64	73.3	18.6	6.2	1.9
65 and Over	76.1	16.1	5.8	2.0

Source: Census 1961.

Some 31.1 per cent of all men 15 and over had 1-3 years secondary schooling; 36.6 per cent of the 15-34 had this amount; 29.7 per cent of those 35-54; 20.3 per cent of those 55-64; and 17.7 per cent of those 65 and over.

About 15.3 per cent of all men 15 and over had 4-5 years of secondary schooling. 18.0 per cent of those 15-34; 14.6 per cent of those 35-54; 9.8 per cent of those 55-64; and 9.2 per cent of men 65 and over had the same amount of schooling.

An examination was made of the amount of schooling possessed by the whole male population 15 years of age and over who were not attending school. It was discovered that the level of schooling for this group was considerably lower than in the case of the working group and also that the incidence of low schooling among the older age groups was greater than in the case of the comparable working groups. Broadly speaking, it may be concluded that, in so far as the level of schooling is a factor for survival in the employment markets, by the same token it would appear that those who are now "in" are better equipped than those "out".

While the worth of a worker in the job market is composed of more than his years of schooling, this factor can play an important role in two employment situations. Years of schooling as a factor in hiring rise over time in line with technological advances. This favours the younger workers. Similarly, if there is a surplus of workers available, employers will of course select those having the highest qualifications including years of schooling. Secondly, when employers have to retrain or upgrade their work forces, lack of sufficient schooling can be a real handicap. Moreover, it is reasonable to expect that when an employer invests in his work force he will do so less willingly for older than for younger experienced workers.4/

It is pretty clear then that since years of schooling is a factor in employment, although it may be overemphasized in certain situations, workers who grow older and fall behind the rising levels of schooling of those who follow after, can, and do, frequently face employment problems.

Another important factor contributing to the employment problem of workers as they grow older is that they tend as a group to become relatively more immobile than younger ones. Joint federal-provincial Department of Labour studies in the Maritimes suggest that when job opportunities in a community decline, it is the younger and better educated who leave the community for employment elsewhere. There is a general awareness that the strings that bind people to a community grow stronger with age, but to that extent the individual also reduces his or her opportunity for employment should that need arise.

The final factor is one of health. No doubt everyone is aware that this factor can and does reduce the extent of the employment market for an individual and that its severity grows with age.

4/ See footnote (3) page 15.

Age Distribution of the Work Force

The following table shows the percentage age distribution of the male and female work forces. It is clearly important to know whether or not the age groups having employment problems are growing or declining. Table 8 provides this information for 1951, 1961 and what the estimate of the distribution might look like in 1971. See also Chart 6.

TABLE 8

Percentage Age Distribution by Age and Sex, 1951, 1961, 1971

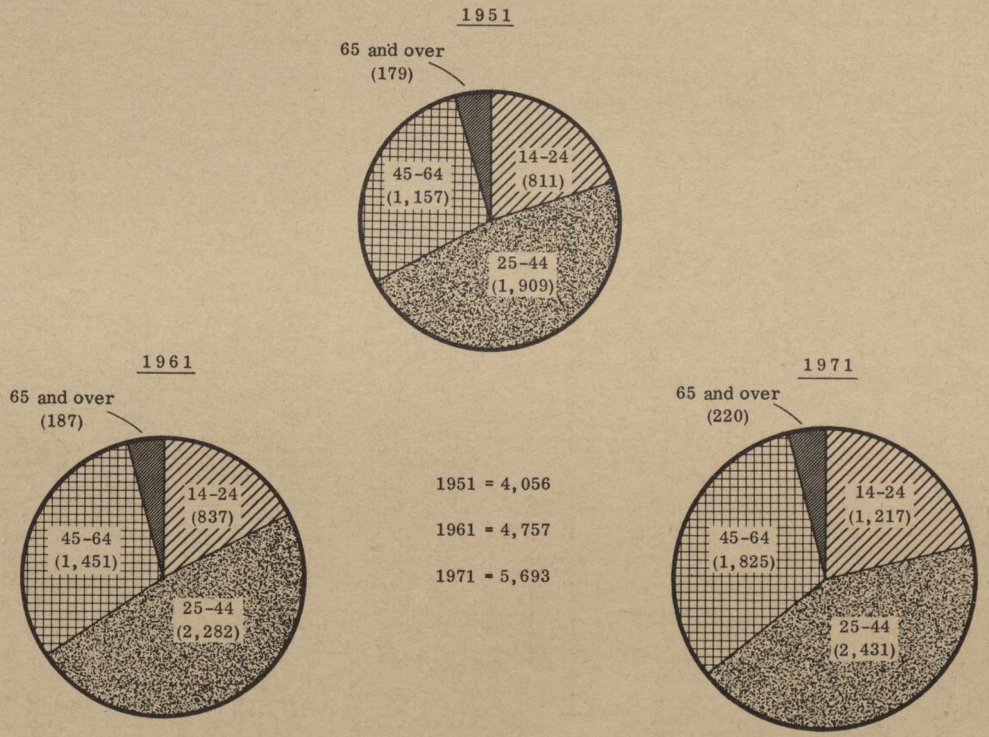
Males	1951	1961	1971
14-19	8.4	7.4	7.6
20-24	11.6	10.2	13.8
25-44	47.1	48.0	42.7
45-64	28.5	30.5	32.0
65+	4.4	3.9	3.9
Females			
14-19	18.6	16.0	14.1
20-24	22.2	16.5	16.8
25-44	39.9	40.0	37.8
45-64	17.5	25.2	29.0
65+	1.8	2.3	2.3

The distribution data show that men 45-64 are becoming relatively more numerous and that this trend is likely to continue into the '70's. It has been estimated that by 1971, some 32 per cent of the working men will be between 45 and 64 years of age, compared with 28.5 per cent in 1951 and 30.5 per cent in 1961. The same age group of women is also expected to continue to increase relatively. This reflects the rapid increase of married women, who, consequently, pose less of a problem since, by and large, they tend to enter the employment markets in response to the growth in job opportunities suitable to them.

Returning to the men, it will be seen that the age 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 than it did in 1951 or 1961. This has favourable implications for the older age groups. If the over-all demand for working men remains high, the older groups are likely to be able to participate in employment relatively more than they have been able to in recent years. Nevertheless, even if job opportunities for the older groups improve, the rapid rise in their numbers is likely to increase the amount of welfare expenditures needed for their upkeep.

CHART 6

DISTRIBUTION OF MALE LABOUR FORCE BY AGE GROUP



Note: Numbers are annual averages in thousands.

Suggested Areas for Remedial Action

Finally in this part of the report, it is considered necessary to examine certain areas of action which might assist in reducing some of the problems associated with aging. Not all the problems of the aged people can, of course, be resolved in the employment market. It is suggested, however, that many of these problems can be substantially reduced. This can be done by learning and understanding more about the relationship between age and employment. There must also be an improvement in the ability to measure and assess the manpower needs of the economy and the direction in which it is trending.

The remaining part of this report also includes a discussion of a number of areas of action that will help to reduce the problem in question. Fortunately, action in these areas is already under way. However, it should be emphasized that the more effectively advances are made in the direction already started, the more effective will be the utilization of all the available manpower, including those over 40 or 45, and the smaller the welfare load resulting from unused manpower.

1. Full Employment and Area Redevelopment

It was pointed out earlier that, when economic activity is high, relatively more people participate in work, and the spectrum of unemployment among the different age groups narrows. Conversely, when there is a surplus of workers, unemployment rises proportionately more among the young and inexperienced, and among the older but still active workers. Obviously, one solution therefore is to sustain a reasonable balance between the number of workers coming forward for work and the requirements of the economy.

However, it is becoming more and more apparent that employment problems, especially those associated with the older age groups, are much more severe in some localities than others. Most of the evidence of these problems tends to be obscured in the national picture. The following Table 9, which shows participation rates by age and sex in the Atlantic and Ontario regions in 1962, provides evidence of the incidence of our problem in different parts of the country. Even these units are too large to reveal the pattern of the entire problem.

In 1962, unemployment in the Atlantic region averaged 10.7 per cent, 4.3 per cent for Ontario, and 5.5 per cent for the country as a whole. Participation rates of all age groups were lower in the Atlantic than in the Ontario region for both men and women. Among men, the rate was 3 percentage points lower for the 14-19 year-olds; 1.6 for 20-24; 5.3 for 25-44; 4.3 for 45-64; and 6 percentage points for the 65 and over.

TABLE 9

Participation Rates(1) by Sex and Age Group,
Atlantic and Ontario
12-Month Averages, 1962, in Percentages

	Total	14-19 Years	20-24 Years	25-44 Years	45-64 Years	65 Years and Over
Men						
Atlantic	73.2	36.0	87.7	93.4	88.1	26.1
Ontario	81.6	39.0	89.3	98.7	93.8	32.1
Women						
Atlantic	24.0	27.0	39.4	24.1	23.6	5.4
Ontario	31.9	31.5	50.5	34.2	34.0	6.8

(1) The labour force as a percentage of the population in the age group.

Note: Excludes inmates of institutions, members of the armed services and indians living on reserves.

The unemployment rates were twice as high for the young age groups of men and about two and a half times as high for the other groups of men. As was mentioned earlier, when employment opportunities are scarce, relatively more workers "give up". Consequently, unemployment rates do not always tell the whole story.

Another objective to push on with then is to find ways and means of stimulating activity in lagging areas and regions, a program which is now under way.

2. Preparation of Manpower and Manpower Adjustments

The evidence of the postwar period and the indications of the future are that the goods industries will be unlikely to provide a major source of employment except for replacement. It is in these industries that men are heavily concentrated. The service industries are therefore likely to be the major source of employment.

Apart from the preceding observations, the economy is constantly changing its requirements for workers as a result of technological change and advances and because of changing demand for goods and services at home and abroad. These disturbances affect many areas and individuals. In so far as these individuals are concerned, certain stresses are imposed upon them in terms of occupation and mobility if they are to make a satisfactory adjustment to the changing conditions. One important place where manpower adjustments are frequently needed is at the establishment level. Therefore, when an establishment needs modifications or a

strengthening of its workers, ways and means should be found to see to it that maximum use is made of its existing workers. This will help to maintain employment for those belonging to the establishment, including some of the older employees. It will be appreciated, however, that, if the firm alone is asked to bear the cost of retraining or upgrading its work force, it is likely to favour its younger workers.

Another important need for adjustment is to assist individuals to move from areas where employment opportunities are scarce to areas of greater opportunities.

Lack of adjustments in both of these areas create serious problems for many workers and for the society. They bring about serious pockets of unemployment and lengthy periods of unemployment, especially for those who are least competitive.

The government has recognized the importance of reducing the manpower disturbances created by technological or other changes by establishing in the Department of Labour a Manpower Consultative Service. It will be the responsibility of this organization to encourage and assist employers to make appropriate adjustments in time of change, and also assist in increasing the mobility of people who become redundant owing to these changes. This, it is hoped, will reduce the number of workers displaced and shorten the unemployment period for those who are inevitably displaced.

3. Reduce the Duration of Unemployment

An essential program of the future will be to increase the capabilities for getting unemployed workers back to work as quickly and effectively as possible. It was noted earlier in this report that workers in the older age group stay unemployed longer than younger workers. It was also pointed out that a major reason for this was reduced competitiveness, not because a person has reached the age of 50, but more likely because of the other factors which have already been expressed. While persons of any age can experience lengthy unemployment periods, the incidence of this seems to be considerably greater among the older groups. Moreover, among the older persons who stay unemployed for long periods, many develop the notion that they are no longer fit for work.

In view of this, it would appear to be appropriate to put more resources into an effort of helping these people return to work as quickly as possible. It is suspected that the return on the dollar expended on rehabilitating and retraining of older people who have difficulties finding employment is likely to be exceptionally high. In many cases, it may be discovered that little in the way of expenditures are needed except a more thorough search for jobs.

Work of this nature is, of course, going on but there is a need to do a great deal more in this field. More should be done to increase the capabilities of the National Employment Service and the federal-provincial Vocational Rehabilitation Services in three areas so as to cater for 1) more counselling and for guiding people into training, 2) retraining or other courses required for getting people back to work--

the capabilities for doing this are already substantial--and 3) for intensifying the placement services. In other words, there is still a long way to go before the expenditures in this direction reach a point of diminishing returns.

4. Co-operation with Employers

The field of research should be extended with the object of finding out what role employers can play with respect to the problem of the older workers. Apart from alerting employers about assessing the worth of workers irrespective of age, it is important to identify and examine the obstacles which can lead to a disproportionate number of older workers being released in time of employment changes and to know what the obstacles are in times of hiring workers.

For example, it was mentioned earlier that, if an employer invests in retraining or upgrading of his work force, he is likely to favour the younger age groups. It may be that it is in this situation that the government could step in to assist the employers financially to adjust the older workers or, at least, some of them.

At the hiring side, it might be advisable to establish a check on such factors as the appropriate education level that is wanted. This may be a serious barrier to many older persons. It might be possible to convince employers that persons should not be rejected on this factor alone--that, in fact, the level of schooling of many older workers is no sure indication of his education level or his worth as a worker.

5. Employability and Health

It is pretty clear that the health factor plays an increasing role in the employment picture as workers age. The only observation with respect to the role of this factor is that it undoubtedly plays a much larger role than it ideally needs to play and larger, it is to be hoped, than it will play in the future. The health factor causes more waste of manpower than any other factor, and, at the risk of being repetitive, a factor which seriously affects the employability of older workers. No doubt, the effect of this factor on older workers could be significantly reduced if they or society were better able to maintain good health from an early age. One of the basic difficulties stems from the fact that those who are least capable of looking after themselves receive relatively least health protection. Thus, those with least education, relatively little training and hence low income, may also suffer more from impairment of health. All these factors taken together constitute a serious obstacle especially for older workers who become disassociated from employment which, in fact, is a more frequent experience of this particular sector of the population.

Summary

In this part of the report, an attempt has been made to examine how age is reflected in the degree to which people participate in work, extent of unemployment and duration of unemployment. A number of factors which seem to affect the employability of people as they grow older have been discussed. Undoubtedly, there are other factors as well which play a role in this situation, but those which have been discussed would appear to be particularly important. Some actions which would assist in reducing the employment problem of older workers have been touched on briefly. Again, additional suggestions could be made; for example, the training program for the unemployed seems in many cases to be narrowly directed to the old mechanical trades. Maybe greater efforts should be made to retrain people for the kind of demand that has developed, which is in the service industries. There may be more scope and chances for employment of retrained older workers in these industries than attempting to get them back into the goods' producing industries. This suggestion is, of course, simply a matter of emphasis.

The whole work force of men has been examined, and against this background it will be seen that all age groups face some unemployment problems, although the factors affecting them are somewhat different and their seriousness is one of degree. One of the major tasks over the next few years is to develop the capability of absorbing an increasing flood of young people into employment. But this should in no way reduce the effort to improve the employability of the older workers.

It was also pointed out that the older age groups are expected to be relatively larger by 1971. However, since the most competitive group is also expected to be relatively smaller, the changes of employment for the older ones look reasonably bright--given a high level of employment in the economy.

It has been shown that the incidence of the problem under discussion is much greater in some areas and regions of the country than in others which require a selective approach applied both on the demand and supply side. Like unemployment, a disproportionate share of the older worker employment problems accumulates in various localities or, as a result of advancing technology, some industries shift out and replacement industries fail to move in.

The fact that a major source of employment in the future will be in the various service industries, has been included in the discussion since the implications are very important. In this respect, a need exists not only to adjust the institutions which prepare manpower for work but also the attitudes about what constitutes work for men and for women. Obviously, the better the ability to adjust to these major changes in the economy, the fewer and smaller are likely to be the residual problems which face workers as they grow older.

Workers 65 years of age and over have not been dealt with in detail; partly because they pose a somewhat different problem from those who are younger, and partly because it is believed that, from an employment

point of view, the urgency of providing better employment security for people prior to the retirement age is relatively greater and the return for such an effort significantly greater. While it is impossible not to be in sympathy with the general principle that people of any age should have a chance to participate in work and income, if they so desire, the fact remains that the economy has seldom required a total contribution by all except in time of war.

It is true that man's appetite for goods and services is insatiable, but his ingenuity to produce an increasing amount with decreasing effort may be even greater. Few people realize how quickly the input of manpower has declined in terms of hours and in terms of results. Less than two generations ago Canadians worked on the average of about 300 hours a month in order to produce about one half the per capita income which is now produced with about 200 hours a month. There is no reason to believe that this trend will not continue: it may, in fact, accelerate.

The choice then will be either to enable all who want to work to share in the shrinking total manhours required by the economy or strengthen people's capabilities for retiring earlier--or to continue what is being done now, maintain a mixture of both.

It might also be borne in mind that the science of medicine and health care is enabling people to live longer. In the face of this and the reduction of work required per individual, it would seem imperative to begin thinking seriously about preparing people for leisure, both during their working life but especially for retirement, which is likely in fact, to become one of extended duration in the future. It is felt that an effort in this direction is long overdue.

Lastly, and to re-phrase something which was mentioned earlier, the over-all problem that has been examined in this part of the report must be seen in the context of our total manpower resources. For example, the investment in preparing people for the world of work and investment in the expanding need for assisting people to adjust to changing job situations will be heavier. However, it is known that such investments will be profitable. Among other things they should reduce the problem associated with aging. Nevertheless, society must weigh these investment expenditures against those which are to support a growing proportion of retired and other non-workers, a situation which this nation faces over the next decade. It is clear that the ability to do both is significantly enhanced if the rise in real income can be sustained and unemployment is kept at a minimum.

PART II

SOCIAL AND ECONOMIC PROBLEMS OF THE OLDER WORKER--ACTIVITIES OF THE DEPARTMENT OF LABOUR IN COUNTERACTING THEIR EFFECTS

Introduction

Many of the statements contained in Part II are based on the statistical evidence and interpretations set out by Dr. Gil Schonning in Part I. Consequently, as each part plays a distinct role in the presentation of this report, the repetitive use of statistical data has been avoided as far as possible in Part II. Thus, the following information is concentrated on an examination of the activities of the Department of Labour in counteracting the effects of the social and economic problems that confront older workers, who have, each in his own degree, become casualties of the labour force.

Today, even though there is a strong and persistent demand for a wide variety of trained workers, many deserving people are underemployed or unemployed for one or more causes. They may be considered too old. Their skills and experience may be regarded as obsolete or obsolescent. Their educational levels may be low in terms of current standards and they may not have been given an opportunity to undertake training or retraining courses. In essence, these are the principal factors that lie behind the social and economic problems of the older worker.

At the outset, it is evident that prolonged unemployment generally inflicts physical and mental hardships on the older worker. Indeed, these hardships are exacerbated when they extend themselves to dependents who rely upon him as a bread-winner. But the effects are not limited only to the domestic scene. Without income, he more or less ceases to be a consumer of goods and services on a normal scale and, in proportion to the number of people so affected, represents a loss to the economy in terms both of productive and consuming capacities. Moreover, and more significantly, various types of assistance provided from the public purse at great cost become necessary to support him in non-productive circumstances, the duration of which may be prolonged in the absence of appropriate methods for restoring him to steady employment. Thus it will be seen that removal of barriers to employment is a matter of vital importance not only to unemployed older workers but to the whole of the society in which he lives.

It is now becoming a generally accepted fact, that while the maintenance and development of employment for mature workers is only one of the many problems of aging, it is, in all probability, the major factor. Research findings, reinforced by practical field experience, indicate that the many other problems connected with advancing years--whether they are concerned with the social, psychological, welfare, health, housing or other related aspects that exist today, have been intensified by a lack of income

during the years of middle age. As Dr. Schonning has pointed out In Part I, employment and income problems that occur prior to age 65 may be a major contributing factor to the poor income position of so many after the age of 65.

It may, therefore, be reasonable to assume that the impact of the problems which attend the normal process of aging is likely to be less severe when the person concerned is protected by some measure of economic security. That is to say, his physical and mental well-being may depend very largely on a freedom from the anxiety and strain regarding money matters which, otherwise, could tend to accelerate the aging process and reduce his capacity to re-enter the labour force.

The foundations for the building of financial security during the later years are, steady employment, and the encouragement of the older worker towards refreshment of his skills at the beginning of and during the fifteen or twenty years preceding his retirement. These are the crucial years in the life of the aging worker (between 40 and 65) and the starting point at which potential barriers to steady and continued future employment can be measurably reduced or eliminated.

It may be said that removal of barriers to employment for this segment of society at later phases rather than in the earlier phases of aging could be regarded as remedial rather than preventive.

Another social aspect that has not received much attention in the past is the effect upon those of the younger generation who are members of families in which the older worker, the parent, experiences unemployment due to the problems commonly associated with aging. When the head of a family in his forties or fifties is unemployed for a lengthy period, his children may have to abandon the educational plans that would have permitted them to make the best contribution to the community and society as a whole. The psychological effects, which arise from loss of family income and status, cannot fail to be detrimental to the morale of such families in their relationship with the community.

The ramifications and the insidious effects of this particular aspect of the over-all problem extend over time into many areas of human predicament. Thus, the ultimate solution must, inevitably, involve the organized and co-operative efforts of numerous agencies. Governments can give leadership--and, indeed, have been doing so for some time--but action, stimulated by a sustained desire to solve a problem of common concern, is essential on the part of employers, organized labour, social welfare agencies, educationists and the public in general.

The Federal Government has attempted to give leadership in this field. For many years, the Department of Labour, and the National Employment Service, have endeavoured to persuade employers to hire, retain and promote workers on the basis of their qualifications and ability, regardless of age. All types of media have been used, including films, radio, television, billboards, articles, pamphlets, correspondence and by the day-to-day

contacts of local employment officials with employers. These efforts have been widely supported throughout the country, by industry, governments, the press, and publishers of magazines, to promote a climate of opinion that will favour solutions to the over-all problem.

The Federal Government has, itself, set an example in the hiring of older people. The Civil Service Commission has eliminated upper age limits from all but a few special classifications in the federal public service. In the calendar year 1962 (latest figures available) 26 per cent of appointments to the public service went to persons more than 40 years of age. Almost one third of these appointments went to persons more than 50 years old. (See Appendix 1--News Release of the Civil Service Commission, June 1963.)

Nature of the Problem

The present nature and extent of the problem is a complex consequence of the population structure and its trends, the operation of the labour market, the rate of technological change, and the nation's social and educational pattern. The proportion of the population in the 45-and-over age group is gradually growing larger with a consequent greater than proportionate increase in the number of mature workers who must retain or seek employment. The effects of acceleration in the rate of technological change on middle-aged men and women are those of increased stress and difficulty of re-location or re-training for a new occupation. The social and educational pattern of modern society has been generally youth-oriented and directed with an inevitable lessening of attention to the needs and potential of adults, particularly older adults.

Complicating the problem still further is the fact that there are two separate age groups to be considered. Each group requires a different approach to its difficulties. There is the mature group from 40 to 65 whose members may have need for full-time employment with opportunities for advancement. Secondly, there is the group from age 60 to 65 and older who may need full- or part-time jobs to provide an income or to supplement inadequate retirement benefits or to maintain their status in the community. Experience has indicated that the difficulties in securing or retaining employment by the older unskilled and semi-skilled, whether in factory or office, are much greater than those faced by skilled or highly-trained workers.

One significant improvement in this situation is to be seen in the increasing recognition of the fact that chronological age is an unsatisfactory measure of a person's occupational utility and adaptability. One of the strongest arguments in favour of greater utilization of older manpower is the fact that the vast majority of the middle-aged and older members of the labour force are employed, often at the peak of their earning power. Why then, should some workers in their forties or fifties be considered too old for employment if they suddenly become unemployed?

There is no simple answer to this question. There are many causes of age discrimination in employment. The most basic might be summarized as follows:

1. prejudice in favour of youth and misconceptions concerning capabilities of older workers--the 20th century accent on youth;

2. the tendency to generalize about health and mental capacity;

3. the view--far too widely held--that generally lower educational levels among the older age group commonly represent irremediable impediments to re-orientation in a changing technology;

4. rapid advances of technology that render skills and past experience either partially or completely obsolete;

5. cost factors of group insurance and pension plans;

6. lack of mobility among older workers and reluctance to move to new areas;

7. prevalence of promotions within an establishment, leaving new vacancies at the bottom or starting levels which may not even be offered to an older applicant, or a mature worker may be reluctant to start a new career at the bottom;

8. accelerated promotions of young people who, in matters of hiring, retention or promotion, are likely to favour their contemporaries;

9. seniority provisions in collective agreements which prohibit lower rates for older workers whose productivity has diminished and which protect older workers, but make the hiring of new older workers difficult;

10. compulsory retirement at age 65 or earlier which discourages the hiring of new employees in the late 40's or 50's; and

11. periods of high unemployment which militate against the rapid hiring of all workers, but particularly against older workers.

Possible Measures

As the factors contributing to age discrimination in employment are so varied, it follows that measures to combat this situation will also be varied. Possible measures can be summarized as follows:

1. all-out efforts to stimulate the economy and create high employment;

2. measures to encourage mobility of manpower;

3. continued education, particularly of employers, designed to overcome prejudice and present the facts concerning the capabilities of older workers;

4. development of widespread facilities for technical and vocational training and the raising of educational qualifications generally with planned encouragement to older workers to participate in training programs prior to or immediately following lay-offs;

5. continuous research to fill gaps in existing knowledge and to provide the information for continuing education;

6. further development of specialized services including individual and group counselling, assessment of capabilities, vocational guidance and placement services;[1]

7. greater use of the science of ergonomics in industry;

8. greater use of portable pensions;

9. widespread study of occupations to determine those most suitable for aging workers;

10. joint consultation by management and labour in efforts to remove technical and other barriers to the greater utilization of older workers at the plant level.

Vocational Rehabilitation of Older Disabled Workers

There is another group of older workers deserving consideration and requiring special effort. This group consists of those middle-aged and older persons suffering from the dual handicap of physical disability and advancing age. Can anything be done to return these people to employment or self-care? Experience to date has shown that vocational rehabilitation methods, including assessment, restorative services, counselling, training and placement, can and are being successful. The article attached as Appendix 2 shows that physically handicapped older people can be re-established. In view of this success it should be less difficult to re-establish able-bodied older workers in employment, particularly if the principles and practices of vocational rehabilitation are applied to them on an individual basis.

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[1] The inducement of a versatility of outlook, on the part of the worker in his own field of work and on the fringe areas of associated occupations, may well have a strong psychological bearing on his mental adaptability to change.

Vocational Training or Re-training

It would seem advisable at this point to refer to the important role of training or re-training. Professor S. D. Clark of the University of Toronto, whose report is mentioned later in this paper, included among his suggestions a reference to the need for training. He stated:

> "For that very large number of older workers, however, whose employment difficulties stem largely from their lack of the skills necessary for the kinds of jobs that are available, the burden imposed upon society need perhaps be nothing more than the provision of an extensive program of re-training. It may well be that the training offered the man of 50 is a training that he turned his back on when a youth of eighteen, but whether that is the case, or whether the training required is a result of technological change that has made certain kinds of jobs obsolete, it is clearly to the public advantage, as well as to the advantage of those to whom the training is offered, to place in the hands of the older worker the kinds of skills necessary to make him an effective member of the nation's work force. Far more older persons than need be are marginal workers, and for this society pays a higher price than it would have to pay for whatever kind of older worker re-training program might be necessary".

Program 5, of the Federal-Provincial Technical and Vocational Training Agreements is designed for the training of unemployed persons. There are no upper age limits for entry to this type of training and many middle-aged and older workers have been successfully trained. Unfortunately no data are presently available as to the numbers of older workers taking training or the numbers successfully completing courses, dropping out or otherwise failing. A study now being undertaken by the Department of Labour will provide much needed information about this situation.

Upper age limits for provincial apprenticeship training have now been removed in all provinces. This is an important step forward as it provides opportunities for workers who may have been working as helpers for many years, to take the added training necessary to become skilled tradesmen. This can benefit middle-aged workers in the helper category.

Because of the traditional association of training with youth, the training of middle-aged and older workers has, perhaps, not received the same measure of attention. Aging workers have, in the past, frequently been regarded as incapable of learning. This attitude may have arisen because concerted efforts have not yet been made in Canada to train them by techniques and methods designed specifically to meet their capabilities.

Special methods have been devised and tried successfully in other countries, notably in the United Kingdom. They have not only proved successful when applied to mature workers, but can sometimes be used to advantage in the training of younger workers.

For example, Dr. Eunice Belbin of the United Kingdom carried out three experiments[2] in the training of older people. In her findings, she stated that older people, if taught by an appropriate method, were able to accomplish a task much more easily than they would have done otherwise. In each of her experiments the need for conscious memorization was minimized. By so doing, several of the difficulties inherent in many of the current methods of training were overcome. Her experimentation showed that older people tended to have difficulty in translating data from one medium to another. To avoid this handicap, the burden of translation from verbal rules to motor skill was eliminated in her experimental courses.

It was also found that an older person may be unable to perform a task because he finds proportionately greater difficulty in understanding instructions. Dr. Belbin's experimental methods ensured that at all times the task to be performed--and to be learned while being performed--was never difficult enough to prevent comprehension or accurate performance. This prevented errors during the early stages of training which did not have to be "unlearned" later, a process which has been shown to be comparatively difficult for an older person. In addition, by performing accurately in the early stages, the trainees were prevented from losing confidence in their own ability, a factor which tends to prevent successful learning by older people.

It is obvious, that while facilities for training and the raising of educational qualifications are available to older people in Canada, some study and research seem necessary to determine their suitability. Another problem sometimes lies in the attitude of many older persons themselves. Too many are reluctant to take training. Re-orientation is needed to convince them that re-training and upgrading of their educational levels is not only desirable, but essential if they are to compete in the modern labour market.[3]

International Recognition of the Problem

The social and economic problem of the older worker is not peculiar to Canada or to North America as a whole, but is arousing considerable attention in many different countries.

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[2] Methods of Training Older Workers--Eunice Belbin--Ergonomics, Vol. 1, No. 3, p. 207, May 1958.

[3] In this respect, the climate of the re-training and educational environment is an important element that has its origins in the calibre and motivation of the instructor or teacher.

David A. Morse, Director-General, International Labour Organization, made the subject the central theme of his report at the International Labour Conference in June 1962 under the title "Older People--Work and Retirement". In his report, Mr. Morse stated:

> "The problems of older people, like those of youth are the problems of society at large. Fundamental changes have taken place in the relative position of older people as industrialization and urbanization have gained momentum. Adaptability is the keynote of modern society. Experience, in so far as it is bound to traditional use is losing much of its value, and older people, in consequence, are suffering a loss of prestige and respect in many walks of life, especially those most affected by technological and social change".

The Organization for Economic Co-operation and Development (OECD) is also paying considerable attention to the employment problems of older workers. An OECD seminar was held in Stockholm in April 1962 at which various aspects of the problem were discussed. This organization is sponsoring another seminar to be held in the Fall of 1964 to deal with job re-design for older workers.

It should be noted that in some instances in Europe, particularly when shortages of labour have been prevalent, older workers have presented a somewhat different problem from that of other countries--Canada and the United States, for example. In such countries the main problem has sometimes been to find ways and means of utilizing older workers to meet a demand for their services. This has entailed persuading them to remain in or return to the labour market so as to adapt them to the requirements of new jobs. For this reason, the science of ergonomics, or the re-designing of jobs, conditions, or machinery to help the worker, has assumed a greater importance in Europe than in North America.

In the United States, Canada and some other countries the problem is largely a matter of finding job openings for a growing number of older workers who have been displaced by technological or other changes. To do this more effectively greater emphasis and effort will need to be exerted in this area, which should also encompass such matters as the re-designing of jobs to fit older workers.

It is usually easier to transfer a long-service older employee to lighter and less demanding work and to hire younger workers for new jobs than it is to re-design jobs. As this appears to be the common practice in Canada and the United States it is obvious that the advantages to be gained from the science of ergonomics have not yet been fully recognized. The principal advantage, of course, is that any re-design of jobs which makes them more suitable for older or disabled workers also makes them better for younger workers. Planned design of machinery and working conditions may well prevent physical deterioration among younger workers and enable them to continue working at the occupation to a later age than is now the case in the current pattern of workers who are subjected to these influences.

Federal Government Activities to Counteract the Problem.

Background

It was shortly after the end of World War II that the Canadian Department of Labour and the National Employment Service first recognized that workers in the 40-plus age group--and sometimes those even younger--were finding increasing difficulty in obtaining employment. This situation became widespread even though the economy was extremely buoyant at the time.

In considering possible action to combat this situation it was generally agreed that the roots of age discrimination were firmly embedded in the traditional opinions of employers and the public generally, that persons were usually past their prime when they had turned forty and therefore to hire them was not a wise policy. This arbitrary view embodied two elements, a rigid concept of the aging process and the implication of expendability. Although the various reasons that tended to support this attitude have already been mentioned, it may be advantageous at this point to present an overview.

It was, of course, largely inspired by an almost universal emphasis on youth, and reinforced by the advent of two world wars. Increasing mechanization and the use of high-speed machinery, which have quickened the tempo of industrial life, have also tended to emphasize the value of youthful qualities.

Conversely, the old attritions of disease and conventional warfare, which thinned the ranks of the young first and most tragically, have receded. Thus, the chances of survival at both ends of the life span have been enlarged; a fact that exposes another aspect of the population explosion--numerical increases of workers at each end of the age scale.

For some years, efforts were made to influence the existing attitudes about the capabilities of older workers, by presenting facts. As mentioned previously the Department of Labour in co-operation with the National Employment Service carried out a continuing educational program. These activities resulted in a growing awareness of the existence of the problem throughout Canada. It was not expected that attitudes which had arisen over many years could be changed over night. However, some progress was made. In some instances employers reported the removal or raising of upper age limits in hiring.

Interdepartmental Committee on Older Workers

Following recommendations from the National Advisory Council on Manpower the Interdepartmental Committee on Older Workers was established in 1953 to give continuing study to the problem and to advise on remedial measures. The Committee is still in operation. It is composed of representatives from the Departments of Labour, Veterans Affairs, National Health and Welfare, the National Employment Service, and the Civil Service Commission under the chairmanship of Ian Campbell, National Co-ordinator, Civilian Rehabilitation.

The Committee realized that while age discrimination arising from prejudice formed the core of the problem there were other factors which influenced the situation. One of these was the steady increase in the number of pension plans in existence.

Pension plans, while bringing desirable benefits to workers generally were found to have a direct or indirect effect on the employment opportunities for older workers by encouraging the setting of arbitrary age limits in hiring. Employers generally considered that the greater the number of "older" participants in a pension scheme the higher would be the costs. In certain types of plans this is undoubtedly true.

Employers, who might have been willing to consider the additional costs of hiring older workers as a small price to pay for experience and mature judgement, sometimes hesitated on other grounds. They reasoned that retiring employees, who had not been long enough in a pension plan to have built up adequate retirement incomes, would have an adverse public relations effect on the company. Therefore, it was preferable not to hire them in the first place.

Some firms felt that having an employee pension plan was an inducement to their employees to remain with them for the duration of their working lives. By hiring middle-aged and older workers they would eventually have an almost complete work force of older employees, which many thought would not be conducive to efficiency. In such cases pension plans have an indirect influence detrimental to the hiring of older workers.

Shortly after its establishment, the Committee decided to encourage continuing educational efforts. At the same time it gave consideration to ways and means of reducing the effects of contributing factors. The Committee also recognized the need for research to supply needed knowledge and to foster greater understanding of the problem.

Research

Under the auspices of the Committee, a special group of government experts, chaired by a Committee member, made a comprehensive study of the effects of pension plans on the employment of older workers. The report of this study was published in 1957 under the title "Pension Plans and the Employment of Older Workers". A significant conclusion of the study was that:

> "Nothing inherent in the nature of a pension plan makes it impossible for an employer to hire an older worker or to retain him beyond normal retirement age. The restrictive clauses incorporated in some plans would appear to stem more from employment than from pension policy".

Upon the recommendation of the Committee a study of age and performance in the retail industry was carried out by the Economics and Research Branch of the Department of Labour. This study analyzed the relationship between age and sales performance in a variety of departments

in two large department stores in two metropolitan areas. The report of this study was published in 1959, under the title "Age and Performance in Retail Trade". This study revealed that the performance of older workers compared favourably with that of younger workers.

The Economics and Research Branch also carried out a statistical study of the aging worker in the Canadian economy. The report of this work was published in 1959, under the title "The Aging Worker in the Canadian Economy". In order to arouse interest in and evaluate research which had been done in this field the Economics and Research Branch arranged for a review of research findings to be made by Professor S. D. Clark of the University of Toronto during the Summer of 1957. Professor Clark's final report was published in 1959, under the title "The Employability of the Older Worker". The complex nature of the problem of the older worker was clearly outlined by Professor Clark in the opening paragraph of his report, which stated:

> "Of the various issues that have grown up about the problem of old age, none perhaps has attracted more attention nor led to more disagreement than the nature of the difficulties faced by persons of advancing years in securing and retaining employment. That persons of advancing years do face difficulties in securing and retaining employment is a fact beyond questioning. Nor is there any questioning the seriousness of the resulting problem, whether the concern is the economic, social and psychological welfare of those persons facing employment difficulties or with the loss to national production resulting from the failure of society to make the fullest and most effective use of its work force. What is open to question, however, is the extent to which the employment difficulties of older people result from the free and natural workings of the labour market or are a consequence of artificially created impediments to the employment of persons of advanced years".

Division on Older Workers

In order to intensify efforts on behalf of older workers the Department of Labour established a division, under the National Co-ordinator, Civilian Rehabilitation, with a small staff devoting full time to the problem.

The Division on Older Workers began operations in February 1959. Its functions include co-ordination of the activities of the Labour Department generally in this field; the conducting of a continuing publicity and educational program in co-operation with the Department's Information Branch; the encouragement of research in co-operation with the Economics and Research Branch and other agencies interested in problems of aging; the development of liaison with welfare and voluntary agencies, provincial government officials, educationists, management and labour organizations and agencies in other countries; the holding of a watching brief on developments in the field in other countries; and the assembly and dissemination of information related directly or indirectly to the problem of the older worker.

An intensified educational program was begun in 1959, involving liaison with national and provincial organizations, including mass publicity outlets such as television and radio, in order to enlist their support and active co-operation. This program is still being continued.

Direct Approach

As an opening "broadside" in this long-range program, a letter was sent to some 45,000 employers in Canada. The letter outlined the problem of the older worker and sought the assistance of employers. The reaction from employers exceeded all expectations. Replies were received representing the practices and opinions of some 15,000 recipients of the letter, including most of Canada's larger employers.

Many of the replies were two- to four-page discussions of the problem from heads of companies, indicating that considerable interest had been generated. The majority of the replies were favourable to the objectives of the program although many employers pointed out some of the practical difficulties involved. A number of employers reported reviewing or changing their hiring policies as a result of receiving the letter. As an added dividend, there was a new wave of press support from coast to coast, in the form of editorials, feature columns, and news stories. This publicity was accorded by the publishers of newspapers and periodicals who had received the letter in the capacity of employers.

Publicity

In support of this effort the Labour Department prepared and disseminated information through brochures, booklets, radio talks, speeches and articles in magazines and its own official publication, the Labour Gazette. Television clips and radio announcements were prepared and distributed to all stations in Canada. A Department of Labour film called "Date of Birth", first produced in 1950, was revised and re-circulated through the co-operation of the Canadian Chamber of Commerce and its local affiliates. Large outdoor advertising signs, carrying a rhyming reminder to all, appeared in strategic locations across the country; space was donated as a public service by companies specializing in this type of advertising.

National Employment Service

The National Employment Service increased its efforts to persuade employers to hire on the basis of capability without regard to age. Through its Special Services Division, the National Employment Service has provided assistance to older workers by additional counselling staff and placement facilities. The Employment Service also prepared and published a booklet called, "How Old is Old?" and distributed more than 125,000 copies to employers, union officials, associations and interested individuals. These efforts have resulted in increased placements of older workers.

Older Worker Employment and Training Incentive Program

In 1963, the Federal Government initiated the Older Worker Employment and Training Incentive Program on an experimental basis. Under its provisions the Department of Labour paid 50 per cent of monthly wages or $75.00 per month, whichever is less, to employers hiring workers aged 45 and over, who met certain conditions, for new jobs in insurable employment. Payments are being made for a total period not exceeding 12 months. Employers were required to give some orientation training or experience to the worker.

Initially the hiring period was established for three months, November 1, 1963 to January 31, 1964. Later, some modifications in the program were announced and the hiring period was extended to March 31, 1964.

It was recognized that "breaking-in" an older worker, particularly one who had been unemployed for six months or more, could be costly to an employer. Therefore, it appeared reasonable to share these costs with an employer until such time as the worker had become a fully productive employee. Twelve months was thought to be an adequate period for this purpose.

There was some reluctance among employers to participate in the program, especially in its early stages. However, since it was an entirely new concept of employment and the winter months are traditionally the slack season for taking on staff, this was not unexpected. Following the announcement of extension of the hiring period there was an increase in momentum during February and March. As a result of this program, 1,912 older workers who had been unemployed for at least six of the previous nine months obtained jobs.

Conclusion

Older people usually have more difficulty in fulfilling their basic needs and desires than do younger age groups. Added to these difficulties is the economic imbalance which disrupts the older person and his family upon retirement or forced withdrawal from the labour force. For some people, the loss of prestige or standing in the community, whether actual or imagined, occasioned by enforced idleness, can have a demoralizing effect. Employment, whether paid or voluntary, may be of great psychological value to such people, quite apart from the economic aspects.

It can be seen from the foregoing that age discrimination in employment arises from many causes. An ultimate solution to the problem of the older worker, with its resultant beneficial impact upon the problems of aging generally, lies in gradual elimination of the many basic causes. Because of the complexities arising from these varied ramifications of the over-all problem many groups must be involved in the eradication of these causes. Eventual success, therefore, depends upon the understanding and earnest effort of employers, labour, voluntary agencies, educationists, and governments at all levels. All society will gain from removal of the needless barriers to employment which now exist because of advancing age.

In dealing with the difficulties associated with advancing age it becomes apparent that none can be approached independently. The problems presented by these difficulties are all interwoven and interrelated. They are all related to the basic need for economic security. Income and income maintenance touch every facet of modern life. Thus, solution of the employment difficulties of aging workers and the various problems associated with preparation for retirement, retirement, and retirement security, are matters of concern to every Canadian.

APPENDIX 1

CIVIL SERVICE COMMISSION
PRESS RELEASE
(Copy)

For further information
call 99-23582.

Ottawa, June 20, 1963.

Recruitment of persons more than 40 years old for positions in the civil service requiring experience, stability, and maturity continued at a favorable rate last year, the Civil Service Commission said today.

Of the 18,733 persons appointed to the service in 1962, 4,868, or 26 per cent, were more than 40 years old. Of the total number of appointments, 18 per cent were in an age group of persons 41 to 50 years old and 8 per cent were in an age group of persons more than 50 years old. Of these 4,868 appointees 61.4 per cent were men and 38.6 per cent were women.

The largest percentage of these appointees, 37.3 per cent, entered manual and custodial classes and the second largest group, 32.6 per cent, entered the administrative and executive classes. The clerical classes absorbed 21.6 per cent and the technical and professional classes 15.5 per cent.

Although the percentage of appointees, who were more than 40 years old, dropped to 26 per cent last year from a high of 28.4 per cent in 1961, the Commission believes this to be a normal fluctuation and related to the overall decrease in recruitment during 1962. In 1960 the percentage of persons appointed in this age group was 26.8 per cent.

APPENDIX 2

VOCATIONAL REHABILITATION OF OLDER DISABLED PERSONS*

Little-known feature of Canada's federal-provincial program of vocational rehabilitation services for disabled persons is that it has no upper age limit. Of 1,814 cases of successful rehabilitation in 1962-63, more than 400 were aged 45 or more.

Canada's federal-provincial program of vocational rehabilitation services for disabled persons is fairly well-known. What is not so well-known is that the program has no upper age limits. Many persons of advanced age have been and are being successfully rehabilitated, many to suitable employment.

It is widely accepted that age in itself can be a significant social handicap to obtaining or returning to gainful employment. When this handicap is coupled with a physical disability the odds against a return to self-sustaining status are multiplied.

In view of those difficulties, success in even a relatively small number of cases is significant and offers ample evidence that older, and sometimes quite elderly disabled persons can become self-sustaining. If it can be done for those with disabilities what might be accomplished for those who are able-bodied and in good health?

Of 1,814 cases of successful rehabilitation reported in 1962-63, 407 or 22.7 per cent were aged 45 or over. Of this number, 267 were men and 140 were women. Eighty-four of these older people, 46 men and 38 women, were in the age group 66 and over; 121, of whom 82 were men and 39 women, were in the 56-65 age group; the remaining 202--139 men and 63 women--were aged from 45 to 55 (see table, Part A).

These older people suffered from various types of disabilities in the following classifications: amputations, neuro-muscular-skeletal, hearing, seeing, neurological, respiratory, cardio-vascular and neuro-psychiatric problems (see table).

Despite these disabilities and their advanced ages, 227 of them--184 men and 43 women--were rehabilitated into gainful employment and the remainder were enabled to look after their own needs or to assume their normal roles as housewives (see table, Part B).

The types of occupations entered by these 227 disabled older people is significant also. Nine men and two women entered the professional and managerial field; 40 men and 11 women became sales persons or clerical personnel; 37 men and 26 women were placed in service occupations; 22 men went into agriculture, fishery or forestry occupations; 30 men and 1 woman became skilled workers; 12 men and 1 woman became semi-skilled workers; and 34 men and 2 women were placed in unskilled occupations.

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* Printed in The Labour Gazette, February, 1964.

Part 3 of the table indicates that rehabilitation services take time. For 71 of these older disabled persons more than 24 months were required; but for 143 less than six months were needed.

The numbers involved were relatively few but still represented a significant proportion (22.7%) of all cases reported to Civilian Rehabilitation, Department of Labour, in 1962-63.

The following case histories are typical.

Case 1--Mr. X, aged 63, with a Grade 9 to 10 education, had had arteriosclerotic gangrene necessitating above-knee amputation of the right leg. His previous occupation had been toolmaker. His rehabilitation services, which lasted nine months, included surgery, physiotherapy, occupational therapy and an artificial limb. He was enabled to return to tool and die making, earning $347 monthly.

Case 2--Mr. Y, aged 65, had educational qualifications ranging from the equivalent of Grades 5 to 8. His disability was intervertebral disc deterioration in the lumbar region. He suffered back pains and had difficulty in walking. The disability began in 1958. He had been a labourer, but was on public assistance at acceptance for rehabilitation services. After eight months of medical treatment and physiotherapy he was placed in unskilled labour at $300 a month.

Case 3--Mr. A, aged 71, had educational equivalents Grades 5 to 8. His disability was vascular deficiency, necessitating amputation of the left leg below the knee. On Old Age Security, he was formerly a labourer. Rehabilitation services took eight months and included surgery, provision of an artifical limb and counselling, after which he became self-employed at odd jobs, supplementing his old age pension by about $25 monthly.

Case 4--Mr. Z, aged 58, had Grades 5 to 8 educational standards. His disability was pulmonary tuberculosis and he had to be confined to light work only. He had once been a barber. After seven months of rehabilitation services, including medical and psychological services, physiotherapy, occupational therapy and counselling, refresher training and provision of barbering tools, he was able to resume barbering and earn $180 a month.

The foregoing are just a few examples from among many, but they do indicate some of the possibilities for vocational rehabilitation among older persons.

DISABLED PERSONS 45 YEARS AND OVER, 1962-63

A--Disabilities

Age Groups	Amputations		Neuro-Muscular-Skeletal		Hearing		Seeing		Neurological		Respiratory		Cardio-Vascular		Neuro-Psychiatric		Misc.		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
45-55	15	4	40	21	15	9	15	2	9	10	19	5	11	4	8	8	7	-	139	63	202
56-65	12	2	25	15	10	5	9	4	15	9	7	1	3	1	1	1	-	1	82	39	121
66 and over	22	7	10	14	1	3	8	7	5	6	-	-	-	-	-	-	-	1	46	38	84
Total	49	13	75	50	26	17	32	13	29	25	26	6	14	5	9	9	7	2	267	140	407

B--Occupations after Rehabilitation

Professional and Managerial	1	-	2	1	2	-	-	-	1	-	1	1	-	-	1	-	1	-	9	2	11
Sales and Clerical	6	-	11	2	1	2	9	-	2	1	6	1	3	1	2	4	-	-	40	11	51
Service Occupations	5	-	8	6	11	8	2	3	1	1	5	3	2	1	3	3	-	1	37	26	63
Agriculture, Fishery, Forestry, etc	3	-	11	-	1	-	2	-	-	-	2	-	-	-	1	-	2	-	22	-	22
Skilled Occupations	5	-	10	-	2	-	3	-	1	-	3	-	4	-	-	1	2	-	30	1	31
Semi-Skilled Occupations	2	-	2	-	1	1	-	-	2	-	3	-	2	-	-	-	-	-	12	1	13
Unskilled Occupations	5	-	15	-	7	2	3	-	-	-	4	-	-	-	-	-	-	-	34	2	36
Housewife or Homemaker	-	6	-	23	-	3	1	7	-	10	-	1	-	2	-	-	-	1	1	53	54
Self Care	21	7	14	17	1	1	4	1	22	13	2	-	1	1	1	1	2	-	68	41	109
Part-time Employment	1	-	2	1	-	-	8	2	-	-	-	-	2	-	1	-	-	-	14	3	17
Total	49	13	75	50	26	17	32	13	29	25	26	6	14	5	9	9	7	2	267	140	407

C--Duration of Services

Under 6 months	14	3	19	19	14	12	10	6	11	8	7	3	4	3	3	2	3	2	85	58	143
6 to 12 months	15	5	22	16	10	5	11	2	4	7	5	-	2	-	3	2	1	-	73	37	110
12 to 24 months	10	3	10	10	1	-	6	1	18	7	5	3	4	2	2	4	2	-	53	30	83
Over 24 months	10	2	24	5	1	-	5	4	1	3	9	-	4	-	1	1	1	-	56	15	71
Total	49	13	75	50	26	17	32	13	29	25	26	6	14	5	9	9	7	2	267	140	407

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 15

THURSDAY, JULY 9, 1964

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

Baptist Convention of Ontario and Quebec: Mrs. Winnifred M. Rosewarne, Member of the Committee 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.

APPENDICES

M-1—Brief from the Baptist Convention of Ontario and Quebec

N-1—Brief from the Social Planning Council of Metropolitan Toronto

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21015-

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lafrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House from time to time its findings, together with such rceommendations 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.

21015—1½

MINUTES OF PROCEEDINGS

THURSDAY, July 9th, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators: Croll (*Chairman*), Fergusson, Grosart, McGrand, Quart, Roebuck and Smith (*Kamloops*).

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Smith (*Kamloops*), it was Resolved to print the briefs submitted by the Baptist Convention of Ontario and Quebec and the Social Planning Council of Metropolitan Toronto as appendices M-1 and N-1 to these proceedings.

The following witnesses were heard:

Baptist Convention of Ontario and Quebec: Mrs. Winnifred M. Rosewarne, Member of the Committee 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.

At 12.10 p.m. the Committee adjourned until Thursday, July 16th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE
SPECIAL COMMITTEE ON AGING
EVIDENCE

OTTAWA, Thursday, July 9, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Honourable senators, I see a quorum. We are considering two briefs today, one by the Board of Evangelism and Social Service of the Baptist Convention of Ontario and Quebec, and the other by the Social Planning Council of Metropolitan Toronto. I will entertain a motion to have these briefs printed in the record.

Senator SMITH (*Kamloops*): I so move.

Hon. SENATORS: Agreed.

(*See appendixes* M-1 and N-1)

The CHAIRMAN: We will consider first the brief of the Baptist Convention of Ontario and Quebec, which is represented here by Mrs. Winnifred M. Rosewarne. Mrs. Rosewarne graduated in arts and honour science from McMaster University, and she taught school for several years. She has been associated with the Baptist Church in various capacities all her adult life. In 1960-61 she was the first woman moderator of the Ottawa Baptist Association, comprising the churches in Ottawa and district.

In 1962, at the request of the Board of Evangelism and Social Service she prepared a study on the subject of aging entitled "The Problems of Aging," copies of which are available to the committee. Mrs. Rosewarne will commence by making a statement.

Mrs. Winnifred M. Rosewarne, Member of the Committee on Aging of the Baptist Convention of Ontario and Quebec: Mr. Chairman and Honourable senators, I am honoured to be before the Senate's Special Committee on Aging this morning to speak for the Baptists, although I speak very much as a lay person as to both the church and welfare work. However, we applaud Senator Croll's efforts on behalf of the aging seven per cent of the population, and his initiative in causing this committee to be formed.

It should be understood that no attempt has been made in our brief to make an exhaustive study of the problems of aging. We have taken the word "brief" in its literal sense. But, we do believe that in a democracy when people speak out about certain problems they will get attention.

The major problems of old age are, of course, health, income, housing and rehabilitation. Opportunities for education and recreation are meaningless without good health.

With respect to income, many people have only the old age pension on which to live. Compulsory retirement at 65 years of age works hardship on

people who have not been able to build up a backlog of savings. The loss of employment and consequently of income necessitates changes in the pattern of life which often cause severe psychological stresses.

As to housing there would appear to be a shortage of all kinds of accommodation for older people from housekeeping units to hospital beds. Gerontologists agree that old people are healthier and happier if they are kept in the stream of life, and that is what our housing should aim to do. One of the tragedies of the county homes that have been built in Ontario is their lack of privacy, with two, three or four residents being lodged in one room.

Social workers agree that wherever possible it is best to keep old people in their homes, assisting them by homemaker services, home nursing, meals on wheels and that sort of thing wherever necessary.

Rehabilitation itself is of primary importance to older people so that they may feel they are useful and needed. It is necessary to show them that there are things they can do to help themselves. If they have good health, they need only some direction to get started going on their own. We believe that one of the most helpful developments for care of our old people is the interest shown in this problem by all kinds of organizations. The average man is quite indifferent until he faces the problem for himself or an aged relative. It would seem that many people, especially men, have a psychological block when it comes to facing the fact that they themselves are aging and will some day need help. It is a disagreeable truth. We feel that a lot of publicity and education is needed to overcome this attitude.

As to social planning in regard to health, a program for health should be so planned that Canada could look forward to the time when old people would be well enough long past 65 to lead productive lives. There are two things I should like to mention in that respect. We should encourage young people in every way possible to cultivate good habits of eating, drinking, smoking, exercise and so on. The key to successful aging is successful living.

When it comes to employment or useful occupation of leisure time, if older people are to be healthier they will want useful work to do. It must be remembered that whatever society grants in the way of social security, wages paid for work accomplished has an entirely different psychological significance.

High schools, technical institutes, labour organizations should be encouraged to give training to older people. Universities should make available courses which would lead to creative work in Art and the Humanities.

I would like to say a word about housing. I feel that a great deal more should be done. Apartment buildings for all financial levels of patrons should assign some of the units for old people and should keep in mind the needs of the prospective occupants. They should incorporate such things as non-skid floorings, cupboards and electric outlets at convenient levels, and so on.

Similarly, in places where there is low rent housing or housing developments there should be some units designated and planned for older people. The requirements in building such units need not require additional cost but would need careful thought and care in designing them.

We feel it is very important that there should be a co-ordinating service. Many agencies, organizations and volunteers are doing a multitude of things for older people, but the effort is haphazard and without over-all direction. There is a crying need in every community for a board or council to co-ordinate all these projects and advise those organizations having the responsibility of distributing public and private funds.

As to our own organization, the Baptist Convention of Ontario and Quebec, and our committee on aging, the church's primary function is a spiritual one

but there are practical things that the church can do and I have outlined a few of them on page 5.

They can make a survey of the district, they can establish senior citizens clubs as they usually have the room and facilities for such things. They can organize day centres and friendly visiting groups. They can establish a liaison officer for each church or group of churches so that he can collect up to date information and become knowledgeable about all the help available to old people. We have in our churches, some projects under way. Some of our churches are already sponsoring senior citizens clubs and so on, but the main field in which our present committee on aging is working is trying to organize enthusiasm in the church for people to work in the various ways for older people. We would like to have our convention operate more homes for the aged. We feel that church homes can give more personal service and create a more congenial atmosphere than publicly owned homes. But this is a major project for a small denomination.

When it comes to Government action, the federal Government is already helping considerably in the field of income for older people. We would also heartily commend contributory pensions, portable pensions, and the Canadian national health insurance program.

In the provincial area, we strongly recommend that the provincial government when assigning hospital grants should insist on the provision of a geriatric research unit in the larger hospitals and in hospitals for long-term illnesses. Some research is necessary if old age is to be healthy. We would recommend that the provinces work out programs for home care services.

On the municipal level, when the city authorities grant a licence for building an apartment or housing development, they could insist that some of these units be reserved for older people and see that the special designs are carried out to make housekeeping easy for them. In this way, old people would not be isolated from young people. Every community needs people of all ages. Every community also needs a co-ordinating service to bring public and voluntary agencies into focus, so that it can be known what each is doing and so avoid unnecessary overlapping.

In conclusion, I would like to say that all concerned with the welfare of older people have the hope not only of prolonging life but of prolonging purposeful life.

The CHAIRMAN: Would you mind turning to page 6 for a moment, "Government action". Would you care to elaborate on this statement:

> We hope that in future when increases in old age security are contemplated careful consideration will be given to the desirability of applying a means test, which would not need to be as stringent as that for the old age assistance.

You are suggesting there, if I read it correctly, that the old age security should have a means test—are you not?

Mrs. ROSEWARNE: Yes; that is, if there is any further increase in the old age security.

The CHAIRMAN: Of course, the purpose of government is to try and keep old age security meaningful, having in mind the cost of living, particularly, and the value of money; so I think it is fair to contemplate that there will be increases as time goes on.

Mrs. ROSEWARNE: I am afraid I was not too happy in making that statement. I have been called to task about it since, because it is said that there are only 6 per cent of people who reach 65 who are financially independent and it is hardly worth while to have a means test for those 6 per cent.

The CHAIRMAN: Well, as to 6 per cent, I think the Toronto brief has figures, and I suppose we will go into them. The other question that occurred to me is with respect to housing. Have you any ideas on whether there should be high rise apartments or small dwellings for the aged? What have you in mind?

Mrs. ROSEWARNE: I think the small dwellings are preferable. Older people like to be able to get outside easily. Running elevators, unless there is an elevator man, might be a little confusing for older people. I think that units all on the ground floor would be better for them. I know it means expensive housing.

The CHAIRMAN: The other point you made, and which you repeated here today, was on the isolation of the older people. Would you care to elaborate a little on that.

Mrs. ROSEWARNE: So many of the county homes, which I presume you mean, are built out of town. The sites are usually lovely, but they are not convenient for people to get back and forward, either for the residents to shop, to visit their friends, or their friends to visit them. So, of course, a great many of the social workers on old age say that there should not be the large institutional homes, but rather that the homes should be spread about the city in smaller units, and nearby church and shopping, and so on would be available to them.

Senator FERGUSSON: May I refer to page 4 of your brief, in regard to income, in which you ask this question:

> Would it not be possible to have government guaranteed and inspected investment houses where people could be sure that their savings would be safe and would appreciate in value in proportion to the general economy of the country?

May I ask if you have an opinion on that question? I would like to know if it is practical.

Mrs. ROSEWARNE: That is one thing I am not sure, whether it is practical and can legally be done. It is very difficult for the ordinary person to follow the market and to know what is good investment and what is not. Government bonds are secure, we know, but they do not appreciate, as the economy of the country does. It would be very nice if a great many people could be assured that their investments were sound. Whether that could be done on a Government level, I do not know.

Senator FERGUSSON: Again, referring to page 5, you state what you are trying to do in your own church, and you say you are trying to arouse enthusiasm about this matter. Are you being successful?

Mrs. ROSEWARNE: Well, our committee is very young, and is trying to get publicity. We are trying to get an agent in each district; that has not been done yet, but I think it soon will be, in order to get someone representing the interests of the older people in each district, who will then distribute material to the churches, and also speak to them. Also, we are using our denominational papers to start publicity on this. I cannot say we have had any success so far, because we have not had time.

Senator FERGUSSON: I understand that.

The CHAIRMAN: I do not say this in a spirit of criticism, Mrs. Rosewarne, but at the bottom of page 2 is the expression "even by the Senate of Canada." I was wondering if that should be changed.

Mrs. ROSEWARNE: We could leave that out.

Senator GROSART: It could be read both ways. If you had said "even by the Governor General," we would read it in the right sense, which I am sure was intended.

The CHAIRMAN: Other people will read it too. We know that your attitude is a very good one. Any further questions?

Senator GROSART: On the question of institutional housing, on page 10 you state that 66 per cent are living in their own accommodation, 25 per cent with relatives, friends or others, and 7 per cent in institutions.

Mrs. ROSEWARNE: Seven per cent of all the elderly people.

Senator GROSART: That is right. Like a good many others, you have made the suggestion that there should be smaller units. We have had conflicting evidence on that. Experts, as well as a big United States study, known as the Rosow Study, state that this is not so—that it is the opposite. What they seem to say is that if you ask people in the old age group where they would like to stay, they will say, "In my own home." However, once they are in the right kind of institution they say "This is where I would like to live—I like it here." Your study seems to confirm this, because at page 11 you state:

> While they admitted entering the home reluctantly, they were very happy to be there. The most common expression of residents of a Baptist home in Texas is "How comforting to know that for the rest of my life, I know I will be cared for."

I think this is a most important statement, and I would like your view on this one particular suggestion: Is it not better for people say at the age of 70 to go to a place where they know that as they deteriorate they will have the services they need, such as the infirmary, the nurse, and so on, rather than to have to face the prospect of going here because they are in this category. They are well, and then in two or three years time they find they have to move and move, until finally they find themselves in a hospital. Are you convinced that this idea of small units is sound?

Mrs. ROSEWARNE: Probably what Toronto is carrying out in one of its projects, where it has low rent housing next to a home, is probably ideal. I understand persons from the low rent housing development have access to recreation, and so on, in that home; they get used to being there, and they can move in when it is necessary. I think, as long as people are able to look after themselves, they are probably better in their own home, or in a place where they have a certain amount of independence.

Senator GROSART: I must say that I do not understand the argument. I am living in an apartment now for the first time in many years. It does not affect my independence, and it does not mean that I am segregated from the community. Yet these are all arguments advanced in favour of the small institution. Apartment living is good living and has many advantages over having a home or living in a home. Why do we say this does not apply to the aged? An apartment is a lovely place in which to live. The reason I am stressing this is that it seems to me that one of the major recommendations this committee will have to make is on the question of what should be done about this question of providing public housing, not small institutions. The evidence is that there have been some terrible mistakes made, and that they are still being made, and here you indicate some of the things that an architect should know, but apparently does not. You have an excellent list here, with which I am greatly impressed, in regard to the types of facilities that should be provided. However, I am just wondering if it is not a fallacy that small units are the answer. I am not suggesting, of course, that you are wrong.

Mrs. ROSEWARNE: Are you speaking of people who can look after themselves?

Senator GROSART: I am speaking of the whole 7 per cent. At the present time, there are 7 per cent who are taking advantage of public housing of one kind or another, whether in an institution or not. The evidence is that this

would be considerably greater if the accommodation was available. Every brief that has been presented to us has spoken of the long waiting list. More people want to get in, but they can't. It is important, it seems to me, to know what accommodation these people should have, because of the errors which have been made, and which others have pointed out. For instance, I refer to your criticism of council homes in Ontario. It is pretty stringent criticism.

Mrs. ROSEWARNE: I was shocked when I went through one of these. The gardens and common rooms were beautiful and they had recreation rooms, craft room, a nice dining room, and all that sort of thing; but there was just nothing in the individual rooms that would cause the occupant to say, "This is mine." That is one of the things that pretty nearly all the welfare people recommend, that there should be something of that kind, maybe a piece of furniture, a picture or two. They want their family things around, something to maintain the connection with their past. They do not want a hospital ward.

Senator GROSART: Would you say it is an error ever to design multiple-person units? Put it another way, should each couple or individual have their own room?

Mrs. ROSEWARNE: I think that would depend considerably on the individual or couple.

Senator GROSART: Assuming they are well.

Mrs. ROSEWARNE: Assuming they are well, yes. Assuming they are well, I think they should have individual rooms or units, whatever is provided.

The CHAIRMAN: When you speak of the rural areas you are speaking of the rural areas across Canada because the Baptists are in all provinces?

Mrs. ROSEWARNE: Yes, but I was thinking particularly of Ontario.

The CHAIRMAN: You have indicated in the brief you are not much impressed by what is being done for the rural people.

Mrs. ROSEWARNE: No. What I meant was in the way of giving them, maybe, friendly attention. A lot of the older rural people are looked after by their own families.

The CHAIRMAN: That is right, that is the evidence.

Mrs. ROSEWARNE: But as people grow older they lose their friends by death and are not able to keep connection with those who are alive and they are lonely. A regular visit could be a great help to them or, maybe, somebody taking them out to church or to a concert, or something like that, once in a while. It is the personal touch they need in the rural areas.

The CHAIRMAN: We have had the Presbyterians and Anglicans before us.

Mr. DAVIS: The United Church.

Senator GROSART: No Presbyterians.

The CHAIRMAN: They rather agreed with you, but is that not something the church can do far better than any community?

Mrs. ROSEWARNE: Yes, I think that is one place where the church can very definitely fill a gap. That is what we would like to see our churches doing, getting people organized in the country to look after some of these older people that want a little bit of help and friendship.

The CHAIRMAN: Might it be helpful to the lay people in the church, particularly, if, this committee saw fit to lay some emphasis on that in pointing out shortcomings?

Mrs. ROSEWARNE: Yes, I think that would be very valuable.

The CHAIRMAN: I do not suggest they will do it, but it is something they might consider.

Senator FERGUSSON: May I ask about something on page 9 of your study, at the bottom of the page? I think it is widely known that many old people become very irritable and difficult to live with, and this is one reason, besides the lack of space, that makes it very difficult for a young family to have the grandparents living in the home.

Mrs. ROSEWARNE: Yes.

Senator FERGUSSON: You refer to a drug that can be given under doctor's supervision, "which makes an irritable and unmanageable person sweet-tempered and easy to live with."

Senator INMAN: Let's order it for parliamentarians!

Senator FERGUSSON: Is this drug widely known and used?

Mrs. ROSEWARNE: I read about it in some of the American articles on older people, and I really cannot vouch for it.

Senator FERGUSSON: I was very much interested, because I think it is one of the great problems with the older people.

Mrs. ROSEWARNE: One of the things being advocated now is the "granny apartment"—an extra room being built on to a son's or daughter's home, with a bathroom and, if wanted, a little kitchen so that the older person is not right under the feet of the family and they can each live more or less independently.

Senator FERGUSSON: Is it not difficult to do this in our cities on account of the zoning by-laws?

Mrs. ROSEWARNE: Yes, in some places, and there is always the cost of the building too.

Senator FERGUSSON: One article I read about the "plus granny flats" recommended them as an insurance for the owners of the house, so that when they got older and would not be able to manage a large home they could take up residence in the small flat and have some income from the big house. Have you heard of that argument?

Mrs. ROSEWARNE: No, I have not, but I know the Pennsylvania Dutch people have the granny part of the house, and when the old people get too decrepit to run the farm they move over into the "granny" apartment and the young people take over.

Senator GROSART: On page 8 of your study and in other places you seem favourably disposed to shelter workshops. Both the representative of the Department of Labour and the representative of the National Employment Service gave us very emphatic "no" answers.

Mrs. ROSEWARNE: They did what?

The CHAIRMAN: They were opposed to it.

Senator GROSART: They were strongly opposed.

Mrs. ROSEWARNE: I got my material about shelter workshops from the Department of Labour.

Senator GROSART: I am inclined to agree with you rather than the department, but in view of the fact their objection is this segregates older workers and puts a stigma on them—with which I do not agree—you would not be shaken in your faith in shelter workshops?

Mrs. ROSEWARNE: No, I feel they fill a definite need and have a definite use. Of course, they have to be set up with good common sense and used with discretion.

The CHAIRMAN: Senator Grosart, do you remember Schonning saying they had changed their minds on a number of these matters over a period of years? Perhaps she got the older booklet.

Mrs. ROSEWARNE: It was two years ago I wrote this, so they may have changed their minds.

Senator GROSART: I hope they will change them back. You say there are 24 of these shops in Canada now employing 1,200 workers. Have you had any personal experience of these? Do you know of any one of them yourself?

Mrs. ROSEWARNE: Only the Neighbourhood Services here in Ottawa. I am not sure whether you call that a shelter workshop or not, but they do take in all kinds of materials and the people work there and they sell the things.

The CHAIRMAN: Senator Fergusson knows about that.

Senator FERGUSSON: I have visited them, and I think they consider themselves a shelter workshop.

Senator GROSART: The idea is, I suppose, to give older people something to do to augment their income. Even if only by $10 a week, this would be a substantial help to older people trying to live on old age security.

Mrs. ROSEWARNE: Since there are so few of them compared to the population, the amount of work they do does not make much difference to the market. Their lower wages would not make much difference to the finished product because a lot of it will be classed as second-hand goods anyway. They take in a suit, repair, clean and sell it; but it cannot be sold as a new suit so it really would not affect the market.

Senator QUART: You made a remark regarding men more than women refusing to face the problem of aging. Usually women are teased very much more about their age.

Mrs. ROSEWARNE: Yes, women are reluctant to reveal their age because they like to keep active but they want to keep active in things they have always done and do not want to face the fact. You say to a man, "What are you going to do when you retire?" He replies, "I don't think I will ever retire." They do not seem to have any particular plan for their retirement.

Senator SMITH (*Kamloops*): This is a general question, and not in the sense of criticism at all. Looking at this whole program, as we have been looking at it over the weeks from many angles, I would like to ask you if you think there is a danger in our efforts along the line of helping a certain class of people who need help and at the same time discouraging and breaking down the inducements for people to be independent and take care of themselves as long as they can. This was a rather interesting thing that just came up, as to the difference between men and women in this regard. I think we have to respect and be very glad of the fact there is a percentage of people that have in their nature the urge to do the best they can for themselves for as long as they can. If we are going to go out on a limb in taking care of these people, when we all know there are so many people that have to be provided for and taken care of, are we not killing the incentive and the encouragement for them to do so? As a program like this progresses, we find that the 7 per cent increase will increase still further until we find more and more people discouraged from trying to do for themselves.

I agree with you in your suggestion here about some form of advice and counselling in regard to investments, but I think that is just one phase of education that we all have to get and which we get mainly by trial and error. If we go far enough along the road to welfare we are going to destroy one of the greatest freedoms we have, and that is the freedom to make errors and mistakes, and to learn by trial and error, and these people will lose the freedom to take care of themselves in the field of investments and other things. In a general way, don't you think we should guard against setting up a program which will kill the incentive and encouragement for these people? Sometimes because of the necessity of taking care of people they lose their independence.

There were times when they had to be independent and make provision for their own individual welfare or fall by the wayside. I'm not saying it is entirely right, but don't you think we are treading on dangerous ground to some extent in some of our thinking and in providing all of these things we talk about as being ideal or nice or necessary for people to have?

Mrs. ROSEWARNE: I think I say in my brief that too much social security causes thriftlessness. I agree there, and I do think that too much should not be done. I don't think social security or old age security was ever meant to be an income adequate for total living. It was only supposed to be an aid. I think that all the enthusiasm and all the discussion about looking after older people today is partly because in the past very little has been thought about the problem. I think when the program gets under way that it will all settle down, and take its normal place with the rest of the population. There is pressure to look after children of broken homes and retarded children and this sort of thing. There is pressure brought about by various diseases. All these things have to take their place in our social life and social planning, and I think when our program for old age settles down it will just take its own place.

There is one interesting thing in the Metropolitan Life figures about the population of older people. Actually the number of older people, or the percentage of older people in the 1961 census was .2 per cent less than in the 1951 census. This was due to the large increase in births and immigration. It may be that this aging population will not be such a large proportion as time goes on.

The CHAIRMAN: The projection has been the other way. I think I saw the article to which you are referring, the influence of war babies had a large part to play.

Mrs. ROSEWARNE: Yes, there is a greater increase in the younger adults.

The CHAIRMAN: But the projection by the D.B.S. and other people up to 1981 indicates there will be a far greater increase in people in the older bracket.

Mrs. ROSEWARNE: I have seen that and I was surprised to see this statement. It does not mean that the number of old people will be less, but just the percentage will be smaller.

Senator GROSART: Isn't there some contrary evidence to this concern about incentives? Over the years incentives have not been high for many people who are now aged. They went through a large part of their lives with no prospects of any kind of universal payment. Others have had much lower amounts. There has not been a great deal of incentive, but yet the D.B.S. tells us today that people of 65 or 70 have no means whatever beyond the old age pension. They have not been put into that position by high incentives over the years. Would you agree that about half the aged people over 70 have no income whatever?

Mrs. ROSEWARNE: I haven't seen recent figures. As I say I did this study two years ago.

Senator GROSART: You mention the problem at page 1 of your brief. You say there that a percentage—a large percentage of the aged have no other source of income. Would you say about 50 per cent, from your experience?

Mrs. ROSEWARNE: I wouldn't say because I don't know.

The CHAIRMAN: The Toronto brief says, and it is the most recent and up-to-date brief, and it is pretty well documented—

> After studying available data the Council concluded that at that time at least 40 per cent and perhaps as many as 60 per cent of the Ontario population aged 65 or over did not have incomes adequate to meet these requirements.

Senator GROSART: That was in 1958?

The CHAIRMAN: This is 1964.

Senator GROSART: But those were 1958 figures.

The CHAIRMAN: At any rate they did not have adequate incomes.

Mrs. ROSEWARNE: They didn't have adequate income, but they might have had something.

Senator GROSART: That is when the standard was $70 to $90. The pension was lower then.

The CHAIRMAN: While we are on the record the Toronto brief says that—

> Between 1921 and 1961 the number of those 65 years of age or over in the City of Toronto rose from 3.9 per cent of total population to 11.1 per cent. No other age group increased at this rate.

Senator GROSART: I question those figures. I think it is impossible there should be a percentage increase from 3 to 11.

The CHAIRMAN: We will have them here in a few minutes. Any questions?

Senator ISNOR: I would like to ask you a question, Mr. Chairman, as to the briefs presented from time to time. Are they largely related to urban or rural conditions?

The CHAIRMAN: We have had both.

Senator ISNOR: Largely urban?

The CHAIRMAN: Largely urban, but many of them have covered both fields. The New Brunswick brief dealt with rural aspects. The Alberta brief dealt with rural aspects. All the church briefs dealt with rural aspects as well as urban aspects, and also that of the Canadian Federation of Agriculture. We have had both aspects dealt with. Many have agreed that the problem is not quite the same in rural areas as in urban areas, and that in the main the rural people look after their old people much better than is the case in urban areas.

As there are no further questions, may I say on behalf of the committee that we appreciate very much the study you have made. We thank you for your interest, your excellent brief, and the impression you have made upon the committee.

Mrs. ROSEWARNE: Thank you.

The CHAIRMAN: Appearing for the Social Planning Council of Metropolitan Toronto are Mr. William N. MacQueen and Mr. Donald H. Gardner.

Mr. MacQueen is chairman of the Section on Aging of the Social Planning Council, and has been since 1959. He is also an active member of the Ontario Society on Aging, and a member of the Executive Committee of the Section on Aging of the Ontario Welfare Council.

Mr. Gardner is the executive secretary of the Section on Aging of the Social Planning Council of Metropolitan Toronto. He is a graduate of the universities of Saskatchewan and Toronto. He was an economist with the Welfare Section, Research and Statistics Division, Department of National Health and Welfare, and in 1957 he joined the staff of Toronto's Social Planning Council where he has had staff responsibility for several major products among which were the Survey of Services for Older People in Metropolitan Toronto, the Study of Homeless and Transient Men, the Committee on Training and Retraining for Older Persons, and the Committee on Homes for the Aged. He is the secretary of a number of related committees concerned with services for the aging.

I might also say that Mr. MacQueen and Mr. Gardner were responsible for the arrangements for the meeting in Toronto that was attended by Senator Roebuck, Senator Grosart and myself, and at which there was a very large

representative gathering. Members of the committee have seen press reports with respect to it. I have already thanked them, but I want to thank them now on behalf of the committee for making those arrangements.

Mr. MacQueen, will you commence?

Mr. William N. MacQueen, Chairman, Section on Aging, Social Planning Council of Metropolitan Toronto: Mr. Chairman and honourable senators, first I would like to say how much the Social Planning Council of Metropolitan Toronto appreciates the work which this committee is doing. This is the sort of thing that has been needed for a long time, and we are now going to get something very constructive, I think, in the field of aging.

Your few remarks about myself, Mr. Chairman, did not quite complete the picture, and there is one thing I want to add. I am one of the victims of retirement at 65 years of age—incidentally, one of the willing victims. I retired at age 65 some nine years ago.

There has been mention of rural areas, and I might say that I am really a farmer. I was born on a farm in Huron County, and for the last 25 years I have had one foot in the rural sections of Simcoe County, and the other in Metropolitan Toronto. Actually, I know more about the problems of aging in Simcoe County than I do in Toronto, and that is because in the rural areas you get to know people; you get to know your neighbours. In the city it is said that you do not need neighbours, but in the country you do need them. If there is time I would like to hear some discussion of rural problems because so far there has not been very much in your proceedings with respect to them.

I have here a brief statement which I would like to read, but I would say at the start that some of it goes counter to what is in the brief, and also counter to what has been said in the committee and even by members of the committee. I admit that some of it is an oversimplification, but I think you will find the logic sound.

In the past few days I have had the privilege of reading the published proceedings to date of your committee. I found them very interesting reading, and very informative indeed. Comprehensive briefs have been presented by a wide variety of public and private bodies. Many outstanding witnesses have appeared before you. The examination of these witnesses by members of the committee has been keen and knowledgeable—all of which adds up to the fact that the transcript of your proceedings is already a very valuable document.

We trust that our brief may be of value to you. The Social Planning Council of Metropolitan Toronto is one of the few bodies of its kind in Canada which has had a separate section on aging with a full-time executive secretary who is, of course, Mr. Gardner. Over the years we have made many studies of the problems of aging so that in preparing our submission to you we were able to draw on material which was in a sense pre-tested. The result, I am sure you will agree, is a very thorough-going analysis of the problems of aging with practical suggestions for their solution.

However, particularly as your invitation to submit the briefs requested answers to a number of general questions, it is inevitable that ours should cover very much the same ground and arrive at many similar solutions as those of other organizations that have appeared before you. Actually, at this stage in your deliberations it is probably difficult for anyone to say anything which is entirely new. In consequence, Mr. Gardner's statement and mine will be brief, and will be chiefly a matter of pointing out things which we consider particularly important in your field of study even though these may have been mentioned several times already. Mr. Gardner will deal chiefly with trends and principles in providing services to the aged.

For my part there is only one thing I want to mention, and that is the probable effect of this thing we call automation. Many of your witnesses have touched on it. To my mind it is probably far and away the most important development with which this committee must be concerned. Automation should be a great blessing, but unless handled wisely it might, in the short run at least, be a real curse to our society.

In studying social and economic problems it is imperative, I thing, that we consider not only what these problems are today but what they are likely to be tomorrow. It is a truism to say that we live in an age of rapid change. "The horse and buggy age" is a phrase used to denote, as it were, an almost prehistoric time, yet the elderly people of today, whose problems you are considering, can well remember when the horse and buggy was the regular means of transportation, and the only way of getting around unless you had one of those new-fangled bicycles. This is within our memory. To appreciate how much our pattern of living has changed since the turn of the century all we need to do is to imagine ourselves today without motor cars, telephones, airplanes, radio and television, not to mention supermarkets and instalment buying. There is nothing in the picture today to indicate that the pace of this change in our way of life is likely to slacken in the forseeable future. In fact, with automation coming in, it is likely to accelerate, whether we like it or not.

Automation is, I suppose, simply an extension of the process by which man originally helped out his hands through the use of rudimentary tools. This use of tools and machines has enabled him to accomplish wonderful things, and we know particularly from the experience of the industrial revolution in England 200 years ago that this process through which man produces more and more with less and less effort on his part may at times result in serious social dislocations. The fact that machines bid fair to take over most of man's mental as well as physical drudgery is not likely to be a simple, unmixed blessing. The complexity of modern society compounds the problem.

Automation touches the problems of aging at, I think, two important points, both of which have already been given considerable attention in your deliberations.

The first is financial. This should definitely be on the credit side. Automation means that it will be increasingly easy to make things—to create wealth. Our standards of living are likely to continue to rise, and governments are likely to be able to raise increasing amounts in taxation and thus be in a position to initiate new, and improve old, welfare programs. Twenty-five years ago anyone looking at federal and provincial budgets would have considered our present outlay for health and welfare to be quite impossible. The development in this field simply shows what can be done in a prosperous economy.

So, while today we still have some distressing insufficiencies in the incomes of elderly people, in the long run this is not likely to be a serious problem. All our political parties favour improved pensions and wider health benefits. Our economy with the help of automation should be able to stand the cost.

My point is that I do not think in considering programs we should pay too much attention to costs in the future, because I think our economy can stand those costs. Automation is going to make a tremendous difference in our whole economy.

The other point at which automation seems to affect most of the problems of aging is in employment. Here it is not so clear that automation is on the credit side, although it should be, and in the long run probably will be.

Since the beginning of the First World War 50 years ago the industrial work week has dropped from 55 to 60 hours down to 35 to 40 hours. Instead

of a six day week we now have serious talk of a four day week. As the work week is shortened so also the span of working years will tend to contract. The future patern, I would think, is likely to be one of entering the labour force later through staying in school longer, and retiring from regular work earlier.

In your proceedings there is considerable mention of the injustice of compulsory retirement, and the training of older workers for new jobs. What we must not ignore is the fact that in the great majority of cases the longer an older person stays on the job the longer someone else stays on the unemployment rolls, and that someone may be a man in his forties with heavy family responsibilities, or a youth who, lacking a job, may drift into crime. It is difficult to see how with automation on our hands the number of jobs can keep pace with the natural increase in the work force, without reduction in work hours and probably work years even in a continuously expanding economy. If young workers are to have jobs—which is by every consideration a must—older workers will probably face earlier retirement than later. Automation may well force us to change our whole thinking on the place of work in our lives. The problem, as many of your witnesses have suggested, seems to be one of devising a society in which constructive use will be made of our off work hours and years. This is by no means a simple or easy matter but it is something which must be faced seriously and soon, if we are to avoid social upheavals.

I am sure, Mr. Chairman, that your committee will give very earnest consideration to this problem in your report.

Mr. Donald H. Gardner (*Social Planning Council of Metropolitan Toronto*): Mr. Chairman and honorable senators, as Mr. McQueen has said, the committee, through a number of briefs and discussions, has been getting a pretty comprehensive picture of the many considerations that arise in thinking about our older people and the kinds of things that are needed or desirable to assist them to maintain health and wellbeing. In this regard, I think our brief is generally in line with the others that have been presented. Rather, therefore, than reviewing item by item such matters as income, housing, leisure time services, and so on, I think there might be value at this time in reviewing, first, what appear to us to be some salient over-all trends and relating recommendations in the brief to these, where appropriate; and, secondly, directing your attention to that portion of our submission dealing with the principles which would underlie the planning and provision of services to older people. This is a matter which you have asked organizations to have a look at.

Aging as such is a relatively new area of concern in Canada. Basically the problem is perhaps a threefold one: first, creating a sound climate, conducive to health and wellbeing in the later years; secondly, of developing knowledge about the aging process and about the situation of the older people in our society; and thirdly, of adapting existing institutions—and I use the word institutions in its broad sense—or of creating new ones to meet the fact of an aging population.

First, I think we can say there is undoubtedly an increasing community awareness of the problems and needs of older persons. This is very evident in our community of Metropolitan Toronto. A wide variety of organizations, governmental and private, have become aware of these needs in our community and no little progress has been made in the provision of services to meet these needs. Existing organizations, for example, municipal recreation departments which through the years serve primarily young people and youth, have increased and extended their services in order to include the senior adult. Additional organizations have extended help to the older age group. In addi-

tion we have a number of organizations and programs designed specifically for the elderly. We would like to suggest that a significant start has been made, although it is evident that many more are needed.

As our submission emphasizes, there is need for much broader and deeper public understanding of the aging process. On the basis of our experience in our agency, we would emphasize also the value and importance of good community information services. I think that page 15 of our brief makes reference to that.

Another very basic development, and one which perhaps does not need mention to this committee, is that in the field of income maintenance there is general agreement in Canada—and I think this has been a very important development, so important that perhaps we overlook it—that basic income requirements should be met for the generality of our retired population without reference to a means test. Our old age security program was built on this assumption, but the fact that it was not able to do so entirely has been one factor in the move towards a contributory Canada pension plan. This does not mean, of course, that means test public assistance has not continued to play a basic role in meeting financial needs, but it does so, or should do so, in a role supportive of or complementary to the basic pension program. Gradually, as our pension programs develop, the need for public assistance—and by public assistance I mean assistance granted on evidence of need—should decline, but we will not be able to escape the need for public welfare for the aged completely. In this connection the Social Planning Council has recommended with regard to public assistance generally—and this has been recommended also by the Canadian Welfare Council and most other planning bodies in the welfare field—that all such programs be based on sound and clearly defined standards with respect to the amount of assistance, at a level consistent with health and decency, and with adequate provision for qualified staff to administer the programs and to provide case work and counselling services. Because of its importance to older people, this general recommendation is included in our submission.

Another fundamental trend which is influencing all we do in this field is one which has been termed "the geriatric revolution". It is the increasing emphasis upon the later years as a period of life with possibilities for continued development and growth, rather than as a period appropriately characterized by passivity, retreat and decline. This makes sense in light of increased longevity. For example, the average life expectancy at age 65 is around 13 or 14 years, and for women it is beyond that. This is an average. For many individuals it is much longer and life in retirement can extend over a period as long as that of growing up. Clearly, the rocking chair approach is not adequate. This new approach is being reflected in a number of ways—in our institutional programs, in the development of recreational and leisure time programs. In fact, the importance of creating a social climate that will encourage and assist the retired population live "at the top of their bent" is a fundamental consideration behind many of our recommendations and those of other organizations.

Of particular importance in this regard are recommendations dealing with continuing education, clubs and centres, the broadening of employment opportunities, the further development of day care centres and sheltered workshops.

At the same time, it is recognized of course that the later years bring many changes to which the individual must adjust and that to no little degree these changes are characterized by loss—loss of vigor, frequently a decline in some functions, such as hearing and eyesight, often loss of income, job, spouse or family. Increasingly it is being recognized, and this is perhaps a third trend, that the maintenance of health and wellbeing in the later years, and in particular the effectiveness of our service in helping to maintain it, lies to no little degree

in the extent to which effective assistance and help can be brought to the individual at the appropriate time. This is why it is so important for our helping professions to have knowledge and understanding of the aging process. At the point of contact there must be understanding, skilled assessment and diagnosis, and there must exist the necessary services in the community to help keep the client there to prevent unnecessary institutionalization and misplacement. This is a matter which was emphasized, I believe, by the Canadian Mental Health Association when they met this committee.

At this point, may I say that their recommendations with regard to mental health and mental health services for the aging will be kept very much in mind by this committee.

Many of the needed facilities and services reviewed in our submission and in others—housing, counselling and case work, visiting homemakers, visiting nursing, friendly visiting and others may all be regarded as important from the point of view of helping the individual maintain maximum health and wellbeing to support him or her in meeting the changes of age.

I do not want to give the impression that the total geriatric population is in need of such services and that perhaps the picture of old age is altogether gloomy. Just a day or two ago I looked through a publication by Professor Elkin on the "Family in Canada," prepared for the Governor General's Conference on the Family. The author had some information there on aging, which I though might be rather interesting. He wrote that it appeared to him some recent research indicates that the situation for many elderly people, and at least for those who are well and still have their spouses, is not as unhappy as theoretical discussions might imply; and he quotes a number of studies undertaken in England, the United States and Canada of normal elderly people living in the community which indicated that they are living relatively happy, stable lives, and they are adjusted to and satisfied with their status in society.

I think that is a basic consideration for this committee to keep in mind, because so many of your briefs are going to be submissions from social agencies who come primarily into contact with those who do have needs, and it might be difficult to keep in mind the total population with which you are concerned.

I have reviewed some of the "whats" and "whys" of our services to the aging. Equally important is the question of "How." Are there principles that can govern the way things should be done? A discussion of this matter commences on page 31 of our submission. It begins by hedging a bit, stating "new knowledge concerning the aging process is continually being made available. New and sometimes what may appear to be conflicting principles are being advanced. For this reason principles for the guidance of social policy must be ready to stand the test of new knowledge and experience." For instance, is the problem of whether such services segregate elderly people or not. If so, is it necessarily a bad thing? There is not common agreement on some of these issues, and this does not make your work any easier, Mr. Chairman.

However, on the basis of its experience, the Social Planning Council advances some suggestions for consideration. Some of these may be obvious, but for that reason are capable of being overlooked. These principles are to be found at the beginning of page 32 of our submission.

The first principle mentioned—the aged should not be regarded as a homogenous group is perhaps an obvious one—but do we know enough about the ways in which they differ? One obvious one is in their age. Mrs. McHale of the Ontario Welfare Council drew the committee's attention, I believe, to the fact that there are three age groups of importance to those concerned with aging: the pre-retirement group, the younger retirees and the very old retirees.

One's occupational background may be a significant factor. There is evidence that the nature of a man's work and its meaning for him has a bearing upon his adjustment to retirement. National background is probably also important. There are many clubs for the elderly in Metropolitan Toronto, yet it would appear that by and large their members are Anglo-Saxon. The circumstances and problems of our older immigrants is an uncharted area in Canada.

The submission states that we should avoid segregating or isolating the older person. This is something still of a controversial point, but there is general agreement, I believe, that one should not build barriers between the older person and his community.

Next our submission suggests that services for the aged should be based upon sound social planning and should be an integral part of community social planning.

Closely allied to this is the principle of equal availability and the principle that there should not be age restrictions in our social services. This applies not only to the quantity of service but quality of service. To a considerable degree many of our basic social services were developed primarily for children, families with children and youth. This is true, I think, of our public housing programs, our recreational programs, our family agency services.

There has been notable progress in the degree to which our agencies have extended and adjusted programs to meet the needs of older people.

A major barrier, at least in the full development of services, is the lack of funds. Another barrier is the shortage of personnel, and this leads to the next principle, which our submission terms the principle of necessary specialization. Here the need is for personnel with professional skills in a broad variety of fields with, in addition, specialized knowledge of the aging field. Of importance, also, is the training of volunteers.

Of importance also is the physical availability of services. Older people may not be as physically mobile as others. They are, by and large I believe, pedestrians.

I think this is very important to keep in mind. Not long ago I was asked to look at a possible site for the aged in Toronto. I was told beforehand that it was close to a shopping centre. It was a lovely site. I asked where the shopping centre was, and they told me that it was a short drive down the street. Actually, although this shopping centre was nearby, it could not have been reached without peril to a pedestrian, and it was not safely accessible to anyone without a motor car. It was a suburban shopping centre, close to a cloverleaf intersection, with ramps, no sidewalk; so really there was no proper access to it for a pedestrian. I realized at that point to what considerable degree our suburban communities are built for people with motor cars.

Finally, the submission advances some suggestions as to roles of governmental and voluntary agencies. The basic principle, of course, is that both governmental and private agencies have responsibility, and that the development of services requires cooperation and joint planning between them. Perhaps a word or two of comment might be helpful.

It is difficult, if not impossible, to lay down clear and hard and fast rules that all people would agree to as to what social services in a continually changing society such as Canada should be provided by governmental agencies and what should be provided by voluntary agencies.

At the present time in Canada we have certain services, e.g., income maintenance, public health services, which are totally or predominantly supported by government. At the other end of the spectrum we have services which are predominantly sponsored and financed by voluntary bodies and funds.

In between is a large "grey" area in which both government and voluntary agencies share in the provision and financing of services. Here a great variety

of arrangements are found. Some services are operated by both governmental and private bodies—recreation is a case in part. So are homes for the aged, in Ontario, at any rate, where we have both public and private institutions. Again there are services which are provided primarily by private agencies but with government under legislation providing a greater or lesser degree of financial support. Such support may be provided by local government; but in Ontario, the provincial government, particularly through permissive legislation, has become a major financing agency. Provincial funds may be made available directly to the private agency or through the municipality on a sharing basis.

We have in Canada, therefore, a rather complicated "mixed" system for providing and financing services, and there seems to be, in our community at any rate, a general acceptance of this system. The suggestions on page 36 of our submission regarding government action spring from this type of consideration.

For example, the submission proposes that where government has assumed direct responsibility for a service to the general population it should take adequate account of the needs of the elderly for that service and develop the necessary administrative structures, eligibility requirements and staff skills.

Further down it is proposed that where government purchases services from voluntary agencies, reimburses them for services provided or otherwise supports voluntary agencies, its payments should reflect actual costs of services. This is of particular importance in Ontario to the provision of visiting nursing and visiting homemaker services.

Finally, the submission suggests some areas in which it feels government action could be increased or strengthened.

I think, Mr. Chairman, I have taken up enough time of the committee. I did mention the importance of information services. I have some data which indicates needs in Metropolitan Toronto, as experienced by our information service.

The CHAIRMAN: Mr. Gardner, you have taken the trouble to make a note of them, and you thought they were important. Give us an idea.

Mr. GARDNER: There are some interesting case histories. During 1963 we received about 1,300 calls in our information department, requests for help from or on behalf of older people, and they represented about 14.5 per cent of the total requests received. There has been a steady increase in calls regarding older people since 1959, when we had a worker employed, who particularly specialized in services for the elderly. There is a pattern to these requests which is an indication or barometer of the wishes and needs of older people.

Almost 50 per cent of the requests received concern living arrangements. Many older people reject the idea of living in a home for the aged because there is no guarantee of privacy and dignity. There is a demand for private accommodation.

Mrs. A., alert and active, in her 80's, had her modest home expropriated for the subway. She had lived through many years of hardship as a widow but had been able to maintain her independence and dignity. She tried to plan ahead, and rather than attempt apartment living which she knew would likely be a temporary arrangement, inquired about residential care. It was a bitter blow to her to learn that she could not obtain private accommodation. Also that she could not take her "treasures" with her.

Couples fear separation when they require different types of care—for example, a husband needing nursing care and his wife being forgetful and needing guidance in caring for herself.

Great concern is expressed regarding the number of people confined to nursing homes due to lack of accommodation in Homes for the Aged, also the standard of care in privately operated nursing homes.

A fairly healthy 90-year old woman had to make a sudden change in living arrangements because the person in whose home she was living had to give up her home due to poor health. Her modest income did not permit her to make private arrangements. Due to long waiting lists at the Homes for the Aged she was admitted to a nursing home.

The importance of home care to enable the older person to remain in his own home is illustrated over and over again by such situations as:

A doctor called wanting a homemaker to go into a home to care for an elderly lady who had Parkinson's disease and could not remain alone. Her husband was looking after her but he had to go into hospital for three days for minor surgery. The woman did not require nursing care. The couple could not afford the services of a commercial homemaker. As there was no service available the doctor, after trying to get a neighbour to care for the lady, said, "I'll pay for a homemaker myself. I will not put her into a nursing home for three days."

Mr. M. is 78, his wife 88. Mrs. M. had a stroke and will not leave home. Mr. M. has been looking after her quite well but has asthma and finds it a little difficult to do everything. Homemaker help with meals, tidying up and possibly shopping, even twice a week, would make things much easier. However, he cannot afford this.

A working daughter cares for parents aged 82 and 86. Periodic help in the home would relieve the strain immeasurably.

A minister called regarding an elderly woman who was completely at the mercy of her housekeeper and was most unhappy. This points out the need for home care under the supervision and training of a community organization to provide security and permanence.

Thank you, Mr. Chairman.

The CHAIRMAN: Would you like to take a minute and for the record indicate what your organization is composed of. You are a voluntary agency. Could you give to us the skeleton? I think that is rather important.

Mr. GARDNER: Yes, perhaps I might read the first page.

The Social Planning Council of Metropolitan Toronto is a voluntary organization—

Senator GROSART: Mr. Chairman, this is all in the record.

The CHAIRMAN: This is one of the first of the voluntary agencies. Could you tell us in your own words?

Senator GROSART: I think you are asking about the groups. That is not in here.

The CHAIRMAN: Instead of reading that give us, in your own words, the skeleton and makeup of the organization.

Mr. GARDNER: We are a voluntary organization at the present supported largely through the United Community fund, but with some grants from Government and membership fees. Our aim is to work towards a well balanced program of health, welfare and recreational services in metropolitan Toronto. At the present moment we have membership sections dealing with specific fields of service. We have a section on aging, and in addition, child and family welfare, health, recreation and informal education, and immigration. In addition we undertake planning through area councils, and we have 10 area councils also as part of our organization.

Mr. MACQUEEN: With a staff person in each.

Senator GROSART: What is your total annual budget?

Mr. GARDNER: Our total annual budget is in the neighbourhood of $300,000.

Senator GROSART: Where does it come from?

Mr. GARDNER: Largely, at the moment, from the United Appeal.

Mr. MACQUEEN: 95 per cent.

Mr. GARDNER: I think about $250,000.

Senator GROSART: None from the City of Toronto?

Mr. GARDNER: No, but we have received a grant from the municipality of metropolitan Toronto.

The CHAIRMAN: And the provincial government?

Mr. GARDNER: No.

Senator GROSART: What is the grant from metropolitan Toronto?

Mr. GARDNER: I think in the neighbourhood of $10,000 or $12,000.

Senator GROSART: Peanuts.

Mr. GARDNER: This is specifically to assist some of our central services and particularly our information service. But we have received grants for special studies from metropolitan Toronto. For example, the study of needs and resources, which was recently completed, was aided by a special grant from metropolitan Toronto.

The CHAIRMAN: You said $250,000 from the fund?

Mr. GARDNER: Yes.

The CHAIRMAN: From the community fund?

Mr. GARDNER: Yes.

The CHAIRMAN: About $20,000 from Toronto, and that still leaves about $30,000. Is that picked up by membership?

Mr. GARDNER: Not all, but it might be picked up also by other grants and foundations who aid special projects, and so on.

The CHAIRMAN: Has your budget been rising?

Mr. GARDNER: Yes, though it has been relatively stable over the last two or three years.

Senator GROSART: What is your total staff?

Mr. GARDNER: About 50, including professional help.

The CHAIRMAN: Does that include the area staff?

Mr. GARDNER: Yes.

The CHAIRMAN: That is the staff at headquarters and the staff in the area?

Mr. GARDNER: They all operate from headquarters.

Senator GROSART: What percentage would you call professional? How many of the 50 are professionally trained?

Mr. GARDNER: About 25.

Mr. DAVIS: Do you mean, non-clerical?

Senator GROSART: Who have some professional training.

Mr. GARDNER: Yes.

Senator SMITH (*Kamloops*): Is this the major organization of its kind or the only one in this particular field supported by the United Appeal?

Mr. GARDNER: No, most urban communities have similar organizations supported by community or United Appeals.

Senator SMITH (*Kamloops*): As a beneficiary of the United Appeal are you the only people operating in your particular field in metropolitan Toronto?

Mr. GARDNER: No, there is the United Jewish Welfare Fund which, I think, receives a grant from the United Appeal, and the Council of Catholic Charities also.

The CHAIRMAN: The total budget of the United Appeal in Toronto is about $10 million.

Mr. GARDNER: Yes.

The CHAIRMAN: That is the last budget, I think.

Mr. MACQUEEN: The Ontario Welfare Council is also supported by the United Appeal, but not completely.

Senator GROSART: What is your relationship with the other agencies working in this field who are also supported by the Red Feather? What is your relationship?

Mr. MACQUEEN: It is advisory.

Mr. GARDNER: With the direct service agencies?

Senator GROSART: Yes.

Mr. GARDNER: Many of them are members of the council and participate in our studies and projects. We provide consultative and advisory services to them. We would undertake studies at their suggestion, if it was the feeling of our board it was a major problem in the community. Generally, we have close liaison with them.

Mr. MACQUEEN: If the directors had a problem in the aging field they would telephone Mr. Gardner and Mr. Gardner might initiate something in the field of aging.

Senator GROSART: Do they vote in directors of your organization?

Mr. GARDNER: Each member organization has voting rights at our annual business meeting.

Senator GROSART: How many member organizations are there, roughly?

Mr. GARDNER: I have a bad head for figures, senator.

Senator GROSART: Well, 20, 30, 40?

The CHAIRMAN: Very many more. I think it is 100-and-something.

Mr. MACQUEEN: The city welfare—

The CHAIRMAN: He is trying to get the total number.

Mr. MACQUEEN: I would think there are 60-some.

The CHAIRMAN: Almost 100.

Mr. MACQUEEN: There must be more than that in the Welfare Council.

Senator GROSART: This would mean the majority of direct service agencies in the welfare field are members of the council.

The CHAIRMAN: I think it is fair to say that everybody tries to be a member of the council and makes an application. Some succeed and some do not.

Mr. GARDNER: Membership is not necessarily a requirement for participating in projects of the Welfare Council.

Senator GROSART: This comes to this major question that we have heard discussed many times of the need for authority, for co-ordinating the activities in this aging field. Do you have any way of controlling or co-ordinating, other than by advice and suggestion?

Mr. GARDNER: No, we do not have authority of that kind.

Mr. MACQUEEN: This control at least, that the Social Planning Council can make recommendations to the United Appeal who has the money. It is very difficult to kill off an agency. I was on some of the committees of the United Appeal, and you get an agency that really has outlived its usefulness. They will start on a new project altogether.

Senator GROSART: We have been told over and over again there is great overlapping, particularly in the voluntary field.

Mr. MACQUEEN: I don't think that is true in Toronto at all.

The CHAIRMAN: In fairness I think it should be said that they have an executive financial committee made up of very competent and able people in the financial world who watch over the dollars and cents pretty carefully. If

you can get by them you must have a very good case. I can only speak from experience having had to convince them year after year for some of the agencies with which I was connected, and it wasn't a very easy task.

Senator McGRAND: On page 11 at the bottom of the page you quote from the annual report of the Mental Health Authority for the Province of Ontario that in 1942 there were 1,931 patients 65 years of age and over in the Ontario mental hospitals, or 623 for every 100,000 in that age group. By 1960 the number had risen to 4,796, or 984 for every 100,000. Then on page 12 you say that these studies indicate there is an increased community awareness of the needs and problems of elderly people, and with this awareness has come an increase in the housing and an increase in the different kinds of accommodations for older people. At the same time there seems to be an increase in the number of people being treated in mental hospitals. Now, you may not be in a position to help me about this, but where does this awareness leave the old people?

Mr. GARDNER: I am not sure I can answer that question. I suspect that this rise has levelled off somewhat. For example, in 1958 21.6 per cent of the patients in mental hospitals were 65 years of age and over, and in 1960 this was 22.1 per cent. I think this has been levelling off in the late fifties and sixties. This may be due to the fact that in Toronto we have special care institutions for the mentally confused and senile. Prior to this if a person was mentally confused or senile and could not be cared for by their family, the only recourse was institutional care in a mental hospital. I think this has eased somewhat although it is still a problem. I think the problem is that there has not been proper facilities for the care of older people and when the need has arisen the only alternative was committal to mental hospitals whether or not the person needed active treatment in such a hospital. This is something the authorities are aware of. A short time ago Dr. Dymond, Deputy Minister of Health in the Ontario Government, announced his plan to move 4,000 people out of mental hospitals into other forms of accommodation, and the legislature has passed a bill to provide capital and maintenance grants to cover the care of these people, who are largely elderly people, who have been admitted to such hospitals but no longer need to be there but have to stay there because there is no other place in the community where they can be sent. We feel the first priority is the development of services to keep people out of institutions, but the fact emerges that there is still a desperate need for the special types of institutional care for older people.

Senator GROSART: You said Dr. Dymond, the deputy minister. Should not that be the minister?

Mr. GARDNER: The minister.

Senator GROSART: I just wanted to correct it for the record.

Senator FERGUSSON: I come from a province that is largely rural, and I would like Mr. MacQueen to tell us something of what he considers to be adequate institutional care for rural people in Ontario.

Mr. MACQUEEN: Simcoe is rather a large county and there are two homes there for aged people, one at Beeton in the south, and one at Penetang in the northwest. Penetang is largely for people who need special care. The two largest centres of population in the county are Collingwood and Orillia away at the other side of the county. Some time back there were requests made for accommodation in Orillia and Collingwood where the public wanted something established in their own regions, but it ended up by the expenditure of half a million dollars on Penetang. What we need at the present time is nursing homes. I remember when I was a boy all hospitals were private hospitals. If there was a hospital in a small town it was privately owned by the doctor. I think we must come to some type of nonprofit nursing home.

I am sure in a place like Collingwood or Orillia if there was some financial setup to enable a service club to set up some sort of home, a nursing home, or even a residence or old people's home, people would like to see that rather than see their old people go 50, 60 or 70 miles away.

There is another point which should be considered, although I do not have the statistics on this matter here. In Beeton, for example, which is a well run home, there are quite a number of people who are what are called simple people and retarded people. They may be young, 18 years of age, ranging to 45 or 50. The intelligent older people do not like to go there because of the atmosphere created by these other people. But in that area if there is a person who is retarded that is the only place to send them.

Senator FERGUSSON: This is a municipal home?

Mr. MACQUEEN: In the municipal home.

Senator GROSART: On the question of the means test which we discussed earlier, on page 17 you come out rather flatly for continued means test assistance. You say "Until that time"—and you speak of the maturity of the Canada Pension Plan—"government public assistance granted on a means test basis will continue to be of key importance . . . ." What at the moment is the average or maximum level of the means test assistance to persons over 70? I am not speaking now of the Old Age Assistance Act—the supplementary assistance.

Mr. GARDNER: That is a difficult question.

Senator GROSART: The point of my question is if you have somebody who has no income whatever, outside of the old age pension, and they need another $25 a month at least to achieve a modest but adequate standard, how much of that $25 can they get in Metropolitan Toronto?

Mr. GARDNER: That depends on the municipality in which they live. Under its General Welfare Assistance Act the provincial Government will share in the cost of supplementary assistance to old age security groups as well as the old age assistance group. They will share an allowance which does not exceed $20. If the municipality wants to pay $20, the Government will pay 80 per cent of that. It in turn receives 50 percent from the federal Government under the Unemployment Assistance Act. But in effect the amount of assistance granted in any case is determined by the local welfare department and the local welfare officer.

Senator GROSART: Yes, but there is a maximum of $20?

Mr. GARDNER: Yes, to help meet shelter costs and the cost of expensive medication. I believe this is something our Commissioner for Public Welfare, Miss R. J. Morris, mentioned when appearing before this committee. The problem is that often this is paid as a supplement to help meet rental costs, and then the person needs additional help with medication. If a person needs additional help with medications, and if his supplementary allowance is already $20, then the municipality has to pay completely the cost of medications.

Senator GROSART: So, in theory at least, $95 is available to anybody in need? That is, in theory there is $75 plus $20?

Mr. GARDNER: In theory this would be true throughout the Province of Ontario.

Senator GROSART: I presume you heard the question I asked about sheltered workshops?

Mr. GARDNER: Yes, I did, sir.

Senator GROSART: And you are still strongly in favour of them in spite of what has been said?

Mr. GARDNER: From my experience with the one or two we have in Metropolitan Toronto I would say very much so.

Senator GROSART: In your summary at page 10, and elsewhere, you make reference to an apparent deficiency in payments by the federal Government with respect to what you call services purchased from voluntary agencies. What is the nature of that deficiency?

Mr. GARDNER: These are not payments by the federal Government, Senator; they would be payments by the provincial Government. In particular I think we have in mind the services of homemakers and of visiting nurses. The problem is this, that the provincial Government says in this particular piece of legislation, the Homemakers and Nurses Services Act, that it will share with the municipality to the extent of 50 per cent the cost of providing a homemaker or a visiting nurse to elderly people in need of that service. It has qualifications with respect to eligibility which are quite broad. In fact, it is not intended only for those already receiving public welfare under the provincial act. The province shares with the municipality the cost of providing a homemaker service to an elderly person who, although not already on public welfare, does not have the income to pay in part or in whole.

Senator GROSART: Is it your point that the provincial Government should pay 100 per cent?

Mr. GARDNER: No, the point is that they set a limit to the amount. It is up to a total of $8 a day, or $1 per hour for a homemaker, and they pay 50 cents and the municipality pays 50 cents. There is also a ceiling on the amount they pay for a visiting nurse.

Senator GROSART: Is it your point that the statutory ceiling is too low?

Mr. GARDNER: It is below the actual costs of the service.

Mr. MACQUEEN: That is in the city, but in the country it might be quite adequate. The costs in a metropolitan area are quite different from those in the country.

Senator GROSART: On page 4 of your submission you refer to the problem of compulsory retirement at 65 years of age. Are the present corporate pension plans a contributing factor to compulsory retirement?

Mr. GARDNER: I think they are.

Senator GROSART: The life insurance people said they were not, and somebody quoted to us a negative statement which came from the Interdepartmental Committee of the Department of National Health and Welfare here in Ottawa. I quoted it to them, but they did not seem to be able to support it. Everybody else says that pension plans do contribute to the arbitrary factor in compulsory retirement at 65 years of age. Do you receive such complaints?

Mr. GARDNER: I must confess, senator—perhaps I should not try to answer your question, but I have always assumed them to be a factor.

The CHAIRMAN: What do you say about that, Mr. MacQueen?

Mr. MACQUEEN: The UAW man who was before you said that the UAW agreement contained a retirement age of 68, but some were retiring at ages as low as 62, and some even at 60. The point is, that when you have a good pension plan you do not have to force people to retire at 65.

Mr. GARDNER: I think it is true that personnel and administrative costs are also a factor.

Senator GROSART: Yes. On this question of public housing my understanding, from your figures here, is that in ten years Toronto has been able to provide about 2,000 units for the aged.

Mr. GARDNER: That is right, sir, although that is not strictly speaking public housing; it is limited dividend housing.

Senator GROSART: It is public in that the bulk of the money is furnished by C.M.H.C., some by the province, and some by the municipality. It is public in that sense?

Mr. GARDNER: Yes.

Senator GROSART: But you estimate a need—an immediate need, I presume —of 10,000.

Mr. GARDNER: That was the estimate made by the Metropolitan Toronto Planning Board which was prepared two or three years ago in respect of their official plan for Metropolitan Toronto. That is quoted from their report.

Senator GROSART: So in ten years Toronto has provided 2,000, and it needs 10,000 more. What is the matter? How long is it going to take to provide 12,000 units?

Mr. GARDNER: It will take a fair amount of time. There is no doubt about that. I believe they have been trying to provide about 500 units per year in Metropolitan Toronto in the last little while.

The CHAIRMAN: I think the figure with respect to public housing, aside from limited dividend housing, is, as I recall it, 790 up to date.

Mr. GARDNER: That is the public housing section of it.

The CHAIRMAN: Yes, that is public housing as opposed to limited dividend housing.

Mr. GARDNER: Mr. Chairman, may I just bring to the attention of the committee the recent amendments to the National Housing Act?

The CHAIRMAN: We have considered them.

Mr. GARDNER: I think these will make a difference in the provision of housing for older people.

The CHAIRMAN: We have had quite a discussion on that, Mr. Gardner, and we share your view on it.

Senator GROSART: May I follow that up by saying that I gather from your brief that the average rent of new accommodation is about $45 a month?

Mr. GARDNER: For a single person it is between $45 and $50. I think the latest ones have run up to around $49.

Senator GROSART: Does not this mean that anybody who is relying entirely on his or her old age security income—and we are told those people comprise 55 per cent of the persons receiving such income—could not possibly take advantage of this accommodation?

Mr. GARDNER: In many cases they will get supplementary aid from the municipality.

The CHAIRMAN: That is the $20 you have been speaking about.

Mr. GARDNER: Yes.

Senator GROSART: Even so, if they have $95 a month they cannot spend $45 or $50 on rent. Am I correct in saying that all of this housing is useless to people who have no source of income other than the old age pension?

Mr. GARDNER: It would appear so, but the metropolitan welfare authority which operates the housing has not felt there is too much of a problem there. Persons with incomes below that amount require a sponsor, or somebody to guarantee them, if they come in. I think there is probably a number of elderly people in this type of housing with very little income who are struggling on as best they can with respect to their food and other items.

The CHAIRMAN: What do you have reference to in this respect—Regent Park?

Mr. GARDNER: No, I am referring to the limited dividend housing problem, and not to housing built under a public housing sections of the National Housing Act.

The CHAIRMAN: Look at page 1 of your submission, and at the figures I quoted a few minutes ago. You heard the last witness. Do you think those figures are very realistic?

Mr. GARDNER: I was greatly surprised by them, Senator. I checked them with our research department who checked them again. These appeared to be the figures, so I did not change them.

The CHAIRMAN: I am referring to the increase in the percentage of people of 65 and over in the City of Toronto. That figure rose from 3.9 per cent to 11.1 per cent from 1921 to 1961, and it seems to be increasing, although the 1961 figure was only 8.1 per cent. The suggestion is that in 1966 instead of the total being 131,000-odd it will be 153,000. I think that bears out the DBS figures.

Senator GROSART: May I just say that the suggested increase from 3.9 per cent to 11.1 per cent in 40 years—that is, the percentage of those over 65 years of age living in Metropolitan Toronto—

Mr. GARDNER: That is in the city of Toronto.

Senator GROSART: Even in the City of Toronto, and allowing for all the influx of people, and so on, I would think that that is one of the phenomena of our time, and I do not believe it is true.

Mr. DAVIS: But what about the children who with their families are moving out to the suburbs?

Mr. GARDNER: You see, senator, in the suburbs of Metropolitan Toronto—in Etobicoke, North York and Scarborough—the proportion of people of 65 years of age and over is only about 4 to 5 per cent of the population, which is not too far from the 1921 figure for the City of Toronto.

Senator GROSART: Even taking your other figure of 50 per cent of those over 65 years of age in Metropolitan Toronto who are living in the City of Toronto—even taking that into account—this is a kind of increase which is difficult to believe. I think it is just a different count. We all know that the methods of counting in 1921 were very different from the methods of counting in 1961.

The CHAIRMAN: Mr. Gardner, do you feel confident that your statement at the bottom of page 16 is a realistic one? There you say that perhaps as many as from 40 to 60 per cent of the population of Ontario 65 years of age and over did not have adequate incomes to meet their requirements, and that approximately one-fifth of persons aged 60 and over were in receipt of some form of government assistance under a means test.

Mr. GARDNER: Those are estimates. Those figures were not developed by our council. They are contained in a study prepared by the Ontario Welfare Council in 1959. It is called "The Economic Needs and Resources of the Aged". There is a considerable explanation, and background data, given with respect to it.

The CHAIRMAN: That was the substance of their evidence before us, and I wondered if it was an independent study, but you say you took it from them?

Mr. GARDNER: Yes.

The CHAIRMAN: That is the point.

Senator GROSART: Having in mind the very substantial increase in old age pensions since 1958, would you say that the figure would be higher or lower today—the 40 to 60 per cent?

Mr. GARDNER: I would think it might well be somewhere around the same. In that book by Elkin on the Canadian family, he quoted some figures on the income of older people, figures which were taken from the D.B.S. surveys on family expenses in 1959. The average annual income for those 65 and over in Canada in 1959 was $1,472.

The CHAIRMAN: We have had that figure.

Mr. GARDNER: Three-fifths have less than $1,000 and three-quarters less than $1,500.

Senator GROSART: That supports your figure.

Senator FERGUSSON: On page 6 you refer to low rental projects and you state that long waiting lists exist for low rental projects. Is this the case in Toronto actually or are there long waiting lists for them?

Mr. GARDNER: The Metro Development Dividend Company have waiting lists of 1,500 to 2,000. I think I heard Commissioner Smith say it is about a two year wait.

Senator FERGUSSON: At the top of the same page you speak of the significant potential source of volunteers by having people of the older age group participate. In the experience you have had, do you find that you get a lot of volunteers from this age group?

Mr. GARDNER: Not too many, I believe.

The CHAIRMAN: Do you get them, for instance, in the recreation centres, the parks and so on where the older people attend?

Mr. GARDNER: In the recreational field our volunteers are working largely with private clubs which are sponsored by churches and so on.

Senator FERGUSSON: Some time ago I visited one of the day care centres in New York and they told me that practically all the work, except that of the professional who was supplied to their group, was done by their own group. They were organized and they managed all the work that had to be done, except for some professional assistance which would only be perhaps one person in a day care centre. You have not had that experience?

Mr. GARDNER: Not to nearly that degree. The situation varies a great deal from club to club. In some cases they were started and carried on by the older folk, the retired folk themselves. In other cases they were got going by younger volunteers, and the extent to which the members themselves participate and keep the club going varies a good deal. It requires a certain degree of skilled volunteers and others to keep them going.

The CHAIRMAN: Mr. MacQueen, when making your interesting statement earlier, you seemed to indicate that there should be some way of interesting service clubs generally in these housing projects. That was what I got from your statement.

Mr. MACQUEEN: I was talking about the nursing home situation. Under the new amendments to the Housing Act, will that not be possible? What is your view, Mr. Gardner?

Mr. GARDNER: A lot will depend on how the terms in the act—namely "hostel type" and "dormitory type" accommodation—are interpreted. I suspect they will be for primarily well people rather than sick people. A lot depends on the interpretation.

The CHAIRMAN: You make the distinction that they will be for well people rather than for sick people.

Mr. GARDNER: I suspect so, although I really do not know.

Senator GROSART: On page 18, you make a recommendation that the N.E.S. should have a special placement division, officers with training and experience in working with older people should be located in each of the branch offices of the service. Do you mean by that that those officers should deal exclusively with older people—or perhaps, I should say,—that their training should fit them to deal with the specific problems of older people?

Mr. GARDNER: I think our council would agree that this could well be the case in large centres where you have large staffs for your special placement divisions.

The CHAIRMAN: The Department of Labour is dead against you on that. They took a firm view and said they had done that in the past but now have

not done it for several years and they have indicated "We have to deal with people as people."

Senator GROSART: I would say they take a very fuzzy view, rather than a firm view.

The CHAIRMAN: I said they took a firm view.

Senator GROSART: They were not able to back it up by these contacts these people had and place a finger on them as having a special problem, which does not make any sense amongst their people with that special problem, or they would not be there.

The CHAIRMAN: Senator Grosart, if you remember, the social service people from Montreal, the social agencies, covered that very same point. We asked them if they had people particularly capable of dealing with aging. If I recall, they also took the position that they had to deal with this as a problem, not of aging alone or young people alone, but this was in the general run of problems. That was my recollection, so our experience in the Labour Department and the social agencies rather agreed on that.

Senator GROSART: I do not agree, because we have had brief after brief recommending that there should be a special section in this placement service dealing with aging alone, and their own evidence is that 50 per cent of all who applied for counsel, looking for jobs were given jobs where they had special counsel.

The CHAIRMAN: My point was that the two special agencies which deal with this problem had a point of view that was not quite the point of view that we thought existed.

Senator GROSART: I agree with that.

Mr. GARDNER: May I say this, this is a question that comes up not only in the field of employment but in many areas of service to older people. The question arises, to what degree should a family service agency, for example, have a special department or special staff for the aged. To what degree do we need visiting nurses or nurses who specialize only in this type of patient? It is very difficult to say one or the other, because each depends on the structure of the organization. I think the point we make in our submission is that if a worker is going to be working with the older group, then he does need a special training and knowledge of the aging process.

Senator GROSART: That is exactly my point.

Mr. GARDNER: They may be doing other things as well. They may not have to specialize with this group, but if part of their function is work with the aged—either employment or counselling, case work services or others—they should have specialized knowledge. The Victorian Order of Nurses of course serve people of all ages but all their nurses get a fair amount of training and orientation to work with geriatric patients, because more and more of their patients are in this age, so they are able to have specialized knowledge within a general staff setup. That is the important thing, and the administrative structure, as to how it is done, is only secondary.

The CHAIRMAN: Mr. Gardner, you heard the evidence presented by the Baptist Church this morning. I was struck with something which was said then, that I had not quite heard before. Mrs. Rosewarne said something to this effect, that in the course of our social approach, we had laid emphasis on the youth, students, retarded people, perhaps cancer and that sort of organization, where we had emphasized these particular matters, but that generally we had not emphasized the important problem of old age in our social approach over the years. Do you agree or disagree with that?

Mr. GARDNER: I fall somewhere in between. I think, as our brief suggests, and as I mentioned in my introductory remarks, that many of our social

agencies have developed to meet needs of families and young children, but that increasingly they are developing or drafting their programs to include the older people. We have not gone far enough along this line yet, but I believe at least in Metropolitan Toronto, our visiting home care groups, family agencies, settlement houses, and so on, are all very much aware of the need. What they do not have is the money and the staff to do it. So in a sense, the emphasis is still on the existing programs, because they get the first call on the moneys that are available, and as more moneys become available we will really be able to move in the social service field.

The CHAIRMAN: But that is not quite the story. These people need attention, and something must be done about them, and it will cost money. You will find that you will get money through taxes, and with the economic growth of the country you will get the money necessary. But that is a bit of a different approach, is it not?

Mr. GARDNER: Well, I suppose the implication of that is, as I have said, that you will therefore see an extension of the development of more services for older people.

Mr. MACQUEEN: I would not agree entirely Mr. Gardner. I think that the governments have done an awful lot for old people, such as old age security. Ontario has done a tremendous job on municipal homes, and there has been a tremendous improvement over the years. All this needs votes, doesn't it?

The CHAIRMAN: To be sure. By the way, did you read the Alberta brief?

Mr. MACQUEEN: I did. They are well advanced.

Mr. GARDNER: I had the voluntary agencies largely in mind when I was speaking about the difficulties in extension, Mr. Chairman.

The CHAIRMAN: We know your problem.

Senator GROSART: The federal Government, to take one level of government, is currently spending about $1 billion on old age pensions, and $300 million on old age assistance, not taking into consideration many other subsidies directly benefiting the aged. This $1.3 billion is part of a total budget of $8 billion, directly to the aged. Should the federal Government be spending a higher percentage than $1.3 billion of the $8 billion?

The CHAIRMAN: Not on the aged, on welfare.

Senator GROSART: No, this is on the aged alone, in two categories only.

The CHAIRMAN: Oh, yes. The total is what, $2.36 billion?

Senator GROSART: Varying degrees of the total—probably about $2.5 billion on what is generally called social justice.

The CHAIRMAN: Mr. Gardner said they need more money, and should spend more.

Senator GROSART: If you take $2.5 billion on social justice, over 50 per cent of that is now going to the aged. I am asking, should the federal Government be spending a higher percentage of the budget on the aged than it is now?

We have suggestions that the federal Government is not doing enough. There is a whole section saying what they should be doing. I am asking a direct question, should they be spending more, in your opinion?

Mr. GARDNER: Governments, generally speaking, yes. We might have pinpointed, in our brief, I suppose, at what government level.

Senator GROSART: I am not taking a stand one way or the other, but merely want your viewpoint.

The CHAIRMAN: I am reminded of the figures you put on the record the other day, indicating that of the gross national product we were spending so much, that 13 countries were ahead of us, and we were No. 14. We had different

witnesses before us, and that seemed to make sense at that time, but that is the figure, and it is true.

Senator GROSART: I am not taking a stand one way or the other, I am only trying to get the facts.

Mr. MACQUEEN: I will answer that question, yes; because the Canada Pension Plan and some form of medical insurance is in the air, and presumably the federal Government will spend money to put those two into effect at some time. So my answer is, yes. Will they be able to spend more?

Senator GROSART: I hope so.

The CHAIRMAN: They will; it is just a matter of timing.

If that completes the matter, may I say on behalf of the committee to both of you gentlemen, that this is an excellent brief, well drawn up, and it will be most useful to us, particularly as it gives us the view of a large metropolitan area. You have had extensive experience which will be most helpful to us. We are most grateful and thankful to both of you for arranging this and for coming here today.

The committee adjourned.

APPENDIX "M-1"

BRIEF ON AGING

A brief prepared for the Special Committee on Aging of the Senate of Canada at the request of the committee on aging of of the Board of Evangelism and Social Service of the Baptist Convention of Ontario and Quebec,

by

Winnifred M. Rosewarne.

475 Broadview Avenue,
Ottawa 13, Ontario.

July 9, 1964.

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1. MAJOR PROBLEMS

We believe that the major problems of old age are Health, Income, Housing, and Rehabilitation.

(*a*) *Health*

Opportunities for employment, education or recreation are meaningless to a person whose health has so deteriorated that he is unable to take advantage of any of the things which might elleviate poverty and loneliness. No matter how much an old person would like to lead an active life, constant pain is enervating and disease renders the afflicted person incompetent. Modern medicine is keeping people alive into their eighties and nineties but that is no benefit to anyone unless the old person has a considerable degree of health.

Much more research is needed than is being done in the field of geriatrics and prevention of disabling diseases. Heart ailments, paralysis, Parkinson's disease, and arthritis make it impossible for many older people to lead a normal life. To cure an arthritic person may not be as dramatic as a cancer cure because arthritis is not a killer, but it is the greatest crippler of our day. We need extensive and intensive research to make the later years healthy.

(*b*) *Income*

Many people have only the Old Age Security to live on. But even those who have a modest income in addition live in fear of a major illness that will wipe out their savings. Health insurance plans are a great comfort to such people but some plans are cancelled at age 65, and some do not provide for diagnoses and long-term illness.

Compulsory retirement at age 65 works hardship on people who have not been able to build up a backlog of savings, and the hardship is not only monetary but emotional as well. Loss of employment and income necessitates changes in the pattern of life which often causes psychological stresses.

(c) *Housing*

There would appear to be a shortage of all kinds of accommodation for Older People from housekeeping units to hospital beds for chronic cases. Gerontologists agree that old people are healthier and happier if they can be kept in the "stream of life". Apartments, housing units, and homes for the well, or nearly well, old people should be part of the community with easy access to churches, shopping centres, transportation, etc. Too often the Homes are one or two miles out of town on beautiful, but isolated, sites.

One of the tragedies of the County Homes that are being built in Ontario is the lack of privacy. Two, three, or four residents are lodged in one room, bare of all furniture except beds, small chests and a few chairs. Even clothes are something hung in a common clothes closet in the corridor, and the bathroom is down the hall. Much money is spent at these homes on gardens, impressive common rooms etc., but it would be preferable to spend more on the things that preserve personal dignity.

Social workers agree that wherever possible it is best to keep old people in their own homes, assisting them by homemaker services and meals-on-wheels, if necessary, and by friendly visitors. If it is impossible to stay at home, the next best thing is to live with a relative. A relative would accept the responsibility more readily, even when the elderly person is partially handicapped, if an organized home-care program was available with visiting nurses to carry out doctor's orders and therapy and with some help with housework and laundry. Home-care could also be made available for Foster Homes, the possibilities of which have not yet been fully explored. Not only are older people happier in their own homes or living with a relative or in a Foster Home where they are part of a family, but the cost to the taxpayer, even when Home-care and like services are paid out of public funds, is much less than maintaining them in a Home for the Aged.

(d) Rehabilitation

It is of primary importance to older people to feel that they are useful and needed. So it is necessary to show them that there are things they can do to help themselves. If they have good health they need only some direction and purpose to renew their initiative and get them moving again. There are so many things retired people can do if they will only look up and forget their woes. Once these healthy old people see the way, they go ahead on their own power. Often what they need is just a chance to solve their own problems of recreation, travel, health protection and employment.

Even handicapped old people can do many light jobs in the home. Though grandmother sits in a wheel chair, she would probably be happy to be given the responsibility of the family mending. An old person could make a career of correspondence, writing letter to relatives, friends, and shut-ins, and all would enjoy the letters if he wrote of current events in family or town and omitted his own ills. Even if fingers are too stiff or shaky to hold a pen they can usually pick out a letter on a typewriter. The problem is to get the older people to forget themselves and get started. Once started they are pleased to go ahead.

2. EVALUATION

We feel that our study of Aging has not been extensive enough to allow us to evaluate what is being done by governmental and voluntary agencies.

We believe that one of the most hopeful developments for care of our old people is the great interest shown in this problem in the last decade by so many organizations, including the Senate of Canada. In spite of all this interest and much propaganda, the average man is quite indifferent until he has to face the problem personally for himself or for an aged relative. It would seem that many people, especially men, have a psychological block when it comes to facing the fact that they themselves are aging and will some day need help. It is a disagreeable truth which he puts off thinking about or preparing for. We fear that only a lot of publicity and education can overcome this attitude.

Little is apparently being done for rural old people. Of course they are eligible for the Federal and Provincial benefits but too often there is little community effort. Many of these old people do not know the benefits to which they are entitled. Local committees, probably established on a township basis,

could be set up to survey the needs and initiate action. These committees could be voluntary and the churches could play a significant part. The Province might give impetus to such a project by means of a small grant.

3. SOCIAL POLICY AND PLANNING

(*a*) *Health*

A program for health should be so planned that Canada could look forward to the time when old people would be well enough long past 65 to lead productive lives. To achieve this goal we need to do at least two things:—

(i) To encourage young people by every means possible to cultivate good health habits of eating, drinking, smoking and exercise and care of teeth, eyes, ears and feet.
Also we would like to find some way to impress upon young people of developing a second interest besides that from which they earn a living.

(ii) To accelerate and intensify our research in geriatrics and gerontology.

(*b*) *Employment or Useful Occupation of Leisure Time*

If older people are to be healthier they will want useful work to do. Employers and industry will need to revise their thinking about older workers and realize it is good business to hire them. Some employers will not hire a man over 50, overlooking the fact that older workers have fewer accidents, less absenteeism and stay longer on a job. It is to be hoped that the day will come when competency will be the only criterion and there will be no discrimination against any workers on the grounds of age, race or religion.

High schools, technical institutes, labour organizations, and universities should be encouraged to give training to older people in the new technological areas to fit them for new jobs and also make available courses that would lead to creative work in art or humanities.

(c) *Housing*

Community planning and suburban development must make provision in the future for housing for older people. Apartment buildings for all financial levels of patrons should assign some of the units for old people, and, keeping in mind the needs of the prospective occupants, incorporate in the design such things as, non-skid floor coverings, cupboards and electric outlets at convenient levels, hand grips in bathrooms and other conveniences for oldsters recommended by welfare organizations. Similarly, wherever there is low-rent housing or housing developments, there should be some units designated and planned for older people. The requirements in building such units need not require additional cost but would need careful thought in designing them.

(*d*) *Income*

Too much social welfare money encourages thriftlessness. If adults, during their earning years, could be induced to make safe investments they could achieve a self-supported old age. Would it not be possible to have government guaranteed and inspected investment houses where people could be sure that their savings would be safe and would appreciate in value in proportion to the general economy of the country?

Industrialists and employers should be encouraged and persuaded to adopt profit-sharing policies. Where such a policy is in operation it produces loyal employees and reduces strikes and absenteeism. As someone has said, "The way to make capitalism work is to make more capitalists".

(e) *Co-ordinating Service*

Many agencies, organizations and volunteers are doing a multitude of things for old people. But the effort is haphazard and without overall direction. There is a crying need in every community for a Board or Council that will co-ordinate all these projects and advise those organizations having the responsibility of distributing public and private funds of urgent needs.

4. OUR OWN ORGANIZATION

The Committees on Aging of the Board of Evangelism and Social Service of the Baptist Convention of Ontario and Quebec cannot speak from long experience, but we know that churches of all denominations can help old people in many ways with volunteer work.

(a) *Projects they could undertake are as follows:—*

(i) Make a Survey of the district in which they are located in conjunction with churches of other denominations to ascertain the number and needs of the old people in that district.

(ii) Establish Senior Citizens' Clubs, put the facilities of the church at their service, extend to the members Christian love and friendship, and encourage them to organize themselves so that they can manage their own programs.

(iii) Organize Day Centres in a permanent building which should contain a common room, library, craft room, chapel, and a dining-room where simple meals can be served at cost. Several churches working together could accomplish such a project and Day Centres are very much appreciated by old people who have no other place to go. It becomes a kind of club to them. The churches could supply volunteer staff needed to teach crafts and help a paid superintendent in many ways. At least one such centre has been in operation in Ottawa for some time.

(iv) Organize Friendly Visitation Groups to visit the shut-ins in their own homes, in the hospitals, or in the Homes for the Aged. The Visitors would need to take a short training course because they will need to know how to handle the many unusual situations they will meet. The Friendly Visitor could perform many small services which older people find difficult to do for themselves, such as posting letters,—maybe even writing them as well,—shopping, etc. Friendly visiting would be especially valuable in rural areas. We believe that church people would excel in all this kind of work.

(v) A Liaison Officer should be appointed by each church or group of churches who should collect up-to-date information and become knowledgeable about all help available to old people from federal, provincial, and local government bodies, so that volunteer workers could get advice easily when needed.

(b) *A Project under Way:—*

Some of our churches are already sponsoring Senior Citizens' Clubs. One such, in Hamilton makes tables, cupboards, curtains, etc., for Sunday School class-rooms. Another, in Ottawa consists of a group of semi-handicapped elderly people. They meet every week from 11.00 a.m. to 3.30 p.m. Lunch is provided at a nominal price, and transportation to and from the church is arranged through volunteer workers. The program consists of a short devotional, some handicraft and games which all enjoy. We feel confident that similar projects could be undertaken in other places if only enthusiasm for work with senior citizens can be aroused. This is the field in which our Committee on Aging is working at present.

(c) *A Project we would Like to Undertake:—*

We would like to have our Baptist Convention operate some homes for old people, at least enough to accommodate our own retired ministers and missionaries. We feel that Church Homes can give more personal service and create a more congenial atmosphere than publicly-owned Homes. Also they can more easily initiate experimental projects. However, at present the financing, staffing, and maintenance of such Homes are major problems for a small denomination.

5. GOVERNMENT ACTION

Federal

The Federal Government is already helping considerably in the area of income for older people with the Old Age Security and Old Age Assistance payments. We hope that in future when increases in Old Age Security are contemplated careful consideration will be given to the desirability of applying a means test, which would not need to be as stringent as that for the Old Age Assistance. Our earning population should not be burdened with taxes to pay pensions to people who do not need it.

We strongly approve of the principle of portable pensions whereby a worker would be able to carry his pension credits from one job to another, even from one province to another, and thus be enabled to build up an income for his old age commensurate with his earned income.

Provincial

We strongly recommend that the Provincial Government when assigning hospital grants should insist on the provision of a geriatric research unit in the larger hospitals and in hospitals for long term illnesses. For instance, in Ottawa there is not even a geriatric clinic in our hospitals, although it is expected that one will be established in the Porter Island project when that is completed. Metro Toronto has one Geriatric Clinic and Research Centre at one of its Homes. Much more research is necessary if old age is to be healthy.

Municipal

It would be desirable for communities to make provision for old people's housing when new developments or apartments are planned. A few units in each could be designed for older people with the built-in aids for easy house-keeping that old people require. The city authorities could insist on this when granting a permit to build and see that the special designs are carried out. In this way, old people would not be isolated from younger people. Every community needs people of all ages.

Every community also needs a co-ordinating office to bring public and voluntary agencies into focus so that it can be known what each is doing, and so avoid unnecessary overlapping.

APPENDIX "N-1"

SUBMISSION OF THE

SOCIAL PLANNING COUNCIL

OF METROPOLITAN TORONTO

TO

THE SPECIAL COMMITTEE ON AGING

OF

THE SENATE OF CANADA

July 1964.

160 Bay Street,
Toronto 1, Ontario.

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SUBMISSION OF THE SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO TO THE SPECIAL COMMITTEE ON AGING OF THE SENATE OF CANADA

INTRODUCTION

The Social Planning Council of Metropolitan Toronto is a voluntary organization aimed at working toward a well-balanced program of health, welfare and recreational services in Metropolitan Toronto. The Council has undertaken its work through membership sections in different fields of service (e.g., child and family welfare, health, aging, recreation and immigration), through area councils, through standing committees of its Board of Directors and through project committees established by the Board.

Since World War II the Social Planning Council and its predecessor the Welfare Council of Greater Toronto, has through a Membership Division or Section and through the employment of professional staff with primary responsibility for the field of aging, given specialized attention to the needs of the elderly and to the kinds and standards of services required to meet these needs. Several Area Councils have also been active in planning for the elderly in their areas. The Council has completed a number of studies related to services for the aging. The following submission is based largely upon the information and recommendation contained in these studies and upon the experience of the Council generally in planning for older people.

SUMMARY

The Older Population of Metropolitan Toronto

Like other communities in Canada, Metropolitan Toronto has experienced an increase both in the number of elderly people and the proportion they comprise of the total population. In 1961 there were 131,438 persons 65 years of age or over in Metropolitan Toronto or 8.1 percent of the total population.

The development in Canada of a predominantly urban, wage earning, industrial and commercial society has, while it has undoubtedly raised standards of living for all, created serious problems for successful living in the later years. The Brief highlights some of these problems, reviews briefly what has been done, in Metropolitan Toronto to meet them and what remains to be done.

General Developments

The Metropolitan Toronto community over the past two decades has demonstrated an increasing awareness of the needs and problems of its older people. This is reflected in the fact that a broad range of health, welfare and recreational agencies both governmental and private have extended services to the elderly and in the establishment of organizations, new facilities and programs specifically designed for the elderly. However, though significant starts have been made, programs and facilities are as yet insufficient to meet needs and provide a balanced overall pattern of services. Serious barriers to the development of needed services generally and to the effective utilization of existing services are—

(1) Gap between needs and resources. In rapidly growing Metropolitan Toronto 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 the needs.

(2) There is still insufficient understanding among the general public and the helping professions of the problems faced by the elderly and the causes of these problems. This submission stresses the need for public interpretation.

(3) The elderly and those in contact with them too often lack knowledge of what services are available. Adequate community information and referral services are of crucial importance.

(4) Elderly persons are physically and psychologically less mobile than younger persons. Much remains to be done in getting services to them in a manner meaningful and acceptable to them.

Income

Though comprehensive data on income levels of the older population is not available there is every indication that, though much has been accomplished through Old Age Security and Old Age Assistance and through the extensive development of employee pension plans, a gap remains between the budgetary needs of many elderly people living in Metropolitan Toronto and the income they have to meet these needs.

Income in the later years should be sufficient to permit a normal social life. Initiation of a comprehensive wage related Canadian Pension Plan will in time substantially reduce hardship in old age. It should eventually greatly reduce the need for public assistance. Nevertheless, government public assistance granted on a means test basis will play an important role in the support of the elderly for some time to come. The Submission recommends that all public assistance programs be based on sound and clearly defined standards with respect to the amount of assistance, at a level consistent with health and decency and adequate provision for qualified staff to administer the programs and to provide casework and counselling services.

Employment

Substantial benefits, financial, psychological and social, both for the individual and for society at large can accrue from the provision of employment opportunities for persons 65 years of age or over. A program aimed at achieving maximum employment opportunities would indeed be a measure of a "positive and preventive kind". The Submission reviews barriers to achieving this (but notes that considerable work has been done) and suggests avenues of approach. It stresses the importance of employment counselling and recommends

(1) that the counselling and placement services for older workers be provided by the National Employment Service through Special Placement Officers with training and experience in each of the branch offices of the Service.

(2) that the older worker who wants to continue in employment should have opportunity for training in addition to employment counselling and placement services.

(3) that every effort be made to reduce barriers to the employment of older workers.

(4) that programs of sheltered employment be expanded.

Difficulties in finding employment because of age can begin much earlier than 65. These can only be overcome by programs of interpretation, by measures that will encourage employers to hire and train mature workers and by the extension of the full range of vocational services to them. The importance of vocational training for this group is stressed. Appropriate course con-

tent and teaching methods, skilled counselling for trainees, adequate training allowances and close working relationships between training programs and community services are recommended as important elements of adult vocational training programs.

Leisure Time Activities

Ample opportunities for the fruitful use of leisure time are a major requirement for the elderly if they are to live actively and happily in the community. The changes of the later years—retirement, loss or absence of family or friends, widowhood, can lead to idleness and boredom, isolation and loneliness.

There has been a gratifying response in Metropolitan Toronto to the leisure time needs of older people. Municipal recreation departments, churches and community groups are sponsoring more than 100 centres and clubs. There has been less emphasis upon the development of educational programs and upon programs aimed at encouraging community participation and volunteers services by the elderly.

Recommendations for further action are—

(1) Continued encouragement of churches and service clubs to sponsor leisure time services.

(2) Extension of professional guidance and consultation to community group sponsoring programs.

(3) Development of machinery for co-ordination of club programs, exchange of information and development of programs standards.

(4) Exploration of methods of broadening opportunities for participation by the elderly in adult education programs including specialized programs for the retired.

(5) Study of the respective roles of business, labour, education, the church and community agencies in retirement education.

Housing

The securing of adequate housing at costs within their means is a major problem faced by many elderly people. Despite considerable progress in Metropolitan Toronto in the provision of low rental housing (some 2,000 completed units) lengthy waiting lists remain. The special needs of the elderly should be taken into account in the location and design of elderly persons housing and in the facilities and services provided. The submission stresses the need to provide for varied and flexible patterns of living arrangements and the importance of suitable location. In metropolitan areas there is a scarcity of sites in central areas where older people live. The submission proposes:

(1) Broader and more flexible governmental action to allow accommodation for single people in public housing projects a greater variety of types of accommodation and the provision of recreational and health facilities.

(2) Development of boarding home and foster home programs and co-operative residences.

(3) Exploration of methods of providing decent housing to the indigent needy older person whose only income is pension or allowances.

(4) Adequate provision for the elderly in sub-divisions and redevelopment projects.

Institutional Care

With the development of non-institutional services homes for the aged are increasingly caring for the very old and the sick. Experience in Metropolitan Toronto suggests that a community's program of institutional care should include (1) Residences providing nursing and health care of high professional standards; (2) small neighborhood residences for well older people; (3) Integration and co-ordination of institutional services with hospitals and other community services; (4) the development by institutions of services for non-residents, e.g., day care. Despite considerable expansion of institutional facilities in Metropolitan Toronto shortages remain particularly of facilities for nursing care, of private room accommodation (for which there is increasing demand) and of accommodation for the senile. Institutions have been paying increasing attention to the values of volunteer services and of recreational and occupational activities but there remains a need for further development of social services in homes for the aged.

As institutional care becomes more professional and more demanding of nursing and medical services, its costs rise. Increasingly these costs are beyond the capacity of private philanthropy and the submission proposes that government assume primary responsibility for financing institutional care in private as well as in public institutions.

Social Services

A variety of social services are required to help the older person continue to live in the community and to adjust to the changes of the later years. Of key importance are casework and counselling services, home-help services (homemaker services, meals-on-wheels, friendly visiting), day care and sheltered employment services and guardianship and protective services. Social services have not developed to the same degree in Metropolitan Toronto as recreational, housing or institutional services. Though agencies have been increasingly aware of the need to extend services to the elderly funds have been lacking. This submission proposes that in future planning for the aged major emphasis be placed on:

(1) The development of more day-care programs and sheltered workshops under various auspices;

(2) The development and co-ordination of services to older people in their own homes including visiting homemakers, meals-on-wheel and friendly visiting.

Perhaps the most serious gap in community services for older people is the limited provision of homemaker services.

Health Services

The maintenance of physical and mental health in the later years is a major challenge confronting public health and medical practise today. The submission stresses the importance of health education and preventive measures, of adequate provisions for meeting the costs of illness, of the rehabilitative approach to treatment and care of adequate diagnostic facilities. The wide range of health and medical services and recent developments of importance to the elderly are noted. Further steps required are:

(1) Development of broader community facilities for the early detection of illness. Annual or periodic health examinations should be covered by medicare legislation;

(2) Extension of medical welfare services to dental care and more adequate provision for medications, appliances and other special needs;

(3) Recognition of organized Home Care as part of basic medical and health care;

(4) In light of increased admissions of elderly persons to mental hospitals the development by the Provincial government of effective geriatric mental health services and increased provincial support to organizations caring for elderly persons following their discharge from mental hospitals.

General Principles

The submission presents several principles as guides for social policy. These are:

(1) There are many differences among older people. They should not be regarded as an homogeneous group.

(2) Services should be provided so that the older person is not unnecessarily segregated or isolated from the community.

(3) Services for the aged should be based upon sound social planning and this planning should be an integral part of overall social planning.

(4) The elderly should have the same access to the community services they require as other age groups. Organizations serving the community at large should not have age restrictions. Services should be provided by existing agencies, wherever feasible rather than by new agencies.

(5) Services to the aged require not only a wide range of generic skills, e.g., casework, group work, nursing, homemaking, but in addition specialized knowledge of the aging process and of needs arising from this process. At the present time there are few facilities for specialized training in gerontology.

(6) Physical availability of services must be a basic consideration in developing services for the elderly.

(7) Development of services for the aged is the responsibility of both government at all levels and voluntary agencies and requires cooperation and joint planning between them.

Role of Government

The submission proposes six principles regarding government action on behalf of the elderly. These are (1) Basic government responsibility for income maintenance; (2) Adequate account of the needs of the elderly in the planning administering and staffing of government programs for the general population (e.g., employment services, housing, recreation, mental health); (3) Specialized services by the government to the elderly should be of the highest standard; (4) Provision of consultative and advisory services of a high standard; (5) Government grants in support of voluntary agencies or in payment of services provided by them should reflect actual costs; (6) Government should reimburse voluntary agencies for after-care services.

The submission proposed extended or strengthened government services in the field of research, employment services, housing, public health, mental health, nursing home supervision, education, institutional care, home care and day-care.

SUBMISSION OF SOCIAL PLANNING COUNCIL OF METROPOLITAN TORONTO TO SENATE'S SPECIAL COMMITTEE ON AGING

I. Based on your experience what are the major problems of older people in any or all of the areas under study by the Committee? These are income, employment, leisure time activities, (including education, recreation and opportunities for participation in the life of the community) housing, health and institutional care and social services.

(1) Like other communities in Canada, Metropolitan Toronto has experienced an increase both in the number of elderly people and the proportion they comprise of the total population. Thus, for example, between 1921 and 1961 the number of those 65 years of age or over in the City of Toronto rose from 3.9 per cent of total population to 11.1 per cent. No other age group increased at this rate. In 1961 there were 131,438 persons 65 years of age or older living in Metropolitan Toronto; they comprised some 8.1 per cent of the total population of the area. It is expected that this number will rise to 153,000 by 1966. To a considerable extent the elderly live in the older and more settled parts of the area; in 1961 over one-half lived in the City of Toronto.

(2) The aging of our population has resulted from a number of factors. Among these is the outstanding reduction in mortality, particularly among age groups under 50, with consequent increases in life expectancy at birth. The growing numbers of the elderly have led to increased awareness of their social needs, needs which to no little degree have arisen from changes in the nature of our society.

(3) During this century Canada has changed from a predominantly rural and agricultural nation to one that is primarily urban, industrial and technological. Though this development has undoubtedly raised standards of living for all, it has created serious problems for successful living in the later years. Industrial society has brought about changes in the nature of work and in the portion of one's life spent at work, in family size and structure and the way it is housed, in the amount of leisure time and the way it is utilized. These changes have presented challenges to the well-being of all age groups. Some of their implications for the elderly in areas of concern under study by the Committee and the needs to which they have given rise are as follows.

Income

(4) In an industrial society most people depend upon salaries or wages for their income, rather than upon self-employment. Salaried employment usually means sudden rather than gradual retirement and sudden change in income status. The search for adequate social security measures to provide adequate income in retirement has been a major issue in Canadian social policy since World War II. Basic social measures, particularly Old Age Security, have been initiated. Nevertheless, there is every indication that the income levels of older people remain distressingly low. The fixed incomes of the retired have been eroded by increasing costs of living. Poverty, of course, causes physical hardship and deprivation. The experience of social agencies in Metropolitan Toronto indicates also that lack of or limited income in the later years is a cause of mental anxiety and insecurity leading to mental and physical illness. Older people ask "How can I meet expenses if I am sick?" "Will I have enough for burial expenses?" "How can I keep what I have?" Low income also acts as a barrier to the use of community services by the elderly. Many elderly people cannot meet fees for service and are reluctant to ask for help. A tight budget might mean that older people cannot afford the transportation for visits to friends, clubs or social agencies.

Employment

(5) In an industrial and technological society it is not necessary, in the provision of necessary goods and services, for the individual to work until death or illness decrees otherwise. Modern productivity has made retirement possible. Yet despite its blessings, retirement can present serious problems for the older person. It can result in cessation or drastic reduction in income and create economic dependency. It can bring with it loss of role and decreased status and thus create psychological problems. The experience of employment services and counselling agencies in Metropolitan Toronto reveal that there is considerable need for expanded employment opportunities for persons 65 years and over for both financial and psychological reasons. Retirement plans, reluctance to employ the elderly, a tight labor market, lack of marketable skills on the part of the elderly have been serious barriers. Could they be overcome, the need for public assistance would be lessened and the ability of the elderly to live healthy active lives in the community would be strengthened. A program aimed at achieving a maximum of employment opportunities would indeed be a measure of "a positive and preventive kind". Many elderly people, though not indigent, have very slender resources which are insufficient to meet costs of illness and other emergencies. Opportunities to earn additional income would be of immeasurable benefit.

(6) An Ultimate Objective. Not all workers at point of retirement, perhaps not a majority of them, will wish or be able to remain in the labor force. It is likely also that increasing productivity, through technological change, will lead eventually to shorter working hours or shorter working life. When employment is high there is an understandable emphasis upon the employment needs of workers not yet of retirement age. These are factors which must be born in mind in considering the participation of the elderly in the labor force. They should not of course lead to a neglect of the employment needs of the elderly. A basis for social policy in this regard was set forth by the Canadian Welfare Council in its Brief to the Special Committee of the Senate on Manpower and Employment.

> The ultimate object of all our 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. A critical measure of the efficacy of these policies, and a major concern of the social welfare field, is the sensitivity and adequacy of our programs and services to meet the needs of groups in special circumstances or with special employment problems.

(7) Avenues of Employment. A number of approaches are needed to meet the employment needs of the elderly. These include: (1) A program of community education and interpretation aimed at overcoming prejudices against employing older workers; (2) A broad range of employment services including counselling, assistance in placement and training and retraining services; (3) Flexible retirement policies that will encourage the elderly worker who is able to work and willing to do so to remain in the labor force; (4) Special workshops sponsored by employers for their retired workers; (5) Community workshops for the retired who are not longer able to undertake normal employment but who would benefit from useful activity with some remuneration; (6) Opportunities for part-time employment; (7) Home employment services for shut-ins.

(8) Workers Under 65. The Senate's Special Committee on Aging is concerned primarily with persons aged 65 and over. Nevertheless it is common knowledge that difficulties in finding employment can begin much earlier

in life. It is obvious of course that prolonged unemployment in the years preceding retirement age not only creates considerable hardship at the time, but robs the individual of the necessary basis, financial and psychological, for well-being in the later years. The reasons for these barriers to the employment of the "mature" worker are undoubtedly complex. However, two major factors are: (1) barriers to employment of an institutional nature which include employment policies based on age or pension plans and attitudes of management and unions; and (2) barriers arising from economic or technological changes which render the skills of mature workers obsolete. Again these barriers can only be overcome by programs of education and interpretation, by measures that will encourage employers to hire and train the mature workers, by full extension of existing vocational training legislation to the adult worker, and of employment counselling and the whole range of employment services. For the mature worker who has suffered chronic unemployment more intensive programs of vocational rehabilitation will be required.

Leisure Time Activities

(9) The problem of fruitfully using leisure time assumes a new dimension in the later years. These bring not only the challenge of retirement, but also changes in the social and personal relationships upon which leisure time activities are based in the working years. Work-related associations may be lost; children may be grown up and departed for other communities. One study of the Social Planning Council stated the problem as follows:

> Ample opportunities for the fruitful use of leisure time are a major requirement for the elderly if they are to live actively and happily in the community. Indeed successful adjustment to leisure in years of retirement, and of finding substitutes for work and family life are basic challenges to the older person. Like all others, the elderly require a place, a status in the community, companionship, friendship, activity and opportunities to maintain and develop their interests and abilities. Yet, loss of employment, the loss or absence of family and friends, low income, the lessening of physical vigour with a resulting decrease in taxing community activities make it difficult to achieve this. They are forces which, unless overcome by both the initiative of the elderly themselves and the growth of adequate community services, lead to isolation, loneliness and emotional deprivation.
>
> Centres and clubs for senior citizens are an effective and valuable way of meeting the social and recreational needs of many older people. They are of several types and include the professionally staffed group work centre with a highly developed program of group activities; the more informal drop-in centre, open each day where older people may go for social intercourse, games, refreshment; and the club which meets at periodic intervals, e.g., once a week or once every two weeks.
>
> In recognizing the importance of special services for the elderly, however, we must not lose sight of the contribution that can be made by services and organizations and groups concerned not only with basic spiritual, social, and intellectual needs, but with almost every conceivable interest—professional and occupational, social service and hobbies. In our churches, school boards, libraries, service clubs, lie great potential for active living in the later years.*

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* Report of Committee on Survey of Services for Older People in Metropolitan Toronto. Social Planning Council of Metropolitan Toronto 1961. Hereinafter referred to in this Submission as the Survey of Services for Older People in Metropolitan Toronto.

(10) The Elderly as Volunteers. Finally the elderly are surely a significant potential source of volunteers for the provision of service not only to their own age group but to others as well. Are we in danger of over-emphasizing service to this group, of overlooking the value both to themselves and to the community at large of the elderly helping others.

Housing

(11) The securing of appropriately located housing at costs within their means and of a standard conducive to health and well-being is a major problem faced by elderly people in a large rapidly growing urban community such as Metropolitan Toronto. This is indicated by long waiting lists at low-rental projects completed to date. A basic cause is the rising cost of shelter which has made it impossible for large numbers of elderly people to purchase or rent adequate housing in the normal market. Again, family housing today is designed primarily for two generations. The ability of younger families to house their parents is limited. Without public provision for low-rental accommodation large numbers of elderly people have recourse only to substandard accommodation with inadequate facilities.

(12) Special Needs in Housing. Housing for the elderly should be located close to transportation, to community facilities. It should not be on or at the foot of hills. Many of its benefits can be negated if it segregates the elderly from the community. Huge projects should be avoided. Certainly not all should be large. The special needs of the elderly need to be taken into account in planning and design and these call for modification of traditional housing concepts. Arrangements are required whereby the management becomes quickly aware of illness or accident. Again many elderly people, though not requiring full institutional care would benefit greatly from central services, such as dining rooms, and recreational facilities, being incorporated in housing projects.

Institutional Care

(13) Recent developments in services for the elderly are seriously affecting the role and nature of institutional services. A variety of non-institutional programs assisting the elderly to live in their own homes have been developed. These include programs of economic support, low-rental housing, recreational programs and visiting nursing. As a result homes for the aged are increasingly becoming resources to meet the needs of the very elderly, the frail and the sick, who though not requiring hospital care, need long term nursing care. Also institutional programs have been influenced by growing knowledge and awareness of the process of aging and of the needs and capacities of older people. This has led to a philosophy that is positive rather than resigned in its approach to aging, that emphasizes the potentialities rather than the limitations of the later years, that recognizes the importance of dignity and privacy.

(14) What Kinds of Institutions Are Required? A Committee of the Social Planning Council has recently completed a study of homes for the aged in Metropolitan Toronto. A major conclusion of the Study was that "homes for the aged have assumed an important role in the care of sick older people who are not eligible for hospital care." However, the Study Committee was firmly of the opinion that "medical and nursing services in homes for the elderly must meet the highest of professional standards". At the same time there remains a role for small residences caring for well older people who for personal or social reasons require or could benefit from group living. "Such residences should be small, not exceeding 50 beds, sponsored and operated on a neighborhood basis and should not attempt care of sick persons on a permanent basis." The Study also concluded that homes for the aged can operate

most effectively in a community where there is a variety of resources to meet different needs and that they should develop and maintain close ties with the community. The integration of services among hospitals and homes for the aged is particularly important. Finally it was felt that homes for the aged can make an important contribution to the well-being of older people by extending their services to non-residents. The establishment of day-care centres by homes for the aged is an example of such an approach.*

Social Services

(15) The later years bring with them physical and mental changes and changes in personal and social relationships to which the elderly must adjust. In meeting these changes they will frequently require the assistance of a variety of social services. For example, loss of strength or vigor, or sensory losses, may narrow, limit or distort the individual's contact with his environment and render it difficult for him to deal effectively with the external worlds. Psychologically the aging process can bring with it fears and anxieties regarding illness and death.

(16) What About the Family? These difficulties can be accentuated by changes in family relationships. Industrial society has tended to replace the three generation or "extended kinship" family which gave a role and status to the aged by the "nuclear" or two generation family in which the position of the elderly is less fixed and more uncertain. In addition, large numbers of our elderly, being single or widowed, lack a normal life with spouse and the supports such living affords. Family relationships are of great importance to the elderly but expectations regarding rights and obligations as between parents and their adult children are fluid and vary considerably. Some families may be neglectful of their older folk, others may be over-protective. Many families and many elderly are not sure of what role they should play.

(17) What Social Services are Needed? Clearly all of the services discussed in this report—income maintenance, housing, recreation—have important roles to play in contributing to successful adjustment in the later years. But special services *aimed at the individual and his unique needs* are required. These are:

(i) Casework and Counselling Services. In meeting the changing circumstances of the later years the individual may need assistance and guidance with regard to family relationships, living arrangements, budgeting, leisure time planning, burial arrangements, wills and other legal matters. Skilled casework may be required in helping to overcome deep emotional problems resulting from loss of spouse, illness, or personality disturbances.

(ii) Home-help Services. Part-time homemakers to assist in cooking, shopping, cleaning and to give personal care are an essential component of overall social services for the elderly aimed at keeping the individual in his own home. Another home-help service which has proven of value in some communities is "Meals-on-Wheels". Under such a program a hot meal is delivered each day to shut-ins not able to cook properly for themselves and who otherwise would lack proper nourishment.

(iii) Day-Care Centres and Sheltered Workshops. Day-care centres are receiving increasing recognition as resources for the maintenance of health and well being in the later years. The value of centres and workshops was stressed in a major study, initiated by the Social

* See Report of Study Committee on Homes for the Aged, Parts I & II, 1963. Social Planning Council of Metropolitan Toronto.

Planning Council, of needs and resources for health, welfare and recreation services in Metropolitan Toronto. The study describes day-care centres as follows:

> Day-care centres, as distinct from recreational programs, provide a co-ordinated program of group activities, and/or sheltered employment, counselling, meals, and other related services. Day care programs can offset physical and mental deterioration and delay the need for institutional care or unnecessary commitment to a mental hospital. Some of the day-centres and drop-in clubs have elements of day-care in that they provide more than recreation activities. With the increase in municipal recreation centres, voluntary recreation agencies for the aged should develop day-care programs and sheltered workshops. These workshops also could be used for older people who are unable to continue to work in their former occupations but with re-training could maintain some measure of independence.*

(iv) Friendly Visiting. Volunteers can help to overcome loneliness and to maintain or revive interest in life through regularly visiting shut-ins or isolated older persons and rendering neighborly services.

(v) Guardianship and Protective Services. These are required by older persons no longer able to fully manage their own affairs. Also elderly persons, though legally competent, may require guidance in the management of their affairs and some protection against exploitation. This is an area of service which has yet to be fully explored in Canada.

(vi) Information and Referral Services. The importance of these are discussed below. (See page 1050)

Health Services

(18) The Survey of Services for Older People in Metropolitan Toronto referred to above states as follows with regard to health services for the elderly:

> The maintenance of physical and mental health in the later years has been recognized as a major challenge confronting public health and medical practice today. Infectious diseases have been eliminated as leading causes of death, but we have yet to conquer those chronic illnesses which visit the elderly to a much greater extent than younger adults. Thus the demands made by the older age group upon our health services are increasing. They utilize the greater proportion of our chronic care and nursing home facilities and homes for the aged are experiencing increasing pressures to develop nursing and other health services. Visiting nursing associations report that older patients are comprising an increasing proportion of their case-loads. The number and proportion of older people in mental hospitals has increased steadily over the past two decades.†

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* A Study of Needs and Resources for Community-supported Welfare, Health, and Recreation Services in Metropolitan Toronto. A Community Self-Study. Published for the Study Committee by the Social Planning Council of Metropolitan Toronto, Nov. 1963. Hereinafter referred to in this Submission as the Needs and Resources Study.

† In 1942 there were 1,931 patients 65 years and over in Ontario Mental Hospitals, or 623 for every 100,000 in that age group. By 1960 the numbers had risen to 4,796 or 984 for every 100,000. In 1942, they comprised 13.1 percent of mental hospital population, in 1958, they comprised 22.1 percent of the total number of elderly patients; almost three fifths were women. The older women comprised more than one-fourth of all female patients in 1960. (See Annual Report, Mental Health Division, Ontario Department of Health, 1960).

Clearly the provision of adequate institutional and community services for the care of older and chronically ill patients, though important, is not the total answer. Emphasis must be placed upon a program of prevention against physical and mental illnesses. Such a program is inseparable from adequate housing, welfare and recreational services. Important, however, is a health education program for the later years, and regular medical examinations for the early detection of deteriorating conditions.

The treatment of older patients is being affected by increasing knowledge of the possibilities of medical rehabilitation or reactivation. The pessimistic view that the investment of facilities and skills in restoring the elderly patient to as high a level of activity as possible was not warranted is happily passing away. This approach should be applied not only to those in hospitals and institutions but to the handicapped person living at home. To be effective rehabilitation facilities need to be backed up by adequate community services. The advantages of hospital therapy can be negated if a patient is returned to inadequate living facilities and social isolation.

(19) Health and Income. Lack of income has been a major obstacle to the utilization of health and medical care services by the elderly. To date, because of age restrictions, their ability to participate in voluntary pre-paid medical care programs has been limited.

(20) The Importance of Diagnosis. Also of basic importance to the health care of the aged are adequate diagnostic facilities. A discussion paper of "Psychiatry and the Welfare of the Aged", prepared by the Section on Aging of the Social Planning Council, makes the following statement which is relevant to the total field of health care.

> Mental and emotional disturbances in the later years can be complex in origin. Physical conditions, personality and environment are closely intertwined factors. Similar symptoms may have different origins and require different treatment and care. Therefore, to ensure appropriate treatment to prevent misplacement of the elderly, adequate assessment and diagnostic facilities with medical, psychological, psychiatric and social work resources are required."*

(21) Some Basic Health Services. Studies undertaken by the Social Planing Council and experiences of health agencies in Metropolitan Toronto indicate that the following services are of vital importance in the health care and treatment of the elderly; (1) Visiting nursing and other resources for the care of patients at home; (2) Hospital out-patient clinics; (3) Social service departments in hospitals; (4) Public health nursing services; (5) Adequate facilities for long-term nursing care in public or charitable institutions or proprietary nursing homes.

> II. What comments would you make on what is currently being done on behalf of older people in any or all of the areas listed above? What are the obstacles to more effective community planning and action? How, in your view might they be overcome? What are principle gaps in existing services? What do you regard as some of the more promising developments?

* Psychiatry and the Welfare of the Aged. A discussion Paper prepared for the Annual Meeting and Conference of the Ontario Welfare Council, 1963. Social Planning Council of Metropolitan Toronto.

General Developments

(22) During the past several years the Social Planning Council of Metropolitan Toronto has undertaken a number of studies of the problems and needs of older people in its community. These studies indicate that there has been an increasing community awareness of the needs and problems of elderly people, that a wide variety of organizations and agencies have become increasingly aware of these needs, that considerable progress has been made in the provision of services to meet them. This process is perhaps illustrated by the fact that the Social Planning Council and its predecessor, the Toronto Welfare Council has had since 1947 as part of its overall structure an administrative unit devoted to problems of aging and staff resources with primary responsibility for this field of service. It is reflected in the fact that a broad range of health, welfare, and recreational agencies, both public and private have extended services to the older age group, broadening intake to include older persons, planning services to meet their needs. It is reflected in the establishment of organizations and programs specifically designed to assist the individual adjust to the aging process and maintain health and well being in the later years.

(23) What Have We Achieved? Despite this development few of the problems faced by the elderly people remain completely solved. Many of their needs remain as yet unmet. This holds true for all of the major areas under study by the Senate's Special Committee, although more so for some than for others. The present situation may be perhaps characterized as follows: Significant starts have been made in meeting the needs of the elderly, community opinion is becoming increasingly aware of and sympathetic to these needs, but facilities and programs are as yet insufficient to meet needs and provide a balanced overall program of service.

Some General Problems

(24) Some of the obstacles to effective planning and provision of services apply to specific fields of service. There are, however, serious barriers which apply generally to the development of services for the aged in Metropolitan Toronto.

(25) Needed Money, People and Priorities. In a rapidly growing area such as Metropolitan Toronto the need for health, welfare, and recreation services is greater than the financial and human resources available to meet them. Agencies are facing serious difficulties in maintaining existing services at adequate levels and the development of new services has been limited. This has been the major reason for lack or shortage of services in such fields as visiting homemakers, casework and day care services for the elderly.

(26) There is no easy answer to this problem. The Needs and Resources Study referred to earlier in this submission has recommended a number of approaches which if implemented would contribute substantially to their solution. The Study recommends, for example, the establishment of a community-wide priorities system aimed at achieving a balanced deployment of available resources among different groups in the population. Undoubtedly priority planning is essential to ensure that most urgent needs are met. The Needs and Resources Study also recommended the strengthening of government financial support in several fields of service of importance to elderly people and the seeking of funds from foundations and service clubs for research and pilot projects.

(27) The Use and Effectiveness of Services. There are a number of factors limiting the availability, utilization and effectiveness of existing services. (*a*) The elderly themselves and often those working with them lack knowledge of services available; (*b*) There is not, as yet, sufficient understanding among the helping professions and the public generally, of the aging process and the causes of physical and emotional difficulties in old age. Misconceptions about aging as a process of inevitable decline and confusion about and misunderstanding of senility contribute to the non-use or misuse of existing facilities. These misunderstandings, combined with a reluctance of the elderly and their families to seek help, mean that preventive measures may not be taken, that treatment when necessary may be not initiated soon enough, or that insufficient care may be taken with diagnosis and inappropriate remedies (e.g., commitment to mental hospitals) sought; (*c*) Elderly people are physically and psychologically less mobile than younger people. They are pedestrians and services need to be geographically close. They are proud or fearful of seeking advice or help. They dislike "charity". Much remains to be done in getting services to older people in a manner meaningful and acceptable to them.

(28) Information Services are Important. Much can be done to overcome these barriers. A prime prerequisite is a community information and referral service. In 1959 the Social Planning Council strengthened its community Information Service by employing a social worker with primary responsibility for handling requests for information and advice from or on behalf of the elderly. As a result service to this age group increased substantially. In order to provide decentralized information and guidance services in Metropolitan Toronto the Social Planning Council has recommended that family service centres, acting in close co-operation with the Information Department, provide information and referral services to older people in their areas. The Council has also recommended the publication of a specialized directory of services to the aged for distribution to organizations and individuals working with the elderly, and of a brochure for distribution to older persons themselves which would briefly outline available services and indicate where detailed information was available.*

(29) The Need for Public Understanding. With regard to developing public understanding of aging this submission would stress the importance of all agencies serving the aged interpreting their programs to the public. There is need for greater publicity of services. Governmental and other agencies should be prepared to give direction to elderly people coming to them about services which they themselves do not give. In this connection the Section of Aging of the Social Planning Council holds regular public meetings on various aspects of aging. The following comments from the discussion paper on "Psychiatry and the Welfare of the Aged" mentioned above are relevant.

> Psychiatry, social work and the other helping professions each have an important role to play in public interpretation, in developing a general climate of understanding of the needs of the elderly and of how to meet these needs. A first prerequisite is to create throughout each discipline a greater awareness of aging. Those working with the aged must know the aged. Through their contacts with the public, with patients and clients, they can exert a profound influence upon public and individual values. The place of general medicine in this process is of particular importance. It is the family doctor, so often, who is first presented with

* Report of Committee on Central Bureau for Older People. Social Planning Council of Metropolitan Toronto, 1958.

the physical or mental troubles of older people. Psychiatry should be expected, therefore, to take whatever steps are possible to keep allied professions informed of the mental health aspects of aging, to take all possible opportunity to inform and educate the public. Psychiatry, on the other hand, can rightfully expect of the non-medical social services similar activities.

Developments and Unmet Needs in Specific Areas

Income

(30) The establishment of our Old Age Security and Old Age Assistance programs and the extensive development of pension plans has done much to meet this need. Nevertheless, though comprehensive data on income levels of the older population are not available, there is every indication that wide-spread poverty remains. The Ontario Welfare Council estimated that in order to enjoy a "modest but adequate" standard of living, an older person living in an Ontario city in 1958, would require $80.00 to $95.00 per month. A couple would require from $135.00 to $149.00 per month. After studying available data the Council concluded that at that time at least 40 percent and perhaps as many as 60 percent of the Ontario population aged 65 or over did not have incomes adequate to meet these requirements. It estimated that approximately one-fifth of persons aged 60 and over were in receipt of some form of government assistance under a means test.* Since that time of course Old Age Security has increased substantially from $55.00 to $75.00 monthly, thus narrowing the gap, for those with no other resources, between income and begetary needs.†

(31) Income and Environment. Income in old age must be more than sufficient to meet the basic necessities of food, shelter and clothing. There must be sufficient for transportation, recreation, the pursuit of a normal social life. Otherwise the individual's social environment contracts; isolation, anxiety and depression results.

(32) Canada Pension Plan. Undoubtedly the initiation of a universal wage-related Canada Pension Plan as proposed would in time substantially reduce poverty and hardship in old age. It will, when mature, greatly reduce the need for public assistance. Until that time government public assistance granted on a means test basis will continue to be of key importance in the support of the aged.

(33) Standards for Public Assistance. There are indications that many elderly people, though eligible for public assistance, and particularly for supplementary allowances administered in Ontario by municipal departments of welfare are not in fact receiving benefits. Examination of individual cases has often revealed that the person is unwilling to go to "welfare", to undergo a means test. This is a difficult problem to overcome, but a great deal could be done through skillful and sympathetic administration of assistance programs. With regard to both the level of assistance and the administration of programs, the Needs and Resources Study has recommended:

> That the operation of all public assistance programs be based on sound and clearly defined standards with respect to the amount of assistance at a level consistent with health and decency, and adequate provision for qualified staff to administer the programs, and to provide case work and counselling services.

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* Economic Needs and Resources of Older People. Report of the Committee on Public Welfare Policy, Ontario Welfare Council, 1959.

† In Ontario, local municipalities may grant supplementary allowances to Old Age Security and Old Age Assistance recipients to help meet shelter and drug costs. Eighty percent of such allowances not exceeding $20.00 monthly are reimbursed by federal and provincial governments.

Employment

(34) Action To Date. Considerable attention has been paid to the employment problems of older workers during the last decade at federal, provincial and local levels. The federal government, through the Civilian Rehabilitation Branch of the Department of Labour, and through the National Employment Service has carried on programs of interpretation aimed at employers. For a number of years an Adult Counselling clinic of the Special Placement Division of the Toronto office of the National Employment Service provided specialized counselling to the older worker. The initiation of federal-provincial training programs in Metropolitan Toronto has opened up some training opportunities for the "mature" unemployed worker. Despite these and other efforts, the problem is a persistent one, and barriers to the employment of the elderly remain.

(35) Reducing the Barriers. The Social Planning Council has in several studies advanced recommendations aimed at reducing barriers. These recommendations reflect the opinion of the Council, that persons aged 65 and over should not be excluded from our vocational services. A report on Training and Retraining Opportunities for Older People, published by the Council in 1958, stated "that employment counselling is the most effective method of assisting older persons find work." Accordingly, this, and other reports, have recommended

> That the counselling and placement services for older workers of the National Employment Service be continued and strengthened, particularly with regard to the need for part-time work. Special placement officers with training and experience in working with older people should be located in each of the branch offices of the service.*

(36) Vocational Training. In its Submission to the Select Committee on Manpower Training of the Ontario Legislature, 1962, this Council made the following recommendations regarding vocational training:

> That the older worker who wants to continue in employment following retirement should have the opportunity for training, in addition to employment counselling and placement services.
>
> That training of those in their middle and later years should not be restricted to those who have been unemployed, and full use should be made of schedules under the federal-provincial technical vocational training assistance agreements, particularly schedule 3 (trade and occupational training program) and schedule 4 (training program in co-operation with industry).
>
> That every effort should be continued or initiated to reduce institutional barriers to the employment of older workers, including the preparation and distribution of material on training and placement of older workers by provincial training authorities, together with the educational and interpretive programs presently being conducted by the federal Department of Labour and the National Employment Service.

(37) How Should Training for Adults be Provided? The Social Planning Council submission to the Ontario Select Committee also advanced a number of recommendations aimed at increasing the effectiveness of vocational training for adults generally, including both the middle aged or mature worker and the older worker. The following are of particular significance in the context of this submission.

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* Report of Committee on Survey of Services for Older People in Metropolitan Toronto. Social Planning Council of Metropolitan Toronto, 1961.

That care must be taken to ensure that course content, teaching methods, and teaching staff are appropriate to the age and life circumstances of those taking training.

(38) In the planning of vocational training the most appropriate time for giving courses should be taken into consideration. To the degree possible evening courses should be provided for those who are working but wish to take further training.

That skilled counselling must be provided as an integral part of training programs, supported by registration staffs and administrative procedures sympathetic to the individual.

That training allowances be provided as a necessary part of training programs in amounts sufficient to be an inducement to enroll and remain in a training course until completion.

That a closer working relationship between those responsible for training programs and community services such as public welfare, family and youth services, voluntary counselling and vocational services is essential.

That age limits as a qualification for acceptance as an apprentice under the apprenticeship act should be abolished.

(39) Sheltered Work. With regard to sheltered employment, the development of services has been limited. The needs and resources study, the survey of services for older people in Metropolitan Toronto and the submission to the select committee have all recommended that these be expanded.

Leisure Time Needs.

(40) Action to Date. There has been a gratifying response to the leisure time needs of elderly people in Metropolitan Toronto. Major emphasis has been placed upon the sponsorship of senior citizens centres and clubs by municipal recreation departments, social agencies, churches and community groups. There are now over 100 clubs and centres throughout the area. Nevertheless, some neighbourhoods remain inadequately served. There is need for further developments. Many clubs are under volunteer leadership. For these, greater opportunities for training of volunteers and assistance in program development is required. The Needs and Resources Study recommended:

That churches and service clubs be encouraged to sponsor leisure time services to old people, making use of church and other facilities to a much greater extent than now exists, and that the second mile club extend its program of guidance and advice to churches and service clubs in the development of such programs.

(41) To meet the growing need for co-ordination of club programs for the elderly and to facilitate exchange of information and development of program standards, the Council has recommended in its survey of services for older people in Metropolitan Toronto the development of a Federation of Senior Citizens clubs in the area.

(42) Continuing Education. There has been much less emphasis upon the development of educational programs for the elderly. Metropolitan Toronto, like most other communities, has yet to come to grips with adult education in the later years. Opportunities for participation in community educational or cultural programs are extensive, but lack of motivation on the part of older persons, inability to meet fees, problems of transportation, would appear to be limited factors. Retirement education programs are extremely limited. Thus the council has recommended explorations with appropriate educational

and recreational authorities of methods of broadening opportunities for participation by the elderly in adult education programs. It has also recommended that consideration be given to a specialized adult education program for retired persons, and that study be undertaken of the respective roles of business, labor, education, the church and community agencies in retirement education.* Public libraries can also help meet leisure time needs in the later years. For example in co-operation with volunteer groups they can develop mobile library services for shut-ins.

Housing

(43) Developments to Date. During the last ten years considerable action has been taken to provide low-rental housing for older people. In 1954, the Municipality of Metropolitan Toronto established the Metropolitan Toronto Housing Company Limited, a non-profit organization, to construct and operate senior citizens housing projects under the limited-dividend provisions of the National Housing Act. To date the Company has completed 12 projects comprising 1474 bachelor and one-bedroom apartments. Completion of a 392-unit project is scheduled for early in 1964. Four other projects totalling 1194 suites are in the planning stages. There are also three other low-rental projects with a total of 168 apartments.

(44) Limited—dividend senior citizens projects are financed by long-term federal loans and provincial and Metro grants. Rents are fixed in each project at the level required to meet amortization and administrative costs. They are not geared to income as in subsidized public low-rental housing. In the most recently completed projects rents are around $45.00 monthly for single persons and $60.00 monthly for couples. These are significantly higher than rentals required in earlier projects, a trend reflecting increased costs of construction.†

(45) In addition, elderly couples related by marriage or blood, of low income, are eligible for accommodation in projects operated by the two public housing authorities in Toronto. These are the Metropolitan Toronto Housing Authority and the Housing Authority of Toronto. In these projects rents are geared to income.

(46) Continuing Needs. The rapid development of special housing facilities for the elderly in Metropolitan Toronto has been a notable achievement. Few communities in Canada have done as much. Nevertheless, demand for accommodation still outstrips supply. To meet long-term needs the Metropolitan Planning Board has proposed that in view of the expected rise in the proportion of elderly persons and the increasing requirements for special housing for this group a total of 10,000 units eventually be provided.‡

(47) Other Approaches to Housing. Low rental apartments are, of course, but one approach to housing the elderly. Another is the provision of boarding or foster home programs. The Jewish Family and Child Service operates a foster home program under which clients are placed in carefully selected family homes. The Metropolitan Department of Welfare and Housing gives care in supervised boarding homes in accordance with the provisions of the Provincial Homes for the Aged Act. These programs are an effective way of caring for the aged and do not require large capital expenditures.

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* Survey of Services for Older People in Metropolitan Toronto.

† For example, in the first limited—dividend project in Metro Toronto, the Beech Hall Apartments, built in the late 1940's, the rents are $29.00 per month, single; $35.00 couples. This project is operated by York Township Housing Co. Ltd.

‡ The Official Plan of the Metropolitan Toronto Planning Area Metropolitan Toronto Planning Board, 1959, p. 77.

(48) Some Problems in Housing. Like other urban areas in Canada, Metropolitan Toronto faces a number of problems in developing a fully effective housing program for the elderly. First, emphasis upon limited-dividend housing has done much to meet the needs of those of moderate or low income. However, for the very needy, particularly single persons whose only income is pension or allowance, additional provision whereby rent can be geared to income is still required. Secondly, there is a scarcity of sites in central areas where the majority of older people live. Thirdly, there is a tendency to develop available sites as intensively as possible and to erect large projects.

(49) The Needs and Resources Study noted that housing for elderly, particularly low rental and subsidized housing, is of primary importance. It recommended

> That as an alternative to institutional care for well older people, government and voluntary organizations give consideration to the extension of boarding and foster home programs and the development of co-operative residences and low rental apartments: that in planning future housing for old people under government auspices more flexible and varied patterns of living arrangements in proximity to transportation and community services be considered.

(50) In its Survey of Services for older people in Metropolitan Toronto, the social planning council recommended that ways be sought of providing rental accommodation within the means of needy, elderly people and that the lowering of interest rates payable by limited-dividend companies, an increase of provincial capital grants to such companies and provision of accommodation for single, elderly persons in federal-provincial public housing projects be considered as possible methods.

The Survey also recommended

> That in selecting sites for future limited-dividend projects, whether in the city or the suburbs, emphasis be placed upon locations that are close to transportation, churches, shopping, and other community facilities. Housing should be dispersed throughout the different communities so that there would be greater opportunity for freedom of choice as to location. At the same time the geographic distribution of the elderly and those areas where need is greatest should be kept in mind in selecting sites.
>
> That methods be explored of providing recreational facilities in low-rental housing projects for the elderly.
>
> That sites for small low-rental apartments be reserved when land is sub-divided and that the housing committee of the social planning council examine the feasibility of this proposal.
>
> That accommodation for elderly persons be included in housing projects undertaken as part of re-development programs.

(51) This submission would emphasize the importance of good location of senior citizen housing projects and of considering carefully the most appropriate size of projects. Suggestions regarding these and other matters are set forth in a letter from the Social Planning Council to the Housing Branch of the Ontario Department of Economics and Development. A copy of this letter is attached to this submission.

Institutional Care

(52) Though this submission stresses the importance of services that will help the elderly remain in the community, it by no means suggests that institutional facilities are not a necessary and basic resource. In fact, with increasing

numbers of persons living to advanced years, the need for sheltered care or communal living will remain and will probably increase. Over the past decade the numbers of beds in Metropolitan Toronto Homes for the Aged have almost doubled. The greater proportion of these are in newly established municipal homes operated by Metropolitan Toronto under the Ontario Homes for the Aged Act. But private organizations have also been active. Despite this increase, the demand for accommodation as expressed by applications and waiting lists exceeds supply. The Study Committee on Homes for the Aged reported the following problems and unmet needs:

(i) A shortage of facilities for bed-care or semi-bed care patients.

(ii) Increasing requests for private room accommodation which are difficult to meet.

(iii) A consistently high level of demand for admission to private homes for well older women.

(iv) A shortage of accommodation for the senile. Problems have arisen particularly over the care of active senile persons requiring immediate placement in a protective setting.

(v) A need for increasing emphasis upon the development of social casework, group work, recreational and related social services in homes for the aged.

(vi) A need for increased consultation and joint planning by homes for the aged.

(53) With regard to institutional needs generally, the Report of the Study Committe on Home for the Aged noted:

> One point requires emphasis. Demands upon institutions reflect needs for care, but it is extremely probable that in many cases such needs will be met by non-institutional services. Greater emphasis needs to be placed upon the care of the elderly in their own homes. As noted above, there is need for homemaker services. If home care programs for the elderly were adequately provided, then the real need for institutional care, as contrasted to expressed demand, would be more readily ascertainable. Present projection of the older population in Metropolitan Toronto suggests that this problem may be with us for some time. It is estimated for example that in the Metropolitan Toronto Planning Area the number of those 80 years or over will increase more than two and one half times. It is from this group that demands for bed care will increasingly come.
>
> With regard to the care of the geriatric mental patient who does not require active hospital treatment the Committee suggests that the advisability of establishing "half way" houses as operated in the United Kingdom be explored. The development of day care facilities for this group might also relieve pressures upon mental hospitals or homes for the aged.

(54) Financing Institutional Care. The trend toward professionalization of services in homes for the aged and toward nursing and medical care is increasing the costs of institutional care. The problem of adequate financial support and of the respective roles of government and private philanthropy arises. Recommendations regarding this are set forth below in the section of the Submission dealing with government's role in the care of the aged.

Social Services

(55) The social services briefly described in the preceding section of this submission have not developed to the same degree in Metropolitan Toronto as recreation, housing and institutional programs. Traditionally, such key services in this area as family counselling and homemaker services have served primarily families with children. Although the agencies have become very much aware of the needs of the aged, they have been faced with serious problems in maintaining existing services at an adequate level to meet the needs of rapidly growing suburban populations. Again, some of these services, e.g. professional casework, are less tangible, less well understood by many elderly people. Some e.g. day-care centres, meals-on-wheels, are relatively new approaches to the care of the elderly. Full acceptance and clarity as to sponsorship and financing have yet to be achieved.

(56) The Needs and Resources Study has recommended an expansion of service by family agencies to include more casework services to older people. It recommends also:

> That major emphasis in services to the aged should be given to the development of more day care programs and sheltered workshops under various auspices such as institutions for the aged, mental hospitals and community centres, and that the social planning council accept responsibility for co-ordinating developments.
>
> That consideration be given to the development of meals-on-wheels service as part of a comprehensive home care program for the aged.

(57) Homemaker Service—a major gap. The lack of a Metropolitan-wide homemaker service for older people is perhaps the major gap in Toronto's services for the aged. Uncertainty as to the most suitable sponsoring and lack of finances have been the obstacles to this development. A Committee appointed by the Social Planning Council to study this problem has recommended that homemaker services for the elderly be provided as an extension or strengthening of services by existing homemaker agencies, and that high priority be given to it both in government and voluntary financing.

The Council's Survey of Services for Older People in Metropolitan Toronto had earlier recommended:

> That in future planning welfare services for the aged a major emphasis be placed on
>
> (*a*) The development and co-ordination of services to elderly people living in their own homes including visiting homemaker services, meals on wheels and friendly visiting.
>
> (*b*) The further development of day care services for older men and women.

(58) *Companions* Finally agencies in Metropolitan Toronto report that there are a number of elderly people with some means who wish no longer to or should no longer live alone and request a companion or helper to live in. Usually they request another elderly person. This type of service has not been developed on an organized basis. Limited experience with it however has indicated that it would require careful agency supervision in order to avoid exploitation of the companion and to ensure proper matching of companion and households.

Health Services

(59) There is a wide range of health and medical services, public and private, available to older people in Metropolitan Toronto. These embrace public health services, medical care for the indigent, in-patient and out-patient

hospital services, facilities for long term care, home nursing services; in-patient and out-patient mental health services and a variety of programs provided by specialized health agencies.

(60) Some recent developments. Major recent developments affecting the elderly have been the inauguration of hospital insurance; the continuing expansion of chronic hospital facilities; the development of facilities for the long-term care of non-hospital patients, including the senile, by Metropolitan Toronto; the initiation on an experimental basis of medical home care; and the establishment of Geriatric Centres for study and treatment at Lambert Lodge and at Toronto Western Hospital. Another important development was the passing of the provincial Homemakers and Nursing Services Act which provides for provincial municipal sharing in the costs of visiting homemakers and visiting nursing services.

(61) Some Recommendations on Health Services. Nevertheless a number of steps remain to be taken to assure maximum good health in the later years. The Survey of Services for Older People in Metropolitan Toronto emphasized the need for health education and the development of broader community facilities for the early detection of illness. Recommendations regarding initial steps in developing programs along these lines were made. There is need also to broaden services for older persons on public assistance to include dental care and more adequate provision for medications, appliances and other special needs. The Report recommends legislation as necessary to bring this about.*

(62) In order to assure that our visiting nursing agencies have adequate financial resources to meet the needs of a growing older population this Report and also the Needs and Resources Study recommended that the provincial Homemakers and Nursing Services Act be implemented by all Metropolitan municipalities in Metropolitan Toronto.

(63) Hospital Premiums. Consideration needs to be given also to the best methods of paying premiums for hospital or health insurance by elderly persons or others on limited income. At present payments for Ontario Hospital Insurance must be made three months in advance and experience reveals that this exerts hardship upon those living on small monthly pensions.

(64) Rehabilitation. The Survey of Services for Older People emphasized the importance of rehabilitation or "re-activation" programs. It recommended particularly that greater emphasis be placed upon the rehabilitative approach to the care of the senile or mentally dependent, older person both in the community and in institutions.

(65) There would appear also to be need to examine methods of achieving greater co-ordination among various agencies in the assessment and placement of patients requiring long-term care.

(66) Medicare. The proposed Ontario Medical Services Insurance Act, which if implemented would remove age restrictions in the provisions of pre-paid medical care and meet premium costs for those of low income would be of immeasurable benefit to the elderly. The Social Planning Council endorses pre-paid health insurance. Recommendations in its brief regarding the proposed legislation included the following:

(i) That annual or periodic health examination be not exempted from insurance services.

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* See Report of Committee on Survey of Services for Older People in Metropolitan Toronto Social Planning Council of Metropolitan Toronto, 1961, pp. 82-83.

(ii) That organized home care should be considered part of basic medical and health care and ways be studied for including such a program within the framework of existing and proposed legislation.

(iii) That the (provincial) government should review existing relevant or mandatory legislation to assure that it guarantees the actual costs of services purchased from voluntary organizations.

(iv) That a pilot study should be developed in order to determine the best way of providing dental care to the institutionalized, homebound and low-income persons.

(67) Mental Health Services. With regard to mental health services, the News and Resources Study makes the following observations and recommendations which are of direct relevance to the care of the aged:

> Marked changes have been taking place in mental health care and treatment. These changes emphasize the provision of treatment close to home, permitting the patient to continue working where possible, and, in any event, remaining close to home and family. This enlightened approach in treatment of the mentally ill requires a better general understanding of mental illness and a greater readiness of communities to accept responsibility for improving local services. As a result, a greater emphasis has been placed on services in the community such as friendly visiting, employment counselling, sheltered workshops, and supervised leisure-time activities. These relieve the government of some of the costly institutional care and at the same time assist the patient to find his way back into the community without fear. However, they have placed a very substantial burden on the voluntary agencies in the provision of after-care services. Submissions to this Study refer to increased services being provided by a variety of voluntary agencies.

(68) The Needs and Resources Report recognizes that there would be difficulties in determining at what point government's responsibility for after-care would terminate and when the responsibility should reasonably be assumed as a voluntary endeavour. It expresses the belief, however, that the importance of maintaining strong community services as a vital part of the total rehabilitation of the mentally ill demands increased government support. It recommended:

> That the Provincial Government increase its support to after-care agencies to enable them to carry out an effective program which will complement treatment provided by the Ontario hospitals and mental health clinics.

(69) With regard specifically to the mental health of the aging, the Needs and Resources Study recommended:

> That in the light of increased admissions to mental hospitals of elderly people, the provincial government give consideration to providing increased funds to Ontario Hospitals for the development of effective geriatric services.

Principal Gaps in Existing Services and Promising Developments

(70) The foregoing has indicated some of the principal gaps in existing services in Metropolitan Toronto. Perhaps the most serious gap is the limited provision of visiting homemaker services, and related home-help services such as meals-on-wheels. Shortage of such services presents serious barriers to the home care of the aged and the prevention of illness. Day-care and sheltered work-shop facilities are also extremely limited. Finally there is an absence of educational programs designed to assist in preparation for and adjustment to retirement.

(71) As services for the aged increase, so also does the need for machinery that will effectively co-ordinate and integrate these services. The elderly tend to have multiple problems requiring the services of more than one agency. To effectively service the individual, his total needs should be assessed and the services required planned in an overall manner. The Social Planning Council has suggested that the desirability of a co-ordinating bureau for the care of the aged be explored.*

(72) Some promising developments included the following:

Research—The initiation of a long-term study of aging by the Ontario Department of Public Welfare.

The establishment of a Geriatric Research Centre at Lambert Lodge in Toronto by the Ontario Department of Public Welfare.

Medical Care—Establishment of Geriatric Unit at Toronto Western Hospital.

The proposed extension of pre-paid medical care through an Ontario Medicare Program.

Housing—St. Matthew's Lodge. The City of Toronto purchased and renovated an old property to be administered as a neighbourhood residence for elderly people by an Anglican parish.

Day Care—Establishment of a Day Care Program at the Jewish Home for the Aged, Toronto.

Vocational Training and Rehabilitation—The expansion of vocational training programs for the unemployed.

A pilot project in vocational rehabilitation of men 50 and over on general welfare assistance undertaken by provincial Department of Welfare and Toronto Department of Welfare.

A training program by Jewish Vocational Service in building maintenance for semi-skilled and unskilled mature workers.

III. What about the philosophy underlying our planning and provision for older people? Are we acting on assumptions that need to be re-examined? In your view are we proceeding on sound lines and in the right direction?

(73) In Canada aging has emerged as a major concern in the development of social services during the past two decades. Being a relatively new area of concern, ways of providing service, patterns of sponsorship vary from community to community. There has been considerable pioneering, both by governmental and private agencies. This holds true, of course, for other areas of service also. New knowledge concerning the aging process is continually being made available. New and sometimes what may appear to be conflicting concepts are being advanced. For this reason, principles for the guidance of social policy must be ready to stand the test of new knowledge and experience.

(74) As a result of its experience in planning for the aged and in working with many organizations, the Social Planning Council would propose for discussion the following principles as guides for social policy.

(75) The aged should not be regarded as a homogenous group. There are many differences among older people—economic, social, cultural. They differ widely in their values, their concepts of themselves. This is obvious, but it is a fact that can be overlooked in emphasis upon services for the aged as such.

* See Homemaker Services for Older People. A Report of a Committee established by the Social Planning Council of Metropolitan Toronto. The Social Planning Council of Metropolitan Toronto, 1963.

For example, there has been a tendency, in the provision of leisure time services, to concentrate upon senior citizens clubs. Yet there is evidence that only a proportion of elderly people wish to use their leisure in this way. May we not be overlooking the needs of others? Again, in developing housing for the elderly we have rightfully given priority to those of low income. Yet there are independent elderly people with special housing needs which are not being met.

(76) Services should be provided so that the older person is not unnecessarily segregated or isolated from the community. This is a constant danger in the development of specialized services for the aged, particularly in the planning of institutional, housing and group programs. Elderly folk should not be unnecessarily removed from the stream of life or their social environment narrowed.

(77) The provision of services for the aged should be based upon sound social planning and should be an integral part of overall community social planning. Community interest in the aged has become widespread. This is all to the good but there is danger of projects being undertaken without benefit of careful planning. Since a broad range of social service agencies are involved in some way with planning for the aged, there needs to be continuing examination of the most appropriate role of each agency and opportunity for the knowledge of each to become available to others. Again, growing demand and need for services to the aged can make substantial demands upon community resources. Thus these needs must be thoroughly documented and proposals well planned, effectively presented to the community at large and related to overall community needs. At the same time, groups planning programs and policies of wide community import, e.g. redevelopment programs, manpower policies, mental health services, must take into account the implications of their proposals for the elderly.

(78) The elderly should have the same access to the community services they require as other age groups. This may be termed the principal of equal availability. It means that organizations servicing the community at large should not have age restrictions and should make every effort to extend services to the elderly. Generally speaking the Social Planning Council is of the opinion that it is preferable for agencies with responsibility for, and skills, in, a certain field of service to provide the service to the elderly rather than to create new agencies. This does not mean, of course, that all needs can be met through extension of existing agencies. Some programs, for example, day-care, may require special agencies, although as recommended in the News and Resources Study they can be sponsored by homes for the aged, community centres or mental hospitals.

(79) Services to the aged require not only a wide range of generic skills in a broad variety of fields, for example, casework, group work, nursing, homemaking, etc., but in addition, specialized knowledge of the aging process, of the specific needs arising from the process and of problems of adjustment to the circumstances of the later years. This may be termed the principle of necessary specialization. At the present time there are few facilities for specialized training in gerontology. Perhaps because of lack of exposure at school, or because working with the aged lacks status, or because of a feeling that it is not rewarding, there is a lack of interest among professional social service personnel in working with the aged. Many nurses, for example, prefer to work in active treatment settings. Because of shortages of professional staff, the untrained worker will continue to be important in direct service. Opportunities for staff development, for the up-grading of skills, will be necessary.

(80) Clearly, also volunteers, whether working with clubs as program or group leaders, as friendly visitors, or in institutions, need to be aware of general problems of adjustment and of the stresses and strains of the later years. They need to be wise in the ways of encouraging the elderly to help themselves and in recognizing the need for specialized services. Their function vis-a-vis those of employed staff need to be clearly defined. A volunteer, particularly in the club setting, must avoid the pitfall of taking on too much, of doing everything for the members. Programs can be as much hindered as helped by over-dominance of volunteers.

(81) In agencies which are not specializing solely in services to the aged, administrative provision should be made to ensure necessary specialization. The establishment of units or departments on aging with the agency, or the employment of consultants, are methods of achieving this.

(82) The Discussion Paper on Psychiatry and the Aged made the following remarks on the necessity of specialization:

> Considerable attention has been paid to geriatrics in mental health research and related fields, and a body of knowledge of no mean proportions is being developed. This knowledge, however must be more widely diffused throughout psychiatry, throughout medicine generally and throughout social work. For it to be effectively applied we require psychiatrists, general practitioners, social workers, psychologists and nurses with special interest in the aging and with specialized knowledge of geriatrics. This discussion paper would make a plea for more specialized attention to the aged, for more specialists and for more geriatric services in counselling and treatment settings. The latter, i.e. the development of special services, is important not only for the provision of service but for teaching and research purposes. Further, the development of services, the opening up of challenging jobs will attract personnel and encourage specialization.

(83) Physical availability of services must be a basic consideration in developing adequate patterns of service for the elderly. This has been discussed in an earlier section of this Submission. It is of basic importance in planning living accommodation and in locating clubs and centres. Often physical condition makes travelling difficult. In these cases, provision should be made to take service to the older person. Such a development may well be necessary, for example, if casework services are to be effectively extended to older people. Or, alternatively, agencies might use volunteers to bring the person to the agency.

(84) Development of services for the aged is the responsibility of both government at all levels and voluntary agencies, and requires co-operation and joint planning between them. Both public and private agencies have had to face the implication of an aging population. To a cosiderable degree the responsibilities of each in this field reflect the patterns for social service generally. This pattern is complex and varies from community to community, province to province. Generally, government has assumed basic responsibility for income maintenance, employment services and hospitalization. It shares important responsibilities with voluntary agencies in the fields of health, recreation, social service, housing and institutional care.

(85) The Social Planning Council would propose the following principles regarding government action on behalf of the elderly:

(i) Government has basic responsibility for income maintenance. Public social security and public welfare agencies should be ready to assist older people coming to them with social and personal problems, and work closely with other community agencies.

(ii) In areas where government has assumed direct responsibility for service to the general population, it should take adequate account of the needs of the elderly for that service and develop the administrative structures, eligibility requirements and staff skills necessary to provide service of good standards to them. This principle would apply to employment services and manpower training, public housing, government recreation programs, mental health services, and public health services.

(iii) In areas where government, together with private agencies, provides specialized services for the aging, government should develop programs of the highest standards.

(iv) Government should provide consultative and advisory services of a high calibre in all those areas of service with which it is concerned.

(v) Where government purchases services from voluntary agencies, reimburses them for services provided or otherwise supports voluntary agencies, its payment should reflect actual costs of service.

(vi) Where government uses community services to complete treatment or other programs which it has initiated, it should reimburse voluntary agencies for costs of service. This would apply to community after care of discharged elderly hospital patients and vocational rehabilitation in sheltered workshops.

IV. Finally, we would like your views on what governments, at all three levels are doing and what further action, if any, in your judgment is required.

(86) In Metropolitan Toronto, public services provided by governments at all levels are providing services to the aged. Apart from income maintenance, government is operating or financially supporting housing projects and homes for the aged, directly sponsoring and providing leadership in leisure-time services, undertaking important gerontological research. This submission cannot, of course, comment on government action in other provinces and municipalities. But from its local experience, it would suggest that increased or strengthened government action is required in a number of areas. Suggestions or recommendations regarding some of these have been made earlier in this submission. The special Committee is referred to the discussion of employment services (page 18-20); levels of public assistance and casework and counselling services to public assistance recipients (page 17); housing (page 21); health services (page 27); medical care insurance (page 29); government mental health services (page 30). Other ways in which government's role can be strengthened are:—

(87) Research and Pilot Projects. Increased government grants for research and service projects would be of great benefit. Consideration should be given to establishing a federal or federal-provincial program of special Grants for Aging.

(88) Housing. There needs to be broader and more flexible public action for the housing of elderly people. In particular, greater provision needs to be made in public housing legislation for the accommodation of single, unattached persons, greater variety of types of accommodation, for example, hostel units, and for the inclusion in housing projects of recreational facilities, doctors' and nurses' offices and examining rooms.

(89) Public Health. Public Health authorities should play a more active role in the development of health education programs for middle aged and older people, and developing facilities for the discovery and early diagnosis of conditions. The Department of Public Health in Scarborough has pioneered in the field with its Geriatric Clinic. Concerning the role of public health, the Survey of Services for Older People comments:

> Preventive medical examinations are of course available to older people from their own physicians. The financially independent older person with limited means tends not to see his doctor until he has to. The extent to which such services should fall within the scope of public health department needs serious thought. The Scarborough Board of Health has pioneered in this field with its Geriatric Clinic, but to date no other municipality has followed its lead. Yet, just as public health has played a major role in the prevention of infectious diseases so it might play a similar role in meeting the great challenge of chronic and disabling illnesses. Additional possibilities are the establishment of geriatric clinics by hospitals or homes for the aged. Industrial medicine particularly through preretirement examinations and periodic check-ups can also play an important role.

(90) Adequate supervision and licensing of commercial nursing homes is also essential.

(91) Education. Adult education authorities should develop programs geared to meet the needs of growing numbers of retired and elderly people. In Ontario, at least, little has been done, as yet, along these lines.

(92) Homes for the Aged. The Needs and Resources Report has recommended, that the Ontario government assume major responsibility for the provision of institutional care. Voluntary homes should concentrate on caring for those whose needs, for reasons including religion and language, cannot be met in public homes. Government should meet costs of caring for older people in voluntary homes who would otherwise be eligible for care in a public home.

(93) Home Care of the Aged. Government should play a more active role in the development of home care services, including visiting nurses, visiting homemakers. Where voluntary agencies are providing these services, government should purchase service from them on an actual cost basis, not only for the indigent, but for those unable to pay fees in whole or in part.

(94) Day-Care Services. Through public hospitals, institutions or community centres, government could play a leading role in developing day-care programs.

Social Planning Council
of Metropolitan Toronto
January, 1964

October 16, 1963.

Mr. H. W. Suters,
Director,
Housing Branch,
Department of Economics and Development,
Parliament Buildings,
Queen's Park,
Toronto, Ontario.

Dear Mr. Suters:

The Social Planning Council was pleased to receive from you the proposals of the Honourable Robert W. Macaulay, then Minister of Economics and Development, for a new concept in housing the elderly and your invitation for comments upon these proposals. These proposals have been carefully reviewed by our Section on Aging, by our Housing Committee and consequently by our Board of Directors, and we forward the following comments for the consideration of the Department of Economics and Development.

(1) There is undoubtedly an extensive and continuing need for adequate accommodation designed to meet the housing needs of elderly people. Though much has been done during the past three or four years to meet this need in Metropolitan Toronto through the provision of limited-dividend senior citizens housing, demand as expressed through lengthy waiting lists continues to outstrip supply. With continuing increases in the number of elderly people forecast for the years ahead, this situation is likely to persist. As far as Metropolitan Toronto therefore is concerned, Mr. Macaulay's proposals are in keeping with existing need and could make an important contribution to meeting this need.

(2) The facilities required by elderly people vary, particularly with regard to their capacity for self-care. Some, because of failing vigor, though they do not require full institutional care could benefit greatly from the provision of some central services, for example, dining facilities. Accommodation of this type is at present lacking and its absence is a gap in our overall services for the elderly. A project, therefore, that would provide some variety in different types of accommodation and, in particular, would include hostel type units is greatly to be welcomed. Care should be taken in designing hostel units to avoid, as much as possible, an institutional atmosphere. Thus, each unit ideally should have its own bathroom facilities, or should share such facilities with no more than one other unit. Such units would be less costly to build than fully independent apartments. The costs of care in hostel type units would be similarly less than full institutional care which the tenants might otherwise require.

(3) Similarly, the inclusion in the proposed project of units for the temporary bed care or semi bed care of the sick would have many advantages. Older people have a fear of being moved away from their home in case of illness, and this could be overcome by this type of arrangement. It would add an element of security to their lives. At the same time the facilities of the institutional unit could be made available to those in the apartments and hostel units. We would, however, emphasize the importance of adequate facilities and staffing for the bed care unit so that the care provided will meet full professional standards.

(4) The proposal that such a project be built ina centrally located residential district where elderly people customarily live is to be commended. Senior citizens projects should be close to transportation, shopping, churches and other community facilities. There should be ready access to the community

without traffic barriers or hazards, and family, friends, and volunteers should have easy access to the project. Otherwise tenants would be segregated and isolated and their well-being adversely affected.

(5) The Social Planning Council agrees with the proposal that rents be subsidized on behalf of those who cannot afford to pay an economic rent sufficient to recover the cost of the unit. Though limited-dividend projects, as presently operated, have done much for those on moderate or low incomes, the rentals required in recently constructed projects have been beyond the means of persons who are solely dependent upon Old Age Security or Assistance, particularly if they are single. The provision of rental subsidies would, therefore, meet a serious need. Subsidies should be sufficient to permit the elderly people to adequately meet other budgetary requirements after rent has been paid. Financial need, however, should not be the only consideration. There are many elderly people who though they do not face financial difficulties do have problems in obtaining accommodation suited to their needs. The Council, therefore, welcomes the suggestion that there be apartments for those able to meet the economic rent and suggests that "hostel units" should be available to this group as well.

(6) The Social Planning Council agrees with the proposals that recreational facilities, a chapel, park land and a medical clinic be incorporated in the project. The provision of services in the project can do much to help the tenants lead active rather than passive lives to prevent the physical and mental ailments which result from idleness and worry. It would, however, caution against a fully "self-contained" community which would segregate these people from the normal flow of life.

(7) The Social Planning Council is in agreement with the general nature of the proposals, and the principles upon which they are based. However, the scale of such a project needs very careful consideration. Very large projects can become impersonal and institutional in atmosphere, and even though well located tend to segregate people from normal community life. It would be difficult to avoid this in a project such as that proposed for Metropolitan Toronto, in which more than 1,000 persons would be cared for on a site of five or six acres.

However, in light of the urgent need, the Social Planning Council believes that the provision of good accommodation is of paramount importance. The Council, therefore, welcomes and endorses the Department's proposals and hopes that a speedy start may be made in implementing them. The Social Planning Council would suggest:

(*a*) That the proposed project be considered experimental and one of several possible approaches to the housing of senior citizens. Accordingly, ways of assessing its effectiveness should be incorporated.

(*b*) That serious consideration be given to the most appropriate size or scale of projects for the elderly. The possibility of building two or more projects of the kind envisaged in different locations, possibly in conjunction with family housing, be considered in lieu of one larger project concentrated on one site.

(*c*) That consideration be given to making the recreational and other facilities of the project available to senior citizens living in the area. The extension of such facilities and services to non-residents in a flexible and imaginative fashion is in keeping with modern trends in the care of the aged. It permits an economical use of existing facilities in meeting needs of residents and non-residents and makes available resources that might otherwise be difficult to obtain.

In conclusion, the Social Planning Council wishes to compliment the Government of Ontario on its concern about and its imaginative approach to the needs of the aged. We sincerely hope that the above comments and suggestions will be helpful.

Sincerely yours,

Harold R. Lawson,
President.

Social Planning Council

Second Session—Twenty-sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF THE SPECIAL COMMITTEE OF THE SENATE ON

AGING

No. 16

THURSDAY, JULY 16, 1964

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

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.

APPENDICES

O-1—Brief from the Gerontologic Research Unit, Allan Memorial Institute of Psychiatry of McGill University

P-1—Brief from the Associated Nursing Homes Incorporated of Ontario

Q-1—Brief from the United Senior Citizens of Ontario

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21200—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20).

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"That is 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 cooperation 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 the 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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21200—1½

MINUTES OF PROCEEDINGS

THURSDAY, July 16, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators: Croll (*Chairman*), Fergusson, Grosart, Haig, Inman, Lefrançois, McGrand and Quart—8.

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by Gerontologic Research Unit, Allan Memorial Institute of Psychiatry of McGill University and the Associated Nursing Homes Incorporated of Ontario as appendices O-1, and P-1 to these proceedings.

A brief was submitted to the Committee by the United Senior Citizens of Ontario who will not appear.

On Motion of the Honourable Senator Haig, it was Resolved to print the above mentioned brief as appendix Q-1 to these proceedings.

The following witnesses were heard:

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.

At 12.20 p.m. the Committee adjourned to the call of the Chairman.

Attest.

DALE M. JARVIS,
Clerk of the Committee.

ERRATUM:

Re Proceedings No. 11, Page 739, line 48: immediately after "including" insert the following:

"a kitchen; and in consultation with the Supervisor the expansion of all the services for the Senior Citizen members.

B. The full time staff of a professional Social Worker and a qualified Secretary, assisted by volunteers, carry out a program of activities, Monday through Friday, 9 a.m. to 5 p.m.

C. The group composed of the Senior Citizen members which, guided by the Supervisor, meets regularly as a constitutionally organized body and assumes many projects relative to the members and their own area of responsibility.

This is in contrast to clubs which are run by volunteers allowing the members to fill their time to no useful purpose.

4. Its Activities

From its very existence the Notre Dame Day Centre has established itself as a community resource for older people. Expanding program and services are being provided for the members in an atmosphere of acceptance and understanding which stimulates their continued growth. It is the belief at the Day Centre that activity, as a primary human need expressed physically, mentally and emotionally, is basic to the older as well as the younger person; and is fundamental in preserving personality.

Most of the members have, for the greater part of their lives, worked long hours, raised families, and had little opportunity to obtain an education. Recognizing this, the activity program is developed to meet the individual and/or group at the mean level of its past development and move forward from there.

Program is an instrument for improving relations among people, it is never an end in itself. Program stimulates the binding together of the group in a satisfying social climate. It is a way to a wider richer life. Thus it is more than just activity.

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 need for them.

A. Large Groups

(1) Parties—One day each month (the third Wednesday) is set aside for the celebration of the Birthdays which fall in that month. The program for these occasions includes individual."

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, July 16, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problems involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. David A. Croll (*Chairman*), in the Chair.

The CHAIRMAN: Honourable senators, we have a quorum and I will call the meeting to order. We have two briefs to consider this morning. The first has been submitted by the Gerontologic Research Unit of the Allan Memorial Institute of Psychiatry, McGill University, Montreal. The second has been submitted by the Associated Nursing Homes Incorporated, Ontario. May I have a motion to print these briefs?

Senator HAIG: I so move.

Hon. SENATORS: Agreed.

(*See appendixes O-1 and P-1*)

The CHAIRMAN: A brief has also been submitted by the United Senior Citizens of Ontario. They will not appear, but could I have a motion to print their brief?

Senator HAIG: I so move.

Hon. SENATORS: Agreed.

(*See appendix Q-1*)

The CHAIRMAN: I would like to point out that when the Notre-Dame des Centres representatives appeared before this Committee they submitted a brief, which was to be printed in our proceedings. A page was inadvertently omitted from the record. This is the first time this has happened, and it merely proves that we are dealing with human beings and that this sort of thing can happen. I am informed by the Clerk of the Committee that the way to deal with this omission is to add an errata to today's proceedings, as follows: "Re the proceedings, No. 11, page 739, line 48, immediately after the word 'including' insert the following page" and the page will be inserted accordingly. That will correct the error.

Senator HAIG: I would also suggest that a letter be sent to the secretary of that organization, advising them of the correction.

The CHAIRMAN: I understand that that has already been done, but I will write to them personally.

Honourable senators, for a moment let me bring you up-to-date in our planning. You will recall that originally the Steering Committee decided that we would hold meetings to about the middle of July, thinking that we would adjourn about the end of this month. We are now at the middle of July and it would appear from the best guess that we will probably be adjourning by the first week in August. I do not think it will be any later than that. That is my best guess.

Senator GROSART: Is that an informed guess?

The CHAIRMAN: Well, you know how people guess around here. I would like to indicate what is ahead for us. The following organizations and witnesses have indicated they wish to appear before this Committee: the Canadian Association of Adult Education; the Canadian Medical Association; the Victorian Order of Nurses; Father Guillemette; the Province of Nova Scotia; the Province of Manitoba; Central Mortgage and Housing Corporation; the Dominion Bureau of Statistics, and the Department of National Health and Welfare. This committee may require two weekly sittings when we return after the adjournment. Those who are not definite about coming but probably will are the Department of Veterans' Affairs, the Province of Ontario, the Province of Quebec, and the Province of British Columbia.

Assuming that we return here the middle of September, that will give us until October 15 to hear at least 10 groups of witnesses. Thus, we will require to hold two meetings a week from when we return in September to October 15, at which time we will start on our report, which we will endeavour to have ready by November 15. That seems like a fairly reasonable schedule.

Should there be a delay and we are kept here longer than I anticipate, we may be able to have the Canadian Medical Association appear before us on short notice.

I do want to take this occasion to thank profusely the members of the Senate who made it possible for us to continue holding meetings during the time which we adjourned, which could not be foreseen when we made our original committee and set dates for hearings.

I wish to inform you that an advertisement appeared in the Ontario newspapers. This advertisement was placed by the Legislative Assembly of Ontario, which has a committee on aging. I believe I did inform the members of this committee that the Ontario Legislature had forecast this committee in the Speech from the Throne. It was appointed to study and review the circumstances of the aged, and to consider all relevant subjects which may be of concern in Ontario. They are asking organizations and witnesses to communicate with the secretary and the chairman. I do not know how soon they will get going, but they are just asking for persons and organizations who are interested to write to them and indicate whether they want to be heard or wish to present briefs. I merely give this as a matter of information.

Senator HAIG: When was this advertisement placed?

The CHAIRMAN: July 14. We knew that they had provided for it. It is possible in the circumstances that Ontario will not be in a position to make a presentation, for they probably will not be finished until well into 1965.

Senator GROSART: Are we keeping in touch with that committee?

The CHAIRMAN: They have not started yet.

Senator GROSART: But has it been formed?

The CHAIRMAN: Yes, but they have not as yet held hearings.

Senator GROSART: I just wondered whether we had been in touch with them. As you and I would know, they might not be aware that we have received briefs. We should be in touch with them and send them copies of the briefs we have had submitted to us.

The CHAIRMAN: They have not been in touch with us yet. We will be getting in touch with them.

Dr. DAVIS: To make the record straight, may I say that we have been in touch with them. I have exchanged letters with the chairman. Furthermore, they are receiving copies of all our briefs. They have every brief which has been printed by us up to this moment. They are hoping they will be able to appear personally before this committee or at any rate to send us a statement.

They say that because of the time limit such a statement will be limited to a description of what the Government is now doing rather than entering into a full discussion of what the need in Ontario is in this field.

The CHAIRMAN: My point in bringing this to your attention is to indicate that there is a growing awareness of the problem in other parts of Canada. There has been some awareness, but it is greater now. I wanted to give you that information so that you would be more fully informed.

Senator HAIG: Before we leave this preliminary discussion, as to these organizations requesting to appear before us would it not be advisable for the chairman and for Dr. Davis to arrange appointments starting about September 15 or October 1?

The CHAIRMAN: Senator Haig, as soon as we know the date of our return we will then arrange such meetings, but until then we are quite helpless.

Senator GROSART: Did I understand you to say that we are carrying on with these briefs more or less indefinitely now?

The CHAIRMAN: Once we finish today, unless we can hear the Canadian Medical Association before we adjourn, there will be nothing further until we return in September.

Senator GROSART: Perhaps I misunderstood, but the organizations and witnesses on the long list which you read do not want to be heard until the Fall?

The CHAIRMAN: They are not ready to be heard until then, except perhaps for the Canadian Medical Association, which might be available on short notice.

Senator GROSART: We will not make any report except an interim report?

The CHAIRMAN: No. I think it would be a mistake.

Honourable senators, sitting on my right is Dr. V. A. Kral, Associate Professor of Psychiatry, McGill University, and Director of the Gerontologic Research Unit of the Allan Memorial Institute of Psychiatry, associated with McGill University. He has been there since 1955. With him is Mrs. Phyllis Poland, a graduate from the McGill School of Social Work. She is a caseworker with the Allan Memorial Institute, and since 1949 has been Director, Social Service Department, Allan Memorial Institute. Dr. Kral, the floor is yours.

Dr. V. A. Kral, Director, Gerontologic Research Unit, Allan Memorial Institute of Psychiatry: Mr. Chairman, ladies and gentlemen, I wish to thank you for giving us this opportunity to add a few explanatory remarks to our brief which is before you. The Gerontologic Research Unit of the Allan Memorial Institute of Psychiatry, McGill University, works on two lines of research—biological research and clinical research. The biological reseach is aimed at a better understanding of the process of aging in general, and how this process of aging affects brain function.

There are two main biological characteristics of aging in all animals. These are the gradual loss of function, and the declining resistance to stress. I am speaking of all kinds of stresses which we believe can lead to death in old age, but which would not result in death at an earlier age.

Our biological research was aimed first at the slowing down of function, the first characteristic, and we investigated the decline of the salt-active and sugar-active function of the adrenal cortex during aging, and we also investigated the thyroid function during aging.

We then turned, in connection with the development of the study of adrenal cortical function, to the study of stress. There we had the opportunity to use experimental stress. We used cold as a suitable instrument to study the stress resistance of animals, and I believe our most important finding was not so much that old animals could not stand the stress of cold as well as the

young experimental animals could, but that we were able to make old animals adapt to the stress of cold under certain conditions.

We then turned to the clinical studies, again in connection with the stress problem and the problem of adrenal function, and we investigated several hundred old people, putting them through experimental stresses. Our studies indicate that statistically significant differences exists in adrenocortical function between aged people suffering from senile dementia, and normal, well-preserved old people.

In our experiments we used various kinds of experimental stress, and we investigated adrenocortical function by several methods and found, as I said before, that well-preserved old people had a different function than others who suffer from senile dementia. Moreover, we have reasons to believe that the adrenocortical response to certain experimental stress procedures can be used to indicate whether a person will be a candidate for future senile dementia. This is one part of our stress study in humans.

We also investigated the history of residents of the Hebrew Old People's Home in Montreal, where I am a consultant. We studied 112 individuals, part of whom were well-preserved and others who showed clinical signs of cerebral arteriosclerosis or incipient senile dementia, but not to such a degree that they would have to be committed, but could still be kept in an Old People's home. We investigated them in various ways and came to some very interesting conclusions. We had assumed, on the basis of common sense, and some reports in the literature, that a certain amount of physical stress, disease, financial burden, and so on, endured in a lifetime was decisive to the development of organic brain in old age, but we found that those who experienced emotional insecurity in childhood developed organic brain disease in old age more often than those whose childhood was emotionally secure. This was a most surprising finding and we are most eager to have this further investigated with other groups. This group was limited by denomination, being a Jewish group, mostly immigrants who came to this country at the beginning of the century. However, we got as much information as we could from the social agencies, and relatives and friends of these people. I think that the negative finding that accumulated disease, multiple childbirth, financial stress, and so on, are not as decisive as we had believed for the future development of organic brain disease as are childhood experiences, is I think worthy of further study.

We are now investigating very intensely memory function, with the hope that certain preparations, mainly, ribonucleic acid, may help in the cure of senescent forgetfulness.

In the course of our clinical studies we came to the conclusion that organic brain diseases in old age, arteriosclerotic psychoses and senile dementia, are not as common mental disorders of old age as was believed when, for instance, I started out in psychiatry. We termed at that time every old person with a mental disorder as being senile or arteriosclerotic, and we considered them as candidates for mental hospitals. This belief is absolutely false. Only one-quarter or one-third of those we see in geriatric clinics, or even in mental hospitals where the age population is over 65, are suffering from organic brain disease. The remaining 75 per cent may be divided into various groups. About 50 per cent are having a neurotic reaction to the fact of growing old and its sociopsychological consequences. This is a disease entity, if you want, which deserves great consideration from the point of view of prevention.

Senator GROSART: When you say 50 per cent, what age group is that?

Dr. KRAL: Sixty-five and over. The remaining 25 per cent are divided, with some suffering from depressions which are not only treatable but actually curable by the same methods which are being used to treat depressions in younger age groups.

I want to point out one disease entity of great importance, and that is the acute confusional stage of the aged. Let me give you an example. An old lady of 82, a retired teacher, was living in a small apartment of her own in Montreal. She was well preserved, but she was developing a cataract. She was to have a cataract operation on a certain day and she reported at the Royal Victoria Hospital, assuming that the ophthalmologist was an ophthalmologist of the Royal Victoria Hospital. This was not the case, and when she appeared at the hospital she did not get a room. She became very depressed, and within 48 hours she was extremely confused, paranoiac. She refused to eat, believing the food to be poisoned. She had to be admitted as an emergency case. This confusional state was treated as an acute disorder and cleared up, and within a week the patient was well again and the cataract operation was performed. As a matter of fact, she was able to tolerate two cataract operations without a cataract psychosis.

What had happened was that the psychological stress had produced an acute psychosis, confusion with some paranoid features. If such a condition is permitted to continue for any length of time, then there develops a chronic state, which often cannot be distinguished clinically from senile dementia.

I believe that a great number of people suffering from such an acute confusional state in old age, brought about by physical or psychological stresses, can be saved from senile dementia if they are admitted immediately to a general hospital and treated immediately. That is one of the reasons for our recommendation for more beds for old people in our general hospitals, and also for everything being done to prevent as far as possible acute stresses being placed on old people.

We have made a few recommendations in our brief which you have in front of you. The first recommendation is based on the observation that so much of mental illness in the aged is not an organic and not a functional psychosis in the sense of depression or schizophrenia, but is actually a reaction to the fact of growing old and having to endure the hardships, the social and psychological hardships of old age, loss of status, loneliness, loss of income, and so on. Here, I think, there can be prevention on a wide scale. There should be provision for better financial support, better housing, and the opportunity to work and to be useful and to have social contacts with people of the same age group, and also younger people. We think these provisions would be highly preventive.

Our second recommendation refers to what I mentioned before, acute stress. Acute stress and physical stress should be prevented as far as possible, and adequate facilities should be offered to old people so that they may be treated in time. The illness from which they suffer has to be treated adequately, and even if they develop an acute confusional state, this also should be immediately treated in order to prevent chronic mental illness in the form of senile dementia.

The next recommendations I will leave to Mrs. Poland to discuss. I wish to make a particular plea for the fifth recommendation. What we require is more research. We need more research into the basic process of aging. Man has to know whether age is an intrinsic process, something genetically determined, unavoidable, or whether it is something extrinsic. This is the primary thing. If it is something intrinsic, unavoidable, perhaps we can still delay it. If it is something extrinsic, then theoretically there should be the possibility of avoiding it completely. Furthermore, we need more research into the aspect of the aging process as it affects the brain. We do not know enough about what causes senile dementia. One cause, which I think I mentioned, is that sometimes such a chronic condition develops from the acute confusional state, but in many cases it just starts gradually. It is now an expression of the process of aging *per se*

as it affects the brain? In other words, are we all doomed in time, if we live long enough, to become demented, or is it a disease entity *per se*, something independent from aging but happening mostly in old people. But there are cases of the same thing occurring in people of 30 and 40 years of age. This question has to be clarified, as well as many other things. Therefore, our plea is that basic biological research and neuro-biological research into process of aging should be supported as much as possible, and that we not be limited to annual grants for which we have to apply each year. There should be block grants and endowments which would permit us to plan and continue research over a period of years so as to get in time a better knowledge of the aging process. Thank you.

The CHAIRMAN: Mrs. Poland, have you something to add?

Mrs. Phyllis Poland, Director, Social Service Department, Allan Memorial Institute: Mr. Chairman, ladies and gentlemen, I would like to take a few minutes to address you. My part in this brief was very limited, for we realized that other organizations would be covering many of the aspects of social needs for the elderly people. Therefore, I confined myself to the one recommendation. It follows along very much on what Dr. Kral has been saying, that we need, as well as services for the sick and socially deprived older person, to think more in terms of prevention, trying to provide services which will prevent people from getting into these difficulties. We believe that nowadays we know something and are beginning to know a good deal more about prevention, things we did not know in the past.

We recently had an Academic Assembly at McGill on this very subject, and from this came the conclusion that there is a great deal to be done now. The proposal of district centres, I think, is a very simple concept. It would not need a great expenditure of funds if the districts were where your concentration of old people are. You would use preferably, I think, centres which now exist, such as in the church basement or in the school, and so on.

The staffing, again, I think should be primarily a public health nurse, and she would have perhaps one of the basic jobs, and should be a person working in the district, who knows the district, is known and accepted in the district generally.

You would need a medical consultant and a social service worker; but above all, a good secretarial help, because this can save you more money and time than almost anything else.

The idea is that you would have general health services, general health check-ups, exercise classes, which is felt to be very important to keep elderly people active. It would provide referral service to general hospitals. This would be advisable, both from the point of view of overlapping and duplication of service, which is expensive and costly, not only in money but in professional time. The centre would be involved with various functions, not only in addition to the health function, such as occupational counselling, whether in paid employment or volunteer work. The voluntary workers also get a great sense of making a contribution.

A district centre would have educational courses to provide information about social resources and that sort of thing.

Also, we believe it could provide a basic means of educating the community into the problems and the needs of the aging population. It would provide education in a very practical sense. You would ask and expect the community to take responsibility, by asking people to act as volunteer companions, for example, which we have found to be a most effective means of helping old, lonely people.

You would expect others to provide occupation and jobs, and you could educate your community to begin to provide such things within their own district for the elderly people living there.

Services provided in the district means that the elderly have the security of their own home and familiar surroundings. They know the corner grocer, or the minister at the church. They need these familiar contacts, so that even if they have to be placed in a nursing home for a time, the centre could ask the minister or the priest, the neighbour or the corner grocer, to visit them so that the sick person is not isolated from home and familiar people and surroundings.

In this way, too, they would look towards returning home and taking up their familiar life again.

Along with this should go a program of primary protection, that is, to educate the public in what is coming, what they can do about problems of retirement, finances and occupation.

The district centre could provide resources whereby the older person could get legal advice, social or financial help. The central service would ensure that the old person gets to the right social agency, the right lawyer, and so on, again avoiding discouragement on the part of the older people, such as Dr. Kral mentioned, and to ensure that the older person gets the help needed.

I would envision this as starting in perhaps one or two centres to begin with as pilot projects, to iron out some of the organizational plans and problems. Such a project need not cost a great deal. I believe that communities would welcome such a centre not only for the help given to elderly people, but to give the other citizens help in how to deal with such situations and problems constructively themselves. Constructively, for example, as in a recent case which came to my attention.

An elderly couple had a very good housekeeper who came five days a week except weekends. She prepared their food for the weekend. However, on Monday it was found that the couple did not even take the food out of the refrigerator. In such a case, a neighbour could probably easily be asked to come in on Saturday and Sunday, take the food out of the refrigerator and encourage the couple to eat.

A small businessman in the district might be interested in providing part-time work. The churches might be interested in providing suitable education or social activities right within the district. I believe this is most important for elderly people, who generally prefer familiar surroundings.

The CHAIRMAN: May we hear from you now, Dr. McGrand. You are the expert.

Senator MCGRAND: On page 3 in the third paragraph of your brief, you say, "A major advance was the discovery made in our unit that there exist two types of senescent forgetfulness," and you mention the benign type and the malignant type. Could you distinguish between those two types, and tell us how many people were used in that study?

Dr. KRAL: The study on the benign and malignant types in forgetfulness, has now been extended to about 820 cases. The difference between the two types is this. In the benign type, the person may not remember a name or a date on one occasion, as this happens to everybody. However, on another occasion he is able to recall the same name or date. In other words, it was registered and retained. The malignant type, however, is a loss of recent memory and is fast progressive. Statistics show that more women suffer from this type of memory dysfunction than men.

Senator MCGRAND: When you get to this question of stress, it is evident that stress begins early in life. Will you distinguish briefly between the effects of physical and emotional stress. I believe you have emphasized physical stress

rather than emotional stress in young people, that is, that physical stress produces changes which are definite and quicker than emotional stress; is that right?

Dr. KRAL: I am afraid I must have expressed myself not clearly enough. I wanted to say that we were surprised to find that physical stress earlier in life did not produce organic brain changes in people in later years, but that it was emotional stress in early childhood which was found significantly more frequently in the history of these people.

Senator MCGRAND: What do you expect will happen to young people as years go by who are socially maladjusted, disturbed, and on the verge of delinquency?

Dr. KRAL: I would expect that they would have more organic brain disease but that would be a study for the future. Our study was a retrospective study.

Senator MCGRAND: I think you will agree with me when I say that psychopaths are made, not born, that there are no born psychopaths.

The CHAIRMAN: Dr. McGrand has made a statement. Do you agree with it, Dr. Kral?

Dr. KRAL: Psychopaths are born and made. There is not one type of psychopath; there are various types. A child may become a so-called psychopath on the basis of organic brain disease, like encephalitis and perhaps emotional stress can do the same.

Senator MCGRAND: There is also the potential psychopath?

Dr. KRAL: Yes.

Senator MCGRAND: What changes would you expect these young psychopaths to develop as years go by? Would you expect them to age faster?

Dr. KRAL: I don't know that they age faster; but I would expect more organic brain disease in later years.

Senator MCGRAND: Going back to the question of your experimentation, what changes did you find?

Dr. KRAL: We had a cold chamber built, in which we were able to change the temperature to zero centigrade and below. We exposed the animals to various degrees of cold for various lengths of time, and decreased the temperature both slowly and quickly. We found by this means that the blood sugar could not be kept up, there was anaemia, and there was a loss of weight, and of course there was a high mortality in the old animals significantly higher than in the young ones. There was a loss of organ weight in all animals and we found also a loss of organ weight in the brain in those old animals.

Senator MCGRAND: In those exposed to cold? Did you find anything if they were exposed to excessive heat?

Dr. KRAL: We did not do that.

Senator MCGRAND: Some people who live in the north, such as trappers and prospectors, are exposed to cold for a long time. Would you expect that young men exposed to excessive cold up there would develop evidence of aging, senile dementia, earlier than others?

Dr. KRAL: No, I would not. It is a most pertinent question, if I may be permitted to say so. We have approached the National Defence Council and other agencies to support the search into substances which could increase resistance to the stress of cold. We have investigated royal jelly. You may know the product of the queen bee. We have found, surprisely enough, that royal jelly can kill mice and we did see microscopically in the brain which mouse got royal jelly and which mouse did not. This is of course in excessive doses, but it can kill. We then went down with the dosage of royal jelly and we came

to a dosage where royal jelly not only did not kill but was able to protect against excessive cold. Royal jelly is a very rare thing. We got it through the Department of Agriculture, which sent us a sufficient supply. We are now investigating other substances which apparently protect old animals against the stress of cold. These studies have not been published yet but they are going on. So there are substances which can be used to protect aging animals at least against the stress of cold, which we investigated. Whether it will protect against other stresses, we do not know yet.

Senator McGRAND: Have you ever read the works of Farley Mowat—his books on the north? They are good reading for any psychiatrist.

Senator GROSART: How significant are the effects of long term and short term diet deficiencies on the aging process?

Dr. KRAL: The long term diet deficiency, particularly if vitamin B is absent, produces the memory impairment which qualitatively even in young people cannot be distinguished as such from the memory impairment which I called the "malignant" type. I was a prisoner in a German concentration camp for three years and we were starved. All of us had memory impairment. But it then improved after food became available. In other words, it was reversible. With the old people, apparently, it is not reversible and what I saw there was that old people, exposed to the stress of this camp only for a few days, died. Hundreds of them died. There were many who came there from Berlin and so on and they died in the first few days. All of us who had to stand a nutritional deficiency for any length of time developed this kind of memory impairment to various degrees, but we all did.

Senator GROSART: Is a corrective diet an important therapeutic factor?

Dr. KRAL: Yes, what one finds most, according to the research so far done, is the B vitamin complex and proteins, but I would suspect that the B vitamin complex, as far as memory function is concerned, is the more important one.

The CHAIRMAN: Do I understand from what you were saying to Senator McGrand, that people in the colder climates age less quickly?

Dr. KRAL: I do not have any material to say that. I said they would not age quicker than—I do not think they would age quicker than others.

Senator McGRAND: The Eskimo does not live to be very old, does he?

Dr. KRAL: But is it because of the climate or is it for other reasons? One does not know.

The CHAIRMAN: It is more than climate, is it not?

Senator McGRAND: Food.

Dr. KRAL: Tuberculosis.

Senator GROSART: The white man did not live very long until quite recent years.

Senator FERGUSSON: Amongst my friends I find a great feeling that they do not want people to realize they have come to this age of 65. I know some people who will benefit very much from the recommendations you have made, but who cannot admit that they are suitable people to have this sort of service. What can we do to change people's ideas, so that they are not ashamed of becoming 65?

Mrs. POLAND: This is where the importance arises of a district centre. If you are offering a service that people themselves want and need, whether it is a lecture, an exercise class or a recreation program, they will come for it. This has been our experience in other preventive programs. If you say to a person "You should go to a clinic uptown" the older person says "No, thank you very much"; but if you are on the spot to offer them something they want then they will come flocking to you.

Senator FERGUSSON: In some senior citizens' clubs which have been organized, letters have been sent to people who obviously are senior citizens. I have struck a most unco-operative attitude. They say: "Why should you think that I would want to go to such a thing, I am not old enough for that". I wonder if we are right in using the term "senior citizen".

Mrs. POLAND: I think to some extent this is so, but it is based more on what your program is and how acceptable the program is. If you say "Come and have a psychological test", they will stay away in droves. If you can offer a program which will interest them they will come. We have had experience of both.

Senator MCGRAND: On this problem raised by Senator Fergusson's question, there sems to be a tendency of people not to wish to go beyond 65, because they realize they have lost something or that their friends think they have lost something. The words senior citizen have been mentioned here. Perhaps it should not be used at all in our discussion of people. A few years ago there was a feeling amongst some scientists and sociologists that when a person reached 60 he was through, and, if I am not mistaken, some people even suggested that when one reached 60 he should have the death penalty imposed on him. Is this resistance today against growing old the natural outcome of that belief, that we had about 40 years ago, that when you got to 60 you were through?

Dr. KRAL: You are through at 40 now as far as jobs are concerned.

Senator MCGRAND: That is a different situation.

The CHAIRMAN: What about you, Dr. Kral. What do you say to that?

Dr. KRAL: The belief is based on psychological examination. During the first World War the American army conducted a psychological investigation test, based on young and healthy boys, and that because the normal standard and that went through the literature, and this influences our thinking. Those psychological standards influence also the policies of insurance companies and so on. It is only recently that the psychologists in the United States and here and in Britain are changing their view. They admit now that these standards derived from World War I tests are not the standards which should be applied. There are others which would include experience and judgment, that should be applied. If that becomes more general, slowly the influence will spread in areas outside psychology, insurance policies and so on.

Senator HAIG: In regard to recommendation No. 3 on page 6, would these proposed centres be associated with general hospitals, or would they be a separate unit entirely?

Mrs. POLAND: They would be a separate unit in so far as they should be under a community board, made up of community people. This would mean the centre would be able to refer and have liaison with all hospitals, all agencies and so on, within the broader community.

Senator HAIG: As a second question, have you found in your experience that social workers and the social work schools do not understand the aging problem, or are they mainly concerned with the young person or young adult?

Mrs. POLAND: I think that is a very pertinent question. The tendency of students going into social work, generally is to want to work with young people. Their first choice is to work with children. I think the directors of schools and the professors recognize and have recognized the tremendous need to deal with old people and for work and studies on geriatrics. Dr. Carl Sterne, who did research some years ago on this question of geriatrics, said one of the most difficult things is to find people who will work, and work sympathetically, with older people.

Senator HAIG: Would this proposed geriatric centre help that situation?

Mrs. POLAND: This is what we would hope, that not only professional people, that it would help them, but it would help the community themselves and the ordinary people in the community to have a better understanding and to recognize that much can be done. When you show that something can be done about a problem, people are more apt to be interested and to take part.

Senator HAIG: This proposed centre would be both professional and lay?

Mrs. POLAND: Yes.

Senator GROSART: On that subject, how long would it take to train a high school graduate to become competent in routine counselling of the aged? How much training? Senator Haig said it would be both lay and professional. Now I am speaking of the lay group. How do we get these people? How much training do they need? Do they need to have a degree in psychology to be able adequately to counsel the vast majority of people who would come to a geriatric centre?

Mrs. POLAND: No, this is it. We would not necessarily be thinking in terms of formal counselling but we would hope to make the greatest use of volunteer companions, for example.

Senator GROSART: I am speaking of counselling in the geriatric centre, not the mere companionship in the home.

Mrs. POLAND: I think that whatever counselling is needed would be done either on this sort of level, that is, lectures, discussion groups and so on, and would be done by a professional staff. For individual counselling, you would use your community resources, your social agencies, clinics, hospitals and so on, for whatever counselling is needed, thereby not duplicating the services but rather using your existing services to the best advantage.

Senator GROSART: To come back to my question, how long would it take to train a high school graduate to be useful in such an institution as a counsellor?

Mrs. POLAND: As a nursing counsellor?

Senator GROSART: As a counsellor for an old person coming in with a problem and saying "I need some counsel."

Senator MCGRAND: May I interrupt? It would be most difficult to train a young person, because they have not lived long enough.

Senator GROSART: I can understand that but I still come back to the question about counselling. We have it in the N.E.S. where geriatrically untrained people doing an excellent job. We have in the juvenile area where high school students, not even graduates, without being given a course in counselling are doing an excellent job with young people. Now if we are going to embark on a program of geriatric centres all across the country, and I am in favour of that, the first question is, where to get the money, the second is where do you get the people? Obviously, there is routine counselling, and preliminary interviews such as we have in industry. We know how long it takes to train a personnel man in industry—he does not have to be a university graduate. How long would it take to train people as adequate counsellors for the aged?

Mrs. POLAND: I wish Mrs. Davis was here because she would be more able to answer that than I. I don't have enough experience in this field to say how long. I would need to consult on this question.

Senator GROSART: Dr. Kral, would you have any view on that? I am thinking at the moment of the original interviewer who has the responsibility of saying this patient needs psychological help or ordinary counselling, or needs to see a lawyer. Could we train people quickly to do that?

Dr. KRAL: I would wonder about that. I do not think you can train people very quickly to do that. Do you mean to train them for a lifetime career?

Senator GROSART: Not necessarily, but I would hope so. I am thinking of a sudden inflow into geriatric centres. Somebody has to be there to do the original interviewing. Do you think they should be trained psychologists?

Dr. KRAL: At least a trained social worker—a steering person, who should be a trained person.

Senator GROSART: One other question. In your first recommendation you speak of prevention as being the keystone of your planning, and you specify as the four main areas—financial support, appropriate housing, suitable retirement plans, and the opportunity to socialize with people of the same age group. What would you say to this question, Doctor: What part of the magnitude of the problem would be solved or greatly helped if we were able to provide adequate housing and financial support for aging people?

Dr. KRAL: If you want a percentage—

Senator GROSART: No, I asked "what part?"

Dr. KRAL: I would say it would be very high—between 50 and 75, in which case, I think that not only would we be able to prevent quite a number of neurotic reactions which normally occur. Of those, I would hope that we could prevent at least three-quarters of the 50 per cent mentioned. Then comes another point, in the organic group there is a great part initiated by psychological stress—even arteriolosclerosis. I recall the case of a postman who had been working at his duties quite regularly, and he had to retire. Within a short time he showed signs of arteriolosclerotic brain disease. We cannot say that he would not have developed it, anyway, but the probability that it would have been delayed or would have not become clinically apparent was quite great. So I think that not only for the group of these neurotic reaction of later maturity, but also prevention of confusional states, and even a part of the organic brain diseases of the aged, can be prevented or made minor if these recommendations could be put to work.

The CHAIRMAN: There is one more question, I believe.

Senator QUART: Mr. Chairman, last week I had quite a long conversation in my office with a nurse, an R.N., who had special training in geriatrics in New York, and who was trained in better-bedside nursing, especially where the patients are of a certain age. She claimed that younger nurses tend to be very impatient with older patients, and also that there should be greater attention paid to training nurses specializing in geriatrics. She told me that there are many older nurses who feel that regular hospital duty is too strenuous for them. They are still R.N. nurses who have had special training, and if a somewhat intensive training along the lines mentioned here could be given to them, it would be a good thing to call them back. They could provide wonderful service for all that we have been talking about here, in view of the fact that, to begin with, they are nurses, and of a certain age who would have sympathy with older people. That is just my comment.

Senator INMAN: Speaking of older people, why is it that from about age 20 women will not admit their age, but when they are over 80 they will brag about it? I am curious. There are many members in my family, and at age 60 they would not think of saying when they were born or how old they are, but at 80 they will say, "Look what I can do at 80."

The CHAIRMAN: To reach the age of 80 is quite an attainment, you know.

Senator INMAN: But why do they feel that way, I wonder?

Dr. KRAL: We do not have any statistical basis to say how far this is really so. I know quite a number of old people who will admit their age, but I cannot say what percentage. Some will admit their age, and others will not.

The CHAIRMAN: We see quite a bit of it around the Senate, and we are very happy about it too.

Let me say on behalf of the committee to you, Dr. Kral, and Mrs. Poland, how thankful we are and how appreciative for the fresh view you presented to us this morning; it was most interesting and much appreciated.

Dr. KRAL: Thank you, very much.

The CHAIRMAN: Members of the committee, on my right is Mr. Burrell D. Morris, co-owner and administrator of Kilean Lodge, Grimsby, and immediate past president of the American Nursing Homes of Ontario. He is a director of the American Nursing Home Association.

Next to him is Mr. James E. Fisher, president of the provincial association, and co-owner and administrator of the 46-bed La Pointe-Fisher Nursing Home in Wallaceburg, in southwestern Ontario.

Next to Mr. Fisher is Mrs. Frances Watson, owner-administrator of Aurora Resthaven Nursing Home. She is the author of the brief submited by this association, which you have before you. Mr. Morris will now proceed.

Mr. Burrell D. Morris, co-owner and administrator of Kilean Lodge, Grimsby; Director of the American Nursing Home Association: Mr. Chairman and Committee Members: I am Burrell D. Morris, the Canadian liaison officer and a vice-president of the American Nursing Home Association whose national offices are located at 1346 Connecticut Avenue, Washington, D.C. I am also the immediate past president of Associated Nursing Homes of Ontario, and am the owner-administrator of a 30-bed nursing home in Grimsby, Ontario. I have with me today, Mrs. Frances Watson, the author of our brief that is before this committee, and a former officer of the association, and Mr. James E. Fisher, the president of Associated Nursing Homes of Ontario. Mrs. Watson and Mr. Fisher are also the owners-administrators of their nursing homes in Aurora and Wallaceburg, Ontario.

We, who must deal with the problems of caring for aged and chronically ill on a day-to-day basis, appreciate the opportunity afforded by this committee to present to you this statement of nursing homes in Ontario and Canada today.

Since its inception in 1959, the Associated Nursing Homes of Ontario have provided leadership in improving nursing home facilities and standards of care in nursing homes throughout Ontario. We have worked with other organizations in the medical and paramedical field in meeting the health problems of the aged. We are proud of our liaison with the American Nursing Home Association for they are members of the National Fire Protection Association, the National Health Council, the National Safety Council, the National Council for the Accreditation of Nursing Homes, and the Joint Council to Improve the Health Care of the Aged.

We have co-operated with governmental agencies at provincial and local level to raise the standards of care in nursing homes and to bring about realistic laws regulating and licensing nursing homes. Only one province in Canada is without some form of nursing home licensure, and this is because, to date, there are no nursing homes in that province. Membership in our organization includes only licensed nursing homes.

We have worked to establish a program of care which goes beyond licensing standards and encourages greater professionalism in personnel and methods of care and rehabilitation.

The average age of our patient is 80. Most spend at least a year with us and about one-third are with us two or more years. Many return to their own homes. About 77 percent of those 65 and over, and 83 percent of those 75 and older have one or more chronic illnesses. Two out of three suffer from a cardio-vascular disease and one in four, some degree of senelity, although more than half have periods of disorientation.

What are the results of such horizontal activities?

There is now available for nursing homes throughout Canada and the United States, a new safety manual for nursing homes and related facilities, a new pharmaceutical manual for nursing homes, and through co-operation with the U.S. Public Health Service and ANHA a nurse's aide manual for nursing homes was developed and is now being used by local Red Cross chapters and other groups in training nurses's aides. Fifty thousand copies have been distributed from Washington.

Authoritative information on nursing homes care costs is sorrowfully lacking and such is important not only to public agencies who provide financial assistance for patients, but also to hospital insurance groups which we sincerely hope will expand their coverage to include care in nursing homes. Because of this, one of the programs undertaken by the association this year has been the development of a uniform cost accounting system for nursing homes. It is hoped that it will be widely used within a year.

There is a revolution going on in the nursing home field. Though perhaps quiet, it nevertheless is dramatic.

The nursing home, as many of you already are aware or have been advised during current hearings, is a relatively young member in the community of health facilities. Their development dates back to the early part of this century although their real growth began in the fifties and has been truly significant in the Sixties.

Many nursing home owners and administrators were literally backed into the field. Many of them were eldely women who took in another elderly person who needed only personal care and attention. Others began by operating boarding houses for elderly persons. As the years passed, some of their guests became ill and bedfast and before they knew it, these boarding house operators in effect had become nursing home owners for there was no place to send these unfortunate individuals.

As many of you realize, it has not been many years since the person of average or low income faced the prospect of going "over the hill to the poor house" or being committed to mental institutions as a result of even mild senility as age pressed in upon him.

As inadequate as these converted over-sizer residences might have been as nursing homes or personal care homes, they were in most cases more desirable to the alternatives that the community had at its disposal for the care of the aged.

I am not going to bore you with a mountain of statistics for I am sure you will be getting figures from more authoritative studies han I can give you at this time. It is interesting to note however, that in the United States in 1939 there were an estimated 1,200 homes with about 25,000 beds. By 1961, there were 23,000 non-hospital facilities providing for care of the aged and chronical ill with a bed capacity of 592,800, a 32 per cent increase over a 1954 survey.

Associated Nursing Homes of Ontario and its membership generally have maintained an enlightened view of the nursing home situation and the need for improvement.

Let us take a brief look at some of the accomplishments and some aspects of the changing nursing home scene:

(1) The emphasis upon increased standards has brought to nursing homes an increased recognition by medical and paramedical groups that nursing homes are truly part of the community of health facilities serving the people of this country.

(2) There has been a marked and significant increased activity in the educational field as the most direct means of improving nursing home care. Workshops are held annually to better prepare nursing home personnel for the job they must accomplish in the fields of restoration and rehabilitation, dietetics and nutrition, record-keeping and cost accounting, medical and nursing care, management and administration, ethics and social consultation work. The magnitude of the educational programs now in action thorughout the United States is obvious and the success in terms of participation in the past is proof of the tremendous thirst for knowledge that nursing home personnel have in their desire to constantly improve the care—physical, mental, medical, social and psychological—they are able to provide those entrusted to them.

(3) Because of the increased emphasis on restoration and rehabilitation and the changing attitude on the part of other medical professionals, nursing homes are rapidly losing their identity as "the point of no return". Nursing homes are truly a place to live rather than a place to die. Nursing home personnel from the maids and custodians to the administrator, medical directors and nurses, work as a team in an effort to restore their patients to the outside community. They work not only with the patients, but with the patients' families. More and more we are seeing social case workers being assigned to help in the "bringing back" of these patients. Nursing homes in the future will become sort of "half-way houses" between the acute hospital and the community itself where patients of all ages can get the necessary nursing care and rehabilitation without the necessarily high cost of actual acute hospitalisation.

(4) Nursing home owners and administrators, like others, both professionals and lay, no longer are content to let the aged lie in bed. Every effort is made to restore patients to their maximum potential even if this is only an awareness of their appearance, an ability to feed or partially clothe themselves. There have been astounding results in rehabilitation and in the number of our aged who have been returned to their families. At the same time nursing home personnel are well aware of the limitation of rehabilitation and they seek to restore each individual to his own maximum potential.

(5) Many nursing home owners who have had converted houses in the past are now transferring their operations to new homes because modern construction methods and modern layout and planning techniques make it more economical to provide the care and safety the patients require. There are still many converted homes in existence, but these have been substantially improved by modern fire protection systems and methods, to provide for safe and better care of patients.

What are the problems ahead?

Nursing home leaders and the Nursing Home Associations are among the first to recognize the shortcomings in providing adequate nursing home

care for all those who need it. There are many substandard homes; there are still inadequate licensing laws and inadequate inspection systems and without adequate consultant and guidance services.

(1) As long as there are inadequate inspection and licensing laws and as long as the public, agencies, and legislatures refuse to provide adequate payments for nursing home care of public assistance patients—and these account for more than half of the patients in nursing homes—there will continue to be substandard homes.

You go to a modest hotel or motel where services are at a minimum and you pay $6 to $12 and more a day minimum for your room. This includes no meals; it includes no bedside service; it certainly includes no medications, no doctor calls, no nursing services. Yet in many instances we have municipalities unwilling to pay even the cost of providing the very minimum of services in nursing homes. It is sufficient to say the average does not meet operating costs.

The fact is that today it is difficult to provide nursing care and other rehabilitation services for patients for less than $8 to $10 a day, or $240 to $300 a month. In most instances, municipalities do not begin to approach this sum. Too few places also are relating welfare rates of payment to the specific services required by individual patients and to the ability of individual homes to provide these services.

(2) Unrealistic construction and equipment requirements related only indirectly to improved patient care, may well place new facilities out of the price range of low and moderate income families and of public assistance patients. As long as welfare authorities have only so many dollars to spend per patient day, they are forced to put welfare patients where they can purchase for the money available the degree of care nearest to the care the patient requires. In some cases authorities actually have overlooked substandard conditions because of the necessity of stretching the public dollar as far as it will go. There have also been cases when authorities have even put welfare patients in unlicensed homes, with the risk of disaster right around the corner.

(3) A major problem faced today is just how far a nursing home should go in providing other than nursing, personal, and restorative services. Some of the newer homes—particularly the larger ones—have gone in for expensive laboratory, rehabilitation, and examination and treatment equipment. These all add to the daily cost of care. In some instances, authorities appear to want to make junior hospitals of nursing homes and, on the surface at least, this seems to be unreasonable, if costs of care are to be kept within reach of low and middle income families who are either paying for their parents' care or who must look to some form of public assistance to pay at least part of the cost. The result, of course, too, can mean the increased institutionalizing of an environment which to many of us should be made as homelike as possible.

(4) There is a growing need for improved working relationships between doctors, hospitals, nursing home and community health facility planners. In many cases, those commissions and committees who are making long range plans for community health facilities have no nursing home representative among their memberships.

> Just as it is a waste of the taxpayers' money for neighboring hospitals to duplicate expensive radiology equipment and the like, so it seems wasteful to us to duplicate facilities from hospital to nursing home. In most instances, nursing homes would do well to purchase rehabilitation, even pharmaceutical services from a hospital and to set up procedures for the easy transfer of patients from nursing home to hospital and from hospital to nursing home. A nursing home may not be able to find, let alone afford, the exclusive service of a nutritionist or a physical therapist, but it should strive to purchase such services from another facility or to join in the co-operative employment of such experts.

There are, as you can see, many, many problems to be solved but great headway is being made in their solution. The nursing home profession is a dynamic, young profession and is one undergoing dramatic change at this very moment. About this there can be no doubt—there have been terrific advances made in the professionalization and improvement of the care of nursing home patients and in the licensing, regulating and inspection of nursing homes. There is room for a great deal of improvement and the Nursing Home Associations will continue to be in the forefront of those working for such improvements and working for the basic, best interests of the patients entrusted to the care of those in the field.

Thank you, Mr. Chairman.

The CHAIRMAN: In the beginning of your statement you said there was one province which did not license nursing homes.

Mr. MORRIS: Yes sir, that is Prince Edward Island.

The CHAIRMAN: Does Ontario license nursing homes?

Mr. MORRIS: Yes, this is done through the municipality rather than by a provincial program.

The CHAIRMAN: And in the other provinces?

Mr. MORRIS: All provinces but Ontario.

The CHAIRMAN: All provinces but Ontario and Prince Edward Island. In Ontario they do it through the municipality?

Mr. MORRIS: Through the counties and the municipalities.

The CHAIRMAN: And in Prince Edward Island do they rely on the community?

Mr. MORRIS: There are no licensed homes there as such.

Mr. DAVIS: Page 3 says categorically that Ontario is the only province, I think Prince Edward Island should be included.

Senator INMAN: Prince Edward Island has provincial inspection.

The CHAIRMAN: By the Health Department. He will get that. There are many provinces which have hospitalization schemes. There are probably half a dozen in the country. There is British Columbia?

Mr. MORRIS: Yes.

The CHAIRMAN: Alberta?

Mr. MORRIS: Yes.

The CHAIRMAN: Saskatchewan?

Mr. MORRIS: Yes.

The CHAIRMAN: Ontario?

Mr. MORRIS: Yes.

The CHAIRMAN: Quebec?

Mr. MORRIS: To a point.

The CHAIRMAN: Nova Scotia?

Mr. MORRIS: Yes.

The CHAIRMAN: New Brunswick?

Mr. MORRIS: Yes.

The CHAIRMAN: Prince Edward Island?

Mr. MORRIS: I am not sure about this.

The CHAIRMAN: Newfoundland?

Mr. MORRIS: I believe they have some scheme. I am not sure.

The CHAIRMAN: In any event, it is fair to say they all have?

Mr. MORRIS: You could say that.

The CHAIRMAN: Now, how do you benefit from that? How does the nursing home benefit from these hospitalization schemes, or does it?

Mr. MORRIS: It does and it does not. In Ontario—this is the only one I can speak of with any authority—we have 48 homes in the province, approved under the Ontario Hospital Services Commission. These will accept chronic care patients in their homes. They are limited in bed capacity by the commission. They may have 30 beds in the home.

The CHAIRMAN: How many are there in your association?

Mr. MORRIS: There are 120 in our association; close to 400 in Ontario.

Senator GROSART: Four hundred licensed, and many more?

Mr. MORRIS: And many more unlicensed.

The CHAIRMAN: Just deal with the licensed ones for the moment. There are 400 licensed. Out of the 400, 48 are approved by the Ontario Hospital Services Commission to some extent?

Mr. MORRIS: Yes.

The CHAIRMAN: Not fully?

Mr. MORRIS: That is right.

The CHAIRMAN: How did that happen? Would you just give us the drill?

Mr. MORRIS: They would pay the standard ward rate.

The CHAIRMAN: Under what conditions?

Mr. MORRIS: If the person is certified by the physician as being chronically ill, this in turn is submitted to the commission by the nursing home administrator. The commission rules then whether this person is eligible for benefits and for an undetermined length of time. It can be as long as three or four years.

The CHAIRMAN: What do they have to do?

Mr. MORRIS: They pay a flat ward rate of $6.50 a day. We are allowed to charge an additional $2 where it is semi-private and $4 where it is private.

The CHAIRMAN: If you can get it.

Mr. MORRIS: Yes.

Senator GROSART: This is the O.H.S.C. allowance?

The CHAIRMAN: That is, you get it from the Ontario Hospital Services Commission, but you are allowed to charge an additional $2 or $4 a day, depending on whether it is semi-private or private.

Senator GROSART: This is the information on page 6—$6.50, $8.50, $10.50.

Mr. MORRIS: The $6.50 is the rate paid by the Ontario Hospital Services Commission. We are allowed to charge a differential of $2 or $4, made up by the persons themselves, the same as in the case of a hospital.

Senator GROSART: Depending on whether it is semi-private or private?

Mr. MORRIS: Yes.

Senator GROSART: What does the Ontario Hospital Services Commission allow in a general hospital, as compared to this $6.50 amount?

Mr. MORRIS: Anywhere from $20 up, for the same type of chronic patients if it is a chronic hospital. It rates $10, $12 or $15 a day—strictly a chronic hospital.

Senator GROSART: But you are restricted to chronic care?

Mr. MORRIS: Yes, and there are some patients, where the chronic hospital is not available, and they must get accommodation, and these chronic hospitals get, then, the $20 a day rate up. This seems to be an exorbitant sum to be paying to the hospital for the same kind of care they could derive from the nursing home.

Senator GROSART: But officially it is not the same type of care?

Mr. MORRIS: It is the same.

Senator GROSART: Officially they are distinguished, as I understand it. In the general hospital it is one type of care: These are chronically ill people. When they pay $6.50 in the nursing home, they say these are not chronically ill, these are people eligible for the payment because they need chronic "care".

Mr. MORRIS: No. They are chronically ill. If they are not in the nursing homes, they would be in a chronic unit of a general hospital, or in a chronic hospital, or even taking up active treatment beds.

Senator GROSART: Let me get this clear. Is not the payment, the charge which will be absorbed by the commission, restricted officially to a payment for chronic care?

Mr. MORRIS: For nursing homes?

Senator GROSART: Yes?

Mr. MORRIS: Yes, it is chronic care.

Senator GROSART: That is why it is a lower payment.

Mr. MORRIS: No. It is because the persons are certified as chronically ill and if they were in a hospital, the hospital would receive $20 and up per day, but if they are in a nursing home it is $6.50, and this is understandable, because we do not have radiology, X-ray and examination rooms, and so on. This is where the cost goes up, the salaries of skilled help.

The CHAIRMAN: Let me get this clear. I am troubled about it. Are we making some distinction between the chronically ill person and a person who needs chronic care? Is that confusing or is there a distinction there?

Mr. MORRIS: No, I do not think there is. If you are chronically ill you require chronic care.

The CHAIRMAN: The Hospital Services Commission seems to differ on it.

Senator MCGRAND: The difference is between the chronically ill and those who need constant care.

Mr. MORRIS: Who is chronically ill? What is chronic illness? Where does it start and end? Where do you become a *custodia* person? These questions are being passed around all the time.

The CHAIRMAN: The doctor certifies, to begin with. A doctor who understands this—and they all do—certifies before you can get any money from the Hospital Services Commission?

Mr. MORRIS: Yes.

The CHAIRMAN: There is no difficulty in this situation?

Mr. MORRIS: No.

The CHAIRMAN: Do you say there is a distinction without a difference, that the same person may get into the general hospital? We will take the case of Ontario, where broadly we lack hospital beds across the country, pretty well.

Mr. MORRIS: That is true.

The CHAIRMAN: Then, should not the nursing homes be overcrowded?

Mr. MORRIS: All the nursing homes, these 48 that are eligible for chronic care, are filled. There is a waiting list.

The CHAIRMAN: Then why do not more nursing homes qualify under the Hospital Insurance Act. What do they have to do to qualify?

Mr. MORRIS: It is up to the commission; they are doing their service constantly on the bed net. This is their claim, and they are basing their findings on one chronically ill bed per 1,000 of the population. In many cases we disagree with this. I have a 30-bed home and 15 approved beds as such. Now, it is difficult to say to the 16th, "You can't qualify for hospitalization".

The CHAIRMAN: The beds are the same, and everything else is the same, but you say the Hospital Services Commission says it can only accept so many?

Mr. MORRIS: That is right.

The CHAIRMAN: And they use the formula of one to a thousand?

Mr. MORRIS: That is right.

The CHAIRMAN: In the whole province?

Mr. MORRIS: Yes.

The CHAIRMAN: Is that generally the case in other parts of the country? Would you be in touch with, say, Saskatchewan or Alberta?

Mr. MORRIS: Just this year we are making these contacts. It has just begun this year that we are aware of these other associations, and it appears that so far the problem is the same throughout Canada.

The CHAIRMAN: What about Nova Scotia or New Brunswick?

Senator QUART: I have found it is about the same thing in Quebec. I live in Quebec city. I do know they have such hospitals, but I don't know how they are set up. Some of these are luxurious with excellent conveniences—even a little chair lift to go upstairs. There are others of a larger nature, which are certainly subsidized by the government. I think it is most unfortunate that one cannot get information on them.

Mr. MORRIS: We are receiving more information now. Last night we met for the first time the president of the Quebec Hospital Association and he enlightened us a great deal on their problems and what they are doing.

Senator QUART: The Ste. Ancestasise Hospital has a set-up that is unique. The doctor is going to have units for the aged shortly. He is also going to take patients under the Assistance Publique there. There will be bus transportation for Saturdays. There is a nurse in attendance. The property is beautiful. There is considerable land surrounding, and they have recently taken over a convent. I am looking forward to seeing it again this summer; it is a wonderful place.

The CHAIRMAN: Senator Grosart.

Senator GROSART: In your report you distinguish between the ordinarily ill and the chronically ill. On page 13, in paragraph 47, I find the following:

> The public needs to be better informed as to the difference between chronically ill care and ordinary chronic care. The Ontario Hospital Services Commission assumes responsibility for the former but not the latter, at the standard ward level. Sometimes the division between these two types of care is so indistinguishable as to be hardly discernible by the experts, let alone the uninformed public.

This was the point I was making but was not able to find the reference immediately. There appears to be a distinction in classification by the Ontario Hospital Services Commission; is that correct?

Mr. MORRIS: That is correct. They determine who is chronic and who is not.

The CHAIRMAN: Well, Dr. McGrand, what is the basis for that? Look at that paragraph on page 13 which Senator Grosart just read.

Senator MCGRAND: It is clear to me. There are people who are chronically ill, and they need some care. Then there are people who must be looked after with—and I use the term—"constant care".

The CHAIRMAN: Instead of chronic care?

Senator MCGRAND: I would use the term "constant care". There is not much wrong but they need 24-hour supervision. They are not persons who need medication, but they are people who are probably a little confused and need someone to see that they are all right every hour. On the other hand, a person might be chronically ill and need very little care, while another person needs constant care because you couldn't let such a person out of your sight.

The CHAIRMAN: What do you think, Mr. Fisher?

Mr. FISHER: The Hospital Services Commission define the chronically ill and those requiring domiciliary care, in that a chronically ill person requires skilled, professional nursing care, while a domiciliary care person may need as much or more attention. But it is of a simple nature; it is more of an unskilled type of care, I think. However, in borderline cases it becomes pretty difficult for them, and a little frustrating for all of us because this is where it is difficult when they have rejected benefits for someone who the doctor thought was chronically ill, and the commission did not feel he was.

Senator GROSART: Does this happen very often? You go into considerable detail on page 13. Does it happen very often that they just say, "All right, no more."?

Mr. FISHER: Oh, yes.

Senator GROSART: How often?

Mr. MORRIS: It has happened to me personally three times in the past month.

The CHAIRMAN: After what length of time?

Mr. MORRIS: This can vary. One has been for a year, another one a matter of three months, while another for about six months. Then all of a sudden, that's it!

The CHAIRMAN: When you say, "All of a sudden, that's it!" Do you mean that someone from the Hospital Services Commission comes down and takes over?

Mr. MORRIS: Oh, no.

The CHAIRMAN: Do you mean they came into the nursing home on the basis of a medical survey?

Mr. MORRIS: Yes.

The CHAIRMAN: And accepted it?

M. MORRIS: Yes.

The CHAIRMAN: And without having been seen by a doctor or without any further information to the Hospital Services Commission?

Mr. MORRIS: They approve these patients, and they are reapproved every three or four months, sometimes every six months. A report goes in, and they are reapproved for another three months. This happens constantly.

The CHAIRMAN: Who sends the report in?

Mr. MORRIS: The physician. On the basis of his diagnosis and his check marks on this report, a decision is reached.

The CHAIRMAN: So they do it on some basis?

Mr. MORRIS: Oh, yes.

Senator GROSART: It is on the basis that the commission is protecting itself from unnecessary hospitalization charges?

Mr. MORRIS: They are trying to do this, yes.

Senator GROSART: Therefore, is it so that the commission at some point says, "You are no longer eligible for hospital benefits; you must now look elsewhere for the financial support for the care you need?"

Mr. MORRIS: I think it should be pointed out too, that a physician has a right to appeal, and I would say more times than enough this is granted and approval is given for a further length of time to see how this patient does.

Senator GROSART: Basically this is not, then, a fundamental criticism of the commission?

Mr. MORRIS: It is necessary, and in many respects should be done more, I think, because sometimes this can get out of hand.

Senator GROSART: You say that at the rate of $6.50 a day, in the case of a nursing home, they are required to provide free, or within this $6.50 a day, all the medication any physician may prescribe?

Mr. MORRIS: Definitely.

Senator GROSART: Couldn't you go broke on that?

Miss WATSON: Definitely.

The CHAIRMAN: Is there not a provision in the Ontario Act where you fill in a form indicating that you cannot afford medical drug facilities, and they will provide it?

Mr. MORRIS: An individual can do that, that is true.

The CHAIRMAN: So could not these people or someone on their behalf...

Mr. MORRIS: This is where a problem arises. A person qualified for medical welfare assistance may become chronically ill, go into a nursing home, and be approved for hospital benefit, and immediately be taken over by the home; and then we have to supply their drugs.

The CHAIRMAN: Once they get into a home they cannot receive these drugs that the ordinary man on the street can receive?

Mr. MORRIS: We are obligated to supply them.

The CHAIRMAN: You supply whatever the doctor prescribes, with no allowances?

Mr. MORRIS: These people would not be eligible for semi-private or private accommodation. They are under medical welfare assistance and even the families cannot step in and give money because these people are wards of the province.

Senator GROSART: You say that the rates charged by nursing homes vary from $2.30 to over $20 per day, and that the standard ward rate is $6.50. What would be a fair rate to return a normal profit for nursing homes on average?

Mr. MORRIS: If we are speaking of skilled nursing care, at least $9 a day is a realistic rate.

Senator GROSART: This would mean something over $3,000 a year per patient instead of the present amount, which is under $2,000. Am I right on that?

Senator HAIG: Mr. Chairman, am I to understand that the purpose of this association is to upgrade the physical facilities of the homes?

Mr. MORRIS: Yes, sir.

Senator HAIG: Would you also wish to upgrade professional help?

Mr. MORRIS: Yes, we do very much.

Senator HAIG: Would you also agree to a stricter inspection of the homes and of the help?

Mr. MORRIS: We desire this very much.

Senator HAIG: And as indicated by the questions and answers so far, you need increased financial aid for these welfare patients?

Mr. MORRIS: We feel that this would eliminate the sub-standard homes that are not providing adequate care, because they are in many respects not receiving an adequate amount of money to provide this care. They can't do it. When they get more money then the care will increase.

Senator HAIG: Would you also indicate that the standards be uniform throughout the province? Do you find a great deal of difference between municipalities and counties?

Mr. MORRIS: Yes, we do.

Senator HAIG: In the standards required?

The CHAIRMAN: For instance, the cost in a hospital where you are, Mr. Fisher, would be less than a hospital in Windsor?

Mr. FISHER: Yes.

The CHAIRMAN: You are in Grimsby, where the cost would be much less than in Hamilton?

Mr. FISHER: That is true.

The CHAIRMAN: And less than in Toronto. Then these hospital costs are not uniform costs at all?

Senator HAIG: I meant uniform physical standards of heating and plumbing, and so on.

Mr. FISHER: Minimum standards should be up.

Senator FERGUSSON: Senator Haig asked one of the questions I had in mind, but I am not yet clear about it. Mr. Morris, does every municipality have such regulations?

Mr. MORRIS: Each city has its own bylaw to regulate its nursing homes. Each county will have its own bylaw—and they all add their two-cents' worth to the bylaw.

Senator MCGRAND: Are they on a county or township basis?

Mr. MORRIS: On a county or township basis.

Senator FERGUSSON: With regard to these licensing requirements, is there any penalty for people who set up nursing homes and do not apply for a license?

Mr. MORRIS: Yes, you are not supposed to operate without a license. I might add, senator, that I will be going to Nova Scotia in the next couple of weeks, and I will be very pleased to read the Nova Scotia Nursing Home Act.

The CHAIRMAN: New Brunswick?

Mr. MORRIS: New Brunswick.

Senator GROSART: What would be your guess as to the number of unlicensed homes in Ontario as compared to the 4,000 licensed?

Mr. MORRIS: We have no idea.

Senator GROSART: Would you make a guess?

Mr. MORRIS: I would not care to do so. We just do not know.

Senator GROSART: Just from your common experience, would it be as many as there are licensed homes?

Mr. MORRIS: I do not think so. I doubt if it would be half that.

Senator GROSART: It might be 1,000?

Mr. MORRIS: It could be. We have no way of knowing.

The CHAIRMAN: You know the problem, senator. You know what happens. Someone takes in two or three people.

Mr. MORRIS: If we hear of one, report it to the authorities and ask for action. It is usually given. There is no problem here. But we know these things, and the general public do not. They are not informed.

Senator GROSART: Looking at the whole problem, would you say that there might be some doubt as to whether this is an area in which private enterprise should operate?

Mr. MORRIS: If there is a doubt?

Senator GROSART: Let me put it this way. The trend has been for private hospitals to become general hospitals, and this is a broad trend in all medical services. Is the private profit nursing home an anachronism in this sense?

Mr. MORRIS: It is the answer to the biggest problem that is facing us today and will face us in the future. If governments cannot go on and continue to provide constantly, year after year after year, there come a breaking point and this is where private enterprise, we believe, can take up the slack. That is what we are doing. We think we are needed. We can provide these services and can provide them more cheaply than the general hospitals.

The CHAIRMAN: That is not what Senator Grosart asked you.

Senator GROSART: It is a very good answer to my question.

The CHAIRMAN: I know what he said, but that is not quite the question. I will ask you the question. In view of the fact that this reaches across the whole country and affects very many people, is this not natural and normally a field for government rather than private enterprise? That is my question.

Mr. MORRIS: I would not say so, sir, not at all. I think private enterprise can do the job. I think that they have proven they can do the job. We are asking that we be given more avenues than are open to us to do even a better job than we are doing now. If I may quote from the United States for a minute, last year the nursing home business was a $2 billion industry.

Senator GROSART: Will you explain your statement that private enterprise can do the job more cheaply than the government?

Mr. MORRIS: We have proved it already.

Senator GROSART: What is the proof?

Mr. MORRIS: For what they are paying us, we are doing it. We are providing the care that is needed and in most cases we are giving the personal attention that a person does not get in a government-owned institute, as this is what they become. You are in a large ward with a number of people, as many as 25 in some cases. A person loses his individuality. A nursing home is smaller and usually there are not more than three or four rooms, so the person gets individual attention and is still "a person". You do not find this to be the case in the large institutions.

Senator MCGRAND: And in the home, birthdays are usually recognized.

Mr. MORRIS: Every time.

The CHAIRMAN: Are you familiar with Whitby?

Mr. MORRIS: Yes.

The CHAIRMAN: Do you think there is any nursing home in Ontario which could match the one in Whitby?

Mr. MORRIS: Why, sure.

The CHAIRMAN: Speak up; do not take my word for it. I asked the question.

Mr. MORRIS: I would say so.

The CHAIRMAN: You would say so.

Mr. MORRIS: Yes.

The CHAIRMAN: What other home do you know in Ontario?

Mr. MORRIS: Are you speaking of a county home for the aged?

The CHAIRMAN: I am talking of the home at Whitby, which I think is one of the best in the country. That is my own view of it. Do you know the home in Toronto, on Queen Street?

Senator GROSART: I would suggest these are not nursing homes. These are homes for the aged.

The CHAIRMAN: They are doing the same thing as nursing homes, almost.

Senator GROSART: Would you say that is so?

Mr. MORRIS: This is one of our biggest quarrels. They are infringing on what we are trying to do and we are proving to them they ought to stop.

The CHAIRMAN: I see.

Senator GROSART: In terms of the individual person, do you feel you could give better value for the $9 than the normal government institution?

Mr. MORRIS: Yes sir.

Senator GROSART: Good.

Mr. DAVIS: I was wondering how many of these 400 homes are non-profit organizations?

Mr. MORRIS: Not profit?

Mr. DAVIS: Non-profit. They could still be profit-making by some institution, some churches and so on, working in this field.

Mr. MORRIS: No sir. These are profit-making organizations in these 400 I have given.

Mr. DAVIS: I have here a study of nursing homes in the United States, made by a committee corresponding to this in the United States Senate. They are not at all critical—do not get the idea that they are—of the proprietary nursing homes. I was interested in a couple of paragraphs where they say: "Most proprietary nursing home operators do the best they can, within the limits of their income." Then they go on to say "They do not do it very well." Then it says that the special committee also visited a number of religious and public facilities which provide nursing care for infirm patients. They say "In general, the contrast was startling; the religious homes backed by community contributions were generally larger in size, airy, clean, safe, with registered and practical nursing physicians who were available around the clock, and some of them performed miracles of rehabilitation. The investment in staff and equipment was heavy but in so many of the institutions it paid off enormously."

That is not to say they were criticizing the private homes. Actually, if you read the whole report, they say the private homes are doing well, within their limitations. I wonder why we do not have more such homes in Ontario?

Mr. MORRIS: Non-profit?

Mr. DAVIS: Yes.

Mr. MORRIS: I think more and more are starting up. There is one in Beamsville, and there is the Presbyterian Home in Paris. They are all over. There are more of them all the time. These homes are not necessarily set up with

infirmary treatment facilities. If they need such treatment, they must go to the chronic nursing home or to the hospital.

The CHAIRMAN: With the general welfare trend we have often heard of, where it is said this is a welfare state, I presume you have had an opportunity of taking a look at the Hall Report?

Mr. MORRIS: Yes, some of it.

The CHAIRMAN: You know their broad recommendations. Does it not appear to you that the trend is for government to take over such important an understanding that you now have in the nursing home? Does that not appear to be the trend?

Mr. MORRIS: The trend; this is what we are objecting to.

Senator GROSART: You say it is a wrong trend? I suggest to Mr. Morris that he says it is a wrong trend?

Mr. MORRIS: Yes.

The CHAIRMAN: With the recommendations on Medicare, with the recommendations on hospitals, if within the next short number of years we are able to provide sufficient hospital beds for people for whom we cannot provide them at the moment, do you not think the next trend will be to go into some of this?

Mr. MORRIS: I hope not.

Senator GROSART: But at the worst you are filling a gap that needs to be filled?

Mr. MORRIS: We are providing the needs at the present time and we hope to do it better in the future.

Senator GROSART: Are there any nursing homes in Ontario built with C.M.H.C. funds?

Mr. MORRIS: No sir. If there are, I believe the restrictions are not quite as stringent on them. Another thing we hope to ask for in the future is a method whereby low-cost financing could be available to private enterprise, that would provide larger homes, that would still retain the homelike atmosphere that would do as we believe it can be done, as in the United States through federal government there.

Senator GROSART: Would you be eligible under the limited dividend housing?

Mr. MORRIS: No, only under the Small Business Loans.

Senator GROSART: Not under the limited dividend?

The CHAIRMAN: We had the agricultural people here. They were having homes in the small areas around Ontario.

Mr. DAVIS: These are non-profit, and they are not nursing.

Senator GROSART: But the limited dividend is not non-profit.

Mr. DAVIS: There is a limited rent.

Senator GROSART: But not a limited profit?

The CHAIRMAN: I am of the opinion that under the provisions of the act there is a provision for nursing homes, a broad provision. Can you recall it?

Mr. DAVIS: I do not think there is now.

Senator GROSART: That was my understanding.

The CHAIRMAN: Well, Mr. Morris, while you are here, I think you should get in touch with Mr. Hignett of C.M.H.C.

Mr. MORRIS: Unless there is a restricted profit.

Mr. DAVIS: I am puzzled about the financing of the nursing home. There must be money in it or there would not be so many homes. If it costs $9 a day to provide the standard of care and if you have a waiting list where you can get the $9 a day, why do you let the Hospital Services Commission approve you to take at $6.50?

Mr. MORRIS: As I said before, we are providing the thing. They came to us. We did not go to them. They asked us for our beds and we did our best to assist them.

Mr. DAVIS: Why don't you say "No, we are losing money"?

Mr. MORRIS: It is what happens to the person. We are concerned with the individual who is sick and ill. He must be cared for. We have been proving to the commission that we can take care of a person for an indefinite length of time, and this is what we are attempting to do.

The CHAIRMAN: Do you not say somewhere in the brief, that you are not doing too badly at $6.50 a day.

Mr. MORRIS: But we are asking for an increase. We were doing it at that rate when this $6.50 figure was written. It was fine then, but all of a sudden our staff have come under minimum wage laws in Ontario and the costs went up accordingly.

Senator GROSART: There is no more reason why you should turn down someone who is partially government-financed than there is why the banks should do that with students loans.

Senator FERGUSSON: We have not heard at all from Mrs. Watson. She may have something to say.

Mrs. Frances WATSON, owner-administrator, Aurora Resthaven Nursing Home: There are one or two things in the regulations to which I should like to draw your attention. To me, regulation No. 6 is very important. It is on page 18. In Ontario today, as far as I know, there is no restriction on the person who opens or operates a nursing home. It could be anyone, regardless of education, qualifications, interest or anything else. I believe that in the past this has led to some very bad nursing homes. I believe that something should be done about this.

The CHAIRMAN: You remember the notorious case—I will not mention the name—in Ontario, of a person who opened a nursing home. All those matters were taken into account when she forced him to close the home.

Mrs. WATSON: This is the exception rather than the rule, in these instances.

Senator FERGUSSON: If there were proper licensing it would take care of that, and that is what I am asking about.

The CHAIRMAN: I am afraid that licensing consists more of premises than of persons.

Senator HAIG: But the licence could be refused to the physical plant if the owner or operator were not acceptable.

Mrs. WATSON: How is the authority to decide whether the owner-operator is acceptable or not? That is part of the trouble.

Senator HAIG: In Winnipeg the police are consulted.

Senator GROSART: Is it possible to have criteria?

Mr. MORRIS: Yes. There is now in the United States a Hospital Administrators College. The hospital administrators in Canada now belong to the College of Hospital Administrators, which is an American college. Now as nursing home owners and administrators we join the American association. This has a set standard of education and this is fixing the criteria that you should have to own and operate one of these homes.

Senator GROSART: Do you mean that you should attain a certain professional standard, the same as lawyers and pharmacists?

Mr. MORRIS: We want to put this busines on a professional basis.

Senator GROSART: What would be the standard? Would you require a diploma?

Mr. MORRIS: Yes. We receive a diploma, which states we are a member of this college and as such we have proven our ability in administration and so on.

The CHAIRMAN: You have to pass a test to be a barber.

Mr. MORRIS: Or a plumber.

The CHAIRMAN: But you could start a nursing home tomorrow.

Senator GROSART: And could also open a bank tomorrow.

The CHAIRMAN: Not unless you obtain a charter and that is not too easy.

Senator INMAN: How about a woman, a very successful practical nurse, starting up a nursing home? This is the kind we have.

Mr. MORRIS: It is true all over the country.

Senator INMAN: They would be acceptable?

The CHAIRMAN: Sure.

Senator INMAN: And still not have a very high standard of education.

The CHAIRMAN: I think that is a pretty good standard of education, a practical education.

Mr. MORRIS: As long as they employ a professional who will be able to administer—

The CHAIRMAN: Such things as anaesthetics.

Mr. MORRIS: That is why we are asking that there be a registered nurse on the staff.

Senator INMAN: Why should it be necessary?

Mr. MORRIS: Because of the medications involved. It should be the responsibility of a professional person.

Senator INMAN: A woman with practical nursing experience, who has worked under competent doctors, has a pretty good idea of what is needed in a nursing home.

Miss WATSON: But they are not qualified to give it by law.

The CHAIRMAN: You are talking about professionals, and the Senator is talking about people who do it the hard way.

Senator INMAN: For instance, when my children were sick I gave them medication under the doctor's orders.

Miss WATSON: I think we are talking about two different things. The administration of a dose of liquid medicine or of a tablet is a simple matter. However, in my nursing home at the moment one patient is being fed with stomach fluid twice a day; another uses a catheter every day. This is the type of thing we are talking about, and the possibility of untrained, inexperienced, inept people performing these services.

Senator FERGUSSON: I suppose recommendation 7 follows upon recommendation 6?

Miss WATSON: Yes. I feel very strongly about some type of geriatric training, nursing personnel and nursing aides. I feel that we need people as mentioned in the previous presentation, not younger professional persons so much, but the older person who knows a little about illness and pain and has a little sympathy with these older people.

Senator GROSART: Does the College of Physicians and Surgeons complain about non-qualified people giving medical treatment in nursing homes?

Mr. MORRIS: Not to our knowledge. We have had complaints at various times, and this is not happening often, from the College of Pharmacy. They are concerned with the dispensing of drugs by unqualified persons, and I think rightly so.

Mr. DAVIS: Bill 118 of the Ontario Government has not yet been published. I have not the regulations yet, but I wonder if they go any distance to meet your desire of closer supervision of these homes?

Mr. MORRIS: Yes, sir. We would be happy to see this as a Nursing Home Act.

Mr. DAVIS: They call them homes for special care. Doesn't that include nursing homes?

Mr. MORRIS: Just in the past month they have seen the need of nursing homes qualifying under this special care. "Nursing homes" has just been read into the act.

The CHAIRMAN: So that act is applicable to you now?

Mr. MORRIS: Only if the nursing homes apply for that particular kind of care for these patients.

Mr. DAVIS: The minister may license homes for special care.

The CHAIRMAN: Yes. He says they do if they apply.

Mr. MORRIS: If they apply; but they don't have to.

The CHAIRMAN: The minister undoubtedly has regulations under the act which apply.

Mr. MORRIS: We don't have to be licensed under this thing.

The CHAIRMAN: Is there any advantage?

Mr. MORRIS: We don't know yet, of course. But we would like to see this broadened.

The CHAIRMAN: We are both thankful and appreciative for the excellent brief you have presented, and for your own personal presentation. It has given us a new inside view of something about which we have not had too much information. For all that we sincerely thank you.

The committee adjourned.

APPENDIX "0-1"

BRIEF

Submitted by the Gerontologic Research Unit of the Allan Memorial Institute of Psychiatry,
McGill University, Montreal.

The Gerontologic Research Unit of the Allan Memorial Institute of Psychiatry of McGill University was established in 1944 by Dr. D. Ewen Cameron, Director of the Institute, at a time when there were few such centres in the world and none in Canada. From the outset, the research in this Unit has been conducted throughout the whole spectrum of human aging. There have been biochemical and physiological investigations on experimental animals as well as on humans, and clinical studies of normal and pathological behaviour. Research was also conducted upon the psychological and sociological aspects of aging, i.e. upon the adaptation of the aging person to his environment.

In the biological field, the scientific interest of our workers centered on the endocrine glands, because it was felt that perhaps a decline of the function of these organs might account for some of the signs of senescence. Hence, a study of the adrenal cortical function during aging was undertaken. Earlier studies had shown that the secretion of the sex hormones of the adrenal cortex, but not that of its "sugar-active" function declined during aging. There were, however, no studies on the "salt-active" function during aging. A reliable test of this function was found in our Unit in the salivary, sodium/potassium ratio and this method was used to study, whether there was a decline of the salt-active function of the adrenal cortex during aging. It was found that the "salt-active" function of the adrenal cortex, like its "sugar-active" function does not change during aging. It was, furthermore, found that there is no change in the diurnal rhythm of adrenocortical function during aging.

Attention of the Gerontologic Unit was then directed towards the investigation of thyroid function during aging. It was found that the amount of thyroid hormones produced by old animals (female rats were used in these experiments) is about 30% below that put out by the young. In addition, microscopic examination of the thyroid glands and the pituitaries of the experimental animals showed that the older animals presented a picture of lesser activity in both glands. Further studies, however, showed that the amount of thyroid hormones circulating in the blood was the same in both age groups and that after thyroidectomy the metabolism declined in both groups to the same extent. An explanation for these surprising observations was found in the fact that a given amount of thyroxine stimulated the tissues of the aged female rat to a greater extent than it did those of the young, and that the toxic effects of large dosages of thyroxine appeared more readily in the old than in the young. Although the older animal produces less thyroid hormone, it cannot be considered hypothyroid.

Our interest next turned to the problem of stress and aging. In searching for a means whereby stress could be imposed in a graduated form we discovered in the Gerontologic Unit the possibilities of the use of cold as a suitable tool to study the stress resistance of experimental animals of various age groups. A special cold laboratory was built and a series of studies on the effect of senescence on the resistance of young and old animals to stress was instituted. It was found that there was a marked and highly significant difference in the

mortality rate, survival time and various physiological and biochemical variables between old and young animals, the old responding far less well than the young. It was also shown that old animals can be made to survive lethal temperatures when taken to them gradually, but this adaptation is less effective in the old than in the young. It was concluded that the homeostatic mechanisms which are normally set into motion when a warm-blooded animal is exposed to the cold, were not operating as effectively in the old as in the young. These mechanisms include a complex series of interactions involving the nervous system and endocrines, and one of our scientific objectives is to discover where in the homeostatic response to cold the aged animal breaks down.

In the past 8 years, there was a marked expansion of the investigations of the Gerontologic Unit in the clinical and sociopsychological field. In close association with the biological studies on stress resistance of the aging organism just mentioned, several hundred aging subjects were investigated as to their response to experimental stress procedures. These studies showed that considerable differences exist in adrenocortical function between aged subjects suffering from senile psychosis on the one hand, and normal well preserved old people on the other hand. It was, furthermore, found that the adrenocortical response to experimental stress procedures could be used as a prognostic indicator of impending senile psychosis in aged individuals who were still able to live and function in the community without yet being manifestly sick.

Another part of the study concerned the role which stress in the past might play in the etiology of senile psychosis. The majority of the 112 aged subjects investigated in that respect experienced considerable stress throughout their lives. Economic deprivation stood out in most of the cases and in a great number of them uprooting and separation from their families. These factors per se did not seem to be of significant importance for the development of organic brain disease in old age. However, those subjects who experienced emotional insecurity in childhood developed organic brain disease in old age significantly more frequently than those whose childhood was emotionally secure.

Research of the Gerontologic Unit over the past 6 years is devoted to a large extent to the memory dysfunction so commonly found in aging people. A major advance was the discovery, made in our Unit, that there exist two types of senescent forgetfulness: a "benign" type which occurs with equal frequency in both sexes, progresses slowly and is not significantly correlated with survival time and mortality, and a "malignant" type which occurs more frequently in women, progresses much faster and is significantly correlated with an increased death rate and a shortened survival time.

Over the past few years Dr. Cameron and the workers of the Gerontologic Unit have been studying the effect of ribonucleic acid (RNA) on memory dysfunction in the aged. These studies are based on the premise that RNA may be involved in the encoding and retention of memory traces. Age dependent failure of the neuronal RNA system, possibly one of the intrinsic factors in the aging process, may be the biochemical basis of senescent memory dysfunction. Up to now more than one hundred patients with senile and presenile psychosis have been treated by this method. The results obtained seem to indicate a favourable influence of RNA on senescent forgetfulness.

The clinical studies just mentioned were possible only by using of a sufficiently large case material. As the Allan Memorial Institute does not have at its disposal enough patients of the older age group, the Gerontologic Unit established, on a service and consulting basis, contact with other English speaking hospitals and institutions in Montreal. A geriatric clinic was established at the Jewish General Hospital in 1955 and later at the Allan Memorial

Institute and consulting services are being rendered to the Maimonides Hospital and Home for the Aged, the newly established Geriatric service at the Verdun Protestant Hospital and to the Queen Mary Veterans Hospital. In addition to these hospitals the Unit established contact with the English speaking Golden Age Clubs in the City.

Our work has led us to an extensive revision of existing concepts of the nature of mental ill health in the aged. First of all, the so-called organic psychoses of the aged, namely senile and arteriosclerotic psychoses, form only a minor part, about 25%, of the case material which the psychiatrist sees in daily practice. About the same percentage are effective psychoses, mainly depressions which respond favourably to the same type of treatment as used in the younger age group. Nearly 50% of the aged patients is made up of patients suffering from neurotic conditions which essentially represent the psychological reactions of the aging person to the biological, psychological and social facts of growing old. Another practically important observation relates to the fact that aged subjects frequently react to acute stresses of a physical as well as of a psychological nature with acute confusional states which can be mistaken for the acute onset of senile psychosis, but have a considerably better prognosis when diagnosed in time and properly treated.

This advance in our knowledge concerning the mental ill health in the aged has great significance not only with respect to the kind of therapeutic services to be provided for the aged individual, but also with respect to the plans which should be drawn up on a national basis for therapeutic centres and buildings to provide the necessary psychiatric treatment for our older citizens.

The studies conducted by the workers of the Gerontologic Unit of the Allan Memorial Institute lead to certain recommendations regarding future needs.

Recommendations.

Recommendation I: Insofar that neurotic reactions give rise to an unexpectedly large proportion of psychiatric illnesses in the aged and insofar that these aged people are reacting mainly to the loss of status, loss of employment, decreased income and increasing loneliness, and must adjust to these facts when the capacity for adjustment weakens, measures should be planned of a preventive nature. Among these are the provision of

(*a*) more adequate financial support,

(*b*) suitable retirement plans,

(*c*) appropriate housing, and

(*d*) the opportunity to socialize with people of the same age group.

Recommendation II: The second recommendation which would emerge from our studies concerns the effect which acute stress has on the mental health of the aged. Both physical and psychological stress which the younger organism can tolerate without harmful effect, can lead to severe confusional states in the aged which, when not treated properly and adequately, either may lead to chronic deterioration or even may become fatal.

As in Recommendation I, prevention should be the keystone of our planning. Prevention may be achieved by

(*a*) the prevention of physical stress by the provision of more adequate medical care, particularly more beds for the aged individuals in general hospitals, and

(*b*) the prevention of the fundamentally important emotional stresses already recorded under Recommendation I.

Recommendation III: A helpful suggestion would be the establishment of District Geriatric Centres as central service and referral agencies which could provide the following services:

(*a*) Public health nursing services such as health and dietary instruction, exercise classes, home visits as required, liaison with referral to hospitals and clinics;

(*b*) Occupational counselling, placement and referral for paid and volunteer work. This would also involve public education and interpretation to existing agencies to provide suitable occupation for the elderly;

(*c*) To collect and circulate to our senior citizens information about the wide variety of adult education courses available for work and recreational skills. Such classes also provide social contacts;

(*d*) Registry of volunteer companions: Volunteers as companions for elderly lonely patients are often a major factor in rehabilitation, f.i. after depressions, and in keeping the patient from relapse;

(*e*) Placement in nursing homes and chronic care hospitals. Also finding and supervising homes in the district for patients not needing full nursing care. The District Centre could keep in touch with patients placed away from their home district and could encourage friends, neighbours, ministers, etc. to maintain contact, thus minimizing the isolation of old people in nursing homes;

(*f*) Referral to existing recreational programs and encouragment of district community leaders and organizations to provide needed recreational facilities;

(*g*) Referral to appropriate agencies in legal, financial and social problems.

Recommendation IV: Our recommendations concerning the provision of the necessary personnel and community services to ensure the prevention and treatment of mental illness in the aged are as follows:

(*a*) Information courses for doctors, nurses, social workers and officers of social agencies about the various mental disorders occurring in the older age group, their symptomatology, course and treatment.

(*b*) Psychiatric in- and outpatient services in general hospitals in order to provide adequate treatment and avoid unnecessary commitment to closed mental hospitals.

(*c*) Establishment of foster and nursing homes for patients who have received adequate treatment, but do not have a home or family to go to.

Recommendation V: We recommend that research into the problems of aging should be greatly expanded and that the Government should take a larger responsibility for the basic funding of gerontologic research centres. Consideration should be given to the following:

(*a*) The possibility of providing funds in the form of endowments or long-term block grants.

(*b*) The provision of the necessary funding to permit the opening up of a full range of exploration of aging. This should include all levels of organisation and functioning from the subcellular to the psychosocial level. Furthermore, the extrinsic factors which accelerate or retard the process of aging should be studied in experimental animals as well as in humans and all those substances and procedures which

influence, and in particular those that increase the stress resistance of aging organisms, should be studied systematically.

(*c*) In the clinical field, research is needed into the epidemiology of the mental disorders of the aged, particularly into those social and environmental circumstances which may act as precipitating factors in the development of the organic psychoses of old age.

(*d*) Finally, the problem of retirement, its influence on the mental health of the aging individual needs further study. This would involve the study of various groups on different levels of employment from unskilled workers to executives, both sexes and various ethnic groups.

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Montreal, February 17, 1964.

APPENDIX "P-1"

SENATE OF CANADA

SPECIAL COMMITTEE ON AGING

A REPORT CONCERNING NURSING HOMES AND NURSING HOME RESIDENTS IN THE PROVINCE OF ONTARIO

submitted by

ASSOCIATED NURSING HOMES INCORPORATED OF ONTARIO

BOX 12, PUTNAM, ONTARIO

JULY 1964

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FOREWORD

Concurrent to any study of a particular entity or aspect, there runs the necessity for a particular field of reference. With this in mind, the authors of this report are convinced the purpose of the report can best be served by defining the field of reference. Hence, we include to begin with, a reasonably comprehensive and widely used definition of a nursing home.

"A nursing home is a facility, licensed or regulated by law, to provide in a home-like atmosphere, continuing medical and nursing care for the long term convalescent, infirm or aging patient".

Associated Nursing Homes Incorporated of Ontario is a non-profit organization, formed with the encouragement and assistance of the Ontario Society on Aging in November 1959. The Association has a membership of one hundred and twenty nursing homes in Ontario. It has endeavoured to establish working relationships with other organizations in the field of gerontology and geriatrics and also with other nursing home associations on the North American Continent.

Program

The Association is primarily concerned with the care of aged persons in nursing homes in Ontario. Standards have been evolved covering many facets of this care and of the organization and administration of nursing homes. Petitions have been presented to the Ontario Government, pointing to the need for revision of licensing procedures, the need for a program of personnel training, and the need for assistance in the form of low interest financing of new facilities and the renovation of existing buildings. A Brief has been presented to the Ontario Medical Services Insurance Inquiry concerning the needs of older people in Ontario; this Brief is included in the appendices at the end of this submission.

It is the intention of Associated Nursing Homes Incorporated of Ontario to continue in the effort to keep the members of the Association informed of developments in the field of aging; to continue to encourage better care for aged people in nursing homes, and to try to achieve for those people in Ontario who need the service that is available in nursing homes, the best care possible.

The Association believes this report on nursing homes and their residents, to the Senate Special Committee on Aging will be of assistance to the Members of the Committee in their endeavours to assess the needs of aged persons in Canada.

SUMMARY

Government legislation concerning nursing homes is examined and found to be ineffectual in some respects. Changes in the agencies responsible for licensing, and in regulations covering the operation of nursing homes, it is believed, would result in better control of these homes, and better care for those requiring this type of service.

The number, size, construction, quality and location of nursing homes in Ontario is described, and comments concerning these aspects of nursing home service are advanced to emphasize the necessity for intelligent planning for, and conscientious operation of nursing homes.

The services available to people seeking nursing home care are summarized, and the cost of this care throughout the Province, is found to vary from any impossibly low daily rate, to a high rate that appears to be commensurate with the services offered.

The extremely low daily rate set by some municipalities, is noted as a contributing factor, to the very low standard of care evidenced in some nursing homes catering to indigent people. There is evidence that many municipalities, without any consideration of the costs involved in the provision of nursing home care, artibrarily decide that they will pay X number of dollars and no more for this service. It is believed, that with sensible evaluation of all aspects involved, and with increased communication between governing and proprietary interests, results could be achieved which would eliminate this practice.

The use of nursing homes offering a high standard of care is advocated, along with the use of municipal homes for the aged. Known costs for both facilities prove that the cost of care in a high standard nursing home is comparable, sometimes less, than the cost of the same care in a municipal home for the aged.

The use of tax funds for the provision of government homes for the aged, without consideration of the use of other existing facilities, whose services and costs are comparable, is poor economy. This is an area where exploration of all aspects is needed.

Residents in nursing homes are divided into categories of care required, and the determinants of these categories are listed.

Needs of residents in nursing homes are examined under physical, psychological, financial, and legal necessities. How well these needs are being met in nursing homes in Ontario is discussed and recommendations for improvements, where necessary, are included.

The policy of the Ontario Hospital Services Commission, in providing chronically ill hospital care for insured persons, is described, with discussion centered on the Commission's approval of some nursing homes in the Province, to give this care. The shortage of beds for this type of care is considered, and the viewpoint of Associated Nursing Homes Incorporated for relieving this shortage is advanced. An example of a hypothetical, chronically ill patient is presented, and the definitions used to describe the different types of care this person might require, are shown to be confusing to the general public. New definitions describing the divisions of chronically ill care are presented.

Nursing home personnel is described, and methods whereby the effectiveness of these people can be improved are advanced. Emphasis is given to the need for standardized training opportunities and enhanced status for nursing home personnel.

Government versus proprietary services are discussed, and more co-operation between people concerned with providing care for aged persons in Ontario is urged.

People preparing legislation affecting aged persons in Canada are reminded of the necessity of giving the recipients of such legislation an opportunity to express their own preferences and ideas.

Recommendations are advanced, that, it is believed will help to eliminate some of the inequalities, inefficiencies, and injustices, experienced by aging persons in Ontario and Canada in general.

LEGISLATION GOVERNING NURSING HOMES

(1) In Ontario nursing homes are licensed by the county or the municipality in which they are located. In some areas of the Province there are differences in the regulations covering nursing home operation, caused by the differences in the local by-laws and their degree of enforcement.

(2) Some years ago the Provincial Department of Welfare drafted a model by-law to license nursing homes. This was and is available to local governing bodies to use in the formulation of their own by-law to license nursing homes.

No compulsion to use the model by-law exactly as it was prepared was made, and this led to many differences in the regulations throughout the Province.

(3) Ontario is the only Province in Canada that does not have provincial licensing of proprietary nursing homes. It is difficult to comprehend why a Province, so progressive in many areas, is content to leave the licensing and regulatory requirements of any facility for the care of the aged, to, in many instances, uninformed elected officials.

(4) *Inspection*

When an application for a license to operate a nursing home is made to the municipality or county, the nursing home is inspected for fire hazards and safety of residents, also for cleanliness, by the local unit of the Department of Health. If conditions are found to be satisfactory and conforming to the local by-law, a license to operate a nursing home is then issued to the applicant. The number of subsequent inspections of the home varies from one locality to another.

(5) There are at present nearly four hundred nursing homes in Ontario operating under municipal or county licenses. There are also numerous small homes operating as nursing homes which are unlicensed. The exact number of these unlicensed homes is unknown. It is also evident that there are still areas where it is impossible to obtain a license to operate a nursing home because no local licensing by-law exists. This is not a deterrent to the establishment of a nursing home in the area, but it does mean that such homes operate *without regulation or inspection.*

FACILITIES

a—*Quality of Nursing Homes*

(6) Although there are some homes in Ontario operating under the Charitable Institutions Act, most nursing homes are essentially proprietary and are operating as any other business venture might.

(7) Each nursing home reflects the personality and integrity of the administrator of the home. Where good business management, trained personnel, knowledge of geriatrics and gerontology, interest in the aged, and personal integrity are found, there also will be found the high standard nursing home. Where these essentials are lacking, the sub-standard nursing home is found. Through the standards of care evolved by the Association and through increased awareness of the difference between a high standard and a sub-standard nursing home, the Association hopes to be instrumental in effecting changes whereby the sub-standard nursing home will no longer find a place in the care of the aged in Ontario.

(8) It should be emphasized that many excellent nursing homes with high standards of care for the resident exist in the Province. There is also conclusive evidence that there are some homes offering care that is sub-standard in many respects.

(9) When a license for a nursing home is issued to an individual, the physical facilities of the home are inspected. No evaluation of the ability or character of the owner or administrator is made as no procedure under which this can be done has been adopted for nursing homes. Because owners and administrators of nursing homes are directly responsible for the health and often the life of the resident in the home, some way should be found to prevent unprincipled people from operating nursing homes. The person who has been sold inferior merchandise can often demand that something be done about it. The person who has received inferior nursing home care is sometimes not even alive to complain.

b—*Types of Construction of Nursing Homes*

(10) Most nursing homes are in large converted dwellings. Estate homes, no longer useful to their previous owners have in many cases been converted to nursing homes. There are beginning to appear throughout the Province, new buildings designed for the provision of nursing home service to the public. It is understood that the cost per bed of building these homes is in the vicinity of $7,000.00.

(11) Nursing homes, generally, are of brick construction, though in some areas frame and stucco buildings are found. New homes built for the purpose are of brick or concrete construction.

(12) The use of older buildings, though in many cases entailing inconveniences, when skilfully converted, tend to retain more of a home-like atmosphere than large institutional types of buildings. There are arguments for and against both the new building and the converted dwelling, that would entail a presentation too long to be included in this report. Ideally, the nursing home should be large enough to provide the care and accommodation required by the residents, without losing the home-like qualities so necessary to its proper functioning.

c—*Location of Nursing Homes*

(13) Nursing home service is available throughout the Province. The largest concentration of homes being in and around Metropolitan Toronto. There are nursing homes in all parts of central and southern Ontario from east to west, but we find few homes in the northern areas.

(14) The importance of health care facilities for the older person, *in or near the community in which the individual has resided,* cannot be too strongly stressed. Locating any type of housing for the aged, whether it be a country or municipal home for the aged, an older persons housing project, a chronic hospital, or a nursing home, in areas that are too far for relatives and friends to visit frequently, results in isolation and segregation for the individual. Research in gerontology supports strongly, aged person's continuing contact with family, and the community with which he is familiar.

d—*Size of Homes*

(15) The average bed capacity of nursing homes in Ontario is believed to be under twenty. There are some homes with as few as five beds, and others with close to one hundred beds.

SERVICES AVAILABLE IN NURSING HOMES

a—*Type of Service*

(16) Nursing home care is primarily care of the elderly, infirm individual. This may include, as needed, skilled nursing care, including such technical procedures as injections, insertion, maintenance, and removal of catheters, simple laboratory procedures, diets, and physical, occupational, or group therapy. Hairdressing, barbering, laundry service and shopping may also be included under the services available in nursing homes.

b—*Charges for Care*

(17) Daily rates charged by nursing homes vary from home to home. Known rates range from as low as $2.30 per day to over $20.00 per day. Many factors influence these charges. There is private, semi-private, and standard ward accommodation. The Ontario Hospital Services Commission sets the daily rate for their 'temporarily approved' nursing homes at $6.50, $8.50 and $10.50 for standard ward, semi-private, and private room accommodation. This includes

all medication ordered by the physician for the patient. The Commission accepts responsibility for the standard ward portion of the daily rate. The rates paid by municipalities for indigent care is another influencing factor on the rates charged by nursing homes. The Association believes that sub-standard nursing homes have been encouraged by the extremely low daily rates paid by some municipalities for the care of the indigent aged.

(18) Administrators of high standard nursing homes realize that the number of indigent residents they can accommodate is limited by the low financial return. Many administrators who would be pleased to extend their services to more indigent people are financially unable to do this. This is reflected in the necessity of continually building more government homes for the aged, supported through taxation, whose per diem cost of care, when capital costs are included, is far in excess of that of the daily rate in a good nursing home.

(19) It would appear, that it would be sensible, for government agencies and proprietary nursing home administrators to work together to provide the necessary care at a cost which supplies the needed services without being an unnecessary burden on the taxpayers of Ontario.

NURSING HOME RESIDENTS

(20) The type of care required by the residents in nursing homes can vary to a considerable extent. However, residents can be divided, generally, into the following categories:—

a—Boarding only Residents

In this category, minimum care which would include room and board, laundry and a minimum amount of personal service is required.

b—Domiciliary Care Residents

The domiciliary care resident may require any amount of care up to and including full bed care. He may or may not require special diets. He may or may not be senile. With these people the deterioration of aging is proceeding at a slow pace, and evidence of any acute illness is not present.

c—Chronically Ill Residents

The chronically ill resident is one suffering from a chronic illness, whose condition is such that continual medical and professional nursing care is required to improve, or maintain his present level of health.

d—Convalescent Residents

These individuals are those who may be recovering from the effects of fractures, heart attacks, mild cerebral accidents, or other acute illnesses.

e—Terminal Care Residents

A category not usually considered in the 'terminal patient'. Many persons are admitted to nursing homes from hospitals or their own homes, who are in the terminal stage of their illnesses when they arrive in the nursing home.

NEEDS OF RESIDENTS IN NURSING HOMES

a—Physical Needs

(21) Under the term, 'physical needs' we may include food, shelter, medical care, nursing care, dental care, medication, diets, treatments, clothing, all the physical necessities to maintain the body at its highest level of functioning.

(22) It is evident, administrators of good nursing homes try to ensure that all these needs are met. Medical and dental care, medications (except for Ontario Hospital Services Commission approved nursing homes), and clothing are not included in the daily rate charged by nursing homes. Nursing home administrators ensure these needs are met, when necessary, through welfare agencies. This entails a thorough knowledge of the assistance available to residents whose financial resources are inadequate.

(23) In attempting to assess the areas of physical need in older people, we have discovered, that, for those individuals unfortunate enough to need welfare assistance, municipalities are loathe to assume any more responsibility than that required for food, shelter, medications and nursing care. *Provision* for such things as dentures or physio-therapy, which might improve the individual's ability to function, is either non-existent or disregarded.

(24) Often, the older person with moderate income feels a need to conserve his resources, doing without these aids to general well-being, because of a fear that he may not be able to provide for his needs for the rest of his life. Even older people with more than adequate income, sometimes display this fear.

(25) Many of the nursing homes in the Province cannot afford the services of a qualified physio-therapist, even if one was available. There is a need for more knowledge of methods of massage, and exercise, by the nursing personnel in nursing homes. Many people, who otherwise might remain helpless, could be restored to some measure of self-help through a program of personnel training in simple physio-therapy techniques.

(26) The Provincial Departments of Health and Welfare could do much to assist nursing home administrators in meeting the physical needs of their residents through joint programs of study of how these needs might best be met, and through legislation that would give assistance where it is needed.

(27) A comprehensive health care insurance program for aged persons should be planned and implemented by legislative measures. Prepayment through the productive years of life for the needs of the later years is a necessity that cannot be ignored, when we consider the ever increasing proportion of older people in the population, and the early retirement age advocated.

(28) The people responsible for inspection and licensing of nursing homes should be supplied with criteria by which they can assess the level of care given in the nursing homes they inspect. We are happy to report, that, in many areas of Ontario, inspection of nursing homes has been greatly improved in the past two or three years. There is now increased interest shown in the resident, as well as the physical facility. It has been found that, with areas of communication opened between public health officials and nursing home administrators, the general care of residents in nursing homes in the Province has been significantly up-graded.

(29) There are still areas where improvement is desirable. Often, public health officials are hesitant in taking action against sub-standard homes, because of the legal aspects involved. When reports of undesirable practices in nursing homes are received, by public health units, they are in the position of having to prove these practices if action to close the home is taken. It can be readily understood that obtaining anything more concrete than rumors is difficult. Relatives usually remove the resident from the home to another nursing home, but wish to avoid the publicity attendant on any charges being laid.

(30) When adequate, rather than minimum regulations covering all aspects of nursing homes and nursing home care are devised, and criteria for the assessment of adherence to these regulations is in existence, it should then be a simple procedure to close the nursing home where regulations are ignored.

(31) Meal planning and diets constitute another area where more knowledge would be helpful. Dieticians are not usually employed in nursing homes unless they are very large homes. Diet is, more often than not, one of the most important aspects of care. Short courses on meal planning and diets for persons engaged in food service in nursing homes would be most helpful. Conscientious administrators are concerned about this problem and would encourage their personnel to attend such courses.

b—Psychological Needs

(32) In this area we encounter the challenge that is inherent in caring for the aged person. Because of diminishing physical and mental abilities, there is ample opportunity for the resident to become a victim of feelings of inadequacy, rejection, depression, and passive acceptance. The environment in which the older person finds himself is of the utmost importance. He needs to know that his worth as a human individual is recognized. His mental processes require the stimulation of interesting contacts with other individuals. He needs the assurance that he is still a member of the spiritual and secular groups that were part of his normal activity in earlier years. He needs the assurance that he is not forgotten as a member of the human race.

(33) The nursing homes of Ontario, in varying degrees, are endeavouring to meet the psychological needs of their residents. Through ample visiting hours, occupational and group therapy, friendly visiting, spiritual services, with, in some cases chapels on the premises, and intelligent and understanding personnel, much is being accomplished. More could be done with the help of readily available data on research results in this area. This information could be extremely helpful to administrators of nursing homes if ways and means could be found, that they might avail themselves of it. Needless to say, the necessity for continuing education in any field of endeavour is universally important.

(34) There is a need for more opportunities for activity for those residents who desire or need this. A failure recognized by progressive nursing home administrators is the tendency for busy personnel to encourage the resident to remain inactive. There is little cause for concern connected with the safety of the immobilized resident, but the resident whose sense of balance is impaired, yet who still wishes to move about presents problems concerned with his physical safety and with the amount of time available to assist him.

(35) There has been a tremendous increase of interest in the study of gerontology and geriatrics in the past ten years. There is a great need for opportunities for persons engaged in caring for the aged to keep up with developments in these fields.

(36) Courses of study at universities, seminars, work-shops and conventions concerned with the care of the aged are, more often than not, held too far away for nursing home personnel to find the time to take advantage of them. Even though the nursing home administrator is able to attend some of these programs, he is often without the time or financial resources to transfer the knowledge he has gained to his staff. *Canada's Federal Department of Health and Welfare* could be of invaluable assistance, in preparing and distributing literature that would assist those caring for the aged to increase their knowledge and effectiveness. Recreation programs geared to the abilities of individuals in nursing homes, occupational and guidance programs, information on the creation and use of auxiliary services, self-help programs, etc., would all be extremely helpful.

c—Financial Needs

(37) Many elderly people are attempting to maintain themselves on retirement savings plans they once thought would be adequate. Many others have only the Old Age Pension. The continually rising costs inherent in our society today make it difficult, in many cases impossible, to maintain an adequate standard of living. When there is added to this the cost of chronic care, the financial resources of the individual, and often his family as well, cannot be stretched to cover these additional burdens.

(38) Through Government legislation some assistance is given to the aged person under the General Welfare Assistance Act, when nursing home care is required. It should not be overlooked that many persons with reduced incomes are not eligible for this assistance, because they are not actually indigent.

(39) The cost of necessary drugs is another factor which should be considered. Except for those nursing homes temporarily approved by the Ontario Hospital Services Commission, medications are not included in the daily rate charged. Many residents of nursing homes require, and have prescribed for them by their physicians, maintenance drugs which might include tranquilizers, anti-anxiety or anti-depressants, insulin, liver, diuretics, etc. In long term use, the cost of these drugs can be formidable and it is often beyond the ability of the older person to pay for them.

(40) Necessary dental care, dentures, eye-glasses, orthopedic shoes, and other aids to well being are often not purchased because the individual with reduced income can not afford them.

(41) The pattern then, in the later years, continues as in earlier years. The person with sufficient financial resources is able to maintain himself and supply his needs without difficulty. The person who is completely indigent has many of these things done for him by various social welfare agencies. The individual falling between these two categories, continues to struggle to supply as many of the necessary requirements as is possible from his inadequate resources; and does without many others for which he cannot pay.

(42) Again, we are brought face to face with the urgent need for comprehensive health care insurance for the aged.

d—Needs concerning chronically ill persons

(43) A situation at present existing in Ontario that needs to be remedied is the lack of facilities for chronic care under the Ontario Hospital Services Insurance Commission. The Commission has undertaken to provide to insured persons needing it, chronically ill hospital care. As there were insufficient hospital beds available in existing facilities, the Commission temporarily approved some nursing homes in the Province for the provision of this type of care to insured persons. It has been found, even with this temporary approval of some nursing homes, there are still many people, who are eligible for benefits from their hospital insurance, but are unable to obtain the care they require in these facilities because of the shortage of beds. These people have paid their hospital insurance premiums believing, that, if and when it became necessary for them to avail themselves of these benefits, they would be available to them. When they are unable to find accommodation in an approved nursing home, they must then turn to other nursing homes and pay for the care they believed their insurance would cover.

(44) The necessity for more facilities for chronically ill care cannot be questioned, but the lack of use of all present facilities capable of supplying this care is open to question.

(45) The Association does not suggest that all of the nursing homes now operating in Ontario be approved for chronically ill care. Some of these homes

cannot supply the necessary nursing care and also do not or could not meet the regulations of the Ontario Hospital Services Commission. We do suggest, that good nursing homes, working with other health care facilities and encouraged by government agencies, can do much to alleviate this shortage of beds, and that they could supply this much needed service at a cost that would be considerably less than that of building and operating chronically ill hospitals, or adding wings to existing hospitals.

(46) The nursing home has an advantage in this type of long term care, in that it can retain for the individual, many of the aspects of home living. This is an impossibility in institutional care.

(47) The public needs to be better informed as to the difference between chronically ill care and ordinary chronic care. The Ontario Hospital Services Commission assumes responsibility for the former but not the latter, at the standard ward level. Sometimes the division between these two types of care is so indistinguishable as to be hardly discernible by the experts, let alone the uninformed public.

(48) A person may have suffered a severe stroke, for which he is hospitalized in an active treatment hospital. After considerable treatment, it may be decided that chronically ill care in a chronic hospital or approved nursing home is the type of care indicated. He, or his relatives, may be fortunate in finding accommodation for him in one or the other of these facilities and he is transferred. A modified treatment program is then instituted. He may recover to some degree, but still remains almost as helpless as when his disastrous cerebral accident occurred. Suddenly, after months, sometimes years of this care, he or his relatives are informed that he is now a "custodial" care case and is no longer eligible for insurance benefits. The confusion and dismay caused by this announcement is understandable. Even doctors are sometimes at a loss to know if their patient will qualify under chronically ill hospital care.

(49) It is suggested that a better division of chronically ill care would be:

a—Rehabilitative chronically ill care.

b—Domiciliary chronically ill care.

c—Terminal chronically ill care.

The patient would progress naturally through these stages of care, and the public would find them easier to understand than the terms at present in use.

e—Legal Needs

(50) The need of older people for legal advice is not nearly as clear as other needs discussed. It is known that many older people try to continue to manage their affairs long after they are physically and mentally capable of so doing. Many turn to relatives or friends for help in these matters. Many have neglected to make wills.

(51) The older person tends to reject advice to obtain legal counsel as a reflection on his mental abilities. The cost of legal advice is sometimes a prohibiting factor, in the mind of the older person.

(52) There is a need for 'local trust officers', working out of the Official Guardian's Office, to protect people who have entered, or are entering the condition known as senility. Instances have been known of misuse of power of attorney; of people being influenced to break with their relatives or friends by pseudo-religious groups or individuals; of large sums of money borrowed and never repaid. Although there is no evidence that these practices are widespread, sufficient reports of such things have been heard to make the use of 'trust officers' advisable.

NURSING HOME PERSONNEL

(53) The qualifications of the owner/administrator have been discussed earlier in this report. It is only necessary to say, that the time has passed when people without any training for this work can be accepted as administrators of nursing homes. No longer can learning on the job, without prior training for it, be tolerated. Courses on nursing home administration are essential and should be made available in Canada, for people interested in this work. The possibility of correspondence courses in administration should also be examined. A nursing home administration course should consider such topics as purchasing, personnel management, public relations, human relationships, geriatrics and gerontology. It should also include financing, and aspects of social welfare pertinent to aging persons.

(54) Nursing personnel is of the utmost importance in nursing homes. Most, if not all, licensing by-laws in the Province require nursing homes to be operated by, or under the supervision of a registered nurse. Many homes are owned by registered nurses, others employ them for varying periods of time, depending on the size of the home and the number of residents. The ideal, is to have one or more registered nurses on duty at all times. For the small nursing home, this is often financially impossible. The presence of the registered nurse on the staff of the nursing home is one of the criteria by which the quality of the home can be assessed.

(55) Registered nursing assistants are employed in nursing homes throughout Ontario. Their availability is limited because of the heavy demand for their services in hospitals. The majority of persons working with the residents in nursing homes are practical nurses or nursing aides. Many of these people have been trained for the work in the nursing home, and have proved their worth by their kindness to, and care of, these aged people. It is unfortunate that few training opportunities, carrying recognition are available to these conscientious workers. There is a need for a training program that is standardized and carries some certification.

(56) It is becoming increasingly difficult to attract the right type of person to do this work, possibly, because opportunities in other fields offer more rewards in salaries and other incentives. Increasing the status of the person working with the aged, through training and recognition, would result in better care of older persons, and also give to the worker an increased sense of personal worth.

(57) The cost of care would, of necessity, be increased, because trained people can command higher salaries. If the nursing home profession is to assume its rightful place in the health care field, this can hardly be avoided.

(58) We have already discussed the need for dietary assistance to kitchen personnel. Housekeeping services and maintenance people offer no particular problem at this time. It appears there are enough people available to fill these needs.

GOVERNMENT versus PROPRIETARY SERVICES

(59) There are older people in our population who may enjoy, or need the sense of communal living that is available in a publicly supported home for the aged. There are others, whose need for privacy, and a home-like environment, makes it essential for them to choose living accommodations better suited to their psychological makeup. We must recognize that individual differences obtain in age as in youth.

(60) We suggest that, not political opportunism, but consideration of the proven needs of our aging population, intelligent planning, and co-operation should be the aim of people concerned with municipal homes for the

aged and nursing homes. There is need for both in our society, and no reason why one cannot complement the other.

(61) Finally, but most important, the older person needs to be given the opportunity to mould the social pattern of society, in so far as it concerns him, and his way of life. Far too often, vital decisions affecting older people are made by middle-aged or younger people, often hampered or biased by the attendant desires or values of their particular age group. We frequently subject the older person to what "we think" is good for him. For too many years, and by too many people, has senescence been confused with senility.

RECOMMENDATIONS

1. That ways and means be found to study and initiate comprehensive insurance plans that will cover the health care of aged persons in Canada, and that these insurance plans, when formulated, and passed by legislation, be prepaid by taxation or compulsory contribution.

2. That when social welfare legislation, affecting our aging population is being considered, the people who will be affected be given the opportunity to indicate their desires and needs, relative to the legislation under consideration.

3. That licensing of nursing homes be carried out, in Ontario, under the Provincial Departments of Health and Welfare, and removed from municipal or county legislation, except where property by-laws are concerned, and that the same regulations concerning the operation of a nursing home, apply to all nursing homes in the Province.

See proposed Ontario Legislature Bill 118 & Regulations 1964.

4. That existing by-laws for the operation of nursing homes in Ontario be reviewed, and that realistic regulations for the protection of persons requiring nursing home care be made under an Act governing nursing homes in Ontario.

5. That inspection of nursing homes in Ontario be standardized throughout the Province, and inspectors supplied with criteria by which assessment of adherence to regulations can be judged.

6. That persons operating or planning to operate nursing homes in Ontario be examined as to their qualifications, education, and personal character.

7. That the possibility of training for nursing home personnel be explored, and courses initiated for people working in, or wishing to work in nursing homes.

8. That the possibility of training and using 'trust officers' for the protection of the senile aged be studied.

9. That the Federal Department of Health and Welfare prepare and make available to nursing home administrators, information that can be used to advantage in providing better care for aged persons.

10. That efforts be made to increase co-operation between proprietary and government interests, to the effect that better health care for the aged may be assured.

(62) The Association realizes that many of the above recommendations pertain essentially to people and conditions in Ontario. Nevertheless, they are such as to be applicable to people in all Provinces of Canada.

APPENDIX "I"

CANADIAN NURSING HOMES

A Preliminary Report

B. D. Morris

In the preparation of this report for the Executive Board of the American Nursing Home Association, we have found to our satisfaction, and it most surely a compliment to the Board for their foresight, that this is, or has become, a "first". This is the first time that knowledge of nursing homes in Canada has been compiled into a report. The information contained is the first obtained from various places across this vast country, as a result it must be called preliminary.

Canada is large, and it has proven to be even larger when one seeks information. Most of this information has come from the government offices of the Provinces concerned, and with this in mind we believe the information is somewhat incomplete at this time. We do believe, however, that because of the results so far obtained that further study is indicated.

Newfoundland

To begin with Newfoundland in the east and move west as we proceed across Canada would seem most practical. We were pleased to receive a long and detailed letter from the Director of Administration, Department of Public Welfare, Mr. J. A. Clancy, with the following information. In Newfoundland there are four nursing institutions: (*a*) the Homes for the Aged and Infirm, with accommodation for 116 patients, operated by the government. (*b*) St. Patrick's Mercy Home operated by the Sisters of Mercy of the Roman Catholic Church with accommodation for 185 patients. (c) The Agnes Pratt Home operated by the United Church with accommodation for 35 patients, and (*d*) the Salvation Army with Sunset Lodge, can accommodate 42 patients.

In addition to these, the Department of Public Welfare has 18 licensed Boarding Homes and some patients require nursing care. Seventeen of these homes are located outside the city of St. John's (Newfoundland's only city). There are other homes in St. John's that accommodate casual boarders but are not licensed or controlled in any manner by the government although it is at times necessary for the government to pay charges made by these homes on behalf of the people concerned.

Outside of St. John's there are a number of people, aged and infirm, who do not require nursing care but cannot live alone so these people may be placed in homes of neighbours or friends. Although no license is required, the government will assist in their maintenance.

The licensing procedures for the Boarding Homes are rather interesting. When an application is received, the Home is first visited by a Welfare Officer and if he or she reports the Home has possibilities the Fire Commissioner is asked to visit. He inspects the Home from a safety standpoint and outlines what is necessary to qualify for a license. When these regulations are met, the Home may be licensed and the License outlines the conditions under which it (the license) was issued. These requirements mention the number of patients accommodated, and sets out a menu which must be served. The menu is provided by a Nutritional Officer of the Department of Health. These Homes are under the constant supervision of a Welfare Officer. The Home may not accept any patient unless approved by the Department.

There is no Nursing Home Association in Newfoundland.

Prince Edward Island

Prince Edward Island, our island province, reported no licensing procedures for nursing homes and hence no record of the number that could be operating. This information was received from the Assistant Deputy Minister of Health. They are not aware of any Association in existence.

New Brunswick

From New Brunswick the Deputy Minister of Youth and Welfare reported two types of homes: (*a*) Nursing Homes, and (*b*) Homes for the Aged. One of the requirements for a Nursing Home license is the attendance of one or more Registered Nurses on a 24 hour basis.

There are 64 licensed Homes for the Aged, and 8 licensed Nursing Homes. There are no unlicensed homes operating as such, and legislation requires all places offering accommodation for more than two aged or infirm persons must apply for licensing. The Licensing procedure includes inspection by the Fire Marshal of the Province and inspection by the Medical Officer of Health of the area with regard to sufficiency of sewage disposal, garbage disposal, water supply and toilet facilities.

No Nursing Home Association has yet been formed although a group in Moncton are interested to incorporate. The contact man there is Mr. Basil Patriquin, 277 Robinson Street, Moncton, N.B.

Nova Scotia

As far as ascertained, there are only three licensed nursing homes in Nova Scotia. There is a Provincial Licensing Program in effect and this is carried out by the Department of Health. It is apparent from the information received that they would like to join or be affiliated with another group or Association. Further contact can be made through Miss Maura Furlong, Wolfville Nursing Home Ltd., Wolfville, N.S.

Quebec

Unfortunately, information from Quebec is rather sketchy to say the least. Instead of contacting the government we wrote to the president of the Quebec Nursing Home Association, who replied that our letter would be answered more fully after a meeting of their Board. We are still waiting. The President is Mr. Claude A. Gauthier of Gatineau, Quebec.

Ontario

Since we are moving east to west, Ontario naturally comes next. As has been stated before, there are approximately 380 licensed nursing homes in Ontario. One hundred and twenty of these are members of Associated Nursing Homes Incorporated of Ontario.

There are 48 Homes now under temporary approval for chronic care under the Ontario Hospital Services Commission. All of these 380 Homes are privately owned and administered.

Licensing is carried by each local municipality in which the home is situated. The President of the Association for 1964 is Mr. James E. Fisher, 427 Nelson Street, Wallaceburg, Ontario.

Manitoba

It is regretted that nothing is available from Manitoba. We do know, however, there is a Manitoba Nursing Home Association. The secretary is Mr. Thorvalson, 5 Mayfair Place, Winnipeg 13, Manitoba.

Saskatchewan

As we move further west, you will note that activity increases. The reason for this is a matter of concern and has made a few of us involved with the problem do some head scratching. You must keep in mind that the land area is tremendous and yet it is a fact that they are moving ahead in great strides.

In the province of Saskatchewan a complete and varied system of housing for the aged is offered. In checking through their Directory of Housing and Nursing Home projects, we find that out of 77 listed Homes and 5 Provincial Geriatric Centers, there are but six privately owned or sponsored, as they say. These six represent 242 beds. In the five Provincial Geriatrics Centers there is accommodation available for 630 persons. All housing projects for the elderly in this province are licensed.

There is an Association in existence known as the Saskatchewan Association of Housing and Nursing Homes. The President is Mr. W. A. Steininger, Executive Director, Central Park Lodges of Canada, Rae and 28th Street, Regina, Saskatchewan.

Alberta

From the Province of Alberta comes more information of a complicating nature. There are 27 Contract nursing homes and 40 Non-contract Homes. There are two nursing home associations in Alberta whose membership is made up mainly of Contract Homes. The reference to Contract and Non-Contract is to differ from Licensed and unlicensed because this is the terminology that is used to differentiate the types of Homes in Alberta. The Contract Homes are those under contract with the Department of Public Health to provide chronic care under Alberta's Hospitalization Plan.

The Non-contract Homes are licensed by the Department of Public Welfare and provide accommodation for persons who require institutional care rather than hospital care.

It should be pointed out that a new and different Nursing Home Plan is proposed for this province and enabling legislation is being considered at the present session of the legislature.

The Northern Alberta Nursing Home group is called: The Alberta Association of Nursing Homes (Edmonton). The President is Mrs. C. Dawson, Jubilee Lodge Nursing Home, 10748—103 Street, Edmonton, Alberta.

The Southern group is known as the Calgary Nursing Home Association, and the President is Mr. A. J. Senft, 1412—20 St. N.W. Calgary, Alberta.

British Columbia

The types of facilities available in British Columbia for the long-term sick and aged are broken down to the following:

(1) The rehabilitation or activiation hospital or unit. Generally speaking these are for patients expected to improve to the point where they return home or to a boarding home. These are all non-profit units either attached to a general hospital or licensed as separate institutions under the Hospital Act. Patients are covered under the Hospital Insurance Program.

(2) Facilities offering nursing home care and medical attention to the chronically ill who are not expected to be rehabilitated to the point where they may return home. These homes are licensed as private hospitals. Most are operated for profit, but several are operated by non-profit organizations. These facilities coincide with what is generally known elsewhere as nursing homes.

(3) The Board Home which is licensed by the Department of Social Welfare.

The private hospitals are licensed by the Hospital Insurance Service. Patients are not covered under the hospital insurance program. All facilities

giving this type of care must have a provincial license. In fact, in this province, any unit giving care to the aged in the form of boarding home care or private hospital care must have a provincial license.

There are 67 facilities licensed as private hospitals. With regard to licensing procedures, it is interesting to note that since 1961 the conversion of dwelling houses and other old buldings for this use has been prohibited. New applicants must provide buildings especially constructed for hospital purposes.

There is an association known as the British Columbia Association of Private Hospitals. This has been an outgrowth of the Private Hospital Section of the B.C. Hospital Association. The President of the Association is Mr. C. J. Smalley, Scenic View Private Hospital, 3071 Pacific Highway, Cloverdale, British Columbia.

We have now covered Canada from coast to coast. In summary it looks something like a patchwork quilt. All provinces have licensing except one, but most have different licensing procedures. All those that have licensing are on a provincial basis except Ontario.

We find we have six nursing home associations which include British Columbia, Alberta, Saskatchewan, Manitoba, Ontario and Quebec. We have interest shown in New Brunswick and Nova Scotia.

In taking a rough count of the information it appears that there are approximately 685 nursing homes that we now know of in Canada. Still to be considered are Quebec and Manitoba. It is conceivable that the number will be close to 1000.

In view of the facts here presented it would seem that further study is indicated and this time at the Association level. We have no record of the number of members in these Associations except Ontario.

I wish to thank you for the opportunity of presenting this first report on Nursing Homes in Canada.

APPENDIX "Q-1"

SUBMISSION OF
THE UNITED SENIOR CITIZENS OF ONTARIO INCORPORATED
TO
THE SPECIAL SENATE COMMITTEE ON AGING
ON
THE PROBLEMS AND NEEDS OF OLDER PEOPLE OF CANADA

The United Senior Citizens of Ontario, Inc.,
4968 Dundas Street West, Islington, Ontario.

PREFACE

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS OF THE U.S.C.O. SUBMISSION TO THE SPECIAL SENATE COMMITTEE ON AGING

A—The No. 1 need of older Canadians is money, i.e. adequate income.

Recommendations:—

1. That the basic Old Age Security be raised to $100.00.
2. That it be available at age 65, or on retirement.
3. Establishment of a contributory, portable pension plan with a minimum benefit of $125.00 a month.
4. That pensions be attached to the cost of living to maintain its purchasing power.

B—The No. 2 problem of older people is inactivity.

Recommendations:—

1. Encourage the placement of older persons in suitable employment.
2. Encourage the establishment of Day and Drop-in centres.
3. That the Federal Government assist in the erection and furnishing of such centres by the payment of 30% of the cost.
4. That the municipal Recreation Departments recognize the need of recreational facilities and entertainment for older people.

C—Housing—There is an alarming shortage of low cost housing units and homes for the aged.

Recommendations:—

1. Speed up the erection of such units.
2. Encourage elderly home owners to remain in their homes as long as possible by relief from taxes.
3. Encourage the placement of ambulatory elders in foster homes in groups of up to 6 or 8.

D—Health—Elderly people are more prone to sickness than any other age group and are the least able to pay for it.

Recommendations:—

1. Free comprehensive medical care insurance for pensioners.
2. Free hospitalization for pensioners.
3. That these plans be publicly operated, preferably on a national basis.

SUBMISSION OF THE UNITED SENIOR CITIZENS OF ONTARIO INC. ON THE PROBLEMS AND NEEDS OF OLDER PEOPLE TO THE SPECIAL SENATE COMMITTEE ON AGING

Mr. Chairman, Members of the Committee:—

1. The United Senior Citizens of Ontario, Incorporated, are pleased to submit to the Special Senate Committee on Aging, their views on the problems and needs of older people in Ontario and Canada.

The United Senior Citizens of Ontario, Inc.

2. Our organization was founded in 1956. There are in Ontario better than a half million people, 65 years of age and over, approximately 10% of whom are members of Senior Citizens' Clubs across the Province. There are between 400 and 500 active senior citizens' clubs in operation in the cities and larger towns of Ontario. Approximately 125 of these clubs are affiliates of the United Senior Citizens of Ontario Incorporated, which has a total membership of 15,000. Many Senior Citizens' clubs are sponsored by service clubs, churches, municipal recreation departments, the Red Cross, Community Welfare organizations, etc., on an independent basis and because of the support and assistance of their sponsors do not feel free to affiliate with the Senior Citizens Provincial Organization. We note also that certain localities have group affiliations such as Friendship clubs, 2nd Mile clubs, Golden Age clubs etc., some of whom are affiliates of the U.S.C.O. Inc. Also under the U.S.C.O. there are District and Zone organizations, representing different areas of the Province.

3. The U.S.C.O. Inc. is a democratic, non-profit organization devoted entirely to the welfare and interests of Ontario's older people It has representation across the Province and we feel sure that this submission represents generally the views of most of Ontario's seniors.

U.S.C.O. Inc. Constitution & By-Laws

4. Appendix A. attached hereto, furnishes the name and location of the U.S.C.O. Inc. headquarters, the names and addresses of the Officers and Executive, the purpose of the organization and other information.

National Pensioners & Senior Citizens Federation of Canada

5. The United Senior Citizens of Ontario Inc. are also affiliated with the National Pensioners and Senior Citizens Federation of Canada, which is devoted to the welfare and interests of older people across the nation. Provincial Senior Citizens organizations in British Columbia, Alberta, Saskatchewan, Manitoba and Nova Scotia are also affiliated and make up the National Federation, whose

headquarters are located in Saskatoon, Saskatchewan. We are not aware of any other senior citizens organizations in Canada, excepting in Montreal where the Senior Citizens' Forum has a membership of 4,000 in nearly 30 Golden Age Clubs. We estimate that about 5% of Canada's older people, 65 years of age and over form part of organized senior citizens' clubs.

6. In this submission we present the views of Ontario's senior citizens on the problems and needs of older people, based on the submissions received on this question from senior citizens' groups in Ontario and from the discussions and deliberations of delegates to the Senior Citizens' Provincial and National Conventions. We believe they fall within the scope of inquiry of the Committee, as contained in the Senate's Order of Reference.

Problems and Needs

7. The problems and needs of older people are many and varied. They vary from community to community and from person to person. They differ according to skills, education, inclinations, living conditions, health, etc. We would summarize the needs and problems of older people as follows:—

Economic Needs.

8. Economic needs: Money, i.e. ample funds, adequate income or its equivalent is the major requirement of those deprived by age of earning a livelihood. Housing, medical care, hospital care, recreation, travel and other needs can be purchased if the funds are available. The elimination of, or a reduction in taxes, free comprehensive medical, dental and hospital care, and other essential services are the equivalent of money and provide a comparable degree of stability and economic security. Sufficient funds and provisions for essential services would take most of the worry out of retirement and make senior citizens' lives much happier.

9. Studies in the United States show that nearly half of the elderly people have no assets, or less than $1,000.00. In Britain 44% of the old people live at or below the National assistance level. Figures for Canada are not readily available, but we can assume that they are comparable. About half of those retiring from active employment then, must adjust themselves to a lower standard of living on retirement. Those retiring before age 70, unless they have a private source of income, or quality for Old Age Assistance, must subsist on savings or find other gainful employment. This gap between employment income and Old Age Security, probably five years, is a very serious problem, which has reduced many people to substandard living conditions from necessity, or fear of depleting their meagre savings. Moreover, living on a $75.00 a month income constitutes poverty and is really a subsistence level only. It is unfortunate and we feel that it is also unnecessary, that older people in Canada should be required to lower their standard of living during the so called golden years.

10. There are other problems which arise out of inadequate income. For instance, income will determine the type, quality and quantity of food purchased, the type of shelter, the extent of comforts, the number of conveniences, utensils, services, etc. which may be afforded. It will determine also the possibility of procuring health security, i.e. hospital and medical care. Ontario's recently announced 50% increase in the Ontario Hospital Insurance and the Legislature's apparent preference for a costly, privately operated medical care plan will, if adopted, constitute a major problem for older people. For those who will not be able to afford it, it will be a tragedy.

11. In order to establish a minimum standard of decent living for the aging citizens of Canada, so that they may maintain their dignity and retain their independence, the United Senior Citizens of Ontario, Inc. urges the Federal Government to increase the basic Old Age Security to $100.00 per month, that it be available at age 65, and that it be adjusted upwards with the cost of living in order to maintain its purchasing power.

12. The U.S.C.O. Inc. further recommends that a fully portable, publicly operated pension plan be established on a national basis which will provide for all Canadians a minimum pension of $125.00 at age 65. Everything possible should be done which will enable aging Canadians to look after themselves as long as possible.

Inactivity

13. The number two major problem of older people is inactivity. Retirement is one phase of life for which very few have been prepared. On the last day of employment a person receives the best wishes of his fellow-workers, colleagues, or business associates and suddenly realizes that it is farewell, he is finished, through, he is not needed, nor wanted, his skilled hands or nimble fingers have served their usefulness and his fertile, imaginative, creative mind looks into a void. There is no future, not for a day, but for the remainder of his stay on this earth. The moral and psychological effect of this situation is appalling, it brings frustration, worry, loneliness, despondency, it leads some to drink, others to nervous breakdowns and even mental illness. For all, it will require, to say the least, a long period of adjustment.

Occupational Opportunities

14. Occupational opportunities for persons over age 65 are very scarce and those generally available are low paid menial tasks, such as crossing guards, baby-sitters, watchmen, stock-boys in chain stores, etc. There is very little demand for older workers in employment requiring special skills or abilities. It is a problem also to know what work will suit a particular individual's interests or capacities.

Leisure Time

15. Keeping busy is essential to the health and happiness of older people. The problems involved are two-fold: firstly, the emphasis on child and youth activities by Municipal Recreation Departments, to the exclusion of programmes for senior citizens; also, the lack of facilities in the Community, such as day and drop-in centres for the pursuit of hobbies and entertainment; and secondly, the problem of getting elderly people to particiapte in such activities where they are provided.

16. In order to assist seniors to maintain their rightful place in society and to help in their rehabilitation at an early stage, efforts should be made by all levels of government to encourage the placement of older persons, wherever possible, in all types of suitable employment. The erection and furnishing of day and drop-in centres should be encouraged and the Federal Government urged to match the Province's contribution of 30% of the costs involved in each case. Municipal recreation departments should be urged to provide facilities for meetings and promote entertainment programmes for senior citizens.

Housing

17. Housing is an ever present problem in most sections of Canada and with nearly all classes of Canadians. A recent estimate on the living pattern of older people indicates that 60% live in their own homes, 7% in institutions and

33% in apartments, rooms, children's homes, etc. The problems of housing are many: 1. There is a great shortage of low rental houses and apartments. 2. Many of the existing ones are in out-of-the-way places, away from community activities and services and have a two years' waiting list. 3. Rents are not in line with the incomes of those most needing living accommodations. 4. Homes for the aged are filled and have waiting lists. 5. To be pitied are those forced to live in slum areas on 2nd and 3rd floor rooms with few conveniences and few friends. 6. High taxes and maintenance costs are responsible for many persons leaving their homes in favour of homes for the aged or other accommodations.

18. Part of the answer of course is the erection of many more suitably located, low cost housing units, homes and apartments for the aged. Home owners should be encouraged to remain in their residences as long as possible by reducing or eliminating the property taxes of retired persons living in their own homes. The practice of placing ambulatory elders in foster homes in groups of up to 6 or 8 is receiving marked favour and should be expanded.

Health

19. The general gradual deterioration of physical and mental faculties of the aging leaves them prone to sickness, disease and the many ailments so common amongst older people. The health problems of older Canadians, like those across the border, are startling; more than two-thirds of those aged 65 and over have some chronic disease such as arthritis, cancer, diabetis and heart disease. Those over 65 require three times as much hospital care as younger people. The average medical expenses of older persons are twice those of the younger age group. Hospital care costs have rocketed almost beyond reason; for example: the average daily expense of hospital care (public ward accommodation) in Parry Sound increased from $2.50 a lay in 1941, to 27.50 a day in 1964. At a time when health costs are mounting, the income of those over 65 have dropped to less than a third of employment day earnings. It is apparent that those who need health services the most are the least able to pay for it. Timely medical care would do a great deal to help delay the usual ills of time and ensure to our older citizens a longer, healthier and happier retirement.

20. The long range, extensive research programs on cancer and other diseases should be continued and accelerated. We also recommend that medical care insurance be available to all Canadians, preferably on a national basis. It should be comprehensive in scope, and fully cover all physical and mental diseases and ailments; medical, surgical and obstetrical services, psychiatric care, dental care, including dentures; optical treatments, including glasses; essential drugs and appliances, such as wheel chairs, crutches, physiotherapy treatments, etc. In order that it be in the price range of all Canadians it should be publicly operated and available, free of cost, to pensioners. We also feel that in the interests of health, drugs should be removed from the list of taxable items. Hospitals and hospitalization are apparently under Provincial jurisdiction. We deplore the hospital shortage and the proposed 50% increase in insurance premiums in Ontario! We also recommend that institutions for the aged, including nursing homes, be maintained at a high standard, under government regulations and inspection.

Comments No. 2—Guide to Organizations
Contributory Pensions

21. We are watching with interest and hope the controversy which is going on regarding portable, contributory pensions in Ottawa as well as concerning the proposed Medical Care Insurance Programme in Ontario. The U.S.C.O. Inc.

feels that both of these projects should be publicly operated on a national level. It should provide equal benefits for all Canadians. It should be within the cost range of all the people in Canada. Plans should be made now, so that in the future, aging people in this country can retire in dignity and fully maintain their working day standards of living.

22. The Government's policy of subsidizing employers who train older workers for employment is laudable; however, although a number of older persons have been employed, unemployment has not decreased. More jobs is the answer. Full employment would create a demand for these people.

23. Little is being done by governments regarding the leisure time activities and recreation for older people. Service clubs and other agencies, including some municipal recreating departments, have assisted groups of senior citizens to form clubs and assisted them in programming recreational activities. In most cases the seniors themselves are able to prepare their own activities, once they are organized.

24. Community Planning, in part at least is action taken resulting from public demands, pressures and opinions. In many cases such items are already problems when they are recognized. Responsible parties faced with their solution are hampered by lack of funds and personnel. As a result action is taken to cover immediate needs and, in many instances, before the project is completed it is already inadequate and sometimes even outdated. This is presently evident in housing, hospitals, schools, roads, etc. and planning boards are desperately trying to catch up with current needs instead of planning for the future.

View No. 3—Guide to Organizations

25. The planning and provision for older people by government and other agencies is sound and headed in the right direction. We feel, however, that projects generally are inaugurated with the view of how little can be done. We suggest that this policy be changed and programmes re-examined with the view of how much can be done, or how far can we go to accomplish a proposed objective.

No. 4—Guide to Organizations Activities of U.S.C.O. Inc.

26. Article 1, of the Constitution and By-laws of the United Senior Citizens of Ontario Incorporated, reads:—

> This association is non-political, non-sectarian and non-racial. Its objective is to further the interests and promote the happiness and welfare of Senior Citizens in Ontario in every way possible.

To accomplish this objective the U.S.C.O. Inc. offers assistance in the formation of Senior Citizens clubs in Ontario in order to bring activity, amusement and happiness to senior citizens in all sections of Ontario. It encourages senior citizens to take an active part in the promotion and execution of recreational, community and other local projects in order that they may live a useful, happy and dignified life. The U.S.C.O. Inc. keeps its membership informed on legislation affecting senior citizens. The U.S.C.O. Inc. makes a study of the problems and needs of older people and makes them known to, and requests corrective legislation from the different levels of government.

27. An intensive program is now in progress to establish area councils or zones, to co-ordinate the activities of the organization and bring the membership in closer contact for the mutual benefit of the groups and to be able to discuss and resolve local problems.

28. Since the U.S.C.O. Inc. operates financially on the voluntary contribution of affiliated clubs, its operating account does not cover the expenses of its officers and executive. The leadership, therefore, not only receives no remuneration for their efforts, but are burdened with heavy out-of-pocket expenses in the exercise of their duties which affects the scope of operation.

29. We feel that some Provincial Legislatures and many municipalities are barely aware of their senior citizens and so little or nothing is done in their favour, in many parts of Canada. There are, of course, homes for the aged, provisions for care of the poor, old age security and assistance, as well as other benefits which are available to all citizens. Senior Citizens are not asking for special favours. They feel that as a matter of right, they are entitled to an adequate income. Also that provision should be made for senior citizens in areas of activity, peculiar to older people, such as recreation, etc. Besides the recommendations previously mentioned herein, an area of recreation that might be looked at and developed is travel. Free, subsidized, or low rate, government sponsored excursions to Canada's many points of interest would help fill the vacuum in the lives of older Canadians.

On behalf of the United Senior Citizens of Ontarior Incorporated and the National Pensioners and Senior Citizens of Canada, we wish to express our appreciation for the privilege of presenting our views to the Special Senate Committee on Aging.

J. L. Lerette, President,
127—6th Street, Toronto 14, Ontario.

Alex McNeill, Vice-President,
109 Spadina Road, E., Kitchener, Ontario.

Robert Fulton, Corresponding Secretary,
1507 Trenton Road, Oakville, Ontario.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 17

THURSDAY, OCTOBER 15, 1964

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

Government of Nova Scotia: The Honourable 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.

APPENDICES

R-1—Brief from the Government of Nova Scotia.

S-1—Brief from the Victorian Order of Nurses.

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21202—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21202—1½

MINUTES OF PROCEEDINGS

THURSDAY, October 15, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators: Croll (*Chairman*), Blois, Fergusson, Gershaw, Grosart, Haig, Hollett, Inman, Lefrançois, McGrand, Quart, Roebuck, Smith (*Queens-Shelburne*) and Smith (*Kamloops*).—14.

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On motion of the Honourable Senator Haig, it was resolved to print the briefs submitted by the Government of Nova Scotia and the Victorian Order of Nurses as appendices R-1 and S-1 to these proceedings.

The following witnesses were heard:

Government of Nova Scotia:

The Honourable 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.

At 12.15 p.m. the Committee adjourned until Thursday, October 22, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, October 15, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. David A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Senators, I see a quorum. This morning we have before us briefs from the Government of Nova Scotia and the Victorian Order of Nurses for Canada. Is it moved that they should be placed on the record?

Senator HAIG: I so move.

Hon. SENATORS: Carried.

(*See appendixes R-1 and S-1*)

The CHAIRMAN: I am sorry that we have to do with make-shift arrangements here today, but those of you who have had the opportunity to go upstairs know that our room is rather fully occupied at the present time and will be for another week, perhaps.

Senator HOLLETT: Until Christmas!

The CHAIRMAN: No, they said they would be out next week. As a matter of fact, at the end of the month they ought to be finished.

We sent on a schedule of appearances, and you will note that Mr. Davis made arrangements for hearings, and it looks as though it will be about December 10 before we will be able to complete our hearings, although there may be a few fall-outs. However, there are some very important organizations that are still to be heard, and we just have to make sure that these receive the same kind of attention we have given to others who have appeared before us. We have Health and Welfare, Labour, Central Mortgage and Housing; and we all know how important their briefs will be, also with some of the provinces that are still to be heard.

We have scheduled a meeting for Thursday next, and the Senate will likely not be sitting. The Canadian Association of Adult Education is a very important brief, and for the Dominion Bureau of Statistics Miss Podoluk has taken a great deal of pains to prepare a very good brief. I do hope that those who attended last time when the house was not sitting will be here again. We need a quorum for our hearings.

We have here this morning the brief of the Province of Nova Scotia, and sitting on my right is the Honourable James Harding, who is Minister of Public Welfare for the province, and he has been in the Government since 1956. Miss Mary Lou Courtney is an instructor at the Martime School of Social Work and, as you will recall, she drafted the brief. I have taken the opportunity to congratulate her on your behalf already. Mr. Fred R. MacKinnon is Deputy Minister of Public Welfare. He has had long experience and has been there since 1939, and so knows his way about.

Mr. Minister, the floor is yours.

Hon. James Harding, Minister of Public Welfare, Province of Nova Scotia: Mr. Chairman and members of the committee: I must apologize for what would be obvious, that my association with the Department of Welfare only began in July, and there is a lot of background information I do not have. I am trying as assiduously as possible to educate myself, and Mr. MacKinnon has been trying to educate me during the summer.

Your chairman has suggested we should have a general introduction and then some questions. I will try to be as brief as possible and perhaps point out the things we would like to emphasize. Mr. MacKinnon and Miss Courtney will probably have to supplement what I say.

We have divided the brief into various sections. "Economic needs" is the second chapter, and that is really the argument, for want of a better term, behind our presentation.

We feel that because Nova Scotia has one of the largest percentages of aged people of any province and because we have a low per capita income, the province is faced with a greater problem with the aged than are some of the others. During the period of expansion—we will say, for the last 20 years—Nova Scotia, although employment has expanded, has not kept up to the national average. We are doing better lately, and perhaps for several reasons, but for a long time we lagged. This gives us fewer tax dollars with which to support our projects for the aged, to deal with welfare, and so on. It means that the older people cannot put money aside for their retirement, and it means that we, as a province, sharing with the federal Government, have to support them to some extent. We have not been able to afford to raise our welfare payments to the maximum. We have not been able to raise the standard exemption, because there just is not the money in the treasury at this time to do this. Therefore, we are not taking advantage of the assistance which could be had from Ottawa to the fullest extent.

That leads me to another point—and these are, in a sense, random points which occur to me and which have been emphasized in the brief. We say that some thought should be given to devising a new formula for sharing under the Unemployment Assistance Act; that there should be an escalator clause so that the provinces—and this is the actual case—which have to pay out more in welfare, and these are the poorer provinces, would share more than 50 per cent when the demands on the welfare services are greater, and then the federal share should increase. That is the only way we feel we can give some of the older people some share of the increased better standard of living, and so on.

We have a few figures in the brief, but it is not a statistical presentation because statistics sometimes do not really get to the meat of the thing. We felt a lot of explanation was better than a whole lot of figures, but we do have one figure in connection with the number of self-employed in the province. There are approximately 20,000 self-employed in the province, and about 12,000 to 15,000 of these on less than $1,000 a year. If it is now less than $1,000 a year it means that 10 years ago it was much less than $1,000. This is well below the national average, and it means these people are going to have to be assisted when they get older, and they are not going to be able to participate to any great degree in the national pension plan because their contributions will be very low, which means we will have to supplement the pensions they receive. This is the problem we are trying to face and trying to plan for, but, again, we always run into the question of where we are going to get the money.

We put another figure in the brief. We say that even to increase the exemption by $250—and I may stand correction on this—would increase the payment we would have to make in regard to the old age assistance—that is, the group between 65 and 70 years of age. We would have to pay out something like $80,000 or 4 per cent—that is, increase the amount the province contributes by 4 per cent or $80,000, which is quite a lot of money.

In connection with the housing of the aged—and this is, perhaps, a new idea, or it is new to me—we are urging that we encourage the younger people to look after their parents or take more responsibility for the older people than is the case as the trend is developing; and that some low-cost loans be made available to individuals who are going to enlarge their homes or do something to their homes so they can make space available for their aged families. This means those people would be living in close proximity to the children, and the total cost to the Government would be less. I think it would be good business practice to explore this avenue of approach.

We face a chronic housing shortage for the aged. Miss Courtney, when she was collecting material from various parts of the province for the brief, went around and held hearings, and she was told in Cape Breton that the situation there is very bad. Although I think this trend is not as bad as it was at first, for the last number of years younger people have been going away and the proportion of older people is much larger, so their incomes are very low and the housing available to them is in pretty poor shape and is getting pretty dilapitated.

By the same token, the $150 received by a couple over 70 under the old age security payments is, for instance, in Richmond, quite a lot of money—perhaps more than they have ever had in their lives before; but in cities like Halifax, and other larger centres, they may have to pay out $70 a month for rent, and this does not leave them much for groceries or medical care.

We feel that some consideration should be given to sharing with the provinces in medical care, regardless of the consideration it was given in the Hall Commission report and what comes of that; and that there should be some sort of medical care available for the people living on old age assistance, because there is a great deal of medication available but it is very expensive. If we could supplement their income to enable them to take advantage of it, I think we would be doing a service.

We have been trying to set up a policy of grants to institutions—that is, long-term care institutions, nursing homes, and so on—but, here again, we run into the financial problem. We have not laid too much stress on increasing their standards. We are endeavouring, in a gradual way, to increase standards of private nursing homes, but we have to be careful that we do not discourage people from getting into the nursing home business, because they do fulfil a very great need. We have been trying very slowly, by the process of erosion, to raise the standards. There are a few projects on housing for the aged under way in Halifax, and our province has made grants of $500 per bed capital cost. These institutions where more than 35 per cent of the people are bedridden, and they qualify under our new policy. But we are trying to devise a further policy to assist in the growth of nursing home business without the province actually doing it. We have gone a long way with regard to the sharing of cost of county institutions, and we take pride in the number that have raised their standards in the last 10 years. Here again there are financial problems. We would urge that the National Housing Act be made as flexible as possible to enable municipalities to go ahead with the construction of nursing-home type of accommodation for aged people.

It is quite difficult now to qualify. There are precedents, however. We have heard some good news about the Annapolis County Home qualifying in the last few weeks. I think this committee should consider very carefully some assistance along these lines. It is very important to us that our aged people be given something more than a meagre existence and care.

Now I will just briefly deal with two or three other things. One other point which the Government of Canada and we are considering is how to retrain our people who have retired at 60 or 65. We are considering this

not so much from the financial end in a good many cases as much as the idea of their wanting to be of some value to the community and being able to perform some function rather than being dependent.

I refer to chapter 3 dealing with employment, occupation, education and recreation. We feel that the over-60 group, if they cannot maintain the same standards as they had before they were 60, should be given an opportunity to be employed in some other field. I think that the federal Government together with the provinces should move ahead in this regard. We suggest too that the Corps of Commissionaires should be expanded and that people should be trained for more sedentary occupations. This would accomplish two things, it would help to augment their incomes and it would give them some purpose in life.

Of course we have a very great problem which we share with every province in the question of unemployables. I refer to the people who are untrained and of course with new technology they are being displaced by machinery. Many of them work perhaps a few months of the year or maybe even a few weeks and they do not even qualify for unemployment insurance. They represent quite a large segment of our over-60 population, and we feel we have to do something for them. We also feel we have to try to deal with this problem so far as younger people are concerned so that they will not enter that group in society when they too become older. We urge in this connection that trade schools be made available to more people with lesser education. We think it is good business that money be spent to train them for some type of occupation because a day is coming when very little labour will be required. That may be a good thing in one way, but it is also an evil in another way.

I think that in general I might also mention, and I think perhaps the committee has already considered this, that in connection with the aged there was a lack of statistics in our province. This was a handicap under which Miss Courtney laboured. We refer to the conclusions on page 39 of our brief as to how many aged people are in which income bracket. If we had more specific details of that we could perhaps plan a better program.

I think that I have dealt in a general way with most of the submissions in our brief. I am not sure just how this could be set up, but on page 58 we conclude there should be a division of aging within the federal and provincial departments of welfare. We consider that this is so important that people should be charged with dealing solely with this problem and not be sidetracked with other duties. It is our experience that unless there is somebody charged full-time with these responsibilities the months and the years go by with little being achieved. I don't think it would be a terribly expensive program but if it were co-ordinated and if there was more liaison between the federal and provincial governments a joint program could be devised that would be most helpful. We realize there is a proliferation of new agencies and new departments, but we think this is one to be considered.

I shall ask Miss Courtney or Mr. MacKinnon if I have overlooked any phase which they would like to stress.

Mr. Fred R. MacKinnon, Deputy Minister of Public Welfare, Province of Nova Scotia: I don't think, Mr. Minister, there is anything I have to say.

The CHAIRMAN: Are there any questions? Perhaps I shall start. On page 4 at the top of the page you use the term "Family unit is basic to society." What do you mean by that?

Hon. Mr. HARDING: That is a sociologist's term, so I shall ask Miss Courtney to deal with it.

Miss Mary Lou Courtney, Department of Public Welfare, Province of Nova Scotia: Briefly it means that the family is the basic unit of society and that if the family can be helped to enhance its values and to regain some of the values that were once traditional it would feel and would be more responsible for the family members including the extended family, the parents and others, and this would ultimately mean a stronger society. I know this sounds idealistic, but I wonder if we have been emphasizing this as much as we should.

Mr. MacKINNON: More togetherness?

Miss COURTNEY: Yes, it seems to be fairly commonly or generally accepted that there has been a great deterioration of the family and many of the functions held by the family have been taken over by other social institutions, leaving the family with very little, and some families only see themselves as fulfilling a biological purpose.

The CHAIRMAN: So that is your concept of the term which you use. Now on page 7 you say that almost without exception attention was focused on housing, health and institutional care, and that these were the areas in which the aging people of Nova Scotia saw the major problems existing. Mr. Minister, you placed considerable emphasis on the economic problem. How do you reconcile that the field work indicated some attention to the economic problem but the emphasis was not on that economic problem?

Hon. Mr. HARDING: Housing, health and institutional care—these are economic problems. It all comes down to tax dollars.

The CHAIRMAN: Of course you are quite right and they are economic in a sense, but I was thinking of the sense of actual money and earnings at work—income in the house.

Mr. MacKINNON: I think the answer to that is we had rather a short time to do our investigation and we concentrated on these areas of housing, health and institutional care. The people who presented briefs to Miss Courtney were labour groups and social agencies and that kind of organization, and I am not being unfair when I say that they don't really worry about where the money comes from, they are mainly concerned with the problem in itself.

The CHAIRMAN: That is not quite my point. I don't think we are really concerned either with where the money comes from. We are considering the problem as it exists. But when the field worker was out talking to the people I suppose the first thing the person questioned would mention was the fact that he did not have any money and he did not have a chance to save money over a period of years; in other words, that his income was low and that the family could not look after this side of things. That at any rate has been the trend in other submissions.

Hon. Mr. HARDING: Well, housing comes into it in the sense that we have to have more assistance to house these people. We have to have more long-term beds in institutions, and we have to assist all the various institutions which are now taking care of the aged to expand. I suppose in a way we are talking in a circle.

The CHAIRMAN: Earlier you mentioned something about the number of people in the labour field in Nova Scotia.

Hon. Mr. HARDING: Twenty thousand self-employed.

Senator GROSART: Is that including farmers?

Hon. Mr. HARDING: Other than farmers. It includes fishermen and loggers and all people other than farmers.

Senator ROEBUCK: Did I hear you say that 20 per cent make less than $1,000?

Hon. Mr. HARDING: Less than that.

Senator GROSART: That is total income?

Hon. Mr. HARDING: There may be some fringe benefits, but that is cash income. The trend is away from marginal farms and the trend is worse each year.

The CHAIRMAN: You indicated in your brief on page 11 that the Canada Pension Plan would not be helpful to Nova Scotia.

Hon. Mr. HARDING: To that group.

The CHAIRMAN: To fishermen, farmers, loggers—that would be about 20,000 altogether.

Hon. Mr. HARDING: Including farmers there would be more than that.

Senator HOLLETT: How do you account for the fact that in Nova Scotia 8.6 per cent of the population is 65 years of age or over when the average is 7.6 per cent for the rest of the country?

Hon. Mr. HARDING: We have exported a lot of our younger people who get their education and then leave the province.

Senator BLOIS: Perhaps they live longer down there.

Senator HOLLETT: I wondered if it might be because of the apples in the Annapolis Valley.

The CHAIRMAN: On page 17 you use a figure when speaking of exemptions of $2,500.

Hon. Mr. HARDING: On page 17, yes. We feel that the exemption under the income tax is unrealistic if we accept the premise that people are able to save for their retiring years. They cannot really live in the city, for instance, on $2,500.

The CHAIRMAN: The only city you spoke of was Halifax.

Hon. Mr. HARDING: Well, any area of 25,000 people. The City of Sydney now is giving municipal tax concessions to the people over a certain age in their property taxes and this is very helpful because those taxes continue to grow and sometimes form great burdens. Older people may have a home which has a high assessed value but the actual sale value of which is not very high.

Senator ROEBUCK: I was interested in what you said about low cost loans for enlarging or building supplementary houses for older people near their children. Do I understand you are contemplating something of that nature in your province?

Hon. Mr. HARDING: We are facilitating it. We haven't a policy on that yet, but we are exploring it. We are doing so with a view to making use of money from National Housing and other institutions to supplement it.

Senator ROEBUCK: I would urge you to go ahead with that as fast as you can. I have in mind cases where older people have built near their children because we found in our investigation that one of the big problems for older people is loneliness, and that has been accentuated in modern times by the mobility of people. Nowadays people move far more than they did in the old agricultural days. It is a new situation which this generation must meet in some way, and in my mind this would be a really material advance if you could build that idea into your program. In doing so you would be accomplishing something worth-while.

Hon. Mr. HARDING: We have a continuing committee on human rights and I have been designated—at least my predecessor was and now I have been designated as its chairman. We are concerned with setting up a policy. We are hoping for progress in the next few months.

Senator GROSART: My understanding of your suggestion is rather more specific than Senator Roebuck suggested. I understood it is that special consideration be given to legislation to encourage people to make an addition to

their present homes in order to provide a domicile for their parents. I would suggest that this is something which needs to be studied. It is a small study but we might be able to do it.

It seems almost inevitable it would show that the total cost to the public would be far less than providing accommodation in homes for the aged. This could be costed out without going too deeply into it. Let us find out what it costs on the average, across the country, to provide accommodation in an institution, to some extent at public expense, as against the cost of even "no interest" loans for this. I think the public purse would be ahead.

The CHAIRMAN: That is his argument.

Senator GROSART: Apart entirely from the great sociological benefits that would derive from aged people living with their children.

Senator ROEBUCK: The point you were making was not only concerned with the enlarging of houses but the building of supplementary houses?

Hon. Mr. HARDING: Yes, we want to have low-cost housing available for individual units. We are trying to have our housing commission devise some standards.

Senator ROEBUCK: Could not something be done in co-operation with the National Housing Commission, where special rates or special conditions could be laid down for older people planning something of this nature?

Hon. Mr. HARDING: Yes. In fact, I have an appointment to start on this with National Housing this afternoon, to see what we can do with them, just to plant the germ in their minds, if they have not already had it in their minds.

Senator SMITH (*Queens-Shelburne*): Under what scheme is this project for housing older people operating in the Dartmouth area?

Hon. Mr. HARDING: It is voluntary organizations and then they use National Housing loans. There is no special rate, but there are subsidies from the municipal units.

Senator SMITH (*Queens-Shelburne*): Can they borrow 90 per cent of the cost of that kind of housing?

Hon. Mr. HARDING: Yes.

Senator SMITH (*Queens-Shelburne*): And they pay the standard rate of interest?

Hon. Mr. HARDING: Yes, that is right.

The CHAIRMAN: Who would be behind that? You say "voluntary oragnizations".

Hon. Mr. HARDING: Kiwanis—

Miss COURTNEY: And the city of Dartmouth.

Senator SMITH (*Queens-Shelburne*): You are saying, Mr. Harding, there would be quite an improvement in the situation economically if a low rate of interest or no interest were charged on this 90 per cent at all?

Hon. Mr. HARDING: Yes. I would like to see the risk discounted. In other words, if the thing could be made to carry itself by municipal or provincial subsidies, then I should think the 90 per cent should be increased. In other words, the voluntary agencies would not have to raise very large amounts of money because the cost of maintaining the unit can be pretty well calculated. There would not be very much risk, and it could be a different percentage of deposit or down payment than other National Housing projects.

Senator GROSART: Your experience that you outlined from page 33 to page 39 is almost identical with the experience we have had submitted to us by the city of Ottawa. I was interested in your statement on page 39 that:

> Central Mortgage and Housing Corporation has been unable to devise regulations and procedures which are flexible enough to take all regional needs and problems into account.

You might go further and say, "all 'social' needs". I hope that is something you will discuss with them, because this criticism has been levelled at C.M.H.C. over and over again in the evidence here.

Hon. Mr. HARDING: The Central Mortgage and Housing people were down in our area a few weeks ago—the directors and all the officials—and we discussed with them the idea there should be more regional autonomy within C.M.H.C. As long as a building for the aged looks like it will have a certain life, a life of a certain number of pre-determined years, we could relax some of the standards somewhat, because most of the housing in the Maritimes is less than the national standard. Of course, they do not fall apart, although they may need some maintenance, but aged people are not hard on houses, there are no children and the depreciation would be less, so there might be some relaxation in standards to make the cost a little less. I think the local housing officials would like a little autonomy to be able to work with C.M.H.C. to have some different standards.

Senator GROSART: You mentioned the problem of financial responsibility. Have you any suggestions along that line? You spoke of charitable institutions. One of the great stumbling blocks appears to be that a group of men, a club, or some institution assumes the financial responsibility for one of these housing projects for the rest of their lives. Have you any suggestion as to what might be done there?

Hon. Mr. HARDING: Not too many suggestions. As I said, if we had a division for old age, whatever you want to call it, both federally and provincially, we think that some solution to this problem could be devised. If we could get the cost of the units low enough subsidies would be very low. This is all within the one picture. I do not have any suggestion as to a solution. We have an example in Halifax where there is around, I think it is, a $500,000 project, the senior citizens' project, and they raised $17,000 which would be a down payment, and the city gave them concessions, but they are possibly unable to qualify for a loan under the National Housing Act, or subsidies, because of the fact they are not institutional, they do not provide any institutional care. They said to us, "Well, could we have a V.O.N. call on each couple daily?" The people here in Ottawa feel that would not meet the requirements of the regulations.

Senator GROSART: That would be a hospital construction grant rather than a housing project?

Hon. Mr. HARDING: No, this is individual units in a large building for older people, one- and two-room apartments. In order to qualify they would have to have more beds in the nature of a hospital.

Senator GROSART: I thought it was the other way around.

Hon. Mr. HARDING: Sales tax is a problem too. It is not an institution within the meaning of the Excise Tax Act. We are trying to assist them in raising money. We say we have made progress, but they are still not ready to build.

Senator GROSART: Would it make sense under C.H.M.C. institutional loans for the federal Government, through C.M.H.C., to provide the money and for the province to guarantee it?

Hon. Mr. HARDING: I think the province would be willing to do that. It could be done by making this money available to our housing commission. We borrow our money for it now. We have 1,800 units that have been built in the last 20 years. This is not a big project, but it is quite important, particularly in the eastern parts. The money comes from Ottawa under National Housing, and in turn we farm it out. It might be possible our housing commission could borrow it interest-free or at a very modest rate of interest, and that would be the only responsibility Ottawa would have. Then we would set up our own standards.

Senator GROSART: You would guarantee the maintenance costs?

Hon. Mr. HARDING: Yes, we would guarantee it.

The CHAIRMAN: In view of what Senator Grosart has said, it occurs to me,—before you get over to C.M.H.C.—there was a brief presented and some points made before us in connection with the Ottawa city representation. Take a look at that, and you will see some of the pitfalls before you go up there to see them.

Did I understand you to say that people living in the province of Nova Scotia in cities of less than 25,000 need $2,500?

Mr. DAVIS: "of more than 25,000."

The CHAIRMAN: Yes, "of more than 25,000" need at least $2,500 basic?

Hon. Mr. HARDING: Yes.

Senator GROSART: That is per couple.

Hon. Mr. HARDING: Yes.

Senator McGRAND: I have a question too. The time you had to prepare your brief was rather short. Statistics are not easily available. From what counties in Nova Scotia did you get the most material? I presume you made an attempt to assess the condition of the old people in all the counties.

Miss COURTNEY: No, doctor, unfortunately because of the time available we were not able to do this. The four main areas we focused upon were Halifax, Yarmouth, Antigonish and Sydney, although we did receive briefs from many of the organizations throughout the island of Cape Breton; and we did not have an opportunity to allow them enough time to present the kind of brief which would have the quality and depth which would have been most helpful to us.

Senator McGRAND: You have very little knowledge in your brief of the conditions which exist in Victoria county or Richmond county.

Mr. MacKINNON: I do not think it is fair to say that.

Senator McGRAND: Well, you do not get the full picture of the older people in the more remote sections.

Mr. MacKINNON: Miss Courtney, I think, has been entirely too modest in this. It is true that from a statistical point of view and from the point of view of conducting personal interviews with old people specifically aimed at this problem we are discussing here, we were not able to do that; but we had the whole field machinery at our disposal of the old age assistance division of the department, which is going into the homes of these people between 65 and 70, from all over the province, and we utilized this in terms of the continuing committee that worked with Miss Courtney, so we were able to pick the brains of the people that are going into these homes and are going into the field and who know what the housing conditions are in Victoria county, Annapolis county—

Hon. Mr. HARDING: Shelburne!

Mr. MacKINNON: Yes, in Shelburne. Of course, we did not get out a questionnaire aimed directly at this specific problem, but we had a general picture.

Senator McGRAND: You were discussing with Senator Grosart the question of national housing. Of course, I suppose almost one-third of the population is in the Halifax area, but in Yarmouth, where the growth of the town is slow, what would you find there as to the need of this type of housing? Would it apply to Yarmouth; would it apply to other slow growing communities?

Miss COURTNEY: I think one of the major problems there is not so much that they have not the accommodation, but the accommodation they do have is deteriorating over the years and they do not have sufficient financial resources to repair their homes and to keep them on a level of adequacy. This is, I think, more obvious in this area.

Senator McGRAND: What success have you had in Nova Scotia in finding employment for the type of person we are talking about?

Hon. Mr. HARDING: Reasonable success, I think. Where efforts have been made in Halifax, there has been a lot of employment.

Miss COURTNEY: I have a little bit of information from the Unemployment Insurance Commission, the National Employment Service, which might be helpful in relation to the older worker. They say:

> As at the end of August the number of persons that were employed in jobs in which an incentive payment had been approved was 1,949 for Canada, of which 70 were in the province of Nova Scotia.

They go on:

> The number of persons who applied for employment for which an incentive payment had been approved totalled 2,996 for Canada and 92 for the Province of Nova Scotia.

I do not really know if they had the opportunity to analyze the success of their program sufficiently, but there has not been any major emphasis on obtaining employment for people over the age of 45, really. There has not been any major emphasis on retraining people for other occupations which would be more suitable, perhaps, to their diminishing capacities. I think the employment picture in Nova Scotia is not perhaps quite as good as some other areas of the country and, therefore, perhaps employment for the older worker is going to be more difficult to obtain because generally the situation is not quite so good.

Senator INMAN: I come from Prince Edward Island, and they are putting up housing for elderly people. We have a problem there and I was wondering if there is any solution to be drawn out of this committee for it. That is, an elderly couple living in a rural area or on a farm could have food provided, perhaps, but then it is not so comfortable for them living with children. But they could live close by their children or an addition could be built onto the house for them where they could provide for themselves without living right in with, let us say, the son's family. I think we have a very great need for something like this. Have you come across this situation?

Hon. Mr. HARDING: Yes, we have.

Senator INMAN: That is one of our big problems in our province where agriculture is a prime industry. The older people do not want to leave the farm but they would be happy living in quarters of their own. You mentioned also that they could not live on under $2,500 in cities. Well, they can in Prince Edward Island. I know in the rural areas they could live adequately on $150 a month.

Hon. Mr. HARDING: But they have no capital. If we could provide the capital for improving the house, then that would be something. But this money does not leave anything over for capital purposes.

Senator INMAN: It does not give any money to provide the accommodation.

Senator GERSHAW: Some very important considerations have been brought to our attention this morning and I am sure we appreciate it. We have to submit a report and probably we shall not be able to cure or even to improve all these things. However I would like to ask Mr. Harding what he considers to be the most urgent need of the aging people in Nova Scotia.

Hon. Mr. HARDING: The group between 65 and 70 is the one which has the most problems. Once they qualify for $150 a month for a couple they have something to go on. We feel the most urgent problem is for us to be able to provide more income, more assistance, to those who qualify under the means test—those between 65 and 70. We have of course to be careful about these because it is all related to our entire welfare program. If there was an escalator clause tied to the per capita income and related to the Canadian

average and if there was more flexibility in the formula we would have a little more money to spend. We feel too that many people between the ages of 65 and 70 are not getting adequate medical care.

The CHAIRMAN: This question has been raised previously and we found that the emphasis was placed on income, housing, health and institutional care.

Senator GROSART: What percentage of those in the 65 to 70 group are in receipt of old age assistance in Nova Scotia? I read the brief but I do not recall seeing that figure. How does it compare with other provinces?

Hon. Mr. HARDING: How exactly do you mean?

Senator GROSART: Say in Newfoundland it is 50 per cent and in Ontario it is 15 per cent.

Hon. Mr. HARDING: Nova Scotia has the distinction of having one of the lowest average monthly old age assistance payments. As I said earlier our standard of exemptions is higher. And of course we cannot take advantage of the federal money. We cannot afford to. The number would be increased immeasurably if we could use the maximum exemptions.

The CHAIRMAN: I am not too clear as to what you have in mind. Are you saying if you could add your part to what the Government gives them many more people could take advantage of it?

Hon. Mr. HARDING: That is correct.

The CHAIRMAN: You are saying you cannot afford to put your share in the kitty.

Senator GROSART: This is not a criticism because I know it applies in all provinces. While you speak of the inequities in the federal-provincial cost sharing you impose the same inequities on municipalities. Now is not the sauce the same for the goose as for the gander?

Hon. Mr. HARDING: We are endeavouring to move along that line. We feel there should be some municipal responsibility but we feel it should be less than one-third.

Senator GROSART: I am surprised that your brief says you have no figures whatever on the numbers of people being helped under your Social Assistance Act in the municipalities.

Miss COURTNEY: We know the total, I believe. I believe that can be obtained. That is the total number of people receiving assistance, but the municipalities have not broken it down in terms of age.

Senator GROSART: You say on page 9, "Statistics indicating the total number of people over 65 years of age receiving financial supplementation from municipal units are not available."

Miss COURTNEY: This is true.

Senator GROSART: This is not a specific criticism of your act in Nova Scotia because we find the same situation in other provinces. But why does the province suply two-thirds of the cost and make no attempt (*a*) to develop some equality of treatment across the province and (*b*) to find out what the municipalities are doing?

Hon. Mr. HARDING: We have certain areas of the province where we pay 50 per cent of the cost of an officer to administer relief. In those areas we have some information, but in municipalities it is dealt with by individual councillors and I suppose we could obtain statistics and I think it would be wise that we should do so because if we are going to talk about these things we cannot talk in the abstract forever.

Miss COURTNEY: This is one of the points where there are so many things we don't know, and so many things we should know about. We think a lot of

study is necessary before we are going to be able to know accurately what the problems are and how we are going to solve them. This is most frustrating for me trying to get this information—there was so much not available.

Senator GROSART: You do make a recommendation that the municipal qualifications be less selective, on page 19. Would you go so far as to say that every province should accept the responsibility not only of making them less selective but uniform across the province? You see it seems to me you are obviously referring to the fact that in one municipality it is harder to get assistance than in another.

Hon. Mr. HARDING: In fact some municipalities take the attitude that they will not pay relief at all.

Senator GROSART: This applies to all provinces. Surely the province should say to the municipality "You must conform to certain uniform standards or you don't get any money from us."

Miss COURTNEY: There are certain regulations set down in order to share in the program.

Senator GROSART: Yes, but these are all negatives. But you do not say "If so-and-so qualifies you must give him this assistance."

Hon. Mr. HARDING: In a province as individualistic as ours I do not know how palatable that medicine would be.

Senator GROSART: Your councils tell you that you are not going to tell them how to spend money, but surely you can tie it to the fact that you are granting them money, in some cases two-thirds.

Hon. Mr. HARDING: We are trying by assisting in co-ordination and by having our own officers in each county and each unit. We are trying to get our own provincial people and people we approve of in each county to administer the control. That is coming.

Senator GROSART: I do not think when you complain about the inequalities of federal cost sharing that you would accept an answer like that from the minister.

Hon. Mr. HARDING: Probably so.

Senator BLOIS: I would just like to say that in the last couple of years I have gone over my province quite a bit, and particularly since this committee was set up. During the month of August while we were in recess I made a point of covering some ground in five counties in the province. It was particularly striking to me in some of the rural areas to get the impression that farmers and small business people had to build small homes onto their own properties, for their parents. I was taken into some 10 or 12 of these homes and found that these people who were living close to their families were very contented. They were able to get by on the pension they were receiving. The difficulty was to get enough money to be able to buy the house they were living in. The house was not of a quality up to the standard that the association requires for borrowing money. They were comfortable in these homes and they were very happy.

One particular case comes to my mind where an elderly gentleman and his wife had brought up a large family and given them a good education. Both told me they were really enjoying life more than in earlier years. We should do anything we can in this committee to help people in rural areas to have homes of their own. This would eventually cut down the expense, it would give them more happiness and contentment to these people and we should give consideration to it.

Miss COURTNEY: I agree with that, certainly, and many people want this; but we should remember there are some people who may not want this. There is not one solution only to their housing needs. I wanted to make this clear.

The CHAIRMAN: You say in the brief that there is some counselling of the aged in the province?

Miss COURTNEY: Yes. We have a fair number of family service agencies, particularly in the Island of Cape Breton. On the mainland, in our Health Act areas, we have one family service bureau; and I think Antigonish has a family service bureau; Windsor has a service agency. There are three approximately. There may be some more I do not know about. There are really only a few on the mainland and their services are focused on giving counselling to older people, even though I am sure they are not prohibited from giving help. I do not think any special effort has been made to help these people to understand that counselling services are available to them. We could well do with more agencies devoting part of their service at least to working with the older person.

Senator GROSART: Could we have more information on the Seniors' Health Plan mentioned at page 50? It was started in Nova Scotia and I believe it is eminently successful. Could we have some information on how it is working out.

Miss COURTNEY: I was talking with a doctor who is responsible for this, the executive director of the Maritime Medical, and he is very happy with the numbers of people, approximately 15,000, including their dependents. This would be in the Atlantic region and not confined to Nova Scotia, who are receiving services through the Seniors' Health Plan. He finds it very successful. Of course, a lot more people could benefit from it but even the small amount that is required—$3.60 or $3.80 a month—many of these people could not afford that much.

Senator GROSART: Are these special rates for these senior citizens?

Miss COURTNEY: Yes. As I understand it they are much lower. It may well be that the rates of Maritime Medical across the province will have to be increased because of the tremendous cost.

Senator GROSART: Is that a venture of the doctors themselves?

Miss COURTNEY: Yes. This is operated by the Nova Scotia Medical Society.

Senator GROSART: They say "We are going to provide special rates for medical attention for senior citizens"—is that it?

Miss COURTNEY: Yes.

Senator GROSART: That is very commendable. Has any other province adopted it?

Miss COURTNEY: There may be one other but I understand ours was the first and it may well be the only one.

The CHAIRMAN: I do not recall hearing of any such scheme.

Senator GROSART: I think this would be worth studying.

Hon. Mr. HARDING: We will send you some information on it.

Senator GROSART: I think we should have it because if it is successful we may want to recommend it to others.

The CHAIRMAN: In connection with nursing homes, the province licenses them and you say in the brief there are many which are operated without licences and that it is hard to enforce it, because there is a need there and it has to be met. We understand that. Does the municipality do any licensing?

Hon. Mr. HARDING: No. It is under our Department of Health and under our Nursing Home Assistance Act. We are enabled to guarantee up to 100 per cent of the loan which may be obtained from the National Housing, but more likely it is for one of the trust companies. The biggest problems are that the standards are so high that the people do not know whether it will be profitable and are not getting into it as much as they were.

The CHAIRMAN: We had some evidence from the Nursing Homes Association, that are licensed and in business. They have an arrangement with the province under hospital plans and other plans. They seem to be quite satisfied they could make a go of it. That was my recollection of their evidence.

Hon. Mr. HARDING: It is a question of the optimum size in these small areas. This is where one problem occurs.

Mr. MCKINNON: It is also a question of the rate they can charge to make a profit.

The CHAIRMAN: They fix a rate in Ontario.

Hon. Mr. HARDING: In our poorer counties there are not so many people who can afford to pay what is required to have a home of a certain standard.

The CHAIRMAN: I was thinking more of places which are densely populated where the need is growing.

Hon. Mr. HARDING: In some counties, like my own, the institution has been closed and a private deals with the indigents.

The CHAIRMAN: What is your county?

Hon. Mr. HARDING: Shelburne, next to Senator Smith's.

The CHAIRMAN: We have heard a great deal about Shelburne from Senator Smith.

Senator GROSART: You make a very interesting suggestion which has come before us. You use the phrase "balanced hospital community" on page 53. Has anybody anywhere in Canada, that you know of, been paying any attention to that suggestion, or are we still going ahead building a hospital here and a rehabilitation or nursing unit there, on a haphazard basis?

Miss COURTNEY: I am not too aware of what is going on in the rest of Canada. This is not my suggestion. I want to put in a plug for Dr. Peter Gordon who did a study of long-term care facilities in the Atlantic region.

Hon. Mr. HARDING: You may like a copy of that also.

Miss COURTNEY: The Health Council Welfare Act—I think some copies were sent up.

Mr. DAVIS: I am not aware of it.

Senator GROSART: Have you ever heard of any government or hospital authority actually trying to set up a "balanced hospital community"?

Miss COURTNEY: I have not heard of it, but this does not necessarily mean a thing.

Hon. Mr. HARDING: We are paying serious attention to this matter. Mr. MacKinnon and I have been in discussion, to talk to the Hospital Commission about it, because eventually I think it has all to be in the Hospital Plan.

Senator GROSART: Mr. Chairman, may I add my congratulations to yours, to Miss Courtney. Since we have heard so many different submissions on this problem, I was beginning to wonder if it were possible to find any new ideas, or even some new presentation of old ideas. Miss Courtney has done both.

We also should congratulate the minister and the department on taking a step which very few governments or departments have taken, that is, to allow an independent surveyor to probe into the situation and present a searching—and, in some ways, critical—report, as has been done in this case, and present it as their own. I think the government is to be congratulated.

The CHAIRMAN: Mr. Davis, our consultant, wishes to ask a question.

Mr. DAVIS: The minister was good enough to say he would supply us with information about this Seniors' Health Plan. This would be very useful. We will meet soon with the Central Mortgage and Housing Corporation repre-

sentatives. We had a good deal of comment on this subject, which is very important. I wonder if the minister would be good enough to accept the suggestion that he might give us a little more information than is contained in the brief, about the restrictions they feel. There is mention of a blanket suggestion in page 39 that "Central Mortgage and Housing Corporation has been unable to devise regulations..." What are the regulations necessary, where does the shoe pinch?

Hon. Mr. HARDING: I will do so.

Mr. DAVIS: You say on the next page, page 40, that you would like to see interest rates reduced on the limited dividend loan and that you would like to see a further easing of restrictions in relation to rentals for projects. I do not know what that means. It does not convey any clear meaning to the reader. We would like to get some specifics. As you know, the National Housing Act has been revised lately. I think the C.M.H.C. feels it is much more flexible now. I am not clear whether you have been speaking about the old act or the new act.

Miss COURTNEY: I understand an amendment came in in regard to hospital accommodations.

Mr. DAVIS: I think it opened the door for it. It would help us to see a few specifics.

Hon. Mr. HARDING: I shall have a conference with the regional manager on national housing in the area next week, and this is what we are going to talk about. I will send you a report on that to bring it up to date.

The CHAIRMAN: Senator Grosart has already spoken with respect to the feeling of the committee. After he speaks, there is nothing much anyone can add. Let me say this, however, that I repeat and thank you, Mr. Minister, for making this study possible, as well as Miss Courtney, of course. We do not overlook the Deputy Minister of Public Welfare, who has a great deal of this information available to him. All of this does indicate an awareness and interest, and this whole brief has been like a breath of fresh air. It makes fine reading, and is most valuable to us. I reiterate the thanks of this committee.

Hon. Mr. HARDING: Thank you, Mr. Chairman.

The CHAIRMAN: Our second brief is from the Victorian Order of Nurses for Canada. On my right, is Miss Jean Leask, M.A. Miss Leask holds the degree of Bachelor of Arts from the University of Toronto and is also a graduate of the School of Nursing of that university. Some years ago she was awarded a travelling fellowship from the Rockefeller Foundation to observe official agency programs in Canada and in the United States, and subsequently obtained the Degree of Master of Arts from the University of Chicago, majoring in public health nursing administration.

Miss Leask's experience in public health nursing includes both visiting nursing and official public health nursing programs. With the Victorian Order she worked in staff, nurse in charge and assistant district director positions in the Regina and Toronto branches. She later joined the staff of the Division of Nursing, Department of Public Health of the City of Toronto and was Assistant Director, before accepting the position of Director in Chief of the Victorian Order of Nurses for Canada, September 1, 1960.

Miss M. Christine MacArthur, B.S. has had a varied association with the Victorian Order of Nurses. She has been nurse in charge of various branches in several provinces and the Assistant District Director of the Winnipeg Branch. Since her appointment to the national office staff, she has held the positions of Regional Director for northern Ontario, Educational Director and, on October 1, 1963, was appointed Assistant Director in Chief.

Miss MacArthur is a graduate of the School of Nursing, Toronto Western Hospital and took her public health course at the University of Toronto. Her

Bachelor of Science degree in supervision was received from Teachers College, Columbia University, New York.

Next to Miss MacArthur, is Mr. F. W. Troop who is the Manager of the Bank of Montreal, main office, in Ottawa. Since coming to Ottawa he has been Honourary Treasurer of the Victorian Order of Nurses for Canada. Mr. Troop has also served as Chairman of the Investment and Finance Committee, and is at present Chairman of the Administrative Committee.

In addition to V.O.N. activities, Mr. Troop is interested in hospital work. He was a member of the Board of Governors, Children's Hospital, in Halifax, and is now Treasurer of the International Grenfell Society and also of the Grenfell Labrador Mission, which operates hospitals and nursing stations in northern Newfoundland and Labrador.

Mr. Troop is also Honourary Treasurer of the Canadian Conference on the Family, which was held in June 1964, convened by Their Excellencies The Governor-General and Madame Vanier at Rideau Hall.

Mr. F. W. Troop (Honourary Treasurer of the Victorian Order of Nurses for Canada): Mr. Chairman and honourable senators, such a large proportion of the work of our Order is given to older people, that the Order appreciates very much the action of the Senate in establishing a Special Committee on Aging. It is our privilege to appear before you to present a brief on behalf of the Victorian Order of Nurses for Canada.

As suggested in the guide furnished by this Special Committee on Aging, we have not included a comprehensive description of organization and services. In this brief we have dealt with only a few selected areas, and special consideration has been given in relation to the old age group.

In an appendix, we have included information regarding the structure, objectives and policies of the Victorian Order of Nurses for Canada.

As you are aware, policy and standards are set at a national level. The conduct of the affairs of the Order is the responsibility of citizens serving in a voluntary capacity at the national, provincial and local levels. The administration, supervision and development of the service is the responsibility of the nursing staff.

In this brief, we have attempted to indicate areas for the development in which the Victorian Order of Nurses could participate in co-operation with other health and welfare agencies. In order to do this, further sources of financial support will be required.

Mr. Chairman, I am a little out of my depth, as a banker, in the details of this matter, but Miss Leask and Miss MacArthur are here to give any details required, and I would ask Miss Leask to add her comments.

Miss Jean Leask, M.A., Director in Chief of the Victorian Order of Nurses for Canada: Mr. Chairman and honourable senators, as Mr. Troop has said, it is a privilege for us to be here this morning to have some discussion on the brief which we have presented.

Although the Victorian Order serves all age groups and includes care to mothers and babies and for all types of illness, since 1945 there has been an increasing trend in all provinces in which branches are organized, for service to patients with long-term illness, most of which occurs in the older age group. To assist in the care of these patients much of the emphasis in staff education programs has been placed on modern methods of rehabilitation nursing, and certain branches employ nursing rehabilitation consultants, physiotherapists and male nurses. These branches are also using nursing assistants. Several other branches are considering the feasibility of employing similar personnel. In one area a public health nurse has just completed a three-year university course in physical therapy and will act as a consultant on a provincial basis.

As this brief was written early in April, I would like to comment on some developments which have taken place during the past few months, particularly in relation to organized home care programs.

We find that even in a few months a great deal takes place and many changes occur.

First, I would like to elaborate on one or two other areas in the brief, the first being in relation to page 4, paragraphs 6 and 7, where we give some information from statistics, and I thought that if I gave a little explanation of how we compile our statistics, it might be helpful.

Statistical information for Victorian Order service is available from two sources. One method produces information relating to the current volume of service given. The other method secures information from the case records of patients after care is terminated, and provides data related to such information as age groups, diagnoses and duration of nursing service. Paragraph 6 is based on current figures, and paragraph 7 on records of patients discharged from service. These two areas are not comparable.

Although we have not dealt with any specific cause of illness in the 65 and over age group, you might be interested to know that of the 11 cause groups recorded, 53 per cent of the patients suffered from heart disease, cancer, strokes or diabetes. Those are the four leading cause groups of the ones we recorded.

The second area is on page 6 in the section on home care, and is in relation to the limitations in the use of visiting nursing service because of the cost to the patient. In our general statistical data payment is only reported on current service. Consequently we do not have a breakdown according to age groups. However, in Ontario this information has been compiled. In 1963, 11 per cent of the patients 65 years and over were able to pay full fee, 29 per cent paid part of the fee and 60 per cent were considered unable to pay anything for service.

Senator GROSART: Would you mind repeating the first two figures?

Miss LEASK: 11 per cent were able to pay the full fee; 29 per cent part of the fee.

Senator HOLLETT: The fees vary, do they?

Miss LEASK: Yes. The fee is based on a visit, and is also based on the cost of a visit. The cost is computed annually by each branch, so that each branch has a different cost. The formula for the cost is a national one; that is, each branch completes the same cost statement, and when it is completed it comes into our national office where it is reviewed and verified. When it is verified by the national office it is then considered the cost for that year for that branch.

Mr. DAVIS: What is the range?

Miss LEASK: Yes, I have that information. In 1963 the national average cost was $3.39.

The CHAIRMAN: That is per visit?

Miss LEASK: Yes, this is per visit, and this is taking all 113 branches in Canada. In the range of branches, 15 had a cost of less than $2.50; 17 branches had a cost of over $4, and the remainder were within the other ranges, 29 branches were between $2.50 and $2.99; 32 branches were between $3.00 and $3.49; and 20 branches were between $3.50 and $3.99.

Senator GROSART: Does that include overhead?

Miss LEASK: Yes.

Senator SMITH (*Kamloops*): What is the number of branches over $4?

Miss LEASK: 17 branches.

Senator GROSART: How do you determine ability or inability to pay?

The CHAIRMAN: Do you mind holding that question until Miss Leask finishes, we want to have continuity.

Senator GROSART: Very well.

Miss LEASK: Yes. As you are aware, Victorian Order service is available to anyone regardless of their ability to pay, and care would never be refused. However, the cost of service to patients unable to pay must be met by some other means. The two main sources at the present time are through funds raised by voluntary giving, such as the Community Chest, or through payment by government on behalf of certain types of patients.

Then, under Organized Home Care on page 5, section 12, of our brief, we would like to add Moose Jaw to the list of cities mentioned where home care programs are operating. It was through an error that it was left off.

Mr. DAVIS: May we have a corrected copy of the brief for the printer?

Miss LEASK: Yes, we have one here for you.

This Moose Jaw community based program was begun in 1962, and was sponsored by the local medical association. The administrative assistant is a Victorian Order nurse.

Since this brief was submitted a Home Care Program was initiated in Regina on October 1 under the administration of the local Victorian Order Branch. Miss Winnifred James, a member of the national office staff, is on loan to the program for this year.

In all the programs being administered by the Victorian Order, briefs were submitted to and accepted by the respective provincial governments. I think we should elaborate a little on how we initiate these programs. Initial financing for the projects has come from federal-provincial grants. Only patients who are in need of a co-ordination of services and who can be adequately cared for at home are admitted. During the project period the number of patients is being limited, because these are really research projects. The Hull program will admit 100 patients a year; Ottawa, 200 patients a year; and Regina, 150 to 200 patients a year.

In the Hull program all required services are being paid for by the plan. In Ottawa all services, except those of physicians, are paid for with respect to patients who are discharged from hospital earlier than would be possible if services were not available, or who are receiving care in lieu of hospitalization. Those are the patients who have their services paid for. Other patients admitted to the program pay so far as they are able, and if there is no other source of payment the program pays the cost of services.

In the Regina program each patient will have a financial assessment, and the program will absorb any costs which are not met by other means, such as by the patients themselves, the Government or other contractual arrangements.

In the first nine months the Hull Home Care Program has admitted a total of 54 patients, and 34, or 63 per cent of them, were over 65 years of age. The majority of the patients had heart conditions, strokes or cancer.

In eight months the Ottawa program has admitted 80 patients, and 38, or 48 per cent, were 65 years of age or over. The majority of these patients suffered from strokes, fractures and heart conditions.

Interest has also been displayed in home care programs in other areas. The Victorian Order has just been asked to supply the nurse co-ordinator in two newly established hospital-based plans in Winnipeg. In co-operation with the Wellington County Health Unit in Ontario, a program to be administered by the Victorian Order is under consideration. A brief for a Home Care Plan has also been submitted from Prince Albert, Saskatchewan.

Through the years, the Victorian Order has repeatedly demonstrated its flexibility by providing a variety of services in communities across Canada, and adapting its program as health services develop under official auspices.

We have attempted in this brief to outline some of the services for the older age group. We expect and hope that we will continue to participate in the planning and implementation of programs which will bring about better health care, not only for this group but for all age groups.

The CHAIRMAN: Senator Grosart, would you like to pursue the question you asked about ability to pay?

Senator GROSART: I was asking who determines ability to pay, and how is it determined?

Miss LEASK: Miss MacArthur would like to answer that question.

Senator GROSART: I understand that we are dealing with 60 per cent of your cases.

Miss LEASK: That was in Ontario, Senator Grosart. In Ontario 60 per cent of all the patients 65 years of age and over just could not pay. This would not be 60 per cent of our total number of patients.

Senator GROSART: No, but this is the area in which we are interested.

Miss LEASK: This is only one province.

Senator GROSART: Probably it would be higher in some other provinces.

The CHAIRMAN: It is not likely to be lower?

Miss LEASK: No.

Miss M. Christine MacArthur, Assistant Director in Chief, Victorian Order of Nurses: Our nurses do have a guide for fee adjustments which goes into such detail as the economic status of the family, their debts, their financial resources, what the illness is, how many visits they need, their medical expenses and drugs—all of this is discussed with the family and the patient, and between them they decide what the patient can pay.

Senator GROSART: The visiting nurse—and I might say that I married one—is required to make this assessment herself?

Miss MACARTHUR: Yes, each individual nurse in the home.

Senator GROSART: I suppose there is no other way, but I imagine it is an embarrassment to some of the nurses, is it not? The nurse has to apply a means test?

Miss MACARTHUR: It depends on the approach of the nurse. I think we have tried to get an objective viewpoint on this problem. In the branch where there are a number of nurses the nurse can go to her nurse-in-charge or her district director or her supervisor and get some assistance from her. If the nurse is working in an area alone then this is her responsibility entirely, but she has her regional director who visits her in the branch and she can get assistance from her at that time. However, the assessment would have to be done by the individual nurse when she is working alone.

Senator GROSART: Do you have reports from your nurses of complaints about this questioning?

Miss MACARTHUR: No, I do not think we have had any complaints, but we do have some instances where the people object to the nurse's delving into a great many of these areas. Again, the nurse does the best she can, and they arrive at what we hope is a fair adjustment, and we think that in most instances it is. If a patient refuses to give this information then we still give the care.

The CHAIRMAN: That is the point.

Miss MACARTHUR: It is in only a few instances that this might happen.

The CHAIRMAN: The nurse that makes this assessment is trained to do so in addition to her nursing duties?

Miss MACARTHUR: Yes.

The CHAIRMAN: So the approach is one in which she is knowledgeable?

Miss MACARTHUR: It is an understanding approach—it is a sort of working together between the nurse and the patient to see what they can arrive at.

The CHAIRMAN: You said "when we are invited to do thus and so in the community"—how does it come about that you go into a community? You have recently gone into Regina—or was it Moose Jaw?

Miss LEASK: This was in respect of organizing home care plans. We have had a branch in all of these areas for years. This is an additional program.

The CHAIRMAN: Within the branch?

Miss LEASK: Yes. It is really an extension of the branches' services to undertake these projects in organized home care, but the branches have been there all along.

The CHAIRMAN: But the municipality that asks you to do that undertakes an obligation—or, does it?

Miss LEASK: Well, the ideas for organized home care plans are initiated probably by a community committee. Then the decision is made, perhaps by this committee, as to who would be the best organization to undertake the administration of the home-care plan. If we take, for example, the City of Ottawa, it was a committee of the Welfare Council which first began the discussion of the need for an organized home-care plan. This committee, on which the Victorian Order had representation, then asked the Victorian Order if they would be the agency which would undertake the administration of the plan. A brief was written and submitted to the provincial Government, and it is from this source we have received the federal-provincial grant.

The CHAIRMAN: I assume you get many more invitations for your services than you could possibly accept?

Miss LEASK: In communities?

The CHAIRMAN: Yes.

Miss LEASK: If we are invited to go into a community we do go into it to explore the need there. We have recently opened a branch in Glace Bay, Nova Scotia—in July. The work in relation to organizing that branch probably went on for six to eight months. In the beginning, the community asked us to come in and discuss with them the need for the visiting nursing service. Our regional director for that area visited that branch, and a provisional committee is set up within the community to explore the need for the service and whether financial support can be secured. This committee is responsible for finding the financial support, and we then work with them. But I think, Miss MacArthur, you will agree with me there is no community we have been invited to go into we would not go into to assess the situation; and we would organize if there is a need and financial support available.

The CHAIRMAN: That is it, there are the two things. I think there is obviously need first, and the financial support is the other requisite.

Senator SMITH (*Kamloops*): Is there a substantial percentage of these places who apply, where you go in and make a survey and put in a branch, on probation, so to speak, and you decide it does not warrant the services and the project is discontinued as far as your Order is concerned?

Miss LEASK: We have discontinued branches. One branch in Ontario was discontinued in June because it was a small community of around 5,000 people, where we had originally given a complete service, including the school work, and as the official agency developed and the county health unit in

that area assumed many of these services which are their responsibility and which no longer would be undertaken by our branch, the branch was discontinued. This was a very sparsely populated area, and the county health unit was also willing to give the visiting nursing service as part of their program. The population was going to have the service and, therefore, the need for our branch in that area no longer existed so we withdrew from that area. We have done this on several occasions, and this is what we mean by trying to adapt to the progress of other agencies, and as long as our service is needed we would stay in the community, but if it is not we would withdraw.

Senator GROSART: Have you made an estimate of the percentage of the population your 113 branches serve?

Miss LEASK: We did that for the royal commission in 1962, but we have not done it since. We do not have a branch in Prince Edward Island, but we estimated that we served approximately 50 per cent of the population in the nine other provinces.

The CHAIRMAN: 50 per cent, of what age group?

Miss LEASK: Of the entire population.

Senator HAIG: The sick population?

Miss LEASK: No, our service was available to 50 per cent of the total population of those nine provinces.

Senator GROSART: It only operates in the area of 50 per cent?

Miss LEASK: This is the average across Canada.

Senator GROSART: Who provides these services for the other 50 per cent?

Miss LEASK: In some areas the service is not available; for instance, in your very sparsely populated areas. Our service is mainly in cities, towns or villages in the urban and semi-urban areas, and we do have some in rural areas. There are several other organizations or agencies that are supplying visiting nursing. The Victorian Order is not the only organization in Canada. For example, in Quebec there is the French association, Société des Infirmières Visiteuses, which has several branches that serve the French population. In British Columbia, for example, the Department of Public Health covers, I think I am correct in saying, about 76 per cent of the population.

Senator GROSART: Saskatchewan is high too.

Miss LEASK: In all provinces, I would say, the official agency, the Department of Health, is giving some coverage for this, and this probably will increase.

Senator INMAN: Mr. Chairman, has there ever been any request for a branch in Prince Edward Island? I come from Prince Edward Island, and I remember quite a number of years ago we did have something of the same kind of service in the City of Charlottetown, but that was done away with. Is that now covered by the public health nurses?

Miss LEASK: I do not believe I can answer that actually, but I understand that the Department of Health in Prince Edward Island does give some service.

Senator INMAN: It gives some?

Miss LEASK: Yes, I think they give some coverage. Since I came in 1960 I do not believe we have had a request from Prince Edward Island, but I am not too sure the service is not already being given there.

Senator INMAN: It is not being given as such, but I remember 35 to 40 years ago in the City of Charlottetown there was a nurse who did give that same service, but it was not the Victorian Order. I am wondering why since then there has never been any.

Miss MACARTHUR: From our last contact with Charlottetown, which was in about 1958, a representative did go there from our office to discuss the possibility of providing the service, and we have never been able to get enough community interest because there has been a certain amount of home nursing service being given by the Public Health Department, and there was another group in Charlottetown providing this, and we have never got the community support there.

Senator INMAN: The reason I was asking the question was that at one time during this summer I was with a group of ladies and we did speak of the need really for some such service. We wondered about that. Thank you.

The CHAIRMAN: From the course of your questions, I understood you to say that the service of the 113 branches is available to 10 million Canadians.

Miss LEASK: Approximately.

Senator HOLLETT: Approximately how many nurses have you?

Miss LEASK: We have permanently—that is, in positions of a permanent nature—between 650 to 660. We also employ relief nurses on a part-time basis.

Senator HOLLETT: Who asks the nurse to go to the patient?

Miss LEASK: Our requests come from various sources. They may be from the patient and family themselves, or maybe from the physician, from the hospital, or from another health or social welfare agency. There are many sources of requests. I would say the majority are probably from the patient, the family and physician.

The CHAIRMAN: Would not they be mostly from the physician?

Miss LEASK: A great many, although perhaps the patient and family call most frequently.

The CHAIRMAN: I was a little troubled when I read that, because I remember the Victorian Order of Nurses almost from the very beginning of my political life.

That is a few years ago. You say it is increasingly difficult to obtain voluntary funds for the Victorian Order of Nurses?

Mr. TROOP: Senator McCutcheon could answer that. He has just finished a very successful campaign, but it was not easy. Every five years we go for funds.

The CHAIRMAN: I appreciate there are a great number of demands, but I am sure the budget is watched very carefully. Does it really keep jumping up from time to time?

Mr. TROOP: Yes, there is a steady rise. In company with every other organization, our salary scale has to be adjusted. If nurses are being better paid elsewhere they do not want to come into the Order particularly. Also they are subject to being sent to various places and have to be willing to leave their homes.

Senator GROSART: What percentage of your total financial requirements is met by voluntary contributions?

Miss LEASK: We have our statistics by branch, by province and by Canada. Taking Canada as a whole, 31 per cent of the receipts; and each branch, of course, is autonomous financially, so they have their own receipts and disbursements, and their own financial statements. Thirty-one per cent came from patient fees, that is fees paid by the patient or on behalf of the patient, say, by the Government and other contractual arrangements such as the insurance companies. The 31 per cent represents the total amount from fees for patients. Twenty per cent came from grants either municipal or provincial, and 44 per cent came from community appeals—United Appeal or Com-

munity Chest. Some of our branches still have their own financial campaign —about 30 branches I think.

Miss MACARTHUR: About 50 to 60 branches have their own appeals.

Miss LEASK: There is a great variety throughout the provinces in the amount that comes from the various sources. In Saskatchewan 58 per cent comes from fees, from patients or on behalf of patients. Of course, that is one province where we have a contractual arrangement with the Government by which they pay for wards of Government or for the patients who are eligible for assistance. They pay our cost to each branch for visits to those patients, and from that source 28 per cent of our receipts were obtained.

Senator GROSART: You make a distinction between fees and grants in that respect?

Miss LEASK: Yes, because the fees paid on behalf of a patient by the Government are paid on a cost basis. The grant is an overall sum. We have made a distinction between and have kept separate what we are paid on behalf of patients by the Government. In Saskatchewan we get 28 per cent of our income from that source. It is interesting to note that from the community appeals in that province we also get 28 per cent. We get as much from the Government as from community appeals.

The CHAIRMAN: Now you have mentioned Saskatchewan—but why not take Ontario, as an example?

Senator GROSART: In Saskatchewan you get much less from your community appeal than your national average. It is 44 per cent as compared to 88 per cent.

The CHAIRMAN: But you get 58 per cent for fees.

Miss LEASK: Manitoba has 50 per cent fees from patients and of that a total of 21 per cent was paid on behalf of patients by the Government, and the community appeal is 22 per cent. British Columbia is 24 per cent fees from patients, 33 per cent grants and 41 per cent from community appeals.

The CHAIRMAN: What about Ontario?

Miss LEASK: Ontario, 35 per cent fees, 15 per cent grants, and 46 per cent community appeals.

Senator HOLLETT: Can you give us the remainder?

Miss LEASK: In Quebec there is 23 per cent from fees, 13 per cent from grants, and 57 per cent from community appeals. In New Brunswick there is 12 per cent from fees, 56 per cent grants, and 23 per cent from community appeals. In Nova Scotia there is 19 per cent from fees, 25 per cent from grants, and 47 per cent from community appeals. In Newfoundland we have 37 per cent from fees, 35 per cent from grants, and 37 per cent from community appeals.

The CHAIRMAN: In Newfoundland you say 37 per cent from fees. How does that come about?

Miss LEASK: Well, it is a small province and we have two branches in Newfoundland.

Mr. DAVIS: I think we should be clear that fees do not of necessity mean that the patient pays. It may mean that the Government pays.

Senator SMITH (*Kamloops*): Going back to Saskatchewan, you say 58 per cent came from fees, but under your contract with Saskatchewan where they have a provincial hospital plan that is more extensive than in any other province a part of that comes from the hospital service, does it?

Miss LEASK: No, the payment does not come from the hospital on behalf of the patient. It comes from the Department of Welfare. It is payment for the

indigent or medically indigent patient such as the patient on old age assistance who is eligible for assistance. We do not receive payment from any hospital scheme. These contractual arrangements are not through the department of health but welfare.

Senator SMITH (*Kamloops*): But would that not be guided into their hospital plan?

The CHAIRMAN: I think what happens in Saskatchewan is this—since they have this scheme there and they have to accept patients into the hospital, they try to keep them out as much as possible by having the V.O.N. look after them. It costs less.

Miss LEASK: There is the same arrangement in Alberta, Saskatchewan, Manitoba, Newfoundland and Ontario. We have five provinces in which the Government pays on behalf of patients.

The CHAIRMAN: It is the argument that the minister made earlier when he told us that it is cheaper to build a small home for the people alongside their families. Can you give us the figures on Canada as a whole?

Miss LEASK: Thirty-one per cent in patient fees, 20 per cent in grants and 44 per cent from community appeals. There is another category which I have not given and which we call "other". It may be interest from bonds or some other source of income.

The CHAIRMAN: That totals up to 95 per cent.

Miss LEASK: And the 5 per cent comes from other sources.

The CHAIRMAN: Is that what you reach for in your appeal?

Mr. TROOP: Our appeal is only for the national office and covers administrative costs such as the directors in chief and office staff.

The CHAIRMAN: That is the purpose of the appeal?

Mr. TROOP: Yes.

Senator HOLLETT: According to the figures you gave I gather each nurse makes five visits per day on an average. Are they not overworked at this? They don't just run in and run out when they make a visit. It may take a couple of hours.

Miss LEASK: I think on an average a visit lasts either a little less or a little more than an hour—something between 55 to 65 minutes.

Senator HOLLETT: But when you consider getting from one visit to another it all adds up considerably.

Miss LEASK: I think it would probably be a little higher than I said. But some of the nurses in that number of 650 which I mentioned are in administrative occupations and would not be making visits.

Senator HOLLETT: In other words they don't work!

Mr. DAVIS: Assuming you cover half the population of Canada which is at the present time 18 million and up—perhaps 20 million—it means one nurse for every 14,000 people. Is that about right?

Miss LEASK: I do not think we have any set ratio of population. We have been asked this question before. Of course it does vary. You might have a nurse in a community with 5,000 population where she is doing the entire community service. Then you might have another branch, such as we have, where we have two nurses for 20,000.

Miss MACARTHUR: We have one branch where we have one nurse for 20,000 people.

Mr. DAVIS: Is Canada underdeveloped or overdeveloped from the point of view of home nursing?

Miss LEASK: I think we have room for expansion. I do not think we can give the exact ratio because it depends on so many circumstances. If a com-

munity has hospital beds and a highly developed official agency and other services, then our services would be more limited than in an area where these other services do not exists.

Mr. TROOP: So often our branches are prohibited from adding nurses to their staff. Here in Ottawa they would like to add at least one more but we cannot do so without having the budget approved by the Community Chest.

The CHAIRMAN: And if you do get it approved you are stuck for the year.

Senator SMITH (*Kamloops*): In connection with the appeals, the United Appeal and the Red Feather and so on, in your various centres have you gone in and out of the United Appeal at times or tried making an individual campaign for the V.O.N.?

Mr. TROOP: I do not know of any case where we have in recent years been in one and where we have withdrawn from it.

Miss MACARTHUR: Might I add that we are in the Community Chest in every community. Where there is a United Appeal or Community Chest, we do belong to it.

The CHAIRMAN: You would be a real danger to them if they left you out of it. I am serious about that because in my part of the world—I cannot speak about any other part of the world—V.O.N. has a tremendous pull. I should think they would be delighted to have you.

Senator GROSART: In connection with these statistics, they go on our record and I would like to suggest that our witnesses add some qualifications of these figures. Shakespeare said long ago "Comparisons are odorous." Incidentally, Mr. Chairman, he did say "odorous" not "odius". These figures could be very misleading because of the tying together of two very different types of payments in the first category. It is also obvious that the community chest will make a lower contribution where there is a government contribution. Therefore, I think we should have those qualifications stated by our witnesses in connection with the table. Otherwise, it is going to reflect on provinces, it is going to be odorous, if it is misunderstood.

Miss LEASK: To compare the situations is very difficult because the whole situation is different from province to province and you have different sets of circumstances. We thought it would be interesting, but I think you need a good deal of explanation in order to understand the various points.

Senator FERGUSSON: I would like to ask Miss Leask a question in regard to the previous discussion. You mentioned in the figures you gave for percentage of fees paid by governments in various provinces, that it has a very wide variation. Are these fees paid by government only in cases of indigent people who cannot pay, or is there some other basis on which the government decides to pay or will pay?

Miss LEASK: In the provinces where payment is received, it is for the persons for whom they are responsible—the wards of government. There are for the total population usually several groups. There is the old age assistance or old age security group, there are the blind pensioners, there are mothers allowances, there are disabled persons. These are the usual categories for which payment is made.

Senator FERGUSSON: Do all provinces pay for people in those categories?

Miss LEASK: Just the five we have mentioned actually pay on a fee for service basis. In the other provinces we still receive a grant and, as you will see, the grant in the other provinces is higher than in those provinces where we are receiving on a fee for service basis. It is really a different method of fee for service payment.

The CHAIRMAN: But of course the service is available to people outside of government responsibility?

Miss LEASK: This is really a small proportion of our total patients, those that pay for it. Our service is available to anyone, so this is a small group compared to the total.

The CHAIRMAN: Have you an idea of the percentage?

Miss LEASK: I do not believe we have any idea.

Senator HOLLETT: Most of your patients are over 65?

Miss LEASK: We estimate that almost half of our medical and surgical patients are. This does not include our maternity patients. Half of our ill people are over 65. If you add in maternity, the age would be lower.

Senator GROSART: In connection with home nursing there are two very important statements in the brief, on page 5. The first one is in paragraph 14, where a contrast is made between "organized nursing home service" and what is called "fragmented care." I would like to ask if this is left entirely to private initiative from community to community to decide whether they are going to have this "organized care" or "fragmented care."

Miss LEASK: Although Miss MacArthur has had more to do with organized home care program, I would like to say that these are just beginning in Canada. They are almost on an experimental basis and have been undertaken in communities where there was perhaps a basic number of services which could be used and a community which was ready and willing to take on this project. They are pilot projects and I do not think that there has been enough experience in them to say that they should be nationwide, for example. Perhaps Miss MacArthur could add to that.

Senator GROSART: Paragraph 14 makes it clear to me that they are far past the pilot stage. You say the other is fragmented care and I agree with you.

Miss MACARTHUR: I think we should like to clarify it here that organized home care is not for every patient. It is where there is a need for co-ordination of several services. There are many patients who get along with medical care under a private doctor, or nursing care or home care. Many people do not require organized home care service, but where patients do need co-ordination of service and there is not a home care program, then they are getting this fragmented type, there is no co-ordination and there can be lapses or overcare in some circumstances.

Senator GROSART: In the aging group, is not every patient a potential co-ordinated service case?

Miss MACARTHUR: No. In the aging group they may be able to get along quite well with the housekeeping service.

Senator GROSART: Today—but not necessarily tomorrow?

Miss MACARTHUR: At some time they may need it, yes.

Senator GROSART: It is left now to private initiative in the community? The organization of this is left at the moment to private initiatve?

Miss MACARTHUR: Yes, it is. There has to some group that will take the initiative.

Senator GROSART: That is, unless some group of citizens say "We will do something about it", nothing will be done by any group, municipal or provincial or federal?

The CHAIRMAN: No, not quite that.

Miss LEASK: I think the federal Government has been extremely interested and has encouraged the discussion of home care programs and certainly encouraged those which have started. Provincial governments have been interested

in receiving the requests for beginning home care programs and, as you have seen, the financing of the majority of these has been under federal-provincial funds.

Senator GROSART: That is, once someone takes the initiative. I am interested in the initiative.

Miss LEASK: Also, in Toronto the home care program was started by the Department of Public Health and was administered by the Department of Public Health. In Wellington County, as we have said, the initiative there was from the county health unit, to begin a home care program. So I do not think one can say this is not initiated by municipalities.

Senator GROSART: I am glad to hear that. I understood it was done by the doctors. Are the doctors following this up in other places? Are the doctors providing the initiative?

Miss LEASK: Yes. For instance, in Prince Albert we expect that if the plan is in operation there it will be under the Medical Association. I think the co-operation of the doctors is essential in starting this plan, by giving their interest and support. We feel we have gotten it.

Miss MACARTHUR: We have gotten it in every instance.

Senator GROSART: In paragraph 13 you make a statement that prepayment for hospital care has affected the requests for care in the home. Does this mean that prepayment tends to put people in hospital so that they can get the payment?

Miss LEASK: That may be true. I think the other point is that people are reluctant to pay for a service at home if they can have that service in hospital without paying for it.

Senator GROSART: Do any of the prepayment plans that you know of provide for payment for nursing services in the home?

Miss LEASK: We have contractual arrangements with a few insurance companies, for example.

Miss MACARTHUR: The extended health benefits. The Public Service of Canada is one instance.

The CHAIRMAN: That is, the federal pension plan?

Miss MACARTHUR: The federal pension plan, yes; the Public Service of Canada.

The CHAIRMAN: What do you mean by the Public Service of Canada?

Miss MACARTHUR: The Civil Service, for example.

The CHAIRMAN: All I am saying is that the members of Parliament will be brought under the Civil Service plan shortly.

Senator GROSART: I have got my number.

The CHAIRMAN: So have I. Then we can ask for a visit from the V.O.N.

Miss MACARTHUR: Ontario has an extended health benefits plan in the Physicians and Surgeons Incorporated of Ontario. No hospital insurance plan has any benefits for nursing care in the home.

Senator GROSART: What in general is the effect of the statement in paragraph 13 on page 6 of the brief, which says:

> Prepayment for hospital care is affecting the requests for care in the home, even when it is desirable.

In what way?

Miss MACARTHUR: Again, I think it is due to prepayment plans for hospital care. The patients may go to a hospital when they could be cared for at home, when our service is available, or remain in hospital longer than may be

necessary, because their services are being paid for while in hospital. When they go home they have to pay for these services. We have tried to do something about continuity of care for patients in hospital, and we have put a nurse in the hospital for short periods to help patients who are going home but need continuing care at home. I think this has helped in continuity of care. But, again, some patients are somewhat reluctant to leave and then pay for all their services at home—drugs, and so on.

Senator GROSART: Your suggestion would come under this general category of the Nova Scotia brief of "a balanced hospital community?"

The CHAIRMAN: Are there any further questions? If not, may I on behalf of the committee thank all of you, first for the brief, and then for the pains you took in preparing it. This has been a most useful discussion. You have added a great deal to our knowledge, and we appreciate and thank you very much for it.

The committee adjourned.

APPENDIX "R-1"

SUBMISSION TO THE SENATE OF CANADA SPECIAL COMMITTEE ON AGING BY THE GOVERNMENT OF NOVA SCOTIA

Halifax, Nova Scotia October 1, 1964

FOREWORD

The Government of Nova Scotia was invited in October, 1963 by the Senate, to submit such representations as it might wish to make to the Special Committee on Aging. The task of securing the necessary factual information, consulting with interested individuals and organizations and compiling a brief was beyond the personnel resources of the Department of Public Welfare at the time the request was made. In addition, we had some doubts then, and still have, as to whether there is anything new or original that we can add to the wealth of information that has been placed before the Senate Committee by governments, voluntary welfare organizations, church groups, labour bodies, etc. For example, the Canadian Welfare Council, of which this Department has been a full participating member for many years, presented a very detailed and comprehensive brief before the Senate Committee. It would be difficult or impossible for us to improve on that submission.

It became possible in the spring of 1964 for the Department to make an arrangement with the Maritime School of Social Work, so that Miss Mary Lou Courtney, a Unit Field Instructor at the School, would be released at the conclusion of the spring term to undertake full responsibility for this project. She has done this and the Department wishes to thank the Maritime School of Social Work and Miss Courtney for her conscientious and painstaking work in arranging public hearings throughout the Province during the month of June and preparing this brief. Without Miss Courtney this submission would not have been possible.

The hearings referred to, the briefs presented by many interested individuals and organizations throughout the Province, and this presentation before your Committee will serve to bring this most important and challenging problem forcibly before our people. In this respect alone, a most useful purpose is being served.

The Government of Nova Scotia is most appreciative of the concern and interest evidenced by the Senate of Canada in the problem of aging and is grateful for this opportunity to present its views.

JAMES M. HARDING,
Minister of Public Welfare.

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I

INTRODUCTION

The government of Nova Scotia extends its appreciation to the Senate of Canada for initiating a national study on aging. The Province is grateful for the opportunity to share its views on the aged with the Senate Special Committee on Aging. We wish to express our sincere thanks to the many organizations and individuals in the service of all levels of government, and in voluntary organizations, who have provided the information and opinions which have made this submission possible.

A study of the aged at this time is most appropriate for many reasons. A growing number of people are living to an ever-increasing chronological age. Nova Scotia's population in 1961 was 737,007. Of this number, 63,417 or 8.6 per cent of the population[1] were sixty-five years of age or over. The extent of the problem of the aged in Nova Scotia is borne out by the fact that the percentage of aged for Canada's population is 7.6 per cent, and the comparable percentage for the Province of Quebec is less than 6 per cent. Continuing increase in the number of our aged citizens will add to the magnitude and diversity of the problems with which they and society will have to cope. Some of the pressures and stresses induced by unresolved problems are now being felt with ever-increasing intensity. Some require immediate attention and action.

Changes in society which have occurred and are occurring with increasing rapidity have decreased the ability of the aged and their families to cope with needs in a satisfactory manner. Improved transportation facilities have permitted our people to be more mobile. Younger people move with greater facility from one area of the country to another, in many cases leaving older family members to get along as best they can on limited resources. This migration is very evident in such areas of Nova Scotia as Cape Breton Island. The Nova Scotia Committee on Aging[2] was informed that many of Cape Breton's youth have left the Island and moved to areas where employment opportunities are greater and salaries higher. This leaves a disproportionate number of elderly relatives to their own resources. This trend is evident, of course, throughout the Atlantic Provinces and population loss through migration from the Maritime Region was 175,000 persons over the quarter century preceding 1961.[3] Industrialization has emphasized and speeded up the growing trend towards urban living. Statistics show that in 1961 almost 70 per cent of Canada's population were urban dwellers.[4] As a result of industrialization and urbanization families have become more and more dependent on employers and other persons in the community and in these changes the security of attachment to the land has been lost. In addition, many functions which once belonged to the family have been taken over in total or in part by other social institutions such as industry, the church, school and government. Housing accommodation per family unit has become smaller with the increased density

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[1]Dominion Bureau of Statistics, *Canada Year Book*, 1963-64 (Ottawa, Queen's Printer 1964), p.172.

[2]A Departmental Committee was appointed to facilitate this study. The Committee consisted of Mr. H. R. Banks, Assistant Director of Old Age Assistance, Mrs. Ruth Blue, Supervisor of Provincial Social Assistance, Mr. George Matthews, Social Assistance Consultant, and the Secretary, Miss Mary Lou Courtney.

[3]Dominion Bureau of Statistics, Canada Year Book, 1963-64 (Ottawa, Queen's Printer, 1964) p.160.

[4]Ibid.

of population in the urban areas. This makes it difficult for many families to care personally for their parents or other aging relatives. At times it may seem that change in North American culture has become an end in itself and the rapidity of change is equated with progress. Society has chosen its youth as the instrument to effect change, with the result that many of our elderly citizens have been forgotten, perhaps inadvertently, thus producing the unhappy situation where far too many of our aged people are separated from the rest of society and suffer from all of the negative attitudes and feelings which this brings about.

Some of us are becoming more aware and concerned as the problems of the aged are brought into focus by the teachings of humanitarianism, democracy and religion. These same tenets compel us to go beyond awareness and concern to thoughtful and planned action, with the object of at least alleviating and perhaps eliminating those problems adversely affecting the aged who have contributed so vitally to bringing Canada to its present stage of development. To many people, words such as respect, dignity and worth, used to describe the individual, are too often just words, without any real meaning. These same words, however, symbolize the basic principles and feelings of religion, and the political system of freedom of the individual which North Americans proclaim to be a superior form of government. If humanitarianism, religion and democracy are considered basic to our Canadian way of life, then there are certain principles which must be accepted. It is on these principles that this submission is based.

1. Society has an obligation to consider the welfare of its members.
2. There is a particular obligation to consider the welfare of those who are unable to provide adequately for their own needs.
3. Since the family unit is basic to society, the traditional values of filial respect, responsibility and support should bind each family member together.
4. If the family unit is unable to adhere to the values mentioned in #3, others in society, e.g., individuals, groups, the community, municipal, provincial and federal governments, or a combination of some or all of these should assist families to adhere to these values.
5. If the family cannot, will not or should not assume partial or complete responsibility for one another, others mentioned above, either alone or in cooperation with each other, are obligated to assume such responsibility.

These general principles lead to specific principles relating to the aged:

1. The continued responsibility of the family for aged members must be encouraged.
2. The majority of the aged are persons desirous of feeling useful and independent.
3. Opportunities should be provided to help them be useful and independent.
4. The aged should be integrated into the life of the community rather than isolated from it.
5. It would appear that the aged will deteriorate less rapidly if they continue to be active in and useful to society.

It was necessary for the Government to determine the nature and extent of existing services available to the aged, the needs which remain to be met, and to formulate recommendations related to the alleviation or solution of the problems produced by these unmet needs, in order to discuss intelligently

the terms of reference designated by the Senate. The acquisition of such information meant the divising of methods of study which would provide information representative of the situation in Nova Scotia. Publicity was stressed. Newspapers, radio and television were used to inform the public of the study on aging initiated by the Senate of Canada. The purposes of this publicity were, first, to help our people become aware of such a study, and secondly, to encourage those groups and organizations concerned about the aged to participate in providing information for this provincial submission. Press, radio and television cooperated fully but special mention should be made of the press which provided excellent coverage throughout all phases of the study. Public hearings were held in Halifax, Yarmouth, Antigonish and Sydney. Letters were sent to various groups, organizations and municipal units considered to be concerned about or active in the field of aging, giving details of the hearings. Individuals and groups desiring to appear at the hearings were requested to submit and be prepared to discuss a written report. Sixteen groups presented formal submissions. In addition to these formal submissions, interviews were held with many government and non-government personnel, many of whom were excellent sources of helpful information and opinions. Another aid in the preparation of the submission was written material such as books, pamphlets, annual reports, articles, journals, etc. All information was gathered within a six-week period.

The above methods of study had limitations, the most obvious being the lack of scientific approach, and the short period of time available to gather information.

Coverage was not as complete as one would like it to have been. It was not possible, for example, to hold hearings in every county of the Province nor was it possible to provide sufficient notice of the hearings to permit all those wishing to make submissions to complete reports of the quality and depth which additional time would have allowed. Another defect was lack of any extensive direct contact by the writer with our aged citizens. The result is, of course, that definitions of unmet needs, and recommendations contained in the brief, came secondhand from those concerned and knowledgeable about the aged. This is an unfortunate limitation since it is obvious that a useful purpose would be served if more of the aged could have been consulted as to the needs which they consider important and of first priority. In addition, the emotional components of their needs may not be stressed as accurately in this brief as they might have been had more aged citizens participated in the study.

The brief is divided into four sections in addition to the Introduction and Conclusion: 1. Economics; 2. Employment, Occupation, Education and Recreation; 3. Housing; 4. Health and Institutional Care. The fifth term of reference, Social Services, has not been treated separately, as it is felt that this is covered adequately throughout the brief.

As the study advanced, it became increasingly evident that Nova Scotians providing information for this brief focused almost without exception on housing, health and institutional care as the areas in which they saw the major problems existing for aged Nova Scotians. While it is recognized that the aged have other problems and unmet needs, housing and long-term care facilities for the physically ill are urgent necessities and priority has been given to them in this brief.

II

ECONOMIC NEEDS

Let us examine briefly the economic position of Nova Scotia. The recent Provincial and Municipal Taxation Study[1] by Touche, Ross, Bailey and Smart states as follows:

> ...Data on per capita personal income reveal that the Canadian average for 1962 was $1,655.28. Nova Scotia's figure was $1,245.30; only 75 percent of the national average. Other . . . Nova Scotia (income) figures are unfavourable in comparison with Canada as a whole with the exception of the value of the products of the fisheries industry.
>
> These few statistics speak for themselves. Nova Scotia's fiscal problems are the result of below-average economic activity and therefore below average tax capacity. These unfavourable comparisons would be even more pronounced if Nova Scotia were compared with one of the wealthier provinces such as Ontario or British Columbia.
>
> ...It would be wrong to assume that these unfavourable comparisons are the result of under-utilization of resources or the lack of desire on the part of the province and its citizens to improve their positions. It is unfortunately true that the province is not as generously endowed with all of the resources which, at this stage of national development, are required to produce rapid economic growth. However recent announcements of new industries locating in the province indicates that considerable improvement is possible as the result of the combined efforts of government and business.

If Nova Scotians are experiencing economic problems of a more serious nature than some other parts of Canada, it is a reasonable assumption that the economic deprivation of our aged population is also more marked. Twenty-one thousand eighty-five out of 35,485 Nova Scotians seventy years of age and over were receiving Old Age Pensions with a means test in 1952 at the time the federal government began paying Old Age Security without a means test to all persons seventy years of age and over. Based on the 1952 ratio of Old Age Pensioners to the total population in the age group seventy and over, there should have been 25,000 persons in 1961 eligible under a similar means test. If the number of 5,400 Old Age Assistance recipients, those between sixty-five and seventy years of age in 1961, is added to the 25,000, a total of 30,400 or 47 per cent of the aged, age sixty-five and over, were in need of government assistance. These statistics do not include the number of people sixty-five years of age and over who receive incomes in excess of the maximum allowed under the rules and regulations of the Old Age Assistance Act, but who have just enough income or financial resources to provide the minimum of subsistence for food, clothing, and shelter with no surplus for medical care or other needs. It seems reasonable to suggest, therefore, that the estimated number of 30,400 aged people as being in need of government assistance in 1961 may be modest indeed. The estimate probably errs in being too low.

Many of the aged in Nova Scotia have been unable to meet their economic needs in a satisfactory manner without the assistance of government. The two financial programs operating in Nova Scotia and designed exclusively for the aged are, as stated above, Old Age Assistance and Old Age Security. Assistance to the needy aged may be supplemented by municipal governments

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[1]Touche, Ross, Baily and Smart, *Provincial and Municipal Taxation Study*, Vol. 1, Report on Provincial and Municipal Taxation in Nova Scotia. Prepared for the Department of Finance and Economics, Government of Nova Scotia. Halifax, August, 1964, p.4.

under the Social Assistance Act, which permits the municipal units to grant assistance and claim 66⅔ per cent financial reimbursement from the provincial and federal governments. Statistics indicating the total number of people over sixty-five years of age receiving financial supplementation from municipal units are not available. It is understood, however that the number of such recipients is not large, and for the most part the local welfare authority assumes that the Old Age Assistance and Old Age Security programs should be complete and sufficient in themselves.

There are many factors contributing to the high incidence of aged people requiring financial assistance from government. Certainly personal income levels, unemployment, marginal employment, and the high cost of living have prevented many from planning and saving for their old age. Probably the most important reason why people are not able to plan and save for their old age is due to world wide social and economic changes. We live in a society in which advertising, the mass media of communication, and community pressures all work together to have us spend as much or more than we earn. In many cases we mortgage future income to satisfy today's needs. This spending in advance has been good for the national economy, but it has made individual saving for old age, sickness, and other contingencies, well nigh impossible. This trend is not likely to change. When economic problems created by low personal incomes, marginal employment, unemployment and a high cost of living are combined with the social phenomenon of "spend as you go" just referred to, it is not hard to understand why most Nova Scotians find it difficult to set aside any sizeable backlog of savings for their old age. The few who are fortunate enough to be employed in government or industry with pension and retirement plans are, of course, exceptions to this general pattern.

The Canada Pension Plan may seem to offer a solution for these problems. Unfortunately, the advantages of the Plan have been exaggerated and many of the disadvantages overlooked. The White Paper[1] of August 1964 states:

> Compulsory coverage has been broadened to include almost all employees and self-employed people; employees must contribute on earnings over $600.00 a year, and self-employed people whose total earnings are $800.00 or more a year must contribute on their own earnings over $600.00.

We have no conclusive statistics regarding the number of persons resident in Nova Scotia earning less than $600.00 per year, but it is our impression from all of the information at hand that their numbers are very considerable. We must anticipate, therefore, that large numbers of our aged population will not qualify for inclusion in the Canada Pension Plan.

We have a very considerable number of fishermen, farmers, loggers and marginally employed persons whose actual monetary income is below $600.00 per year. None of these will qualify under the Canada Pension Plan.

It is pointless to tell these people that because the Canada Pension Plan is based on the insurance principle and is a contributory plan, these exclusions are just and equitable. This large number of ineligible persons will expect from government and the community the same kind of treatment and retirement income as their more fortunate neighbors who have been included in the Canada Pension Plan. The inevitable result must be increasing pressures on the provincial and municipal levels of government to bring their level of public assistance up to the total level of income of those who are receiving additional income from the Canada Pension Plan. The greater pressures will be on the province. Obviously, the percentage of such persons will be much larger proportionately in a province such as Nova Scotia than in a more highly industrialized and

[1]Government of Canada, Department of National Health and Welfare. The Canada Pension Plan, (Ottawa: Queen's Printer, August, 1964), p.7.

wealthier province. By the same token Nova Scotia will be less able financially, under present federal-provincial sharing arrangements, to cope with the resultant pressures and financial costs.

As in all social service costs, the heaviest load of financial responsibility in caring for such persons falls on those regions having the least ability to provide. Or, phrased another way, the numbers of ineligible persons will be disproportionately large in Nova Scotia and Nova Scotia's ability to finance a supplementary means test program for these persons either on the provincial or municipal level (under present fiscal arrangements) will be less proportionately than other provinces where the numbers of such ineligible persons are not as great. In short, the burden will be inequitable.

The Government of Canada has obviously not given due consideration to regional differences as they affect Nova Scotia. This applies not only to the Canada Pension Plan but also to other welfare programs such as the Unemployment Assistance Act where the federal government shares 50 per cent of the costs. The sharing formula in all these assistance programs is such that regional needs and differences are not being given appropriate consideration.

Our problem is illustrated in the field of Old Age Assistance as well as Unemployment Assistance. Old Age Assistance is paid under the terms of a federal-provincial agreement. The Government of Canada contributes 50 per cent of the costs and the provincial governments contribute an equal amount. On August 31, 1963, the number of recipients of Old Age Assistance in Nova Scotia was 5,550 and the average monthly payment was $59.42. Nova Scotia has the uneviable distinction of having one of the lowest average monthly Old Age Assistance payments. Federal Regulations governing the payment of Old Age assistance provide that in the case of an unmarried recipient an amount up to the first thousand dollars of personal property may be exempted, and in the case of a married recipient an amount up to two thousand dollars may be exempted. At the moment the Province has not taken full advantage of these federal Regulations and has set its exemptions at $250.00 for an unmarried person and $500.00 for a married person. There is criticism that the Province is not sufficiently generous in respect to these exemptions and that full advantage should be taken of the federal Regulations. If the Province increased its exemptions to the federal maximum, the average payment for the month in question would have been increased to approximately $62.00, and the annual expenditure of the Province for Old Age Assistance would have increased from $1,980,000.00 to $2,065,000.00, or by more than 4 per cent. Thus, the Province would be paying $85,000.00 more to the recipients of Old Age Assistance. In addition, a number of persons now ineligible under existing Regulations would qualify for Old Age Assistance and it is estimated that the provincial expenditure for these additional recipients would be $40,000.00 per year, making a total increased annual cost to the Province of $125,000.00. It is all very well to argue that the Province is free to take full advantage of the federal Regulations in this and other cost sharing programs. Unfortunately, the costs incurred by the Province for even minor extensions of the legislation such as we have referred to in the field of Old Age Assistance lead to provincial expenditures and commitments of such a magnitude that when they are added together for all these programs in the field of Unemployment Assistance, Old Age Assistance, Disabled Persons' Allowances, and Blind Persons' Allowances, they are well nigh prohibitive from the point of view of the Provincial Treasury with its fixed commitments and the high priorities for other service programs.

The Social Assistance Act of Nova Scotia (1958), and the Regulations made under the Act, enable the Province to reimburse municipal units for two-thirds of assistance costs. This means that each municipal unit regardless of financial status must pay one-third of assistance costs. Financial resources are

so limited that the obligation to pay one-third of assistance costs imposes a heavy burden on some municipal units, particularly in rural areas. If all levels of government could devise more flexible financial formulae for sharing assistance costs if regional needs and differences could be recognized, then hopefully, extended assistance benefits and better services could be given to the indigent and to our aged people requiring financial help. Unfortunately, the Province has been unable, because of financial commitments, to give special consideration to those areas where unemployment is high and Social Assistance costs impose a heavy tax burden.

The federal government first became interested in income maintenance for old people back about 1906. In 1908 the federal government made government annuities available, leaving the field open for voluntary action. The first Old Age Pensions legislation was introduced in 1927 for persons seventy years of age and over with a means and residence test. Very similar categorical assistance programs for the blind and the disabled were added in 1937 and 1954, and of course the present Old Age Security program was begun on January 1, 1952.

For years the federal government said that unemployment was not a federal responsibility; the provinces held to the opposite point of view. Gradually the federal government became involved; first with grants-in-aid for relief and works projects in the depression years, then unemployment insurance, and finally in 1956 the Unemployment Assistance program.

In the beginning the federal government took the theoretical position that this new program was for the employable unemployed and a mechanical statistical device was put into the Act to fix the degree of provincial responsibility for unemployables receiving assistance. The principle and the device were not accepted, and in 1957 the legislation was amended and the so-called "threshold" device removed. At that point the nature and the scope of the unemployment assistance program changed, and from several points of view the federal government committed itself to assisting in the provincial costs of all public assistance recipients.

That is where we are today, but the Act is full of inequities and contradictions which work a hardship on provincial programs, not only for the aged, but for all needy persons.

Nova Scotia takes the view that the Unemployment Assistance Act should be amended or replaced, to become a flexible, unified, general assistance or welfare allowances program. As long as some provinces are desirous of continuing the categories of Old Age Assistance, Blind Persons' Allowances and Disabled Persons' Allowances, as at present, there is no reason why this would not be possible under an amended or new Assistance Act, covering and including all public assistance for the aged, the blind, the disabled, the unemployed, dependent children, etc. This would permit provinces wishing to abolish programs of Old Age Assistance which might be considered duplicative with separate provincial and municipal supplementation programs to have one unified approach to means test assistance. At the same time it would permit provinces wishing to do so to continue with the Old Age Assistance category.

Reference has already been made to regional inequities apparent in the application of the sharing provisions of the Old Age Assistance Act. The financial impact of those inequities is considerable from Nova Scotia's point of view. At the moment the cost of Mother's Allowance payments is not shareable under the Unemployment Assistance Act. But, since Mother's Allowance means something different in each province the Unemployment Assistance Act provides a complicated statistical formula using figures dating as far back as 1945, to determine the theoretical Mother's Allowance caseload.

In the light of present day practices the procedure is hopelessly obsolete and outdated. The financial impact is illustrated by the fact that in one province 3.08 per cent of the population is considered to be in receipt of Mother's Allowance according to the formula, whereas in another province the percentage is .20. The Nova Scotia percentage is virtually frozen at the level of 1.17 per cent and the removal of this penalty from the Unemployment Assistance Act would alone net the province an annual sum of more than one million dollars.

We would recommend that a new Unemployment Assistance Act should provide for:

(1) fifty per cent minimum federal cost sharing of all public assistance costs without any exclusions and without unrealistic and inequitable ceilings and restrictions. This would enable a province to include medical care, drugs, Old Age Assistance, Mother's Allowance payments, etc., for federal cost sharing.

(2) recognition of regional and provincial differences so that federal cost sharing would escalate from 50 per cent as the case load increases beyond a national average or some designated norm;

(3) the sharing of at least 50 per cent of the administrative costs of public assistance, or if this principle is unacceptable, through an extension of the welfare grants program.

There are other stumbling blocks in society, which, if removed, would assist in providing economic security for the aged. Everyone is aware that there is a basic exemption of $1,000.00 for every taxpayer, and an additional tax exemption of $500.00 for those over sixty-five years of age. This is not as high as it should be for aged residents of high cost urban areas. For example, a retired married man over sixty-five would have $2,500.00 exemption for himself and his wife. This amount of income would scarcely provide a minimum standard of living without any provision for emergencies, such as illness and small luxuries.

Medical expenses may be claimed on the income tax form only when the total of the allowable expenses exceeds three per cent of the net income. It would be helpful to the aged if the three per cent could be adjusted downward.

The property tax levied by municipal units creates financial problems for the aged who own their own homes. There are a number of such homeowners especially in the rural areas who find it difficult due to limited income to pay their property taxes. The City of Sydney has recognized this problem and within the last few years has exempted many of its aged homeowners receiving less than $2,000.00 per year from paying property taxes on the first $1,000.00 of their property assessment, a plan worthy of consideration by other municipal units.

Recommendations:

It is recommended that:

1. research and fact finding be undertaken to determine
   (a) the actual number of the aged receiving financial assistance from all levels of government;
   (b) the number of the aged receiving financial assistance from all levels of government who require additional financial assistance;
   (c) the number of the aged not receiving financial assistance from government, but who should be receiving assistance;
   (d) the amount of additional government assistance required;
2. where possible more extensive and adequate private pensions plans be provided by industry on a sharing basis with employees;

3. the federal government, in addition to providing a Canada Pension Plan, should at the same time undertake an examination in depth of Unemployment Assistance Act, and its provisions in relation to provinces such as Nova Scotia, where the financial burden is likely to become greater—not less—as a result of the proposed Canada Pension Plan;
4. serious consideration be given by all levels of government to a shared cost formula, operating in such a manner that when the burden of assistance in a province or municipal unit becomes disproportionately great as compared with other provinces or municipal units, or the national or provincial average, the sharing percentage may be adjusted upwards accordingly.
5. income tax exemptions for the aged living in towns with populations or 25,000 or over be increased;
6. all municipal units provide more generous property assessment exemptions for their aged property owners living on limited incomes;
7. municipal units be enabled through additional provincial cost sharing to be less selective in the payment of supplementary financial aid to the aged, where such supplementary payments are needed, and that additional cost sharing responsibilities be assumed by the federal government more in proportion to the needs of the provinces and the number of persons requiring such assistance.

III

EMPLOYMENT, OCCUPATION, EDUCATION AND RECREATION

Employment opportunities for our aged people are limited, unless they are self-employed. Many professional and business persons, as well as farmers and fishermen, are self-employed and are therefore often in the fortunate position of being able to retire from gainful employment at a time in life which they choose rather than at a time decided for them. But the majority of the aged are forced to retire at the pensionable age of sixty or sixty-five. Some of these people look forward to retirement but others do not "feel sixty-five", nor have their capacities for work deteriorated to any appreciable degree and they want to continue being active in a way which helps them to feel useful. The City of Halifax employs thirty-four men whose average age is sixty-five as school crossing guards. According to the City, "They have proven themselves an outstanding asset".[1] We are all familiar with the Corps of Commissionaires, a group of older men, who have proven themselves to be responsible and reliable in carrying out duties assigned to them. These men are familiar sights in the community and may be seen quite frequently carrying out their responsibilities to their employers and the public. The Canadian Corps of Commissionaires, Nova Scotia Division, has six hundred and ten men employed throughout the Province. The majority are security guards and others are toll takers, doormen, etc. There are one hundred men on the waiting list for such employment and hundreds of others could be added to the list if the maximum figure for the waiting list could be increased above one hundred. Requests to obtain the services of these men keep increasing and this speaks well for their work record, their dependability and competence.[2] These men give the impression to the observer that they are very much a part of society and that they have a sense of direction and a feeling of self-worth and dignity. These impressions are sadly in contrast with one's impression of some other aged people who may be observed in the community and who have deteriorated physically and mentally. Their predominant characteristics seem to be a sense of inactivity and a lack of any purposeful goal for which to strive.

The whole problem of unemployment has been of major concern in Canada for several years. In some areas of Canada unemployment has been more severe and Nova Scotia has been one of the areas more seriously affected. In recent years there has been a considerable growth in new industry and therefore expanded employment opportunities. Nova Scotia must continue to keep pace with the industrial growth rate in Central Canada.

It is reasonable to conclude that it is more difficult for younger workers as well as the aged to obtain employment when the level of unemployment is high. Even in those areas where there is high employment, older workers find it difficult to obtain jobs. In a case study of plant shutdown it is stated:

> When an industry undergoes consolidation and/or significant technological change, a 45 year old semi-skilled production worker searches the want ads and haunts the employment offices where he is treated as "too old to work—but too young to die". Thus, along with technological change, decentralization and mergers, another phenomenon seems to be developing: age discrimination in employment. Even in the full employment peak-production year of 1955 in the Detroit automobile industry,

[1]Submission Tendered by the City of Halifax to the Special Committee of the Province of Nova Scotia on Aging, June 12, 1964. (In the files of the Secretary of the Committee), p.5.

[2]Interview with Sergeant Major Arthur Tripp in the absence of Major Albert Leppard, Corps of Commissionaires, Halifax, August 27, 1964.

> the older workers of the shutdown, Murray Body Corp. plant, experienced greater difficulty than their younger shop mates in finding new jobs. While the average length of unemployment for the total sample studied was about three months, the average for the workers over the age of forty-five was twice that amount of time.[1]

This suggests that attitudes in society towards the aging and aged may give some indication of the reason for some of the problems which afflict many of the aged in the population. Too many of us have stereotyped attitudes such as, the aged are handicapped in their ability to be useful to others because of serious deterioration of their physical or mental health. Many believe that old people are rigid and inflexible in their thinking and find it difficult to change, preventing them from handling the demands of society in a manner acceptable to it.

The following example may help to illustrate the attitudes of some in society. A group of men were heard talking in a Halifax restaurant. They were discussing employment and one gentleman was overheard saying to the others: "I would prefer to employ a stupid young man than a man sixty-five years of age". While this gentleman may have been indicating his acceptance of young mentally retarded people, which is extremely doubtful, he certainly indicated his non-acceptance of employing aged persons. It would be unrealistic to deny that there is some basis for these attitudes. Some of the aged do experience serious deterioration in their physical and mental health. It is a fact, for example, that in 1961, those sixty-five years of age and over made up 8.6 per cent of the population in Nova Scotia but accounted for 15.24 per cent of all separations and 27.63 per cent of all patient days in the hospitals covered by the Nova Scotia Hospital Insurance Commission.[2] These statistics do not necessarily mean that all of these aged were seriously disabled for extended periods of time. But, the statistics do indicate that the hospital patient population covered by the Insurance Commission consisted of a higher percentage of aged than in the total population of Nova Scotia.

It is true, however, that deterioration is a gradual process for many aged people. They are unable to perform jobs requiring heavy labour for extended periods of time, nor can they function in a job requiring speed and dexterity. They may, however, perform well in jobs which are not too physically taxing for them. Many of the aged are alert mentally and the contributions of many aged statesmen and politicians, for example, have given them prominent places in the history of their countries.

The stereotype that the aged are rigid in their thinking and refuse to change, adapt and be modern, has validity for some of the aged. It should be noted, however, that many of the aged were always rigid and inflexible people and that they did not become this way the day they passed over the threshold commonly ascribed to old age. It is certainly more difficult for the aged to remain pliable and adjustable to the problems which they must face if society as a whole is not appreciative of their problems and persists in maintaining negative attitudes towards them.

Those aged who are able to use inner resources, who feel a part of their families and who are accepted by others are an asset to society, and even those who are rigid and inflexible and sometimes hostile against society can be helped to become assets, particularly if they are able to hold or find employment.

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[1]Harold L. Sheppard, Louis A. Terman and Seymour Faber, *Too Old To Work—Too Young To Retire—A Case Study of Permanent Plant Shutdown*, Special Committee on Unemployment Problems United States Senate (Washington: U.S. Government Printing Office, 1960) p.4.

[2]*Annual Report of the Nova Scotia Hospital Insurance Commission for the Year Ending March 31, 1962.* (Halifax Queen's Printer, 1962), p.30.

With few exceptions, there has been inadequate emphasis on the employment problems of the aging, and the Government of Nova Scotia within its limited sphere of operation should devote more attention to this situation. The federal government has sponsored the Older Worker Incentive Program which pays $75.00 a month up to twelve months for each employee forty-five years and over hired under the regulations governing the program. It is too soon to assess the effectiveness of this special incentive plan.

The situation could be eased for the aging who are employed if employers, including the three levels of government, would seriously reconsider their policies requiring retirement at a specific age, such as sixty, sixty-five or seventy. The ideal policy as far as the aged are concerned would be retirement at an age when the individual wants to retire with the provision that employers have the right to require retirement or transfer to another job when the productivity of the employee is not satisfactory. This would help humanize and individualize the approach of industry to its employees. It would also help some of our aged people to remain a part of the society in which they have lived by enabling them to retain social contacts with their friends at work, and all the other requirements which are so necessary to inter-personal relationships and therefore to being accepted by and useful to society. Satisfaction of the need to feel useful and independent increases the individual's feeling of worth, uniqueness and self-respect and these are values considered to be important to our democracy and our religion. This continuation of employment, which carries so much emotional significance for the individual, might help prevent the rapid deterioration of some people upon their retirement.

There are other factors, of course, which contribute to problems of employment for the aged. Rapid changes in industry and automation have contributed to making many of our people ill-prepared to cope with the increasing complexity of the employment world. Many were educated and trained for jobs which have become increasingly fewer or are being done by machines or are now obsolete. Others received little or no education and are the unskilled workers. The numbers of these unskilled aged persons are very large indeed. Employment for unskilled and untrained young people is becoming increasingly difficult to locate. The aging unskilled find themselves in an even more difficult position, not only because the number of jobs open to the aging and aged are few, but there is the added fact that the heavy labour which is often required for these jobs cannot be undertaken by old people.

The Department of Education offers vocational training and adult education courses for Nova Scotians. Although there is no maximum age for admission to these programs, there is no special emphasis placed on training or adult education of the aging. There are few, if any, people over the age of sixty-five enrolled in the vocational training courses, but there are some aging persons participating in the adult education program.[1] In order to be admitted to many of the vocational training courses, a minimum of grade eight education is required. This makes it very difficult for aging persons who possess lesser academic qualifications to be admitted unless academic courses are taken to bring them up to the grade eight level. The Division of Vocational Training has been actively engaged in the completion and equipping of new vocational schools and during 1962-63 the total enrollment was 9,427 students. The ever-increasing and rapid changes in technology, industry and business have emphasized the need for upgrading the qualifications of people for employment and this has been recognized by the federal and provincial governments. The

[1]Interview with the Directors of Adult Education and Vocational Education, June 2 and July 2, 1964.

Technical and Vocational Training Agreement between the federal and provincial governments is of great financial assistance to Nova Scotia in increasing facilities for the vocational training programs. If sufficent facilities and staff could be made available in the vocational training program, there is no doubt but that greater emphasis could be placed on training for our aging citizens. It would be helpful if the exact degree of need for such a service could be determined; if the types of jobs which older persons are capable of performing were known and the number of jobs available were determined. If more industries and businesses were prepared to implement in-plant training of their work force to meet changing needs, this would help reduce the number of aging persons experiencing difficulties in remaining in employment.

Realizing that the unemployment situation is serious in Nova Scotia, it is essential that new opportunities be opened for those aging who have the capacity and desire for gainful employment. It should also be recognized that regardless of how favourable the employment situation or how receptive employers and others may be to the employment, education and retraining of the aging, there will come a time when they will not want, nor will they have the capacity to be employed. For these reasons, and others as well, we should look at the occupational and recreational needs of the aged. Regardless of the reasons for their unemployment, many aged persons want to remain useful and independent as long as possible. The days and nights are long for those without anything to occupy their time. They need to be occupied to help prevent physical and mental deterioration and to make them feel that they continue to be an accepted part of society. It is well to remember that they are the same people after sixty-five as they were before sixty-five with weaknesses, strengths and the many needs which they always had, but which may have been more easily met at a younger age.

Many of our aged have little to help make their later years happy and enjoyable and many become unusually pre-occupied with death. The following statements are from the Report of the White House Conference on Aging:

> In the general pattern of social change affecting the aging, free time activity assumes an ever-increasing position of importance in individual and social well-being. Extended periods of free time in later maturity present one of the greatest challenges of our present society. Not only to live but to live fully, may be the test of our civilization.
>
> The enjoyment of the later years depends on one's preparation earlier in life so that retirement will not come as a shock but as the culmination of the life span with its own rewards—not as the termination of usefulness but as the continuation or as the beginning of a new usefulness characterized by maturity and fulfillment.[1]

The preparation for usefulness in old age can help the adjustment be an easier one. Industry can be most helpful by setting up pre-retirement programs designed to make the transition from employment to retirement a positive experience. The aged should be helped to develop an interest in community activities in which they can participate and contribute. Senior Citizens' Clubs can provide opportunities for the aged to socialize and enjoy recreational activities.

Another important need which the Senior Citizens' Club fills is associated with social role. Most of our aged carried meaningful social roles in their lives as wage earners or as homemakers. They contributed to and were respected by their families or their fellow employees. They felt themselves to be, and were an integral part of the society in which they lived. These

[1]White House Conference on Aging, *The Nation and its Older People*, a Report prepared by the U.S. Department of Health, Education and Welfare (Washington 1961), pp. 229-230.

roles changed as their children became adults and were therefore less dependent on their parents. The wage earner became a pensioner losing the social contact and the emotional security which employment afforded him. He and the homemaker find themselves in emotional need of an appropriate social role. The Senior Citizens' Clubs have provided some with this satisfaction. The club becomes what could be considered a substitute family or office in meeting some of the emotional needs which are denied them as a result of their segregation from the mainstream of society when their families leave and their jobs end.

They are able to meet others with similar interests at these clubs and the lonely aged person is given an opportunity to satisfy his need to communicate with others. Nova Scotia has four Senior Citizens' Clubs, located in some of its larger communities. Some of these clubs are very active in developing their programs and there is ever-increasing participation and activity by the members. One club in its initial stages found many of its members seemingly content to have things done for them and the members only participated passively in program planning and participation. But, gradually members became more confident and rediscovered that they were people and not just old. They became more active and participated more aggressively in their program. Activities began to extend outside the club rooms and many became more identified with the community.[1] The aged need to be helped to realize that they can help themselves and that they do not have to live with the serious deficiencies which many in society see them as possessing. It is difficult, however, for them not to be influenced to at least some degree by these negative attitudes which is the community stereotype. The aged themselves, their families, employers, government and the community generally need to develop an awareness of those responsibilities which should be undertaken to help the aged live their remaining years with the knowledge that they can be productive even if productivity is defined in the emotional sense as meaning nothing more than communicating with others in a way which gives and brings satisfaction.

Recommendations:

It is recommended that:

1. continuing efforts be made by government and voluntary agencies to find solutions to the problems of unemployment with the hope that if solutions are found some of the employment problems of the aged who are desirous and capable of being employed will also be solved;
2. employers be encouraged to consider making the time of retirement more dependent upon the needs and wishes of the employee and the capacity he has to perform at the level of competence expected by the employer instead of a fixed retirement age;
3. employers consider the possibilities of transferring the aging employee who deteriorates in his functioning to another job which is within his reduced capacities;
4. retraining of the aged co-sponsored by industry and government be emphasized as a method of retaining the aged in employment for as long as is satisfactory to employees and management;
5. emphasis be placed on preparing people for retirement; governments, voluntary agencies, industry, the community, families and those to be retired should be involved in providing this preparation;

[1]Interview with Pauline MacDonald, Director, Social Service Department, Victoria General Hospital, August 11, 1964.

6. the public be helped to know and understand the correct facts about aging and thus be given an opportunity to develop appropriate attitudes towards the aged;
7. participation of the community and its citizens be encouraged to provide occupational and recreational opportunities for the aged in order to promote greater socialization of the aged with the rest of the community. Such services as friendly visiting, Senior Citizens' Clubs, transportation, provision of opportunities to acquire hobbies, some television programming geared to the aged and library bookmobile services, are some of the services which could be provided and these would pay high dividends;
8. more extensive counselling services be developed, perhaps in conjunction with industry, family service agencies and Senior Citizens' Clubs, so that casework help may be made available to the aged who require professional assistance in adjusting to the problems of retirement;
9. research be undertaken to determine, among other things:
   (*a*) the number of aging and aged people who would be able and willing to accept employment;
   (*b*) the types of employment which would be best suited to the capabilities of the aging and the aged;
   (*c*) the number of employers who would employ these people and the jobs open to them.

IV

HOUSING

Housing, for the purposes of this chapter, means accommodation in private homes and self-contained apartments. Institutional accommodation, nursing homes and other forms of accommodation will be discussed in the next chapter.

The housing needs of the aged in many parts of Nova Scotia are reported to be urgent and requiring immediate solutions. Housing problems affect all age groups and housing shortages, high costs and other related problems are very serious in the densely populated urban areas. These areas, for example Halifax City, are most aware of their housing needs, but have been unable to meet fully the requirements for housing for the low income group. Halifax has, in recent years, provided 700 units for this group, and it hopes to add 150 housing units a year over the next few years. The City has estimated that 2,000 housing units are now, or will shortly become unsuitable for continued occupancy.[1]

There are approximately 7,000 aged people in the City of Halifax with an estimated 20 per cent of this group living in substandard housing. It is believed that at least half of these people would accept other accommodation at rates they are able to afford. This means that between 450 and 900 units for the aged could be absorbed into the housing market. Similar problems are being experienced in other centres.

One housing project for the aged has been built in Nova Scotia. It consists of twenty-four self-contained units and is located in the City of Dartmouth. Special housing accommodation for the aged who require and wish such housing is almost negligible in the Province.

The rent structure in our metropolitan areas, and again the Halifax area may be used as an illustration, is high. The Halifax metropolitan area had a population of 183,946 or one-fourth of the population of the Province at the time of the 1961[2] census. Rentals are particularly high in Halifax City, and it is difficult for a family to obtain suitable accommodation under $100.00 a month. Buying homes is also expensive in the City. One would find it difficult to buy a three bedroom home in a good residential section of the City under $18,000.00. If people with average or better than average incomes find it difficult to finance such accommodation, it is obvious that the lower income groups, including many of the agd, would find it impossible.

The size of homes in our larger urban centers has decreased over the past fifty years and this has been another factor adding to the housing problems of the aged. Many of these homes no longer have the space to provide satisfactory accommodation for aged parents and relatives. The three generation family living in one home is almost a thing of the past. The whole family structure has undergone serious changes. Fifty years ago, aged parents were real contributors to the security of their children and grandchildren, and often all lived together in the same spacious home. Today, such physical facilities are lacking and if aged relatives are living with children, accommodations are often so cramped that family tensions may run high.

Because of changes in family structure many children feel they should not be responsible for their parents, and parents also try to pass on to others many of their responsibilities for their children. The traditional functions of the family have decreased and have been assumed by others in society. The schools, for example, are expected to develop a value system in children; to

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[1]Submission tendered by the City of Halifax to Special Committee of the Province of Nova Scotia on Aging, Halifax, June 12, 1964 (in the files of the Secretary of the Committee), p.6.

[2]Dominion Bureau of Statistics, Canada Year Book, 1963-64 (Ottawa, Queen's Printer. 1964), p.162.

supervise and develop recreational programs which continue to become more complex; to help satisfy the emotional needs of children; to provide suitable teachers with whom the children can identfy; to provide vocational guidance and counselling; to refer children with social and emotional problems to the appropriate helping resource, and, of course, the schools are expected to provide sound academic teaching. The church, and some of the schools, are expected to provide religious instruction. Opportunities for church members to belong to social groups at the parish level are becoming an increasingly important function of the church. Lawyers, doctors, social workers, and the agencies staffed by these professionals, provide the legal, health, and counselling services required by society. This recital of functions which society provides for the family might be continued almost indefinitely and illustrates the broad, complex spectrum of services which are available.

Strengthening the family unit is necessary if society is to receive proper nourishment for healthy life. Those concerned with the family should be very certain that the services they are providing to it are in truth being helpful. The aged person has been one of the victims of a changing society and this is illustrated by the housing problems we are discussing here. In all housing planning, the aged person, where possible, should first be considered in the context of his family. It might be, for example, that some families would be agreeable to adding physical facilities to their homes to accommodate their elderly relatives wishing to reside with them if financial assistance were available.

The problems related to housing for the aged in the rural areas and less densely populated urban areas are different in many respects from urban housing problems. The number of people living in rural areas of Nova Scotia in 1961 was 336,495.[1] The farming areas of Nova Scotia are hard hit by the migration of many of their younger people to "greener fields" generally in village and non-farm areas. The aged remain behind where some live alone in homes which have become too big and expensive to maintain. Most of the aged in the rural areas of Nova Scotia own their own homes. Inverness County, in Cape Breton, one of the largest rural areas, has an aged population of 1,677 people or 11 per cent of the County population.[2] Housing is one of the major concerns of the County officials. The homes of the aged are in need of repair, household facilities are lacking and they are located in isolated areas distant from such facilities as medical care and churches. The occupants cannot maintain these homes properly and many would prefer other accommodation, but costs prevent them from making a change. Similar problems are prevalent throughout much of Cape Breton.

The foregoing gives some indication of the housing needs throughout many parts of Nova Scotia and the magnitude of the problems requiring our attention. The Kiwanis Club of Dartmouth and the City of Dartmouth should receive recognition for helping to bring about the first and only self-contained housing development for the aged in the Province. The Government of Nova Scotia contributed the amount of $500.00 per unit to the project.

There are few housing projects in Nova Scotia for the aged even in the planning stages, within the meaning of the definition of housing given at the beginning of this chapter. The experience of one, however, should be reviewed at this point, The formation of the Halifax Senior Citizens' Housing Corporation Limited was the result of the concern of the Halifax Junior Chamber of Commerce about housing needs for the aged. This concern spread to other service organizations in the community and resulted in the formation of the Corporation.

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[1]The Canada Year Book 1963-64, Dominion Bureau of Statistics, (Ottawa, Queen's Printer, 1964), p. 161.

[2]Submission tendered by the County of Inverness to the Special Committee of the Province of Nova Scotia on Aging, Sydney, June 29, 1964. (In the file of the Secretary of the Committee).

The Corporation raised $17,000.00 to help finance their plan to build a $500,000.00 sixty-three housing unit for the aged. The arrangements were made through Central Mortgage and Housing Corporation.

The provincial government was prepared to assist to the amount of $500.00 per unit. The City of Halifax offered tax concessions amounting to $42.00 per unit plus 5 per cent on the leased land valued at $36,000.00 and which the City also was prepared to provide. This was insufficient and because of the restrictions in the National Housing Act, the Halifax Senior Citizens' Corporation found it impossible to proceed with their housing plan until very recently. Fortunately, the story may have a happy ending. City Council gave approval on August 27, 1964, to the Halifax Senior Citizens' Housing Corporation's plan for a 63 unit housing project.[1] The Council agreed to a tax rate of $4,450.00 per year on the land valued at $36,000.00. Central Mortgage and Housing Corporation provided additional concessions to the City Corporation.

These efforts have extended over a three year period and much hard work has been done by persons and organizations interested in bringing a Senior Citizens' Housing project to the City. There have been many frustrations and disappointments. But for the persistence, personal sacrifices, initiative and aggressiveness of those concerned and finally the relaxation of financial restrictions by the City of Halifax and Central Mortgage and Housing, the Senior Citizens' Housing Corporation would not be in the happy position where recent approval of the Housing project was given. The submission of the Senior Citizens' Housing Corporations[2] aptly states:

> The responsibility rests squarely on the shoulders of a community as a whole. It is the public spirited citizen group, club, organization and others who must accept the challenge to organize and develop projects for this age group.

The provincial government has been unable to provide financial support for a province-wide program with the heavy commitment this would entail. Many of the municipal units which have the greatest needs are even more limited than the provincial government in their financial capacity to satisfy housing needs in their areas. Central Mortgage and Housing Corporation has been unable to devise regulations and procedures which are flexible enough to take all regional needs and problems into account.

All three levels of government, voluntary organizations and individuals, however, must be sure that they are providing the degree of financial assistance they are capable of giving to satisfy the just needs of the citizens and are not pleading limited financial resources when lack of appropriate concern may be the more correct answer to their inaction.

Recommendations:

It is recommended that:

1. a coordinated approach be made to the housing needs of all with the expectation that improvement in housing for the population as a whole will have positive results for the aged;
2. research be undertaken to determine the number of aged requiring housing and to obtain a more accurate knowledge of the kinds of housing they require;
3. in planning solutions for the housing problems of the aged recognition be given to individual differences in the housing needs of

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[1]The Halifax Mail Star, August 28, 1964, p.1.

[2]Submission tendered by the Halifax Senior Citizens' Housing Corporation to the Special Committee of the Province of Nova Scotia on Aging, Halifax, June 12, 1964, (in the files of the Secretary of the Committee), p.3.

the aged and that one kind of housing program will not solve all their housing problems;

4. housing developments for the aged be carefully considered as to their size, location and physical facilities, since integration with the community is desirable. Familiar surroundings, privacy, easy access to community facilities, accommodation which has good lighting, non-skid tile, automatic hot water temperature control, low cupboards, high counters, etc., are all necessary and are just as important to the aged person as a comfortable bed;
5. changes be made in the National Housing Act and procedures enabling recognition of regional needs. The following changes would be helpful:
   (*a*) reduction of the interest rate on the limited dividend loan;
   (*b*) further easing of restrictions in relation to rentals for projects;
   (*c*) special financial concessions for loans to those families wishing to enlarge their homes to permit the accommodation of aged relatives;
6. the federal sales tax be eliminated or reduced on building materials used in providing accommodation for the aged;
7. the provincial government develop a flexible policy of grants to low cost housing projects for the aged and recognition be given to area or local need;
8. major emphasis be placed on strengthening the family unit so that its members may be helpful and supportive to each other. This strengthening of family life will benefit all and may help some of the aged to find accommodation within the family should they wish to do so;
9. the Nova Scotia Housing Commission prepare standard plans for multiple housing units and adapt them to Nova Scotia standards and conditions.

V

HEALTH AND INSTITUTIONAL CARE

The examination of long term care facilities for the aged and the urgent need for an increase in and improvement of many of these services will be the major emphasis in this chapter, although other services related to health and institutional care of the aged will be given appropriate consideration. It should be mentioned that most of the content related to long-term care facilities is being taken from a survey done on long-term care facilities by Dr. Peter Gordon, B.Sc., M.D., D.P.H., Assistant Professor of Preventive Medicine, Dalhousie University.[1]

The Hospital Construction Grants and the insured services provided under the provisions of the Nova Scotia Hospital Insurance Commission have been extremely beneficial to those requiring short-term active hospital treatment for their physical illnesses. Now hospitals have been constructed, additions have been made to existing hospitals and are continuing to be made to meet the needs of our residents. The major shortage of hospital beds for short term active hospital treatment of the physically ill is being overcome rapidly.[2] In addition to the increasing coverage of those who require such treatment, the Commission, through its Division of Administration and Standards, is directing its efforts towards the establishment and maintenance of a high standard of care. Complete coverage is a realistic goal capable of being attained and extended if construction and availability of the necessary personnel can catch up and keep pace with the need. This means then that our aged population have at least some of their health needs covered.

There have been marked changes and improvements in the mental health program in the province of Nova Scotia in recent years. Emphasis is being placed on treatment of the patient as he lives in his community. This contrasts with treatment of the patient in the hospital without appropriate contact with the community.

Hospital services for the mentally ill remain necessary and these services have also been improved. The Nova Scotia Hospital is the active treatment hospital operated by the Provincial Department of Public Health for persons requiring more intensive care than can be provided through other resources. The hospital had 496 patients in residence on January 1, 1962, with a staff of 17 physicians, 93 nurses and 228 attendants. This staff complement is in excess of the requirements of the American Psyciatric Association.[3] Additional social workers, psychologists and occupational therapists are required by the Hospital.

Psychiatric services in general hospitals for those not requiring the more intensive treatment provided in the Nova Scotia Hospital have been expanding. The majority of general hospitals having more than 100 beds have psychiatrists on their staff, while some hospitals having less than 100 beds have the services of psychiatrists available on a part-time basis. The amount of service in these general hospitals varies, however, ranging from a psychiatric ward providing full time services to visits by the psychiatrist upon request.

Care of the mentally ill patient requiring long-term hospitalization is provided in the municipal mental hospitals. Much effort has been expended to improve these hospitals and prior to 1958 many were in a deplorable con-

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[1]Peter Gordon, *A Survey of Long Term Care Facilities in the Atlantic Health Region*, done in cooperation with The Welfare Council (Halifax-Dartmouth area) and The Halifax City Department of Health and Welfare, March 5 to July 16, 1963 (Halifax), The Welfare Council (Halifax-Dartmouth Area), 1964.

[2]*Annual Report of the Nova Scotia Hospital Insurance Commission for the year ended March 31, 1962.* (Halifax, Queen's Printer, 1962), p.45.

[3]Dr. Clyde Marshall, M.D., *Nova Scotia's Expanding Mental Health Programme*, A Report to the Medical Profession, reprinted from the July 1962 issue, The Nova Scotia Medical Bulletin.

dition. Until recently these hospitals were often referred to as "poor houses", with many of them housing both the indigent and the chronically mentally ill. Federal, provincial and municipal governments have cooperated to work towards improvement of conditions. The Province provides financial assistance to the institutions to enable them to improve their facilities and meet certain provincial standards. Separate institutions for the mentally ill and the indigent is one of the requirements. Five municipal mental hospitals have met the standards and have been approved by the Department of Public Health for cost sharing purposes. Three others have not met the standards and are, therefore, not approved. The majority of patients are in approved hospitals.

Another major service is provided through the eight Community Mental Health Centres in the province. The goal is to have one additional centre established to provide a total coverage for the Province. The purpose of these centres is to provide psychiatric services to those who can best benefit from psychiatric help while remaining in the community. The centres are staffed by psychiatrists, psychologists and social workers. Our Province is proud of this service available to its citizens.

The mental health services described above are not designed exclusively for the aged, but many of the aged are able to and do benefit from them. Although many improvements in staffing and quality of care remain to be made in these services, changes already made have been extensive, and, at least, there are facilities available for all our aged who require long or short-term treatment of mental illness.

Before leaving the mental health services we shall look at the Community Residence Program which has been operating for the last few years with the participation of the provincial and municipal governments. Through this program mental hospital patients who are able to return to society and persons in municipal homes are being placed in boarding homes in the community. This program is expanding and more municipal units are employing professional personnel to find suitable homes in the community for patients who may benefit from such a program. It is too early to predict the degree of success of the program, but of the number of persons placed to date only a small percentage of placements have been unsuccessful, necessitating the return of the patients to the institutions.

Foster homes for the aged is a possible service which should be explored and, if found feasible, developed further. Many of the aged living alone in the community, either in their own homes or other accommodation, may want and need the family atmosphere which a foster home could provide.

One of the vast and unresolved problems in Nova Scotia, not for the aged alone, but for many others, centers around the gross inadequacy of long-term care facilities as distinguished from active hospital treatment for the physically ill. This is a priority health need in the Province. The lack of facilities is acute in metropolitan Halifax, Yarmouth, Antigonish and Cape Breton.

The problem has become a joint concern of both health and welfare officials. To illustrate: the municipal homes are geared to provide congregate living for the ambulatory aged who are unable to provide or finance accommodation for themselves. The problem of limited facilities for those requiring long-term care due to physical disabilities is forcing certain of the municipal units which operate municipal homes to admit these patients. Many of these institutions are not designed to provide the kind of nursing care or other health services associated with illness, although some of them are trying. Unfortunately, many of the ambulatory aged for whom the municipal home program was originally intended, cannot be given accommodation. This problem is further aggravated by the housing shortage in many communities. Hence,

it is difficult for the person in receipt of municipal assistance to find accommodation of any kind. Housing problems, lack of adequate long-term care facilities, unemployment, low wages, marginal employment, etc., all affect each other, producing what appears to be a vicious ever-widening circle.

The aged are particularly affected by this lack of facilities because they, more than any other group, require them. To substantiate this, reference is made to Dr. Gordon's survey which was mentioned at the beginning of the chapter. The Atlantic Health Region surveyed comprised Halifax, Dartmouth, and the surrounding County of Halifax. There were twenty separate facilities in the region identified as providing long-term patient care. These facilities contained, on the census day, 1,462 persons of whom 53 per cent, or 776 persons, were sixty-five years of age and over. The aged constituted the extremely large percentage of 90.5 in the seven Professional Nursing Homes, the one Domiciliary Home and the five facilities categorized as Professional Domiciliary Homes.[1] The total number of beds in the long-term care facilities falls far short of the number required by recognized standards. There is a shortage of 560 chronic hospital, rehabilitation and nursing care beds. There is also a shortage of up to 452 domiciliary beds for the care of the aged. This serves as an indicator of the pressing problems facing our aged at this moment.

Some of the general hospitals in Nova Scotia have a limited number of beds to be used by those requiring long-term physical care, but these services are not covered by the Nova Scotia Hospital Insurance Commission. There is only one hospital in Nova Scotia which can be classified as a chronic disease hospital, and that is the Convalescent Hospital in Halifax.

Many non-government groups and individuals operate facilities especially for the aged, or facilities where a high percentage of their residents are aged. The kinds of service they offer vary all the way from domiciliary care, or personal care only, to a combination of services giving domiciliary care and nursing care on a high level. Some of these facilities are excellent. Some are provided under church or religious auspices. Many of the facilities providing adequate services, in order to maintain standards, must charge high rates, especially when nursing care is required. Other adequate facilities which have either hesitated to charge beyond the level of old age assistance and security payments, or have tried to keep their rates at a level which most can afford, are being forced to increase their rates to keep their facilities operative. Then, of course, there are some facilities where the standards of care are fair or poor, and many of these should not be in operation. Even the nursing homes in this category continue to have people on their waiting lists because of the pressing need for facilities.

The Province of Nova Scotia passed the Nursing Homes Act in 1958. This Act stipulates that nursing homes must be licensed in order to operate. It also provides for the guarantee of the whole or part of loans made to establish or alter nursing homes.

It is interesting to note that only seven of the many nursing homes operating in the Province are licensed. Most of the unlicensed homes do not meet the standards set by the Act, but they continue to operate with many of them being unconcerned about licensing or standards. The degree of unmet need for long-term care facilities is serious and enforcement of the Act will only add to the need.

There is no legislation covering licensing or control of facilities in which only board and custodial care are provided (domiciliary care). Comprehensive legislation, covering both the health and welfare aspects of those facilities which provide long-term care services, is needed and should be enforced

[1]See Appendix for definitions.

to protect those who are often defenceless and dependent on others for the care they receive.

Additional facilities for the aged requiring long-term care are now being planned in Nova Scotia. The Roman Catholic Archdiocese of Halifax is planning construction of a new St. Vincent's Guest House of 150 beds. It is understood the residents will receive nursing care if and when they require it. The United Church of Canada is planning a project for the aged in Windsor, Nova Scotia. This project will house over one hundred persons, and include self-contained apartment units, a residential type home with guests having private rooms, a central dining room, and eventually a wing for persons requiring nursing care. Antigonish Diocesan Charities is planning the replacement of one of its institutions in Cape Breton with a project similar to that which the United Church is advocating.

A Bill to amend the National Housing Act received royal assent on June 18, 1964. The main effect of this amendment is the elimination of the regulation providing that the number of beds in dormitory type accommodation cannot exceed 50 per cent of the total number of self-contained units in a project. The provincial government is no longer required to guarantee the operating deficit. These policies should be helpful to those planning to provide accommodation for the aged, with assistance from the Central Mortgage and Housing Corporation. Urgent need of adequate long-term care facilities is creating anxiety for the aged and their families. The few satisfactory facilities available are costly and are, therefore, not within the reach of most. Some who can afford such care find costs are a heavy drain over a long period of time.

Other health needs of the aged center around home care, physicians' services and drugs. There is no co-ordinated home care program in Nova Scotia, although both the Public Health Nurses and the Victorian Order of Nurses are active in providing nursing services to people in their homes. As nurses become more plentiful additions are made to the number of Public Health Nurses stationed throughout the Province. The Canadian Red Cross Society provides homemakers but the services in Nova Scotia have not been geared to the aged. Good home care programs could alleviate some of the pressure on hospitals and could help some of the aged to remain at home rather than move to other accommodation to receive the supervised care they are unable to get in their own homes. "Meals on Wheels", for example, is a well known service in other areas which has proven itself successful in fulfilling a need of the aged. An experimental project of a "Meal on Wheels" nature is being planned by the Soroptomist Club, a women's organization, in the City of Halifax. Although a small number of people will be involved in this project initially, it is hoped that it will demonstrate a need for such a service, and will develop into a program involving more persons who require such a service. It is anticipated that the project will begin in the autumn of 1965.

Physician's services and drugs are other major needs of many of our aged. As already mentioned in the brief, a large number of the aged are in financial need, which means that an even larger number of the aged will be unable to provide themselves with the services of a physician, drugs and prosthesis. The Provincial Government, the Canadian Cancer Society, the Canadian Red Cross Society and other organizations have been more helpful in providing some drugs and prosthetic devices to some patients. But the coverage is partial and many of the aged find themselves unable to buy prescribed drugs. Those aged 60 years and over have access to a special medical plan devised for them. The plan, known as the Seniors' Health Plan, sponsored by the doctors of Nova Scotia for people in the Atlantic Provinces over the age

of sixty years, was initiated in 1960. The plan was first of its kind in Canada. Approximately 15,000 people, including their dependents, are covered by this plan. Many of the aged are unable to belong even at the reasonable rates offered. The need remains for a health program including drugs and prosthetic devices and physicians' services for the aged who cannot afford to provide such coverage for themselves.

Recommendations:

It is recommended that:

1. planning be continued to catch up with and keep abreast of the need for beds, staff and hospitals for those requiring active treatment of short-term illnesses;
2. official standards for the classification and licensing of long-term care institutional facilities should be fully developed and applied:
   (*a*) those facilities operating as nursing homes should be required to meet the regulations of the Nursing Homes Act of Nova Scotia;
   (*b*) in order for (*a*) to be effective, new legislation will be required to regulate the operation of homes whose predominant function is the provision of domiciliary care;
3. the quality and appropriateness of care in long-term care institutions should be up-graded:
   (*a*) the regulating agencies should conduct active, on-going educational and instructional programs to raise standards of care in the institutions operating under their supervision or authority;
   (*b*) all long-term active treatment hospitals should be brought up to the standards set by the Council for Hospital Accreditation;
   (*c*) rehabilitation, psychiatric and social casework services should be more readily available to patients in our nursing homes and related facilities;
   (*d*) recreational and occupational programs should be more fully developed;
4. there be new construction to alleviate the sizeable shortage of long-term active treatment beds, rehabilitation beds and skilled nursing beds (nursing homes);
5. financial assistance be provided to facilitate the development of a sufficient number of long-term care beds of high quality:
   (*a*) federal hospital construction grants to Nova Scotia should be continued and increased;
   (*b*) increased financial incentives are necessary to alleviate the shortage of beds in nursing homes and related facilities,
      (1) construction grant to non-profit institutions;
      (2) per diem grants;
      (3) inclusion of selected nursing homes under the Hospital Insurance Diagnostic Services Act;
6. additional facilities, services and programs be provided for the comprehensive care of the institutionalized long term patient:
   (*a*) the development of planned cooperative arrangements or affiliation among hospitals, nursing homes and related facilities should be actively promoted;
   (*b*) team assessment of all patients prior to admission or transfer would ensure appropriate location. The team should include a rehabilitation oriented physician, nurse and social worker;

(*c*) construction of new facilities should be planned and administered so as to achieve a "balanced hospital community". New institutions should include a chronic disease unit, a rehabilitation unit, a skilled nursing unit, a chronic mental unit and perhaps a domiciliary care unit together with ancillary services. These should be located close to an active treatment hospital and medical services. All could be housed under one roof or contiguous to each other;

7. for many impaired and disabled persons, home provides the most advisable and appropriate environment. To help maintain persons in this environment, additional community resources are required:
   (*a*) disease detection and health maintenance programs should be developed; e.g., screening programs, adult health appraisal, maintenance programs and geriatric day centers;
   (*b*) new programs designed to provide services in the home should be developed; e.g., meals on wheels, friendly visitors, counselling services, and information and referral services;
8. a home care program is necessary to the development of long-term care facilities;
9. programs, institutions and personnel be aggressively rehabilitation oriented;
10. community wide planning be instituted to develop essential physical facilities and to ensure orderly and systematic co-operation among various agencies:
    (*a*) regional planning committees;
    (*b*) inclusion of the entire complex of facilities and services for the aged;
11. physicians' services insurance be available to all aged persons of Nova Scotia on a prepaid basis;
12. governmental assistance be provided for those aged needing but unable to purchase drugs.

VI

SUMMARY, CONCLUSIONS AND GENERAL RECOMMENDATIONS

We have taken a brief look at some of the major problems and services relating to the aged in Nova Scotia. Old Age Security and Old Age Assistance are the only financial assistance programs available to the aged, and the maximum amounts of $75.00 a month allowed under these programs are more often than not the only sources of income available to them. Many municipal units, often because of limited resources, will not supplement these financial payment programs. It is obvious, then, that some of our aged have insufficient income to provide a subsistence standard of living. Voluntary agencies such as family service organizations exist in Nova Scotia but these are limited in number especially on the mainland of Nova Scotia. Some of these agencies are able to provide some financial assistance to their aged clients in addition to their main function of counselling, but their budgets are extremely limited. Private pension schemes are limited in their coverage and provide a solution only in a very small number of cases. Spending patterns during the worker's years of employment and marginal earnings prevent systematic savings and planning for the years of retirement.

The employment situation in Nova Scotia, although improving, still leaves something to be desired, and many of our aging and aged citizens are seriously affected thereby. Limited assistance is given by both the government and business to prepare the aging for retraining or for retirement. The customary mandatory age of retirement, although quite suitable and acceptable to some, is not so for others who may be mentally and physically capable of continuing useful work performance. Such persons find retirement one of the most difficult periods of adjustment in their lives. The years of retirement could be productive if people were appropriately prepared and could learn to channel their interests and talents in a direction which would help them to continue being useful and independent. The community could benefit from the knowledge and the experience which the aged have accumulated over their years. A sufficient number of the aged are not being utilized in this way, and the community is thereby losing a most valuable resource.

The aged need an opportunity to socialize since many of their friends have died and their families have dispersed. Friendly visiting and Senior Citizens' Clubs are some of the methods which could be used to bring the aged into the life of the community, giving them an opportunity to have contacts not only with their own, but also other age groups. Some of the churches do encourage visiting of their aged, and a few communities have Senior Citizens' Clubs. There is a very great need however, for the further development of these services in Nova Scotia.

Housing shortages and needs affect all age groups in the Province. Many homes are in a state of disrepair, or substandard to a minor or major degree. Other homes are too small to house the immediate family, let alone aged parents or other relatives. Changes in the structure of the family have also contributed to what seems to be a decreasing sense of the traditional responsibility of children to care for their parents. This situation appears to be more serious in the urban areas than in the rural areas. Continuing emphasis needs to be placed on the importance of the family to help it regain and retain its responsibility for its members. Family counselling could be intensified and broadened to assist families to provide the kind of atmosphere which would be conducive to the development of sound values within its members. In order to assist families to provide for their aged members, financial incentives could be given

by government to encourage the addition of physical facilities to homes to enable the aged and their families to live together. This method, from the point of view of government, is the least costly method of dealing with the responsibility. All types of low-rental housing should be developed for the aged. Self-contained apartments, which are an integral part of community housing, would permit the aged to retain their privacy and at the same time enjoy the benefits of communicating with all age groups and of participating in community activities. A general co-ordinated approach to the problem of housing for all groups is also necessary if permanent, practical and worthwhile solutions are to be found.

Additional long-term care facilities for the aged are urgently required. The facilities for those aged who require active short-term treatment are good and are continuing to improve. Both the short-term and long-term care facilities for the mentally ill are becoming more adequate, although further improvement is required—especially in some of the municipal mental hospitals. Increased facilities such as nursing homes and homes providing domiciliary or personal care services are urgently required. Many homes originally named nursing homes were intended to provide domiciliary care only, but as the demand for long-term care facilities for the physically ill increased, they have more and more moved realistically into the nursing home care field, with very limited resources or no resources at all to do the job. The service given to the aged in most of these homes is subject to little or no government licensing or inspection, although there is a Nursing Homes Act which sets standards of care in those homes designated as nursing homes. Unfortunately, those facilities not designated as nursing homes, and there are many, do not operate under any legislation. The public therefore has no real assurance that the standard of care given to the aged and others is of good quality unless they are in a licensed nursing home. There is a very great need, therefore, for a solution to the problem of long-term institutional care of the aged and obviously their needs will not be met except through a combination of facilities.

There has been a tendency in the past for services to the aged to "happen" rather than come about as a result of careful planning. There is a need for all levels of government, voluntary organizations and service clubs to be more concerned about the problems of the aged. More knowledge and planning is needed about the nature of the problem and more counselling services are required.

The following general recommendations are considered important in structuring a planned approach aimed at the ultimate solution of the problem of the aged.

It is recommended that:

1. a Division of Aging be created within the federal and provincial Departments of Welfare:
   (*a*) a systematic approach be initiated to study the needs of the aged;
   (*b*) the new Division devote a fair proportion of time to research in order to discover the needs of the aged, the degree of needs and the methods which will meet those needs successfully;
   (*c*) the Division provide consultative services to groups and organizations requesting assistance in planning for and with the aged;
   (*d*) close liaison be maintained with the Departments of Health, Education and Labour to promote co-ordination of governmental services to the aged;

2. a continuing educational program be undertaken to acquaint the public generally regarding the problems facing the aged and the services now available to meet their needs, with the object in view of creating public acceptance and understanding of the problems and needs of the aged;
3. voluntary organizations and groups become more concerned about the aged and work more actively with local welfare councils in a systematic approach towards the solution of the problems of the aged;
4. there be organized social agencies for the aged to provide counselling and referral services for them.

This concludes the submission to the Special Committee of the Senate on Aging by the Government of Nova Scotia. We hope the brief has provided some indication of the major services available to, and the major problems of our aged. We hope also that the recommendations will provide the Senate with some of the approaches which we think could be utilized to alleviate the problems which adversely affect many of our aged people.

May we state once again our appreciation to the Senate for the important study it has initiated, and for extending an invitation to Nova Scotia to participate with the Senate in searching for the answers to the questions which concern our aged citizens.

APPENDIX I

DEFINITIONS

Aged

The aged shall be considered as those persons sixty-five years of age and over.

Aging

The aging shall be considered as those persons between the ages of forty-five and sixty-five.

Community Residence Program

A community residence program is the placement in foster homes or private nursing homes of patients being maintained as municipal charges in municipal homes, municipal mental hospitals and the Nova Scotia Hospital.

Domiciliary Home

A home which provides personal services only and therefore its primary purpose is to furnish food, shelter and other non-medical services.

Professional Domiciliary Home

A home which is responsible for providing personal care, but in addition provides care for its residents when they become ill enough to require nursing care.

Professional Nursing Home

A home which provides skilled nursing care as its primary and predominant function.

APPENDIX "S-1"

A BRIEF TO THE SENATE OF CANADA SPECIAL COMMITTEE ON AGING SUBMITTED BY VICTORIAN ORDER OF NURSES FOR CANADA

5 Blackburn Ave., Ottawa

October 1964

VICTORIAN ORDER OF NURSES FOR CANADA
A BRIEF TO THE SENATE OF CANADA SPECIAL COMMITTEE ON AGING

To the Special Senate Committee on Aging

Mr. Chairman and Honourable Senators:

We have the honour to present a brief from the Victorian Order of Nurses for Canada.

In 1961, the Order submitted a brief to the Aged and Long Term Illness Survey Committee of the Government of Saskatchewan. In 1961 and 1962 briefs were presented to the Royal Commission on Health Services in the nine provinces in which branches have been established and, at the national level, from the Victorian Order of Nurses for Canada.

In its brief to the Royal Commission on Health Services from the national organization, the Victorian Order included a comprehensive description of the organization, its present services, areas for development of service and recommendations. Material of interest to the Special Senate Committee on Aging may be found in Sections III to VI, namely, Trends in Service, Methods of Improving and Extending Service; Services to be Explored; Financing.

As was suggested in the guide for the preparation of briefs to the Special Committee on Aging, this material is not being included in this brief, but we propose to emphasize some of the services which might be further developed for the care of the older patient at home.

This brief is respectfully submitted by the Victorian Order of Nurses for Canada and is presented by

Mr. F. W. Troop
Honourary Treasurer and Chairman of Administrative Committee

Miss Jean Leask
Director in Chief

Miss Christine MacArthur
Assistant Director in Chief

5 Blackburn Avenue
Ottawa 2, Ontario
October 1964

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21202—5½

I. CONCLUSIONS AND RECOMMENDATIONS

For 65 years Victorian Order nurses have been helping sick and disabled people maintain and regain their health and usefulness. In recent years the number of older people being referred for care has increased tremendously. Last year almost half of the patients discharged from care were over 65 years of age and they received over 70% of the total visits. We, therefore, believe the Victorian Order is in a position to report on the requirements of older people.

Health is a basic requirement and the provision of health, welfare and related services to maintain and preserve health, should be developed and made available according to the needs of the person rather than his ability to pay. Because many older people prefer to remain in their own homes it is essential that they have visiting nursing service for regular nursing supervision and for care in times of illness. In the familiar surroundings of their homes these patients are in an environment which provides for warm human relationships and consequently have a greater desire for recovery and for a more complete return to independence.

An important function of a voluntary agency is to experiment and develop new programs in response to a clearly defined need. In some instances certain programs, when proven, are taken over by government. In others, there is a continuing need for services which are best provided by a voluntary agency. The visiting nursing program as developed by the Victorian Order has been visiting nursing program as developed by the Victorian Order has been re-recognized by government at all levels as a sound efficient service which should be maintained.

It is becoming increasingly difficult to obtain voluntary funds to even maintain present services and it is not possible to extend or expand programs in relation to unmet needs without additional means of support.

The Victorian Order is grateful for the financial assistance it has received from governmental sources, some of which has been in the form of grants and some in payment for direct service to certain categories of patients. With continued co-operation between government and voluntary agencies, health and welfare services for the aged could be further developed and enriched.

Since it is the firm opinion of the Victorian Order that visiting nursing service should be extended and improved, the following recommendations are made for the consideration of the Committee:

THAT consideration be given to ways and means of initiating visiting nursing service in areas where it is not available.

THAT a range of services related to the basic medical and nursing care of elderly patients be extended and developed. This could be accomplished through the development of home care programs and by the demonstration of new services which would provide more comprehensive care.

THAT consideration be given to prepayment for visiting nursing service based on the same principle as the present hospital insurance programs inasmuch as many people in the older age group are on limited pensions and the cost of both prevention and treatment of illness is a financial burden.

THAT the establishment of various types of housing accommodation, including foster home care, be considered to enable older persons to be part of the community and so increase their feeling of warmth and happiness.

As a voluntary agency, the Victorian Order has repeatedly demonstrated its flexibility by providing a variety of services in communities across Canada. In

co-operation with other health and welfare organizations, the Victorian Order is willing to participate in the planning or implementation of programs which would bring about better service for the aged. The basic requirements for such participation would be the need for service and financial support.

II. INTRODUCTION

1. The Victorian Order of Nurses for Canada is a national, voluntary, public health nursing organization. Organized at national, provincial and local levels it provides service in 113 branches in nine provinces, and functions primarily in the field of visiting nursing. The following are essential characteristics of Victorian Order service:

—it is available to anyone in a community where a branch is organized;
—the need of the patient for care is the basis of determining the amount of service given;
—patients receiving care are under the medical supervision of a qualified physician;
—care is provided, administered and supervised by qualified nursing personnel.

2. Other services are undertaken to fill a need for service which is not being offered by another agency; to contribute to a more comprehensive service in a community through sharing a program with another agency; or to initiate or demonstrate a service which should be developed.

3. The service given by a Victorian Order nurse is centred, not only on the individual who receives the care, but on that individual as a member of a family in a community—"an individual whose illness and health, mental, physical and emotional, will be influenced by, and will influence the health and illness of other members of that family and that community".[1] In every visit the teaching function of the nurse is considered equally as important as the bedside care. In providing this skilled nursing care on a part-time or visit basis, each nurse can care for a number of patients in any one day.

4. Further detail regarding the structure, objectives and policies of the Victorian Order of Nurses is given in the Appendix.

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[1]Elizabeth B. Hager, "Family Focused Care", *Fifty Seventh Annual Report of the National League for Nursing Education* (New York: National Headquarters, 1951), p.304.

III. SERVICE FOR THE AGED

5. For the past 65 years Victorian Order nurses have been helping sick and disabled people maintain and regain their health and usefulness. In the past 15 years the number of elderly people who have been assisted to carry on their daily lives within the familiar surroundings of their own homes, has shown a marked increase. Because there is evidence that patients in the older age group, not only prefer to remain in the community, but often make better progress at home, the further development of visiting nursing service would seem to be indicated.

6. In 1963, in 113 branches, Victorian Order nurses gave care to a total of 125,890 patients requiring 1,126,860 visits in their own homes. The majority of these visits were made during the regular working hours but since essential care is given on a 24 hour basis many were made at night, on Sunday or statutory holidays.

7. More detailed information in relation to age groups and duration of illness is available from records of medical and surgical patients dismissed from care. In 1963, 46,007 patients discharged from Victorian Order service had received 848,022 visits. Since the frequency of visits and the length of service is based on the need of the patient, care may be given for one day, a few weeks or several years. While the majority of these patients required service for less than a month, 17% had received care for more than three months and some had been patients for several years. The records also show that, of patients discharged in 1963, 49% were 65 years of age and over and received 71% of the visits.

8. Thus it is seen that patients in the older age group are claiming an ever-increasing share of the nursing time of the Victorian Order. However, it cannot be concluded that all older people who would benefit from this service are being referred for care or are able to use it to its fullest extent. In providing visiting nursing service, conditions arising in related areas such as economic, housing, recreation, reflect on the efficacy of care. It is our understanding that these areas are being investigated by the Committee and presentations are being made by those agencies primarily concerned. We shall merely refer to them as they affect the nursing care of patients at home.

9. Because of the marked increase in the number of elderly people who are requiring care, the Victorian Order is vitally interested in any developments which will make visiting nursing service more available to these groups and also improve the quality of the care which is given.

10. In the brief submitted to the Royal Commission on Health Services, all services being provided by the Victorian Order were outlined in detail as well as future needs and possibilities for expansion. It is not our intention in this brief to repeat these—rather we shall emphasize the advantage of organized home care programs—since we believe the development of these would be of great assistance to the elderly.

IV. ORGANIZED HOME CARE

11. For many elderly patients who are ill at home, visiting nursing service under the direction of the family physician provides all the care that is necessary. Others require a range of services, medical, nursing, social work, housekeping, nutrition, physiotherapy, etc. for adequate care and rehabilitation. It is this provision of a range of services for the patient at home which characterizes home care. The co-ordination of these services so that the patient receives each of them in the amount he needs, is the key to the difference of the organized Home Care Plan from what we presently have in many communities.

12. The value of providing this range of services to selected patients in the home is being demonstrated in organized home care programs in Saskatoon, Moose Jaw, Winnipeg, Toronto, Montreal, Hull and Ottawa. The Victorian Order is actively participating in most of these and in the last two to be initiated, Hull and Ottawa, the local Victorian Order branch is administering the program. Just recently the Toronto Pilot Project has ben extended for another three years and will cover the entire metropolitan area. Although services through this Project will be available to all age groups, a great many in the older age group will benefit greatly by this expansion of services.

13. At the persent time visiting nursing care is being used to a limited extent because of the cost to the patient. Prepayment for hospital care is affecting the requests for care in the home, even when it is desirable. Many patients in the older age group are on limited pensions and since their illnesses tend to be of long duration, the cost of such items as drugs, dressings, housekeeping, appliances, in addition to nursing care, is a financial burden. Patients who cannot afford these items may seek institutional care where they are provided. If home care were provided in lieu of hospital care for those patients who could be cared for at home, there would be more efficient use of available facilities. In the case of the chronically ill, many of whom are in the older age group, it is accepted that acute hospital beds are not required for long term care and that many of these patients could be cared for as well, if not better, in their own homes.

14. Through the extension of home care programs, all the services required by patients woud be co-ordinated. There would be no duplication of effort and, of equal importance, there would be fewer gaps in essential attention for these older people. There is a concerted effort to supply all the necessary services through an organized home care program. When fragmented care is given by a number of agencies, there is much more likelihood of some areas being neglected.

V. RELATED SERVICES

15. Although the primary function of the Victorian Order is to provide skilled nursing care with integrated health teaching, it is recognized that, as a voluntary agency it has a responsibility to demonstrate the value of other related programs or services in the health field, when they are not being offered by another agency. Demonstrations of this nature are instituted in relation to the total program but they are also related to the care of the aged. The employment of physiotherapists, nursing assistants and male nurses in several of our large branches has enhanced the care of these patients. More recently two branches have undertaken projects to provide housekeeping services and interest in establishing similar programs has been expressed in several other communities.

16. Part-time housekeeping service is at present a great unmet need in almost every community in Canada. Many elderly people could be maintained in their own homes if such a service were more readily available. Many of these people require some assistance with shopping, cleaning, laundry, or preparation of a nutritious meal. Such a service could often assist in preventing illness. There are tremendous possibilities in utilizing previously untapped resources in the provision of these part-time services. In Sweden and in the United States many older people are being used for this type of part-time work according to their physical ability. This not only gives them a feeling of usefulness and a degree of independence but it answers a definite need in the labour force. In one of the home care programs older men are used as sitters for elderly patients thus giving the family members an opportunity to carry on a normal social life and a period of relief from the care of these patients.

17. With an aging population and with many of our older citizens living alone, often in rooms with inadequate cooking facilities, nutrition is becoming an increasing problem in this group. Poor food habits often predispose to ill health. If a 'meals on wheels' service were available, these people would be assured of at least one or two nutritious meals a day. Although this service has been carried on successfully in other countries, to date it has not been developed in Canada, although in a few areas some preliminary studies have been made. Again, in one home care program arrangements have been made with a restaurant to deliver one hot meal to two patients for a period of time. Thus, it has been demonstrated that with imagination and initiative, ways and means can be found to provide services which will ensure better care for the elderly. However, such means are only a stop gap and it is hoped that meal service will soon be developed more generally.

18. Often apathetic attitudes attributed to senility are due to a lack of stimulation with a resulting feeling of uselessness. This is particularly evident when long term patients or the elderly are completely home bound. In their home visits Victorian Order nurses are conscious of the need for interesting and stimulating activities for the complete rehabilitation of the patient and are alert to suggest possibilities for diversions. Frequently someone in the community with a special skill or hobby has given much needed therapy to the home bound elderly patient. Service clubs are often helpful in providing materials to patients who cannot afford to buy them. Until trained therapists are more available the above measures would fill a definite need but could be more effective if co-ordinated with other services in a home care program.

19. Up to the present time little thought has been given to the provision of a regular public health nursing counselling service to the older age group. Although an over-all program on an individual basis would be difficult to achieve with the present availability of personnel and funds, such a service

could be developed for groups in housing units and clubs. This was successfully carried out in one branch and is just being developed in another. Through such a service some illnesses are prevented and others do not progress to the stage where prolonged treatment is necessary.

20. With the present trend of apartment living there is not adequate space for children to take care of elderly parents nor is this always the best solution. The new housing developments in suburbs, for senior citizens, create feelings of segregation, loneliness and isolation from old friends. Many elderly patients, particularly men, move to low rent, sub-standard accommodation in a downtown area in order to be closer to familiar friends and haunts. Living in one room with inadequate facilities creates other difficulties.

21. Low rent multi-unit dwellings have to some extent, met a need for elderly couples. The hostel or domiciliary residence may be the answer for a single person but all these should be incorporated into the total community. Foster home care is a relatively new idea and could be developed particularly in relation to convalescent care. In one province some progress has been made in the use of foster homes for convalescent patients and for the aged. Visiting nursing service is available to people in these various types of accommodation.

VI. APPENDIX

Information regarding the structure, objectives and policies of the Victorian Order of Nurses for Canada

With the founding of the Victorian Order of Nurses in 1897, visiting nursing was introduced into Canada. For over 65 years the organization has given leadership in the growth and development of this service. Through its flexible policies and program in its early association with the modern public health movement, the Order has contributed to the development of other public health nursing services in many communities. The original charter of the Order was replaced by an Act of Parliament of Canada which became effective in 1954 and under which the Victorian Order of Nurses for Canada is incorporated. The present stated objectives are:

1. To establish, maintain and carry on a visiting nursing service in Canada and to aid in the prevention of disease and the promotion of health;
2. To establish, maintain and elevate standards of nursing service;
3. To assist in the preparation of nurses for public health nursing;
4. To promote the formation of provincial and local corporations or organizations having the same objectives;
5. To create branches of the Order.

Throughout the years the objectives have indicated the Order's concern, not only with the care of the sick, but also with the prevention of illness and the promotion of health. They have reflected the organization's responsibility for developing and extending service, for maintaining the quality of nursing care given, and for assisting in the training of personnel.

From its beginning, the Victorian Order has sought to plan and adapt its program to the needs of a community. This has resulted in a variety of services being offered, not only from branch to branch but from province to province. The program in any area is planned in consultation with local and provincial health authorities and is carried on in co-operation with hospitals and other health and social agencies, both official and voluntary.

Policies and standards are set at the national level and are accepted by all branches. The conduct of the affairs of the Order is the responsibility of a national board of governors and of boards of management and committees at the national, provincial and local level. This voluntary citizenship participation is a fundamental principle of the organization. The administration, supervision and development of the nursing service is the responsibility of the nursing staff of the Order. The structure of the organization provides for liaison between the national, provincial and local levels.

To maintain and improve the quality of nursing care provided, standards regarding the qualifications and employment of staff have been established. For staff positions, preparation in public health nursing is desired and, in employment, preference is given to nurses with this qualification. For administrative and supervisory positions, preparation in administration and supervision is desired and, for senior positions, is required. All nurses are registered in the province in which they are employed. Other personnel are now employed in some branches. These include male registered nurses, physiotherapists, nursing assistants and homemakers.

To assist nurses to obtain public health nursing qualifications, bursaries are offered each year by the national organization. Inservice education programs, library facilities and attendance at refresher courses assist staff in maintaining

the quality of service. Student field experience or observation is provided for nursing and medical students.

A guide for personnel policies has been drawn up by the national organization to provide a basis on which personnel policies in the branches may be established. A pension plan for all employees, nursing or clerical, is administered by the national office.

The boards of management at the national, provincial and local level are responsible for securing the necessary funds to carry on Victorian Order programs. Each branch is responsible for financing the service in its area. The average cost for Victorian Order service in each branch is computed annually on a visit basis. The same costing system is used by all branches. Because of the type of area served, the size, location and the type and amount of service given, costs vary from branch to branch.

Statistical information from the service records of the Victorian Order is available from two sources. One method produces information relating to the current volume of service given. The other method secures information from the case records of patients after care is terminated and provides data related to such information as age groups, diagnoses and duration of nursing service. Statistics from these sources are published annually.

An audited financial statement is prepared and published annually for the national office of the Victorian Order and for each of its branches. These statements show receipts and disbursements.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 18

THURSDAY, OCTOBER 22, 1964.

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

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.

APPENDICES

T-1—Brief from the Canadian Association for Adult Education

U-1—Brief from the Dominion Bureau of Statistics

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21204—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20).

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21204—1½

MINUTES OF PROCEEDINGS

THURSDAY, October 22, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators Croll (*Chairman*), Gershaw, Grosart, Hollett, Inman, Lefrançois, Quart, Smith (*Queens-Shelburne*) and Smith (*Kamloops*).—9.

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Gershaw, it was Resolved to print the briefs submitted by the Canadian Association for Adult Education and the Dominion Bureau of Statistics as appendices T-1 and U-1 to these proceedings.

The following witnesses were heard:

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.

At 12.15 p.m. the Committee adjourned until Wednesday, October 28th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, October 22, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Honourable senators, I see we have a quorum. We have two briefs this morning, one from the Canadian Association for Adult Education and one prepared by Miss J. R. Podoluk, from the Dominion Bureau of Statistics. May I have a motion to have them printed as part of the record?

Senator GERSHAW: I so move.

Senator QUART: I second the motion.

The CHAIRMAN: The motion is supported, and carried.

(*See appendices T-1 and U-1*).

To deal with the first brief, we have Dr. Alan M. Thomas, Director, Canadian Association for Adult Education. Dr. Thomas joined the staff of the association in the autumn of 1961 as its Associate Director. In June, 1962, he was appointed Director. He came to the CAAE following a period of six years as an Assistant Professor at the University of British Columbia with duties in the Department of Extension and in the Faculty of Education. He is a graduate of the University of Toronto and has a doctorate from Columbia University in the field of social psychology and communications. He lectures in adult education at the Ontario College of Education, Toronto.

We also have, on his right, Mr. Alan M. Clarke, Director of the Canadian Citizenship Council. Mr. Clarke became Director of the Council in 1960 following a decade in various capacities with the Y.M.C.A. in Ottawa and Toronto.

He has been associated with the CAAE for a decade, serving as a member of the national Council and presently as a member of the Standing Commission on Voluntary Organizations, the Commission on Human Relations Training and the Administrative Committee of the Joint Planning Commission.

We will hear from Dr. Thomas first.

Dr. Alan M. Thomas, Director, Canadian Association for Adult Education: Mr. Chairman and honourable senators, the association is grateful for the chance to appear before you. It occurred to me that you might be interested to hear, and that it would be only fair to describe, the way in which this brief was constructed. The brief as it stands was written largely by two people. It has not been submitted for consideration and feedback in its present form to all our members, although the members of the executive committee have been sent the brief.

I think what is interesting is that, when we undertook this task, we asked two of perhaps our oldest associates in both numbers of years and terms of

service, if they would form a committee to prepare this brief. During the course of the preparation, one of them was taken very seriously ill and has remained really on the sick list or in semi retirement since that time. The other one received a consulting assignment in the Caribbean and understandably accepted that challenge.

I think our experience—I am reciting the experience partly to elaborate on some of the things in the brief—is that if we are to mobilize and use more effectively the resources that citizens over 65 represent, we are going to have to be more flexible in our administrative methods and be prepared to allow the range of freedom and variation that our slight experience represents.

At the same time, CAAE did conduct a superficial, but perhaps not ineffective survey, of its associated institutions of education to discover what kinds of programs they were presently offering or had offered, and you will find this largely described in section 2 of the brief.

Our observations on what we found are really what the main body of the brief consists in, and are also contained in sections 2 and 3. Basically, we assumed that you would want us to deal with the problems of learning; and, as we have said throughout the brief, we do not for a minute think that problems of housing, of income, of a fundamental personal nature, are less important, nor is it true that we care about them less; but we felt, having read the *Hansard* reports fairly carefully, that you had a great deal of able evidence on the subject, and other than bringing them in where we thought them relevant, we simply share the concern of most of the witnesses that have appeared before you.

However, in considering them from the point of view of learning, it did require us to indulge, with your permission, in the lengthy introduction which the brief contains, because we did not feel that we had very much of a useful nature to say unless we could explain what our view was about the nature of the contemporary society, in which people are both young and old, the kinds of functional roles and the way in which people are differentiated.

If there is any basic premise in the brief, it is that from the point of view of learning, chronological age is the least effective and least useful basis of assessing human beings that one can possibly imagine—unless on the basis of the size of their heads or the length of their arms. We do not think age tells you very much about what a person is capable of learning or the kind of contribution that he or she can make to the contemporary society.

With this in mind, we quoted, as you know, the comment of Mr. Morse, of the International Labour Organization, suggesting that we share in full his view that to create a whole range of institutions based on differentiation by age should be carefully examined before we proceed in this direction, because it may in fact simply institutionalize the problem rather than solve it.

For these reasons we introduce the notion of becoming, and for this reason we indulge in comparisons with youth, because we think there are comparable questions that are being raised by investigating another age group at a different position in society.

It might be interesting to you to know that we are planning, with an associated group, the joint planning commission, a joint appraisal of the problems of youth and of the aged in Canada in a month from now. In our very limited discussions it is becoming apparent that both groups of investigators are beginning to come to some very similar conclusions, that they too are finding so much differentiation within the group they are studying that they are not sure that it is a useful basis for study, or for developing institutions or a specific program.

Bearing this in mind, we then raised the issue of the isolation which is commonly shared by both groups, and pointed out that there is little if any kind of education explicitly designed—and I am now concentrating on age—for those over 65 in society, because of the contemporary view of society that it is only youth and the middle youth, if you like, who are productive, and if there is no goal of production involved, then little more can be taught.

It is not true, obviously, in some of the highly worthwhile and imaginative undertakings, but in general one of the great difficulties in approaching the problem of education with respect to those people over 65 is the problem of purpose; and that is to what point, given a specific social context, do they learn something, and what is it they should learn that is of any great consequence, either to them or to us.

It seems to me that there is in all of us almost certainly a misgiving about educational programs for those over 65, because we are not quite sure that a curriculum would be relevant to individuals who will never again presumably be engaged in the productive institutions, the work institutions, of society. It was for this reason that we engaged in the kind of analysis that the brief does, and indicated that there were largely two kinds of responses to educational, and, if you like, problems of purpose with respect to the aged. One was to try to find a way of re-engaging them in the work area of the society. The examples of this are the stretching out of the retirement age, now happily becoming much more flexible than before. For example, there are a number of industries giving choice of retirement age, and other institutions that are not as rigid as they used to be.

The other is an interesting scheme—and only an example of a variety of things—in the United States of using older retired men as counsellors to younger men in the business community. We have made an explicit recommendation that this would be a useful thing to try, but requires some planning and some intelligent preparation. It won't just happen by chance.

It is also true that voluntary agencies can make considerably more use of some of the older members of our society if they are prepared to be flexible, if they won't merely see them as people who are good for only certain kinds of less responsible tasks. They should make it a point to integrate them into the decision structure of the agency.

The other point of view is based on some of the advice that our economists are giving us with respect to the fact that there will be less work in the conventional sense than there has been in the past, and that this will be true not only of the aged and the youth, who have struck it first, but also with respect to the rest of society. We are suggesting that the solution does not lie in extending conventional work opportunities to the elderly, but rather in understanding the position in which they find themselves at the moment, which is a kind of enforced leisure, and learning from them, by means of careful planning, and the chance to work with them on a mutual basis, what it is like to live this way.

We are suggesting in the brief that the experience of the people retired at over 65 is the experience that many more people in the society will have in the future, and that this group is learning some very powerful lessons which will be of value to the entire society, and that any educational steps we take should be designed towards helping them learn what is involved in this condition of living, and helping them to teach it to us.

It is for this reason we have suggested, based in part on a number of these representations to you, that many of the people now over 65 received very little education at the beginning of their lives in Canada, although presumably this condition will not last beyond the next generation and a half. Because they had little formal education to begin with, we suggest that a formal approach to them is not very satisfactory at the moment, and that

an approach through the stimulation of voluntary organizations would be a most effective educational response to this particular situation at the present moment.

We think that any enhancement of those forces which are encouraging our educational system to become responsible for the education of the public of whatever age is good, that any encouragement to public school boards and universities should be given not merely to make themselves available, but to encourage the participation of members of groups outside the normal age group of universities or secondary schools, that any extension of these facilities will in fact contribute enormously to the condition of continuous learning and will encourage those people who are outside the conventional work force to take part in further education. We think the proportion of those will increase among the population over 60 or 65 years of age in the future, and that we should already be experimenting with administrative means of reaching groups which are not now normally within the ken of our conventional education system. We do think, because the present group has less formal experience of formal education, that they are more likely to respond to forms of educational action which might come to them through an increase in the participation in community development which is now exercising the attention of a great many levels of government and the public in Canada at the moment, and which might result from deliberate planning of voluntary agencies such as the Y.M.C.A. and my own organization, the CAAE, and would lead to the encouragement of a good many voluntary activities, some of which are already in existence.

I think other than the explicit recommendations which you find in section 3 of the brief, which are devoted not only to the group over 65 but to the youth group—

Senator HOLLETT: What page is that, please?

Dr. THOMAS: Page 28, excuse me—but are also devoted to the comprehension of that great grey in-between group that fall into neither of these groups and who, presumably, are attempting to be responsible for these problems but who are also, perhaps, instrumental in causing them. We have addressed recommendations to all these three groups and have tried to make as many practical suggestions with regard to the group over 65 as we can.

We know very little about the kind of curriculum and the kind of educational agency which is appropriate. We heartily suggest and hope that you might make some very pointed recommendations in the direction of finding adequate institutions and adequate curriculums. Of course, the preoccupation of this society is towards productivity and development. Therefore, a great deal of its preoccupation lies with those who are productive and those who could and should be so.

We think the issue posed squarely by those people over 65 is that they represent the final challenge to an educational system which at its heart proposes to provide for the individual development of human beings in the society without necessary reference to what they can produce to the benefit of us all. It seems to me this is the kind of challenge which the concern of this committee presents to the educators of Canada, and one that needs considerable attention and resources at the present moment.

If I might conclude, Mr. Chairman, by simply reading the final paragraph of the report, I think it is as good a conclusion as I can come to.

It is to the restoration to our society of a manageable, reasonably uninterrupted process of "becoming" that we believe is the central problem, and to that we would apply our own concept of the learning society. It is a society in which each individual is assumed to be learning, but also it is assumed that he has by reason of his existence something to teach. Whether he gets

a chance to do either is of course up to our imagination and ingenuity in the control and development of social processes, some of which we have proposed and elaborated. But however successful we are at realizing the belief, we are required to believe that it is true, and so in however magnificent or miserable a way, in whatever grand or humble circumstances must everyone else, young and old alike.

The CHAIRMAN: Mr. Clarke, have you anything to add?

Mr. CLARKE: No, I do not, sir.

The CHAIRMAN: While you collect your thoughts, perhaps I could start. I notice in the brief that you rejected the widely held view that what is important to the individual's development is all determined in childhood.

Dr. THOMAS: I did.

The CHAIRMAN: This is a view that has been much bandied around and pretty widely held, particularly by many people who rely on psychiatry and that sort of thing. Would you mind taking a minute or so on that?

Dr. THOMAS: Not a bit, sir.

The CHAIRMAN: Then go ahead.

Dr. THOMAS: I think a great deal depends on where you place your value. In the first place, let me not be put in a position, or put myself in the position of arguing that what is learned as an adult is more important than what is learned as a child. I think it is not a matter of comparison any more. I think it is true, as the psychologists have been teaching us, that if you are talking about the ability to love this seems to be, according to the available evidence, all important somewhere before the age of four. At least, the Wisconsin school, in its experiments, have some evidence to this effect; and if there are things you do not learn when you are small, then there are some things you will only learn with enormous difficulty when you are older. Dr. Penfield says that languages are more easily learned when one is young, and that is true; but there are many things you cannot learn when you are young, and there is no guarantee you can learn them when you are older, but when you are older you are more capable of learning them.

The most impressive historical acts of conversion occurred with older people. We are much less interested and impressed with conversion in younger children, but it is the Luther and St. Augustine conversions that impress us. This experience of conversion might not have occurred without some childhood experience, but there was no guarantee from the childhood experience that the conversion could occur later. So, I think what we are coming to believe is that it is not a matter of placing a higher or lesser value on what is learned at one age or another, but it is a matter of redressing the rather exclusive intoxication with youth and childhood that our psychology of learning and school system have inclined us towards.

In conclusion there is a good deal of evidence summarized for you by Roby Kidd, in which he said there is very little evidence people cannot learn at any age. There are different conditions, but there is nothing to prove they cannot learn. Consequently, what is learned by a man in his forties is of just as great importance as what was learned by a child aged four, because a man of 40, given a wide variety of education or training as a child, may still commit himself and other people in a position of authority to a path of disaster if he has not learned some things since he was four or 12 or 20 or perhaps was 39. I think we are creating, and I think there is good psychological evidence for it, a developmental psychology. There are things in everyone's life to indicate that a failure in one role which may be appropriate at 45 is just as serious a failure as a failure in a role appropriate when one is 5 or 10.

The CHAIRMAN: One of the other things you covered in the brief is you placed emphasis on the fact there should not be segregation through organizations. You realize the large number of senior citizens clubs that we have; that the National Employment Bureau has a youth organization and an organization for women; that many of the organizations within the provincial Government have youth groups and others. What are you suggesting? How do we meet that condition? Have we committed ourselves to a course of action, or should we turn back?

Dr. THOMAS: If I may, I shall answer your questions one at a time. I think we have obviously committed ourselves to a course of organization. I think we should turn back—well, perhaps another way to put it is that I think we should go beyond it. As I have already said, I think that for purposes of learning, age is the least useful method of discriminating between human beings. A man of 85 can learn something as significant to all of us as a man of 21.

Again it depends on where you place your value. It is true that scientific discoveries are made and poetry tends to be written by the young, and I think the going comment at the moment is that if you have not written the great poem by the time you are 28 or 29 you are not likely to do so, or if you have not made your scientific discovery you are not likely to do so. Because in a great number of cases these things have been done by very young men. But this does not apply in either art or politics. It is not true in matters requiring other kinds of judgment—it is not true, for example, in novels. I think to segregate on the basis of age, producing social differentiation, is in the long run disastrous because it puts the weight of difference in the society in the wrong place. It means the generations can learn even less from each other than they are at present learning. It produces a kind of radical condition in society which I think is in the long run unfortunate. I think we move on by making access among the age groups easier.

If one investigates youth groups one finds that they are founded on institutions rather than on age.

The CHAIRMAN: Is that true of the older people too?

Dr. THOMAS: I don't know enough about senior citizens' clubs or that type of organization to comment. But I would think that the National Old People's Association of Britain is completely based solidly on age. Certainly the political movements in California in the late 1930s and the early 1940s were centred largely around people who were pensioners. I think this is why they failed. They were ineffective political movements because they were in effect distinctly self-seeking political movements. Any organization which reduces its ability to take place in social decisions is very dangerous to us particularly in a period of rapid change.

Senator HOLLETT: Don't you think the segregation of aged people from the young people in the last number of years has to a great extent created the present problem we have with the youth of today?

Dr. THOMAS: Yes, I do. I agree it would take some considerable thought to elaborate on that, but I am sure it is one of the issues involved. There are circumstances for a big business office when things are run on a manual basis which become completely irrelevant when the office is turned over to I.B.M. machines. But in human relations I think there are some experiences that are not irrelevant. Frequently the young people, while finding it difficult to talk to their parents, find that they are able to speak to the surrogates of the next generation up, that is to older people like grandparents or uncles and aunts. Of course present housing conditions make this kind of relationship very difficult.

Mr. CLARKE: There was an experiment in England sometime in the late forties. It was approached by the medical profession on the basis of the health

factor. In reference to the centre for adult education the Y.M.C.A. experiment was referred to in their brief. At the start we did not talk about programs for young or for old people. One of the interesting factors was that we developed one course, for example, in folk music because it was at that time very popular with young people in the Toronto area and we had quite a wide range of participants of all ages when the course was set up. We discovered that the problem was more one of lack of attempts. Institutional categorizing is done without any thought that we can change, with the result that we are committed to it.

The CHAIRMAN: We as a Government in a way segregate. We say after 70 people are entitled to so much money as old age security. We make provision on the basis of age and have done so for years. How can we get away from that?

Mr. CLARKE: If I can get back to your original point, the first question you directed to Dr. Thomas: the summation of what we learn when we are young, or the attitude that we learn to adopt when we are young, is that one cannot teach an old dog to do new tricks. That is not only an insult to our concept of becoming older, but it is an insult to any concept of human dignity. We must change some of the attitudes we entertain in our society and which we hold without any real basis in fact. The very legitimate services to both young and old in our society provided by Government money will be maintained because they are most important, but perhaps they will be maintained within a sounder theoretical concept of society than we are presently operating under. I am not sure that answers your question, and I do not think the brief embraces that dissatisfaction with any of our special provisions for age or young people, but we are challenging the concept under which they are provided and it is perhaps time we reviewed the concepts. Are we providing these to salve our consciences or within some context of society that has an interest for all members of society?

The CHAIRMAN: You have set us thinking, I can tell you. There is a phrase in this brief that intrigued me and I wish Dr. Thomas could spend a few minutes on it. Here you say "to help to return continuity in their lives." What do you mean by that?

Dr. THOMAS: I think the best way is to describe why we went to special lengths to include comparative evidence on youth and age.

I would guess the reason there is a Senate Committee on Aging, and the reason there is a select committee of the Ontario Legislature on Youth, is because these are two areas in our society which so far are lacking any kind of continuity. In these two areas of age, or in these two age groups, we have people who have sprung from the kind of institutional continuity within which most human beings need to live.

We find, therefore, a large proportion of youth who make up a distressing percentage of the unemployed. They are out of school, which has dominated their lives for all their conscious periods, with really no institutions to turn to, no role to play, no place to go and no place in which they are needed by society. They have no function to fulfil. This seems to me to be a pretty savage and distressing break in the continuity that human beings need to have and might reasonably expect.

I think the same is true of those over 65. I think that a man who has worked all his life and who is suddenly retired finds himself with nothing he can understand, and nothing that he very much wants to do under some circumstances.

Let me point out that I have indicated that there is a large number of people who make out very well once they are retired. They, in fact, live up to the kind of folklore of retirement which is expressed in the words: "Now

I have all the time to do all the things I want to do." I meet a number of these people all the time. I think the more successful examples of this kind of people that we can read about, and the more case studies we can make of successful adjustments to retirement, then the more helpful it will be to us, but I think that what we are talking about now, and what this committee was really created around, is that group of people who do not make the adjustment and who find themselves without any demands that they can understand other than those of minimal self-preservation. This is what I mean by lack of continuity. There is no purpose and no role for them. This is more serious, I think, with the aging because they have to perform their roles.

I sometimes think that we as a society feel that we have a responsibility to provide reasonable expenses for those people who no longer have to perform a productive role, and we do this by, at the same time, taking away half the satisfactions of their lives which were devoted to a job or a function or something that needed them. That is what I mean by saying that there appear to be two major watersheds in society at the moment, with which we are having great difficulty in coping.

But, going back to your original question, I think the problem of grouping people in terms of giving pensions at a certain age in part is going to be changed by the normal process of society whatever we do, because I find more and more people emerging from, say, the armed services who are retired at age 45. I think it is possible to be retired at 45 on half pension. These individuals are on pension, but you can never group them with the seventy-and-over They are undertaking a second career. What I am saying is that among some of the seventy years of age and the 65 years of age there are people who are capable of making a third or even a fourth career, and people from whom we can learn a great deal if we are willing to take seriously what they can do, and extended to them the normal educational provisions that we extend so conscientiously and so willingly to the very young.

I do not know whether that is a reasonable explanation.

The CHAIRMAN: Yes, it is. Dr. Gershaw, did you have a question?

Senator GERSHAW: My question has been pretty well dealt with. However, I will ask this question which I think can be answered by yes or no. If only a certain amount of money is available would you think it better to give it to these retired people who are really in want and who have not the necessities of life, and let them go on their own, rather than spend a lot of money in trying to educate them for jobs, which, perhaps, do not exist?

Dr. THOMAS: If you will forgive me, sir, I will not answer that question yes or no because it contains an alternative I would rather not accept. What I tried to say explicitly in the brief is that to educate them for jobs that do not exist would be the worst thing we can do, but I think we can provide educational facilities for a role for them which provides them with a purposeful existence and which has nothing to do with the conventional kind of work upon which society is determined.

If you place me in the position of saying whether we should provide the money for the individual to choose his own life, or on whether we should have wonderful institutions for education and a group of poverty-stricken elderly people who cannot take advantage of them, you place me in an impossible position. I believe the problem is other than this. If the economics and cybernetics people, and so on, are right then the problem of what we are facing with respect to the aged now is going to have to be faced in respect of a very much larger proportion of society in the future. That is, if the figures relating to the numbers of people who are going to be required to provide the means of supporting a very much larger number of people are correct—and none of us know whether they are or not, but they are repeated enough times to make one pay attention

to them—then we are going to have to provide alternative values to the ones manifested in a conventional work system not only for the over 65's but for some over 55's and maybe for some over 45's.

It seems to me that what you set out to do now in providing for the over 70's will be enormously useful to us in learning what to do when automation, if it is going to have this effect, occurs—and frankly I do not know, and I do not think they know either, but certainly there is some awfully good evidence that makes it necessary for us to consider this—then it becomes a problem for us in breaking down the segregation into age groups, because the solution will not be based upon ages.

Mr. CLARKE: The senator's question poses the problem pointed out in the brief with respect to the educational system for the young. The fact is that society is changing, and that education is directed exclusively to productivity or to work in a society where work is disappearing or, rather, where our present views on work are disappearing. The same kinds of educational insights we need for the education of the aged we urgently need for the education of the young.

The CHAIRMAN: Have you anything you would like to ask, Mr. Davis?

Mr. DAVIS: I do not know that I have, Mr. Chairman, but I would like to underline the fact that the subject we are dealing with this morning is not only very important but very difficult of solution. This is one of the few attempts to deal with it that we have made in the course of our sessions. It is also true that authoritatively very little is said about this problem in the literature. As we face the problem of old age in modern society people at first are chiefly concerned, I think, with matters of health, housing, income and whatnot, so that this question of leisure—leisure that is being forced not only on the older group but, as has been said, on other groups in the population—has not been faced by our society. I do not know whether this committee will find anything constructive to say about this problem because almost every possible solution seems to have defects.

In primitive societies a person had his days of greatest glory when he became old. He was a patriarch. He was turned to for advice. He was a source of wisdom and so on. This is not in our society, which is youth-oriented and work-oriented.

I am making a speech here which I did not intend to make, but if you think of the alternatives which are proposed for dealing with these other people then you will see that the first one is the continuation of some work-related activity, as in the example given in the brief of the older man who serves as a counsellor to younger businessmen. This is a good idea, I am sure, and it works for some older people. It works for the member of a profession and for the self-employed. The statistics indicate that these two groups do continue to function in the field of production long after the age of 65, but these people form a very small part of the total population.

As has been suggested, older people at the present time, for the most part, have very limited education so they are not likely to be very useful as counsellors, and only a fraction are self-employed or have professional competence.

Then, still working on the basis of performing a useful social function, another possibility would be, I think, for older people to carry on activities related to improving their own condition. After all, older people represent a new kind of sub-culture. They have many needs related to health, income and housing. You could conceive of old people doing something about this just as young people in the depression got organized to see what they could do about youth. It may be that old people finally, will begin to do certain things towards improving their own lot and condition. Signs of this can be seen in certain places. In the United States there is a very important organization—I have forgotten the name of it now—which includes some thousands

of older people, and has hired a man from the federal Department of Labour in Washington. They pay him a good salary, and he is doing all sorts of things with and for older people, not only to get more pensions but to have cheap trips abroad, reduced prices for certain commodities educational activities and so on. There may be something along those lines that could be done. However, I wonder whether more than a fraction of people will be sufficiently motivated to take part in activities of this sort.

A third possible function for older people is that of working as volunteers for the good of their community through welfare agencies, churches, or civic and political organizations. This is done now by some old people. You find them in welfare organizations and in community bodies. However, very often their ideas seem to be regarded as out of date or the welfare organizations do not know how to use them. You say welfare organizations are not flexible enough—perhaps that is it—but at any rate it seems difficult to fit old people in. We have not found the way to use old people. If you take the churches, how often do we hear young people say that the boards are cluttered with old people and that they are holding things up or that they have old-fashioned notions.

A final alternative is for older people to forget about functioning for the service of society and accept the idea that their leisure time is an opportunity for self development, essentially. For some people it can be cultural, as in painting, reading, hobbies, social activities of a very creative type. For others it may be just working in the garden, or in the home, viewing television.

Somehow, our society is still suspicious of play. At any rate we have not come to accept the right, not to say the duty, of so-called idleness, which may have something to do with our puritan heritage.

The question is whether our society can come to accept not only self development but ordinary play as having an important place in life. If we can come to recognize the satisfaction derived from such activities as being hospitable and worthy we may be on the way to a solution of our problem, which as has been said, is one facing not only older people but increasingly other age groups as well.

The CHAIRMAN: Dr. Thomas, is there any evidence that the doors of public education are opening to the aged, using the term "aged" in the sense in which the committee uses it?

Dr. THOMAS: There is some. Some attempts have been made, but it is not very great so far, because the whole administrative weight of most of the institutions of public education is in the other direction. What we face here is the whole business of adult education with respect to the public sector. The private sector already is highly invested in a kind of fairly broad concept of vocational education. But in the public sector, in which it seems to me the responsibility for this falls—because this is what we expect from the public sectors, to provide leadership that the private sector cannot or will not provide, or does not immediately see an advantage in providing—this is generally a matter of actively encouraging people outside of the conventional school ages into some form of further education.

I am sorry that our political circumstances make it necessary for us to describe the most active and aggressive program at the moment as "retraining" because unfortunately this is a highly vocational context. It sounds almost impossible to differentiate it from some form of vocational or industrial activity, although I suppose one could extend it to retraining for retirement.

It seems to me that we need at least to think about it.

In a society where there are responsible citizens, they have a good deal to do to keep on learning, in order simply to maintain the society for which they are responsible, and as long as they vote they must go on learning.

There are some aspects of this. For example, a number of universities have what they call a mature student clause, which is a very useful innovation, as it allows a man to enter in his own right without having to repeat all his previous steps. It works in different ways but essentially it means that a person can gain admission to a university without going through the whole high school program, if he has not done it previously. The university allows him to qualify for the university level, admitting him on a trial basis, and later allowing him full status. This is enormously important.

I agree that as you talk about levels of education you either increase or decrease the proportion of the population you are talking about. I am absolutely convinced that there are existing opportunities which many of four citizens do not know about. One of the absolute necessities is better guidance and counselling services. There are many things which citizens may undertake for their own benefit, but they do not know about them and do not think about them as being relevant to themselves.

The CHAIRMAN: We have had considerable evidence on that, Dr. Thomas, in various briefs. That is one of the major matters for consideration by the committee.

Senator GROSART: I do not think we are dealing here really with a problem of the aging. I think marginally it is a problem of the aged, but actually it is a problem of society. I have the greatest respect for the work done over the years by the Canadian Association for Adult Education, of which I have some knowledge. They are heroes, bucking a trend which overwhelms their objective.

We are living in an age where the sexier a piece of writing is, the larger its circulation; where the dirtier the advertisement for a movie is, the greater the attendance; where the more controversial, television is, the greater its audience. This is happening without much protest from the academics and the intellectuals of our society, who tend rather to say that we must have free speech, that we must not stop this sort of thing.

This is in contrast to an older age when people read more because there was less canned entertainment offered them; they lived closer to nature, they developed interests—gardens, flowers, trees, animals. The trend now is in the opposite direction. I think this problem is getting worse and will get worse until something happens to change this fundamental orientation of our society.

I do not think there is any guilt feeling about people wasting time on entertainment. I think it is quite the contrary. If you have not seen such and such a movie—which generally happens to me because I have not seen one for five years—you find you just do not belong to this society. I found that most of the movies I saw up to five years ago repelled me.

How are we going to educate adults to provide somehow for a cultural enjoyment of their old age, of their leisure, in this kind of society? Would you agree that the problem is getting greater rather than less in this respect, Dr. Thomas?

Dr. THOMAS: I am deeply grateful to Senator Grosart for his tribute to the association. I appreciate it enormously.

Senator GROSART: I go back in my experience to Dr. Corbett's earlier days.

Dr. THOMAS: He was one of the two members of the committee. He was the member who was taken ill last winter and has not really been able to take on the task again.

I do not know whether it is a function of age or not, but I find myself more optimistic than the senator. While what he describes is so, on the other hand I see lots of younger people taking a more active participation in politics.

Senator GROSART: Maybe it is just entertainment.

Dr. THOMAS: Well, perhaps. I find it a very wise brand of entertainment. I find also evidence from the United States, where my associates have been able to do a very thorough study, evidence of 25 million adults engaged in some form of education of a relatively formal nature. If you will forgive the comparison they use, they say that this is more than all the paid admissions to baseball.

Now, with the increased interest in music, the rash of museums that we are going to have, apparently, as a result of our centennial celebrations, I would think there would be an enhanced ability of our population to deal with much more complex political problems than in a former generation. How you can reconcile this with the factors you have described, and which are true, I do not know. However, I can find that things that hearten me about the participation, about the range of taste, the range of interest, of the general public. I suppose in a free society, in order to get the good you have to take what you and I may not like very much, and may be the performing of functions that we don't understand very well. Perhaps this is an academic answer, I don't know.

Senator GROSART: I think it is a very practical answer. However, in the field of the visual arts, there is evidence of more and more young people becoming interested in buying paintings, for example. In Toronto in my younger days there was only one art gallery, now there are 50; but the kind of interest these people are showing does not convince me that this is either a deep cultural or intellectual interest, but rather that they are inerested in looking at or buying pictures. However, my essential question is, have we not a new problem in the fact that people today like to have their entertainment provided for them? You can pick up the *New York Times*, for instance, and see the resort ads. today, and you will see a headline that Bob Hope or Milton Berle, or some celebrity, is going to be here, and so come and spend your holidays in the night club. Have you noticed this tendency for people in their middle years to expect all their leisure ingredients to be provided for them?

Dr. THOMAS: I am beginning to suspect this is really a difference in character and experience, because I do notice what you are describing, but also notice that we have had the most extraordinary expansion of the "Do-it-yourself" movement in the past ten years.

Senator GROSART: I think that is largely a matter of economy.

Dr. THOMAS: Maybe; but it means that an awful lot of people are deliberately buying things to build for themselves, rather than have someone else build these things for them.

Senator GROSART: I built a little installation in the kitchen for my wife last week, but only did so after calling someone in to find out how much it would cost to have it done for me.

The CHAIRMAN: They probably had to re-do it anyway, didn't they?

Dr. THOMAS: I am afraid this is the dilemma I find from time to time.

The CHAIRMAN: If there are no further questions, may I, on behalf of the committee, Dr. Thomas and Mr. Clarke, say that this brief is certainly new and imaginative, breaks new ground, is persuasive and helpful to us. I am not too sure that we can implement some of the suggestions, but I can say that you have left a strong impression on the committee, and we thank both of you for coming.

Dr. THOMAS: Thank you very much.

The CHAIRMAN: We now have the brief of the Dominion Bureau of Statistics, and two charming ladies are here. On my right is Miss J. R. Podoluk of the Central Research and Development Staff. She is a graduate of the Universities of Toronto and Chicago where she specialized in economics. Her

position is that of a research statistician on the Central Research and Development Staff of the Dominion Bureau of Statistics, and she has been with the D.B.S. since 1948. Miss Podoluk was responsible for the development of the D.B.S. program of income statistics, and at the present time she is in charge of the whole D.B.S. program of statistics on the economic position of families and persons; this includes supervision of the surveys of consumer finances and the income statistics from the 1961 census of Canada.

Next to Miss Podoluk, on my right, is Mrs. G. Oja, who is also a research statistician on the Central Research and Development Staff. She is a graduate of Carleton University, and joined the Dominion Bureau of Statistics in 1960. At the present time, Mrs. Oja has direct charge of the surveys of consumer finances, which are periodic sampling surveys collecting information on income, assets, liabilities and other economic characteristics of families.

I will now call on Miss Podoluk.

Miss J. R. Podoluk, Central Research and Development Staff, Dominion Bureau of Statistics: Mr. Chairman, and senators: I should first explain that we have plans to do a more intensive study than appears in the brief we have submitted, of the income position of the older population, and we hope next year to have substantially more data. This submission had to be written from any existing statistics available from the census and from our surveys. We shall get into a more detailed study in the next six months or so, and there will be a more thorough investigation of other topics, such as income sources of the older population and the characteristics of families whose heads are in the older age groups, their size, the number of persons with incomes, and whether or not the heads are working, and so on.

I have only had time, in this submission, to give you the highlights of our statistics and to point out the more obvious characteristics.

The older age groups, of course, are the age groups with the lowest income with the possible exception of very young persons in the income receiving population, but in the latter case the expectation is that this is a transient situation, that as they gain work experience and get older their incomes will rise.

The older population is a growing proportion of our total population, and the increase in the population of older women is greater than the increase in the population of older men. It is expected that over the period of the next 30 years or so women are going to constitute a rising percentage of the older population.

As the paper pointed out, the majority of women are either widowed or single, and the majority of men still have their wives living with them and are members of families.

Of the total population of persons 65 and older, 57 per cent are in the married category, and 43 per cent are no longer members of a family, and this ratio of 43 per cent is expected to keep rising.

The present pattern, which has been mentioned in the earlier brief today, is for the older population to live apart from the younger generations. In fact, the 1961 census shows that it is very rare for married couples in the older population to live with their children. Usually, older couples have their own home or apartment. That part of the older population which is no longer in a family group is more likely to double up; there is still a tendency there to live with relatives, especially in the case of women. Of the women 65 and over, about one-fifth were still living with relatives, but even here the ratio appears to be quite a bit lower than in 1951; it is declining as well.

An examination of the income patterns of men and women gives some indication as to why there may be this difference in living arrangements. On

the whole, the incomes of the male population are substantially higher than those of women.

Generally, men of 65 and over have more satisfactory income positions; only two per cent reported no income in 1961 as compared to 13 per cent of women in this age group. Of course, a number of factors account for the more favourable position of men. Many men over 65 are still working, although the tendency to work is declining. Nearly one-third in 1961 were still on the labour force while by contrast only a small proportion of women were working. The percentage was something like 6 or 7 per cent for women. Men are also more likely to have other sources of income such as private pensions and investment income. Women are largely dependent upon Government pensions for their income—men much less so.

Senator GROSART: What percentage of women have only the old age pension for an income?

Miss PODOLUK: I would have to check this, but I would say that the majority of women, possibly nearly three-quarters of them, appear to have a Government pension as their only source of income.

Senator GROSART: Do you mean that three-quarters have no other source of income?

Miss PODOLUK: I think the majority have no other source. For women this is much more likely to be their sole source of income than it is for men.

Senator GROSART: What percentage would you say have no other source of income, for women and men?

Miss PODOLUK: I think in the case of men, over half of the older men have other sources of income, but in the majority of cases they are not solely dependent upon Government sources.

Mr. DAVIS: Are you talking about the non-family group?

Miss PODOLUK: No, the population 65 and over, as a group.

The CHAIRMAN: Page 36, Senator Grosart.

Senator GROSART: This is the figure we have been trying to get.

Miss PODOLUK: I would say that of the women with incomes—this is page 9—something close to 70 per cent probably just have the old age pension, because the figure is something like 70 per cent of those with incomes have incomes under $1,000, and in practically all those cases this is simply the old age pension. With men, somewhat under 40 per cent have less than $1,000, so it suggests that at least 60 per cent have other sources of income; so the percentage of men with other sources of income is much higher.

Mr. DAVIS: One of the difficulties about this is that these figures relate to 1961. Since then we have had substantial amounts made available to these women and to the men through the old age security—$240 a year, for instance—which changes the whole picture.

Miss PODOLUK: Yes, but probably more for men than women. For women, the percentage that would shift into the next category, over $1,000, I would suspect would not be that high, because the majority had $660, and $240 puts them up to $900, and this still groups them under $1,000 in terms of the size groups I have shown. So for women I do not know whether we would expect that to shift much. I would say that we will still find as many as half showing up under $1,000 when our next statistics come out.

Senator GROSART: I am particularly interested in those over 70, because naturally your figures here are affected by the fact that some of these would have old age assistance, the 65 to 70 group, which would bring your average down. Our national policy at the moment is to provide universal pensions for those over 70. Would your statistics indicate in any way what percentage

of those over 70, both men and women, had no other source of income whatsoever?

Miss PODOLUK: There are some figures on page 34 which show that of men 70 and over one-half had less than $1,200, which suggests that if you came down to $660 the percentage would obviously drop. With women, at least more than half would have just the $660. I am sorry, I should obviously have included this in this paper. If you will allow me to consult one of our other reports, I can answer that more easily.

Senator GROSART: I have often wondered why the figure taken at this second stage by D.B.S. was not the level of the old age pension, which would give us a much more meaningful return. To show those over 70 who having reached that age had no income other than what is provided for them, is an essential part of the problem we are investigating.

Mr. DAVIS: You would have to change the table every time pensions change.

Miss PODOLUK: We are looking into sources of income, and we are going to have information within a few months on how many in the older population had the old age pension only and no other source of income. This is among the supplementary information we will be examining, and in the study we hope to do next year we will go more deeply into this matter of sources of income. This study will give more information about the different sources of income. We plan to do an examination of what percentage of the population has only the old age pension and nothing else.

Senator GROSART: Would it be fair to ask you if you can give us a guess for now?

Miss PODOLUK: For men the percentage 70 and over that might be in that position would be, possibly, one-third in 1961, somewhere between 30 and 35 per cent. With women, something like two-thirds, I would estimate, would have only a pension and nothing else. So, one-third for men and two-thirds for women 70 and over.

Senator GROSART: Thank you very much.

Mr. DAVIS: It would be a lower percentage if they lived alone. There are people living in families?

Miss PODOLUK: Yes, some of these women are married.

Senator GROSART: It does not really matter. This is their only source of income. It is about one-third for men and two-thirds for women?

Miss PODOLUK: Yes. Of course, I should point out, though I have made the statement men have much higher incomes than women, this figure of one-third suggests that even among the male population obviously there must be income problems for a substantial proportion. The statistics suggest the problem might be much more acute in rural areas where, for men, incomes in some provinces in these older age groups may be less than one-half of the equivalent levels in urban parts of these provinces. So, rural incomes are substantially below the urban incomes for the older people.

I think the point Mr. Davis raised is relevant, that in many families the husband and wife both have incomes, and the husband's income is not the sole source of income for the family. We do not have information at the moment, but will have, on how many families depend entirely on the head's income and how many have a mixture of income recipients. But the statistics do suggest that in a quite a number of families there are at least two people with an income in the family. On the whole, the income position of those persons still in families appears to be substantially better than the position of the population that are no longer members of a family group.

Senator GROSART: When you make your estimates of income do you include as income the fact that a person over 70 was being provided with room and board, or is this just cash income?

Miss PODOLUK: This is just cash income.

Senator GROSART: You are much more generous than the income tax people.

Miss PODOLUK: I have made the point that practically all of these families are living by themselves and are not, presumably, getting free room and board from children and other relatives. They presumably live on the cash income they receive, and the family's income probably is not being supplemented too much.

Senator GROSART: But if we were to take real income, in the income tax sense, these figures would drop perceptibly?

Miss PODOLUK: I do not think free room and board supplied to older persons by relatives would be considered income in the income tax sense. The only situation in which free room and board is included for income tax purposes is if the person was working and receiving part of their income from their employer as free room and board. I think the groups in the population that would be in this category would be mainly domestic servants and, possibly, farm labourers. I don't know whether you will find many of the older people, in these categories, that is, working as domestic servants or as agricultural labourers.

Of course one of the obvious explanations for what I have said about the lower incomes of non-family members is that women have lower incomes, and of the group in the statistics who are classified as being non-family members women are two-thirds of the total.

The final section in the brief points out that the incomes of the older people have not been static, and there have been substantial improvements in the 1950's, and there have been further improvements since 1961. Because of the characteristics of this population I think my concluding comment would be that despite these increases many older people still have low incomes, and that on an average the difference between the incomes of the older population and those of the working age groups will probably still persist.

Mr. DAVIS: I don't know if Miss Podoluk can tell us how income changes beyond the age of 70, that is as the group gets older.

Miss PODOLUK: I had planned to bring these figures with me and through an oversight I did not bring them in. There is a tapering off as you go towards the eighties and nineties. However the main explanation for the drop is that the composition or mix of men and women changes. The older the age group the higher the percentage of women, and for men, although there is a drop in income, it is still obvious that even in the oldest age groups there appear to be many with other sources of income, so that the position of men, even in the older age groups, is better than that of women in their early seventies. Part of the problem is the fact that women form a higher percentage of the population as the age groups become older.

The CHAIRMAN: On page 9 you say "As might be expected from the characteristics outlined previously the incomes of women in the older age groups were lower than the incomes of men in these groups and so relatively less favourable." What about the comparison with all women?

Miss PODOLUK: In all age groups the income of women is substantially less than the income of men. We do not have an adequate explanation for this. For instance, if women work in their thirties and forties we find they are much more likely to be working only part-time. Looking at some recent employment statistics, only something like 60 per cent of women who worked indicated

that they were working for the full year. But a man in the labour force is usually in on a full-time basis. That is one explanation. Women are less likely to be in occupations with higher rates of pay. In all ages there is a substantial difference between the incomes of men and women.

The CHAIRMAN: You mean our law about equal pay for equal work does not work out that way?

Miss PODOLUK: I am not sure that is something that can be legislated. There are so many factors involved. We find that for women workers in the younger age groups the average annual full-time earnings tend to be about one-half or so of the average for men who work full time. In the younger age groups where women go out to work and support themselves they may be earning an income adequate to get by, but when they get into the older age groups it becomes more difficult.

The CHAIRMAN: On page 14 you say "It is possible that job opportunities are greater in urban areas for the older population." Isn't that true for all ages?

Miss PODOLUK: Yes, it is true for all ages, but the statistics seem to suggest that in urban areas the older age groups can more easily supplement their pension income with other income, particularly men. The percentage of men in rural areas dependent on pensions seems to be much higher than in urban areas.

The CHAIRMAN: And on page 15, at the middle of the page, you say "Census statistics indicate that of the male population 65 and over, only 2 per cent reported no income during the year. This percentage was 13 per cent for women—the great majority of these were married women between the ages of 65 and 69. Some analysis has been made of the main source of income of older persons in receipt of incomes." Then you give the sources. What about rural areas—the differential between rural and urban?

Miss PODOLUK: I did not have time to include that, but it was something that I promise we shall try to investigate.

The CHAIRMAN: Can you give us some indication?

Miss PODOLUK: I think this report on the sources of income may have rural and urban figures. No, we did not include them, but I suggest simply that an examination of the incomes in the two areas would show a heavier dependence on Government payments in rural areas, but I could not give any figures as to what the difference is.

The CHAIRMAN: On page 30 you say, " But it should be noted again that the increase in the numbers of persons 65 and over in receipt of incomes was greater than the increase in the number of income recipients in younger age groups." Why?

Miss PODOLUK: Well, as I think I showed the percentage of the older population in 1951 that was in receipt of any Government pensions was substantially lower than the percentage in 1961 and correspondingly the percentage of the labour population with any income would have been lower. In 1951, the statistics would seem to indicate that many men of the older population were living with relatives and being supported by them. In contrast, in younger age groups, particularly with men 25 to 65, almost 100 per cent are in the labour force and in receipt of an income. This would have been true in 1951 as well as now. The proportion of women who work has been increasing for the age groups between 40 and 60. Many of the married women are now working and the percentage of women with incomes in the younger age groups has probably increased. It would have been almost impossible for the percentage of men with incomes in the younger age groups to increase because it was almost 100 per

cent already. We find that the share of aggregate income going to the older population seems to have increased between 1951 and 1961, but it is spread over a greater proportion of older people than it was in 1951.

Mrs. G. Ojo: When you calculate average income per income recipient, then the increase in average incomes is not so substantial for the older population as for the younger age groups; so it is not an improvement in relation to the other age groups in the population. However, if you take into account that the number of people with incomes has substantially expanded in the older age groups, it means that the total aggregate income going to the older age groups is much larger now. In terms of the proportion of aggregate or total income, on examination we find that the proportion that goes to the older population has stayed relatively stable between 1951 and 1961, but during that time the numbers of older people did not grow more than other age groups. Is that right?

Miss PODOLUK: I do not know; I did not check that. Actually, the older population as a percentage of the total population dropped somewhat, although as a percentage of the population of 15 and over it increased.

Senator GROSART: I am puzzled by your figures in the document entitled "Selected Statistics on the Older Population of Canada", this very fine document that you put out quite recently.

Miss PODOLUK: What page?

Senator GROSART: Page 56. I am referring to the table on family incomes. The average income of families with heads aged 60-plus is $4,255; with heads 60 to 64, $5,466; with heads 65 to 69, $4,093; and with heads 70-plus, $3,523. Most of the figures are understandable. The big drop from age 64 is understandable, but I am wondering if you could explain the very substantial increase in the case of where the head of the family is between 60 and 64 as compared with the family whose head is 60. In other words, the jump there is from $4,255 to $5,466.

Miss PODOLUK: The first column is the total of the three following columns. This first column shows the average income of families with heads aged 60 and over. As you can see, families with heads between 60 and 64 have an income of $5,500 approximately, and where the head is 70 and over the income drops to $3,500. The figure in the first column is an average figure of the figures in the following three columns.

Senator GROSART: Is there an actual increase in the family income between 60 and 64?

Miss PODOLUK: No. Families with heads between 60 and 64 are more likely to have the head working, and we have found that in families which have somebody working, incomes are higher because this helps maintain the family income. The first column contains all families where the head is 60 and over. The next column contains families whose head is between 60 and 64.

Senator GROSART: Yes, I know, but the inference is that a family whose head is over 60 but under 65 will have a higher family income than a family whose head is aged 60.

Mr. DAVIS: The first column is the average of the next three.

Senator GROSART: Then my assumption is wrong?

Miss PODOLUK: It does not mean that the head is only 60.

Senator GROSART: Yes, I see.

Miss PODOLUK: It means that the head is 60 or over.

Senator GROSART: So there would actually be a drop in the income of families where the head is aged from 60 to 65?

Miss PODOLUK: I think the three following columns showing the families with average incomes of $5,500, $4,100 and $3,500 show the decline that occurs.

Mr. DAVIS: I may be wrong, but I do not think I am, and I shall ask Senator Grosart to look at the middle table on page 54, third column, under the heading "55-64". You will find that the average income in the group from 55 to 64 is $5,809, and that has to be contrasted with the next figure on the next page of $5,466.

Senator GROSART: Which is $4,093.

Mr. DAVIS: No, which is $5,809. I would like Miss Podoluk to follow this. On page 54, Table 47 gives the average income for families whose heads are between the ages of 55 and 64, and that income is shown as $5,809.

Miss PODOLUK: The next table is a subgroup. I should point out that family incomes are usually at their highest level when family heads are in their forties. The explanation tends to be that this is the point at which the wife goes back to work and commences bringing in an income. This is the point at which any unmarried children who are at home are working as well. We find that family incomes keep rising to this age group, but after the head gets into his fifties family incomes usually start to decline, and there is a gradual fall as the head ages. It is families with heads in the forties that are most likely to have other people in the family bringing in an income.

The CHAIRMAN: On page 27 of your brief there is a paragraph which reads in part:

> Experience in other countries suggests that the long run effects of such legislation are an undoubling of older and younger generations.

You are there referring to federal legislation providing incomes.

> That is, older persons, instead of living with children and other relatives, with the introduction of pensions attempt to maintain their own homes independently and so the incidence of older persons living with relatives decreases.

And you think that is true of Canada?

Miss PODOLUK: Yes.

The CHAIRMAN: With the wife, or the woman of the house, going out to work more often than she used to is there a bringing back into the family the grandmother for the purpose of looking after the children while the mother is out at work?

Miss PODOLUK: I am afraid I cannot answer that except from my knowledge of my married friends who are working. It is rare that the grandmother is looking after the grandchildren. Usually it is hired help. If the children are of school age, then the fact that they are at school all day makes it unnecessary to have anybody in the home. I would be surprised if the percentage of cases where the younger generations are still living in the same municipality as the older families is as high as it used to be. I think with the sort of mobility that there is now in the labour force it is much more likely that two generations are apart geographically. Of course, this was not so much the case 15, 20 or 30 years ago. This fact alone often makes this type of arrangement impossible.

Mr. DAVIS: I am wondering if the point you make on page 28, Miss Podoluk, is not needlessly guarded. A third of the way down that page you say:

> In summary there has been a shift away from older persons living with other relatives such as children towards a situation where older families and persons not in families attempt to maintain their own home. How much of this way have been the result of an improved income position during the decade and how much the result of other factors cannot be determined.

This may be statistically true, but surely this confirms what older people say so often in surveys that have been made, namely, that they prefer to live alone but near their children. Older people do not want to live with their children, in most cases. I wonder why you were so guarded.

Miss PODOLUK: The few studies that I am aware of in which this point has been looked at are those that have been made in Britain. I am thinking of the Rowntree studies of 40 or 50 years ago.

The findings of these studies were that the low-income groups of the late nineteenth century were unskilled workers, while in contrast the low-income groups in the twenties were mainly pensioners and people drawing social security benefits who, instead of living with children or in workhouses, were maintaining their own homes. While we have not had a chance of following this through we have noticed that the relative income distribution during the fifties remained the same. We find in looking at the lowest 20 per cent of family units that the proportion of income coming from welfare payments has been rising during the last decade; that the low-income group in this country is increasingly this group of pensioners and other welfare recipients, and that more and more the families with heads of working ages have moved up and out of this group.

Senator GROSART: Do the statistics show any relationship between the income and deliberate separation from the family group by aged persons? In other words, is there, let us say, a plus relationship? If the more income aged people have, the more they tend to live apart, then it might indicate that aging people prefer to live apart from their families.

Miss PODOLUK: I think the figures here do show that people who are heads of their own households, both men and women, do have higher incomes than those who are doubled up with relatives. There is a greater difference for women than for men. With men, many of those living with relatives look as if they could go out and become roomers or manage on their own. For men there may be other factors as to why they prefer living with children but for women there is quite a difference between the income levels of those living with relatives and those living alone.

Senator GROSART: Would it be a proper inference that a substantial proportion of the aged prefer to live apart from the family group and will do so if they have the income to do it?

Miss PODOLUK: Dr. Davis says this has been verified in studies. Certainly during the 1950's there was a movement in this direction which would possibly bear this out. There has been a substantial increase in the number of cases where there are older persons living by themselves in an apartment or house—I think there is a much greater increase than the overall increase in the population of older people.

Senator GROSART: We had some evidence that the government, by subsidy or otherwise, should encourage young families to build an additional room or additional quarters to provide for their parents. Would statistical conclusions suggest that this might not be as important as some think?

Miss PODOLUK: It would not be important for families, because the statistics show that where there are older husbands and wives together there are few cases now where they are living with children. Most of them have their own homes. The only thing that could possibly happen is that the building of an addition might provide better accommodation. The percentage of old people who own their own homes is higher than the percentage for the whole population. Not only do most of these older families maintain their own homes but a very high percentage of them own their own homes, so are not renters. I am not sure really whether a policy like this would help families. The

doubling up cases are the situation where there is one older parent left, the father or mother, and that person moves in with the children. Whether building an apartment for these would help, I do not know. These are the situations where they might be found living alone, if the incomes permitted.

The CHAIRMAN: How do you define a family?

Miss PODOLUK: Unfortunately, we have two different definitions which are used so it does cause confusion. I used both sets of statistics. The census defines a family as consisting of a husband and a wife, or one parent and unmarried children. So in the census statistics in the situation where you have a married couple and a widowed mother living there, the widowed mother is not considered a family member. It is admittedly rather misleading to compare the income of the widowed parent in such a situation with the income of persons living apart from relatives, because obviously such a person is being subsidized by the children in living in the house, having the use of the television set, the home furnishings. To the extent that the mother may have an income, it obviously does not have to go as far as the income of the widow trying to maintain her own apartment.

We plan to look into this further, to look at the position of this group and the incomes of the children, or the relatives with whom the person is living. This is going to be probed into further. A substantial proportion of older women not considered to be family members are women in this category who are doubling up.

On the other hand, in the sampling surveys we have considered families as all relatives in the same home; that is, if they are related and are occupying the same household, we consider them as a family group.

Dr. DAVIS: Even brother and sister?

Miss PODOLUK: Even brother and sister, yes.

Senator GROSART: Just to clarify that, let us take the case of a family who have their own children but with a widowed father or mother living in the same domicile. Would the income from the universal old age pension or elsewhere of the older parents be included in the family income?

Miss PODOLUK: No, not in the census statistics.

Senator GROSART: But in the sample?

Miss PODOLUK: In the sample we would consider this as all in one. To obtain some idea of the incomes of these people, living with relatives, who are not considered to be members of families, the table on page 37 pulls out this group and shows their numbers and size of incomes, in the group labelled "income by relationship to head of household—parent of head and other relative" in columns 2 and 3. These are the people who for census purposes are considered non-family members but are in fact living with relatives. As you can see, there are about 57,000 males in this category, and over 100,000 women in this situation. And these were their incomes.

Senator GROSART: Does the percentage refer to the percentage of family income?

Miss PODOLUK: No, it is the amount of income that the person had. It does not tell anything about the income of the family they live with but it tells what that person's income was.

Senator GROSART: As a percentage of what? For example, let us say, in the second line, you say that other relatives have 52.9 per cent. What is that a percentage of?

Miss PODOLUK: You have to go down the column. There are 13,000 men aged 65 and over who are living with relatives, and the relationship to their

relatives is something other than being the father of the person they are living with; and of these 13,000 men, 52.9 per cent only had incomes of $500 to $1,000.

Senator GROSART: This is a percentage of all other relatives?

Miss PODOLUK: That is right.

Senator GROSART: But there is no percentage of what the family income may be?

Miss PODOLUK: No. We will have some statistics in this further study we are going to do of the relationship of the incomes of those people to the incomes of the relatives they are living with.

Senator SMITH (*Queens-Shelburne*): I would like you to clarify the meaning of the term "median income". We do not hear about median Canadians, but about the average Canadian.

Miss PODOLUK: Median income means that half of the people had an income lower than that and half the people had an income higher than that and it is the point where the distribution splits in half. For instance, in the table 37, when we said that male heads of household had a median income of $1,606 it means that half had income of less than that figure and half had more.

Senator SMITH (*Queens-Shelburne*): Looking at the table from time to time I thought it was something of that nature. On page 13 there are tables which show the incomes of urban people and of rural people. I note that the median income of males 70 and over in the rural areas was $906 and in urban areas it was $1,353; that is, it was 50 per cent more in the urban centres. Do you know or can you tell us whether that is about the same relationship as there is between the incomes of those who would be in the labour force, the comparative incomes between rural members of the labour force and other members?

Miss PODOLUK: I am sorry, I could not tell you for the labour force. I can say that for all men, age 15 and over, the average income reported by the total male population—I would have to calculate the median on the calculator—was $2,163 for rural areas while in the urban areas it was $2,927. The average income in rural areas is not quite three quarters.

Senator SMITH (*Queens-Shelburne*): It is fairly close to the difference that appears here?

Miss PODOLUK: Yes.

Senator SMITH (*Queens-Shelburne*): I notice the difference between median incomes of rural and urban males as between age 65 and 69 is of the order of 13 to 26, just about double. I just note those figures, because it is my general observation that our problems of the aged are related more frequently to those who have been urban dwellers rather than to those who live in the rural areas.

Senator GROSART: We have been told that one of the real problems of the aged is the erosion of capital between the ages of 65 and 70, that is, while they are waiting for the universal old age pension. Are there any statistics to indicate the magnitude of that problem?

Miss PODOLUK: I do not know whether we have that information or not. In some of the surveys we do collect information on the types of assets held by families of different age groups. We have information on their bank accounts, their home ownership, their holdings of bonds. The last survey for which final results are available was taken in the spring of 1959. I have the report with me, but I think in that survey we show only families with heads aged 65 and over. At that time we obtained information about bank accounts and bonds. Of those families, 22 per cent had neither of these assets;

about 10 per cent had under $250; another 5 per cent, between $250 and $500. Well, adding those with either no assets or assets of less than $1,000 the percentage was almost 50 per cent.

Senator GROSART: Fifty per cent had liquid assets of less than $1,000?

Miss PODOLUK: Yes.

Senator GROSART: But even of the 50 per cent which might be over $1,000 we have no figures to indicate the magnitude of the erosion?

Miss PODOLUK: No. We have carried out a similar survey this spring and we are still in the middle of processing it. It would be possible to tabulate it for 65 to 69 as a separate group, and 70 and over, to see what the differentials are.

Senator GROSART: Some of our witnesses have suggested that some of the incomes shown for individuals in this area is actually capital they are using up. They call it income.

Miss PODOLUK: No, not in our income figures, because we specifically instruct that we do not want anything shown that is converted from assets into cash. So when we measure income we do not include the cashing in of insurance policies, or anything like this to be included in the statistics. We try to keep this out.

The CHAIRMAN: What about interest?

Miss PODULUK: Yes, we would ask them to report the interest, say on bonds, rents from real estate, etc., but not anything from cashing in capital. So this should not be in the statistics we have been using.

Senator GROSART: Some of us who should know better are not always sure of the difference between capital and income.

Miss PODOLUK: One means of getting at this problem would be through surveys of family expenditures, and usually in the family expenditures survey we get more complete accounting of how the family manages over the year, because there we get the income and we get the type of expenditures the family makes; then we ask the family to account, if there is a difference between the income and expenditure, as to whether there was saving or dissaving. I have no reports of that kind with me. However, these surveys would indicate for the different age groups how the financing of expenditures are carried out.

Senator GROSART: They would not show sources of income?

Miss PODOLUK: Yes, they would show sources of income. They show the differences between expenditures and income, and an accounting of the difference, whether there is an increase in saving, or there might be dissaving. Unfortunately, these surveys in the past have usually excluded the very low income groups which contain many of the old. They are designed rather for the purpose of the consumer price index, and were restricted to families with incomes between $2,500 and $7,500. The last survey in 1959 was broader, but still restricted to urban areas, and was a sample of only 2,000 families.

The CHAIRMAN: Mrs. Oja, we have not asked you very much. Is there anything you would like to add to what Miss Podoluk has said?

Mrs. G. OJA: I just wanted to point out that economic theories of the behaviour of people over their lifetime show that the normal pattern with regard to savings is to use up capital in the older age groups, and that the purpose of saving during their working lives is for their leisure years.

Senator GROSART: I suppose this saving would be for the whole period of their old age?

Mr. G. OJA: Yes; but how much of this dissaving goes on would require really quite an elaborate study and a larger sample than our surveys have contained.

Miss PODOLUK: In surveys for all age groups findings in the United States show that the present tendency in saving is to save for a specific purpose, such as a college education for the children, or to buy a house. But even in younger age groups, I think some of the contractual types of savings are the most important types. The present tendency may be not to put aside money for old age, on the assumption that pensions will provide you with the income you need when you retire.

The CHAIRMAN: But you are talking about the United States particularly?

Miss PODOLUK: Well, you will find the saving patterns in Canada and the United States are strikingly similar, and possibly some of the conclusions about American savings are applicable to the Canadian population as well.

The CHAIRMAN: I asked you that question because under the United States social security plan the income at a certain age becomes quite substantial.

Miss PODOLUK: I do not know what the present levels of payment are. In the case of a married couple in Canada, I am not sure, if both are in receipt of an old age pension, whether they are much worse off than the average pensioners under the U.S. social security act. I have recently seen some American figures on family incomes of heads of 65 and over, and my impression is that the differential is not great, but that would have to be verified by a more thorough comparison.

I have a report, which came into my hands quite recently, of a survey taken a year ago by the old age survivors administration. Of the non-family members in the United States, that is excluding those living with relatives, the median income for women is $1,015, and for men $1,365. The median income for a married couple is $2,875.

If you will look at the table of our submission on page 38, you will see that it shows a median family income in Canada of $2,829; and the median income shown in this report of the United States was $2,875. Unfortunately, the American report does not show averages. It appears that the position of the people not in families in the United States is better, but the income position of families does not show the same difference.

Mr. DAVIS: However, they are not families, but couples.

Miss PODOLUK: Well, I think there is another report which shows families, and in a family situation the differences between the two countries are not as great as for families in younger age groups.

Senator GROSART: The reason I think it is very important that, if we can, we get these figures on capital erosion, for those 65 to 70, is that it would indicate, I think, the number of people between 65 and 70 who are spending their capital to live rather than take the means test. This would be a very important thing.

Senator SMITH (*Queens-Shelburne*): If they have capital they cannot pass a means test.

Senator GROSART: A family can have a couple of thousand dollars.

Miss PODOLUK: I think the answer, partially, would be that we should really take a look at those people between 65 and 69 who do not receive means test pensions and those who have the means test pension. I think it would be feasible to do this from the data we have already available where these people are living and how they appear to be getting along. This would be a feasible piece of analysis from our 1960-61 data. So we could look at the means test versus the non-means test population. We would not have anything on their assets, but we would see what sources of income they have, and whether they are living independently or doubling up with relatives, and similar things.

Senator GROSART: I have been surprised at the sources of the suggestion that one of the solutions to this whole problem is the dropping of the age of

qualification for the universal old age pension to 65. I have been surprised at the sources because, quite often, they are people you would expect to be against any extension of, what we call, the welfare state.

The CHAIRMAN: You are surprised they are advocating it?

Senator GROSART: Yes. Dr. Davis will correct me if I am wrong, but I think that by and large the life insurance people take that view.

Mr. DAVIS: I think they favour dropping it below 70 for people who have left the labour market.

The CHAIRMAN: And more particularly for women.

Senator GROSART: From the evidence we have had it would seem to be very important for widowed or single women.

The CHAIRMAN: They are following the trend in other countries, where the age is lower for women than for men. Under the Veterans' Allowance Act it is lower for women than for men, so there is precedence in this country for it. That is one solution which might appeal to this country at some later date.

If there are no further questions, may I, on behalf of the committee, say that in this very technical and important field of inquiry you have brought before us a great deal of information. We know you have done a great deal of work to bring this about, and it has been very helpful and important to us, and you have been most co-operative. Mr. Davis tells me you have been a source of help to him and to the committee, and we thank you on behalf of the committee; and thank you too, Mrs. Oja. Thank you very much.

Mr. DAVIS: Our only regret is we are a year too early.

Miss PODOLUK: I hope to do a paper for the conference organized by the Canadian Welfare Council in January, 1966, and some of the questions you have raised will be looked into. I think the problem raised of rural-urban differentials is important. I did very little with family incomes as between rural and urban areas. Some of these things will be looked into more thoroughly, and I hope that paper will contain the answers to some of the questions raised this morning.

The committee adjourned.

APPENDIX "T-1"

CANADIAN ASSOCIATION FOR ADULT EDUCATION
Toronto 5, Canada

BRIEF TO THE SENATE COMMITTEE ON AGING

Introduction

The CAAE is aware of the interest that the members of this committee have in considerations of a practical nature. To such considerations we intend to direct this brief, but we hope that members will not object to a reasonable introduction that permits us to state the problems in a manner that, we believe, allows effective and long-term solutions to emerge. Having read the greater part of the Committee hearings to date, we are convinced that the questions asked by members and the discussion stimulated by them indicate an interest in such a formulation equal to our own.

If there is any general premise informing this entire brief, it is the one that represents a combination of the statement made to the Committee by Mr. David A. Morse of the International Labour Office on October 17, 1964, that... "the problems of older people, like those of youth, are the problems of society at large. They open out on the whole range of social problems and they can only be dealt with constructively when viewed in the light of the broader tendencies and purposes of society."; and the arguments of Dr. Roby Kidd to the effect that learning is or can be life long and that there is no evidence to support a belief that the possibility of learning something new, of in fact *becoming* something new does not exist at any stage of life. We will in fact base our presentation on a concept of "becoming" and would refer the members of the committee to the outline of this position as stated by Mr. Gordon Allport in his book entitled "Becoming", published in 1955.*

Allport rejects at the outset an assumption that will be immediately familiar to all members of the Committee.

> "One final presupposition marks Lockean empiricism, namely the assumption that what is earlier is more fundamental than what is late in development. The early impress upon the wax of the mind is important. First impressions to be sure may later be compounded and crisscrossed but the original single ideas are still the elements of later mental life. This type of geneticism has taken a firm hold upon American psychology. In keeping with the doctrine of tabula rasa, American geneticism holds that what is important is childhood learning, childhood fixations, childhood conditions"[1]

This view is contrasted with Allport's conclusion that:

> "...for the child who enjoys a normal affinative groundwork and who successfully enters the more advanced stages of socialization the situation is different. In his case the foundations of character were established by the age of three or five only in the sense that he is now *free* to *become*; he is not retarded; he is well launched on a course of continuous unimpeded growth"[2]

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* Allport, G. W. Becoming, New Haven, Yale University Press, 1955.
[1] Becoming, P 10.
[2] Becoming, P 33.

We are assuming throughout that we are talking about normal individuals involved in a social phenomenon of age differentiation, which is not supported by their individual potential for growth. Any solutions therefore must be based on a clear understanding of what these social phenomena are, how they may have come about and how they may be altered so as to better match individual characteristics. In a sense then, the recommendations regarding learning are directed not just to those who may fall into the present category of "aged", but to the entire society whose re-education may be able to eliminate "aging" as a *social problem.* (Medicine it appears is making strenuous efforts to eliminate it as an individual problem). For example, learning must take place in some context. The context indicates not only the attitude of the learner to what can, must or should be learned, but also the attitude of others as to whether the learner can or should *bother* to learn it. Allport's reflection of the dominant attitude maintained both by the predominant schools of psychology, and by the population in general for a variety of reasons, indicates the context in which many of the presently aged live. That is, neither they, insofar as they present a problem, nor the people who are concerned about the problem with few exceptions, nor the society as a whole, represented by advertising, industrial procedures, the support and welcoming of rapid change, believe that there is very much value in whatever they do learn.

It is interesting to note that those members of the "aged" who are not a problem are exactly those individuals who still believe in their functional value, who are devoted to the belief that they can and do learn, and who, by doing so, have convinced us that this is true as far as they are concerned. The dismal truth of the others is that they do not believe they have any social importance, that they have any function to perform in a highly collective and work-centred society. Hence all the adulation of the "golden age", of its opportunity for self-development and leisure has more than a hollow ring. At best it is a well-meaning hypocrisy. To create a whole set of special educational opportunities on the basis of such attitudes would be for the creators largely a matter of busy-work. This would be quickly realized by those expected to busy themselves, with a resulting failure in the programs. We are not suggesting that some special opportunities are not needed, indeed we intend to recommend some, but they must be undertaken with a very great awareness of the intentions and expectations in which they are grounded, and hopefully with a slightly different set than now exist.

Nowhere in our society, with one possible exception, are the ideas of true leisure and of spurious "leisure-time" more seriously and disastrously confused than in the case of predominant attitudes to the aged and, in fact, to aging. The crux of the matter, once such distressing problems as those related to illness, physical incapacity of a serious nature, and material standards of living have been considered, and they are all related, is that the aged now "enjoy" a brand of enforced leisure time which we keep confusing with genuine leisure. At least we hope the one will grow into the other. In our opinion, on the basis of present planning and the attitudes just described, it is a vain hope. In our terms leisure-time is merely empty, uncommitted time; time in which there are no demands except those of minimal self-maintenance, and in which there is apparently great freedom of choice and self-determination. But it is also for many, time without hope, without expectation and challenge, without purpose and without future. And it is abruptly all these things after a lifetime in a society dominated by concepts of the future, of expectation, of work towards some goal. On the other hand, genuine leisure, by our definition, has little to do with time *per se*, but has to do with a state of mind, with a state of being or a condition. It is that condition in which the individual is voluntarily totally involved in some task of greater or less complexity of

magnitude, a task that absorbs all of his attention and ability and which leads to some desirable goal. Hopefully the goal is merely instrumental, in the sense that it leads to a further goal and so on. In our opinion this is the true definition of leisure and it is of great consequence to us because it inevitably involves human learning. Properly conceived that is what it basically involves.

Though no one, aged or otherwise can, or can expect to live continuously in either of these states, one is desirable and in our opinion the other is not. The tragedy is that we are seeing a major opportunity for the latter, genuine leisure, completely wasted. We have not thought it through, nor have we been willing or able until now to face it ourselves and prepare for it. The irony of the matter is that leisure has become a problem for everyone, a sort of menace lurking in the background. The great opportunity is that an intelligent approach to the condition of the aged by everyone, including those now experiencing that state, will teach us a great deal about how to deal with the problem in general. Thus our initial point is made: that those now in the category generally classed as the "aged" are in fact learning things that we have not learned and perhaps cannot learn yet. Our task in my consideration of learning is to make it possible for them to teach us about this experience against the overwhelming tendency of the society, aided by rapid technical change which dominates us, to believe that the old have nothing to teach us, that their experience is generally irrelevant to present conditions, and their value to the society is of little consequence, to say nothing of their value to themselves.

The CAAE will not comment in any detail on problems of housing, welfare, medical facilities or basic standards of living. They have been for good reason a major preoccupation of the Committee, and arguments have been suggested or advanced by a series of extremely able witnesses. We will observe, however, that these matters are inextricably bound up with the attitudes we are presently discussing. This society like others is work-dominated, and it pays gladly and well for functions and services believed to contribute to goals of productivity and the like. Thus the discussion of support and provision for the aged takes place almost entirely out of the normal context of value and has few criteria to inform or direct it. Pensions, for example, are apt to be measured against payments made for unemployment benefits or the succouring of indigents and other welfare cases, since these two are values associated with non-productivity. However, in many of the latter cases there is an element of future, hoped-for productivity, while in the case of the aged there is none.

Our task here is to re-assert or to attempt to re-establish value so that some standard of social provision can be clearly evolved that is based on other criteria than conventional work and productivity. We are inclined to believe that this value is to be found in learning and its alternate teaching. We believe along with Dr. Wilder Penfield[1] that every year has its commensurate lessons to be both taught and learned. To solve this problem of value, to describe and confirm a purpose of great consequence to the society for normal human beings who have been thrust out, or perhaps better have graduated from the overriding preoccupations of the society—work, professional development, money, child-rearing, etc—would be a great achievement. It cannot be done perhaps in a single generation, but the existence of this Committee indicates that it is time to begin.

As a basic principle the CAAE would like to observe that chronological age is probably the least useful basis upon which to group human beings or in which to make decisions about them. It may be the fascination of an empirical age and society for numbers that inclines us to this nonsensical simplification, but other than for pre-pubescent children, age is a most misleading

[1] Penfield, Dr. Wilder, A Second Career.

and insulting generalization. With this in mind, we wish to draw the Committee's attention to other developments in our society related to this dangerous misconception. What we refer to is the present pre-occupation with "youth" which is existing in parallel with the interest in the aged. The Ontario Legislature is presently undertaking an investigation into the subject by means of a Select Committee. It is also undertaking a similar investigation by the same means into aging. One cannot help but wonder about the individuals in between who presumably are carrying out these investigations. Hopefully their turn will come soon, for our entire approach is based on a suggestion that not only do they, who manifest the ruling themes of the society, and who basically have the power to maintain or alter them, investigate these problems, they also create them. Until attitudes in this in-between group are at least examined and brought to consciousness, these problems will remain basically unsolved. The isolation of individuals from the mainstream of their society because of their age is in our opinion the major problem, and no special therapy determinded on the same basis will much affect the fundamental problem.

The young and old share many of the same characteristics:

1. They are members, in the loosest sense of the word, of socially or economically determined groups; groups which have no real psychological or individual significance. All individuals over a certain age do not necessarily feel alike and do not particularly want to. One has the impression that this isolation in day centres, homes, etc., and the common feeling of being left out of the society, are all against their individual wishes. The sense of community among youth is perhaps more securely founded since they have all experienced one overwhelming collective condition, namely school. Yet a closer examination indicates that the official voice of youth so arduously cultivated by this society is of in-school youth, high school and university, while there is a very great division between in-school and out-of-school youth.

2. The condition of their isolation is basically economic. While they are regarded as markets by the economy, increasingly it is clear that the economy does not want their participation in productivity. They are both surplus labour. They have both been separated from the only citizenship that this society really teaches, that is economic citizenship—the marketing of labour, the support of oneself and other individuals. Thus they have no real purpose or role in the society. For youth there is the expectation on our part that they will eventually have a role and must prepare for it, for the aged there is no expectation whatsoever of future social function.

3. They are both isolated from the major institutional controls of the society. That is, they are not controlled by the economy in the sense of having jobs to do, professions to advance, or unions to maintain. And school no longer holds the youth that are of greatest concern. Both are isolated from their families and family concerns in the sense that the young people are laboriously extricating themselves from childhood dependence, while the aged are for the most part being thrust out with only diminishing roles to play. Thus both are subject to other more loosely gripping institutions such as the mass media, and in the case of the young, all kinds of sports and entertainment. One has only to remember the political movements among the aged in the United States in the thirties and forties to see what happens when normal institutional preoccupations are relaxed or removed. The aged perhaps respond less collectively and immediately than the young, for they have had long experience of these normal

institutions, and though no longer needed by them, they still need them. It is interesting to note that the housing arrangements created for the aging, and not altogether welcomed in many cases, would be much more suitable for the young, who having been collectivized by schooling revel in communal living conditions and the like. In fact they create them themselves as soon as they can, as rows of huge apartment houses largely filled by the 19-25 year olds indicate. The same is true of some suburban areas for young families.

4. They are to a large extent invisible in the day-to-day replications of the society. Though it is more popular to cater to youth, it is again in-school youth that is endlessly represented. There is little reflection of interests of out-of-school youth until it enters the work-centred organizations and almost none of the aged, who live as one woman puts it, in the crevices of the society.

5. They both experience an enforced leisure-time and are excluded from the mainstream of the society. Neither has had any preparation for genuine leisure, nor do they have much access to the facilities for practising it. However, both groups are learning about how to adapt to this situation and perhaps are in the act of creating new institutions of leisure that bear examination.

6. Both groups are excluded from a teaching role. There are no traditions remaining for the young to learn from the old. Our commitment to technological change has destroyed them. Nor are there any traditions for learning from the unemployed young. We are only interested in teaching them. If they are to be reinstated in the society it must be on the basis of a belief that we have something to learn from them and on the provision for that to become possible. Isolation in their own groups is an open admission that either they have nothing to teach us, or, if they have, we don't want to learn it. Only social conflict of a serious nature can come from such a prejudice.

7. Finally it may be that by their very isolation these two groups can help each other. It would be wrong to depend on them for long, but in a number of countries there are examples of youth providing special services for the aged on a voluntary basis, an impressive opportunity for learning for both participants, and of the aged providing special help as counsel to the young, where their experience is still valued, and where the threat of the sort of parental-child rivalry that exists between immediate generations is not present. The sociological evidence in support of the fact that people generally do not ask advice across generations is very strong. But perhaps it may be possible by conscious and deliberate intervention to reverse this tendency where experience and interests are relevant.

We have introduced this parallel because we believe that the existence of these two groups throws light on both problems and supports a particular argument. The argument is that the impact of automation and the threatened alteration in the relation between work and income, between work and social and individual value is not something that will come, but something that has in fact arrived. It is manifesting itself precisely in these sectors of the society least able to protect themselves from it, least able to hide it through political or economic arrangements. This leads us to the conclusion that these are not just problems of aging or of the very young, but of the entire society. That is to say that any educational recommendations, any application of learning must

be concerned with two aspects: those factors governing the entire society which make these conditions of being young or of being old into social problems; and those factors peculiar to being young or being old that can be worked with or altered by the young and old themselves.

It is pretty obvious that most of the responses to the social and psychological problems of the aged represent the latter approach. That is, most of the present efforts are devoted to an attempt to re-establish the aged within the conventional purposes of the society. For example, the present policy of the United States Department of Labour to make elderly people available as counsellors to young businessmen, usually young men operating small businesses, or the slight tendency to extend the age of retirement now appearing in a number of institutions indicates an intent to slow down the rapidity with which they are discarded by the existing system. It is a useful idea for some and should be pursued by our government and industry, only it needs to be pursued more intelligently. To our knowledge no attempt is yet being made to teach the individuals occupying these roles how to perform them. Counselling, for example, requires some skills. Nor has there been a disciplined attempt to identify those areas where length of experience still bears some considerable relevance to present day concern. Teaching for example, management, the arts and politics are all areas for which some proportion of the aged could be trained. This response, however, while it means some adjustment in the controlling society to accept elderly individuals without prejudice, still represents an attempt to recover them for existing values. That is they are being either returned to or reintroduced into the work segment of society. They are retained in the type of work for which the society now pays, and hence their sense of value is restored.

Although this can perhaps be done for some, and perhaps for the present generation of aged, the evidence suggests that it is only a short-term relief. All of the tendencies of the economy suggest that in its present basis of work-rewarded-by-payment, it cannot sustain an increase of some sorts of labour. This appears to be true both in the case of the young and the old. The young are increasingly put into school on the basis of a concept of preparation, but the same view cannot be applied to the old. To continue on this policy for more than the life-span of the present aged will be to introduce a vast paralyzing system of featherbedding which in the long run fools no one and corrupts everyone. Nothing is more destructive of human beings than to perform tasks that everyone knows are either redundant or valueless. However, there is a short-term and a small long-term value in this and we shall return to it in our precise recommendations.

The alternative then is to face the fact that we are meeting the first opportunity to experiment with a suggestion that economists have been making more and more frequently in recent years: that we shall have soon to separate productivity, or immediate simple productivity, from income, and provide a basic living standard for all, while depending on other incentives than pay for purpose and growth in our society. One of these incentives or conditions might be the fact that human beings, and this surely is more clearly illustrated by the aged than anyone else, do choose and will choose to devote themselves to purposeful, valuable activity if the purpose and value are clear in their own eyes. It is perhaps too soon to envisage an entire society of this nature, but the fact appears to be that it already exists among the aged. Thus, from this point of view, we should be encouraging an earlier, not a later age of retirement, or at least a choice, as now exists in some places. And we should urge the careful examination and testing of activities chosen by those individuals free of the need to "earn" a financial standard so that human ability can be more clearly and freely related to social demands and social possibilities.

We need to ask what individual or group activities are socially possible for people to choose; which we have not been able to put on a fee-for-labour basis; or which are already so individualized that they can be performed by people of a variety of ages under a variety of conditions (for example the increasing variety of free-lance labour in the society). Surely there are activities which we have never thought of paying for, but which can contribute to the well-being of a single individual or a group of individuals and thereby to the entire society. Secondly we need a careful and continuing examination of how individuals and groups can learn to live this way, now new values are created by people simply embodying them in their activities, now new activities can be swiftly communicated to the society as a whole. In short, we must discover how a true concept of leisure can be developed other than in the professional and artistic classes where it has and continues to exist to the extent that it exists at all.

It must be here observed that, as Dr. Kidd pointed out, there are historical factors to be taken into consideration. For instance, many of those individuals presently over 65 have had very little formal schooling. Since all the evidence of adult education research indicates that those people who continue their education in a formal way are those people who got more formal education as children and young people, than it is not unreasonable to conclude that, with some exceptions, a formal education approach will not be very successful. It is also likely for the same reasons that the present group have fairly deeply implanted attitudes towards their own learning, having grown up largely in a society where old dogs never learned new tricks. There is, however, a way in which this problem can be approached and we shall come to that immediately. We should point out, however, that those who will fall into this category ten years, twenty years, fifty years from now will not only have had more education to begin with but will have lived more or less directly with a concept of continuing education. This concept if properly developed will include any age period that human beings presently occupy, with special attention to the level of physical and to some degree social competence that predominates in each one. Thus those who will enter the retirement period from now on will be more likely to be able and willing to cope with the facilities that can be put at their disposal by agencies of formal education. These should be being developed now.

To some degree there are welcome signs in the emergence of day-schools and classes for adults, of buildings specially designed to suit them, but we have a long way to go. Not only must there be a major change in the attitudes of public school and university authorities to the basic purposes of their institutions, but a careful examination of the methods of administration and finance, and of the types of programs being offered. The test of whether the system of education is truly a system of public responsibility for the growth and development of all the members of the public rather than a preparatory training system for those most likely to be productive in a conventional term of social productivity, will surely come as the group of aged becomes larger and more available for the sort of personal development that formal education presumably offers. It is quite clear now that this attitude is mostly lacking, though with some outstanding exceptions. This being the case, it is the welfare agencies that have responded much more effectively and articulately to the needs of the aged. For a variety of reasons they have been much more flexible and comprehending, and it is a welcome fact that they have. We think, however, that this has placed the whole condition in a context of welfare—as it has done, for example, to a large degree with youth and again made it incapable of solution. With no prejudice to the welfare agencies, and with some embarrassment at the slowness with which educators have responded to this problem,

we think that it is time for a combination of the principles of welfare and learning in a new approach to this problem. Perhaps it is in the combination of these two vital fields of experience and the enlarged and progressive view of society and development it will encourage that we are to learn our second lesson from the experience of the aging.

There are therefore three groups of people, again the word is used loosely, for whom we have recommendations to make. The first is those who are now retired and those who will be in the next ten to fifteen years. The changes in social structure that have already occurred, or that we are urging, will not probably affect this group much. Second is that group now more or less in command of the society; this middle group that controls the conventional institutions and is at the same time imbedded in them. Members of this group not only participate in the mainstream of the society but they determine it. They devote so much time and energy to the problems of youth and age but seem so unselfconscious about their own part in causing them and their own futures. Finally there is the group of the young, children and youth, who are mainly in the grip of the teaching institutions of the society, or outside the other main institutions and whose own experience needs to be assessed and integrated into this mainstream by some more deliberate and conscious attempts than at present. As we write this we are aware of an overwhelming temptation to argue that this is THE only important learning group in the society, and that by manipulating their environment, that is to say, their curriculum, we can attack the present problems more effectively than in any other way. The temptation is compelling because we have been conditioned to believe this. Yet this belief in itself is a major cause of the troubles. More attention to what we can learn from the young as opposed to what we can teach them and more attention to what the combination of the other two groups can learn as well as teach would be more to the point. On this note we conclude a lengthy but unavoidable introduction.

PART II

In a relatively quick and somewhat superficial survey, we are able to discover only a few signs of educational activity with respect to aging, at least among the formal institutions. The extension departments of the University of British Columbia and the University of Toronto have organized high-level conferences to study the problems of aging. These will provide useful background to the major effort being planned by the Canadian Welfare Council and its associates in 1966. This latter is already creating some very valuable self-examination among a variety of individuals and organizations. Since, in our opinion, the major changes must be sought in individual attitudes, we would commend the council for the multi-involvement planning method it is employing.

You have already met with Mrs. Jean Good and the people engaged in the study of the problems of aging. The workshops and conferences they have carried out have been major contributions. We would also commend Mrs. Good for her able approach to the subject at the Adult Centre of the YMCA in Toronto.

A few universities have planned programs in the general field on "preparation for retirement". McMaster University is one of these and its experience is of some interest. In 1961, the Extension Department organized a series of 10 lectures on various aspects of life after 65, which were followed each evening by a discussion period. The 24 participants in the course were recruited mostly through a special invitation to industry and, in some cases, the companies concerned paid their employee's fees. In the two subsequent years, the program was offered in the regular non-credit schedule of the Extension

Department, and in neither season was there a sufficient response to permit the course to be held. The Department concluded that such an undertaking could succeed only if a special effort were made to attract students or if the enterprise had the backing of some organization, such as the Personnel Association. It seemed clear that few older people would take the step of enrolling in such a course at a university in the absence of definite encouragement.

University extension departments across the country impose no age restrictions and older men and women are free to register for classes and, in some cases, for a wide range of less formal activities, carried on off the main university campus. Some universities, McMaster for instance, even admit people over 65 years of age free of charge as "auditors" of their extension courses. But even this inducement is not effective in attracting a large number of older people. For the most part, the universities have made no *direct* appeal.

The program of Sir George Williams University in Montreal consists of regular university lecture and seminar courses. Evening classes absolutely parallel the day program, that is they employ the same teachers, the same subjects, the same courses and examinations. Within this framework, there has been no room for experimental work with special groups. A few retired people register to work for their degree, but usually through full-time study in the day sessions. The authorities report that there are generally several hundred students over 40 in the evening division.

The Joseph E. Atkinson College, the evening college of York University, offers only degree programs. There is, therefore, no likelihood that the College will develop specific courses for those in the older group. There is some possibility that the University will organize a Department of Continuing Education at a later date, and this could offer the opportunity of conducting a less formal program and of providing courses with special appeal for older people.

The King Edward Continuing Education Centre in Vancouver is organized to permit adults to complete high school requirements or senior matriculation standing in either day or evening classes. Optional courses are available in commercial subjects. The Centre fills a very great need in providing a place where adults can pursue formal school studies in an adult atmosphere. During its first season, 1962-63, the Centre attracted students ranging in age from 16 to 52. The establishment of the Centre was an event of great importance in the history of adult education in this country. By their very nature, however, the courses are not likely to appeal to people in the older group.

School Boards in many towns and cities organize a wide range of evening classes for adults. In cities such as Toronto, Vancouver and Winnipeg, many thousands of students enroll and in smaller communities the response is correspondingly great. In most cases, however, School Board offerings are very largely vocational in character. Their purpose is to equip people to earn a living, to help them learn a new trade or to improve their occupational competence. Outside the vocational field, the offerings are mainly conventional school subjects.

In several provinces, the adult education division of the department of education conducts a board program. These provincial activities vary greatly in kind and scope and it is extremely difficult to generalize. Certainly many activities are organized with the community as a whole in mind and many programs appeal to mature people. It is probably true, however, that there has not been any great attempt to make the approach to the older person a positively welcoming one.

It appears that the formal institutions of education have been relatively slow to respond to the problem. It is true that these same institutions, for obvious historical reasons, tend to be dominated by considerations of age, but of the wrong age. Our educational institutions are conceived of as "preparatory" in nature. Add the fact that education in Canada in all institutions has

become overwhelmingly vocationally-oriented, and one can see why they have been slow to respond. Their dominant values are in preparation for work in the conventional sense. Where they have extended into the adult sector, it has been mostly on the ground of some vocational need or other.

One should not blame either the institutions or the individuals involved in this situation, for in many cases they have merely responded to what the educational market demanded. And in many respects they have responded vigorously and imaginatively. But once outside the demands of the conventional values, there has been very little undertaken. It is still true that for the most part the formal system does not seek or encourage outside of the age range in which they come in droves, but rather accept those who come in of their own accord or through some form of occupational pressure. Thus the programs that exist are open to any age, but there is no special recruiting undertaken, no special course or courses planned. Most liberal arts programs are only available at night or at not very convenient times for elderly people, and as we have observed, the programs are heavily vocationally centred. Add to this the fact that most of the contemporary aged are of grade school education only and the problem is laid bare. Not many presumably can conceive of themselves as being able to understand the conventional offerings of a university unless special courses are planned and a good deal of counselling and guidance undertaken.

We should observe, however, that the existing programs are open, and that there are some daytime courses in the liberal arts. It is also true that older people can register for credit courses and even programs for degrees, if they choose and are qualified. Most universities have "mature student classes" governing admission, though we suspect that few individuals are aware of them. Though the accessibility of university programs credit or non-credit will affect only a few of the present members of the aged group, we suspect that there are some who would participate if they knew of the opportunities and if they had access to counselling facilities that would indicate the nature of the courses and the relevance. There is still the problem of cost to be met and, although we are opposed to age conditions attached to scholarships, we do think that some intervention might make this less of an obstacle. It is perfectly clear that the whole system of university financing, or bursaries, scholarships and loans is weighted in favour of the young. What is really needed is an investigation of the whole system of financing part-time and adult students, but perhaps a special system of bursaries for older people might be considered.

What is at the heart of this problem is the re-emergence of the old question of liberal vs. vocational education. The creation of a truly vital, exciting program of studies for individuals with no vocational prospects in the normal sense of the word might reinvigorate this now failing tradition in our institutional intellectual life. It would be a test, perhaps the supreme test, of whether in fact we can reinvigorate a tradition that is devoted to individual being rather than to economic and social doing. The difference in the methods to be followed must be left to another place.

The situation at the level of public elementary and secondary education is if anything worse. Here there is no tradition of a variety of age outside a narrow group of from 5 to roughly 19. Here also there is no concept of extension in which the resources of an intellectual system are not only extended in time and space but re-organized to meet varying experience and conditions. One should not blame an institution for failing to do what it never intended to do. There is grave doubt that there is any real point in an adult re-entering a system physically and intellectually designed for children. Indeed all of our experience indicates that when adults do tackle the learning of skills associated

with elementary and secondary education the conventional grading system simply becomes irrelevant. But if the content of public education is irrelevant to the aged, and to anyone not vocationally bound, it is a quite different matter to say that the principle of providing public education is equally irrelevant.

What we are implicitly arguing for is the responsibility of a PUBLIC system for providing suitable educational opportunities and encouragement to the aged wherever and whenever possible. Given the basic presuppositions of a democratic society, and the fact that the growing number of aged, unlike youth, can and do vote, we fail to see how this can be avoided. Just as special educational facilities have been provided for penitentiaries, hospitals and other special conditions, so they need to be provided for other groups including the aged. Again what is apparent is that the challenge lies in providing the right sort of curriculum and the right kind of planning. Preferably this should be done by the aged themselves. We need to experiment with administrative arrangements comparable to those made by provincial departments for hospitals, sanitoria and the like.

We have been examining the flexibility of and the opportunities in the conventional educational system. We have noted the heavy vocational cast of that system and the accompanying administrative practices and outlook. For this reason it is proper to ask if some other sorts of institutions are needed. It may well be that the emerging "Community-Junior-Regional" College may best be able to undertake this task with its greater flexibility of purpose and curriculum. We suggest that the Committee make a strong recommendation to one of these new institutions to undertake some experiments along this line. Secondly, the urban solution may lie in the setting up of more centres like the Adult Centre of the North Toronto YMCA. Again we suggest that the Y be both encouraged and financially assisted in carrying out experimental activity along this line. We are concerned that the aged be a part of institutions catering to a variety of ages and needs and not isolated in programs and agencies of their own. Without this effort how shall we learn anything from them except of the lonely desolation of redundancy.

Obviously we are arguing for some combination of the resources of applied learning and the flexibilities of social work. This may best be found in the community development movement now preoccupying a variety of agencies in Canada. The aged are part of the community and must be made a more effective part. It would be wise to introduce a concern for the problems of the aging, and some imagination with respect to them into the present activities in this area. Again it is recommended that the Committee draws to the attention of such agencies as ARDA, the Indian Affairs Branch of the Department of Citizenship & Immigration, and the various provincial planning and development agencies, the fruits of its investigation. It will perhaps be in the development of concepts and programs of urban community development that the possibilities of relating age groups on a new basis will be most usefully effected.

There is another most important sector to which we would draw the Committee's attention. It is apparent that the voluntary sector of our society has responded more directly to the problems and possibilities of the aged than any other. We have already mentioned some examples from Canada. In Great Britain there is a National Old People's Association which performs quite useful services of information and stimulation. Also there is a movement not only to introduce the young while in school to the principles and experience of voluntary activity, but to encourage youth groups to provide some services for the aging. These are perhaps both examples we might consider.

We wish to discuss voluntary action for a variety of reasons. It is quite likely that as the practice of the separation of productivity and income grows in

the society, that it is the voluntary organization that will come to dominate a great part of our lives. Not only are we already uncomfortably aware, as are most developed countries, that you cannot solve your social problems by institutionalizing them—that is by entrusting them all to the state or comparably large institutions—but also that the voluntary act, aided by the voluntary organization is performed with love and devotion and with greatest satisfaction to the individual because it is voluntary. This means that in a great many sectors of society, particularly those of youth and the aged, the voluntary principle must be taken much more seriously and planned for. Voluntary action is not just a means of doing something cheaply or something that the state will eventually take over. It is a principle of action in its own right and a highly desirable one. But it has techniques and practices of its own that can be and should be learned.

Secondly it has long been apparent to adult educators that their work encompasses two sorts of people, or people in two different roles, the student and the member. The student sets out self-consciously to learn something, associates himself with an educational institution, pays his money and is taught something on its terms. The member commits himself to some particular goal of action and then finds that he must learn something in order to accomplish it. The approach to learning is quite unselfconscious and any suggestion that he is now "a student" may frighten him away. He is aware of what he needs to know and usually wants it on his terms. By far the largest number of participants in adult education have been members and probably will continue to be.

It will be obvious by now that we think that the best approach to the present group of the aged and to a proportion of all of them is through the principle of voluntary action and organization. We are not arguing that they should be incarcerated in their own organizations, in fact, just the reverse. We think that they should be actively encouraged to take part in the existing voluntary organizations, form new ones that would include people of any age, and that where necessary they should be taught the skills of voluntary activity. This is how the interest in learning will be stimulated. On the other hand, existing organizations should be encouraged to seek out and enlist the aged, not just for some menial exploitation but so that they may assume active roles in the affairs of these associations to the extent that their time and strength will allow. Obviously this needs more direct attention than it is presently getting. Many of the present aged have not taken part in voluntary activity before and have no idea of what opportunities exist or how to go about acting on them. Any study of voluntary organization indicates that the participants have already volunteered in the simple sense of the word but in fact have been invited. Some active recruiting might be very helpful at the moment.

PART III

We have made our basic recommendations in general and have tried to explain the thought that lies behind them. We now propose to review them in specific detail, adding a number of explicit suggestions so far omitted from the general argument.

1. It would be plain by now that common to all these groups already identified is a need for access to counselling and guidance. Our experience tells us that information of any detailed nature travels very slowly in this society. Particularly is this true of information relevant to educational decisions. Any individual outside the group compelled by law to attend school, needs to know not only what educational opportunities are available, *but whether*

they are relevant to his own educational background. At the moment counselling facilities are either inaccessible to the normal bulk of the population or they are so heavily vocationally-dominated as to be thought irrelevant to the aged, both by the aged and the counsellors alike. The two main sources of counselling are the schools and the National Employment Service. Some adult schools, notably Vancouver and Winnipeg, are providing counselling services for adult students but, again, this is apt to exclude the aged. We might begin with the provision of educational counselling especially for the aged through welfare agencies. No doubt some is already going on. But the concept of counselling and its relevance to every citizen in a complex society needs expansion. We visualize a time when every shopping centre will hold a counselling agency and individuals will go there as they would to a doctor. We must expand these opportunities immediately and there is no reason why they could not be supplied at least experimentally by the NES, or perhaps on a voluntary basis as is being done by a group in Toronto. But information about them needs to be distributed.

2. For the Young (Group 3)

(*a*) We would suggest that this is a time when the principle of voluntary action could be introduced. Many young people do organize voluntarily for their own purposes, but they grow up, by and large, with no idea of the extent or function of the voluntary principle in Canada. England now makes voluntary experience part of the final years of some secondary schools. We think that something of the same might be tried here.

(*b*) We think that every secondary school should introduce a course devoted to the principles of life-long learning and the aspects of "becoming" in the contemporary world. It is apparent that only a few models of experience are of much use in a rapidly changing society. Surely the variety of roles to be played in this society is something that needs to be brought to self-consciousness at least at the secondary level. Young people learn almost nothing about the system that educates them, except in the particular. They know nothing of the demands on their learning ability that come after school, nor of the facilities available; they learn little about the actual patterns of careers and the various watersheds over which they must pass. For the most part the elements of the popular culture which most engage them, and which are so anxious to exploit them, are cruelly misleading about the realities of growth and development. We seem anxious for our children to be responsible but singularly reluctant to provide any real perspective for them to be responsible about.

(*c*) We might try to relate some groups of youths directly to groups of aged around joint projects. There is some experience with this that seems promising.

3. The Middle Group (Group 2)

(*a*) In reality this entire brief is aimed at the attitudes in this group since there is where the changes must come. But we shall not rehearse everything we have said. It is apparent that a great deal more thought must be given to the ramifications of this problem than is presently being given. The National Conference on Aging as at present conceived will be most useful provided it is not seen as members of Group 2 doing something for somebody else. The most important thing they can do is to reflect on their own attitudes. What would be of most use is for the Committee to make sure that its records and decisions are widely considered. The CAAE would be glad to help in this effort.

(*b*) It is this group that is coming to understand how to combine learning and work and how to carry the habit of learning past the period of conventional

work. This means a much greater expansion of learning facilities for adults and the encouragement of learning for other than immediate vocational purposes. It means an attempt to make learning available at all levels to adults and to drop the belief that the liberal aspects of education are pertinent only to the more intellectual, the already better educated of the society. There is a great deal to do in the arts to make their non-professional practice far more accessible to many more individuals.

(*c*) This group must actively seek the participation of both young and old in voluntary organization. Any of the existing organizations can do it if they want to. Areas where experience is still relevant surely are politics, the arts, welfare, and educational activities.

(*d*) This group in co-operation with the aged must begin to develop non-vocational curriculum. We would suggest that some deliberate experiments of this nature might be commissioned by the Federal Government through CAAE or the YMCA or some other agency that would involve social workers and educators. Such a curriculum would include public affairs, the arts, handicrafts, with the facilities and equipment to undertake it properly.

4. The Aged (Group 1)

(*a*) We have already indicated a variety of steps that require the active participation of members of this group as well as of members of Group 2. Any educational endeavours must include the active participation of the aged as well as of others. It is not just a matter of asking them what they want and providing it. It is a matter of seeking their assistance in experimenting with activities that they will undertake but that will also be appropriate for others. We are asking their assistance in the exploration of the whole question of true leisure. Such an undertaking obviously needs planning and direction, and the creation of specially trained and designated staff. We think that this might be provided experimentally in two places, a centre like the Adult Centre in Toronto and at one of the emerging Community Colleges.

(*b*) We think that every effort should be made to encourage organized voluntary activity towards some end other than their own immediate amusement. If necessary special classes in voluntary action and leadership might be held, though we believe that these will follow the introduction of opportunity for voluntary action. Again this will need special information services and encouragement.

(*c*) We suggest that the Small Business Branch of the Department of Labour undertake a scheme comparable to the American program of bringing together young businessmen in need of management advice and older men with experience. We believe that this should be experimented with in order to learn what both parties need to be taught if they are to make such co-operation work. At the same time the various Women's Divisions of the Federal and Provincial Departments of Labour might experiment with relating older women to some form of domestic extension. The system works to a slight extent now in urban areas through baby sitting agencies, but it is hardly a very satisfactory system.

(*d*) We would suggest that existing educational agencies such as Public Libraries, Museums, Art Galleries and the formal institutions of education need to experiment on their present bases of operation with special programs for the aged. Times, facilities and content need to be formally examined.

As we have argued throughout, this problem represents a major issue for our society, involving not just some make-shift provision for those unfortunate enough to have grown old but a re-examination of our entire social structure and outlook. It is obvious that we all have things to learn about it, as well as about the manifestations of learning themselves. The concept of continuous

learning so much at stake here involves a society in which there is some continuity. It is this shattering lack of continuity in the lives of our citizens young and old that is precisely the major problem.

Allport concludes that:

> "In this intricate process of growth we encounter the puzzling question: What is the relevant importance of earlier and later stages of development? We know that there are layers in each person that are archaic and composed of relatively isolated earlier systems. Yet there are also layers in which a man is fully adult, his psychological maturity corresponding to his age. The drama of human life can be written largely in terms of the fruition engendered between earlier stages and later stages of development. Becoming is the process of incorporating earlier stages into later; or when this is impossible of handling the conflict between early and late stages as well as one can."

The same thing might be said of a society, and it is this conflict to which this brief and the work of the Committeee are presumably directed.

It is to the restoration to our society of a manageable, reasonably uninterrupted process of "becoming" that we believe is the central problem, and to that we would apply our own concept of the learning society. It is a society in which each individual is assumed to be learning, but also it is assumed that he has by reason of his existence something to teach. Whether he gets a chance to do either is of course up to our imagination and ingenuity in the control and development of social processes, some of which we have proposed and elaborated. But however successful we are at realizing the belief, we are required to believe that it is true, and so in however magnificent or miserable a way, in whatever grand or humble circumstances must everyone else, young and old alike.

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APPENDIX "U-1"

INCOME CHARACTERISTICS OF THE OLDER POPULATION

SUBMISSION TO THE SENATE COMMITTEE ON AGING

Prepared by J. R. Podoluk, Central Research and Development Staff
Dominion Bureau of Statistics, Ottawa, October, 1964

STATEMENT ON INCOME AND OTHER CHARACTERISTICS OF THE OLDER POPULATION FOR SUBMISSION TO SENATE COMMITTEE ON AGING

D.B.S. Statistical Program

A number of the earlier submissions to your Committee have mentioned deficiencies in the statistics available for the older population. Some brief comments on the D.B.S. program of income statistics may be helpful.

The inadequacy of income data in respect to the older population for past years is simply a reflection of some of the past inadequacies in our overall income statistics. The first D.B.S. survey whose main purpose was to collect income statistics was only carried out in 1951 and consisted of a small sample of 5,500 non-farm families. Since then D.B.S. has carried out seven more surveys which have been expanded to interview larger samples of families and to collect more information about the financial circumstances of families, such as the amount of assets held and the amount of indebtedness. Although the size of the sample interviewed has grown it is still relatively small—in 1962, for example, the sample consisted of 10,500 families. The surveys have provided a good general picture of the income distribution in Canada and the extent of changes through time but they have not been satisfactory for the study of very specialized problems—for example the income and other characteristics of the older population. The surveys have provided statistics on the size of incomes of the older population and how they are distributed but the samples are too small to be a means of analyzing, to any great extent, why the older population has a particular type of income pattern. The survey in 1962 included only 1,800 family units whose heads were 65 and over and only 2,600 persons aged 65 and over in receipt of an income. This may provide some evidence as to why the surveys yield such limited information.

The successful experience with the collection of income statistics on surveys and the growing interest and need for income statistics for the study of economic and social problems prompted D.B.S. to include income as one of the statistics to be collected on the 1961 Census of Canada. Such statistics were obtained from 800,000 households, again with the exception of farm households. Some of the statements in other briefs have suggested that D.B.S. has not provided enough data in respect to the older population from the 1961 Census—an examination of the census reports should indicate that substantially more information is being provided than on any previous census and one important expansion is in respect to income statistics.

Further, D.B.S. has initiated a number of post-census research studies in the form of monographs, the results of which D.B.S. intends to publish. One of the scheduled studies will be devoted to an analysis of the income distribution in Canada and one section of this study will be devoted to the older population. An extensive special statistical analysis of census and other data has been planned for this study. These statistics should become available within a year

and it is the intention of D.B.S. to make the data available for public use as well. The monograph will discuss other topics as well—as for example, low incomes. It is hoped that the data to be published in the Census reports and to be tabulated for the monograph studies will provide a large volume of detailed income data never before available.

Since the 1966 Census will be a simple one it is unlikely that equivalent information will again be available until possibly 1971. However the D.B.S. program of sample surveys is a continuing one and these should continue to provide more limited data in the inter-censal period.

Because these research studies are barely out of the planning stage it is not possible in the remainder of this paper to attempt more than a very sketchy outline of some of the obvious characteristics of the older population, using data which are readily available.

GENERAL POPULATION CHARACTERISTICS

Before discussing income itself, some of the population characteristics of the older age groups should be commented upon. Some of the characteristics described affect incomes while others may be partially the result of the income distribution. Income statistics can only be viewed with some perspective if they are correlated with economic, demographic or social variables with which income is interrelated.

In the study mentioned previously, some examination will be made of the population which is moving out of later middle age into old age—the population 55 and over. However, the analysis which follows will be restricted to the population 65 and over and will be based upon both census data and the statistics collected in the sample surveys.

The most obvious statistics available about the older age group is its size—in 1961 there were 1,391 thousand persons aged 65 and over in Canada—7.6 per cent of the population. This is a higher proportion than fifty years ago when, in 1911, it was only 4.6 per cent. The increase in life expectancies is probably an important explanation as to why the proportion has risen over the half-century. Surprisingly, however, the proportion is somewhat less than in 1951 when 7.8 per cent of the population was 65 and over. High birth rates and high immigration in the decade following the war are possible explanations of why there was a minor decline in the proportion of older people to the total population. For many purposes it may be more meaningful to consider the proportion of the older population to the total adult population which can be defined as the population 15 and over. Of this population some 7 per cent were 65 or over 50 years ago or 1 person in 14; in 1961 it was 11.5 per cent or approximately 1 person in 9. The older population as a percentage of the adult population was higher in 1961—11.5 per cent, than in 1951 when it was 11.1 per cent.

Geographic Distribution

Now as to where this population lived—the highest proportion of older population was found in rural non-farm areas with the second highest in urban areas. Surprisingly, the farm population showed the lowest percentage of older population. This may be due to the present definition of farm population which is population resident on an agricultural holding. Many of these are not economically dependent upon farming. A more restricted definition of farm population in terms of population economically dependent upon agriculture would probably show a different age distribution with a higher proportion of older population. The higher incidence of older population in rural areas may be the result of the movement of younger people of working age into urban areas.

By provinces, the province with the highest proportion of older population was Prince Edward Island where 16 per cent of the adult population was 65 or over—or approximately 1 person in 6. The population of this province in 1961 was almost at the same level as it was at the turn of the century—there appears to be a continuing movement of younger people out of the province with the result that the population which remains tends to be an aging one. The province with the second highest ratio of older people was British Columbia where 15 per cent of the adult population was in the older group. This can perhaps be attributed to the fact that British Columbia is the Canadian equivalent to Florida—a place where many persons move on retirement because of a more favourable climate. The province containing the lowest proportion of older population in the adult group was Quebec where only 9 per cent of the population was in this age bracket—or 1 adult in 11.

Marital Status

Now as to other characteristics—although women have a longer life expectancy than men, surprisingly the male-female ratio for the older population in 1961 was close to 50-50. In numbers, there were 674 thousand males and 717 thousand females 65 and over or 48.5 per cent were males and 51.5 per cent were females. More surprisingly still is the fact that the 1961 Census is the first census in this century to show a higher proportion of women than men in the older age groups. In 1951 the number of males 65 and over was 551 thousand, the number of females 535 thousand. This means that although the total population 65 and over increased by 28 per cent over this decade, the increase for males was only 22 per cent while for females it was 34 per cent. The higher proportion of males to females in the earlier decades may have been the result of immigration patterns—traditionally a higher proportion of immigrants are males, so that, despite the higher life expectancy of women the flow of male immigrants through this century may have counter-balanced this to result in a larger male population. The year 1956 appears to have been the turning point in the reversal of the past trend.

In the opinion of population experts the proportion of women in the older population will continue to increase over the coming decades. The proportion of the older population to the total population should also continue to rise. For example, population forecasts prepared for the Royal Commission on Health Services forecast that by 1991 almost 9 per cent of the population will consist of persons aged 65 and over. Of this group 43 per cent will be men and 57 per cent will be women.

When one probes further into the statistics for each sex, differences emerge as to how each fits into our population structure. Almost the same proportion of each sex was single in 1961—nearly 11 per cent of men and slightly over 10 per cent of women. However only 20 per cent of the men were widowed or divorced while some 69 per cent were married. This means that more than two-thirds of the men in the older age groups still had their wives with them and so remained part of a family group. The reverse was true for women—only 41 per cent of women were still married while approximately one-half were widowed. This means that, in total, three-fifths of women in the older age groups were not part of what is considered a normal family group—that where a husband and wife are still together. An examination of census data indicates that the percentage of married women in the older population is declining while the percentage of married men is rising. If the expectations as to the composition of population growth in the future are realized then it is likely that, not only will the population of older women grow more rapidly but an increasing proportion of them will be widows rather than married women.

Employment

Now as to some other characteristics of the older population. Generally the older population was retired with only a relatively small proportion reporting any employment—and generally it was the men who were more likely to continue working. In 1961 about one-third of the men were working at census time or had worked during the year preceding the census. For women the proportion was only 7 per cent. Twenty years earlier in 1941 about fifty per cent of the older male population had been in the labour force. Thus there has been a sharp decline in the extent of labour force participation among men in the older age groups. For women, on the other hand, there has been some increase—in 1951 only 5 per cent of older women reported employment. In numbers, the number of men 65 and over working in 1961 showed no change from 1951 while the number of women working almost doubled. This suggests that women are making an increasing effort to continue working beyond 65.

Another interesting facet of the employment patterns of the older population was that those who were self-employed on their own farms or with their own businesses were much more likely to continue working than those who had been wage-earners. About one-quarter of the men still working were working as farm operators while nearly one-fifth were self-employed in other occupations. For male workers as a whole somewhat less than 10 per cent were farmers and approximately 10 per cent were other self-employed. Among the older women workers the same pattern tended to be evident—about one-fifth of older women workers were self-employed while for all women workers this ratio was only 5 per cent. There is no ready explanation of why the occupational characteristics of the older population differed so markedly from the overall labour force. The self-employed are not covered by pension plans and so working beyond 65 may be financially more of a necessity for them. On the other hand retirement at a specified age may be compulsory for many wage-earners so that those who work as employees may not have the same degree of freedom in deciding upon their retirement age as do the self-employed.

Household Status

Some comments should also be made as to the living arrangements of the older population. Because the proportion of married women was so much lower for the female population women must, of necessity, have different living arrangements than the older male population. Where a marriage was still intact so that the husband and wife were still together, or where a married woman was still head of a family, the usual pattern was for the family to maintain its own home. In 1961, approximately 54 per cent of the older population was in a family group and had its own home (or 63 per cent of men and 45 per cent of women). A very small percentage of older couples (2.5 per cent) doubled up with relatives while an even smaller percentage (less than 1 per cent) lived as lodgers. In general, with few exceptions, in 1961 families with older heads maintained a household of their own. A doubling of an older couple with their younger married children appeared to be relatively rare.

The situation was different where a man or woman was left alone. For both sexes the most frequent solution was to maintain their own household—an apartment or house. Nearly one-quarter of older women maintained their own home and in the majority of cases they usually lived alone with no other person present in the household. With men the proportion keeping their own home was approximately 15 per cent—again in the majority of cases they lived alone. Some 17 per cent of women went to live with relatives, usually married children—for men this ratio was nearly 8 per cent. These persons, while they did not form part of a normal family did form part of a different

type of family group. Approximately 5 per cent of women lived as lodgers while 7 per cent of the men were lodgers. Nearly 5 per cent of the female population and 4 per cent of the male population were in institutions such as homes for the aged, nursing homes etc. The table below summarizes the situation:

Household Status of Population 65 and over
June 1, 1961

	Male	*Female*	*Total*
	Per cent		
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)			
Own household—living alone	9.8	15.5	12.7
Own household—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	5.2	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: 1961 Census of Canada Reports 93-512 and 93-521.

The remainder of this analysis will be on the income distribution of the older population. The statistics used will be those collected in the 1961 census and in the series of sampling surveys mentioned above. It should be noted that these statistics do not include some or all of the older population residing on farms.[1] The population living in institutions is also excluded. The incomes of those excluded are likely, if anything, to be lowered than the incomes of the older population for which income data are available so that the average incomes of the total population 65 and over are probably somewhat lower than the statistics indicate.

INCOME PATTERNS

Incomes of Individuals

Sex and Marital Status

As might be expected from the characteristics outlined previously the incomes of women in the older age groups were lower than the incomes of men in these groups and so relatively less favourable.

The income distribution of the older population in receipt of an income is summarized below. The income refers to gross money income from all sources.

[1] The sample surveys include older persons resident on farms who are not farm operators. The census excluded all persons resident on farms. The total number of persons 65 and over excluded from the census income estimates is approximately 250,000. Of these 134,000 resided on farms, 60,000 were inmates of institutions, 28,000 resided in non-private households such as large lodging houses while some of the remainder were missed because they were not at home.

Income Distribution of Population 65 and Over, by Size of Income, 1961

Income Size	*Males*	*Females*	*Total*
		Per cent	
Under $500	3.0	9.6	6.2
$ 500- $ 999	34.4	61.1	47.5
1,000- 1,499	14.3	11.8	13.1
1,500- 1,999	10.7	5.9	8.3
2,000- 2,499	7.6	3.7	5.7
2,500- 2,999	6.0	2.2	4.1
3,000- 3,499	5.3	1.5	3.5
3,500- 3,999	3.8	1.0	2.4
4,000- 4,499	3.1	.7	1.9
4,500- 4,999	2.1	.5	1.3
5,000- 5,999	2.9	.7	1.8
6,000- 9,999	4.1	.9	2.5
10,000 and over	2.5	.5	1.5
Total	100.0	100.0	100.0
Average Income	$ 2,451	$ 1,201	$ 1,835
Median Income	1,440	830	960

Source: 1961 Census of Canada Report 98-501.

As the above table indicates average incomes of women were less than one-half of those of males while the median was little more than one-half. Since more than half of all women in these age groups were not married the data suggest that income resources of many women who have no immediate family may be very limited.

For men highest incomes were reported by married men and the lowest by single men. For women the reverse was true—single women had the highest incomes, married women the lowest. Although widows had higher incomes than married women the statistics still suggest that many widows were left without private sources of incomes and that the old age pension, in a high proportion of cases, was their sole income source. Married men, of course, often have wives with no income so that their income may have to support two or more persons —of the married men over 65 and over, 41 per cent had wives under 65, approximately 27 per cent had wives who were 65 to 69 while 32 per cent had wives who were 70 or over. The majority of wives under 70 years of age have no incomes so that in a considerable proportion of cases—perhaps as much as one-half the time, the income of married men is the sole income of a married couple. The average and median incomes of those with incomes by marital status are shown below.

Average and Median Incomes by Marital Status—Population 65 and over, 1961

Marital Status	*Males*		*Females*	
	Average	*Median*	*Average*	*Median*
Single	$1,698	$ 973	$1,809	$1,066
Married	2,684	1,660	894	750[1]
Widowed or Divorced	1,862	1,043	1,310	871[1]

Source: 1961 Census of Canada, Report 98-501.

As these and the statistics shown previously indicate there are substantial differences between the median and average incomes reported by the older age groups. In fact these differences are greater than for any other age group.

[1] The median is estimated by normal estimating procedures for grouped data, (straight line interpolation).

Because of the concentration of pension incomes at $660 it is probable that the correct median for this group is lower—possibly as low as $660.

The average income is calculated by dividing the total income reported by the number of persons reporting an income. The median income is calculated from the distribution of the incomes reported distributed by size of income and is the point in the income distribution which divides the distribution in half—one-half of income recipients report less than this amount and one-half have more than this amount. Although the percentage of the older population reporting very high incomes is less than the percentage with high incomes in the middle age groups, the percentage in the lowest income brackets is much higher than for any other age group. For example, 3.9 per cent of all males had incomes above $10,000 while 14.3 per cent had incomes of less than $1,000. For men 65 and over these percentages were 2.5 and 37.4 per cent respectively. That is, the proportion of all males with incomes above $10,000 was only one and one-half times as high as that for males 65 and over—at the lowest end of the distribution the proportion of males 65 and over with low incomes was two and one-half times as great as that of all males. In summary, incomes are more unequally distributed among the older population than among younger age groups and, as a result, the average income is less representative of incomes than for other age groups in the population. The median income may be a more useful statistic. Perhaps this can be illustrated by contrasting the figures cited above with the statistics for males aged 35 to 44. In this age group the median income was $4,439 while the average was $5,081. For males 65 and over the median income is approximately 59 per cent of the average income; for males in the 35 to 44 age bracket it was 87 per cent.

Regional Incomes

As is well known, for the population as a whole there are substantial differences in incomes among the different provinces. The underlying factors accounting for such income differentials are complex and cannot be explored here. Some comments can be made as to the differences in regard to the older age groups.

When income data are examined by province, by sex, by rural[1] and urban place of residence for the older age groups, in general, the main impression is that for males, median and average incomes do not vary substantially from province to province with the exception of two provinces—the provinces of Newfoundland and Ontario. Incomes of the older population in Newfoundland are much lower than on the mainland, even much lower than in the Maritime Provinces while incomes in Ontario tend to be well above incomes in the other provinces.

For example, if Ontario and Newfoundland are excluded from the analysis, in urban areas, the lowest incomes reported by males aged 65 to 69 were in Saskatchewan where the average was $3,089, the highest in Quebec where the average was $3,513. The incomes in the other six provinces ranged in between these limits. The Newfoundland and Ontario averages were $2,339 and $3,792 respectively. The same patterns were evident for the incomes of males aged 70 and over.

Great disparity, however, is found between the incomes of the population resident in rural areas and the population resident in urban areas. In all provinces significant income differentials exist between rural-urban incomes. In some provinces, rural incomes of the older male population, on average, were less than one-half of the incomes of the male population in the same age bracket living in the urban areas of the same province. The greatest differentials between rural and urban incomes were evident in the province of Quebec where, for males aged 65 to 69 rural incomes averaged only 45 per cent of urban incomes; for males 70 and over they averaged 49 per cent.

[1] In the remainder of this report refers to rural non-farm.

An examination of the data suggests that rural-urban differences may be the most important explanation for provincial differences in incomes of the older population. For example, the average income of males aged 70 and over in urban areas in New Brunswick was $2,025, and in Ontario $2,487. The New Brunswick average was 81 per cent of the Ontario average. The average income of males aged 70 and over in rural areas was $1,169 in New Brunswick or 71 per cent of the Ontario average of $1,653. For all males 70 and over the average income of $1,569 in New Brunswick was only 67 per cent of the average income of $2,325 in Ontario. This example perhaps illustrates that when rural and urban populations are considered separately inter-provincial differences in income, may to a considerable extent, reflect differences in the rural-urban population weights within the provinces. Average and median incomes by sex and rural-urban residence by province are shown in a table at the end of this report. The distribution of male and female incomes by rural and urban residence for Canada as a whole is shown below.

Income Distribution of Population 65 and over by Rural and Urban Residence, 1961

			Males			
		65-69			*70 and over*	
Income Group	*Total*	*Rural*	*Urban*	*Total*	*Rural*	*Urban*
			Per cent			
Under $500	6.7	9.7	5.8	1.0	1.1	1.0
$ 500- 999	17.9	31.0	13.8	43.3	60.1	37.2
1,000-1,499	10.9	15.3	9.6	16.2	14.8	16.7
1,500-1,999	10.9	12.3	10.5	10.6	8.4	11.4
2,000-2,499	9.0	8.2	9.2	6.9	4.8	7.6
2,500-2,999	7.9	5.8	8.5	5.0	3.0	5.7
3,000-3,499	8.0	4.9	8.9	4.0	2.1	4.6
3,500-3,999	5.9	3.0	6.7	2.8	1.4	3.3
4,000-4,499	5.1	2.6	5.8	2.0	.9	2.4
4,500-4,999	3.4	1.4	4.0	1.4	.8	1.7
5,000-5,999	4.6	2.2	5.3	2.0	.9	2.5
6,000-9,999	6.3	2.6	7.5	3.0	1.3	3.6
10,000 and over....	3.7	1.2	4.5	1.9	.6	2.4
Total	100.0	100.0	100.0	100.0	100.0	100.0
Average Income	$3,163	$1,943	$3,537	$2,071	$1,382	$2,321
Median Income	$2,200	$1,304	$2,565	$1,176	$ 906[1]	$1,353

			Females			
		65-69			*70 and over*	
Income Group	*Total*	*Rural*	*Urban*	*Total*	*Rural*	*Urban*
			Per cent			
Under $500	24.4	26.2	23.9	4.1	2.8	4.5
$ 500- 999	41.5	56.6	37.5	68.3	80.7	65.1
1,000-1,499	11.5	8.2	12.3	11.9	9.4	12.5
1,500-1,999	6.6	3.1	7.5	5.6	2.8	6.3
2,000-2,499	4.5	1.7	5.2	3.4	1.8	3.8
2,500-2,999	2.8	.9	3.3	1.9	.7	2.2
3,000-3,499	2.4	.7	2.8	1.2	.6	1.4
3,500-3,999	1.5	.5	1.8	.8	.3	1.0
4,000-4,999	1.8	.9	2.0	1.1	.4	1.2
5,000 and over	3.2	1.2	3.7	1.7	.6	2.0
Total	100.0	100.0	100.0	100.0	100.0	100.0
Average Income	$1,328	$ 850	$1,455	$1,154	$ 888	$1,221
Median Income[1]	$ 808	$ 710	$ 847	$ 836	$ 792	$ 849

Source: 1961 Census Report No. 98-501.

[1] See footnote, page 10.

Without additional data on the extent of labour force participation, occupation, sources of income and other factors, explanations of rural-urban income differentials are difficult. It is possible that job opportunities are greater in urban areas for the older population. Wages and salaries are also higher. The discussion in the next section indicates the older male population relied to a very substantial extent on earned income as an income source. Lack of employment opportunities may make the rural male population more dependent upon government pensions than in urban areas. Urban workers are more likely to be covered by private pension plans so that upon retirement they may have alternative sources of pension income.

The differences between rural and urban incomes were less pronounced in the case of women although, again rural incomes were lower; there were even less provincial variations in incomes than for men. For example, for women aged 70 and over, excluding Newfoundland, the lowest average income of $962 was in New Brunswick, the highest average of $1,220 was reported in Ontario. The average incomes in the other provinces were within this range with the averages in Quebec, Alberta and British Columbia not much lower than the Ontario average.

Differences in levels of income between rural and urban areas may not result in differences in the levels of living. The rural population may not find it necessary to spend as much on items such as rents or other housing costs or transportation. In the absence of price data and budget studies we have no information on relative costs in different regions. However, the income differentials were so large between rural and urban areas that it is likely that, even if some living expenses are lower, the general level of living of the older population in rural areas is below that of the urban population in most instances. The one exception may be that of women who are left widowed. Incomes of women were low in urban areas as well as rural areas and it may well be that incomes in the urban areas would be no more adequate than they were in rural areas.

Income Sources

An examination of other data shows that the male population had more diversified sources of income as well as higher incomes than women; although government old age pensions were important, a greater proportion of men had income from employment or from private pensions. Further, other types of incomes were more likely to be received by men—unemployment insurance, veterans' pensions, etc. Women, on the other hand, because the majority probably did not work during their married lives would rarely qualify for private pensions and only a small fraction received income from employment. As a result older women largely relied on government pensions or income from investments which may have been inherited from their husbands for their income sources.

Census statistics indicated that of the male population 65 and over, only 2 per cent reported no income during the year. This percentage was 13 per cent for women—the great majority of these were married women between the ages of 65 and 69. Some analysis has been made of the main source of income of older persons in receipt of incomes. The main sources were the following:

Major Source of Income for Population 65 and Over, 1961

	Males	*Females*
	Per cent	
Major Source of Income		
Income from employment	28.8	8.1
Income from government payments (e.g. old age pensions)	48.3	71.6
Income from investments	9.3	14.7
Income from other sources (e.g. private pensions)	13.6	5.5
	100.0	100.0

Source: 1961 Census of Canada. Unpublished data. A version of this table is contained in Report 98-501.

In terms of income levels, for both men and women, highest incomes were reported by those who were still able to work. Those who depended mainly on government payments had the lowest incomes—although even here the men frequently appeared to have some additional supplementary income. For women whose income came mainly from government sources this was more often the sole source of income than it was for men.

The average incomes of older persons with the different major sources of income are shown below.

Average and Median Incomes by Major Source of Income—Population 65 and Over, 1961

	Males		*Males*	
	Average	*Median*	*Average*	*Median*
Major Sourse of Income				
Income from employment	$ 4,420	$ 3,328	$ 2,435	$ 1,875
Income from government payments	960	857[1]	767	775[1]
Income from investments	3,897	2,279	2,248	1,442
Income from other sources	2,575	2,094	1,975	1,682
All Incomes	2,451	1,440	1,201	830

Source: 1961 Census of Canada—unpublished data. A version of this table is contained in Report 98-501.

In summary, men have higher incomes and more diversified sources of income—they are less likely to be dependent upon government pensions and other welfare payments for their major source of income. More than one-half of the males between 65 and 69 derive their main income from working, with investment income and income from private pensions, also more important as a source than government pensions. For just over 60 per cent of those 70 and over government payments were the most important income component. Women were predominantly dependent upon government payments for their income—almost three quarters of all women 65 and over had this as their main income source.

Income by Household Status

Especially in the case of women, the level of income appears to have a bearing upon whether older persons continue to maintain their own home or whether they move in with other relatives or become lodgers. For both men and women incomes were highest for those who were heads of their own households. Average and median incomes by relationship to head of household are shown below.

[1] See footnote, page 10.

Average and Median Incomes by Household Status—Population 65 and Over, 1961

	Males		Females	
	Average	*Median*	*Average*	*Median*
Heads of Households	$2,650	$1,606	$1,595	$ 937
Parents[1]	2,292	924	903	791
Other relatives	1,457	939	1,287	872
Lodgers	1,538	980	1,082	844

Source: 1961 Census Report No. 98-501.

Of the older population which doubles up with relatives, three-quarters usually lived in the homes of their children while one-quarter lived with other relatives—most commonly, brothers or sisters. As has been indicated earlier the proportion of men living with relatives is substantially lower than the proportion of women. The income data suggest that in many cases men could manage to live independently of other relatives although inadequate financial resources are the probable explanation for some of the doubling up. Of the older males living with their children or other relatives over 40 per cent had incomes exceeding $1,000. In the case of women living with their children somewhat less than 20 per cent had incomes over this amount. Women who lived with relatives other than their children were in a better financial position than women who were lodgers. A doubling up with other relatives such as brothers or sisters may also arise out of economic necessity but there may be other factors such as a need for companionship. Brothers or sisters may be in similar age groups and pooled resources may stretch incomes further. In any case, women living in the home of their children have the lowest incomes among older women and it is possible that the level of income may not allow these women to choose alternative living arrangements—nearly 15 per cent of the population of older women are found living with their children.

Family Income

For many analytic purposes it is more meaningful to examine family income—for example, family income is the more relevant income distribution for the analysis of what determines the level of living and consumption patterns. Where a family is still intact the wife may have an income as well as the husand and if there are other relatives present, such as unmarried children, they also may contribute to family income. The census definition of a family is that of a husband, wife and their unmarried children or a father or mother with unmarried children. The average size of such families with the head 65 years or over is 2.4 persons. Although no data are available on the family size distribution the statistics suggest that the majority of such families consist of only two persons—a husband and wife.

[1] These are fathers, mothers, fathers-in-law and mothers-in-law of the head of household.

The income distribution of families with older heads is summarized below.

Income Distribution of Census Families with Heads 65 and Over, 1961

Income Group	*Male Head*	*Female Head*	*Total*
		Per cent	
Under $1,000	9.0	10.4	9.2
$ 1,000-$1,499	16.1	8.7	15.1
1,500- 1,999	13.3	6.7	12.4
2,000- 2,499	7.8	5.0	7.4
2,500- 2,999	9.0	8.0	8.9
3,000- 3,499	7.0	7.4	7.1
3,500- 3,999	5.7	7.6	6.0
4,000- 4,499	4.9	7.2	5.2
4,500- 4,999	4.0	7.3	4.4
5,000- 5,499	3.4	5.5	3.7
5,500- 5,999	2.8	4.5	3.1
6,000- 6,999	4.4	6.3	4.6
7,000- 7,999	2.9	4.3	3.1
8,000- 9,999	3.8	5.0	3.9
10,000-14,999	3.6	4.4	3.7
15,000 and over	2.2	1.7	2.2
Total	100.0	100.0	100.0
Average	$3,967	$4,546	$4,047
Median	$2,710	$3,750	$2,831

Source: 1961 Census of Canada. To be released in Report 98-504.

Where women are heads of families as defined above such families are usually termed "broken families"—consisting of the woman and any unmarried children living with her. The income of the children is the probable explanation as to why incomes were higher for families with women heads than for families with male heads. The children were likely the primary income receivers in these cases. Where the family head was a male, in the majority of cases these families were husband-wife families and the husband's income may have been the sole source of income. As was discussed earlier, where wives have incomes these are usually very low.

Family income statistics indicate that where older persons are still in a family group the income resources of the family as a group are likely to be greater than the income of heads of households alone, although a substantial proportion of families are still found in the lowest income bracket—some 37 per cent reported less than $2,000.

The point has been made in other submissions that such income statistics must be interpreted with caution. The needs of older families can be met with somewhat lower incomes than those required by younger families. The majority of families and non-family persons maintaining their own households live in houses which they own outright, free of mortgages. Older family units are less likely to rent than persons in younger age groups and if they own homes, they seldom have mortgage payments to meet. In addition they may have some other assets such as bonds although any income from assets is included in the incomes discussed above. It is not possible to discuss the asset position in this paper but the latest sample survey which was taken this spring will provide some current data on asset holdings by age groups. The results of this survey will not be available until 1965.

There is another respect in which home ownership patterns of the older population differ from that of the younger families. As is the case with all families, older family units in higher income brackets are more likely to own their own homes than those in lower income brackets although even in the lowest income brackets the proportion of home ownership is high. However,

in younger families the higher the income the higher the proportion owning their own home. This is not the case with older families—home ownership is highest proportionately in middle income brackets and starts to decline as income rises further. This suggests that to a certain point, especially if a house has no mortgage, a family may manage better in their own accommodation. Beyond that where incomes permit there appears to be an increasing preference for occupying rented accommodation.

One final set of family income statistics should be commented upon—those collected from the sample surveys mentioned at the beginning of this paper. The surveys define the family somewhat differently from the Census. In the surveys any relatives living together are considered to constitute a family so that for example, two sisters sharing an apartment would be considered a family rather than non-family members. Further, the theoretical coverage of the surveys is broader so that certain types of families—as for example, some of the families living on farms or non-private households such as lodging houses are interviewed. Some of these families would be in fairly low income brackets.

The most recent survey completed collected income data for the year 1961. The income distribution for families as defined above and with heads 65 and over showed the following pattern:

Income Distribution of Economic Families with Heads 65 and Over, 1961

Income Group	*Per cent of Families*
Under $1,000	8.8
$ 1,000-$1,499	14.0
1,500- 1,999	13.4
2,000- 2,499	8.8
2,500- 2,999	8.1
3,000- 3,499	6.7
3,500- 3,999	6.0
4,000- 4,499	4.2
4,500- 4,999	4.9
5,000- 5,999	7.3
6,000- 6,999	5.5
7,000- 9,999	8.9
10,000 and over	3.5
Total	100.0
Average Income	$3,737
Median Income	$2,809

Source: 1962 Survey of Consumer Finances. Data from D.B.S. publication 13-521.

Despite definitional differences with the census statistics, these statistics are strikingly similar to the census data as to the relative income distribution by size. The lower average income may be partially due to the broader coverage of the survey universe. A complete enumeration of the older population in the census would probably have shown a somewhat lower average income for families in the older age groups than the average estimated for the population covered. However, the median incomes on both concepts show substantial agreement.

Income of Persons Not in Families

For the older population 65 and over who were not members of census families (that is lodgers, persons living alone or persons doubling up with relatives) the income distributions showed the following patterns:

Income Distribution of Persons Not in Census Families, 1961

Income Group	*Males*	*Females*	*Total*
		Per cent	
No Income	2.1	4.8	3.9
Under $1,000	49.4	58.8	55.6
$ 1,000-$1,499	16.6	14.0	14.9
1,500- 1,999	8.5	7.4	7.9
2,000- 2,499	4.7	4.1	4.3
2,500- 2,999	4.9	3.5	4.0
3,000- 3,499	3.5	2.0	2.5
3,500- 3,999	2.3	1.3	1.7
4,000- 4,999	3.0	1.6	2.1
5,000- 5,999	1.5	.9	1.1
6,000- 6,999	.9	.5	.6
7,000- 9,999	1.3	.6	.8
10,000 and over	1.2	.7	.9
Total	100.0	100.0	100.0
Average Income	$1,733	$1,279	$1,458
Median Income	$ 970[1]	$ 769[1]	$ 829[1]

Source: 1961 Census of Canada. To be released in Report 98-504.

These statistics indicate that those persons in the older age groups who are not members of a family group and who are largely dependent upon their own resources are in a much less satisfactory position in respect to income than those who are members of families. Two-thirds of these individuals have incomes of less than $1,200 or less than $100 a month on average. The per capita income of persons who are not members of families is lower than the per capita income for the persons who are members of families with heads 65 and over.

Minimum budget studies indicate that the smaller the family the higher the per capita income required to purchase the budget specified. As families increase in size there are what might be termed economies of scale—for example, three persons do not require one-and-one-half times as much as two persons to attain the same level of living. The United States Bureau of Labor Statistics, using a family of four persons consisting of a head aged 35 to 55, wife and two children under 16 as a standard, has prepared estimates as to what equivalent income families with other characteristics would require to provide the same level of living. One person aged 65 and over would require an income 37 per cent of the total income of the four person family, a family of two with the husband 65 and over would require 63 per cent of the income. This suggests that an older person living alone needs an income some 17 per cent higher than the per capita income of an older two person family to attain the same level of living. Instead, on average, in Canada the per capita income of family members is 16 per cent higher than the average income of persons living alone. Further, the differential between median incomes and average incomes for families is not as great as the differential between median incomes and average incomes of persons not in families. The latter are more heavily concentrated in very low income brackets. The statistics suggest that the majority of this segment of the population have incomes which are inadequate to provide for even very minimum basic needs.

As was discussed earlier, some of the older population doubles up by moving in with relatives. Presumably, where these persons have low incomes, relatives may subsidize them so that they are not entirely dependant upon their own incomes. The incomes of these persons were included in the incomes discussed above. The sample surveys taken by D.B.S. attempt to measure the

[1] See footnote 1, page 10.

incomes of persons living alone apart from any relatives—persons who do not live with relatives or have relatives living with them. The survey statistics indicate that in 1961 the income distribution for these persons differed little from the figures cited above. For 1961 the survey showed the following income patterns for such persons:

Income Distribution of Persons Not in Economic Families, 1961

Income Group	*Per cent*
Under $1,000	59.6
$ 1,000-$1,499	15.7
1,500- 1,999	9.6
2,000- 2,499	4.6
2,500- 2,999	1.9
3,000- 3,499	3.2
3,500- 3,999	.9
4,000- 4,999	1.9
5,000- 5,999	.7
6,000- 6,999	.7
7,000- 9,999	.4
10,000 and over	.8
Total	100.0
Average Income	$1,378
Median Income	$ 831

Source: 1962 Survey of Consumer Finances. Data from D.B.S. publication 13-521.

These statistics reinforce the census statistics and suggest that the critical income problem of the older population is the problem of persons who are no longer part of a family group and that the problem is more critical for women than for men.

As yet no data are available from the census as to the proportion of income originating from different sources. The sample survey for 1961 provides the following statistics on the composition of income:

Composition of Family Income by Age of Head of Family, 1961

	65-69	*70 and over*
	Per cent	
Income from employment	71.4	48.1
Old age pensions	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 Finances.

For non-family members the income composition was the following:

Composition of Income by Age of Individual, 1961

	65-69	*70 and over*
	Per cent	
Income from employment	42.0	17.3
Old age pensions	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 Finances.

These data indicate that for families headed by persons 65 to 69 government payments of various types are still not too significant—somewhat under

10 per cent of income reported; for families whose heads are 70 and over the proportion rises to 30 per cent. Non-family members on the other hand, have a much greater reliance on government assistance. For those aged 65 to 69 about one-quarter of all income is from government payments while for those aged 70 and over one-half of income reported comes from this source. The proportion of income received from government pensions would be much higher for women than for men. For those individuals whose incomes were less than $1,000 for the year the old age pension constituted more than 90 per cent of total income. Thus not only are persons outside families in less favourable income position, the majority rely on government pensions and other government payments for their main income source; such pensions appear to constitute nearly half of all income accruing to these persons.

INCOME CHANGES SINCE 1951

It should be stressed that the data discussed in the previous sections all refer to the year 1961. Since this time two adjustments have occurred in the amount of pensions paid. Old age pensioners would have received $90 more in 1962 than in 1961 while a married couple both in receipt of pensions would have $180 more. For 1963 pension incomes would be $150 higher than in 1961 for one person or $300 more for two persons on pension. The full extent of the annual increases will not be evident until 1964 when the incomes will be $240 higher for one person or $480 higher for two recipients than they were in 1961. This implies that the proportion of non-family members with incomes below $1,000 should be substantially less in 1964 than in 1961; family incomes will probably reflect even greater increases.

Income data have been collected for 1963 but are not as yet available; when these estimates are ready they will provide some information on the effect of the pension changes on the income distribution but not on the full effect.

The survey data from earlier surveys provide some overall statistics as to income changes between 1951, when the first income statistics were collected, and 1961. The survey statistics are inadequate in themselves for probing far into economic and other changes affecting the older population. The year 1951 was the year preceding the introduction of pension payments to the total population 70 and over. In 1951 pensions were only payable on a means test basis to persons aged 70 and over, with no pensions for the population aged 65 to 69. At that time administrative records indicate that 47 per cent of the population 70 and over received pensions granted on the basis of means tests. This group constituted 28 per cent of the population 65 and over.

The federal old age pensions to all persons 70 and over went into effect in January, 1952. At the same time means test pensions became available to those aged 65 to 69. In 1951 the population in receipt of a pension was approximately 309,000 while in 1952 this number grew to 685,000. By 1961 approximately 21 per cent of the population 65 to 69 received an old age pension and almost all of the population 70 and over—in total 72 per cent of the population 65 and over.

Undoubtedly the enactment of the federal legislation provided incomes to large numbers of the older population who previously had no incomes whatsoever. For those in receipt of incomes the pensions must have often represented substantial increments to their own resources. Experience in other countries suggests that the long run effects of such legislation are an undoubling of older and younger generations. That is, older persons, instead of living with children and other relatives, with the introduction of pensions attempt to maintain their own homes independently and so the incidence of older persons living with relatives decreases. Unfortunately Canadian data available from the 1951

Census of Canada do not allow for a verification of this but some tentative evidence suggests that this may have occurred in Canada during the nineteen fifties.

For 1951 the only census statistics available are for families only—no information was tabulated on the status of non-family members. The statistics show that the number and proportion of families with heads 65 and over living with relatives was higher in 1951 than in 1961. It is probable that the proportion of persons not in families who lived with relatives was also higher in 1951. During the nineteen fifties the proportion of older men who were family members rose somewhat, the proportion of older women who were family members declined. The number of women aged 65 and over increased substantially over the decade. This may also have been a factor in the apparently increasing numbers of older persons found living alone. The census statistics indicate a very high increase in the number of single person households consisting of older persons between 1951 and 1961.

Although an analysis of the 1951 sample survey indicates that a greater portion of the older persons in the sample were living with relatives than in 1961, the sample was too small to provide estimates of the family position of the older population. The 1956 Census of Canada, however, does make available data comparable to the statistics shown in page 8 of this memorandum. The following changes were evident over this five year period:

> The percentage of persons in families who maintained their own households remained unchanged.
>
> The percentage of persons who were in families and who had lived with relatives or as lodging families declined.
>
> The percentage of persons who were not family members and who kept their own households rose—this was especially true in the case of older women where the percentage with their own homes rose from 19.5 per cent in 1956 to 23.3 per cent in 1961.
>
> The percentage of persons who were single or widowed and who lived with relatives also declined, both for men and women, while the percentage who were lodgers remained unchanged.
>
> The percentage of the older population in institutions rose somewhat.

In summary there has been a shift away from older persons living with other relatives such as children towards a situation where older families and persons not in families attempt to maintain their own home. How much of this may have been the result of an improved income position during the decade and how much the result of other factors cannot be determined.

The income statistics for 1951 are summarized below. The surveys do not provide estimates of the percentage of the population 65 and over not in receipt of incomes but only the income distribution for income recipients. Persons with no income were probably a substantial proportion of the total in 1951 in contrast with 1961 when only 8 per cent reported no income. For those with incomes the income distribution showed the following patterns:

Income Recipients Aged 65 And Over
1951

Income Group	*Males*	*Females*	*Total*
		Per cent	
Under $500	27.5	67.6	43.4
$ 500-$ 999	24.7	20.4	23.0
1,000- 1,499	14.9	5.3	11.1
1,500- 1,999	9.0	2.7	6.5
2,000- 2,499	8.9	1.9	6.1
2,500- 2,999	4.5	.7	3.0
3,000- 3,999	5.9	.3	3.7
4,000- 4,999	2.3	.4	1.6
5,000- 9,999	1.3	.4	1.0
10,000 and over	1.0	.3	.7
Total	100.0	100.0	100.0
Average	$1,545	$ 664	$1,196
Median	$ 954	$ 370	$ 643

Source: Unpublished data 1952 Survey of Consumer Finances.

These statistics are reasonably comparable to those presented on page 9 for 1961 from the 1961 Census.

Statistics for families and non-family members comparable to those presented on pages 21 and 24 from the 1962 Survey of Consumer Finances are given below:

Family Income of Families with Heads 65 and Over
1951

Income Group	*Per cent*
Under $500	9.0
$ 500-$ 999	16.0
1,000- 1,499	16.0
1,500- 1,999	11.0
2,000- 2,499	8.8
2,500- 2,999	7.7
3,000- 3,999	13.2
4,000- 4,999	7.9
5,000- 9,999	8.7
10,000 and over	1.7
Total	100.0
Average	$2,634
Median	$1,909

Income of Persons 65 and Over Not in Families
1951

Income Group	*Per cent*
Under $500	45.5
$ 500-$ 999	30.9
1,000- 1,499	10.7
1,500- 1,999	5.7
2,000- 2,499	3.7
2,500- 2,999	1.6
3,000- 3,999	.5
4,000 and over	1.4
Total	100.0
Average	$759
Median	$573

Source: Unpublished data 1952 Survey of Consumer Finances.

It should be noted again that non-family members in the surveys are defined as persons who do not live with relatives. It is probable that in 1951 as in 1961 those older persons who lived with relatives would have received incomes lower than that estimated above.

A comparison of the income data for income recipients from the 1951 and 1961 survey data indicates that the average income of the older population in receipt of incomes did not rise as much as much as the average income of all income recipients; however, median incomes rose more than average incomes and the increase in the median income reported was much closer to the increase in median incomes for all income recipients. But it should be noted again that the increase in the numbers of persons 65 and over in receipt of incomes was greater than the increase in the number of income recipients in younger age groups.

When attention is turned to the income position of families with older heads and of persons living alone somewhat divergent trends are evident. Persons living alone in the older age groups reported substantially greater increases in income than did families whose heads were 65 and over. The average income of non-family members rose 82 per cent, the median 45 per cent. For families these increases were 42 and 47 per cent respectively.

	Average Income		*Median Income*	
	1951	1961	1951	1961
Families with heads 65+	$2,634	$3,737	$1,909	$2,809
Non-family members 65+	759	1,378	573	831

Source: 1952 and 1962 Surveys of Consumer Finances. 1952 data are unpublished.

For all families and non-family members the surveys showed the following changes.

	Average Income		*Median Income*	
	1951	1961	1951	1961
All families	$3,535	$5,317	$3,110	$4,866
All non-family members	1,364	2,123	1,100	1,572

Source: 1952 and 1962 Surveys of Consumer Finances. 1952 data are unpublished.

The statistics indicate that families whose heads were in older age groups experienced lower increases in incomes than did families with heads under 65. The average income of all families rose by 50 per cent during this period, for families with heads 65 and over the increase was only 42 per cent. The change in median incomes was 56 per cent for all families and 47 per cent for families whose heads were over 65.

For non-family members the reverse was true—persons in the older age groups experienced greater increases in incomes than did younger persons. The average rose 82 per cent, the median 45 per cent as compared with increases of 56 per cent and 42 per cent for all non-family members. Despite this narrowing of the gap between the incomes of non-family members and families as the earlier discussion indicates, the income position of this group in 1961 was still low in comparison with that of persons in families. At the same time the proportion of the older population who are non-family members has risen.

Because of the increased importance of old age pensions as a source of income a greater proportion of families and non-family members relied on government transfer payments, largely old age pensions, as their major source of income in 1961 as compared to 1951.

The following tables summarize the major source of income reported by non-family members and by families with heads in older age groups.

Major Source of Income	Persons 65+ Not in Families 1951	1961	Families with Heads 65+ 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 governments	38.8	65.6	19.7	34.2
Other (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.

In summary, over the decade incomes of older income recipients rose substantially although not as much as the increases of the total income-receiving population. However, the proportion of the older population receiving incomes increased sharply because of the introduction of pensions. Older families also experienced smaller increases in average incomes than younger families although persons who were not family members showed higher increases so that there was some improvement in their income position relative to persons who were family members. Both families and persons not in families were more dependent upon government payments for incomes in 1961 than in 1951.

The proportion of older families and non-family members maintaining their own homes rose, the proportion living with relatives declined. This may have been partly due to improved incomes and partly to the changing composition of the aged population. The move from living with relatives to living alone appears to have been most significant for the single and widowed population, especially in the case of women.

TABLE 1

Income Distribution of Non-Farm Population 65 and over by Sex and Marital Status, 1961

Income Group	Total	Single	Married	Widowed or Divorced
Males		*Per cent*		
Under $500	3.0	4.4	3.0	2.3
$ 500-$ 999	34.4	48.1	29.9	46.2
1,000- 1,499	14.3	17.0	13.4	17.0
1,500- 1,999	10.7	8.0	11.5	9.2
2,000- 2,499	7.6	5.6	8.3	5.9
2,500- 2,999	6.0	4.1	6.6	4.5
3,000- 3,499	5.3	3.4	6.0	3.6
3,500- 3,999	3.8	2.3	4.3	2.5
4,000- 4,499	3.1	1.8	3.5	1.9
4,500- 4,999	2.1	1.0	2.5	1.3
5,000- 5,999	2.9	1.4	3.3	1.7
6,000- 9,999	4.1	1.8	4.8	2.4
10,000 and over	2.5	1.2	2.9	1.5
Total	100.0	100.0	100.0	100.0
Average Income	$2,451	$1,698	$2,684	$1,862
Median Income	$1,440	$ 973[1]	$1,660	$1,043
Number With Income	529,939	39,478	387,493	102,968
Number Without Income	10,830	1,130	8,062	1,638

Income Group	Total	Single	Married	Widowed or Divorced
Females		*Per cent*		
Under $500	9.6	5.7	15.7	5.9
$ 500-$ 999	61.1	42.4	68.2	59.3
1,000- 1,499	11.8	14.2	7.2	14.6
1,500- 1,999	5.9	9.7	3.1	7.2
2,000- 2,499	3.7	7.5	1.7	4.4
2,500- 2,999	2.1	5.5	1.1	2.3
3,000- 3,499	1.5	4.0	.7	1.6
3,500- 3,999	1.0	3.0	.5	1.0
4,000- 4,499	.7	2.0	.3	.7
4,500- 4,999	.5	1.4	.3	.6
5,000- 5,999	.7	1.8	.3	.7
6,000- 9,999	.9	1.9	.5	1.0
10,000 and over	.5	.9	.3	.6
Total	100.0	100.0	100.0	100.0
Average Income	$1,201	$1,809	$ 894	$1,310
Median Income	$ 830[1]	$1,066	$ 750[1]	$ 871[1]
Number With Income	515,104	48,463	193,767	272,874
Number Without Income	78,265	2,067	62,212	13,986

Source: 1961 Census of Canada.

TABLE 2

Average and Median Incomes by Provinces, Rural and Urban, Population 65 and Over, 1961

Males

Age Group	Total		Rural		Urban	
	Average	Median[1]	Average	Median[1]	Average	Median[1]
65–69	$	$	$	$	$	$
Canada	3,163	2,203	1,943	1,305	3,537	2,569
Newfoundland	1,646	976	1,135	866	2,339	1,442
Prince Edward Island	2,508	1,777	1,730	1,347	3,380	2,496
Nova Scotia	2,482	1,758	1,755	1,336	3,099	2,268
New Brunswick	2,472	1,730	1,810	1,226	3,095	2,297
Quebec	3,145	2,043	1,573	958	3,513	2,396
Ontario	3,580	2,706	2,499	1,776	3,792	2,924
Manitoba	2,963	2,018	1,768	1,106	3,322	2,337
Saskatchewan	2,602	1,847	1,852	1,296	3,089	2,252
Alberta	2,832	1,951	1,801	1,183	3,133	2,224
British Columbia	2,917	2,150	2,146	1,596	3,179	2,423
70 and over						
Canada	2,071	1,177	1,382	906	2,321	1,355
Newfoundland	1,146	834	852	793	1,556	917
Prince Edward Island	1,539	903	1,007	846	2,528	1,206
Nova Scotia	1,698	961	1,168	857	2,231	1,324
New Brunswick	1,569	989	1,169	887	2,025	1,441
Quebec	2,112	984	1,179	847	2,407	1,172
Ontario	2,325	1,388	1,653	989	2,487	1,481
Manitoba	1,917	1,152	1,290	913	2,129	1,299
Saskatchewan	1,788	999	1,563	938	1,955	1,154
Alberta	2,030	1,168	1,464	914	2,211	1,324
British Columbia	2,028	1,275	1,519	981	2,165	1,362

[1] See footnote, page 10. Average and median incomes are calculated for income recipients only.

TABLE 2—(*Continued*)

Average and Median Incomes by Provinces, Rural and Urban, Population 65 and Over, 1961

Females

Age Group	*Total*		*Rural Non-Farm*		*Urban*	
	Average	*Median*[1]	*Average*	*Median*[1]	*Average*	*Median*[1]
65–69	$	$	$	$	$	$
Canada	1,329	809	850	710	1,455	849
Newfoundland ..	676	704	622	706	750	701
Prince Edward Island	861	713	720	673	1,078	811
Nova Scotia	1,043	750	721	681	1,021	836
New Brunswick .	978	769	760	724	1,182	830
Quebec	1,285	798	853	728	1,380	820
Ontario	1,512	874	947	695	1,606	917
Manitoba	1,125	784	792	723	1,221	811
Saskatchewan ..	999	706	856	684	1,090	723
Alberta	1,100	761	886	714	1,150	779
British Columbia	1,292	826	989	735	1,350	854
70 and over						
Canada	1,154	836	888	793	1,221	849
Newfoundland ..	776	769	720	761	835	779
Prince Edward Island	1,009	828	818	799	1,216	867
Nova Scotia	1,021	818	813	787	1,183	848
New Brunswick .	962	804	810	775	1,086	833
Quebec	1,183	815	810	777	1,263	824
Ontario	1,220	858	959	814	1,264	867
Manitoba	1,056	828	870	787	1,104	840
Saskatchewan ..	982	815	911	798	1,026	826
Alberta	1,156	842	973	788	1,196	858
British Columbia	1,173	853	1,013	804	1,202	863

Source: 1961 Census of Canada.

[1] See footnote, page 10. Average and median incomes are calculated for income recipients only.

TABLE 3

Income of Population 65 and Over by Major Source of Income, 1961

Income Group	Employment Income	Transfer Payments	Investments	Other Sources
		Per cent		
Males				
Under $500	2.2	2.4	7.4	3.8
$ 500- 999	3.7	66.5	6.0	5.1
1,000-1,499	6.5	19.7	11.6	13.6
1,500-1,999	8.8	6.7	18.0	24.3
2,000-2,499	10.4	2.4	12.5	16.8
2,500-2,999	10.7	1.2	8.8	11.0
3,000-3,499	11.7	.7	5.9	8.1
3,500-3,999	8.9	.4	4.3	4.7
4,000-4,499	7.7		4.7	3.2
4,500-4,999	5.4		3.1	2.0
5,000-5,999	7.3		4.5	2.8
6,000-9,999	10.5		7.0	3.4
10,000 and over	6.2		6.2	1.1
Total	100.0	100.0	100.0	100.0
Average Income	$4,420	$ 960	$3,897	$2,575
Median Income	$3,328	$ 857[1]	$2,279	$2,094
Number of Persons	152,811	255,818	49,347	71,963
Females				
Under $500	9.9	5.7	28.0	9.6
$ 500- 999	13.3	80.3	11.2	15.3
1,000-1,499	15.0	10.9	12.2	17.2
1,500-1,999	15.7	1.8	14.6	21.6
2,000-2,499	12.0	.9	8.8	13.8
2,500-2,999	8.4	.3	5.7	7.9
3,000-3,499	6.8	.1	4.4	4.6
3,500-3,999	4.6		3.1	2.9
4,000-4,999	6.2		3.7	3.3
5,000 and over	8.1		8.4	3.8
Total	100.0	100.0	100.0	100.0
Average Income	$2,435	$ 767	$2,248	$1,975
Median Income	$1,875	$ 775[1]	$1,442	$1,682
Number of Persons	41,779	368,919	75,895	28,511

Source: 1961 Census of Canada.

[1] See footnote, page 10. Average and median incomes are calculated for income recipients only.

TABLE 4

Income by Relationship to Head of Household
Population 65 and Over, 1961

Income Group	*Head of Household*	*Parent of Head*	*Other Relatives*	*Lodgers*
		Per cent		
Males				
Under $500	2.9	2.9	3.5	3.5
$ 500- 999	30.8	55.5	52.9	48.4
1,000-1,499	13.9	16.3	15.8	17.2
1,500-1,999	11.2	8.2	8.3	8.7
2,000-2,499	8.1	4.7	5.5	5.6
2,500-2,999	6.4	3.3	4.0	4.3
3,000-3,499	5.8	2.8	2.9	3.9
3,500-3,999	4.2	1.4	2.2	2.6
4,000-4,499	3.4	1.1	1.5	1.8
4,500-4,999	2.4	.9	1.0	.8
5,000-5,999	3.3	.9	.7	1.4
6,000-9,999	4.7	1.3	1.0	1.3
10,000 and over	2.9	.4	.7	.4
Total	100.0	100.0	100.0	100.0
Average Income	$2,650	$2,292	$1,457	$1,538
Median Income	$1,606	$ 924[1]	$ 939[1]	$ 980[1]
Number With Income	440,610	42,128	13,201	32,552
Number Without Income	8,033	1,343	378	1,049
Females				
Under $500	5.8	6.5	6.8	6.6
$ 500- 999	50.5	74.5	57.9	62.9
1,000-1,499	15.8	9.9	13.2	13.2
1,500-1,999	8.8	3.7	6.6	6.5
2,000-2,499	5.7	2.2	4.8	4.2
2,500-2,999	3.4	1.0	3.3	2.1
3,000-3,499	2.4	.7	2.3	1.7
3,500-3,999	1.7	.4	1.4	.9
4,000-4,999	2.0	.5	1.8	.9
5,000 and over	3.8	.5	1.9	.9
Total	100.0	100.0	100.0	100.0
Average Income	$1,595	$ 903	$1,287	$1,082
Median Income[1]	$ 937	$ 791	$ 872	$ 844
Number With Income	200,844	82,924	28,770	30,651
Number Without Income	8,515	7,552	1,748	2,121

Source: 1961 Census of Canada.

[1] See footnote, page 10. Average and median incomes are calculated for income recipients only.

TABLE 5

Income Distribution of Families With Heads 65 and Over by Size of Family Income, 1961

	Total	*Male Head*	*Female Head*
Under $1,000	41,483	34,999	6,484
$1,000-1,499	67,730	62,343	5,387
1,500-1,999	55,718	51,586	4,132
2,000-2,499	33,172	30,085	3,087
2,500-2,999	39,932	34,988	4,944
3,000-3,499	31,784	27,210	4,574
3,500-3,999	26,925	22,216	4,709
4,000-4,499	23,314	18,858	4,456
4,500-4,999	19,972	15,479	4,493
5,000-5,499	16,444	13,074	3,370
5,500-5,999	13,697	10,941	2,756
6,000-6,999	20,749	16,879	3,870
7,000-7,999	13,973	11,304	2,669
8,000-9,999	17,647	14,534	3,113
10,000-14,999	16,750	14,007	2,743
15,000 and over	9,733	8,707	1,026
Total	449,023	387,210	61,813
Average Income	$4,047	$3,967	$4,546
Median Income	$2,831	$2,710	$3,750

Income Distribution of Incomes of Non-Family Members Aged 65 and Over by Size of Income, 1961

	Total	*Male Head*	*Female Head*
No Income	17,741	3,282	14,459
Under $1,000	256,047	77,759	178,288
$1,000-1,499	68,655	26,200	42,455
1,500-1,999	35,895	13,460	22,435
2,000-2,499	19,774	7,451	12,323
2,500-2,999	18,370	7,783	10,587
3,000-3,499	11,447	5,475	5,972
3,500-3,999	7,652	3,597	4,055
4,000-4,999	9,514	4,667	4,847
5,000-5,999	5,048	2,428	2,620
6,000-6,999	2,879	1,461	1,418
7,000-9,999	3,837	2,058	1,779
10,000 and over	3,920	1,937	1,983
Total	460,779	157,558	303,221
Average Income	$1,458	$1,733	$1,315
Median Income[1]	$ 829	$ 970	$ 769

Source: 1961 Census of Canada.

[1] See footnote, page 10. Average and median incomes are calculated for all families and non-family members including those without income.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 19

WEDNESDAY, OCTOBER 28, 1964

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESS:
Province of Manitoba: Mr. K. O. Mackenzie, Deputy Minister of Welfare

APPENDIX

V-1—Brief from the Province of Manitoba

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21236—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 the 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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21286—1½

MINUTES OF PROCEEDINGS

WEDNESDAY, October 28th, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators Croll (*Chairman*), Blois, Fergusson, Gershaw, Haig, Lefrançois, Quart and Smith (*Queens-Shelburne*). 8.

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Haig, it was Resolved to print the brief submitted by the Province of Manitoba as appendix V-1 to these proceedings.

The following witness was heard:

Province of Manitoba: Mr. K. O. Mackenzie, Deputy Minister of Welfare.

At 11.45 a.m. the Committee adjourned until Thursday, November 5th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Wednesday, October 28, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Senators, I see a quorum. We have the brief of the Province of Manitoba to consider this morning. May I have a motion to print?

Senator HAIG: I so move.

Hon. SENATORS: Carried.

(*See appendix V-1*)

The CHAIRMAN: Appearing on behalf of the Province of Manitoba is Mr. K. O. Mackenzie, Deputy Minister of Welfare, Province of Manitoba. He is a native of Manitoba, a graduate of the University of Manitoba and of the School of Social Work of the University of Toronto. After serving as Executive Director of two rural Children's Aid Societies in Manitoba Mr. Mackenzie was appointed Supervisor of Child Welfare in the Manitoba Department of Health and Public Welfare. In 1946 he was appointed Director of Welfare for the Province of Manitoba, and in 1952 Deputy Minister of Welfare.

Mr. Mackenzie will not read the brief, but will make a preliminary statement and then deal with your questions.

Mr. K. O. Mackenzie, Deputy Minister of Welfare, Province of Manitoba: Mr. Chairman, ladies and gentlemen, may I begin by bringing the regrets of my minister, Mr. Carroll, who is unable to be present this morning to share with you the experiences of the Department of Welfare in Manitoba and the problems and the policies of the Manitoba Government as they work with the citizens of Manitoba in trying to meet the needs of elderly or aged people in the province. Certain emergencies arose, as they do with ministers, late last week, and I will have to try to do my best to act in his stead.

My preliminary remarks, previous to your questions or discussion, will be quite brief. They will go to the central message that is contained in this statement which we have submitted to you. If I could paraphrase it, it is that government by itself or provincial governments by themselves cannot meet the needs of elderly people. Understanding these needs as they grow and develop, and meeting them, is something that belongs to the total community. The measures or institutions that the total community creates to meet these needs must be understood and shared among the government and the voluntary community of citizens.

We believe that one of the things in Manitoba that precipitated the recent developments for the aged in the province was the study that was carried forward about seven or eight years ago, on a very wide basis, involving many

elderly people themselves. That study was entitled "Age and Opportunity". This was one of the first times in the province when, on the subject of aging, the government and the voluntary community created an opportunity to examine what was happening. This very full, self-survey of the community on the topic of aging was carried forward in a large Canadian city.

This study in itself provided an opportunity for a meeting of minds among government, voluntary agencies and citizens at large. I think the stage was set for subsequent developments in Manitoba by the recommendations of the report entitled "Age and Opportunity". This report indicated that the problems of the aged were much more than those financial problems which seemed to be getting public attention, and that the solution to these problems was going to be found in much more diversified and wider measures than the provision by the government of pensions or increased financial assistance. A full understanding of the situation on the part of the citizenry, or the community as a whole, and the necessity for realizing the way our institutions and government are working together to develop this approach, is the central theme of the brief presented by the government. There is much detail in the brief and I hope I can share with you the experiences that we in Manitoba are having. The government departments try to work closely with the community in the matter of the problems of aging in our society.

Senator HAIG: Mr. Chairman, naturally I have read this brief and have had discussions with Mr. Mackenzie and the minister about this. As I explained earlier, they were to have been here this spring but it was not possible for them to come.

On page 3 of your brief, Mr. Mackenzie, under section (b) you mention that:

> ...In Manitoba there appears to be a happy merging of concern and philosophy between voluntary agencies and the Manitoba Government with the result that relationships are regular, frequent and generally harmonious.

Can you give us some examples from your own knowledge of this merging of governmental and voluntary agencies?

Mr. MACKENZIE: I think there are many illustrations of how this has been growing. In the brief, for example, reference is made to the growth and development of housing for elderly persons, and the involvement of voluntary groups and the local municipality is mentioned. I would say that early in the housing program for elderly persons it became obvious that communities, through strong personalities within them, or aggressive service clubs, would come forward with a proposal to get government grants to create an institution that would look good in the community because the strong personality or the aggressive club considers it to be a good thing for the community. I think I should say that today government grants towards elderly persons' housing or hostels are not made unless there is substantial evidence brought forward by the local voluntary group that there is widespread community involvement and understanding of the need for this institution and for its operation in the community.

Now, how does one get evidence of this community understanding and involvement? We suggest to them that there is a definite relationship between this kind of accommodation for elderly people and the total health service in the community. If the local medical society or the local doctor are not a part of the plan, then a very important role is being missed at the local level. We feel, of course, that the concern, community activity, friendship and knowledge that goes to the people in these projects are as important as medicine. It is possibly more important than drugs. Therefore there has to be evidence that a

strong, well-organized group is interested in and understands the needs of the community. There has to be quite an amount of discussions involving the voluntary social structure of the community. One requirement of the legislation is that municipalities must approve of the plan itself for the institution or housing project within its boundaries. I think this is an evidence of this concern and there are many examples that could be given.

Many of the regional administrators of welfare and of health in the province are very active members of voluntary associations, service clubs and church groups at the local level, and they have been able to share their ideas and concerns. We see that many of the projects that come forward in this field come from areas where welfare staff are playing the role of the citizen through such service clubs and church groups, and are taking the opportunity of sharing with their fellow citizens all the resources and programs of government.

As you know, over half the population of Manitoba is located in one large city, and there is a good deal of communication and contact between the provincial government and what you would call the social welfare community in this particular city. The government has senior officials acting on the boards of bodies such as the Community Welfare Planning Council, and the Age and Opportunity Bureau. The government makes substantial grants to such organizations as day centres and neighbourhood centres. The rates in elderly persons' accommodation are set by government for the people who have to be subsidized or supported beyond their own means. There is a great deal of communication between the government and private agencies.

Could I use one further example? I think government could lead the field in this area in meeting the needs of the aged and could go out and create services of its own. However, we all know that many people need the services of a visiting nurse, and we all know there is an organization in Canada called the Victorian Order of Nurses. The government can create a visiting nursing service, a bedside nursing service or a home help service and any of the other services that are associated with a home help or home care program. However, the Manitoba Government has seen fit to work with organizations such as the Victorian Order of Nurses. It is helping to create a new family bureau in Brandon which will provide these kinds of services to people who require them.

Senator QUART: Mr. Mackenzie, I regret that I have not as yet had an opportunity of reading the brief but can you tell me whether the Government of Manitoba helps service clubs and other organizations to get together and in combination build and staff one of these recreational centres or day care centres? Is the government able to advance money which would be repayable at a later date when the institution is functioning? Is there any such setup in Manitoba?

Mr. MACKENZIE: To build a recreational centre?

Senator QUART: Suppose a group of responsible organizations got together—I am not talking about the fly-by-night type of organization—wanting to organize something of that kind in a place where there was a need for it. Can they go to some department of government and borrow money?

Mr. MACKENZIE: Yes, this is part of the operation of the Elderly Persons Housing Branch.

Senator QUART: I am happy to know that.

Mr. MACKENZIE: I think I should say that this is one of the substantial developments. We have a number of voluntary organizations participating in these housing programs. Usually a municipality calls a meeting of citizens and obtains the interest of the local Kiwanis, Lions Clubs, or church group. I can think of a number of municipal projects where continuing support

for the program is carried forward with the help of service clubs. The biggest one is the elderly persons' housing project which is now under construction in downtown Winnipeg. This is being carried by one service club. There are many housing projects in the rural areas that are being carried on by service clubs. We have no situation in which a number of service clubs themselves have got together on such a project, but we have cases where a municipality has.

Senator QUART: You require a group of citizens who represent the different service clubs, and whose president holds office for a short time only, is that right?

Mr. MACKENZIE: We require that they incorporate under the non-profit sections of our Companies Act.

Senator QUART: Would you have several groups working together in the same project?

Mr. MACKENZIE: I cannot think of any, as I have said, but I can think of a number of projects in which such organizations are working along with the municipality. They take on the responsibility of furnishing the housing project, and such matters as that. This has occurred in such communities as Killarney, Swan River and Virden. Those are examples of municipal projects in which there is a high involvement of the service clubs and church groups within the community.

Senator QUART: I am very interested in that particular phase because there is the possibility that this can be done elsewhere.

Senator HAIG: On page 4 of your brief, Mr. Mackenzie, you say:

> This basic approach is exemplified and given real meaning by our Care Services Program, which is a joint program between our provincial Departments of Welfare and Health to provide a fully rounded service to elderly persons whose needs encompass needs common to all persons.

Can you explain in more detail what you mean by "a fully rounded service"?

Mr. MACKENZIE: Yes, senator. I think a fully rounded service is implied in the social allowance legislation. It is called for. It certainly has been worked out in that way by the Health Department and the Welfare Department in working with elderly people, where they have tried to give meaning to the legislation through the organization of care services. You will note that the provision at the top of the page refers to the purpose of ensuring that no resident of Manitoba lacks such goods and services as are essential to his health and well-being, including food, clothing and shelter, and care and attention.

Let us go back some time. There was a time in Manitoba and, I am sure, elsewhere in Canada—and this is not so long ago—when an elderly person recovering from illness after having been in hospital for five or six months or even longer, being a single person with no relatives, arrived at the point of being discharged and there was no real service to help that person re-enter the community. I am thinking of a person who could no longer be kept in hospital on medical grounds and who had lost all contact with the community. He might have been in a state of senility for a time and did not recognize the community around him. I think it is true to say that in Manitoba and in many areas of Canada this type of person was discharged to what is called a nursing home. The real question was whether the services given there were what that person needed. Perhaps his primary need was simply housing. It seems to me that his essential need was help in reorientation back into the community, and an opportunity to develop all his potential. It is very difficult to develop this potential in a nursing home.

Senator FERGUSSON: You refer to a personal care home, and I am wondering what the distinction is between that type of home and a nursing home. Some of our nursing homes seem to give almost the same sort of service.

Mr. MACKENZIE: We are into a very real problem of definition here, a definition of the types of program that people who require care need. If I can carry on with the illustration with which I started, Senator Fergusson, I think I will deal with the question you are raising. We found it important very soon after the commencement of the socal allowances program on July 1, 1958, to endeavour to bring the health and welfare professionals and resources together to look at people who at that time were being considered by the hospitals from the narrow point of view of a hospital discharge problem. They were looked upon by their neighbours as persons needing social allowances, or more money. We started a group called the Directorate of Alternative Care—that is quite a title—under the supervision of a wonderful man who is now deceased, Dr. Malcolmson. We brought the professional social workers and health workers into the structure, and together they had a look at the person who was applying for government aid, and who the community was being asked to look after when he was discharged from hospital.

When you commence to look at the need of a person who has been in hospital for five or six months, or even years, you try to determine what this person needs and what resources he has. We try to give such a person as full an opportunity as we can to be as active and independent as possible in the community, and to have as much community with other people as possible. If at all possible such a person should not go into an institution; he should remain in the community.

This reflects, I think, the idea of a fully rounded program. We find that many people who come to the Care Service Organization for money, for housing, or for help in the other areas, do not end up with money. They are helped with housing plans or helped to get into a group or into a community that they find more congenial, or they are helped in getting direct health services they may require.

It is a concept of bringing the health and welfare resources together in a group which is called Care Services. The latest development in this group has been to put the director of elderly persons' housing right into the Care Services Organization. Every time an inquiry comes from a municipality or service club for an elderly persons' project, such as a hostel or care home, this is immediately discussed with the welfare director and the health director of Care Services. These people go out to meet with the community to discuss requirements. The community may be asking for a personal care home when what they really require are some housing units. What they require will be determined by them together with people who have more experience in this matter.

In regard to Senator Fergusson's question, on personal care and the range of needs of elderly people, for a home other than the one that they can provide themselves, or for accommodation other than that which they can provide themselves, this is a wide matter, where the community or the state intervenes and helps provide some accommodation.

Our experience a long way back in the past is that these places were concerned with masses, ranging all the way from people dependent simply in an economic area, or for housing, up to people who are very sick or mentally ill. The opposite of that is the concept of an institution for every narrow notch of care: an institution for frail elderly people who require breakfast; another institution for frail elderly people who require breakfast and lunch; and another institution for people who sometimes need wheel chairs. While I am exaggerating there, I am trying to show how much variance there can be in thinking of resources in terms of specialized institutions.

I believe there is a spectrum of care suggested by the varying needs of elderly people. Within the spectrum you have an area of housing or of an institution for these services. You have people who tend to be pretty well independent and who want to maintain and should maintain every connection they can with the community. At the far end of the spectrum you have hospitals for the chronically ill who can never get back into the community.

We believe that somewhere in this grey area there is room for a grouping of people in a personal care home, providing the housing itself and the more important elements of health service. It is still not a hospital but there is a high degree of care laid on.

Three or four years ago it was thought that a hostel should only accommodate frail elderly people, say 85 years of age, who could not cook meals for themselves, who should be helped to be as active as possible in an institution, who could move back and forth in the community, visiting the beer parlour or the church, taking part in community activities and so on; and that if a person got seriously out of joint in one of these places it might require the laying on of health care and their removal to another institution.

However, I think that what they are saying today is: "Yes, that is so, but there is quite a range of care which can be provided in this hostel and a good deal of that care can be provided by the people themselves by interdependence, and a good deal of care can be provided by the normal health functionaries in the community if they will go into the institution."

I am suggesting that the concept in the community of what a hostel can do and will do is a changing concept. I do not think it means making the institution a second rate hospital. In one of our finest hostels in Manitoba, the residents themselves called a meeting with the board and said: "Look, when some of us lose a little bit of our mental ability and get a little bit wingy, we do not want to be discharging those people. Let us help to look after them, because they might be us." We should think seriously before getting into this area of discharging those who are starting to show signs of senility.

There comes to my mind the example of an old lady who gave up her independence at 102 years of age and was admitted to this hostel, which is still a very active place.

Senator HAIG: On page 7 of the brief it is stated that further improvements are desirable in the National Housing Act. Could you elaborate and suggest where there should be improvements?

Mr. MACKENZIE: I think the brief is driving towards one main point there. That is what we have defined in Manitoba in our legislation as the personal care home. This is relating to your question, Senator Fergusson. We see the personal care home as a home for people who have had to be removed from a hostel, who came in directly from the community or from a hospital and require care. The personal care home is one stage heavier than a congregate kind of institution, but with some reliance on the nursing services and medical oversight, though it would not provide medical treatment and it would not be a hospital concept. It would still be one where the community maintains its interest—in building it in the first place, through its voluntary organization, in manning it through its board, and in continuing its concern and interest in it.

It is our contention that this personal care home is more like a home than otherwise, and that the benefits of the C.M.H.C. which come through the National Housing Act should be made available. That would mean a longer term amortization of loans, reducing the cost of operation and bringing it in line with hostels or housing.

We think the Housing Act should provide for loans to bodies for personal care homes. These are essentially housing for elderly people rather than hospital or health accommodation.

Senator GERSHAW: I assume that a means test applies under the Social Allowances Act. How much income is a person allowed to have before he can qualify under that act? If such persons do qualify, about how much does the government allow them to have?

Mr. MACKENZIE: We have an argument every year in our legislature, which civil servants such as myself watch with interest, as to a means test and a needs test. The Social Allowances Act includes a needs test where, on the basis of guidelines set by order in council, you try to determine and put a cash value on the needs of a person coming for assistance, elderly or otherwise.

The guidelines say that the minimum amount required now for food for a single adult is $25 a month, but special diet as prescribed or required should also be provided; that a person needs for personal and household expenses an amount of $15 a month; that clothing allotment should be so much, and that the health services they require, or the care of other persons they may require, should be taken into consideration and costed according to actual costs. Thus, when persons apply for aid, generally they have in mind that all they need is some more money. However, if they are in robust health and operating independently in the community they more than likely will qualify for medicare assistance under the needs test. Furthermore, if they have any need that goes into the area of health care, or the care of other people, in boarding or foster homes, they will more than likely qualify under the social allowance legislation.

However, the first thing is the situation of this person. What does he require to carry on in the community. You try to cost that out. One thing we have found helpful in this respect is an appeal board of citizens. I think more often than not the department invokes the appeal board and says, "Here is a contentious matter or argument over whether we have the right or if we are doing the right thing in carrying forward this legislation." The appeal board has the right to change a decision or order of the director, subject, of course, to review by the minister.

I do not know how new a concept this is, but it is a new one in municipal and public assistance measures.

So we find this is the argument that goes on in the legislature. In a number of institutions we may be helping an old person who has a wife and does not qualify for any categorical programs of old age assistance, and so on. We may be assisting that family unit by as much as $175 a month, whereas under the former concept of a means test a person automatically got, say, $15 or $20, or some fixed amount, if his income was under a certain amount.

The CHAIRMAN: What you are saying, in effect, is that the new thinking is to provide goods and services rather than money?

Mr. MACKENZIE: Based on the services required, yes.

The CHAIRMAN: So that what happens is that if the value of money goes down the goods and services are still provided?

Mr. MACKENZIE: Correct.

The CHAIRMAN: That is the new concept, and a very worthy one it is.

Senator SMITH (*Queens-Shelburne*): Is not the concept also one which gets away from the rigidity of the means test—you used the words "means test"?

Mr. MACKENZIE: Yes, definitely.

Senator SMITH (*Queens-Shelburne*): It is unfortunate to have a means test in any field, is it not? I am interested in your new concept, and agree with it.

The CHAIRMAN: I think what Mr. Mackenzie said was that the government calls it a needs test, and that a nasty opposition calls it a means test.

Mr. MACKENZIE: Of course, I did not say that, Mr. Chairman.

The CHAIRMAN: Of course not—those are my words.

Senator SMITH (*Queens-Shelburne*): I am interested in the Elderly and Infirm Persons Housing Act. Could you give a rough idea how the provisions under this act compare with those of the other provinces? It seems to me you are ahead of others.

Senator HAIG: Naturally!

Mr. MACKENZIE: I cannot draw comparisons with another province, except that in a recent statement our minister said these were the most generous grants of any provincial jurisdiction towards the building of elderly persons' housing.

I could tell you a little about the scope of the project. The Elderly Persons Act was past in 1956. An administration was not provided. The director of our old age pension program was assigned the job of administering it, and the concept at the time, which I do not think was dissimiliar elsewhere in Canada, was that it was a good thing to build elderly persons' institutions or hostels or housing, that there was a need which people could see and for the government to make a grant toward it. Within the period of the three fiscal years 1956 to 1959 there were 12 projects built, and I think we could certainly say these were more "institution-like" when completed than we have today. And the community itself was not involved in them. In the case of one institution, an outstanding man in the community did it without the support of the community.

In 1958, with the advent of the hospital insurance plan, and a good deal of public discussion among the medical fraternity and persons concerned with health as to the role that services for the aged should play in relationship to the hospital plan, a director of Alternative Care was appointed and given some broad powers within the government service to enforce liaison and co-ordination, and most certainly to enforce planning and thinking about this problem. Actually, a moratorium was declared, and no elderly housing was built during the fiscal year 1959-60. Although the act stood there, it appears that no applications were brought before the minister to be carried forward. I think that what the director of Alternative Care intended, when he was given the administration of the Elderly Housing Act, was to help people to make up their minds to do the right thing in the community. Dr. Malcolmson, a fine, persuasive man with communities was selected, because he was a knowledgeable and a sincere person.

During that year, the present director of Elderly Persons Housing, and another gentleman who was a consulting architect to the government, were given about four months to spend on intensive study of what was being done elsewhere on this continent, and to read the literature on what was being done in Europe. People were brought in from Great Britain and from Europe to help us to look at this problem. Many of the things that are expressed now as our experience or philosophy came about through taking that time to examine what was being done elsewhere.

Since 1960, or within the past three years, there have been 56 of these projects built throughout the province. They are related to the other facilities in the area. We would not, for example, allow a hostel to be built if there were not medical and general health services and a doctor in the area readily available. It would be wrong to create a situation of that kind.

The CHAIRMAN: You say there have been 56 of these projects. How many units would that involve?

Mr. MACKENZIE: It involves the provision of about 2,800 accommodations, approximately, and $3 million in provincial grants. The cost of this social asset in these communities is worth somewhere in the neighbourhood of $12 million to $13 million. So you can see the high degree of involvement of voluntary enterprise and local enterprise, in finance and management.

Mr. DAVIS: What about personal care homes?

Mr. MACKENZIE: We have not come to that yet. We made provision for them in the legislation last year, and there are now three on the drawing boards in negotiation with organizations. I am talking about hostels and housing units in mentioning the 2,800 accommodations that have been provided.

Mr. DAVIS: May I ask a question, Mr. Chairman, to try to straighten this out? I think we have a lot to learn from Manitoba and Mr. Mackenzie, because Manitoba is a progressive province in this area, but I am a little puzzled in putting it all together. I have before me—and the senators will have it, if they have not it today—the report from C.M.H.C. which we are going to receive next week.

Senator FERGUSSON: That is what was puzzling me.

Mr. DAVIS: You are going to get it some time. Anyway, I have their report on Manitoba up to date—I think it is up to date. It shows 31 housing projects in Manitoba to which they are making loans.

Mr. MACKENZIE: Yes.

Mr. DAVIS: Of which all but one are sponsored by charitable institutions. There is only one municipality that is sponsoring a project and that is Souris. That is the only municipality they list.

Mr. MACKENZIE: What do they do about Swan River?

Mr. DAVIS: They have not got it in at all.

Mr. MACKENZIE: Virden, Killarney? They are all involved.

Mr. DAVIS: They are not in there. These are the 776 units.

Mr. MACKENZIE: It has only been in about the last couple of years that the Corporation has made grants to hostels.

Mr. DAVIS: Yes, I know that.

Mr. MACKENZIE: It started an experience in our region, with the neighbouring Province of Saskatchewan, whereby first of all if a project had on the same site housing units and a hostel the corporation would loan money to the hostel if the hostel proportion to housing was 2 for 1. They changed this proportion to 1 to 1. But there are many hostel projects in Manitoba that were built before any N.H.A. requirements came in, or where the project operators felt that the requirements of the Corporation were not meeting the needs they wanted to provide in the hostel. They felt the Corporation's requirements were too rigid in terms of the structure of the building and what they would loan money for. They were able to make a persuasive enough case, and they went out and borrowed money on a shorter term at more expense than borrowing through the Corporation.

Senator SMITH (*Queens-Shelburne*): I want to ask one more question, Mr. Chairman. It has to do with the suggestion in your brief that amendments to the National Housing Act might be made to improve it. Your reference was to including personal care homes.

Mr. MACKENZIE: Yes.

Senator SMITH (*Queens-Shelburne*): We have had the idea presented to us, in particular by the brief we received from the Province of Nova Scotia—and perhaps you have seen it and perhaps you consider it a very good one—that amendments to the National Housing Act should be considered in order to provide loans for the purpose of extending existing homes in which to house the older people attached to a family, such as relatives. Do you think that is an important thing for us to consider, to make recommendations to that effect?

Mr. MACKENZIE: To extend existing homes?

Senator SMITH (*Queens-Shelburne*): To make amendments to the National Housing Act which would provide for loans on existing houses and on which extensions would be made.

Mr. MACKENZIE: Yes. Off hand I would say that is a good idea.

Senator FERGUSSON: This is the case in some other countries, where they have introduced what they call the "plus-granny" flats, and things like that.

Mr. MACKENZIE: I think some time is needed to sit back and evaluate or measure what you are doing. Certainly, the community, including the Government of Manitoba, has been pretty deeply involved in this housing program. It is not that big a community; it is less than a million people; but there is a lot of activity and concern in that area now. I think a pretty strong case could be made for the conversion of apartment blocks to elderly persons' housing, and building into the N.H.A. loans provision for one more room for the elderly person. Unfortunately—or fortunately—the kind of things that have been suggested by Nova Scotia have to be thought out and recognized as problems by the people who are trying to deal with the problem on the local level. We have heard this idea advanced many times.

One of the things that our Care Services group have done has been to advertise, and they have had a great deal of help from both the local dailies and the other organs, the TV and radio. Our minister held a meeting less than five or six weeks ago, at which these people were brought in to help set up a foster home-finding program for elderly people. A good deal of help was provided by the feature editors and editors of the newspapers in providing this additional resource for old people.

Many of our people are still pioneer stock who are around 85 or 90. I have run into a few of them and they still look at the hostel or housing unit as a place where people 25, 30, 35 or 40 years ago thought as being not too nice a place. A person who was really looking after himself did not want to go there. Our Care Services group have discovered that some of these people think you have a far happier situation if you can find a couple to look after them on a foster home or boarding basis. Care Services carried this over into this publicity campaign, and they recruited quite a few homes for them.

Senator FERGUSSON: Has it been successful?

Mr. MACKENZIE: The latest figures disclose that they had something like 75 or 80 inquiries, and they were working on them because they felt they had to be quite thoroughly screened.

The CHAIRMAN: Is this urban or rural?

Mr. MACKENZIE: This was urban.

Senator BLOIS: I have read carefully a number of the pamphlets and briefs. Undoubtedly, Manitoba is doing excellent work in co-operation with the various municipalities and areas out there. I wonder if Mr. Mackenzie would care to be slightly more definite as to what he feels the federal Government could do in helping these people. For instance, does he feel the present old age pension of $75 should be increased, or would grants of some kind or another from the federal Government to the Province of Manitoba or these various municipalities in providing homes and other services be most acceptable and do the most good? Maybe you do not care to give an answer, but it seems to me that is the crux of the whole problem. When we had the Nova Scotia brief the other day they made certain recommendations, and it seems to me something definite coming from the representative of your province, a definite suggestion as to what you think the federal Government might do, might be of great help to this committee when we are making our recommendations to the federal Government.

Mr. MACKENZIE: I think the position our province has taken with regard to increased financial provisions for the elderly is that by and large this should

be on the basis of need. This too is an area where people are sorting out what their policy is going to be with regard to the Canada Pension Plan, because I do not think they know just what that plan is. As far as money is concerned, I think the position has been one of need.

Another area where there has been a good deal of rapport established or a working together with the federal departments has been on this matter of the needs of the elderly, and this has to be looked at as a whole and has to be related. Its health provisions have to be related to its welfare provisions. I think a strong case might be made out for real emphasis—and I think our minister has said this a number of times—being placed on preventive programs with federal inducements. In other words, every time you build a hospital bed it is gong to cost $20,000 to $30,000, and the pressure to build hospital beds will get stronger because people who really should not be in hospital are, in the community where there is no other provision. The more there can be a joint declaration of the need of plans to prevent people from going to hospital, or getting them quickly out of hospital, the better. Federal inducements in this area would certainly help. If you look at it from a narrow point of view, provinces are in fact protecting the federal interest in joint hospital programs by unilaterally developing preventive health and welfare programs.

Senator BLOIS: I have in mind the care of people who do not find it necessary to go into hospital, people who can do a lot for themselves and who would be more contented not being in hospital. It seems to me that when they reach the hospital stage it would be a different matter.

Mr. MACKENZIE: I think a preventive program or a community recreation program for people facing this leisure time problem is the answer. Grants are now being made by the province to neighbourhood centres, to the Age and Opportunity Bureau and to day centres. We are actually building day centres into the hostels. There is no better contribution to this kind of preventive program than to help people stay as active, energetic members of the community as possible. I think a pretty strong case is being made in this rapport with the federal Government, for that Government to relate its health and welfare planning and the measures it is taking and to see the wisdom of inducing provinces or local organizations to invest in preventive programs.

Senator BLOIS: In the last year I have talked with numbers of people who have gone into hospitals and similar places. I find those people would be most contented if they had living accommodation something along the lines to which they have been used all their lives. I am speaking of something in the nature of a small house in which such people could live. Those people who had their own homes and who may have been getting along with a little help from their families living nearby, they were the ones who were happy because they felt that somebody was helping them. They felt they were being repaid for what they had done earlier to build up this country. Now I realize this may not be quite as true in Manitoba as it is in my own Province of Nova Scotia. One has to consider that the living conditions and climatic conditions in Manitoba are very different from conditions in other places. What might be suitable in one place may not of necessity be suitable in other provinces.

Senator FERGUSSON: I had a number of questions I wanted to ask but most of them have either been touched on already or have been answered in some way.

First of all, Mr. Mackenzie, I want to compliment you very much on this pamphlet on hostels. It certainly has aroused my enthusiasm. I think it is wonderful and I think the plans of the architect are excellent for older people. I wonder if it would be possible to have one or two extra copies for use in my own province. I think they would arouse considerable enthusiasm there. However, that is by the way. I thought that you were very wise in your brief in

touching only lightly on various points we have studied very thoroughly at earlier meetings. However, at the bottom of page 9 you say, "Supplementing the medical, dental, optical services..." and then you mention payments of home nursing and home-making services and other things. They apparently supplement the medical, dental and optical services. Is this only provided for those people receiving public welfare assistance or is it provided for people receiving old age assistance as well?

Mr. MACKENZIE: That is provided for people who receive a social allowance, and the form of the allowance may include just one of these items for all of them plus cash.

Senator FERGUSSON: What about people getting old age security?

Mr. MACKENZIE: They would have to apply for it and show a need.

Senator FERGUSSON: I was interested in the Age and Opportunity Bureau and I wondered if you would tell us how your Government set up the group that finally made the Age and Opportunity report. Who were the people appointed to it, not of necessity their names, but just in a general way?

Mr. MACKENZIE: On the Community Welfare Planning Council Board at that time there were two deputy ministers, the deputy minister of health and the deputy minister of welfare. At that time the board would have about 30 members. It determined for one reason or another that there should be a thorough study by that community of what was happening to the elderly people. They hired a very intelligent, persuasive and well-organized gentleman, Harold Hans Lund. They set up a widespread citizens' committee which was an ad hoc committee to the welfare planning council. They also worked out a scheme where 1,000 elderly people participated in the study, not only in answering questionnaires but in serving on various committees, and they came forward with a description of what they felt was happening to old people in the community and recommendations as to what should be done. There were many recommendations in the area of housing, the making available of financial assistance, home helps, and improving nursing home standards. At that time nursing homes were one of the main facilities for elderly people. Among the recommendations was one that a "Pepper" agency should be created by the community to keep knowledge up to date and to give a focus to the concern in the community. This was one of the recommendations accepted by the Winnipeg Foundation and Community Chest, and the Government. They created this agency which was to be an information-providing agency for elderly people in the community. It was to be a resource for other agencies. This is the genesis of the Age and Opportunity Bureau. It is an organization which everybody admits is out to do a better job for elderly people in the community.

Senator HAIG: It is also a co-ordinating agency, isn't it? Where the need has developed they assist either the day centres or these other organizations you mentioned?

Mr. MACKENZIE: Yes.

Senator FERGUSSON: On page 10 you refer to this and you say, "Since that time we have supported this agency by a yearly grant—". Is it entirely supported by the Government?

Mr. MACKENZIE: The Government support comes to about one-third and the rest is contributed from the United Fund or the Community Chest. I think the Winnipeg Foundation still gives a grant.

Senator FERGUSSON: I have a question in connection with the Elderly and Infirm Persons Housing Act. It is not quite clear to me, and perhaps you can explain it. Section 3 refers to the formation of an organization committee. I take it from reading it that there would have to be more than one municipality.

Mr. MACKENZIE: There could be.

Senator FERGUSSON: But there does not have to be?

Mr. MACKENZIE: No.

Senator FERGUSSON: It seemed to me that you have to start with more than one.

Mr. MACKENZIE: No, you do not have to. We raised some questions about this and we were told that the Interpretation Act provides that the singular includes the plural, and the plural includes the singular, so we are "home free".

Senator FERGUSSON: Yes, I did not think of that.

Mr. DAVIS: Mr. Chairman, there are two points raised by this that go to the heart of our concern. One is this so-called grey area that we have been talking about between the need for facilities for people who live in their own homes and those who are more or less confined permanently. In that grey area Mr. Mackenzie has identified the homes, houses and day-care centres available to such people, and then the personal care homes and the nursing homes. I am not quite clear about the homes and hostels. They can now come in under the National Housing Act, but in order to get a grant of up to one-third from the provincial government a certain amount has to be provided by the sponsor.

Mr. MACKENZIE: Yes, in order to get a grant they must put up a certain amount.

Mr. DAVIS: Are the personal care homes going to be privately sponsored as well?

Mr. MACKENZIE: Yes.

Mr. DAVIS: But not by the municipality?

Mr. MACKENZIE: They can be started by a municipality, yes.

Mr. DAVIS: But they are non-profit?

Mr. MACKENZIE: That is right, they must be non-profit.

Mr. DAVIS: What about nursing homes?

Mr. MACKENZIE: I wish our department knew.

The CHAIRMAN: Do you license them?

Mr. MACKENZIE: We license proprietary nursing homes. There are 22 in the Greater Winnipeg area and altogether in the province there are 41, so there would be 19 in the rest of the province. These homes were started by people who were going into the boarding home business—people who were on their own converting an old residence. They certainly filled a need. They stepped into a vacuum, and a number of operators, I think, have done a good job according to their understanding. At least, they have certainly tried to do a good job.

When the Social Allowances Act was proclaimed it had the effect of transferring the responsibility for the care of dependent old people on a case by case basis from the municipality to the province. The province assumed what were called public patients in the proprietary nursing homes. About two-thirds of the patients in these proprietary homes were public patients for which the municipality had been paying. The province assumed, through the Health Department, licensing and setting standards for these homes which had previously been the responsibility of the municipality. Standards are set for the nursing home operators within which they receive a licence to operate.

Mr. DAVIS: This is a provincial licence?

Mr. MACKENZIE: Yes. They are provincial standards. At the present time approximately 60 per cent of the persons in these homes are public patients. We tell everybody—and this is under the regulations—that we are not going to issue any more licences for the conversion of old buildings or residences. If people come in wanting to talk about plans for transferring the management

of one of these places from one proprietor to another we then say *"caveat emptor"*. Provision is made in the regulations themselves for the construction of new fire resistant accommodation that meets all municipal building codes. The home has to come up to certain standards that are higher than the ones for the existing proprietary nursing homes.

In getting the licence for a newly constructed proprietary nursing home, the proprietor receives a statement saying that in granting this licence the province gives no undertaking that it will assume responsibility for any losses that may be incurred, should the Manitoba Hospital Services Plan at any future time make provisions for the kind of patients in such nursing homes. I am paraphrasing it, but that is the position.

The CHAIRMAN: What you are saying is that the hospital plan does not provide—

Mr. MACKENZIE: This is a grey area. These nursing homes provide a service that the Hospital Services Plan does not now provide.

The CHAIRMAN: Do you fix charges?

Mr. MACKENZIE: There is only one newly constructed proprietary institution in Winnipeg—a very fine one, I might say—and there are two others under construction in the province. We have negotiated a rate for provincial patients.

The CHAIRMAN: That is, for all of them across the province?

Mr. MACKENZIE: No, we have negotiated a rate as between our care services organization and this new proprietary home.

The CHAIRMAN: But for those of your charges that are in the homes that now exist do you pay a certain amount?

Mr. MACKENZIE: We pay a certain costed rate for public patients.

The CHAIRMAN: Yes. We have had some evidence here from people who are in the business, and who seem to have a considerable amount of knowledge, to the effect that it would be advantageous for everyone if the people in these nursing homes came under the hospitals act. Have you a view on that?

Mr. MACKENZIE: Yes. I think one of the distinct things that still persists, even in the face of this substantial increase in hostel and housing units, is a lack of categorization of the people who are in proprietary nursing homes. I think there is evidence that there are people still in proprietary nursing homes, either by arrangement with their relatives or at public cost, that were inherited by our administration from the municipality and who should not be in a nursing home if a nursing home is to provide care for people. For either medical or social reasons these people do not require nursing home care, but they have been in the nursing homes for many years.

The CHAIRMAN: You are living with that problem?

Mr. MACKENZIE: Yes. I think that proprietary nursing homes are accepting, and readily accepting, private admissions of people who do not require the extent of care for which a charge is being made, or for which the rate is being charged. The government is quite concerned about this because the higher those charges are then the sooner the private arrangement terminates in many cases because the person runs out of money. The government is then faced with an application from a person who has been used to living in this sort of situation for two or three years. The question is whether you should stipulate the kind of people that nursing homes and hospitals should be caring for. Can you do that? I would say that all those who have been placed by public authorities in the past two years are cases that require a good deal of nursing care. It is certainly doubtful whether they should be placed in what we know as the complex of convalescent hospital, chronically ill hospital and acute hospital. They require a good deal of care, but as to whether they should come under

full-time hospital treatment with an environment of full-time medical attention, I have great doubts.

Mr. DAVIS: I think this clears up my point, Mr. Chairman. I would assume that if the province is successful in this personal care home program which is yet to begin, and if that can be put on a non-profit basis, you will cut into some of this business.

Mr. MACKENZIE: What is happening in Manitoba is that the hospital plan is working down into the area of providing extended treatment beds and extended treatment hospitals. This was recommended by the Willard survey, and the project is going forward. The government, through the health and welfare departments, is helping communities to creep up into this grey area by the provision of hostels and personal care homes, and the gap between the two will become very narrow indeed. In the meantime the gap is being filled by the proprietary homes, by the new services of home care, foster homes, and by a growing skill on the part of the medical people and the social work people in care services. Just how big this grey area is going to remain, where people can go into a private business of caring for these people who require care, is a question.

Mr. DAVIS: Mr. Chairman, if you have time, I would like to raise another question entirely, which is suggested by this brief. On page 4 there is a statement with which I thoroughly agree, that the problems of aging are not to be considered as altogether "welfare" problems, that they include housing, education, employment and recreation. This brings up a thing which this committee has faced in previous meetings, the whole question of co-ordination over the whole spectrum of needs for older people.

I take it that in Manitoba, certainly in Winnipeg, from the Age and Opportunity Bureau, which is a private organization, you are getting co-operation at that municipal level and I presume the municipality itself is involved in that responsibility.

Mr. MACKENZIE: Yes.

Mr. DAVIS: When we look at it provincially we are told that somewhere in the federal Government there ought to be someone who pools the activities of various departments, and in provincial government there is a need for someone with over-all responsibility for the needs of older people. You do have, through this person, the director of care services, a person who has the rank of assistant deputy minister. I am not sure to which minister he reports?

Mr. MACKENZIE: This is a new device which our government is taking a chance on. It is a very interesting device. The director of alternative care was replaced by the Welfare director of Care Services and the Health director of Care Services, and the director of Elderly Persons Housing.

Mr. DAVIS: Three people.

Mr. MACKENZIE: This is what we would call in our democracy enforced liaison or structured co-ordination or demanded co-operation. These directors must report to their deputy ministers, who in turn must report to the ministers on their joint responsibility for operating the one organization that licenses and supervises the institutions, that helped build them and that placed people into care. But here you cut right across two departments, and the traditional responsibilities of a minister for his department. However, we say that two ministers must jointly operate this organization, because of the feeling that the problem demanded joint responsibility and equal concern and consideration.

Again, in Manitoba about half the population live in one area and it is easy to carry a provincial program within that area and easy to have direct liaison within the community, because it is next door, so to speak. But in the rural area, at the seven welfare regional areas outside of Winnipeg, the

APPENDIX "V-1"

Winnipeg, October 23, 1964.

BRIEF TO THE SPECIAL COMMITTEE ON AGING OF THE SENATE OF CANADA

presented by The Honourable J. B. Carroll
Minister of Welfare,
Province of Manitoba.

Honourable Senators:

On behalf of the Province of Manitoba I welcome the opportunity to place before the Special Committee of the Senate on Aging the following observations and opinions with respect to the problems of aging.

We have received copies of the Proceedings of your Committee as they have been released and note the large volume of material already placed before you. It would therefore serve little purpose to repeat at length what has alreody been said on a number of aspects about which we would have otherwise considered it necessary to comment. We have in mind, for example, the fact that several previous witnesses have already brought to your attention the ever increasing portion of the nation's population which is 65 years and over. Suffice it to say then for the purpose of record that in Manitoba it is estimated that in the 20 year period between 1961 and 1981 the number of persons 65 years of age and over will increase 57% from 83,000 to 145,000, whereas in the decade from 1951 to 1961 the number of persons 65 years of age and over increased only approximately 27% from 65,500. The significance of this huge increase in our aged population can be clearly seen whe we compare these aged percentage increases of 27% between 1951 and 1961 and 57% between 1961 and 1981 with provincial overall population increases of just under 12% from 1951 to 1961 and only 35% forecast for the period 1961 to 1981.

May I briefly mention the steady movement of population from rural to urban communities which has also received the attention of previous witnesses and requires but little elaboration in this brief. We wish only to make the observation that in Manitoba, because of its previous predominantly agricultural economy, this rural to urban trend has particular significance. Even within the single decade from 1965 to 1975 it is estimated that in Manitoba our urban population will increase from 22.7% from 630,000 to 783,000, while the rural population will increase only 4.2% from 353,000 to 368,000. We suggest then that these two simple illustrations of the changing nature of the population in Manitoba in the next two decades strongly support the contention of previous witnesses that it is most essential that any study of the problems of the aging in Canada be set in a background of population growth and change.

Perhaps the most important contribution the Manitoba brief can make to the deliberations of your Committee is to set forth the basic philosophy which underlies the approach of the Manitoba Government to the problems of the aging. No accumulation of statistical information, no cataloging of needs and resources, nor evaluation of present services, will achieve worthwhile results unless and until a philisophical basis is established from which to proceed. The Manitoba Government philosophy about the aging is two-fold:

(*a*) a belief that a person's well-being is something more than satisfactory physical condition,

(*b*) a belief that the fullest possible participation of our citizens through local voluntary organizations and local government is essential to the well-being of elderly persons in any given community. We further believe that the provincial government has a major responsibility to promote and encourage local interest and participation. To be successful, projects and programs in this field must be undertaken on a partnership basis between all levels of government and local organizations. In Manitoba there appears to be a happy merging of concern and philosophy between voluntary agencies and the Manitoba Government with the result that relationships are regular, frequent and generally harmonious.

So far as our first point is concerned, Section 3 of Manitoba's Social Allowances Act sets forth this belief quite clearly:

> 3. Subject as herein provided, the Government of Manitoba and each of the several municipalities in the province may take such measures as are necessary for the purpose of ensuring that no resident of Manitoba . . . lacks
>
> (*a*) such things, goods, and services as are essential to his health and well-being, including food, clothing, shelter, and essential surgical, medical, optical, dental, and other remedial treatment, care and attention: and

The words "services" and "well-being" are particularly significant and important as they apply to elderly persons. This basic approach is exemplified and given real meaning by our Care Services Program, which is a joint program between our provincial Departments of Welfare and Health to provide a fully rounded service to elderly persons whose needs encompass needs common to all persons. We do not look upon the problems of the aging as being only welfare problems in the narrow and traditional sense of the word "welfare" but inclusive of housing, education, employment and recreation. These needs do not suddenly change at 65 years of age, which is why our Social Allowances program is all inclusive so far as age is concerned. Age is not the only criterion of providing service. Traditionally, the problems of old age seem to have been largely, if not exclusively, related to length of years. It is only in comparatively recent years that society has begun to realize there is little virtue in expanding man's life span if his span of usefulness is not correspondingly extended. Medical science has made great strides in the prevention, treatment and resulting retardation of the many progressively disabling disorders of old age but society is hard put to modify its institutions to keep pace with the less obvious but equally important social, economic and environmental problems of elderly persons. The encouraging thing is that we are becoming even more conscious of this institutional lag and there is a great surge of activity both at the governmental as well as at the voluntary level to find measures which will reduce, if not resolve, some of the problems inherent in the aging process. The very existence of the Senate Committee on Aging is in itself evidence of this fact.

While we have emphasized that a person's basic needs do not suddenly change at age 65, we do recognize that the manner in which these basic needs can best be met differs with a person's age and some needs such as housing require special attention. Within Manitoba's Department of Welfare, therefore, we have a Director of Elderly Persons Housing whose responsibility it is to encourage local municipal governments and voluntary organizations within the local communities to provide adequate elderly persons housing facilities, to assure that there is a proper relationship between the growth of these facilities and other facilities for elderly persons such as nursing homes and

persons care homes and to co-ordinate these various efforts. Our Director of Elderly Persons Housing works very closely and harmoniously with the staff of Care Services in the over-all planning to meet the placement needs of the elderly people in Manitoba, whatever these needs may be. At the last session of the Manitoba legislature the existing legislation was extended by the passing of "The Elderly and Infirm Persons Housing Act" which is now in effect and which provides for a generous system of Provincial Government Grants for the purpose of assisting in the provision of elderly persons housing accommodation. We consider this new legislation to be the finest of its kind in Canada and are pleased to enclose a copy for your information. You will note that Sections 21 and 23 of this new Act provide for grants in the following amounts for the construction of new hostels or residences:

Section 21

(*a*) an amount equal to one-third of the cost of such construction, furnishing, and equipping; or

(*b*) an amount calculated by multiplying seventeen hundred dollars by the number of beds provided in the hostel in accordance with the plans and specifications.

for the construction of new housing units:

Section 23

(*a*) in the case of an elderly persons' housing unit for two persons, lesser of

(i) one-third of such cost, or

(ii) twenty-one hundred and fifty dollars; and

(*b*) in the case of an elderly persons' housing unit for one person, the lesser of

(i) one-third of such cost, or

(ii) seventeen hundred dollars.

An additional feature of this new legislation is contained in section 24 wherein provision is made for grants for the purpose of assisting in the construction of personal care homes in the amount of $2,000 per person to be accommodated.

The Director is available as a consultant to any municipal or voluntary organization wishing to sponsor an elderly persons' housing project. He is able to provide information as to moneys available and on what terms, proper site location, optimum size in relation to the needs of the community. Also made available are the consultation services of a provincial architect to ensure that all modern concepts in design of housing for elderly persons are brought before the local committee and to ensure co-ordination between the various types of facilities and services for the elderly.

We note with pleasure the recent amendments to the National Housing Act but we believe that further improvements are desirable such as including personal care homes in the financing arrangements.

For the Committee's information we are including in the appendix to this brief a copy of

(*a*) The Elderly and Infirm Persons' Housing Act.

(*b*) Hostels—Manitoba's Small Hostel Development Program

(*c*) 1962/63 Annual Report Elderly Persons Housing Branch.

Very closely related to the problem of adequate elderly persons' housing is, of course, the problem of alternative care programs and hospital accommodation. In 1961 the Manitoba Government received the report of the Manitoba Hospital Survey Board on hospital facilities (commonly known in Manitoba as the Willard Report, since Dr. Joseph W. Willard was the Board Chairman). This report strongly recommended the development of an adequate alternative care program to release hospital beds which were being occupied for extended

periods at high cost by patients who could be adequately cared for in extended treatment hospitals, nursing homes, home care programs and the like. These long-term, often chronically ill, patients were most often found to be of the older age group. The report quite properly pointed out that "the more people who can remain in the community under normal living arrangements, the better. Institutional care must not be allowed to encourage and promote dependence. The antidote to this trend toward increased institutional care is to strengthen home care programs, visiting nursing and homemaker services and day-care centres". As a result, the Manitoba Department of Health and Welfare in December, 1960, appointed a Director of Alternative Care with the rank of Assistant Deputy Minister to see that these two departments together developed a well integrated program of alternative care. In June, 1963, this service was formalized into the organization known as Care Services. Staff was selected from each of the two departments and located in the same office building. This has contributed towards an excellent staff morale and unity of purpose and directly contributes to the well-being of many of Manitoba's elderly persons. Through our Care Services organization, the Manitoba Government is prepared to consider the needs of elderly persons in Manitoba and to meet these mutually determined needs either through direct service or referral to an appropriate agency.

Closely related to the problems of adequate housing and alternative care is the problem of health services to the elderly. Since 1960 Manitoba has had a medicare program designed to provide medical, dental and optical care and prescribed drugs to regular recipients of provincial welfare assistance. While this program is part of Manitoba's comprehensive welfare program available to all Manitobans in need, it is nevertheless true that of the 22,414 persons receiving benefits under medicare as of July 1st, 1964 approximately 80% are in the aged and infirm category. Supplementing the medical, dental, optical services and provision of prescribed drugs, other health services are provided as needed, some of which are as follows:

payment of home nursing and homemaking services
physiotherapy and other special forms of treatment
diagnostic services at local health units and hospitals in rural areas
special food or rent allowance
purchase of prosthetic appliances and/or equipment
transportation to obtain health care

It should be noted that these professional services are not simply purchased by the Manitoba Government from the professional people involved. On the contrary, in each instance the doctors, dentists, druggists and opticians have participated themselves in setting up the administrative procedures and the fee structure of our medicare program. As responsible persons in the community, they have made their own significant contribution by agreeing to a reduced schedule of fees from that which they would normally receive from private patients.

Previous reference has been made to our conviction that the fullest possible participation of voluntary agencies and municipalities is not only desirable but necessary. You have already received the brief of the Age and Opportunity Bureau of Winnipeg and the Notre Dame Day Centre of Winnipeg. Each describes in detail the services made available by voluntary groups who exist solely in the interests of elderly persons. Their activities are actively supported and encouraged by the Manitoba Government, both in planning and finance. The Manitoba Government was actively associated with the Welfare Planning Council in the formation of the Age and Opportunity Bureau in 1956. Since that time we have supported this agency by a yearly grant, as has also been the case with respect to the Notre Dame Day Centre's budget.

Much has already been said by previous witnesses on the subject of leisure time activities. The Manitoba Government recognizes the fact that the problem of the constructive use of increased leisure time is a problem for all segments of society, including the elderly. In 1962, therefore, a special branch of this Department was created to help volunteers and organizations up-grade standards of community programs and leadership with a view to raising the level of social, mental and physical well-being of all Manitobans. In the embryo stages of development we readily acknowledge that much of the emphasis of this new program has been in the area of physical fitness and amateur sport. However, as the program develops further, we do not intend to overlook the fact that there is an almost unlimited scope for leadership at the local community level in activities specifically related to the needs of the elderly. In many parts of the province facilities which could very well be used in the interest of our elderly persons are lying idle for many hours a week and this is an area in which it is to be hoped the staff of our Fitness and Amateur Sport branch can help communities provide leadership including elderly persons themselves in better use of leisure time by this age group. It is but another example wherein the Manitoba Government is involved in promoting local participation in services to the aging.

The people in Manitoba the same as elsewhere in Canada, are a part of and are contributing to a tremendous pace of change in our Western civilization. Our citizens and their voluntary associations, religious, fraternal and civic, and our Government have tried to face the socially disrupting consequences which this rapid change has created for large numbers of our citizens. In this brief we have spoken about the population explosion in the aged group. We have referred to increased longevity in the aged. We have talked about the rural to urban shift. We could mention too the social loss involved in the steady disappearance over the past couple of generations of the extended family, the clan or the greater family. Others have drawn attention to these things. Obviously the aged, and whatever we mean by the aged, are an identifiable group on whom the effects of these great changes has had serious consequences. Just as obviously there are other identifiable groups in our society who have been and are being seriously affected by the rapid pace and the vast scope of these changes. Our Government, the citizens of our province and the Federal Government in its studies and programs identify many of these groups, our Indian people and our people of Indian ancestry, our youth where we speak negatively about school drop-outs and juvenile delinquency, our families where the concern for this basic institution was recently reflected in the nationwide interest in the Governor General's Conference.

It is obvious that our old institutions have not been strong enough to provide adequately for the aged in our new fast-changing society. It is equally obvious that the social institutions for children, for families or for minority groups of people such as our Indian citizens have been unable to change fast enough to preserve sufficiently their protective values in society. We believe it fair to say that our communities themselves have been growing and changing so quickly that the institution of the community with all of its concern for its members has been rendered far less helpful and protective than it was in the past. We believe that our experience in Manitoba as Government along with voluntary concern in trying to face up to the problems of the aged indicates the basis on which all these social problems will have to be met. It seems to us the evidence is conclusive that Government must find a way of keeping the citizen as an individual and in voluntary groups concerned about repairing the weaknesses in his community and in building a better community so that the lame, the halt, the blind, the youth and the families and older people can take their place and fill their role in the community and enjoy their share of the community's rewards and responsibilities.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 20

THURSDAY, NOVEMBER 5, 1964

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

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.

APPENDICES:

W-1—Brief from The Canadian Medical Association

X-1—Brief from the Dominion Bureau of Statistics

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21238—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 cooperation 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 the 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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21288—1½

MINUTES OF PROCEEDINGS

THURSDAY, November 5th, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators Croll (*Chairman*), Blois, Fergusson, Gershaw, Haig, Hollett, Inman, Lefrançois, McGrand, Pearson, Quart, Smith (*Kamloops*) and Sullivan.—13.

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On motion of the Honourable Senator Haig, it was Resolved to print the briefs submitted by The Canadian Medical Association and the Dominion Bureau of Statistics as appendices W-1 and X-1 to these proceedings.

The following witnesses were heard:

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 and Dr. Arthur F. W. Peart, Deputy General Secretary.

Dominion Bureau of Statistics: Mr. A. H. LeNeveu, Chief of Population Analysis.

At 12.10 p.m. the Committee adjourned until Thursday, November 19th, 1964, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, November 5, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Senators, I see a quorum. This morning we have before us briefs from the Canadian Medical Association and from the Co-operating Technical Committee of the Dominion Bureau of Statistics. Is it moved that they should be placed on the record?

Senator HAIG: I so move.

Hon. SENATORS: Carried.

(*See appendixes W-1 and X-1*)

The CHAIRMAN: I have to report a disappointment, the first one we have had in making up our schedules for meetings. We had Dr. Joseph W. Willard, the Deputy Minister of National Health and Welfare, listed for next Thursday. It appears that the Canada Pension Plan will be before the House of Commons some time next week and there is a Dominion Provincial Conference on welfare at the end of the month. Dr. Willard has been extremely occupied and will not be able to come.

We may not be able to have someone else. Mr. Davis is working on it. If we cannot, you will know.

It is well to point out to you that, in all our hearings, this is the first time we have had a disappointment; but we could not have anyone else on short notice because their briefs are not ready yet.

Senator FERGUSSON: Will we not hear from Dr. Willard at all?

The CHAIRMAN: Yes, we will. Another date is being arranged for him.

I wish to introduce to you Dr. W. W. Wigle. He is Immediate Past-President of the Canadian Medical Association. He will introduce his colleagues.

Dr. W. W. Wigle Immediate Past-President, Canadian Medical Association: Mr. Chairman and honourable members of this Senate Committee on Aging, first of all I want to emphasize how pleased the Canadian Medical Association is to have this opportunity of making a submission to your committee.

The first thing which impressed the association generally, when we looked at the problem which faces you as a committee of the Senate, was the magnitude of this problem. The words "Committee on Aging" form an all-encompassing term. When we looked at the terms of reference we realized that this is a task of large magnitude. Therefore, in the preparation of our submission for this presentation, we have largely confined our study to health as it relates to the institutional care aspects of the aging, with the knowledge that much of the general health care of the aged is not different from the health care of

the rest of the population. Although we have made no effort to deal with all the aspects of the health care of the aged, this is at least a beginning, as we see it, for your committee to consider.

It is the opinion of this association that older persons should preferably remain in their homes in the community, near their friends and relatives, rather than be segregated into institutions, unless this type of environment seems preferable and necessary for the health and welfare of those persons. Their medical care is best provided through their personal or family physician, as would apply to other age groups. The association shares the opinion that older persons respond better in their own environment, if it can be maintained.

It is now my pleasure to introduce to you the representatives of the Association's delegations. The first is our Chairman of the Committee on Aging, Dr. E. David Sherman, of Montreal, who is seated in the centre. Dr. Sherman has been largely responsible for the drafting of this brief. He is well known to some members of your committee, because he has appeared here before. He is Past President of the American Geriatrics Society, and is on the Executive Committee of the Canadian Conference on Aging. He will act as moderator for our delegation, and questions should be referred to him and he will answer them or refer them to other members of the delegation as he sees fit.

We are also very happy to have with us Dr. Gustav Gingras, of Montreal. He is seated on my right. Dr. Gingras is Chairman of the Canadian Medical Association's Committee on Rehabilitation, and a member of the Nucleus Committee on Aging. He also has been active in the preparation of the brief and since rehabilitation is one vital area in the care of the aged, we are glad to have him as a member of this delegation today. I am sure that he needs no introduction to some of you, because he is world famous in the field of rehabilitation.

Next to Dr. Gingras is Dr. F. C. Heal from Moose Jaw, a valued member of the C.M.A. Committee on Aging, and representing the Province of Saskatchewan. Dr. Heal has actively participated in the preparation of this brief, and has represented the medical profession in Saskatchewan on a Committee of the Aged and Long-Term Illness, which submitted a brief to the Saskatchewan Government on this subject a few yars ago.

I am sorry that our representative, with whom most of you are probably familiar, Dr. A. D. Kelly, General Secretary of our Association, was unable to be with us today; however, we are pleased to have with us our Deputy General Secretary, Dr. Arthur F. W. Peart. He is seated on the far end. Dr. Peart has been acting as secretary of this committee on aging in respect to the preparation of this brief.

Mr. Chairman, with your permission, I will present Dr. Sherman, Chairman of our Committee. I believe it is his intention to read the recommendations arising out of the brief.

The CHAIRMAN: It occurred to me that probably it would be preferable to allow him to read the recommendations without questioning, and then to question him afterwards, rather than break in while he reads it, if that meets with approval.

Dr. E. David Sherman, Chairman of Committee on Aging, Canadian Medical Association: Mr. Chairman and honourable senators: I appreciate the privilege of appearing before your distinguished committee again. The deliberations of the past year, with its objectives, has aroused and focused attention on the

health and welfare of the aged and aging people of this country, an issue which is of paramount importance in our time.

As a member of the Executive Committee of the Canadian Conference on Aging, I know that it is anxiously awaiting your official report. As I pointed out in my presentation before you last year, the research and fact finding involved of this Committee's work will truly serve as a catalyst in providing stimulation through the discussion of background material and findings for the Conference on Aging to be held in Toronto in January 1966.

As Dr. Wigle said, the Canadian Medical Association attaches great significance to the importance and scope of your endeavours. As Chairman of the Committee on Aging of the Canadian Medical Association, I should like briefly to review the recommendations in the brief, which might serve as an introduction.

(*See Appendix "W-1"*)

Senator GERSHAW: Mr. Chairman, I am sure we are honoured by having the delegation here this morning, and this brief has covered everything pretty thoroughly and will be of great help in making our report.

I would just like to ask Dr. Sherman one question regarding home-making. The Victorian Order of Nurses have nurses visiting these people in the homes and giving what medical care is prescribed, probably injections and things like that. The Victorian Order of Nurses are seriously considering adding a home-maker service to their present activities, and I would like to ask Dr. Sherman if he thinks such an addition would be of value to these aged people who are in their own homes.

Dr. SHERMAN: I am going to refer that question to Dr. Heal, who has had considerable experience in the home care field and the home-maker service.

Dr. Fred Heal, Member of the Canadian Medical Association Committee on Aging, Saskatchewan Division: Mr. Chairman, honourable senators, in attempting to answer the senator's question, I may say that where I come from, a small urban centre, we have had the privilege of the Victorian Order of Nurses' service operating in conjunction with the physicians and organized home care plan. We have found the need for home-makers in the case of a considerable percentage of patients who are on organized home care.

In our particular centre our home-maker service is provided by the Family Service Bureau which is an agency in the community that hires and arranges for home-makers, and these are contracted for by the organized home-maker plan. As I am sure all the senators have had a chance to see briefs on this subject, there is no doubt that any organized home care requires a percentage of home-makers, and they are a very important service.

I have no particular experience in knowing whether the V.O.N., the Victorian Order of Nurses, wishes to go into the problems of planning for or training home makers.

Senator GERSHAW: They are considering it.

Dr. HEAL: It is a problem in itself. Trying to train home-makers represents a problem people are concerned with, and undoubtedly the Victorian Order of Nurses could do a good job if they had the financial support to do it.

Senator MCGRAND: I am particularly interested in your observations on pages 34 and 35.

I would like to know what plans, if any, you have in mind in attempting to make use of the home and home facilities in the care of people. In other words, you would bring the facilities of the hospital to the home, rather than take the patient to the hospital. At the present time, when there is such an acute shortage of beds in hospitals, it seems to me this is a wonderful op-

portunity to give adequate medical care without the tremendously expensive procedure of providing more and more hospital beds. I have always felt the home is a proper place to treat people who can be treated in their home, provided you could bring the hospital facilities to them.

I would like you to spend some time outlining how this could best be done, because I feel, in face of patients wanting to go to hospital and certain medical men being anxious to take them in, this will be a difficult program to sell the public.

Dr. HEAL: This raises the whole subject of how can organized home care be implemented or organized in a community. In Canada we have had a rather limited experience of organized home care. As I remember the information on the subject, I think the organized home care plan was perhaps first organized out of the Herbert Reddy Memorial Hospital in Montreal. Subsequently there was a pilot project in British Columbia. A number of years ago a very good hospital-based program in Winnipeg was started, and this has been quite successful.

In the Province of Saskatchewan we have had experience in watching the development of two small programs emanating from the University Hospital, Saskatoon. In one instance the department of rehabilitation medicine had on their wards people very seriously disabled with strokes and other conditions affecting their muscular-skeletal apparatus. We found they were committed to long-term hospital care unless they could be looked after in the home. The Professor of Rehabilitation Medicine organized an arrangement making use of the Victorian Order of Nurses' service—in some instances home care, in some instances a social worker, and making use of his physiotherapist assessing a patient carefully, deciding the home would be such the individual could be looked after there, and then he arranged for a physiotherapist to call at the home. The V.O.N. nurse would make the requisite number of visits required by the nursing care problem, and there might be need for a home-maker or occupational therapist. These services are tailored to the patient's individual needs.

In my community we are faced with a local problem, in so far as the number of such people in our community is close to 12 per cent. We found exactly the situation you describe. A lot of elderly folk with various disabling illnesses—not only muscular-skeletal, but trouble with the heart and other conditions—were in need of care, but perhaps could be looked after at home. The local doctors, the V.O.N. nursing service and the two hospitals collaborated, and with the help of senior governments obtained some money to provide the basis for a home care plan. So, we have had now approximately 2½ years' experience with this type of service.

Here again, I speak of experience in a small urban community, where we now have 37 or 38 people on our home care plan all the time. That is the daily complement. Perhaps 20 or 25 of those might otherwise have to be cared for in some form of institution. With regard to the costs of these services, organized home care is not necessarily a cheap service. It is not intended to be a service to save money, but by and large the patients do better at home. In our view they preserve their dignity, and their potential for recovery seems to be enhanced at home. I am sorry I don't have the figures to indicate economic aspect, but I might say that in the report of the Royal Commission on Health Services there is a description of three or four home care plans giving the cost of various services. The Toronto plan was a very large one and comes under public health. Under this plan care may be given to 100 or more patients per day. Winnipeg has a hospital-based plan and Moose Jaw a community plan.

Senator McGRAND: You have not done enough work to determine the relative costs between giving this service in the home or taking the people to hospital for treatment.

Dr. HEAL: The costs are set out in the reference I gave, but they may vary as between plan and plan because the services are somewhat different. I do not like to trust my memory, but I think the Moose Jaw plan involves something between $4 and $5 a day whereas we are told that other plans can cost $20 to $25 a day. I would make the further comment that this is not an easy program to develop. Perhaps the American experience gives some indication of this. Twenty-odd years ago the Montefiore Hospital in New York started a program that got an international reputation but I am told through certain American literature that there is never more than four or five thousand people receiving recognized home care in the United States at any one time. That is not a lot when you consider the size of the country. I think the number of people on home care in Saskatchewan will proportionately far exceed that figure this year.

Dr. SHERMAN: Mr. Chairman, if I might ask Dr. Gingras to comment on this I hope you do not mind.

The CHAIRMAN: No, go right ahead. You are the moderator.

Dr. SHERMAN: Dr. Gingras.

Dr. Gustave Gingras, Member of the Nucleus Committee on Aging of the C.M.A. and Chairman of the Committee on Rehabilitation: Mr. Chairman, honourable senators, what has been referred to a moment ago deals undoubtedly with pilot plans, and the greatest difficulty we have in this country at the present time is the problem of staff. I do not think one person out of a thousand over the age of 65 having a stroke today will benefit from physiotherapy or occupational therapy in Canada. We have approximately one therapist in the field of physiotherapy per 25,000 population. In Newfoundland we have one per 75,000. In the field of occupational therapy we have one for 50,000 persons in this country. In order to make them available to the population, a tremendous amount of work still has to be done in the universities to provide the people we need to initiate these plans particularly in the field of teaching. In the United Kingdom there is one therapist per 4,500 people and in Denmark one per 2,800. This is extremely important and I feel that recruitment into the rehabilitation field in Canada is probably our first requirement.

Senator SULLIVAN: This is an excellent brief. Frankly I think this is the best brief that has been presented before this committee. There are only two points I wish to discuss. One thing I want to do is to re-emphasize what has been said by Dr. Sherman and I would ask him to enlarge upon and clarify further certain of the points made before the committee. The practice of medicine and surgery has changed, as you say in section A on page one of your brief, where you say "It is apparent that more longer stay wards or wings to acute general hospitals must be constructed to meet the urgent need for patients requiring longer stay type of hospital accommodation." With the advent of the motorcar our hospitals are becoming crammed today with people suffering from injuries and the problem arises of where to put these patients to make room for others coming in. The problem is serious and I am very pleased to see the emphasis on that. The other point I want you to bring out and on which I would just like you to enlarge a little more is in regard to what we mean by clinical research for the benefit of the committee.

Dr. SHERMAN: You want me to deal first of all with the hospital beds situation?

Senator SULLIVAN: Yes.

Dr. SHERMAN: As has been pointed out in part of our brief we have found that approximately one-third of hospital beds in general hospitals in Canada are being utilized for chronic patients. There is definitely a need for hospital beds for longer stay patients. Whether these long-term units are to be a wing or an annex to a general hospital or institution will depend upon the needs required at the local community level. I do not know whether there should be wings or annexes to general hospitals. But the important thing is to stress the urgency of progressive medical care for patients in providing these longer care facilities. Now, as to education and research—

Dr. WIGLE: If I may interrupt, I would like to mention that we would not like to leave the committee with the impression that our committee does not have a definite policy with regard to recommendations for the care of the chronically ill and aged in hospitals. I think doctors are convinced that long term care units should be intimately associated with active general hospitals, so that those patients may have continuing care from their own physicians. Isolation in an institution will lead to isolation of the individuals.

Dr. SHERMAN: I agree with Dr. Wigle, and wish to emphasize that there should be a juxtaposition between the general hospitals and the units for longer stay patients. We feel that this is an extremely important aspect.

The CHAIRMAN: Is anything being done in Canada in that regard at the present time?

Dr. SHERMAN: In regard to what?

The CHAIRMAN: In regard to the problem you are presenting of having the medical care available so that these people can be cared for, for example, in adjoining buildings.

Dr. SHERMAN: There is no national program in this regard. There is nevertheless some work going on in certain communities.

Dr. WIGLE: I think in our experience in Ontario under the Hospital Services Commission this has been recognized. They have recognized the importance of this relationship, which is the association between these two types of hospitals. They have felt that when a start is made in creating facilities for the care of the chronically ill or the aged, an attempt should be made to have such facilities associated with a general hospital. They recognize that the continuing care of the patient by his or her own physician is most important.

The CHAIRMAN: But nothing in a concrete fashion has yet been done in any part of Canada?

Dr. WIGLE: When new hospitals are being built at the present time in Ontario it is my understanding that they try to associate a chronic wing with the hospital.

Senator HAIG: It does not have to be a wing. For instance in Winnipeg we have a medical complex in the hospital and next door is the rehabilitation hospital. It does not have to be in the same hospital but in close proximity so that the physician can give total care to his patient.

Senator SULLIVAN: Followed up by some group in another facility.

The CHAIRMAN: Dr. Sullivan, you said: "Yes" to the question I put. Would you name a few? They do not occur to me. Is there anybody present who can name one or two in his own province in which some of these things are undertaken at the present time?

Dr. GINGRAS: The Montreal General Hospital and the Montreal Convalescent Hospital do exchange patients. A certain number of beds are reserved exclusively for the use of the Montreal General Hospital at the Montreal Convalescent Hospital.

Dr. WIGLE: In the Toronto Western Hospital one ward is set aside for the care of the chronically ill and the aged, and for purposes of rehabilitation. The government and the medical staff of that hospital are co-operating in these efforts.

Dr. SHERMAN: I should like to mention one other hospital that is working along the lines that have been mentioned, and that is the Julius Richardson Home in Montreal. It is a convalescent home which is affiliated with general hospitals in Montreal.

Senator PEARSON: What are the qualifications and requirements for a nursing home in taking care of chronically ill patients?

Dr. SHERMAN: I would say that so far as nursing homes *per se* are concerned, it is the level of medical and nursing care given that matters. It is an adjunct to the care given in the acute general hospital, the chronic disease hospital, and the long-stay unit in which people undergo rehabilitation on an intensive basis for a period of time. But there comes a point at which the patient cannot be kept in an expensive facility, such as a chronic disease hospital, and must be transferred to another facility. The nursing home is the type of institution that caters to that particular type of care. In other words, there should be more accent placed on facilities for more prolonged nursing and medical care. Rehabilitation in these facilities would be on a less intensive scale, and probably merely sufficient to preserve the *status quo* and prevent further deterioration. I think you would agree with that, Dr. Gingras?

Dr. GINGRAS: Yes.

Dr. SHERMAN: We do find now more thought has been given to nursing homes and their planning than previously. I have had the opportunity to survey the various briefs that have been submitted to this distinguished Committee, and I found that every province is confronted with the problem of nursing homes and their standardization. But thus far the problems have not been resolved in very many provinces.

We recommend, generally, plans should be developed to stimulate the provision of high quality nursing homes, and to encourage the building of these nursing homes along the lines proposed in Saskatchewan.

Our third recommendation states that there should be measures taken to improve the standards of present nursing home care, and this should be undertaken at the provincial level in the provinces where these homes are going to be erected. There should be consultation with the departments of health and with the provincial medical associations.

Senator PEARSON: What is the minimum number of beds that you consider necessary?

Dr. SHERMAN: I do not think there are any definite figures. I might add that in Saskatchewan, and I think Dr. Heal can bear me out, it is recommended that there should be two nursing beds per one thousand of population. Am I correct in that? Dr. Heal?

Dr. HEAL: This was an estimate.

Dr. SHERMAN: Yes. Great emphasis today is being laid on nursing homes in the United States, and presently they have 1.6 beds per thousand.

Senator HOLLETT: Do you mean two beds per one thousand persons?

Dr. SHERMAN: Yes. They are thinking more in line of a greater development of skilled nursing home care, and I think that Dr. K. C. Charron who presented a paper before the American Geriatric Society last year repeated this in the form of a question as to whether we, in future planning in Canada, should attach greater importance to the planning of nursing homes in order to diminish the load from the chronic disease units.

Senator PEARSON: Thank you very much.

Senator FERGUSSON: If you do not mind I should like to refer you to paragraph 46(b) on page 18, which reads:

> It has been demonstrated that dynamic programs for the chronically ill can be developed in association with the general hospital or a general hospital complex, by the late Dr. Marjorie Warren and Dr. Lionel Cosin of the United Kingdom and Dr. David Littauer of St. Louis, Missouri, to mention only three of a small group.

I do not know anything about those people. Would you tell me where I can find out about them?

Dr. SHERMAN: Yes, Senator Fergusson. Dr. Marjorie Warren has since passed on, but she was attached to the West Middlesex Hospital in London, and she was one of the first to develop a geriatric unit in Great Britain. She showed what could be done towards taking care of elderly people in a complex of buildings associated with a general hospital. That work has been supplemented by Dr. Cosin of Oxford.

This indicates definitely that there can be a program conducted in a separate complex alongside an acute general hospital if there is complete coordination and integration. I must stress once more what Dr. Gingras and Dr. Wigle have said, that this juxtaposition obviates the duplication of staff and facilities in both institutions.

Senator FERGUSSON: And this was successfully done?

Dr. SHERMAN: Yes, it was successfully done.

Dr. HEAL: I should like to comment that Dr. Marjorie Warren was invited to speak at the first Ontario Conference on Aging. The title of her talk was "Aging is Everyone's Concern". Perhaps you heard her at that time.

Senator FERGUSSON: Yes, I did, but I had forgotten.

Dr. HEAL: I think that was well written up.

Senator FERGUSSON: Yes.

Dr. HEAL: She did a very good job in presenting her work.

The CHAIRMAN: I have here a newspaper clipping which I shall read, and ask you to comment upon in a word or two. It is as follows:

> Dr. George James, New York City commissioner of health, spoke strongly yesterday against the tendency of the medical profession to separate and departmentalize the ailments of the human race, and their treatment.
>
> It is increasingly necessary to take the treatment to the patient, he added. His department has established a health maintenance clinic in a low-income housing project with a high proportion of elderly residents. This saves the old folk the cost of tiresome trips to scattered treatment centres—and helps prevent the need of prolonged and expensive attention for chronic illness.

Dr. SHERMAN: In answer to that I would say that this is certainly a program that cannot be nationally or universally introduced. This is a definite project that is associated with a housing development for elderly people there, or in a development where there is a predominantly large proportion of people over the age of 65. Those words "health maintenance" might perhaps be analogous to the term "geriatric consultation clinic," but to me it would seem to be a type of medical out-patient department that is conducted for ambulatory elderly patients. It would, I think, serve a definite purpose in obviating travelling long distances by these people to general hospitals in Manhattan or Brooklyn, or wherever the housing developments are situated.

Dr. Wigle, would you care to make a comment on that?

Dr. WIGLE: Mr. Chairman, the only thing that caught my attention was that there appeared to be two generalizations in the quotation you read from the press. The first one is that medicine tends to—

The CHAIRMAN: —specialize too much? Yes, he said that. We are not arguing that point.

Dr. WIGLE: Yes, that was an unfortunate generalization because the attitude of medicine is towards the integration of the care of the patient as much as possible.

The CHAIRMAN: The name of this person is Dr. George James. He is a medical man. However, that was not my point. I read it to give you the other point.

Dr. WIGLE: The other aspect, I believe, is a well-intentioned effort to handle certain characteristic groups of aged persons, and we do not pretend that one particular pattern should be applicable to everyone from the east coast over to the west coast, regardless of the type of community in which that person lives. It has to be adapted to the particular situation.

The CHAIRMAN: Somewhere in the brief I came across a paragraph in which you tell us that the majority of people beyond the age of 65 are managing to deal with their own affairs. That is a very brief summary of what you said.

Dr. SHERMAN: Yes.

The CHAIRMAN: What data have you for that?

Dr. SHERMAN: Before I answer that question I think Dr. Peart had something to say.

Dr. PEART: In referring to Dr. James' quotation, you might see page 20 of our brief, the section on Principles of Medical Care. This indicates that medical care in institutions should be looked after by a resident or a part-time doctor, so people may receive medical care in these institutions. On page 20 we outline certain principles of medical care which may have a reference to what Dr. James had in mind.

The CHAIRMAN: I will repeat my question. Somewhere in your brief you told us that the majority of people beyond 65 are managing to deal with their own affairs.

Senator SULLIVAN: I think that came from the chairman of the investigating committee of the American Medical Association and I think I brought that out here a number of meetings ago.

The CHAIRMAN: It is lost on me.

Dr. SHERMAN: While there are diseases amongst the aged, there are no special diseases of aging. It has been brought out that a number of people are not sick and that any program on their behalf should emphasize the preservation of their favourable health status. The Saskatchewan study indicated that 95 per cent of the elderly are living outside institutions. There are definite reports from the United States public health service that there are only four to five per cent of aged people who are in institutions. We know that many suffer from various chronic diseases and progressively more so, but they are able to get around on their own. I would say that roughly 65 to 70 per cent of older people are reasonably well.

The CHAIRMAN: I also have a memo here which says there are diseases among the aged but there are no special diseases of the aged.

Dr. SHERMAN: Yes, from the American Medical Association report.

The CHAIRMAN: That is not all I got out of the brief, but this point struck me. What about the experience? You quote to us the findings of the Americans. Undoubtedly they are impressive. Is that your experience as doctors? For

instance, Dr. Heal has wide experience in Saskatchewan and Dr. Wigle is active also. Would you stay with that statement or would you amend it, would you add to it.

Dr. SHERMAN: Work along gerontological lines has been proceeding for a long time and more public studies have emanated from the United States than from Canada. It is only within the last decade that there have been more articles dealing with aged published here. We have had to resort to American statistics. We are getting our own statistics now and they will be available within the next several years. Numerous reports are coming out here now. I am sure that within the next decade we definitely will have more statistics on a Canadian basis.

Dr. GINGRAS: It was assumed years ago that a man of 65 was an older man. Now the longevity standing is 70, at the present time. In 1980, it will be 80. Therefore, the problem is increasing. We are getting older much later.

The CHAIRMAN: Before the doctor has us living perpetually, let me ask: When you make that statement, Doctor, is that really as true as it appears in making it?

Dr. GINGRAS: Yes.

Dr. SHERMAN: I would like to give you definite statistics. Within the last decade the average age of the person in the Maimonides Hospital and Home for the Aged in Montreal has risen from 65 to nearly 80. We are getting the older type of person. Those asking in Montreal to be institutionalized are those whom Dr. Gingras referred to, in the late 70's. These are the people who are applying for institutional care and various ancillary services. Therefore, the applicants for admission to homes for the aged are coming at a much later age I would say from 70 to 75.

Senator HOLLETT: We are condemned.

Senator SULLIVAN: You speak for all of us.

The Government of Canada are now finding it difficult to get new senators in, because the age is increasing so much—and they are trying to make it 75.

Dr. HEAL: One of the problems in Saskatchewan was the stereotyped feeling that because one is old one is sick. In various parts of the province we found that a sizable number of elderly people were managing quite well. About 5 per cent would require institutional care.

I would not wish the Senate committee to get the impression that doctors do not feel that there is a sizable amount of medical work and preventive work to be done in the older age group. There is much medical need among older age groups which is being handled by the personal physician and by various services which are available to him. Some physicians are specializing in the problems of prevention of some of these conditions which turn up in later years.

Senator HOLLETT: How does the average percentage of so-called aged, those over 65, who need hospital care, compare with the percentage of children between, say, five and 15?

Dr. HEAL: It is much higher, sir. The percentages are not available to me at the moment.

Senator HOLLETT: I am trying to present a brief for some of the older people on this committee, including myself.

Dr. SHERMAN: There is no doubt that older people need more medical care than younger people. We have statistics in this brief to show that. I do not think we know the relative medical care between the younger age group and the older age group. The older people are in hospital longer and they do require more medical care than the younger.

Dr. GINGRAS: There are at least three chronic hospitals for children in Canada. I know of one which was transferred from the care of chronic children to the care of old people because of lack of use for children.

Senator FERGUSSON: Dr. Heal mentioned that one of the things which holds us back in doing this work is a shortage of personnel. Is that just because there is a shortage of doctors and nurses or is it that the medical student, who is the physician of the future, or the student nurse, does not find this as interesting a field as other fields?

Senator QUART: Absolutely.

Dr. HEAL: Yes, this is from my own observation. We believe as a geriatrics committee of the C.M.A. that our medical schools and nursing schools should emphasize this point a great deal more than they are doing at present.

Senator FERGUSSON: What can be done to make them take more interest? How could we encourage them to come into this field?

Dr. PEART: This committee is going to assist with that through the C.M.A. As an association we can stimulate interest amongst our profession in this field and we are doing that.

Dr. SHERMAN: I would like to underscore the need for more personnel to assist in this field. One additional problem respecting personnel is the general antipathy on the part of some paramedical persons such as physiotherapists to associate themselves with older people in institutions. Whether you can give a larger salary or use other means, the problem is there and we are working to cope with that situation.

Dr. WIGLE: An effort is being made by the existence of our Committee, to make the public generally more aware of the possibilities of careers in the care of the aged and in their rehabilitation. As we create this awareness, it will not take long before the efforts are known and have borne fruit.

The CHAIRMAN: I believe Mr. Davis has a question.

Mr. DAVIS: My first question relates to the record. As you all know, this brief will be printed, and therefore circulated rather widely in Canada. I am wondering about the first paragraph 45(*a*) on page 18, which refers to the discussion we had before:

> The problem of whether the facilities for long-term patients should be in separate institutions or wings of general hospitals, remains unsolved.

That does not seem to be what you have said today. Finally, the last sentence of that paragraph reads:

> In the final analysis, the planning for such arrangements must be decided by the community needs.

I do not know what that means: but I am wondering if you should not rewrite that paragraph, in view of the evidence from you today.

Dr. WIGLE: I will agree that there is a contradiction in the paragraph in question, and that it could be misinterpreted. Perhaps as a group we can go into caucus afterwards, and confer with Mr. Davis about this paragraph.

Mr. DAVIS: It is in your own interests, because this will be published.

Dr. WIGLE: Yes, we agree.

Mr. DAVIS: My other question relates to nursing homes. This facility has been emphasized by the delegation this morning. Of course, we have had considerable discussion at other meetings about this whole question of nursing homes. The C.M.A. proposes, on page 1 of its recommendations, that construction grants should be encouraged for the erection of high quality nursing homes. Presumably this means grants from the Government. At present, most nursing homes are commercial enterprises, conducted for profit. It is a little

difficult to see how government grants can go to nursing homes, as long as they are conducted on a profit basis. Is it the thought of the C.M.A. that eventually we should have nursing homes on a non-profit basis?

Dr. WIGLE: If I might attempt to answer that, I would only say that there has not been any definite association policy established in this regard, but my impression would be, in so far as we have approached the economics of institutional care generally, that we have accepted, certainly as far as the hospitals are concerned, that they are run on a non-profit basis. Of course, one has to be a little cautious not to be recommending that all these things should be run by a government and under the control of a certain department, such as we have had experience with in the last 25 years; so I cannot answer dogmatically.

Dr. PEART: As Dr. Wigle said, we did not go into the mechanics, in implementing this recommendation, but in accordance with the Hall Commission Report, which recommended grants for the building of group practice clinics, under the National Housing Act, certain concessions were suggested which would make grants available to clinics so that they could pay their debts off faster, and receive loans more readily. Therefore money could be allocated to nursing homes similar to the recommendation of the Hall Report and be supervised by provincial governments re standards of care.

Mr. DAVIS: Loans, rather than grants?

Dr. PEART: Yes.

Mr. DAVIS: Perhaps you need to look to your brief again, if you do not mean grants.

Dr. SHERMAN: I think we were thinking of non-profit, not commercial nursing homes.

Mr. DAVIS: Could you not say that?

Senator PEARSON: Could it not be said that grants were being made, rather than loans, provided such homes lived up to a certain standard. After all, those homes are giving good service.

Senator SULLIVAN: The words "construction grants" appear in the brief.

The CHAIRMAN: The point that Mr. Davis raised is whether it would be a construction grant to a private enterprise, and if so that would be unusual. It was thought that the money should be in the form of loans rather than grants.

Senator SULLIVAN: I am sure the committee does not mean construction grants to private enterprises.

The CHAIRMAN: From the evidence we have heard here, the nursing homes, in the main, are private enterprise undertakings.

Mr. DAVIS: Could it not be managed simply by saying that construction grants should be encouraged for the erection of high quality nursing homes operating on a non-profit basis?

Dr. PEART: I think perhaps we would prefer to change "grants" to "loans".

The CHAIRMAN: Yes, I think that will answer it. I have one question with respect to your recommendation at the top of page 4, and that falls in line with some of the discussions we have already had. Some of the evidence before us, which was rather impressive, suggested that we would be making a mistake in setting up a department or bureau—for older people, that would be setting them apart. That evidence came to us particularly from the educationalists. What is your view on that?

Dr. SHERMAN: I cannot see where that proposition would hold, by creating a bureau of aging that is specifically dedicated to enhancing the health and welfare of the elderly citizen. We have suggested that this bureau collect information in all aspects of aging. In other words, we have asked that it become a repository of information, where it may also accumulate evidence of research, so that at least we, as physicians, have a source for up to date information. My concept of a bureau of aging is not confined to health needs alone, but should also include information on all the multiple disciplines that have to do with aging, the economic, psychological, pyschiatric, sociological, and so forth. In my opinion, a bureau would not cause segregation of the aged individual.

Dr. GINGRAS: A rehabilitation bureau which is a repository of collective information and brings out recommendations, but in no way segregates the disabled, is at least some place where we can ask for information, and is a place for consultation. I am sure that everything that comes from the ministry is in an over all fashion, rather than in a segregated way.

Senator FERGUSSON: Would it not be somewhat analagous to a child under maternity care?

Dr. GINGRAS: Yes.

The CHAIRMAN: Yes, I think Senator Fergusson got the idea very well. One brief, which I recall came before us, emphasized that elderly people are not treated as people. Do you think that the older people, or the people we are concerned with particularly, should have at this time some special emphasis, particularly from your point of view? I have in mind a term that was used by Dr. Sherman—"a catalyst and a stimulus".

Dr. SHERMAN: Yes, I would like to make one statement at this time to give you the philosophy I think we are trying to foster here this morning. If there is representation at the federal level, with a link at the provincial level, and then from the provincial level you work to the community level, I think there you find the answer. Perhaps you would allow me to read from an article which I wrote recently:

> Where is the best place to meet this challenge?—at the federal, provincial or local level? All three segments have important roles to play. *But the key spot is the local community.* The real responsibility for meeting the problems of the years rests with the citizens in an oldster's own community. No effort to change our attitude is going to be successful unless the whole community works on a united basis. No citizen is exempt.

The CHAIRMAN: You did not say that in your brief. The emphasis in your brief was on the federal rather than the local level.

Dr. SHERMAN: Yes we did. In fact, we mention under community planning:

> A broad approach to the complex problems created by the general increase of older people in Canada must be co-ordinated at the community level.

We felt the leadership and responsibility should emanate in the community for meetings of all interested agencies, through the establishment of a central committee. I feel the local community is still the place to deal with the problems.

Senator FERGUSSON: On page 38 and also on page 3 you refer to:

> Whether individual programs are hospital or community-based, it should be a public responsibility—

I had a note: "What does this mean?" Should it be voluntary organizations or Government organizations that start in the community?

Dr. GINGRAS: A number of years ago the Departments of National Health and Welfare, of Veterans Affairs and of Labour organized a National Advisory Board on the Rehabilitation of Elderly People. It is still in existence and meets once or twice a year, and comprises representatives of the federal Government, the provincial Government, the universities, medical profession, social professions and also a representative of communities and organizations at community levels like the Canadian National Institute for the Blind and others.

I was wondering if a similar advisory board, which has not legislative authority might give good advice to government departments. It might help answer to the problem of studying the future gerontology and geriatrics programs in Canada.

The CHAIRMAN: The question I asked was for your viewpoint, because I think perhaps I know the view of the committee, that we certainly support that recommendation. I wanted your answer on it because the answer, in addition to what has already been said, is we now do it for various groups, that is a course of action we have commenced, and we cannot turn back. This is a recommendation that will be foremost in our minds.

Are there any other questions?

If there are no more questions, may I say, gentlemen, that in your brief, on the last page, you acknowledge and thank the Chairman and members of your Committee on Aging who helped to prepare the brief, and also the Government and various voluntary associations who are helpful to you. You have already heard commendation of your brief, which should make you very pleased. All I can add to that is to say it is challenging. It is what we expected from the Canadian Medical Association—and I do not mind telling you that. We share your views and we thank you for taking the trouble, pain and effort to put the brief together.

As you appreciate and as you have said, we are trying to focus attention on this problem in this country in the best way we possibly can. We are getting a very good response from the people and this has been helpful to us. Thank you very much.

Senators, this is Mr. A. H. LeNeveu, Chief of Population Analysis, Dominion Bureau of Statistics. He is a member of the International Union for the Scientific Study of Population, and a member of the Ontario Society on Aging. You have his brief. Now he has a statement to make.

Mr. A. H. LeNeveu, Chief of Population Analysis, Dominion Bureau of Statistics: Mr. Chairman, honourable senators, this is just a brief summing up some of the points I tried to develop in my paper, a copy of which I think has been circulated among members of your committee.

Mr. Chairman, honourable senators, when asked as a member of the Co-operating Technical Committee of the Special Committee on Aging to prepare a paper dealing with the subject of demographic trends in Canada as they affect older people, I was not sure just what aspects of population trends in this country had most relevance to the problems of aging and what particularly in this area you wished me to cover. I did notice that the first witness to appear before your committee, Mr. David Morse, Director-General, International Labour Organization, stated that public policies with respect to older members in society should be viewed within the framework of "five major trends" common to many countries today.

The first of these he described as "the changing pattern of demography". He pointed out that one of seven people in the North American population is 60 years of age or more, and that, to quote his words, "nearly everywhere the trend is towards a demographic aging of the population, i.e., an increasing proportion of older people". Not only is the older segment increasing at a

faster rate than the total population but this is true of that other element of the population at non-working ages—the children below working age. Thus, the working age population is diminishing relatively. Mr. Morse went on to say that as a result of this differential rate of growth in these broad age groups society's burden of "dependency" is increasing, and of the two non-working age groups at the oldest and youngest periods of life, the older is growing proportionately to the younger. Thus, the community through use of the demographic yardstick, can foresee the numerical scope of its needs as regards aging during the decades to come—the precise scope of the problem varying from place to place.

This briefly expresses what Mr. Morse meant by what he called "the changing pattern of demography". I have, therefore, assumed that you would wish me to say, among other things, something about what has been transpiring in Canada with regard to the relative rate of growth of the population at working and non-working ages, respectively, over the past decade or two, and what we may expect by 1971 if present trends continue. Necessarily my paper presented a considerable array of statistics in order that you might see not only what has been the general trend in Canada but what was the relative measure of change by provinces from one period to another for these important categories of the population.

In the decade prior to the 1961 census Canada's population increased by 4,230,000, more than double the actual increase in any previous decade, or by 30 per cent. The older population, for example, those 65 years and over, reached a total of 1,391,000 by June 1, 1961, a gain of 305,000 or 28 per cent over this decade. This is contrary to the previous decade, 1941-51, when the older age group recorded a spectacular growth rate of 38 per cent, as compared with slightly less than 20 per cent for the total population. Canada's recent experience in this regard has also not coincided with that of a number of other countries. The reason why the growth rate of the total population between 1951 and 1961 was slightly faster than for the older age group was, of course, due to the sharp increase of 46 per cent in the number of children under working age. What is perhaps significant, however, is that the population at working ages was not increasing as rapidly, at 23 per cent, as at retirement ages and this trend seems likely to continue during the present decade, though the growth rate among the older population will not be much faster than among the population at working ages. Incidentally, for your information, our latest estimate of the population of Canada, 65-plus, for June 1, 1964, just released, was 1,468,000.

Too much importance should not be placed on the changing relationship between the population at working ages and the population at retirement or dependent childhood ages. The proportion of persons of working age who are in the labour force is not unchanging but will rise or fall according to the state of the economy. National productivity may rise with improved utilization of existing manpower and machinery, and so forth. With regard to the former, one of the remarkable features of the growth of the Canadian labour force in the past decade or so has been the spectacular rise in labour force participation of married women, from close to 350,000 at the 1951 census to 879,000 in 1961. Labour force estimates place the figure at around 1,000,000 at the present time.

The question has been raised as to what has been the relative rate of increase in specific age groups comprising the broad retirement population segment, 65 years and over. As already stated, the total population over this age increased by 28 per cent between 1951 and 1961. However, the age group, 65-69, recorded only a 12 per cent increase over this period, the 70-74 group growing at about the same rate as the total population over 65, while those over 75 years of age showed a substantial growth rate of close to 50 per cent

bringing their number to just over 500,000 in 1961. An approximate measure of the relative size in 1961 of these three divisions of the older population would show about 35 per cent of the total in the age group 65-69, another 35 per cent in the age group 75 years and over, and the remaining 30 per cent in the population 70 to 75 years of age. Comment on the expected changes in these age groups over the 1961-71 period I have reserved for the concluding portion of these remarks.

Now let me return to another feature of population trends in Canada that have some bearing on aging. In many parts of the world there has been a steady exodus of people from the rural farm areas into urban communities over the past half century. In Canada this trend has been most marked in the years since the outbreak of World War II. The effect of this migration as far as older people are concerned was to bring about a high concentration of these persons in urban and rural non-farm areas but in so doing to create some disparity between the sexes in their relative numbers in both farm and non-farm communities. Actually, just over a million and a quarter older persons, or 90 per cent of the total, resided in urban or rural non-farm areas in 1961. The number in urban areas was 969,000 or 70 per cent and in rural non-farm areas 287,000, or 20 per cent.

By rural non-farm areas in the census division we mean communities, whether incorporated or not, of less than a thousand population. The farm area when referring to the population living on farms is as defined by the census of agriculture. In urban areas there were 86,000 more older women than older men while in farm areas older men exceeded older women by 24,000.

What has been the effect of differences in mortality rates of women and men at ages over 45? In every census of Canada up until 1961 there was an excess of older men over older women in the population. However, in 1961 the situation was reversed; the population, 65+, being composed of 717,000 females and 674,000 males or a preponderance of women of 43,000. This reversal of the sex ratio seems likely to continue as long as the current discrepancy between the survival rates of women and men persists. As shown in my paper, death rates among males 50-70 years did not improve over the period 1931 to 1961 but sharp reductions were recorded for women in this age period. A reflection of this is the much greater number of widowed women than men in the Canadian population. Over 65 years of age almost 72 per cent of all widowed persons were women. The last census showed that there were 210,000 more widowed women than men over this age, 347,000 women compared with 137,000 men, a fact of some significance in the planning of various activities for older people.

The CHAIRMAN: This is a terrible reflection on the men!

Mr. LENEVEU: This is probably the main reason why in examining the living arrangements of older persons at the 1961 census it was found that there were 45,000 more older women than men living alone in their own self-contained dwellings and 70,000 more older women than men who were living in the households of relatives, no doubt in most cases in the homes of married children.

What of the future growth in the older population? The recently published population projection of the Royal Commission on Health Services forecasts a total population of 1,788,000 in the age group, 65+, in 1971. This would be an increase of close to 400,000, or 28.5 per cent since the 1961 census. The 65-69 age group will likely increase at a slightly slower rate, or 25 per cent, and the 70-74 age group at just over 15 per cent, but the 75 years and over age group should show the fastest growth rate among the older population at around 40 per cent. These differential growth rates for specific

age groups can in some degree be traced back to past events. For example, the small increase expected in the cohort which will be 70-74 in 1971 is partly attributable to losses resulting from World War I to this age cohort. It is difficult to predict the rates of increase among these older age groups in the period 1971-81, except to say that for those in the age groups 65-69 and 70-74 the growth rate will be faster than in the period 1961-71, and slower for the age group 75+.

Will Canada's population resume its aging tendency following the temporary arresting of this trend over the 1951-61 period? The royal commission's population projection would suggest that it will. But since the changing age structure of a population, including the proportion of older people, is so dependent upon fertility trends it is uncertain whether events will bear out this aspect of the projection in the final years of this century. It is true that a number of European countries had percentages of older persons in their population in 1961 ranging from 10 to 12 per cent as compared with 7.7 for Canada. Further, it should be noted that any marked improvement in death rates in Canada in the future are likely to be in the older age groups. It would appear, therefore, that the likelihood is for a gradual rise in the proportion of older persons in the Canadian population. However, it could happen that a marked increase in births in the next ten years, as the greatly increased numbers of children born in the early postwar period begin establishing their own families, may again slow down this aging process. Similarly, at the end of the century when the smaller cohorts born during the depression years of the 1930's reach retirement ages the proportion of older persons in the population may again fall off. Whatever the trend in aging in Canada may be over the balance of this century it is unlikely that the proportion of older people in the total population will attain the levels now current in a number of countries of Western Europe.

I have one final remark to make concerning prospective aging trends by provinces. Although we do not have a population projection by provinces which might be used to provide some indication of the likely trend in the proportion of older people in each province into the future, it might be worthwhile mentioning that in the 30 years between 1931 and 1961 this proportion has risen much more spectacularly in certain provinces than others.

In Saskatchewan, which has experienced heavy losses of population of younger adult ages to other provinces over this period, the proportion of older persons in the total population almost tripled from 3.4 per cent in 1931 to 9.2 per cent in 1961.

In Manitoba, Alberta and British Columbia the proportion of older people doubled over this period. But, in the central and eastern provinces the rise in the proportion of older persons in the total population was not so pronounced. These provincial differences in the case of population point up the additional role of internal migration in this aging process.

The CHAIRMAN: You did not say anything about British Columbia. I wonder what the trend has been there?

Mr. LENEVEU: In British Columbia the change in the over 65 group was from 5.5 per cent in 1931 to 10.2 per cent by June of 1961. This means that British Columbia and Prince Edward Island are the two provinces that have the highest percentage of older persons at the present time.

The CHAIRMAN: When you spoke of working ages you mentioned ages of from 15 to 64. Do those figures apply to women as well as to men?

Mr. LENEVEU: Yes, but it is obviously a rough usage to talk about the population between ages of 15 and 64 as being the working population. As you have indicated, there is a very sharp reduction in the participation by women

in the labour force after the age period, 45-54. There has been some rise, as has been pointed out by Dr. Schonning and others, in the extent to which women of that age are in the labour force, but it is not a significant element in the female labour force.

Senator PEARSON: In the last statement you made you referred to the sharp increase in the proportion of older people in the Prairie provinces as compared with the rest of Canada. Would not that indicate a movement of the younger people out of those provinces to the industrial areas of Ontario and Quebec?

Mr. LENEVEU: That is very true. My paper that has been circulated, Senator Pearson, shows on page 10 the percentage increase in the population by broad age groups, by provinces, 1941 to 1961. If you take Saskatchewan you will notice that in that period between 1941 and 1951 there was a loss of population to the extent of about 7 per cent. The loss in the age groups between 0 and 64 was 5 per cent for the child group, and 12 per cent for the age groups between 15 and 64. This is very largely due to the shift or movement of Saskatchewan people in those age groups to Ontario and to British Columbia.

Despite this shift of population from certain provinces like Saskatchewan and some of the Maritime provinces to other parts of Canada it seems, particularly in the case of Saskatchewan, to be confined to those ages. Yes, for older persons whom you might think would go to British Columbia, as many do, to retire there has been quite a sharp increase in the case of Saskatchewan, Alberta and Manitoba. The reason for that, I think, is that people in that particular age group of 65 and over in those three Prairie provinces in 1961 were people who moved into those provinces largely in the first decade of this century when they were settled. Those people are now in the older age groups, and consequently you see a sharp percentage increase with respect to this age group.

The CHAIRMAN: Would you like to make a comment on the difference in Alberta? Look at page 10. You will see there that the increase in that age group in Alberta was 62.3 as against 43.4 for Manitoba. Can you give us a reason for that?

Mr. LENEVEU: For one thing, Alberta is the one province of the three that has shown a very pronounced growth rate since the discovery of oil in 1947. If you look at that same table you will notice that while the growth rate in Manitoba was only 6 per cent between 1941 and 1951 and 18 per cent in the following decade, Saskatchewan suffered an actual loss of population in the decade 1941 to 1951, and there was only a modest increase between 1951 and 1961.

Look at what happened in Alberta. The total population increased by 18 per cent between 1941 and 1951, and between 1951 and 1961 that province had an increase of 41 per cent. The rate of increase in Alberta between 1951 and 1961 was as great as the increase in British Columbia which for a long time showed the fastest rate of growth. As a matter of fact, it is faster because British Columbia was 39.8 per cent.

It is for that reason that the increase in the population 65 and over in Alberta is much more rapid than in Manitoba and Saskatchewan.

The CHAIRMAN: Would you read the statement on page 2 of your paper about the population of a number of countries in Europe? I think you touched on this before, but would you read it to us so that we can get the sense of it?

Mr. LENEVEU:

> It has been established that in a number of countries of Europe and in the United States aging of the population during the present century, in the sense of increasing proportions in the adult and old age groups

and smaller proportions in the population under 20 years of age, has been due more to declining fertility over this period than to reductions in mortality in the older ages.

Many people have the notion that the reason why we have a higher proportion of older people in this country today, and in most Western countries, is because of the great advances made in public health in the reduction of mortality, especially among women, in the older age groups. In that connection I mention in my paper the fact that although the biggest factor in increasing life expectancy in this country has been the sharp reduction in infant mortality—and even in the case of persons over 45 there has been some improvement, especially among women—and there is no question but that anything that will bring about a reduction in mortality among people who are advancing to the age of 65 and over will increase the rate of growth of the population in that particular segment of the age structure; but when you look at a population pyramid you will notice, of course, that the large part of your population is under 20 years of age—about 40 per cent—and it is largely because of the long term decline in the birth rate in many countries of Western Europe and the United States up to the date of World War II that you had this rise in the percentage importance in the total population of people over 65.

I took a minute or two yesterday in which to make up a very rough pyramid which will bring this out. This is important, I think, because, as I have tried to indicate in my remarks this morning, there is nothing inevitable about what has been the trend over the last 30 or 40 years in the steadily increasing proportion of older people—until we get to the decade between 1951 and 1961 during which it remained pretty well stable. I do not doubt for one moment that there is going to be—and the projection seems to bear this out—an increase in the population of older people over the next 30 years, but increases that raise the proportion from, say, 7 or 8 per cent to 9 per cent are not serious in relation to the ability of the population of working ages to meet the extra burden that might be placed upon it. This chart will give you an idea of why this is so. You may have a rising birth rate accompanied sometimes by heavy immigration. This tends to bring about large increases 40 or 50 years later in the working population, or substantial increases in the population over age groups. This chart shows how this may occur and recur. You see how you get more weight at the working ages at some times than at other times. This chart is not a large one and I do not know whether you can see it from where you are. Back in 1881 to 1891 the age pyramid for Canada represented very much the age pyramid for what we call underdeveloped countries today, with a broad base and a sharply narrow apex.

When we come to 1941, after many years of declining birth rates, you see an unusual situation here, with the base greatly reduced in relation to the ages above and a more gradual tapering off.

I tried to superimpose one age pyramid upon another. You can see this better on the large scale chart. This one was made yesterday. I do not say that the scale is precise but you can see what is taking place. Here (indicating) is an age pyramid of Canada at the 1941 census. This is an actual numerical, not a percentage scale. This shows you the number of children—males on one side and females on the other—in the age group 0-4. As you go up, you will notice that when we get to the ages between 20-24 the pyramid begins to contract only slightly, as we go up the scale. The thing which is important here is that down here (indicating) the children under 15 are not nearly as important a segment of the whole population as they became again by 1961; 1961 looks more like what it was at the beginning of the century; here the numbers of children in the age groups under 15 constitute a rising proportion again of the total population.

I believe that in my written paper I gave the proportion of children under 15. In 1961 you will notice it was 34 per cent. This is Table No. 1 of the paper. It is the same proportion as existed back in 1901; whereas in 1941 we had only 27.8 per cent of our population under 15 years of age.

Now, let us just follow this into the future as far as we can from using the Royal Commission's population projection. You will notice this heavy increase in children which has, of course, received a great deal of current attention with regard to the rising cost of education, and so on in the past 10 or 15 years. These people are moving on into the working age period, and by 1981 to the marriage ages. They will constitute—quite a large number of them anyway—our working population by 1981.

At the present moment the fastest growing age group in our population is 15-19, young people leaving school, who will be shortly entering into the labour market.

In the years just after the war there was a very rapidly growing economy and we were able to absorb large numbers of immigrants; and we had at the same time a low percentage unemployed. My own personal view about this is that it is partly because the number of children who were coming to working age at that time was smaller than normal, because those youngsters who were in the age group from 10 to 20, who were born during the depression years, represented a smaller cohort in the population, as we see it down here (*indicated*).

Those people in 1941 were 10-19 in 1951. I have not got the 1951 pyramid but you can see that in the 1941 census we actually had, for the only time in our history and probably never will have again, fewer children under 10 years of age than in the previous census, for example, 1931. By contrast the number of children under 10 in 1951 was about 44 per cent greater than in 1941.

What I am trying to indicate here by this chart is that this large expansion in the number of people in the working age groups, say 15-34 by 1981, born since the war, means the increase in the labour force in the next 20 years or more will be fairly substantial. Also, the number of families will increase very rapidly beginning in the latter part of the present decade.

With the increase in the number of families, as I pointed out in my statement this morning, there will be a big increase in the number of births. This increase at the youngest age group may tend, not to fully offset the rising proportion of older people, but at least to keep it from rising as noticeably. That is why, as I said in the conclusion of my statement, that I do not visualize that, even by the end of the century, we will have as high a proportion of older people in our population, that is to say, 10 to 12 per cent, as was the case in a number of countries in Western Europe, even in 1960-61. Some of those countries, according to a United Nations report I was reading recently, anticipate that the proportion of older people in the population—of Britain, of France and of one or two other countries—will be closer to 15-17 per cent by the latter part of this century.

Senator FERGUSSON: I would ask that these charts be placed on the record.

The CHAIRMAN: Yes, I will arrange to have them inserted as an appendix, I realize you could not see them. This is a very interesting answer. We are delighted to find one of our civil servants so interested in this question and so helpful in graphically explaining it to us. You say the children are more and more dependent on their parents for the necessities of life, but you give an indication, from the reading of the brief, that these people will in the main be dependent on society?

Mr. LENEVEU: Could you point to that, Mr. Chairman?

The CHAIRMAN: I thought that at page 8 you said something like that.

Mr. LeNeveu: I do not remember saying anything about their being more dependent than they were before.

The Chairman: That was not what you intended to say?

Mr. LeNeveu: No.

The Chairman: I do not want to put words into your mouth. I had read that into it but perhaps I should not have done so. Now senators, here is a man full of information and knowledge which he is anxious to disseminate.

Senator Quart: It seems so complete a brief that we are left without a question.

The Chairman: On page 17, the last paragraph is a very interesting and pertinent statement. You speak of widowhood and the number of women and the number of men. You refer to housing and living accommodation. You indicated that a very large number of women went into the commercial field in the last 10 years. I think you said it was over 800,000.

Mr. Davis: Married women.

The Chairman: Married women. Is there any way to find out anything about these married men and women, other than their numbers?

Mr. LeNeveu: Yes. At present we are preparing one of the series of analytical studies based on the results of the 1961 census, where most of the information will come from our family tabulations. In this particular study, which will deal with the Canadian family, we attempt to compare the income of husband by income of wife by age of the husband and wife and in relation to the number of children in the family and the family responsibility of the parents. We attempt to compare the income of the husband with the income of a wife by age, and in relation to the number of children in the family—the family responsibility of the parents. That is the sort of thing we are trying to do. Actually, this is not more than a general review. We had intended preparing a monograph dealing with the family to give more information about households in which the wife was working as well as the husband. I cannot say whether that study will be proceeded with. It is being considered.

The Chairman: What is your definition of a family?

Mr. LeNeveu: We define a family in the census as at least two persons, husband and wife, or a parent, say a widowed parent and child, and the child would be single or never married. We do not include in the family group other relatives, such as a married son or daughter, for example, who may be living in the same dwelling with the parents. We call the second family a related family—not part of the family of the older head of the household.

In Canada, in our census, we do not have as broad a definition of a family as is common in some countries, where anyone living in the same house who is related by blood or marriage is regarded as a member of that family. The way we deal with this has some drawbacks, but, on the other hand, it does not get you in difficulty in deciding where to draw the line. You may find that a grandnephew, for instance, comes to the city to take a job, and lives in a relative's household but does not share in the household budgeting. In that case, such a person in our census is very much like a lodger. This is one of the reasons we feel it is more precise to confine our family to the very common one, that is, the family I had in mind, the husband and wife and children with no other relatives constituting a large percentage of the families in Canada.

Senator Inman: At the bottom of page 2 of your submission is a reference to populations over 65 years of age. It states that Newfoundland and Quebec recorded only a little over 5 per cent over 65 years, and Prince Edward Island and British Columbia, 10 per cent in this older age group. Have you any theory why this should be?

Mr. LeNeveu: Yes, Senator Inman. Newfoundland has the highest birth rate in Canada, and a higher death rate in the older ages than most other provinces. Since, as Table I of my paper indicates, the percentage of children under 15 years of age is the highest in Canada, this no doubt largely accounts for the low percentage over 65 years of age. In the case of Quebec also, the death rate still is a little higher there than the Canada average, and the birth rate, while not as high as Newfoundland, is higher than the Canadian average. This, accounts for both of these provinces having a lower percentage of older people. What happens at the beginning of life has a great deal to do with the proportion of older people in the total population.

British Columbia has the lowest birth rate in the country, and of course considerable numbers of older people go out to British Columbia to retire. I read this morning that in Victoria, for example, some 17 per cent of the population of that city are over 65 years of age. In the case of Prince Edward Island, although it had a high birth rate in comparison with the other Maritime provinces, it has, traditionally, lost a considerable number of people in the younger working ages to central Canada. I think possibly that a number of people return to Prince Edward Island at the age of retirement, although not to the same extent as to British Columbia.

Senator Inman: That is true.

The Chairman: Dr. McGrand?

Senator McGrand: I am interested in the rural community, the effects on the economy, and the problem created in looking after the senior citizen. Have you anything to say with reference to this, which you feel is worthy to contribute?

Mr. LeNeveu: In reference to—

Senator McGrand: In reference to this problem of the aging?

Mr. LeNeveu: If I understood your question correctly, senator, the influence of the movement of people from the farms into the urban centres, as it affects older people, is that by 1961 we actually found that 90 per cent of all the older people in this country were living in the cities or towns, or in the villages and hamlets. Older men tend to remain on the farm to a greater extent when there has been a loss of the spouse, than is the reverse. That is the reason why we have a small excess of elderly men on farms over elderly women. However, the only two points I attempted to make in this connection were, first, that you have a large percentage now of older people living in urban centres, particularly in the metropolitan areas. This is important for those who are dealing with the problems of the aged. Secondly, that what movement has taken place has created a degree of imbalance between the sexes in farm versus urban areas; an excess in the number of older males over females on the farm; whereas in urban, there were 86,000 more elderly women than elderly men. Does that answer your question?

Mr. Davis: Perhaps I should draw attention to the fact, Mr. Chairman, that Mr. LeNeveu was the father of the document prepared by D.B.S., entitled, "Selected Statistics on the Older Population," which has been invaluable to us throughout the whole inquiry.

The Chairman: If there are no further questions, may I on behalf of the committee tell you, Mr. LeNeveu, how pleased we are that you took the pains to draft the paper you presented. We found the information interesting and informative, and we are highly appreciative and thankful.

Mr. LeNeveu: Thank you very much, Mr. Chairman.

The committee adjourned.

APPENDIX "W-1"

HEALTH AND INSTITUTIONAL CARE ASPECTS OF AGING

A SUBMISSION OF

THE CANADIAN MEDICAL ASSOCIATION

TO

THE SENATE COMMITTEE ON AGING

NOVEMBER 5, 1964

Presented by: Dr. W. W. Wigle, Toronto, Ontario; Dr. E. D. Sherman, Montreal, Quebec; Dr. Gustave Gingras, Montreal, Quebec; Dr. F. C. Heal, Moose Jaw, Saskatchewan; Dr. A. D. Kelly, Toronto, Ontario; Dr. A. F. W. Peart, Toronto, Ontario.

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SUMMARY OF RECOMMENDATIONS

Health Status of Older People in Canada (Section C)

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.

Institutional Facilities and Community Programs Required for Older People (Section D)

In addition to private dwellings where older people may live with their families and receive companionship and basic medical care, various types of institutional facilities and programs are necessary. They are as follows:

(*a*) Although there is a shortage of acute hospital beds for patients, including the aged in some communities, a more important shortage is the need of hospital beds for longer stay patients who require prolonged treatment. Because of the lack of suitable accommodation for longer stay patients, frequently general hospital beds are utilized to provide care for patients who require prolonged treatment.

It is apparent that more longer stay wards or wings to acute general hospitals must be constructed to meet the urgent need for patients requiring longer stay type of hospital accommodation.

(*b*) More nursing homes of high quality are urgently required. These are essential to provide care for the growing number of individuals whose needs can best be cared for in institutions of this type which are closely integrated with a local community. In order to accomplish this:

(1) Plans to stimulate the development of more nursing homes should be developed by the appropriate provincial and community authorities.

(2) Construction loans should be encouraged for the erection of high quality nursing homes to comply with provincial standards.

(3) Measures to improve the standards of present nursing homes should be undertaken at the provincial level by interested organizations with the assistance of the departments of health in consultation with the provincial medical associations.

(*c*) There should be an arrangement between homes for the aged and institutions offering sheltered accommodation, and a general hospital for transfer of ill patients as well as referral to out patient departments and special clinics. Hospital admissions and referrals should be authorized by the individual's personal physician. Transfer of patients from hospitals to nursing homes would also be facilitated by this arrangement.

(*d*) A number of specific recommendations on mental health have or will be made to the Senate Committee by psychiatric and mental health associations. This Association has summarized its recommendations on this important health field on pages 20 and 21. Our Association also wishes to emphasize the importance of the family physician and internist as filling a major role in the early treatment of minor psychiatric disorders; and the follow up of psychiatric conditions which have been diagnosed and assessed by psychiatric consultants.

Health Maintenance For Older People (Section E)

The following recommendations are proposed as important methods of maintaining and improving the health of older people:

(*a*) Geriatric consultation clinics should be available for the consultation of private practitioners, where they may refer their problem cases for diagnostic evaluation, for special services, or when special equipment and facilities are required.

(*b*) The promotion of periodic health appraisals by personal physicians for the older and middle-aged groups is desirable.

(*c*) 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 engaged in health education, with necessary advice from medical associations.

Rehabilitation Services (Section F)

(*a*) Physical medicine and rehabilitation services should be provided in all major general and special hospitals in Canada, as well as in many long term care institutions.

(*b*) Rehabilitation services, of a lesser degree, should be available in all nursing homes and sheltered accommodation facilities with a medical program, specifically to meet the needs of persons irrespective of age, with a view to improving function and preventing further deterioration.

(*c*) There is urgent need to increase the number of physiatrists (specialists in physical medicine and rehabilitation), as well as the paramedical personnel such as physiotherapists, occupational and speech therapists, social workers, audiologists and prosthetists. Funds for such training should be continued and where necessary amplified.

(*d*) Home visiting nurses and therapists should be available to provide rehabilitation for those patients who cannot travel to hospital for such treatments.

(*e*) Rehabilitation services should be greatly extended in hospitals for the mentally ill where there is a substantial number of older persons and should be integrated with other treatment services.

Associated Community Ancillary Services (Section G)

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. They have the advantage of enabling the patient's personal physician to continue to care for his patients in their home environment, which is often beneficial to them.

Whether individual programs are hospital or community-based, it should be a public responsibility to ensure that this development takes place. Organized home care programs should be considered in any program for health care.

Community Planning (Section H)

(*a*) A broad approach to the complex problems created by the general increase of older people in Canada must be co-ordinated at the community level.

(*b*) 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.

The provincial government should be represented on these committees as it is in a position to stimulate action for the development of facilities and to provide financial assistance where necessary.

(*c*) Health and welfare services are required to assist those older persons in financial need to be as independent as possible and to participate in the normal community life.

(*d*) A central bureau of aging should be established within the existing framework of the Department of National Health and Welfare to collect information on all aspects of aging, which would then be readily available to community organizations and individuals seeking information. This bureau should also be informed of all programs providing services or research in Canada with the ultimate objective of providing an information center in this field.

Education and Research (Section I)

(*a*) There should be more educational programs provided by organizations and institutions interested in medical education, which should get the support of individual physicians and medical associations, in providing institutes, conferences and refresher courses on problems of aging.

(*b*) The Canadian Medical Association recognizes the importance of aging in the curriculum of medical schools and recommends that more support be given to universities in order that they may develop educational programs in this field at all levels of medical and paramedical education.

(*c*) There should be an increase in available funds for the development of gerontological projects in the various universities and general hospitals.

(*d*) Greater financial support for the promotion of clinical research in Canada is essential to keep pace with the explosive developments that have taken place since the Second World War.

Despite substantial and gratifying increases by the 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 United States. Industry and commerce should supplement governmental 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.

SECTION B

HEALTH AND INSTITUTIONAL CARE ASPECTS OF AGING

A SUBMISSION OF

THE CANADIAN MEDICAL ASSOCIATION

TO

THE SENATE COMMITTEE ON AGING

PREFACE

Mr. Chairman and Honourable Members of the Senate Committee on Aging:

The Canadian Medical Association is pleased and honoured to have this opportunity of presenting the views of this Association on some important problems of our aging population. We have purposely limited our comments to the health and institutional aspects of aging as we believe these most logically fall within the interests of this Association. We recognize, however, that the medical care of the aged will largely be carried out in the home and not in institutions, but understand the terms of reference of your Committee direct your special attention to institutional care at this time.

The Canadian Medical Association was founded in 1867. It is a federation of ten provincial divisions, each autonomous in its own sphere but combined to form the largest medical association in Canada. Current membership in this voluntary national association consists of 16,700 Canadian physicians.

The C.M.A.'s Committee on Aging was established in 1961. Its Terms of Reference are as follows:

"This Committee shall study and report on matters related to the health and well-being of our aging population, including the social, economic, vocational and environmental factors as they apply to elderly persons."

The Committee on Aging is presently developing an active program, which includes a statement of policy on aging which should be useful in the future to physicians and public agencies in developing programs for the aged.

For the purpose of this brief, an older person shall be defined as a person who is sixty-five years of age or more. However since many of the economic, social and health problems of old age begin in earlier years, it is difficult to give a fixed chronological age at which a person can be said to be old, or to have a geriatric problem. The term geriatrics refers to the investigation and treatment of medical problems of the elderly. It must be recognized that the majority of people beyond the age of sixty-five are managing quite well to cope with or adjust to any problems they may face. The recommendations of this brief are to be considered as supporting the individual in maintaining his personal identity and independence.

Canadian physicians are already engaged in an increasing volume of geriatric practice. With the help of a wide variety of specialists and consultive services, we are proud of the increasing effectiveness of medical and hospital care available for the management of acute or short term medical surgical and psychiatric disorders affecting elderly patients.

It is well known that the prevalence of chronic disease increases with increasing age, but that the majority of persons so afflicted continue to live active lives. If the individual requires advice or treatment for any acute or chronic disease his normal recourse is to consult his personal physician and receive appropriate treatment. The programs and services recommended in this brief are aimed at supporting the physician in his therapeutic role and augmenting his treatment. It remains for the individual patient to accept or refuse such treatment as can be offered, and to bear such disabilities as cannot as yet be removed.

A complete range of services should be available to each person according to his needs, but no person should be forced to accept more services or be dependent on any institution for any services he does not require. It is well known that many elderly people lack adequate economic support. This should not be allowed to force them into institutional living or deprive them of freedom of choice in living accommodation, social interaction or medical care.

In some elderly people mental deterioration impairs memory and judgment. They require a degree of protection which in most cases will be provided by their own families. Advice on treatment, prognosis and further action can be given to the family by the personal physician. In such cases the older person should be allowed to make what decisions lie within his competence and not be hurried into complete dependency. Since in our society independence of action is the measure of a man, we must guard against any tendency to limit the freedom of our older citizens.

The vast majority of elderly Canadian people wish to remain in the community as healthy independent self-supporting citizens as long as possible. The primary aim of society therefore should be to promote and assist them in this goal.

Canadians are aware that the increasing life expectancy may bring health problems which are complicated and for which a wide variety of specialized services and even long term care in institutions may become necessary. The majority of these are associated with chronic and long term illnesses. Much can be done to alleviate or mitigate the effects of these illnesses even though the primary causes of some of them may not be well understood.

In treating these illnesses, physicians appreciate the importance of social problems which affect many elderly people. These may be of equal if not greater importance to problems of the aged, when added to their ailing physical and/or mental health.

While undoubtedly many of these social problems have been emphasized in other briefs received by the Senate Committee, it is our purpose to restate them. The solution to these problems is the prime responsibility of individuals and their families, but communities and the helping professions, may also be required to help solve some of them.

Some social problems which affect the health of the aged are as follows:

1. Compulsory separation from the world of work with or without adequate income.
2. Inadequate housing.
3. Lack of preparation for retirement.
4. Insufficient family support.
5. Lack of alternatives or adjuncts to institutional care such as
   (a) home nursing
   (b) organized homemaker services
   (c) rehabilitation services
   (d) homes for the aged
   (e) nursing homes
   (f) foster home care
   (g) sheltered workshops and other work opportunities
   (h) recreational services
   (i) information and referral centers
   (j) educational and leisure time activities

While individuals and their families must assume the responsibilities for adequate planning for their personal needs in their later years, the role of communities and private and public organizations must be more clearly defined to the end that all elderly people receive the best care modern Canadian society can provide. In this task organized medicine is prepared to play a leading role.

SECTION C

HEALTH STATUS OF OLDER PEOPLE IN CANADA

In Canada, as in other countries, the increase in the number and proportion of older persons to the rest of the population has created new and complex problems. In 1961, the number of persons 65 years and over according to the census was 1,391,154, or more than 3 times the number in 1921, and to comprise 7.7% of the population in Canada as compared to 4.8% in 1921 (420,244 persons). Projection of these figures indicates that in 1971 there will be 1,780,000 persons over 65 years of age.

Characteristics of Diseases of the Aged

There are few, if any, diseases which may not occur at any age. The aging and the aged are susceptible to any disorder. After maturity the acute infective disorders become less frequent and a group of so called degenerative disorders becomes increasingly common. These are chronic slowly progressive disorders.

They constitute the gravest menace to continued health and usefulness of those reaching maturity. Today, nearly 60% of the deaths in Canada and the United States are attributable to chronic diseases. The frequency of the degenerative disorders is increasing because so many more people survive through youth to fall into the vulnerable period after forty.

Chronic illness has been defined by the Commission on Chronic Illness in the United States, as comprising "all impairments or deviations from normal which have one or more of the following characteristics: are permanent, leave residual disability, are caused by non-reversible pathological alterations, require special training of the patient for rehabilitation, may be expected to require a long period of supervision, observation or care". Long-term patients are "Persons suffering from chronic disease or impairments who require a prolonged period of care, that is, who are likely to need or who have received care for a continuous period of at least 30 days in a general hospital, or care for a continuous period of more than 3 months in another institution or at home, such care to include medical supervision and/or assistance in achieving a higher level of self-care and independence." The hard core of the problem from the standpoint of community planning in the United States is the 5.3 million people whose chronic disease has disabled them for 3 months or longer. Of these, 2.1 million are 65 years and over; 1.8 million are between 45 and 65 years of age; and 1.4 million are under 45. While only 8% of the population is 65 years and over, this age group accounts for 40% of the 5.3 million noted above who require care for a protracted period. Another way of presenting these facts is in terms of disabling illness for different age groups. The rate is 1.3% for persons under 45; 5.8% for the those between 45 and 64; and 17.1% for those 65 and over. Thus, disabling illness is 13 times as frequent among persons 65 and over as among persons under age 45.

The Canadian Sickness Survey of 1950-51, the first Nationwide survey of illness in the general population of Canada, was designed to obtain a broad picture of the amount of sickness and disability in Canada with additional information on social and economic factors. Although the material is out of date, it is in order to discuss pertinent information contained in this report, as it relates to the aged.

Illness is defined as a disturbance in the state of health of an individual reported by him or her in the form of a diagnosis, a group of related symptoms or a single symptom. Illness include injuries and confinements as well as diagnoses of diseases and undiagnosed symptoms. A year-long illness could be formed of either one year-long illness, or of two or more overlapping concurrent illnesses, if these illnesses did not leave the affected person free of symptoms during the entire survey year. In the Sickness Survey, the total number of year-long sicknesses was estimated to be 684,000 for the survey year. This represented one year-long sickness for every 20 persons in the country, and included both minor and major illness. The age group 65 and over had nearly 25% of all these sicknessess for a group which represented only 7.8% of the total population in 1951. The age group 45 to 64 shows 31.9% of year-long sicknesses for a group representing 17.7% of the total population at that time. It is significant to note that those aged 65 and over, comprising less than 8% of the total population accounted for 38% of all persons with physical disabilities.

Four major groups of chronic illness are particularly significant to geriatric medicine (1) Circulatory impairments; (2) Metabolic disorders; e.g., diabetes, etc.; (3) Musculo-skeletal; and (4) New growths.

Most common conditions in the 65 and over age group taken from Hospital Discharge data of eight Provinces for 1960 are as follows: (1) Heart disease (2) Vascular lesions affecting the central nervous system (3) Pneumonia (4) Diseases of the prostate (5) Diseases of gall bladder and pancreas (6) Diabetes mellitus (7) Diseases of the eye (8) Senility (9) Hernia (10) Arthritis and rheumatism (11) High Blood pressure (12) Fractures of the femur (13) Diseases of arteries (14) Ulcers of stomach and duodenum.

The leading causes of death in Canada during 1961 in persons 65 and over indicate that many of the leading causes of disability also cause most of the deaths in this age group. Taken from the Dominion Bureau of Statistics these were: Cardiovascular disease, cancer, influenza and pneumonia, accidents and violence, diabetes mellitus and kidney disease. In the 65 and over group, the death ratio per 1,000 population was 68.3 and 52.1 for male and female respectively, in contrast to 12.3 and 6.7 respectively for the 45-64 year group.

The following data will indicate how the older age group compares with other age groups in the extent to which they utilize hospital services. These data were prepared by Provincial Hospital Insurance Plans obtained from the general and special hospitals for nine Provinces in the year 1961.

There were 958,276 cases (male) discharged from the hospitals. The 65 and over male group, though comprising 7.3% of the total male population, accounted for 17.2% of the discharges. The 65 and over group accounted for 32.8% of the patient days of care. The average length of stay per discharge case was 12.3 days for all ages, 15.2 days for the 45-64 group and 22.2 days for the 65 and over group respectively. An analysis of the female case discharges for the year 1961 shows the same trend for the older age group as noted in the aforementioned figures. These figures indicate that the average length of stay is nearly twice as long for the aged person in contrast to the younger group. Though the aged group comprised only 17.2% of the discharges, they accounted for nearly one third of all the patient days of care.

More physicians visits per year are reported for the elderly than for the younger persons. During 1957-59, according to the U.S. National Health Survey, those aged 65 and over averaged 6.8 visits per year in contrast to persons under 65 years of age who averaged 4.8 visits, annually. The Canadian Sickness Survey of 1950-51 indicated the same relationships.

Perhaps the only complete and accurate means of determining the true incidence of chronic illness in the elderly population would be to carry out a complete survey of a representative group of elderly persons over a long period of time, recording their experience, and from these data, estimate the extent of the problem in the entire country. In such a study, records would be made of all conditions single or multiple, suffered by the group, and would include data from private physicians who treated patients, from general hospitals, institutions for the aged etc. In this manner one could tell what really happens to the aged, and estimate what is required in the way of services to look after them. It is unfortunately true, however, that the incidence of chronic illness in the elderly in Canada, has not been ascertained recently. Instead we have data on certain narrow bands in the complete spectrum, at certain points in time, such as reports from the Canadian Sickness Survey, hospitals and other institutions and reports of insurance plan experiences.

Recommendation

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.

SECTION D

INSTITUTIONAL FACILITIES AND COMMUNITY PROGRAMS REQUIRED FOR OLDER PEOPLE

INSTITUTIONAL FACILITIES

Types of Institutional Facilities

The following represent the types of institutions that are presently available for the treatment and care of older patients.

(1) General hospitals
(2) Long-term care units:
  (a) A distinct unit of a general hospital
  (b) Chronic convalescent hospitals
  (c) Rehabilitation centers
  (d) Nursing homes
  (e) Hospitals for aged persons
  (f) Homes for aged persons
  (g) Mental hospitals

THE HOSPITAL BED SITUATION IN CANADA

General Hospitals

(*a*) Older people may develop acute disease which require admission to a general hospital. The incidence of acute disease is practically the same in the elderly as in the younger age group, but the period of recovery is longer.

(*b*) Many elderly persons have chronic diseases (with one or more conditions) which are subject to acute exacerbation, or may frequently require remedial treatment similar to that provided for other acute illness. This type of care is found in the average general hospital and the treatment of acute exacerbations of chronic illness does not present any particular problem. The hospital problem which is peculiar to chronic disease is in the type of service available for patients who need prolonged hospital treatment.

(*c*) Reports have indicated that general hospitals in Canada are required to provide care for the so-called chronically diseased patient after the acute phase is over. It is obvious that it is not economical to use expensive general hospital facilities for the care of these patients. The discharge of long-stay patients from general hospitals is fraught with difficulty because of the primary lack of alternative kinds of care. Figure 1 as illustrated here will demonstrate this statement.

Figure 1—Length of stay of separations, since admission (1960) (For 826 of 844 Public General Hospitals in Canada—excludes chronic and convalescent hospitals)

Stay	Separations		Days Stay	
	Number	%	Number	%
Under 30 days	2,289,585	94.84	16,598,598	69.55
30–59 days	95,008	3.94	3,782,254	15.85
60 days plus	29,478	1.22	3,485,808	14.60
Total	2,414,071	100.00	23,866,660	100.00

Note: 5.16% of the separations had stays of 30 days or more, and these patients accounted for 30.45% of the total days of stay in hospital.

It will be noted that about five per cent of the separations had stays of 30 days or more, and these patients accounted for about 30% of the total days of stay in hospital. This would imply that nearly one-third of the beds which are available in general hospitals are presently being used for long term illness.

(*d*) General hospitals lack some of the needed facilities and staff oriented to care for the long stay patient. Under present conditions these patients cannot always be given the kind of care to adequately meet their physical or emotional needs. Lacking are the essential rehabilitative measures which can assist patients to some measure of self-help. Programs and services in rehabilitation have not developed as rapidly as they should have in general hospitals. There must be much more emphasis in the general hospitals on the techniques of rehabilitation. Unless steps are taken in early rehabilitation of patients, the number of handicapped and disabled persons will continue to increase.

(*e*) Public demand for more and better hospital facilities has focused primarily on acute treatment hospitals, the most expensive type of hospital facility. It is not surprising, therefore, that 62% of all patient beds approved for construction under the Hospital Construction Act have been active treatment beds. Since 1948, the bed population ratio moved up from 4.6 to 5.1 beds per thousand population.

(*f*) The overall average percentage occupancy of acute treatment beds has increased from 78.2% in 1959 to 81.6% in 1961 for Canada as a whole. Thus, it appears that the implementation of Provincial Hospital Insurance schemes in a number of the provinces was bringing about a more intensive usage of beds in public general hospitals.

Chronic Convalescent Hospitals

(*a*) Due to progress in medicine in treating acute disease and also because of the changing age structure of the population, chronic diseases are constituting an increasing proportion of all illnesses. The provision of long-term care facilities for extended treatment of the chronically ill has been a continuing and increasing problem. It involves a range of facilities as has been enumerated under the caption of long term care units. In 1961, a total of 16,208 beds were reported as chronic, convalescent, geriatric or rehabilitation beds, equivalent to 0.9 beds per thousand population.

(*b*) Bed requirements and shortages. The Department of National Health and Welfare has assembled information from the various provinces on the projected requirements for acute and chronic beds for 1968 in Canada. It is interesting to note that the recommended bed population ratio is similar to that of the Provincial Health Surveys in 1948. In both surveys, the recommended bed population ratios varied considerably from one province to another, but the composite average for Canada as a whole was about 7 beds per thousand population, made up of 5.5 active treatment beds and 1.5 chronic beds.

(*c*) Some comparison with findings in other countries may be instructive. In the United States, Reed and Hollingsworth came to the conclusion that under average United States conditions, 4.4 to 4.7 hospital beds per thousand people were needed for diagnosis and active treatment of general illness, and an additional 2.3 to 2.6 beds per thousand for chronic illness and convalescence. Combined needs for acute and long term care, therefore, were estimated to be between 6.7 and 7.3 beds per thousand or approximately, about 7 beds per thousand persons.

(*d*) Somewhat different findings were obtained in a recent study of hospital bed requirements in England and Wales published by the National Health Service. In its 15-year plan of hospital development, a special committee proposed an overall objective of 5.3 beds per thousand population, including 3.9 beds for active and maternity care plus 1.4 beds for chronic care. In this report, great emphasis was placed on the development of regional out-patient and home-care services as alternatives to in-patient facilities.

(e) Despite increases in the combined bed supply of Canadian acute and chronic beds (non-Federal), the estimated shortage based on an assumed ratio of 7 beds per thousand population has been reduced only from 26,000 in 1948 to about 21,000 in 1961. In other words, because of population increase, the assumed bed requirement has risen almost as rapidly as the increase in available beds.

Nursing Homes

With respect to nursing homes and sheltered accommodation facilities, no general review of facilities, shortage and measures to improve standards has been published. It is known that more than 50,000 beds have been classified as homes for special care, eligible to receive per capita payments for the care of needy patients under the Federal-Provincial Unemployment Assistance Agreements. Of these beds approximately $\frac{2}{3}$ are beds considered to be domiciliary type, and about $\frac{1}{3}$ are beds for nursing-home type care.

LEVELS OF CARE

The following are various types of accommodation required for older people.

Independent Living

There are those who are living independently in the community in their homes, apartment houses, hotels, housing developments, or private rooms in boarding houses who are not of prime concern in this brief.

Dependent Living

Living arrangements for this class would be in institutions such as Homes for the Aged, hostels or lodges. This provides care, which includes in addition to room and board, personal service, such as help in walking and getting in and out of bed, assistance with bathing, dressing, and feeding; preparation of special diet; and supervision over medications which can be self-administered. Some of these institutions may provide skilled nursing care, but only as an adjunct to its primarily sheltered care function. Some institutions may develop a medical program. Medical consultation should be available if required. Various age groups can be included in this category. The different services offered would be contingent upon a person's capacities.

Nursing Homes

This type of institution provides, in addition to room and board, those skilled nursing services and procedures employed in caring for the sick which require training, judgment, technical knowledge and skills beyond those which the untrained person possesses. It involves administering medications and carrying out procedures in accordance with the orders, instructions, and prescriptions of the attending physician or surgeon. Medical supervision and simple rehabilitative measures should be included in the general program, as well as affiliation with a general hospital.

Long-Term Care Units

These facilities could be a distinct ward, wing or annex of a general hospital, or an independent chronic disease hospital. These institutions would provide medical staff supervision, skilled nursing care, etc. A department of physical medicine and rehabilitation would be specifically indicated to furnish rehabilitation on a simple or intensive basis according to the demands of the institution. The factor of flexibility in the various disciplines would be contingent on the needs of the patient in each respective institution.

ORGANIZATION AND FUNCTION OF LONG-TERM CARE UNITS

Function

(*a*) The problem of whether the administration of facilities for long-term patients should be in separate institutions or wings of general hospitals remains controversial. Experience has indicated that there are many disadvantages to segregating these patients in isolated institutions. The present opinion of the medical profession as expressed in submissions to the Royal Commission on Health Services is that such patients should be cared for in wings of general hospitals or at least in institutions closely associated with active general hospitals. Such an arrangement facilitates the attendance of personal physicians and avoids duplication of physical facilities.

(*b*) That dynamic programs for the chronically ill can be developed in association with the general hospital or a general hospital complex, has been demonstrated by the late Dr. Marjorie Warren and Dr. Lionel Cosin of the United Kingdom and Dr. David Littauer of St. Louis, Missouri, to mention only three of a small group. The chronic unit is separately administered and not subject to direct control by the general hospital. The skills required for its successful operation differ from those which are employed in the accelerated tempo of the general hospital situation.

(*c*) The facilities are different in the chronic or long-term care unit as the patients have different needs from those in the general hospital. There is a different type of orientation, philosophy and special training and skills required of the staff of these institutions than those of general hospitals. With close association and proximity to the general hospital for consultation service, there is obviously an advantage to both hospitals, for extra staff in the long-term care unit as well as duplication of existing resources and facilities are obviated. This is particularly important in view of the shortage of medical and paramedical personnel.

Organization

(*a*) A chronic disease hospital or longer-stay wing may be separate administratively from a general hospital. The active medical staffs of chronic disease hospitals should be with a general hospital, whose facilities can furnish consultation service. The facilities should include complete laboratory and radiology departments, and a full range of rehabilitation services including physiotherapists, occupational therapists, speech therapists, psychologists, prosthetists, and social service department. The nursing staff should consist of personnel adequately trained and orientated to the treatment of chronic illness and rehabilitation. The facilities should embody a multi-disciplinary program for intensified care and rehabilitation.

(*b*) An out-patient department of the hospital should be organized to provide a facility for re-evaluating discharge patients (follow-up) and also furnishing further treatment on an ambulatory basis by various disciplines if indicated. This department can act an assessment center for patients requesting admission to the chronic disease hospital. A health maintenance or geriatric clinic could be established for preventive medical care.

(*c*) A rotation of resident physicians from general hospitals, nurses and ancillary staff through the chronic disease hospital will enhance their knowledge and serve as a stimulus to the staff of the chronic disease hospital. Opportunities should be made available to the staff of the chronic disease hospital to take extra courses and attend lectures in general hospitals, which will serve to maintain their interest and assure their competence.

(*d*) Regular medical staff conferences attended by all the disciplines can tend to instill enthusiasm and create a scientific atmosphere to attempt research on the various aspects of chronic illness.

(*e*) Co-ordination must be developed between long-term care units and general hospitals, as well as co-operation with nursing homes, sheltered accommodation and community ancillary service. The long-term care units must become closely allied with these other types of services and programs in the community.

PRINCIPLES OF MEDICAL CARE

It is important that medical care be available on a twenty-four hour basis for all persons who are resident in long-term care units.

It is desirable that the individual's personal physician provide medical services, but it is recognized that this may not be possible under all circumstances. However, to ensure that adequate medical care is received, a full or part-time staff physician should be appointed to do the administration required in providing the services, and where necessary to provide basic medical care for those who have no personal physician. It would be his responsibility to maintain a high standard of medical care for all persons in the institution or facility.

Payment for the administration and supervisory services should be kept separate from payment for clinical services. The payment for medical care by personal physicians should be on a fee per service basis.

MENTAL ILLNESS

Mental disorders constitute an important component (about one-third) in illness of the aging population. Official representations dealing specifically with the mental aspects of aging have already been prepared by various psychiatric and mental health associations for the Senate Committee. This Association therefore will not go into detail about requirements for improved mental health.

However, we would like to indicate that most mental disorders of the older age group, in their early stages, can be adequately treated by the patient's personal physician. In many instances mental disorders are related to inadequate nutrition, community interests, financial support and perhaps other social factors which could be prevented.

Recognizing the importance of the mental disorders in the aging population the Association wishes to make the following recommendations:

(*a*) The improvement of facilities, medical, social, nursing, etc., within the existing mental hospitals.

(*b*) The provision of more psychiatric beds in general hospitals for the treatment of the elderly patient in the community.

(*c*) Increased community psychiatric care.

(*d*) The necessity for close integration between the psychiatrists and other consultants with proper participation in all levels of care for the elderly from the general hospital down to community home care programs.

(*e*) Extension of rehabilitation facilities in all phases of psychiatric care, e.g., occupational therapy, vocational counsellors, remotivation personnel, etc.

(*f*) The creation of ancillary services such as sheltered workshops, day centers, hostels and half-way houses, which can assist the discharged patient from an institution in returning to useful life in the community.

Recommendations

In addition to private dwellings where older people may live with their families and receive companionship and basic medical care, various types of institutional facilities and programs are necessary. They are as follows:

(*a*) Although there is a shortage of acute hospital beds for patients, including the aged in some communities, a more important shortage is the need of hospital beds for longer stay patients who require prolonged treatment. Because of the lack of suitable accommodation for longer stay patients, frequently general hospital beds are being utilized to provide care for patients who require prolonged treatment. It is apparent that more chronic disease hospitals or long-stay wings must be constructed to meet the urgent need for patients requiring longer stay type of hospital accommodation.

(*b*) More nursing homes of high quality are urgently required. These are essential to provide care for the growing number of individuals whose needs can best be cared for in institutions of this type which are closely integrated with a local community. In order to accomplish this:

(1) Plans to stimulate the development of more nursing homes should be developed by the appropriate provincial and community authorities.

(2) Construction loans should be encouraged for the erection of high quality nursing homes to comply with provincial standards.

(3) Measures to improve the standards of present nursing homes should be undertaken at the provincial level by interested organizations with the assistance of the departments of health in consultation with the provincial medical associations.

(*c*) There should be an arrangement between homes for the aged and institutions offering sheltered accommodation, with a general hosptal for transfer of ill patients as well as referral to outpatient departments and special clinics. Hospital admissions and referrals should be authorized by the individual's personal physician. Transfer of patients from the hospitals to nursing homes would also be facilitated by this arrangement.

(*d*) A number of specific recommendations on mental health have or will be made to the Senate Committee by psychiatric and mental health associations. This Association has summarized its recommendations on this important health field on page 20 and 21. Our Association also wishes to emphasize the importance of the family physician and internist as filling a major role in the early treatment of minor psychiatric disorders; and the follow up of psychiatric conditions which have been diagnosed and assessed by psychiatric consultants.

SECTION E

HEALTH MAINTENANCE FOR OLDER PEOPLE

American Medical Association Studies

The initial efforts of the Committee on Aging of the American Medical Association, formed in 1955, were directed toward the sick and towards a study of the diseases of the aging. Two basic facts emerged very early in the investigation. The first of these was, that while there are diseases among the aged there are no special diseases of the aged. The second was, that the vast

majority of older people are not sick, and that, any program on behalf of older citizens should therefore give emphasis to preserving their favorable health status.

(*a*) As a result of regional meetings with physicians and informed representatives of other national and local groups with a special interest in aging, it seemed increasingly clear that the greatest need among older people was for health extension—for positive thinking. It was realized that the primary health objective for the Senior, as well as for the young, is not mere absence of disease, but optimum health for all.

(*b*) There are few individuals whose physical capabilities and mental attitudes cannot be improved. By the same token almost all can enjoy a further extension of such capabilities and health into their later lives. Good health must be used—to be kept at its peak. This is the basic premise of positive health as opposed to passive freedom from disease. The continued full exercise of physical, mental and social capabilities is the best possible defence against the encroachments of apathy, declining function, or disease.

(*c*) Some authorities regard aging as a process which is continuously and dynamically influenced not only by the inflexible factors of time and heredity, but by the controllable factor of environment. Through modification of the individual's "human environment" it is felt that there is a promise of preventing or at least postponing disease and deterioration of the later years. The "individual's human environment" refers to such factors as sanitation and disease control, diet, exercise and rest, improved medical care, housing family relationships, social life, employment, educational opportunities, recreation etc. The physician must treat his patients as part of their total living situation.

(*d*) Based on this concept, these three inter-related goals were formulated by the American Medical Association. These were to provide:

(1) The best possible medical care program for the minority of older persons who are ill.

(2) Long range preventive measures directed toward the slightly larger group who are frail or fragile.

(3) Most important—the promotion of positive health among the great majority of older persons who are well.

Other Studies

The Saskatchewan Study indicated that the great majority of old people do not fit into a frequently accepted stereotype that the aged are sick, dependent and in need of institutional care. In Saskatchewan, 95% of the aged 65 and over group are able to cope with their needs reasonably well and are living in the community rather than in institutions. While many of this age group have health, economic and social problems and may be living in less than satisfactory surroundings, the solution to their needs does not rest solely in the creation of more facilities for institutional care. This figure concurs with other reports from Canada and the United States that approximately 5% of elderly persons are being cared for in institutions for the elderly, or in the nursing homes. The ultimate goal and proper course for Society to pursue is to assist older people to maintain their independence in the community to a maximum degree.

Preventive Measures

(*a*) With the large number of elderly persons who are comparatively well, the time is approaching now to shift our approach to genuinely preventive measures as a supplement to better health.

(b) The periodic health inventory is of value in assisting patients:

(1) to discover disease in its early stages

(2) to learn how to preserve their own health.

(c) Although 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 engaged in health education, with necessary advice from medical associations.

Geriatric Consultation Clinics

There are at present few geriatric clinics in Canada. More geriatric consultation clinics should be established in as many hospitals as possible for the health maintenance of elderly persons. Such clinics co-ordinate community resources and services for ambulatory aged persons and are available to the family physician when required. An individualized program of treatment adapted to the individual's personality, functional capacity, and family situation is based on a co-ordinated assessment by the general practitioner, internist, psychiatrist, psychologist and social service worker.

Recommendations

The following recommendations are proposed as important methods of maintaining and improving the health of older people.

(a) Geriatric consultation clinics should be available for the consultation of private practitioners, where they may refer their problem cases for diagnostic evaluation, for special services, or when special equipment and facilities are required.

(b) The promotion of periodic health appraisals by personal physicians for the older and middleaged groups is desirable.

(c) 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 engaged in health education, with necessary advice from medical associations.

SECTION F

REHABILITATION SERVICES

It is noteworthy that the Canadian Association of Physical Medicine and Rehabilitation, in its comprehensive brief to the Royal Commission on Health Services on May 7, 1962, recommended in the Summary of Recommendations:

(1) That recognition be given to the increasing problems in health care created by chronic or protracted illness and disability, and by the aging processes. That no effort to improve health services be considered to be complete unless high priority is given to the provision of improved facilities for the treatment of these groups of disabled Canadians.

(2) That adequate physical medicine and rehabilitation care must comprise a vital portion of such augmented services. Indeed, as the report on "Rehabilitation on Aging" from the White House Conference on Aging, 1961, aptly stated, "It may well be the only hope those afflicted with and disabled by chronic or degenerative conditions until such time as specific means are found to prevent and cure them."

The following paragraphs are reproduced from the report of the Committee on Rehabilitation of the Canadian Medical Association and indicate the basic concepts of Physical Medicine and Rehabilitation.

(*a*) Physical medicine and rehabilitation procedures have been known and practised for many decades. "However, it was only during World War II that a crystallized program involving team work was inaugurated in the English-speaking countries and then gradually established in other countries of the world. Rehabilitation may be defined as the restoration of the individual to the fullest physical, mental, social and economic independence compatible with his disability and remaining talent and ability".

(*b*) "In Canada, thanks to the Federal-Provincial Health Grants and the nomination of a National Co-ordinator of Rehabilitation in the Department of Labour, a great deal has been accomplished in a relatively short period of time. Nevertheless, there is still a significant amount of work to be accomplished in the years ahead to make rehabilitation services available to all Canadians."

(*c*) Rehabilitation is not the particular province of any one specialty or group; it is the product of many individual and group activities. It comprises the collaboration of the medical profession at large, particularly specialists in the field of physical medicine and rehabilitation. It also includes paramedical specialties such as Physical and Occupational Therapy, Speech Therapy and Audiology, and Prosthetics and Orthotics, as well as a group of ancillary professions to rehabilitation comprising Medical Social Service, Psychology and Vocational Guidance, Special Placement and Special Education, without which rehabilitation is impossible. It is of utmost importance that these specialties be more exposed than at present to rehabilitation procedures during the course of studies.

(*d*) The value of rehabilitation is both economic and humanitarian. It prevents stagnation among the population at large by restoring the disabled completely, or as close as possible to their former physical state and earning power, so that they are enabled to return to their former employment or to a new one which may be more suitable in the presence of the remaining disability and abilities.

(*e*) The shortage of beds in general hospitals is well known and is a common denominator across the nation. By applying physical medicine and rehabilitation procedures early, the patients' average stay in hospital is appreciably shortened and beds are thus made available for acute cases. Since rehabilitation procedures, by definition, render patients more independent, it can be expected that more will be sent back to their respective homes, and others for whom the only possibility is admission to a convalescent or chronic illness hospital, still achieve some measure of independence and thus require less personal attention from hospital personnel. The consequence of this action is the release of qualified personnel to general hospitals, where there is an acute shortage in this field. Rehabilitation procedures result in the restoration of confidence in disabled and handicapped persons, and restore not only their self-respect and feeling of usefulness but also the respect of the entire community.

(*f*) There is an acute shortage of physiatrists or medical specialists in physical medicine, as well as the paramedical specialists such as physiotherapists, occupational therapists, speech therapists, audiologists, prosthetists, and orthotists. It is essential to encourage the training of all types of personnel in departments of physicial medicine and rehabilitation connected with the University Faculties of Medicine. Rehabilitation services are and should be located in general hospitals, and psychiatric hospitals.

(*g*) Every general hospital should have a department of Physical Medicine and Rehabilitation, if possible under the supervision of a certified physiatrist. When the number of beds and out-door consultations are sufficiently high, the physiatrist should be on a full-time basis, and he should be provided with an adequate number of assistants as required. The department of Physical Medicine and Rehabilitation should be geared for personnel, space and equipment to accept those in-door and out-door cases which might be described as relatively short-term cases, particularly when vocational rehabilitation is not required.

(*h*) Independent rehabilitation centers should exist in larger communities with population of 50,000 and over. In smaller communities rehabilitation centers with beds are not considered essential, but this is a Provincial matter and is subject to local conditions. In general, in smaller centers, the out-door type center, under the supervision of a part-time physiatrist, might operate in conjunction with the local general hospital. The in-door type center, offering both in- and out-patient services, under the supervision of a physiatrist practising solely in that institution, should be located in large communities and would serve hospitals.

(*i*) Facilities for rehabilitation services are needed in such institutions, including the services of a Physical Medicine and Rehabilitaton Consultant on a part-time basis or full-time basis if indicated, and Departments of Physiotherapy, Occupational Therapy and Speech Therapy with Audiology. In such institutions, the Department of Occupational Therapy is more important than the Department of Physiotherapy.

(*j*) As half of all the hospital beds in Canada are occupied by the mentally ill and retarded, and more than 10% of these patients are physically ill as well, there is a great need for improved rehabilitation services in these hospitals. There is also a great need for the extension of occupational therapy services, not only to provide remedial and diversional therapy but also to direct and train other workers (craft workers, activity therapists, remotivation personnel, vocational counsellors, etc.) who are concerned with assisting these patients regain their place in society. Very few mental hospitals have more than one therapist on their staff even though they are frequently caring for some wards of physically ill patients. There is reason to believe that physical restoration is possible in a great number of these patients and increased physical medicine would seem to be desirable for these patients.

(*k*) Very little in the way of research has been accomplished in the field of Physical Medicine and Rehabilitation in Canada, although a few isolated projects have been submitted and considered. This is due to the fact that the specialty is new, with only recent interest of the Government and population generally, and because specialists in this field devote most of their time to organization, administration and treatment procedures in rehabilitating the disabled. With the increase in physiatrists, there will be some who might devote time and effort to the field of research, which in each case should be associated with the university and its affiliated organization. There is a tremendous field for research in therapeutics, calisthenics, work tolerance, prosthetics and orthotics, speech, psycho-social and vocational implications in rehabilitation.

While agreeing with the preceding paragraph in this Section, the Association wishes to emphasize the importance of the general practitioner and internist in their understanding and providing rehabilitation services to their patients, in conjunction with rehabilitation facilities and consultants in the community. These physicians must share the main load for providing these services to the majority of patients in the community and they can do much to supervise and support rehabilitation procedures and should be encouraged to take refresher courses and postgraduate studies in this field.

There has been a steady expansion in all Provinces of specialized medical, vocational, employment and educational services to aid in the rehabilitation of the disabled to their maximum physical, social and economic independence. To bring together the activities of the various organizations providing a rehabilitation service, co-ordinating bodies have been formed at Community, Provincial and Federal levels.

Provincial vocational rehabilitation programs have been organized, to make available medical, social and vocational services to persons handicapped by mental or physical disability. In each Province specialized medical rehabilitation facilities have been set up in general hospitals and, in most of the Provinces, rehabilitation centers offer integrated services. Four of these centers are operated by Provincial Workmen's Compensation Boards which have experimented in methods of physical and vocational rehabilitation.

Returning to the general hospital facilities, while these again may be largely a matter of local concern, it is felt that in this field considerable advancement could be made. While the majority of general hospitals of 200 beds and over have established physiotherapy departments, these are almost universally inadequate in terms of space and staff, and even so, are generally not being utilized as frequently in the care of patients as would be indicated if optimal health care is to be made available. Only a relatively small number of these larger hospitals have adequate medical supervision of departments now operating and few have readily available social work resources. The smaller community hospitals (50-200 beds) less frequently have provided physical restorative services and facilities. As these hospitals commonly service large population areas and not infrequently provide initial care to victims of accidents, steps to augment facilities in these hospitals are of prime importance. Establishment of physical medicine departments in such hospitals will do much to prevent avoidable crippling disability through early treatment.

In addition to reducing dependency amongst the chronically sick and disabled, rehabilitation services usually can prevent premature institutionalization of those suffering from the infirmities of old age. Unfortunately, rehabilitation services are still confined to the "medical centers" in most provinces, and, even in those centers development is not as full as is desirable. Greater expansion in both medical and non-medical urban centers, as well as in the smaller communities is essential if the mounting costs of inactivity due to physical, mental and aging disabilities are to be kept minimal.

Although programs and services for rehabilitation of disabled and handicapped persons of the young and middle-aged groups have been slow to develop, rehabilitation for aged persons has lagged even further behind. To no small extent this lack of a truly dynamic program in rehabilitation for aged people has been due to pessimism on the part of physicians, the family and even the aged themselves. Such pessimism can no longer be justified, for it has been amply demonstrated in many programs in many places that aged persons, even after long illnesses, can be restored to meaningful and purposeful living. Such accomplishment has been actively demonstrated for oldsters who have been bedridden, or confined to a wheelchair. They have been helped to rise from their beds and wheelchairs through the efforts of modern mdicine.

Dynamic programs of rehabilitation must be explored as a part of the total range of concerns for the aged and long-term ill. The benefits to society from the rehabilitation of the patient which will result through the establishment of active programs of rehabilitation for aged persons and the chronically ill are obvious. Such benefits demand the establishment of programs and services for rehabilitation in general hospitals, and as a part of organized home-care programs and ancillary services designed to improve the welfare of the aged person.

Recommendations

(*a*) Physical medicine and rehabilitation services should be provided in all major general and special hospitals in Canada, as well as in many long-term care institutions.

(*b*) Rehabilitattion services, of a lesser degree, should be available in all nursing homes and sheltered accommodation facilities with a medical program, specifically to meet the needs of persons irrespective of age, with a view to improving function and preventing further deterioration.

(*c*) There is urgent need to increase the number of physiatrists (specialists in physical medicine and rehabilitation), as well as the paramedical personnel such as physiotherapists, occupational and speech therapists, social workers, audiologists and prosthetists. Funds for such training should be continued and where necessary amplified.

(*d*) Home visiting nurses and therapists should be available to provide rehabilitiation for those patients who cannot travel to hospital for such treatments.

(*e*) Rehabilitation services should be greatly extended in hospitals for the mentally ill where there is a substantial number of older persons and should be integrated with other treatment services.

SECTION G

ASSOCIATED COMMUNITY ANCILLARY SERVICES

Home Care Programs

(*a*) Home care programs on an experimental or permanent basis are operating in Toronto, Winnipeg, Moosejaw, Saskatoon and Montreal. A similar service has recently been launched in the city of Hull, Quebec. This new project, like a number of already functioning services was developed by Provincial and Federal authorities. The Victorian Order of Nurses of Hull will administer the plan, with the V.O.N. providing nursing care. A three-year pilot Home Care Project is expected to commence in Ottawa in February 1964.

(*b*) Home care in the event of illness is not a new concept. The home and family have always been among the nation's most important health resources. Physicians and nurses give a variety of types of medical and nursing care in the home.

(*c*) Some additional and distinctive elements in an organized home care program are revealed in the following definitions: Organized home care comprises those organized programs having centralized responsibility for the administration and co-operation of services to patients at home and for providing at least the minimum of medical, nursing and social services, essential drugs and supplies.

(*d*) Research and demonstration projects have shown that the chief benefit in organizing this type of health care is to make it possible to treat people at their home environment by their personal physician. A secondary important effect of an organized home care program is to free hospital beds by allowing earlier discharge of patients from hospital. Organized home care is less expensive than hospital care.

(*e*) Organized home care has proved to have therapeutic value in that recovery from illness is likely to be more rapid in the home. In some types of

illness, a greater degree of rehabilitation is also probable. In addition, an organized home care program may help to insure continuity of care. Another consideration is that organized home care can have a significant social value; one of the basic functions of the family is to provide support in times of stress.

(*f*) An organized home care program may be either hospital-based or community based. The type of organization which is desirable in a given community will probably depend on the particular community's needs, resources and pattern of services. There is, however, a significant difference in the two approaches:

(1) It must be remembered that hospital home care is hospital care and that the patient is considered a hospital patient. He remains on the hospital daily census, his chart is kept in hospital and he is entitled to all the hospital resources that can be transported to his home. When a service cannot be taken to a patient's home, the patient is brought by ambulance or automobile to the hospital.

(2) A community based home care program, by contrast, requires the development of a separate administrative mechanism. And the program must either be confined to patients who are not likely to require any of the hospital resources; or it must succeed in mobilizing those resources as a constituent element in the complex of community services which are involved in the organized home care program.

(*g*) Organized home care is not only an appropriate but is likely to be the best method of health care when three conditions are present. First the patient and his family must want the care to be provided at home. Second, the physical resources of the home must be adequate. Third, the personal physician must believe that home treatment will be beneficial to the recovery of his patient.

Homemaker Services

(*a*) In Europe, homemaker service is an integral part of health services programs. In Canada, the rate of growth has been slow. The services are available in about 30 communities in three Provinces through local branches of the Canadian Red Cross Society. In some 15 other centers, a homemaker service exists, in most cases under the auspices of a voluntary family service agency. Finally, a municipality in the Province of Ontario may provide a homemaker to a family and under the Provincial Homemaker and Nurses Services Act (1958), may recover 50% of the cost from the Provincial Government.

(*b*) It is apparent from the following definition that homemaker service is an essential component in any balanced program of health and welfare services. Homemaker service is a community service sponsored by a public or voluntary health or welfare agency that employs personnel to furnish home help services to families with children; to convalescent, aged, acutely or chronically ill and disabled persons; or to all of these. Its primary function is the maintenance of the household routine for elderly persons in times of stress. Because homemaker service should be offered on the basis of a social diagnosis and often medical diagnosis as well, trained professional persons should evaluate the type of service needed and the length of time it should be given.

(*c*) While the extent of unmet need for homemaker service in Canada cannot be stated in statistical terms, it is unquestionably substantial. Facets of this need are included in the following: *a*) the demand for service where it is available frequently outstrips the financial and other resources of the

homemaker agencies. b) The trend towards urbanization and away from the so-called extended family means that, in the event of illness or incapacity of a member of the family, a homemaker may be the only means of keeping the family together. c) Experience has demonstrated that, with the help of a homemaker, many older people who would otherwise require institutional care are able to remain in their own homes.

(*d*) In the field of health care, the advantages of homemaker service are partly humanitarian and psychological, and partly economic. In a situation of stress, the presence of a homemaker may serve to prevent emotional breakdown and the onset of serious illness, physical and mental. In the event of illness, brief or prolonged, a homemaker may make it possible for the sick person to receive treatment at home where emotional support from the family can have a significant therapeutic influence. The presence of a homemaker also makes it possible to keep the family together if a member of the family requires hospital care; and may make it possible for the latter to receive needed hospitalization. Similarly, the patient can often be released from hospital more quickly than would otherwise be possible.

Home Nursing

Most home nursing is undertaken by the Victorian Order of Nurses through its 120 community branches serving over 40% of Canada's population. This agency is paying increasing attention to the problem of chronic illness, and has undertaken a staff training scheme in modern rehabilitation nursing procedures in the home setting. Medical and surgical cases now constitute 68% of all V.O.N. visits, and three quarters of these visits are to chronic patients. About one-half of the persons cared for are aged 65 years or over. To ensure continuity of health care, the V.O.N. has established a system of hospital referral with four large hospitals: The Montreal General Hospital, The Royal Victoria Hospital also in Montreal, and the Winnipeg and Vancouver General Hospitals. Similarly, it is a key agency participating in the home care programs already organized and those being planned. Apart from charges to paying patients, the main source of revenue is the Community Chest or United Fund and small block grants from municipalities where nurses are located. Several large cities have additional services, such as the St. Elizabeth's Visiting Nurses Association in Toronto and Hamilton, and local health units also provide home nursing in small communities and rural areas where voluntary service is not available.

Other Ancillary Services

There are other important ancillary services such as meals-on-wheels programs, friendly visitors, telephone call service for home-bound folk, counselling and employment service, recreational programs and sheltered workshops which are mentioned and discussed in Section H under Community Planning.

Recommendation

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. They have the advantage of enabling the patient's personal physician to continue to care for his patients in their home environment, which is often beneficial to them.

Whether individual programs are hospital or community-based, it should be a public responsibility to ensure that this development takes place. Organized home care programs should be considered in any program for health care.

SECTION H

COMMUNITY PLANNING

Fundamental principles in Community Planning

The following fundamental principles should govern our planning:

(*a*) The problem of illness must be viewed as a whole with its physical, social and psychological components. To recognize these components, is to realize at once the necessity for a wide range of facilities to meet them and the need for skillful teamwork in treatment and rehabilitation.

(*b*) Care of the aged and chronically ill is inseparable from general medical care. However, it is important to realize that 50% of the patients who have a chronic illness are under 45 years of age, so that the management of chronic illness in many instances should start well in advance of old age.

(*c*) The basic approach to chronic disease should be to prevent or postpone deterioration and complications which may produce or aggravate disability.

(*d*) Adequate care of the long-term patient requires arrangements which promote frequent evaluation of patient needs and easy transfer to and from home, hospital and related institutions. The most economical care is that which returns a person as quickly and as fully as possible to the highest attainable state of health and social effectiveness.

(*e*) Rehabilitation is an important element of adequate care and properly begins with diagnosis. It is applicable alike to persons who may become employable and to those whose only realistic hope may be a higher level of self-care. Not only must formal rehabilitation services be supplied as needed, but all programs, institutions and physicians should be oriented toward rehabilitation.

(*f*) The success of community planning for the aged or any other group, depends on the co-operation of individuals and agencies who have a vital interest in the program. The full participation of the medical profession in the planning, implementation and assessment of programs for the aged is essential.

Facilities Needed at the Local Level

(*a*) *Geriatric Consultation Clinics*

There are at present few geriatric clinics in Canada. More geriatric consultation clinics should be established in as many hospitals as possible for the health maintenance of elderly persons. Such clinics co-ordinate community resources and services for ambulatory aged persons and are available to the family physician when required. An individualized program of treatment adapted to the individual's personality, functional capacity, and family situation is based on a co-ordinated assessment by the general practitioner, internist, psychiatrist, psychologist and social service worker.

(*b*) *Institutional Facilities*

(1) general hospitals—(2) long-term care units: a distinct unit of a general hospital—chronic disease hospital or a geriatric center. (3)Rehabilitation Centers—(4) Nursing Homes—(5) Homes and Hospitals for Aged persons—(6) Mental Hospitals and Tuberculosis Sanatoria.

(c) *A Program of Home Care and Homemaker Service* (see Section G)

(d) *Meals-on-Wheels Programs, Volunteer or Friendly Visitors, or Telephone Call Service for Home-Bound Folk* (see Section G)

(e) *Counselling and Employment Services*

These services could be provided by the council of Social Agencies, a family service bureau, the church, a day center or other voluntary agencies. It would furnish educational, vocational, recreational, and when needed—employment guidance.

(f) *Recreational Facilities—Golden Age Clubs and Day Centres*

The mushrooming of clubs for older people all over the country has been one of the most fascinating developments in the field of aging in recent years. These clubs led to the formation of Day Centers, initiated 20 years ago by the pioneering experience of the New York City Welfare Department in devising a substitute for the workday, with the inauguration of the William Hodson Center. These day centers, all day long and the week around, permit the elderly who are not working to find a place to congregate, to get off the street, to widen their horizons, to learn new skills in the day time when the hours seem longest. Some centers have developed summer camps for their members. From the experience of the New York City Hodson Center, it has been noted that the average life span of those who find companionship and creative outlets there, has been extended. At an age in which mental disturbances take a huge toll, there have been very few referrals to mental institutions from that center. The needs for hospitalization and nursing declines markedly when patients substitute social contacts at recreation centers for social contacts they previously found only in clinics of hospitals. Some day centers have provided job counselling and placement for those members who desire this kind of service.

The formation of more day centers should be encouraged in Canada, and could be organized by church groups, voluntary agencies, fraternal organizations, service clubs and family service bureaus.

(g) *Sheltered Workshops* for those who can carry a limited workload. Many older people whose employability in industry is frequently impaired by advanced age, physical, mental or emotional disorders, are often anxious to work, both in order to contribute to their own support and to feel that they are worthwhile contributing members of Society.

Sheltered workshops are geared to giving employment to persons of the type as described above, who were unable to find or keep employment in regular industry but who would become partially, if not entirely, self-supporting under sheltered working conditions. No limitation to the length of stay is established, as long as clients give evidence of their continuing ability to benefit sufficiently from that service.

The contributions of the sheltered workshop in the rehabilitation process of these people are: (1) the paid work experience, (2) the breaking down of communication barriers, (3) the development of proper work habits and attitudes, (4) increased confidence that clients gain in their improved ability to meet industrial production standards. More sheltered workshops would be a great advantage to older people in Canada.

Community Coordination

(a) Community ancillary programs and services must be developed concomitantly with the development of institutions, since institutional beds alone will not solve the problems. Co-ordination of the use of beds, programs and services is essential.

(*b*) As stated in the preface of this brief, the approaches for the provision of more adequate health and social services for the chronically ill and aging in Canada have tended to be problem-centered—with no example of a broad or unitary approach to these complex or inter-related problems.

(*c*) It is apparent that the problems associated with the aging are numerous, extensive and complex. Many departments of Government, official agencies, voluntary agencies, as well as local communities and families are involved. Often these groups are concerned with different aspects of the same problem or some segment of it.

(*d*) The major problem arising in the recommendation of the basic methods to be employed is the method of effecting co-ordination and integration of community services, which is essential if the program is to flourish and be successful.

Recommendations

(*a*) A broad approach to the complex problems created by the general increase of older people in Canada must be co-ordinated at the community level.

(*b*) 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.

The Provincial Government should be represented on these committees as it is in a position to stimulate action for the development of facilities and to provide financial assistance where necessary.

(*c*) Health and Welfare services are required to assist those older persons in financial need to be as independent as possible and to participate in the normal community life.

(*d*) A central bureau of aging should be established within the existing framework of the Department of National Health and Welfare, to collect information on all aspects of aging, which would then be readily available to community organizations and individuals seeking information. This bureau should also be informed of all programs providing services or research in Canada with the ultimate objective of providing an information center in this field.

SECTION I

EDUCATION AND RESEARCH

As indicated above the C.M.A. is cognizant of the multiple aspects of Aging, (e.g. the social, economic, psychological and environmental), that extend beyond the purely medical facets, and is prepared to co-operate and work with all groups which have these areas as their primary concern for the welfare of the aged citizen.

Public educational programs should be encouraged to stimulate a realistic attitude by society toward aging and to correct individual and family misconceptions about Aging, community discrimination, employment restrictions and arbitrary retirement policies that tend to set the older person apart from the main stream of life.

Serious consideration should be given to the advisability of introducing in the education of children the recognition of Aging as a natural process. The ultimate goal is to understand that the later years can be a time of continued

growth not in physical agility or endurance, but in wisdom, experience and intellectual achievement.

(*a*) The increasing numbers of elderly people with the concomitant factor of chronic illness must lead to a reorientation and greater emphasis of this subject in the curricula of medical schools. The medical student—the physician of tomorrow—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.

(*b*) A form of continuing education of physicians in the area of Aging should be maintained at the postgraduate level.

(*c*) Financial support for medical and paramedical education is urgently required. This applies to teachers, facilities and research.

(*d*) Dynamic programs through Medical Societies and collaboration with Geriatric organizations can serve as a medium to foster and kindle general interest in this subject by the Medical profession.

Research in Aging is necessary in three categories:

(1) This is essentially rehabilitation—physical, psychological and social.

(2) Investigations into the nature of specific disease processes. Hopefully, this type of research might lead to prevention, or interruption of the progress of chronic illness, a process that would lead not to the lengthening of the normal life span, but to achievement of a normal life span in optimal health.

(3) Studies of basic research in the biology of growth, maturation, and natural aging.

These studies would include those factors which affect the life span and decline of function with time; and would involve genetics, biochemistry, cell biology, and perhaps endocrinology. It is difficult to divorce any aspect of biology from the biology of aging. An understanding of these processes should lead to the development of programs which will enable us to slow down or retard these processes which contribute to disability in the aged.

Responsible medical opinion in Canada strongly feels that research is urgently needed in these three areas, namely, (a) rehabilitation—physical, psychological and social, (b) the prevention of chronic illness and mental disease, (c) biological aspects of aging.

Recommendations

(*a*) There should be more educational programs provided by organizations and institutions interested in medical education, which should get the support of individual physicians and medical associations, in providing institutes, conferences and refresher courses on problems of aging.

(*b*) The Canadian Medical Association recognizes the importance of aging in the curriculum of medical schools and recommends that more support be given to universities in order that they may develop educational programs in this field at all levels of medical and paramedical education.

(*c*) There should be an increase in available funds for the development of gerontological projects in the various universities and general hospitals.

(*d*) Greater financial support for the promotion of clinical research in Canada is essential to keep pace with the explosive developments that have taken place since the Second World War.

Despite substantial and gratifying increases by the 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 United States. Industry and commerce should supplement Governmental support in the field of clinical research. The augmentation of an active program clinical research would be a vital factor in the improvement of the standards of medical care for all of our citizens.

ACKNOWLEDGMENT

The Canadian Medical Association wishes to acknowledge with thanks the faithful and diligent work of the Chairman and members of the Committee on Aging in the preparation of this Brief.

The Association is also grateful to the Research and Statistics Division, Department of National Health and Welfare; the Canadian Welfare Council; the Dominion Bureau of Statistics; and the United States Department of Health, Education and Welfare which provided essential material for the compilation of this Brief.

APPENDIX X-I

POPULATION TRENDS IN CANADA AND THEIR EFFECT ON OLDER PEOPLE

Prepared for
The Co-operating Technical Committee
of the
Special Committee on Aging, The Senate

Dominion Bureau of Statistics, Ottawa
June, 1964.

Population Trends in Canada and Their Effect on Older People

It is generally believed that people are living longer today than they did a generation or two ago. This is in the main true, but a wholly satisfactory measure of this phenomenon is not available from any single source. That the proportion of Canada's population in the age group, 65 years and over, has risen from 5 p.c. at the beginning of the century to close to 8 p.c. at the 1961 Census is sometimes referred to as giving a factual basis for this belief. However, this increase in the proportion of older persons in the population could be due more to other factors than to the tendency for people to live longer today than formerly. For example, the decline in the birth rate from the beginning of the present century and up to World War II brought about a reduction in the proportion of children in the Canadian population, which, of course, as the following table shows, was reflected in a rise in the proportion of adults, including older people, in the total population. The table also shows how the percentage of children under working age, i.e., under 15 years, declined between 1901 and World War II.

TABLE 1. NUMBER AND PERCENTAGE OF THE POPULATION OF CANADA BY SPECIFIED AGE GROUPS, 1901 TO 1961

Age	1901	1911	1921	1931	1941	1951	1961
	NUMBER						
Total	5,371,315	7,206,643	8,787,949	10,376,786	11,506,655	14,009,429	18,238,247
0–14	1,846,583	2,376,550	3,023,351	3,281,776	3,198,551	4,250,717	6,191,922
0–19	2,404,078	3,062,087	3,827,937	4,321,786	4,318,586	5,308,689	7,624,481
15–44	2,501,322	3,481,824	4,024,085	4,782,534	5,399,396	6,188,262	7,487,197
20–64	2,696,036	3,809,239	4,539,768	5,478,924	6,420,254	7,614,467	9,222,612
45–64	752,209	1,012,952	1,841,335	1,736,400	2,140,893	2,484,177	3,167,974
65+	271,201	335,317	420,244	576,076	767,815	1,086,273	1,391,154
	PERCENTAGE DISTRIBUTION						
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0–14	34.3	32.9	34.4	31.6	27.8	30.3	34.0
0–19	44.7	42.4	43.6	41.7	37.5	38.0	41.8
15–44	46.6	48.4	45.8	46.1	46.9	44.2	41.0
20–64	50.2	53.0	51.6	52.8	55.8	54.2	50.5
45–64	14.0	14.1	15.0	16.8	18.6	17.7	17.4
65+	5.1	4.6	4.8	5.5	6.7	7.8	7.7

It will be observed that the population of Canada under 20 years of age constituted 44.7 p.c. of the total population at the 1901 Census but declined to 37.5 p.c. by 1941. During the same period the proportion of older persons, that is, 65 years and over, in the population rose from 5.1 p.c. in 1901 to 6.7 p.c. in 1941. It has been established that in a number of countries of Europe and in the United States aging of the population during the present century, in the sense of increasing proportions in the adult and older age groups and smaller proportions in the population under 20 years of age, has been due more to declining fertility over this period than to reductions in mortality in the older ages. This finding has been mentioned in a recent article (October, 1963) in "The Eugenics Review" dealing with the aging of the British Population, as follows: "During the past decade, the researches of distinguished demographers in half a dozen or more western countries have demonstrated that increases in the proportion of older persons there during the past decades have been the result almost entirely of declines in the fertility rate and virtually not at all of declines in the mortality rate". Actually, the aging of the population of these countries, as in Canada, would have been more pronounced had it not been for the fact that falling death rates during the first years of life had tended to "compensate" to some extent for the declining birth rate. In Canada, the infant death rate (under one year of age) declined from a little over 100 per 1,000 live births in the early 1920's to a record low of 27 in 1961.

The trend toward an increasing proportion of older persons in the population has been characteristic of each province, and is especially marked in the case of the western provinces which were in the early stages of settlement during the first decade of this century. Due to long standing provincial differences in birth and death rates and in migration patterns the percentage of older people in the population at the 1961 Census, as Table 2 discloses, varied sharply by provinces. At one extreme the provinces of Newfoundland and Quebec recorded only a little over 5 p.c. of their population over 65 years of age while, at the other, P.E.I. and B.C. showed over 10 p.c. in this older age group. Several provinces had close to 60 p.c. of their population in the working age period, 15-64 years. Newfoundland recorded the highest proportion of dependent children under 15 years of age in its population. In this province 41.8 p.c. of the total population in 1961 was under this age. The lowest percentage in this dependent child age group was found in B.C. at 31.3.

TABLE 2. NUMBER AND PERCENTAGE OF THE POPULATION BY SPECIFIED AGE GROUPS, FOR PROVINCES, 1961

Age	Newfoundland		Prince Edward Island		Nova Scotia		New Brunswick		Quebec	
	No.	P.c.	No.	P.c.	No.	P.c.	No.	P.c.	No.	P.c.
All ages.....	457,853	100.0	104,629	100.0	737,007	100.0	597,936	100.0	5,259,211	100.0
0-14....	191,563	41.8	37,701	36.0	256,328	34.8	227,187	38.0	1,863,395	35.4
15-64....	239,395	52.3	55,998	53.5	417,262	56.6	323,832	54.2	3,089,515	58.7
65+.....	26,895	5.9	10,930	10.4	63,417	8.6	46,917	7.8	306,301	5.8
	Ontario		Manitoba		Saskatchewan		Alberta		British Columbia	
	No.	P.c.	No.	P.c.	No.	P.c.	No.	P.c.	No.	P.c.
All ages.....	6,236,092	100.0	921,686	100.0	925,181	100.0	1,331,944	100.0	1,629,082	100.0
0-14....	2,007,749	32.2	300,106	32.6	314,914	34.0	469,324	35.2	509,143	31.3
15-64....	3,720,270	59.7	538,292	58.4	524,697	56.7	769,542	57.8	954,323	58.6
65+.....	508,073	8.1	83,288	9.0	85,570	9.2	93,078	7.0	165,616	10.2

Trends in Mortality Rates among Older Persons in Canada, 1931-61.— Whatever the full explanation may be for the increased proportion of older people in the Canadian population one useful source of measurement of the tendency for people to live longer than a generation ago is the survival pattern by age furnished by the Life Table. According to the 1960-62 Canadian Life Table the average number of years of life of a male infant at present mortality rates is 68 years, and for female infants 74 years. Thirty years earlier life expectancy at birth was 8 years less for males and 12 years less for females. It is evident, therefore, that there has been a substantial reduction in death rates in Canada over this period. The death figures disclose that the improvement has been notably greater among females than among males. Much of the gain in life expectancy has been due to a marked lowering of infant mortality but there have been improvements in mortality rates, especially among females, at other ages as well. For example, life expectancy for females at 45 years of age is today four years longer than thirty years ago, and at 60 years 2.7 years longer than at the earlier period. For males, by contrast, since there has been only slight improvement in death rates from 45 years onward there has been a gain of less than one year in life expectancy at 45 when compared with thirty years ago.

As the following table shows, among males 45 years and over there has been a slight rise in Canadian death rates since the 1930's in the age period between 55 and 70 years of age while any reductions registered over the past thirty years have been in the age group, 45-54, and in the more advanced ages, i.e., over 70 years. Between 45 and 54 there has been a distinct decline in the death rate for males but at this period in life mortality is relatively low. In sharp contrast to the mortality experience of the male population over the past three decades, death rates for women, 45 years and over, fell substantially, ranging from 30 to 45 p.c. in the five-year age groups between 45 and 70 years of age and around 20 to 30 p.c. between 70 and 84 years of age with a smaller decline of around 10 p.c. taking place in the ages over 85. The impact of these differential mortality trends among older men and women is reflected in the death figures for Canada in 1961 when 28,302 or almost 65 p.c. of all deaths occurring to persons 45 to 70 years were males and only 15,632 females.

Why males who were between 55 and 70 years of age in the period 1956-60 should have experienced a slightly higher mortality rate than the male population of Canada between the same ages in the period 1931-35 is not readily apparent from existing vital statistics. It is true that many who were in this age group in the 1956-60 period would have served in World War I, and the effects of war disabilities might have contributed to death at any earlier age than would otherwise have occurred. Whatever the causes, higher death rates for males than for females at the same ages have persisted over the past thirty years with the differentials between the sexes tending to widen.

It is interesting to speculate on the extent to which the older population of this country might increase in a relatively brief period of time should important reductions in mortality due to cardio-vascular, cancer and other major diseases of old age be achieved in the not far distant future. Any significant lowering of mortality in the middle and older age groups, associated with marked improvement in health and well-being, might lead to some lengthening of the period of working life. Thus, though the segment of the total population, 65 years and over, would increase appreciably with any

major gains in the treatment and amelioration of the diseases of old age, the relative size of the "retired" population to the working population need not rise in corresponding degree should improvement in physical fitness beyond 60 or 65 years of age lead to some extension of working life in certain fields of gainful employment.

TABLE 3. AVERAGE DEATH RATES OF MALE AND FEMALE POPULATION, 45 YEARS AND OVER, BY FIVE-YEAR AGE GROUPS, CANADA, 1931-35 TO 1956-60

Average 5-year	Age and sex									
	45–49		50–54		55–59		60–64		65–69	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1931–35	7.0	6.6	10.3	9.0	15.1	13.2	23.7	20.4	35.7	31.2
1936–40	7.1	6.0	10.4	8.7	15.6	12.5	24.7	19.6	36.9	30.2
1941–45	7.0	5.6	10.3	8.0	15.8	11.9	24.1	18.2	37.3	29.2
1946–50	6.7	4.9	10.1	7.1	15.5	10.6	24.6	16.8	36.6	26.7
1951–55	6.1	4.1	10.2	6.2	15.7	9.4	24.2	15.1	35.4	23.7
1956–60	5.9	3.6	9.6	5.5	15.7	8.7	24.3	13.9	36.4	22.2
P.c. change 1931–35 to 1956–60	−15.7	−45.5	−6.8	−38.9	4.0	−34.1	2.5	−31.9	2.0	−28.9
	70–74		75–79		80–84		85+			
	M.	F.	M.	F.	M.	F.	M.	F.		
1931–35	56.7	50.0	89.4	82.3	145.1	134.6	231.6	220.6		
1936–40	58.1	49.8	91.6	80.4	146.1	130.3	233.0	222.7		
1941–45	57.4	46.4	92.4	78.0	143.0	126.8	241.7	226.1		
1946–50	55.1	43.8	84.5	71.3	131.2	116.5	219.8	208.7		
1951–55	53.1	39.3	83.8	67.6	131.2	110.3	224.7	204.6		
1956–60	53.8	36.1	82.9	63.6	131.2	107.9	221.0	199.4		
P.c. change 1931–35 to 1946–60	−5.1	−27.8	−7.3	−22.7	−9.6	−19.8	−4.6	−9.6		

Changing Proportion of the Canadian Population at Dependent and Retirement Ages versus Working Ages.—In the period since the beginning of World War II Canada's population has grown at a rate equalled by few countries of the Western World. In the 1941-51 decade, around 2,500,000 people were added to the Canadian population—about 350,000 of whom were residents of Newfoundland. Excluding Newfoundland, the number added was about twice that of the increase of the 1931-41 period. During the more recent decade, 1951-61, due to high birth rates and large scale immigration, the absolute increase rose sharply to just over 4,000,000. It is interesting to observe what has happened to the relative increase in the older population and population at working ages during this twenty years of rapid growth. As shown in Table 1, the proportion of the Canadian population over 65 years of age has risen fairly steadily over the past 50 or 60 years, though there has been no appreciable change since 1951. The marked increase in the child population under 15 years of age since the 1941 Census, especially since the end of World War II, brought about by the sharply higher birth rates of the post-war period, has arrested the trend to an "aging" of the total population. In addition, the resumption of immigration after the war on a scale comparable to the 1920's has tended to augment the population in the working ages more than in the older age groups. Though the population at retirement ages or over 65 years

has been increasing at a somewhat faster rate than the working population it has been the rapid growth in the dependent child population that has been largely accountable for the significant decline in the relative proportion of the population at working ages since 1941. Hence, when the segments of Canada's population consisting of children under working age, i.e., under 15 years of age, and of persons at retirement ages, or over 65 years of age, are combined, the total will be seen to rise from 52.6 p.c. of the population in the working age period, 15-64 years, in 1941 to 70.7 p.c. in 1961. In the period 1951-61, the child population under working age and the population 65 years and over together increased by 42 p.c., due mainly to the 46 p.c. growth in number of dependent children—the retirement age group increasing by 28 p.c.—as compared with only 23 p.c. for the total population at working ages. The labour force recorded a 22 p.c. increase over this period and was marked by a phenomenal rise in the number of married women workers.

It has been noted that the rate of increase in the population, 65 years and over, between 1951 and 1961 was only moderately faster than for the population at working ages, in sharp contrast to the previous decade when the corresponding rates of increase were 38.4 p.c. for the former and only 12.4 p.c. for the population at working ages. In terms of numbers, the older age group increased by almost 305,000 to 1,391,000 at the 1961 Census. A conservative estimate of the population of Canada, 65 years and over, in 1971 would indicate an increase of over 390,000 in this age group during the 1961-71 period, bringing the total to around 1,780,000 at the close of this period.

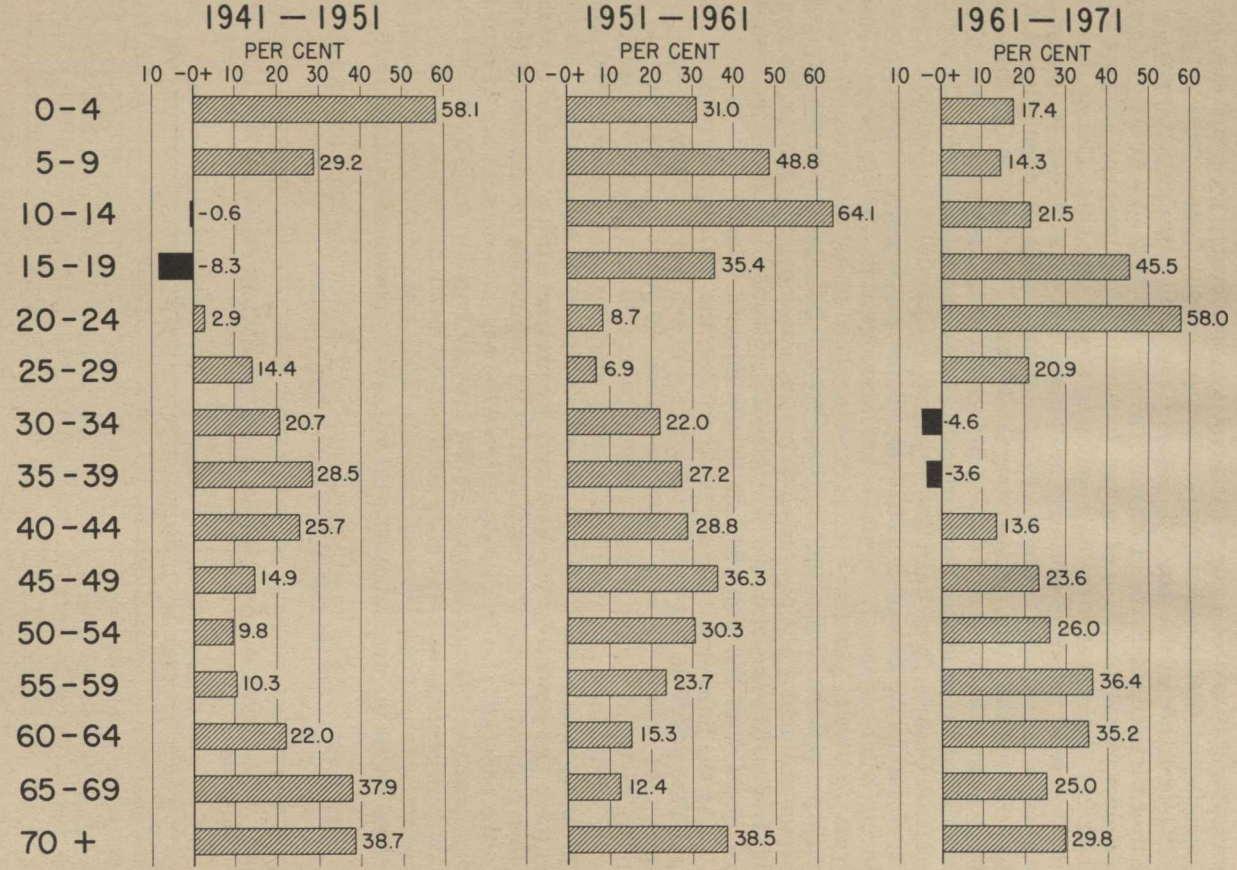
The slowing down of the rate of increase of the population 65 years and over, between 1951 and 1961 as compared with the previous decade (28.4 p.c. vs. 38.4 p.c.) was due partly to the modest rate of growth of males in the age group 65-69 at the 1961 Census. The growth rate among males who were 65-69 in 1961 was only 5 p.c. This age cohort of males, who were 25-29 at the 1921 Census, experienced depletion in numbers in the war period, 1914-1918. The following table and chart which show the rate of increase of Canada's population by five-year age groups, 1941 to 1951 and 1951 to 1961, together with estimated rates of increase over the 1961-71 period, suggest that the more moderate rate of growth of the population, 65 years and over, in the decade 1951-61 will extend through the present decade of the 1960's. The marked increase in this age group in the 1941-51 period reflects to some degree the substantial immigration of persons in the first decade of the 20th Century and up to the outbreak of World War I who were at that time in the younger adult ages. The table also reveals the magnitude of the growth of the child population under working age since World War II. Presently, the 10-14 age group in 1961 which showed an almost two-thirds increase betwen 1951 and 1961, in sharp contrast to the slight decline of the 10-14's in 1941-51 period, is reaching working age. Children, 10-14, in 1951 who were born during the depression years of the 1930's were some 725,000 fewer than the number in this age group in 1961. Hence, while the growth rate among the population segment in the retirement ages during the 1960's will likely be about the same as in the 1950's, the rate of increase among those reaching working ages, i.e., the 15-24 age group in 1971, will be sharply higher, at around 50 p.c. according to current estimates. The growth rate for the *total* population of working ages might be slightly less than for the older population but possibly greater than for the dependent children age group, 0-14. Depending on amount of immigration and emigration during the 1960's the population at working ages may record close to a 25 p.c. increase between 1961 and 1971 while it would appear that the dependent child group under 15 years will increase by less than one-fifth as compared with 46 p.c. between 1951 and 1961.

TABLE 4. PERCENTAGE INCREASE IN THE POPULATION BY SPECIFIED AGE GROUPS, CANADA, 1941–1951, 1951–1961 AND ESTIMATED INCREASE, 1961–1971

Age Group	1941–1951	1951–1961	1961–1971	Age Group	1941–1951	1951–1961	1961–1971
			(1)				(1)
Total.....	18.6	30.2	22.2	35–39	28.5	27.2	−3.6
0–14.....	28.5	46.0	17.6	40–44	25.7	28.8	13.6
0–4.....	58.1	31.1	17.4	45–49	14.9	36.3	23.6
5–9.....	29.2	48.8	14.3	50–54	9.8	30.3	26.0
10–14.....	−0.6	64.1	21.5	55–59	10.3	23.7	36.4
				60–64	22.0	15.3	35.2
15–64.....	12.4	22.9	24.1				
15–19.....	−8.3	35.4	45.5	65+	38.4	28.4	28.1
20–24.....	2.9	8.7	58.0	65–69	37.9	12.4	25.0
25–29.....	14.4	6.9	20.9	70+	38.7	38.5	29.8
30–34.....	20.7	22.0	−4.6				

(1) Source: 1961 Census and Population Projection of Royal Commission on Health Services.

PER CENT INCREASE BY AGE GROUP CANADA, 1941 - 71



Relative Rates of Growth of Population in Working and Non-Working Age Groups by Provinces, 1941-61.—The older population, 65 years and over, as a percentage of the total population, varies considerably by provinces. As stated above the smallest percentages recorded at the 1961 Census were in Quebec and Newfoundland, at 5.8 and 5.9, respectively, while the largest were in Prince Edward Island and British Columbia, at 10.4 and 10.2. In a number of provinces the older population, as well as the child population, has been growing at a considerably faster rate than the population at working ages. This is most evident in the case of provinces showing net losses of population due to interprovincial migration, since migration is relatively greater among the population at working ages. During the past decade or two the Atlantic Provinces and in the west, Saskatchewan and, to a lesser degree, Manitoba have experienced losses of population due to migration. In the matter of interprovincial migration British Columbia and Ontario have been the principal recipients of population from other provinces. In the case of British Columbia an appreciable net gain in population due to interprovincial migration has also occurred among the population, 65 years and over. The factor of climate appears to have induced a migration of older persons to this province, so that although B.C. has shown the largest gain in population among the provinces due to interprovincial migration the proportion of persons, 65 years and over, in the total population is higher here than in other provinces with the exception of Prince Edward Island.

As the following table shows, therefore, the Maritime Provinces, Manitoba and Saskatchewan experienced relatively much larger increases in population since 1941 among the retirement age group, 65 years and over, than in the age group 15-64. In the provinces of Manitoba and Saskatchewan, for example, there were actual losses in the population at working ages between 1941 and 1951, while the population, 65 years and over, increased by 43 and 45 p.c., respectively, in these two provinces. The variations by provinces in the rates of growth of the older population and the dependent child population in relation to the growth in the population at working ages vore the past two decades are of such magnitude that the relevant data have been brought together in Table 5. Due to uncertainty regarding future trends in interprovincial migration, apart from other factors, it is not possible to estimate the likely rates of growth of the older population versus the population at working ages by provinces between 1961 and 1971.

TABLE 5. PERCENTAGE INCREASE IN THE POPULATION BY BROAD AGE GROUPS, FOR PROVINCES, 1941-1961

Age Group	1941-51	1951-61	1941-51	1951-61	1941-51	1951-61	1941-51	1951-61	1941-51	1951-61
	Newfoundland		Prince Edward Island		Nova Scotia		New Brunswick		Quebec	
Total	(1)	26.7	3.6	6.3	11.2	14.7	12.7	15.9	21.7	29.7
0-14		35.5	14.6	14.7	24.1	22.4	26.1	23.5	28.5	36.4
15-64		21.8	−2.7	0.3	4.4	10.3	4.9	10.6	17.4	25.7
65+		14.5	8.4	12.6	16.8	15.5	20.3	20.2	31.9	32.0
	Ontario		Manitoba		Saskatchewan		Alberta		British Columbia	
Total	21.4	35.6	6.4	18.7	−7.2	11.2	18.0	41.8	42.5	39.8
0-14	34.1	62.0	16.6	34.7	−4.8	23.4	25.5	63.6	73.8	67.3
15-64	15.4	25.8	−1.0	10.2	−12.4	3.0	11.3	31.4	27.8	29.9
65+	32.9	26.9	43.4	27.2	45.3	27.3	62.3	39.0	85.3	31.3

(1) Not available.

Mortality Trends and the Widowed Population.—The differences in mortality trends as between males and females, described in an earlier section, are reflected in the Census statistics by changing relative numbers of widowed males and females in the Canadian population (see Table 6). Because of the substantially larger number of persons in the older age groups in recent decades the widowed category in the population has been steadily increasing but since the marked improvement in mortality rates of middle-aged and older women has not been matched by a similar improvement among men at this period of life, the inevitable result has been an increasing excess of widowed women over widowed men in the Canadian population. For example, at the 1961 Census widowed females numbered 579,000 as compared with just under 200,000 widowed males. In the age period, 65 years and over, widowed women, totalling 347,000, exceeded widowed men (137,000) by approximately 210,000. In other words, 71.6 p.c. of the widowed population, 65 and over, in 1961 were women. About twenty years earlier about two thirds of the widowed population over this age were women. 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 the 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.

TABLE 6. NUMBER AND PERCENT OF THE TOTAL MALE AND FEMALE POPULATION, WIDOWED, BY AGE GROUP, CANADA, 1941 AND 1961

Age and year	Males		Females	
	Number	P.c. of total	Number	P.c. of total
All ages....1941	170,773	2.9	354,390	6.3
1961	199,507	2.2	578,716	6.4
15–44....1941	14,469	0.5	34,451	1.3
1961	9,712	0.3	36,858	1.0
45–64....1941	64,070	5.6	140,239	14.0
1961	52,518	3.3	194,955	12.5
65+[1]....1941	92,234	23.6	179,700	47.7
1961	137,277	20.4	346,903	48.4

[1] The 65 years and over group is subdivided by five year age groups and marital status in Table 6A of the appendix.

In addition to the considerably heavier death rates among males than females in the older age groups other factors have contributed to this substantial excess of widowed women over widowed men in the Canadian population. One of these factors is the higher rate of remarriage among widowed males than widowed females. The average rate of remarriage of widowed males, 45 years and over, in Canada, during 1960-62 was 24 per thousand (of the total widowed male population over this age) as compared with 7 per thousand for females. Another reason, of course, is the fact that the husband is usually older than the wife[1] and thus even if rates of mortality and remarriage by age had been the same for each sex, widowhood would have been more common among women than men. The effect of all these factors upon the marital status of the older population, 65 years and over, is revealed in the 1961 Census statistics. These figures show that 48 p.c. of all women in Canada in 1961 over this age

[1] In the 1961 Census 55 p.c. of husbands, in families with husband and wife at home, were in the next higher five-year age group than their wives, and 40 p.c. in the same age group.

were widowed as compared with only 20 p.c. of the men. There has been no appreciable change over the past twenty years in the proportion of older women in the population who were widowed but the proportion of older males widowed has declined due to the significant improvement over this period in mortality rates among older women.

Impact of Population Shifts on Relative Numbers of Older Males and Females in Rural and Urban Areas.—One of the characteristics of population trends, which has been especially noteworthy in recent decades, has been the shift in population from rural-farm to urban areas. The impact of this movement on the relative numbers of older men and women in farm versus non-farm and urban areas is significant. Over the decade 1951-61 the farm population of Canada declined from 2,769,000 to 2,238,000 or, roughly, 20 p.c. In the previous decade the farm population decreased by almost 10 p.c. Thus, the loss in farm population which became evident in the decade, 1931-1941, increased at an accelerated rate between 1941 and 1961. A 20 p.c. decline in farm population in the 1950's, during a period when the total population of Canada rose by around 4,000,000 or 30 p.c., could only result from a large-scale migration from rural-farm to urban and rural non-farm areas.

The manner in which this migration affected the older population, 65 years and over, is revealed in Table 7. The table shows a substantial increase in the number of persons in the combined rural non-farm and urban areas, while the farm population fell off sharply. Because a considerable part of the rural non-farm population consists of persons living in built-up residential areas just outside the limits of urban centres the comparison in Table 7 is between the farm population on the one hand, and the combined rural non-farm and urban, on the other. Specifically, those older persons living on farms, numbering 194,00 in 1951, showed a decrease of 60,000 over the 1951-61 period. Older males continue to outnumber older females on farms—by just over 24,000 in 1961. On

TABLE 7. POPULATION, 65 YEARS AND OVER, BY SEX, CANADA, RURAL-FARM AND URBAN,[1] 1951 AND 1961

Rural-farm and Urban(1)	1951	1961	Change 1951-61 (+ or −)	
			No.	P.c.
Rural-farm				
Total	194,265	133,839	−60,426	−31.1
Males	113,523	79,045	−34,478	−30.4
Females	80,742	54,794	−25,948	−32.1
Excess of males	32,781	24,251	(8,530)	
Urban[1]				
Total	892,008	1,257,315	+365,307	+41.0
Males	437,780	595,072	+157,292	+35.9
Females	454,228	662,243	+208,015	+45.8
Excess of females	16,448	67,171	(50,723)	

(1) Including rural non-farm.

the other hand, older women were more numerous in rural non-farm and urban areas—by 67,000. In strictly urban areas there were 86,000 more women than men, 65 years and over, on June 1, 1961. This imbalance in the relative numbers of older men and women living in urban centres was most marked in the metropolitan centres where the number of older women exceeded older men by 62,000. In brief, it may be said that the older population of Canada is

today largely concentrated in the urban and rural non-farm areas, accounting for 1,257,000 older persons in 1961. The total of both sexes living in metropolitan areas in 1961 was 617,915. Only 10 p.c. resided in farm areas in 1961. In farm areas there is an excess of older men over older women, the reverse being the case in the urban centres.

Since, as has been noted above, there were 86,000 more women than men in 1961 over the age of 65 in the urban centres of Canada, this fact, together with the greater incidence of widowhood among older women, is what accounted for the striking preponderance of widowed females over widowed males in urban Canada at the last Census. Out of a total of 357,000 widowed persons, 65 years and over, residing in urban centres 265,000 or almost 75 p.c. were widows. In other words, there were 172,000 more widows than widowers over 65 years in urban communities in 1961, a fact of some significance in the planning of various programs for older people living in these areas.

Household Status of Older Persons.—To complete this brief review of population trends in Canada as affecting the older people something might be said regarding their household-family status at the 1961 Census. Shifts in population from farm to urban areas, changes in size of dwelling, in levels of income and so forth all have affected the proportion of older persons who maintain their own households, the percentage rising from 52 to 54 p.c. between 1951 and 1961. Though the total number of households of older persons, that is with heads over 65 years of age, increased at about the same rate as all households in Canada between 1951 and 1961 or by about one-third, those with older persons living alone rose by over 70 p.c. to 172,000 in June 1961. This figure constituted 23 p.c. of the total of 746,000 households with heads over 65 years.

In terms of total individuals rather than households, of the 1,378,000 persons 65 years and over in Canada at the 1961 Census reporting living arrangements, 784,000 or 57 p.c. were living with other members of their families, a high percentage in their own homes. Only about 35,000 of these family persons were living in the homes of relatives and 8,700 in the homes of unrelated persons. In the Census, the family is understood to include only the immediate family members, husband, wife and unmarried children. Among those not living with members of their immediate family, 172,000 lived alone in their own households, 174,000 resided in the homes of relatives and just under 100,000 were living as lodgers or employees in the homes of unrelated persons. In addition, there were about 60,000 living in various types of institutional households. Finally, there were 13,000 whose living arrangement was not reported.

It has already been noted that at the 1961 Census widowed women over 65 years of age exceeded widowed men by 210,000. As Table 8 suggests a substantial number of these were living alone in their own households or in the homes of relatives. In these two categories combined, older women outnumbered older men by around 115,000. In addition, a number of widowed women were living in their own homes with members of their family, i.e., with unmarried sons or daughters, and a certain number with lodgers but without family members.

To conclude it might be restated that the proportion of older persons in the total population has shown little change since 1951 and will probably continue at approximately the present level over the decade, 1961-71. This assumes no dramatic fall in death rates among older persons or any marked rise in the birth rates or immigration over the balance of this decade. Hence it is expected that the population, 65 years and over, will rise from 1,391,000 at the 1961 Census to around 1,780,000 in 1971, or by approximately 390,000. The rate of increase in the number of older persons will likely be only slightly greater than for the population at working ages.

TABLE 8. NUMBER AND PERCENT OF THE MALE AND FEMALE POPULATION, 65 YEARS AND OVER, BY TYPE OF LIVING ARRANGEMENT, FOR CANADA, 1961

Sex	Total persons 65 years and over	Living in own homes[1]		
		With members of family	Without members of family	
			Alone	With other persons
	[2]			
Canada....no.	1,378,319	740,575	172,416	89,028
p.c.	100.0	53.7	12.5	6.5
Males....no.	667,803	422,639	63,516	32,672
p.c.	100.0	63.3	9.5	4.9
Females....no.	710,516	317,936	108,900	56,356
p.c.	100.0	44.7	15.3	7.9

Sex	Living in the home of relatives		Living in the home of non-relatives	
	With members of family	Without members of family	With members of family	Without members of family
Canada....no.	34,564	173,864	8,740	99,800
p.c.	2.5	12.6	0.6	7.3
Males....no.	17,713	52,002	4,780	48,650
p.c.	2.6	7.8	0.7	7.3
Females....no.	16,851	121,862	3,960	51,150
p.c.	2.4	17.2	0.6	7.2

[1] Includes both rented as well as owner-occupied dwellings.

[2] Excludes approximately 12,835 persons, 6,314 males and 6,521 females, for whom the relationship to head of household at usual residence could not be determined, but includes 59,332 persons living in institutional households of whom 25,831 were males and 33,501 females.

The movement of population in Canada from farm to rural non-farm and urban areas, which has been particularly heavy since World War II, has brought about a very large concentration of older persons in the urban areas and rural non-farm communities. In the 1961 Census 1,257,000 or 90 p.c. of the population, 65 years and over, resided in urban and rural non-farm areas. The census revealed an imbalance as between the sexes in the numbers of old persons living in urban vs rural-farm areas. In the strictly urban areas of Canada there were 86,000 more older women than older men whereas on farms older men exceeded older women by 24,000. It should perhaps be added that 75 p.c. of the 357,000 widowed persons, 65 years and over, living in urban centres were widows.

Widowhood as a characteristic of old age is much more common among women than men. Close to one-half, or 347,000 of all women, 65 years and over, in 1961 were widowed as compared with only one-fifth (137,000) of all men over this age. Marked reduction in mortality rates among women over 50 years of age during the past thirty years, an improvement in mortality experience

that has not been shared by males over this age, has tended to bring about an increasing excess of widowed women over widowed men in the Canadian population. This is a factor of some significance in the planning of recreational and leisure-time activities of older people as well as in regard to their housing and living arrangements.

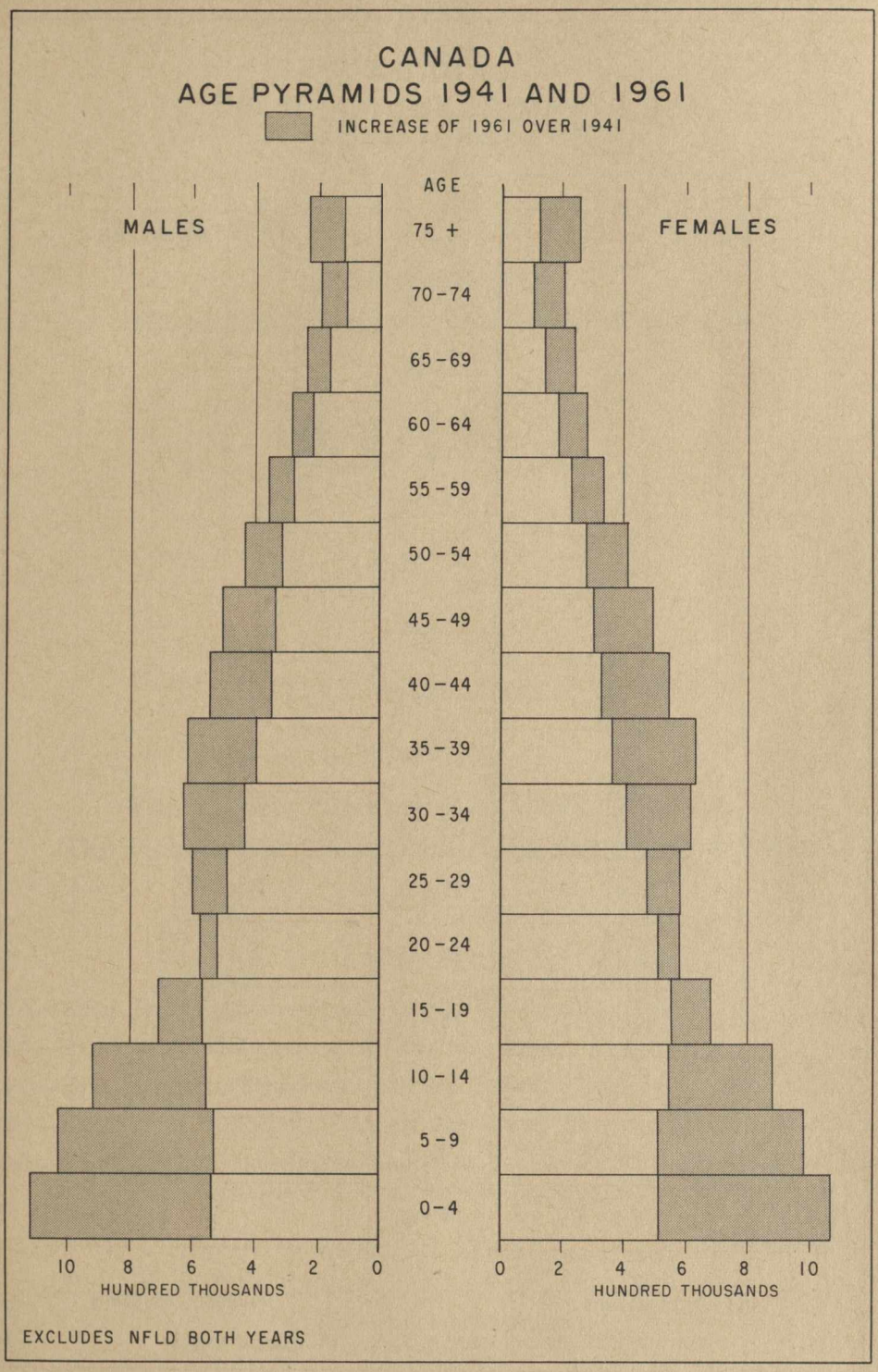
APPENDIX I

The number and percentage of widowed persons in each five-year age group over 65 years and up to 80 years and over are shown by sex for rural and urban areas in Table 6a. The table indicates the extent of the rise in the proportion widowed with advancing years. For example, only 11 p.c. of all males 65–69 years were widowed in 1961 as compared with 34 p.c. of the females in this age group. In the oldest age group, 80 years and over, 42 p.c. of the males were widowed and 71 p.c. of the females.

6A. NUMBER AND PERCENTAGE OF THE POPULATION, 65 YEARS AND OVER, CLASSIFIED ACCORDING TO SEX AND FIVE YEAR AGE GROUPS, BY MARITAL STATUS, RURAL FARM, RURAL NON-FARM, AND URBAN, CANADA, 1961

Marital Status and Locality	65+		65–69		70–74		75–79		80+	
	M	F	M	F	M	F	M	F	M	F
Total	674,117	717,037	239,685	247,417	196,076	206,099	134,186	140,051	104,170	123,470
Single	72,486	72,890	26,251	25,019	21,021	20,580	14,731	13,840	10,483	13,451
Married	461,841	295,644	185,739	136,933	141,255	91,040	85,508	45,763	49,339	21,908
Widowed	137,277	346,903	26,516	84,579	33,068	94,031	33,555	80,242	44,138	88,051
Divorced	2,513	1,600	1,179	886	732	448	392	206	210	60
Rural farm	79,045	54,794	31,865	20,777	22,296	14,420	13,933	9,853	10,951	9,744
Single	10,711	3,484	4,539	1,280	3,055	961	1,950	619	1,167	624
Married	53,384	28,847	24,571	14,987	15,845	8,194	8,390	3,781	4,578	1,885
Widowed	14,755	22,426	2,659	4,488	3,338	5,256	3,570	5,448	5,188	7,234
Divorced	195	37	96	22	58	9	23	5	18	1
Rural non-farm	153,708	134,948	49,989	46,134	44,867	38,557	32,797	26,848	26,055	23,409
Single	19,076	9,472	6,384	3,140	5,629	2,616	4,148	1,814	2,915	1,902
Married	103,825	65,465	37,703	29,063	31,909	20,297	21,107	10,863	13,106	5,242
Widowed	30,244	59,817	5,661	13,836	7,164	15,579	7,448	14,144	9,971	16,258
Divorced	563	194	241	95	165	65	94	27	63	7
Urban	441,364	527,295	157,831	180,506	128,913	153,122	87,456	103,350	67,164	90,317
Single	42,699	59,934	15,328	20,599	12,337	17,003	8,633	11,407	6,401	10,925
Married	304,632	201,332	123,465	92,883	93,501	62,549	56,011	31,119	31,655	14,781
Widowed	92,278	264,660	18,196	66,255	22,566	73,196	22,537	60,650	28,979	64,559
Divorced	1,755	1,369	842	769	509	374	275	174	129	52
	Percentage distribution by marital status									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single	10.8	10.2	11.0	10.1	10.7	10.0	11.0	9.9	10.1	10.9
Married	68.5	41.2	77.5	55.3	72.0	44.2	63.7	32.7	47.4	17.7
Widowed	20.4	48.4	11.0	34.2	16.9	45.6	25.0	57.3	42.4	71.3
Divorced	0.4	0.2	0.5	0.4	0.4	0.2	0.3	0.1	0.2	0.1
Rural farm	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single	13.6	6.4	14.3	6.2	13.7	6.7	14.0	6.3	10.6	6.4
Married	67.5	52.6	77.1	72.1	71.1	56.8	60.2	38.4	41.8	19.4
Widowed	18.7	40.9	8.3	21.6	15.0	36.4	25.6	55.3	47.4	74.2
Divorced	0.2	0.1	0.3	0.1	0.3	0.1	0.2	(1)	0.2	(1)
Rural non-farm	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single	12.4	7.0	12.8	6.8	12.5	6.8	12.6	6.8	11.2	8.1
Married	67.5	48.5	75.4	63.0	71.1	52.6	64.4	40.5	50.3	22.4
Widowed	19.7	44.3	11.3	30.0	16.0	40.4	22.7	52.7	38.3	69.5
Divorced	0.4	0.1	0.5	0.2	0.4	0.2	0.3	0.1	0.2	(1)
Urban	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Single	9.7	11.4	9.7	11.4	9.6	11.1	9.9	11.0	9.5	12.1
Married	69.0	38.2	78.2	51.5	72.5	40.9	64.0	30.1	47.1	16.4
Widowed	20.9	50.2	11.5	36.7	17.5	47.8	25.8	58.7	43.2	71.5
Divorced	0.4	0.3	0.6	0.4	0.4	0.2	0.3	0.2	0.2	(1)

(1) Less than 0.05 p.c.


CANADA
AGE PYRAMIDS 1941 AND 1961
INCREASE OF 1961 OVER 1941
AGE
MALES
FEMALES
75 +
70-74
65-69
60-64
55-59
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45-49
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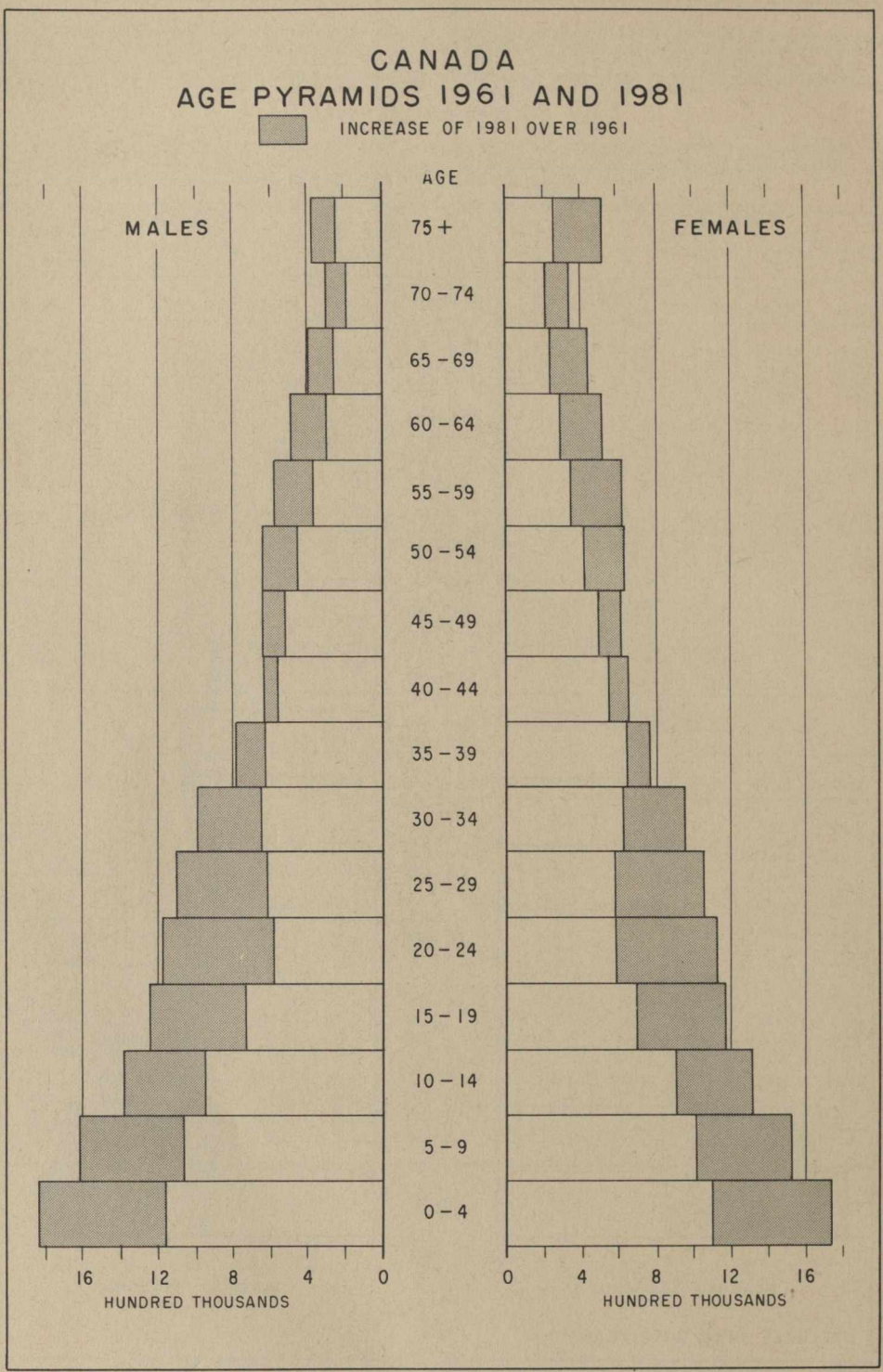
CANADA
AGE PYRAMIDS 1961 AND 1981
INCREASE OF 1981 OVER 1961
AGE
MALES
FEMALES
75+
70 – 74
65 – 69
60 – 64
55 – 59
50 – 54
45 – 49
40 – 44
35 – 39
30 – 34
25 – 29
20 – 24
15 – 19
10 – 14
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HUNDRED THOUSANDS

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 21

THURSDAY, NOVEMBER 19, 1964

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

APPENDICES:

Y-1—Brief from the Province of British Columbia

Z-1—Brief from the Province of Newfoundland

A-2—Brief from the Province of Prince Edward Island

B-2—Brief from the Silver Threads Service of Victoria, British Columbia

C-2—Brief from the Ukrainian Canadian Social Welfare Services, Ontario Branch, and the Estonian Relief Committee in Canada

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21290—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois	Jodoin
Brooks	Lefrançois
Croll	Macdonald (*Brantford*)
Dessureault	McGrand
Fergusson	Pearson
Gershaw	Quart
Grosart	Roebuck
Haig	Smith (*Kamloops*)
Hollett	Smith (*Queens-Shelburne*)
Inman	Sullivan—20.

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21290—1½

MINUTES OF PROCEEDINGS

THURSDAY, November 19, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators Croll (*Chairman*), Blois, Fergusson, Gershaw, Inman, Jodoin, Quart, Smith (*Kamloops*) and Smith (*Queens-Shelburne*)—9.

In attendance: Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Fergusson, it was Resolved to print as appendices the following briefs submitted by organizations not appearing before the Committee:

Y-1 Province of British Columbia

Z-1 Province of Newfoundland

A-2 Province of Prince Edward Island

B-2 Silver Threads Service of Victoria, British Columbia

C-2 Ukrainian Canadian Social Welfare Services, Ontario Branch, and the Estonian Relief Committee in Canada

At 10.20 a.m. the Committee adjourned until Thursday next, November 26 at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, November 19, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Honourable senators, I see a quorum. I wish to thank you for your loyalty and devotion to this committee. Even when the Senate was not sitting, we were always able to have a quorum. This is a high tribute to the members of the committee, who have taken such a great interest in it.

On Thursday next, November 26, we will have as witnesses representatives from the Department of Veterans Affairs and from the Central Mortgage and Housing Corporation. You have received already the brief from C.M.H.C. and you will receive tomorrow the brief from the Department of Veterans Affairs.

On December 3, we will have the Province of Quebec; and the Department of National Health and Welfare, when Dr. Charron of the Health Services will be here. On December 10 we will close our sittings, with Dr. Willard. He was to come on November 12 but could not do so on account of preoccupation with the Canada Pension Plan.

Father André Guillemette of the Institute of Gerontology of the University of Montreal, was to be here on November 19. However, he is ill in hospital and will not be able to come.

Honourable senators, the particular purpose of this meeting is to place on record the following briefs:

Province of British Columbia

Province of Newfoundland

Province of Prince Edward Island

Silver Thread Service, Victoria

Ukranian-Canadian Social Welfare Services, Ontario Branch, and the Estonian Relief Committee in Canada

These people did not wish to appear but wished to present their briefs.

We have heard from all provinces except Ontario. The Province of Ontario has established its own committee on aging. It was established subsequent to the setting up of this committee and is now functioning.

Honourable senators, I hope we will have a quorum for our next few meetings, in view of the important witnesses who will appear.

May I have a motion to print the five briefs?

The motion is supported.

(See appendixes Y-1, Z-1, A-2, B-2, C-2)

The CHAIRMAN: Honourable senators, once we conclude with the witnesses we shall have to prepare our report. Our staff has been working on it but it will take some time. We must not be impatient. The Saskatchewan committee took three years and the Ontario committee may take two years.

The committee adjourned.

APPENDIX Y-1

Brief Prepared for Presentation
to the
Special Committee of the Senate
on

AGING

by the
Government of British Columbia
September, 1964.

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FOREWARD

Our Western Society is undergirded and molded by the Christian ethic. The place of the older person in this society is decreed in the Commandment to "Honour thy father and thy mother" which places the responsibility for their welfare squarely on the shoulders of children or kindred. However, the residual deprivations of the "Depression" of the thirties and the dislocation of family patterns caused by mobility, technological change, immigration, death, divorce, and war have beached many older people. For these persons the state has become the only means of sustenance and support. If the state caters too easily and liberally to the needs of the older person, it may weaken the sense of responsibility of his family and threaten his independence. If the state is niggardly in support of the aging, it may be in danger of violating its own moral precepts and wreaking genuine hardship and deprivation on a group of its citizens. It seems ironic that those people whose motivations, aspirations and diligent efforts helped lift society up to its present high level of living should now in many cases be in need and/or helpless and because of longevity be classed as a problem.

Age provides a conflict between knowledge, experience and wisdom on the one hand and a deteriorating functional physical environment on the other. Age has much to offer. One of our greatest responsibilities is to ensure that the environment does not smother its ability to function.

The Government of British Columbia commends the Senate for so boldly grappling with this nettlesome circumstance by initiating a review of current activity concerning the elderly in our society. It is hoped that from the battery of reports perused by this Committee in the discharge of its duties there will come specific recommendations for definite action. It is anticipated that one of these will be directed toward encouraging research in depth into the situations presently existing regarding the aging. There will most certainly come the awareness that the elderly must be involved in planning for their own welfare.

Knowledge accruing from such an assessment of the situation would help those with responsibilities in this field to act with surer judgement in assisting older people to enjoy life with grace and significance while altering their pace and their place in society. The present patchy attempts at amelioration for the elderly are produced by lack of such knowledge combined with a lack of knowledge of the aging process. Continuing education throughout life is needed to enable individuals of all ages to appreciate the potential of the aging process, and to perceive that the elderly should be regarded as individuals whose powers, rather than deteriorating, are constantly ripening and maturing. Good health is requisite and necessary if life at any age is to be lived to the full.

INTRODUCTION

Provincial Social Services in British Columbia are administered by the British Columbia Department of Social Welfare and are given basic legislative sanction by the British Columbia Social Assistance Act and Regulations, R.S. 1948 Appendix—A. This provincial mandate synchronized with Federal legislative authority enables the province and its municipalities to provide for the welfare of children, families and individuals who are suffering various social needs.

Certain areas of human welfare which were formerly regarded as a provincial responsibility are becoming increasingly recognized as being national in scope. The mounting accumulation of Federal legislation reflects this trend in those areas of concern viewed as a mutual Federal-Provincial responsibility.

Assistance to the aging is one such area of mutual concern. This brief will attest to the instances in the five areas designed for study by the Special Committee to the Senate on Aging, and the programs at present existing which pertain to these five areas.

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ECONOMIC

A. *Authority for Economic Assistance—Legislative Assistance.*

There are five Federal Acts which involve the aging and their economic needs, four of which are administered by the British Columbia Department of Social Welfare in conjunction with the National Department of Health and Welfare. These are the:

1. *Blind Persons' Allowance Act*—Passed January 1, 1952, and providing assistance for those 18 to 69 years of age who are blind within the meaning of the Act and who have resided in Canada for ten years and who have limited assets and/or income.

2. *Disabled Persons' Allowance Act*—Passed April 1, 1955, and providing assistance for those 18 to 69 years of age who are totally and permanently disabled within the meaning of the Act who have resided in Canada for ten years and who have limited assets and/or income.

3. *Old Age Assistance Act*—Passed January 1, 1952, and providing assistance for those sighted persons 65 to 69 years of age who have resided in Canada for ten years and who have limited assets and/or income.

4. *Old Age Security Act*—Passed October 1, 1963, and providing upon application a pension of $75.00 per month at age 70 years for those who have resided in Canada for a minimum of ten years. At age 70 the blind and disabled are granted pensions under this, an additional Federal legislative Act rather than under their own particular category.

5. *The Unemployment Assistance Act*—Provides for Federal participation by refund to the province for a supplementary social allowance granted under British Columbia's Social Assistance Act to recipients of the statutory allowance under Blind Persons' Allowance, Disabled Persons' Allowance, Old Age Assistance and Old Age Security who are unemployed or in need.

B. *Old Age Assistance.*

The Federal Old Age Assistance Act became effective January 1, 1952. This Act established national standards of eligibility for assistance for those sighted applicants between 65 and 69 years of age. Since the enactment of this legislation the Government of British Columbia has shared equally with the Federal Government the cost of assistance to those applicants who met the stipulations of this Act and Regulations. According to the 1961 Census (Canada) there were 50,752 persons in this 65-69 years of age group residing in British Columbia. A total of 6,965 or 14% of these are in receipt of Old Age Assistance. At present the average payment is $72.07 per month with approximately 85% receiving the basic maximum of $75.00 per month.

C. *Supplementary Social Allowance to Old Age Assistance and Old Age Security.*

In 1942, because of the rising cost of living resulting from World War II the British Columbia Government believed that the maximum pension provided by Federal Legislation (the former Old Age Pension Act) was inadequate and provision was made to supplement the basic pension with a flat cost-of-living bonus of $5.00 per month to any old age pensioner whose pension was granted in this province.

At different periods since its inception the supplement has undergone several changes in maximum rate: The following table shows date and amount of these increases:

1. April 1, 1942	$5.00	per month
2. Jan. 1, 1947	$10.00	" "
3. April 1, 1954	$15.00	" "
4. April 1, 1956	$20.00	" "
5. April 1, 1960	$24.00	" "

In subsequent years, whenever the basic pension or assistance was increased by the Federal Government, the British Columbia government continued to believe that benefits already established for recipients could not reasonably be taken away from them. A corresponding decrease in the provincial supplement would have nullified the Federal increases. In consequence of this approach, a recipient living in British Columbia continued to enjoy the payment to which he qualified prior to the Federal increases and is, therefore, eligible today for a maximum of $99.00 per month including the $75 basic assistance or pension. This supplementary social allowance is also provided to eligible blind or disabled applicants. His present supplement may have been originally determined on a test of income in which case the Provincial Government may be paying all or a major portion of it. Table I summarizes the development of the pensions and the increased supplements. Supplements granted under the new "needs" test rules are shared equally between the Federal and Provincial Governments under the Unemployment Assistance Agreement.

Today, supplementary social allowance, as it is presently called, is available in varying amounts up to a maximum of $24.00 a month on the basis of "need" or as a budget deficiency payment to recipients of old age assistance or old age security who have established three years' residence in British Columbia and whose cash assets are less than $500 if single or $1,000 if married.

At present, approximately 28,000 persons 65 years of age and over are in receipt of supplementary social allowance as a responsibility of the Province of British Columbia. The Federal Government is sharing in all or a portion of the payment in approximately 25,300 cases. Any amount paid to the recipient in excess of the shared portion remains a 100% provincial responsibility. Payments average $21.13 per month with approximately 19,000 receiving the maximum.

The supplementary social allowance has provided that "little extra" needed by so many of the elderly group to improve an otherwise stringent or dreary standard of living. Interviews with recipients have revealed a varied assortment of ways in which the supplement is allocated to most needs. Almost without exception it is used to provide for necessary items of basic maintenance (food, clothing, shelter, etc.).

For those recipients living with sons or daughters (approximately 20%), it provides for dietary extras where needed or miscellaneous "comforts".

For the 34% living alone, the supplement provides for a better housekeeping room, perhaps on the ground floor or in a better neighborhood; for the occasional meal in a cafe, or for participation in the activities of some social group or for subscription to some preferred publication.

In many instances for those living in their own home (approximately 43%) the supplement goes toward repairing the furnace, the roof, the back steps, or paying the taxes. A survey of cases in White Rock, Langley, and Surrey, (British Columbia) indicated that many of those owning their own homes had no encumbrance on it; that taxes ranged from $3.00 to $7.00 per month after the $85.00 deduction of the British Columbia Government Homeowner's Grant; heat and light varied but was seldom more than $15.00 a month combined and that water was $3.00 or $4.00 per month.

Tables III, IV and V provide data on a sample of 1,905 cases pertaining to the living arrangements of the recipients.

D. *Recommendations:*

There are at least two areas in which some adjustment for the 65-69 age group is firmly recommended.

1. In a situation where a married couple have each been receiving a pension, and one of the partners dies, the surviving spouse finds the income immediately halved but expenses for accommodation remain unchanged. The introduction of an "adjustment period" during which the survivor receives an extra payment would greatly ease this transition period to single budgetting. The Department of Veterans Affairs uses this system at the present time for those in receipt of allowances from that Department. Further, financial assistance from the Federal Government would enable the British Columbia Department of Social Welfare to work out such an adjustment period for those recipients of its services whose marital relationships have been severed by death and thus ease the burden of bereavement and change.

2. In view of the general decrease in earning power of the aged, my government believes that Old Age Pensions should commence at 65 for all those whose employment has ceased and who are compulsorily retired at that age, and whose means thereby become limited. Federal assistance is necessary in order to make this provision possible. Where employment continues beyond this age pensions should commence at age 70.

EMPLOYMENT AND RECREATION

A. *Employment.*

Attitudes towards paid employment vary greatly among the older people themselves. Although much is heard of the feeling of rejection experienced by the older person who is forced by age to retire, many pensioners believe that they are experiencing a well-earned rest from the rigorous and unrelenting demands of a regular job.

Those persons who are willing and able can engage in many forms of voluntary employment. They can still contribute to the community and can assist the community in its responsibilities to less productive members. For example, some elderly people, both men and women, could often give service to schools for retarded children or to sheltered workshops. Even when the elderly person has limited or common skills, such as the elderly mother or housewife who has never been self-employed, may be able to help the retarded girl to learn better personal care and some housekeeping skills. There are, of course, many other valuable activities of a similar nature in most communities. One instance is quoted in which several retired professional men—lawyers, bank managers, doctors, etc., had banded together to form an advisory board available to pensioners who could not pay the normal fees for these kinds of professional services.

B. *Recreation.*

The Old Age Pensioners Organization and/or the Senior Citizens Association have branches in most communities of any appreciable size and these groups cover the recreational needs of many pensioners. These groups are organized,

and during the summer conduct outings every other week, either in pleasure bus trips or educational visits to places of interest. In the winter months there are regular meetings for social evenings, bingo games, etc., which are enjoyed to the full by the participants. It is recognized, however, that there are anti-social individuals or just plain individualists among the senior citizens even as there are in the younger age groups, and any effort to have these kinds of pensioners join one or other of the Senior Citizens Organizations, a church group or any kind of fraternity, is usually fruitless. They prefer not to participate in organized groups, and any attempt to disturb this status quo meets with a quiet resistance that is almost impossible to overcome. These people often have interests which prevent them from being as lonely as their more gregarious brethren may assume. Many of the recreational and leisure time activities would be solved individually by pensioners themselves if their housing accommodation were more centrally located (See pages 1385-6).

Various forms of recreation should be provided in every community and should be located at the Community Centre. A Government subsidy should be available to any community wishing to build such a centre.

The Centre should provide indoor facilities for indoor activities and probably an outside lawn bowling green.

This centre should not be limited for use of senior citizens only but should be open during the day as well as evenings so that the elderly could make use of it when the working population are otherwise engaged.

Planned and organized recreational and occupational activities should be carried out in these centres and those elderly, as well as younger ones, who are crippled, should be encouraged to belong to a Club which meets at the community centre once a week, transportation being provided by the municipality for those who would otherwise be housebound.

Government assistance should be provided for the training and the subsequent employment of occupational therapists by municipalities for this type of service.

My government is encouraging the establishment of such recreational centres within our province by assisting responsible sponsors by way of a grant of up to one-third of the cost of construction.

The participation of the Federal Government in the construction of such centres by way of additional financial assistance of a similar amount would do much to accelerate the provision of such needed facilities.

HEALTH AND INSTITUTIONS

A. *General.*

The Social Welfare Department, through its Medical Services Division, provides medical care and a wide range of health services for eligible persons in receipt of public assistance. Within this group are the categories of Blind Persons Allowance, Child Welfare, Disabled Persons, Old Age Assistance, Old Age Security, and Social Allowance.

The number of individuals, including the dependents of the prescribed categories, presently eligible for health services free of charge through the British Columbia Department of Social Welfare approximates 80,000 persons.

Each of those eligble receive a Health Services Identification Card which itself directly authorizes medical treatment, hospitalization and drugs. Further benefits including the ancillary services, which are also provided free of charge, require prior request through the local provincial welfare office.

B. *Ancillary Service.*

A welfare recipient may obtain an ancillary service only by a prescription from his doctor which has been further authorized by the district welfare office. These services may include medical and surgical appliances, dental services, optical services and glasses, physiotherapy and transportation for medical reasons. This service is financed entirely by the British Columbia Government.

Professional and allied groups and the Department of Social Welfare have agreements whereby ancillary services may, under certain provisions, be given to the client and the Department of Social Welfare billed at reduced rates.

C. *Dental Care.*

The British Columbia Department of Social Welfare provides a most comprehensive dental care programme for those eligible at all ages with the assistance of the British Columbia Dental Association, also financed by the British Columbia Government.

D. *Drugs.*

These are made available to eligible welfare recipients through an arrangement with the Pharmaceutical Association whereby a prescription may be filled without charge in any drug store in British Columbia. This service is supplemented by the Provincial Pharmacy which may also provide medication to eligible welfare recipients, and does provide all medication and necessary supplies to welfare patients in private hospitals. Again, this service is financed entirely by the British Columbia Government without the aid of the Federal Government.

E. *Hospital Services.*

British Columbia's hospital co-insurance programme (at $1.00 per day) is available to anyone who has resided in this province for three months. Therefore, those eligible recipients who qualify by residence receive this general welfare service. In addition, full hospitalization benefits which include ancillary services and treatments, drugs, laboratory procedures, etc., are obtainable by a special arrangement between the Department of Social Welfare and the British Columbia Hospital Insurance Service.

F. *Institutional Care.*

1. *Boarding Home Care*—There are approximately 300 boarding homes that cater to the needs of aged persons and that are licensed for this purpose by the Department of Social Welfare. The majority of these are owned by private operators but a number are operated by municipalities and non-profit organizations. In 1962, 5,860 persons received 1,246,891 days of care in these facilities. The Province of British Columbia operates one home for elderly men which has a capacity of 118. The kind of care given in these boarding homes ranges from simple board and lodging to aspects of personal supervision and nursing care, short of bed care.

2. *Nursing Home Care*—Nursing homes are licensed as private hospitals by the Hospital Insurance Services of the British Columbia Department of Health Services and Hospital Insurance. As of December 31st, 1963, there were 67 nursing homes providing a total of 2,710 beds. With a considerable amount of new construction under way, it is anticipated, the supply of this kind of care will be adequate in the larger centres of the province, but a lack of such resources in the smaller centres makes it necessary to place many people away

from their home areas. There is, however, a trend towards the forming of limited companies to build and operate nursing homes, in contrast to earlier years when many nursing homes were converted houses operated by the owner with a small staff.

The greater proportion of older persons receiving nursing home care are women. In March, 1964 the Department contributed to the cost of boarding home care of 578 single men as compared to 566 women and to the cost of nursing home care for 704 men and 1,118 women.

In general, there is a need for more facilities to enable aged infirm persons to remain in their own homes or to have the kind of help that will enable them to recover from the effect of serious accident or illness to a point where they can return to their homes. Some home nursing care may be adequately performd by trained housekeepers and the possibility of instituting regular vocational training for them is receiving consideration (see pages 1387-8).

There has been some development of rehabilitative care for aged persons following acute hospital care as an aspect of the British Columbia Hospital Insurance programme and this has had success in reducing the numbers of people requiring chronic care in institutional settings. Activation programmes are providing for some direct assistance and supervision by many voluntary groups, etcetera.

3. *Provision for Chronic Care*—In the latter part of an older person's life, it can be anticipated that some type of care will be required that is beyond the scope of the boarding home or homemaker's service. During the aging process some individuals become completely infirm and require regular supervision. An institution of this type appears to be in constant demand from families who have older people to care for.

4. *Medical Services*—Medical, surgical and all specialist treatment for welfare recipients both in and out of the hospital is provided through an agreement between the British Columbia Medical Association and the Department of Social Welfare in which costs of doctor care are shared between the Provincial Government and the Association. This provision of treatment is administered by the British Columbia Medical Association itself.

These medical and ancillary services are available to welfare recipients living in private boarding homes, nursing homes and any institutions sponsored by the British Columbia Department of Social Welfare.

The majority of the elderly people or their relatives who apply to the Old Age Assistance Board for help are motivated chiefly by their concern for medical services. This large group of persons eligible for Old Age Assistance or Social Security (supplementary assistance) make up a large percentage of those receiving this wide range of health benefits.

Those pensioners not eligible for Health Services on the "test of need" basis are not covered for doctor's home visits, or visits at the doctor's office. The cost of any prescribed medication must be borne by the pensioner and in the case of prolonged illness can be expensive. The prospect of this cost does deter pensioners from obtaining necessary medical treatment.

British Columbia disagrees with the policy of the Department of Veteran's Affairs which provides full medical coverage for the eligible veteran but none for his wife or dependents. While it is appreciated that the Department of Veterans Affairs is concerned primarily with the welfare of the veteran, it is obvious that the cost of any illness suffered by his wife will ultimately reflect in his own health debilitated by financial worry. It is recommended that until the inception of a national health service the Department of Veterans Affairs reconsider this ruling and give the wife and dependents of the veteran full medical coverage also.

As knowledge about the aging process accumulates, the need for geriatric services becomes more and more imperative. Knowledgeable geriatric care enables many older people to remain active and mobile for much longer periods than formerly. Federal assistance towards development of these services is strongly urged as part of remedial and preventive care. In order to provide a community service for the aged the following would seem to be the basic requirements of fields to be developed:

(*a*) Cost of medical care for those over 65 should be government-assisted.

(*b*) Outpatient services in hospitals should be made available to them.

(*c*) Research in geriatrics should be accelerated.

(*d*) A home care programme should be provided in all areas. This programme would include care by therapists.

HOUSING

A. *Need for Adequate Low-Cost Housing.*

Many aging persons, with the more generous assistance provisions, are able to make reasonably adequate living arrangements until such time that there is serious limitation in their functioning owing to infirmity and health considerations. Because of the high cost of accommodation, however, many older, independent people are condemned to living in such poorly heated, poorly lighted, inconvenient accommodations as are within their meagre income. It is a regrettable fact that some of our pensioners live in shacks which are most unsuitable for them.

The Province of British Columbia has a provision whereby it will contribute up to one-third of the cost of construction of housing for aged persons where this housing is provided on a non-profit basis by private corporations and municipalities. The programme is administered by the Provincial Secretary's Department and the projects are subject to supervision by the Inspector of Welfare Institutions, an employee of the British Columbia Department of Social Welfare. To date over 4,000 beds have been made available with government participating in the cost in this way. Federal assistance is essential to enable British Columbia to accelerate its housing programme for the elderly.

Many fraternal groups, Church organizations, and municipalities give almost undivided attention to the provision of low-cost housing for pensioners. Several such groups have their special committees to raise funds for the provision and maintenance of housing units which will be within the means of most pensioners.

These groups, through experience, have found that the idyllic peaceful suburban setting for these units is purely a myth, as the average pensioner does not wish to be planted down, in idyllic settings or otherwise, in a location some miles removed from town, where buses are few and far between. They much prefer to be near the centre of community life, and to be associated with younger people—they also like to be within walking distance of various stores so they can pass a few hours walking around the shops, meet friends or eat out or attend social and cultural activities. Some preferences state that these housing units should be limited in size, constructed in small groups in various parts of the city, or in the rural community in which the elderly have lived and are known. These considerations enable a pensioner to apply for accommodation in a unit where he or she can still be near friends and relatives and exchange regular visits and if not directly, at least vicariously, participate in the community interests of which he has been a part. Federal financial assistance at least equal to that of the Province would do much to speed up the provision of this necessary type of housing.

B. *Hostel-Type Dwelling for Single Men.*

Our statistics indicate that well over 60% of recipients of supplementary allowance are in the single category. Out of a sample of 2,000 people over 70 years of age in receipt of supplementary social allowance living in Vancouver City, 48.3% live alone. More men (29.1%) live alone than women (19.2%). This situation suggests that a hostel-type dwelling with central heating and dining and recreational facilities is a need of increasing magnitude. This kind of housing would be the answer at the present time for this lonely group who are unable or too disinterested to provide adequately for their own needs, and would enable the elderly person living alone who tends to become neglectful in his eating habits.

SOCIAL SERVICES

It is recognized that certain needs of the older person cannot be solved by financial assistance alone and that other services are indeed necessary. Not only is there a greater number of people reaching 65 years of age, but the number enjoying a life span beyond 65 years is also increasing. "If years are to be added to a person's life, those years should be made worth living".

To be specific, perhaps the most paramount needs of the aged at the present time can be summed up as follows:

A. *Co-ordination of Services:*

It is becoming apparent that a central referral service should be provided in metropolitan areas for aged persons.

B. *Counselling:*

A counselling service, with the assistance of the Federal Government, should be made available through the Department of Social Welfare. The elderly have great need to consult with qualified counsellors on matters which are not specific enough to warrant assistance under legal or medical aid or other recognized services, but are still pertinent and important to their situation and may involve personal problems which would become less perplexing and fearsome if they could discuss them with an outsider.

C. *Housekeeping and Homemaking:*

Further study and an expansion of homemaker services should be carried out in order to make it possible for our aged people to remain in their own homes without having to provide institutional care for them as their physical strength deteriorates.

D. *Financial Counselling:*

Changing financial circumstances in conjunction with aging as a process often makes it burdensome for our older people to handle their financial affairs adequately. Advice and guidance should be made available from a central agency so that the elderly people may receive unbiased opinions and counselling.

E. *Housekeeping and Homemaking Services:*

Homemaking services are humanitarian services which are usually economically justified. Many elderly people desire and are able to live in their own home if they had the assistance of trained homemaking personnel to maintain orderly household routine and to relieve them of some of the more arduous and

demanding household tasks. This type of help builds up security through maintenance of familiar surroundings and eliminates the trauma due to major change in environment. This procedure is part of preventive medicine because it reduces the possibility of mental illness which often arises from the confused mental state of the elderly. Such a service would also provide some needed personal care for the elderly.

The need for care of the aging is likely to increase due to greater mobility of families and the increasing likelihood of the different generations being separated geographically.

Assurance of homemaker services would enable older people to go directly from hospital to home after an illness, or would speed the elderly patient's release from the hospital. Return to their own home would allow the community Mental Health Clinic to treat some persons in their own home who might otherwise require institutionalization.

Introducing a homemaker into the housekeeping routine of an elderly person would enable some of these aging people to remain in their own home for a longer period before necessitating a move to boarding or nursing home care, or to relieve them of household responsibilities while recovering from some indisposition like the residual effect of a stroke.

Some of the heavier household tasks become burdensome as people get older and a trained, regular homemaker would handle these. In some instances it would cost more to support a couple in a boarding or nursing home than to pay for a homemaker enabling them to stay in their own home, on a continuing basis.

In some situations the elderly person must inevitably go to a nursing home, but needs time to become accustomed to the idea. The presence of housekeeper would help the person adjust to this idea.

These homemaking services require an increasing amount of financial support and British Columbia asks the Federal Government for increased financial support in this area that a greater number of trained homemakers may be secured to cater to the needs of the elderly.

Special training in homemaking activities for the aging is required to enhance the natural skills possessed by many women in this field. Employment as a homemaker would provide work for many who would otherwise remain unemployed and be stabilizing the nation's economic and emotional help at the same time.

DEFINITIONS

1. *Ancillary Services.*

Certain services pertaining to medical care and additional to main medical service authorized by the British Columbia Social Assistance Act and Regulations.

2. *Boarding Home.*

A home licensed under the Welfare Institutions Licensing Act and Regulations in which a client will receive food and lodging but no nursing care and therefore restricted to clients who do not require nursing care.

3. *Health Services.*

A term describing those services administered by the Medical Services Division of the British Columbia Department of Social Welfare and which pertain to the physical health of the patient.

4. *Homemaker Services.*

A community service sponsored by a public or voluntary health or welfare agency that employs personnel to furnish home help services to families with children, convalescent, aged acutely or chronically ill and disabled person. Its primary function is the maintenance of household routine and the preservation or creation of wholesome family living in times of stress[1].

5. *Nursing Home.*

A home licensed under the Hospital Act, Part II, providing food, lodging and nursing care.

6. *Old Age Assistance.*

A financial allowance based on need for those clients between 65 and 69 years of age.

7. *Old Age Security.*

The national pension of $75.00 available upon application to all residents of Canada who meet residence requirements.

8. *Supplementary Social Allowance.*

Supplementary financial assistance based on need, and varying from $1.00 to $24.00 per month paid by the British Columbia Department of Social Welfare to those clients 65 years of age and over and shared equally between the Federal and Provincial Governments under the Unemployment Assistance Agreement.

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[1] The Committee on Community Service Women's Auxiliary to the American Medical Association. HOW TO PLAN A COMMUNITY HOMEMAKER SERVICE.

TABLE I

A STATEMENT OF MONTHLY RATES AND EFFECTIVE DATES FOR PENSIONS AND SUPPLEMENTARY ALLOWANCE IN BRITISH COLUMBIA

Effective Date	Old Age Pensions Act (70 yrs of age and over)	Old Age Security Act (70 yrs of age and over)	Old Age Assistance Act (65–69 yrs of age inclusive)	Blind Amend to Old Age Pensions Act (40 yrs and over)	Blind Persons Act (18 yrs and over)	Disabled Persons Act (18 yrs and over)	Supplementary Social Allowance (must receive basis pension, assistance, allowance)	Maximum Payment to a Recipient
	$	$	$	$	$	$	$	$
Sept. 1, 1927	20	—	—	—	—	—	—	20
April 1, 1937	—	—	—	20	—	—	—	20
April 1, 1942	—	—	—	—	—	—	Flat $5 (Cost-of-Living Bonus)	25
Sept. 1, 1943	25	—	—	25	—	—	—	30
Jan. 1, 1947	—	—	—	—	—	—	Flat $10 (Cost-of-Living Bonus)	35
May 1, 1947	30	—	—	30	—	—	—	40
May 1, 1949	40	—	—	40	—	—	—	50
Dec. 31, 1951	Act Repealed	—	—	Act Repealed	—	—	—	—
Jan. 1, 1952	—	40	40	—	40	—	Flat $10 to Blind. Max. $10 to sighted	50
April 1, 1954	—	—	—	—	—	—	Flat $15 to Blind. Max. $15 to sighted	55
April 1, 1955	—	—	—	—	—	40	Flat $15 to Disabled	55
April 1, 1956	—	—	—	—	—	—	Flat $20 to Blind and Disabled. Max. $20 to sighted	60
July 1, 1957	—	46	46	—	46	46	—	66
Nov. 1, 1957	—	55	55	—	55	55	—	75
April 1, 1960	—	—	—	—	—	—	Flat $24 to Blind and Disabled. Max. $24 to sighted	79
Feb. 1, 1962	—	65	—	—	—	—	—	89
April 1, 1962	—	—	65	—	65	65	Max. $24 to sighted Blind and Disabled	89
Oct. 1, 1963	—	75	—	—	—	—	—	99
Dec. 1, 1963	—	—	75	—	75	75	—	99

TABLE II*

Distribution according to birth year of married and single Old Age Assistance recipients (65–69 years of age inclusive) on paylist as at April 30, 1964 (Includes those who receive Supplementary Social Allowance in addition to Old Age Assistance and other province cases living in British Columbia.)

Born subsequently to April 1, 1894 and will be transferred to O.A.S. this Calendar Year.

Year of Birth	Married Recipients			Single Recipients			Total Cases in each Year of Birth	Percent **	Accumulated Total	Percent ***
	Men	Women	Total	Men	Women	Total				
1894	218	248	466	331	508	839	1,305	19.21	1,305	19.21
1895	257	315	572	368	628	996	1,568	23.09	2,873	42.30
1896	261	277	538	323	559	882	1,420	20.91	4,293	63.21
1897	202	246	448	339	502	841	1,289	18.98	5,582	82.19
1898	151	218	369	306	387	693	1,062	15.64	6,644	97.83
1899	26	39	65	39	44	83	148	2.17	6,792	100.00
Total	1,115	1,343	2,458	1,706	2,628	4,334	6,792 *2	100.00		

* This table was compiled from our total old age assistance caseload and includes other province recipients of old age assistance living in British Columbia as well as all old age assistance recipients receiving supplementary social allowance. We could not conveniently separate these various categories.

*2 20 cases not included where statistics are incomplete.

** Percent of total cases in each year of birth to total 65–69 caseload.

*** Percent of accumulated total of each year to total 65–69 years caseload.

TABLE III*

Distribution according to 5 year intervals of birth year of married and single Supplementary Social Allowance recipients (70 years of age and over) on paylist as at April 30, 1964. (Includes other province recipients of Supplementary Assistance living in British Columbia.)

Year of Birth	Married Recipients			Single Recipients			Total Cases in each Age Group	Percent ***	Accumulated Total	Percent ****
	Men	Women	Total	Men	Women	Total				
– 1858	1	—	1	1	2	3	4	.02	4	.02
1859 – 1863	1	—	1	6	10	16	17	.07	21	.09
1864 – 1868	8	1	9	35	94	129	138	.59	159	.68
1869 – 1873	76	22	98	215	428	643	741	3.20	900	3.88
1874 – 1878	341	166	507	782	1,392	2,174	2,681	11.56	3,581	15.44
1879 – 1883	899	460	1,359	1,498	2,508	4,006	5,365	23.14	8,946	38.58
1884 – 1888	1,373	822	2,195	1,855	3,005	4,860	7,055	30.43	16,001	69.01
1889 – 1893	1,295	1,111	2,406	1,869	2,640	4,509	6,915	29.82	22,916	98.83
1894 –	55	30	85	86	101	187	272	1.17	23,188**	100.00
Totals	4,049	2,612	6,661	6,347	10,180	16,527	23,188**	100.00		

* These statistics concern the caseload of recipients of supplementary social allowance 70 years of age and over and includes those cases living in British Columbia whose payment of supplementary assistance is charged to another province. Not included are several cases on which statistics are as yet incomplete.

** 1057 cases not included where statistics are incomplete.

*** Percent of total of men and women in each age group to the total 70 years of age and over Supplementary Social Allowance Caseload.

**** Percent of accumulated total in each age group to the total Supplementary Social Allowance caseload (70 years and over).

TABLE IV—DISPOSITION OF APPLICATIONS FOR OLD AGE ASSISTANCE FOR YEAR ENDED MARCH 31, 1964

New Applications received	2,168
Applications granted	1,905[1]
Applications not granted (refused, withdrawn, etc.)	333

[1] Includes some left over from previous year.

TABLE V—MISCELLANEOUS INFORMATION ON RECIPIENTS OF OLD AGE ASSISTANCE FOR YEAR ENDED MARCH 31, 1964

(*a*) British Columbia recipients—	
Returned to British Columbia	31
Reinstated	508
Suspended	623
Deaths	235
Transferred to other Provinces	69
Transferred to Old Age Security	1,752
Total number on payroll at end of fiscal year	6,625
(*b*) Other Province recipients—	
New transfers to British Columbia	98
Transferred to British Columbia	—
Reinstated	—
Suspended	—
Deaths	—
Transferred out of British Columbia	22
Transferred to Old Age Security	16
(*c*) Total number of British Columbia and other-Province recipients on payroll at end of fiscal year	6,859

TABLE VI—BIRTHPLACE OF NEW RECIPIENTS OF OLD AGE ASSISTANCE FOR YEAR ENDED MARCH 31, 1964

	Number	Per Cent
British Columbia	236	12.39
Other parts of Canada	421	22.10
British Isles	375	19.68
Other parts of British Commonwealth	7	.37
United States of America	183	9.61
Other foreign countries	683	35.85
Totals	1,905	100.00

TABLE VII—AGES OF RECIPIENTS GRANTED OLD AGE ASSISTANCE DURING YEAR ENDED MARCH 31, 1964

	Men	Women	Number	Per Cent
Age 65	559	636	1,195	62.73
Age 66	126	120	246	12.91
Age 67	90	130	220	11.55
Age 68	54	70	124	6.51
Age 69	68	52	120	6.30
Totals			1,905	100.00

TABLE VIII—AGES OF RECIPIENTS OF OLD AGE ASSISTANCE AT DEATH DURING YEAR ENDED MARCH 31, 1964

	Number	Per Cent
Age 65	30	12.77
Age 66	48	20.43
Age 67	44	18.72
Age 68	56	23.83
Age 69	57	24.25
Totals	235	100.00

TABLE IX—WITH WHOM NEW RECIPIENTS OF OLD AGE ASSISTANCE LIVED DURING YEAR ENDED MARCH 31, 1964

	Number	Per Cent
Living alone	686	36.01
Living with spouse	675	35.43
Living with spouse and children	86	4.51
Living with children	220	11.55
Living with other relatives	70	3.68
Living with others	168	8.82
Totals	1,905	100.00

TABLE X—WHERE NEW RECIPIENTS OF OLD AGE ASSISTANCE LIVED FOR YEAR ENDED MARCH 31, 1964

	Number	Per Cent
In own home	792	41.57
In rented house	213	11.18
In children's home	207	10.87
In home of other relatives	56	2.94
Boarding	39	2.05
In housekeeping room	279	14.65
In single room (eating out)	49	2.57
In rented suite	172	9.03
In public institution	75	3.93
In private institution	23	1.12
Totals	1,905	100.00

TABLE XI—ECONOMIC STATUS OF NEW RECIPIENTS OF OLD AGE ASSISTANCE FOR YEAR ENDED MARCH 31, 1964

	Number	Per Cent
(*a*) Holding real property of value—		
$0	1,056	55.43
$1 to $250	71	3.73
$251 to $500	41	2.15
$501 to $750	25	1.31
$751 to $1,000	46	2.42
$1,001 to $1,500	138	7.25
$1,501 to $2,000	166	8.71
$2,001 and up	362	19.00
Totals	1,905	100.00
(*b*) Holding personal property of value—		
$0	879	46.14
$1 to $250	490	25.72
$251 to $500	188	9.87
$501 to $750	89	4.67
$751 to $1,000	65	3.41
$1,001 to $1,500	81	4.25
$1,501 to $2,000	35	1.84
$2,001 and up	78	4.10
Totals	1,905	100.00

TABLE XII—NUMBER OF RECIPIENTS LIVING ON OLD AGE ASSISTANCE IN OTHER PROVINCES AS AT MARCH 31, 1964, WHOSE ASSISTANCE IS PAID BY BRITISH COLUMBIA

Alberta	34
Saskatchewan	14
Manitoba	13
Ontario	23
Quebec	6
New Brunswick	1
Nova Scotia	2
Yukon Territory	—
Prince Edward Island	—
Newfoundland	1
Totals	94

TABLE XIII—DISTRIBUTION OF BRITISH COLUMBIA RECIPIENTS OF OLD AGE ASSISTANCE ACCORDING TO THE AMOUNT OF ASSISTANCE RECEIVED (BASIC ASSISTANCE $75)

	Per Cent
Amount of Assistance	
$75	84.44
$70–$74.99	3.21
$65–$69.99	2.70
$60–$64.99	1.91
$55–$59.99	1.60
$50–$54.99	1.60
$45–$49.99	1.08
$40–$44.99	.99
$35–$39.99	.58
$30–$34.99	.64
$25–$29.99	.45
$20–$24.99	.32
Less than $19.99	.48
Totals	100.00

APPENDIX Z-1

SUBMISSION TO THE SENATE COMMITTEE ON AGING

SUBMITTED BY

THE DEPARTMENT OF HEALTH AND THE DEPARTMENT OF PUBLIC WELFARE OF THE PROVINCE OF NEWFOUNDLAND

Persons over seventy years of age in Newfoundland share with other Canadians the benefits of Old Age Security payments at the flat rate of $75 a month. The circumstances of the recipients of this pension vary all the way from good health and substantial income from other sources to complete helplessness and no income whatever apart from the pension.

In almost every brief of this kind compiled since March 31st 1949 an attempt has been made to explain the differences between Newfoundland and the other nine provinces. For the year ended March 31st 1951 there were 11,394 persons in receipt of Old Age Pension—which was then paid at the rate of $40 a month ON A MEANS TEST. This number represented 87.4 per cent of the estimated population 70 years of age and over. This percentage was much higher than the percentage for the other nine provinces.

The 1961 census indicated that in Newfoundland there were 17,211 persons 70 years of age and over. This represented 3.8 per cent of the population. This percentage was lower than in any of the other nine provinces except Quebec.

In summary in Newfoundland the number of persons 70 years of age and over represents a smaller percentage of the population than in any of the other nine provinces except Quebec, and a very high percentage of this number have no income apart from Old Age Security payments.

The number of recipients of Old Age Assistance on March 31st 1963 was 5,187. This represents approximately 53 per cent of the population 65 to 69 years of age and is much higher than the percentage for any other province although the number of persons in the 65 to 69 year age group is a smaller percentage of the total population than in any other province. In this area also need is much more prevalent than it is in other parts of Canada.

Until 1958 the only institutions for the care of the aged were the Home for the Aged and Infirm owned and operated by the provincial government; Sunset Lodge owned and operated by the Salvation Army which has accommodation for 32 female ambulatory patients and the Cowan Mission which had accommodation for 12 female patients and which was closed in 1959. On February 3rd that year St. Patrick's Mercy Home was opened for the reception of patients. This institution has accommodation for 125 ambulatory and bedridden persons as well as a hospital for long term care with accommodation for 55 persons. In the same year, on October 7th, the Agnes Pratt Home for Senior Citizens which has accommodation for 36 ambulatory patients was opened.

A hostel with accommodation for 40 ambulatory patients, an infirmary with accommodation for 24 bedridden patients and 48 cottages (apartments) with accommodation for 96 persons are now under construction for Anglican Homes Incorporated and should be ready for occupancy before the end of the current year.

A new home for the aged and infirm is being built by the government of Newfoundland. It will have accommodation for 225 patients—135 ambulatory and 90 bedridden—as well as the necessary staff. This building will replace the existing wood frame building which has accommodation for 116 ambulatory

and bedridden patients. By the end of 1964 there will be institutional accommodation—ambulatory and bedridden—for 633. The actual number of bedridden patients for which accommodation is available may vary as both St. Patrick's and the provincial government institution are equipped to handle both types.

Accommodation is also provided in 18 boarding homes licensed by the Department of Public Welfare for 217 patients most of whom are ambulatory. Ambulatory patients who wish to do so are assisted in finding accommodation in private homes in communities in which they normally reside. The Department of Public Welfare assumes no financial responsibility for such persons but on March 31st 1963 there were 46 cases of this kind in which the Department was involved.

The Department of Public Welfare provides financial assistance to persons in receipt of Old Age Security who require institutional care if they have no income apart from the Old Age Security payments. Ambulatory patients are required to contribute $60 a month from their allowances or assistance and this is supplemented by the Department by an amount not exceeding $20 to bring the total amount up to $80. Bedridden patients are required to contribute the same amount ($60 a month) from their allowances and the Department may supplement this by payments not exceeding $60 a month to bring the total amount up to $120. In each case the patient is permitted to retain $15 a month for his or her personal needs. In the licensed boarding homes ambulatory patients are also required to pay $60 a month towards the cost of board and lodging. The rate for bedridden patients is $90 a month. Those who are in receipt of Old Age Security are required to contribute $60 from their allowance and the Department of Public Welfare pays the balance of $30. These arrangements will apply to recipients of Old Age Assistance, Blind and Disabled Persons Allowances after April 1st 1964, the date on which the allowances will be increased from $65 to $75 a month in Newfoundland.

At the present time the services provided by the provincial government to the aged and infirm are made available to those who need them by one Welfare Officer attached to the staff at headquarters (Confederation Building). The Director of Administration is responsible for this service and he is assisted in this by two clerks—a business manager who is responsible for the business management of three other institutions and the statistical officer who assumes responsibility for the service in the absence of the Director of Administration or the business manager or the Welfare Officer.

Hospital services are available in Newfoundland under the Federal-Provincial Hospital Insurance Agreement and as there is no premium requirement, all residents, including the aged, have automatic eligibility for these services.

While there is no special provision for medical services for the aged, they are included under two plans operated by the Department of Health.

(1) The Cottage Hospital and Medical Care Plan, covering just under 50% of the province, provides out-patient service and medical care in hospitals at annual rates varying from $10.00 to $24.00 per family and $5.00 to $12.00 for a single subscriber. This plan covers the immediate areas of the cottage hospitals and is supplemented by salaried district medical officers who provide service under the subscription arrangement. Prescribed drugs are provided on a means test basis, on the same arrangement for the aged as other members of the population.

(2) In unorganized areas private physicians provide medical care on a fee-for-service arrangement paid by the Department of Health on a means test basis. This, too, applies to the entire population, including the aged.

(3) The Hospital for Mental and Nervous Diseases (the only institution for the mentally ill in Newfoundland) has a continuous problem with requests for admission of patients in the older age brackets and there is no doubt that many patients would not be admitted if there was sufficient alternate accommodation in institutions primarily intended for the aged.

(4) As in other provinces, Hospital Insurance statistics indicate longer periods of hospital stay for patients over 70. Apart from what might be considered the necessity of normally increased hospitalization for those age groups, there is always the additional problem of placement.

In addition to the hospital and medical services provided by the Department of Health, free transportation is provided by the Department of Public Welfare to

(*a*) needy sick persons proceeding to and returning from hospital, nursing stations or doctors' surgeries for in-patient or out-patient treatment

(*b*) persons proceeding to or returning from the Home for the Aged and Infirm (in St. John's) or any of the Boarding homes operated by the Department of Public Welfare

(*c*) stranded persons

and those who are 65 years of age and over are entitled to these services if they are unable to pay for them.

These and other services are made available to all residents of the province of Newfoundland through a field staff of Welfare Officers in 58 regional offices throughout the province. The Welfare Officers are Civil Servants in the employ of the government of Newfoundland.

APPENDIX A-2

MINISTER OF WELFARE & LABOUR

P.O. Box 2000
Charlottetown
Prince Edward Island
3 June 1964.

Honourable David A. Croll
Chairman
Special Committee on Aging
The Senate
Ottawa, Ontario

Dear Sir:

Further to my letter of May 27th I am happy to report to you that principal programs operated in this Province for the welfare of older people are as follows:

1. Old Age Assistance is paid to those 65 to 70 years of age as in other Provinces on a sharing basis with the Federal Government.

2. The Department of Welfare operates two homes for aged people at which all services are available for those 60 years of age and over who need custodial care—these services include provision of medical and dental care, clothing, medicines and any other needs the older people in our care require.

3. Other homes for aged people are operated by private enterprise and charitable organizations. In these homes custodial care only is provided and the Department shares with the Federal Government the amount of the cost of maintenance the individual patients are unable to subscribe.

4. Free hospitalization and a certain amount of out-patient treatment is given to all citizens in the Province under the Prince Edward Island Hospital Services Act.

5. One recreation centre is operated in Charlottetown by the Kinsmen Club for the recreation and enjoyment of all older folk.

6. The Department through the Senior Citizens Housing Corporation is presently operating one Senior Citizens home of four units and at the present time has eight more of these homes in various centres under construction. Rental for these units is being kept at as low a rate as possible with residents presently paying $50.00 monthly, per unit. In addition to this type of housing the Corporation has in mind in the near future putting up in one or two of the larger centres a hostel type of accommodation which would also include a supervisory staff.

7. No medical care as such is generally available for our older citizens as yet. It is felt that this is a pressing need and it is hoped that with Federal co-operation this may one day come into being.

8. Social and Rehabilitation services are available to all individuals in the Province and many older folk during the last few years have been provided with glasses and hearing aids as well as artificial limbs and other appliances which have helped make their old age more enjoyable and which have allowed them to, in many cases, keep working long beyond the normal retirement age.

Trusting this information will give you a brief but fairly accurate idea of the major things we do in an effort to help the older folk in this Province. I am,

Yours sincerely,
(Sgd.) Henry W. Wedge, Minister

APPENDIX B-2

Silver Threads Service of Victoria, B.C., Submission to the Special Committee of the Senate on Aging.

Oct. 1, 1964

I INTRODUCTION

1. *The Community Setting:*

Victoria is an old city, incorporated in 1862, with a quiet air of staid dignity that captivates and amuses visitors. Isolated from the mainland of North America, it has a long tradition of solving its problems in its own way. Gradually Victoria has also become the "Shangri-la" for retired oldsters from all over Canada—a situation fraught with problems and challenge. Compared with a national average of 8%, over 19% of the population of Victoria is over the age of 65.

2. *The Problem:*

These people, many without relatives or friends in the city, face a desperate shortage of suitable accommodation, housekeeping services and nursing homes. Without help, they soon fall victims to a bleak, lonely existence that blights the bright promise of retirement.

3. *The Process:*

Since 1940, committees of the Community Welfare Council had studied the problem and made appropriate recommendations. Soon a drawer full of studies and reports was accumulated—but no action. Finally, in 1957 a reporter of a local newspaper wrote a series of articles exposing the plight of senior citizens. At a mass meeting convened by the mayor, an aroused public demanded action—and another committee was formed. Before long this broke into two—one soon to become a society exclusively concerned in building Senior Citizens' Housing units, and the other committee tackling all the other aspects of the ageing problem.

The objectives of the new organization as defined in its constitution were as follows:

(1) To endeavor to find the resources to provide such service as may be deemed necessary for the welfare of elderly people.

(2) To co-ordinate and stimulate community services for elderly people.

(3) To provide information and counselling service for elderly people.

Provision was also made for any organization service for the aged in the community to become affiliated with the new organization without in any way compromising its own autonomy. At present seventeen agencies are affiliated.

From its inception the new agency maintained a close contact with the wave of community concern which had brought it into being. With the co-operation of the press a city-wide competition was held to choose a name. Out of hundreds of entries the title "Silver Threads Service" was adopted. Over the years this name has in Victoria become as symbolic of services to the aged as has "Goodwill" with the handicapped or "John Howard" with the rehabilitation of prisoners. In the same way, through a city-wide competition in the High Schools, an appropriate symbol was adopted. With the excellent co-operation of all news media in the city the progress of the Silver Threads Service over the years has been made known to the public on every occasion.

II SOLVING THE PROBLEMS

1. *Housing*—The Silver Threads Service began its efforts in this area by loaning secretarial services to the Senior Citizens' Housing Society formed from the other large committee mentioned before. However, the co-ordination of all non-profit housing societies for senior citizens in the community, to eliminate duplication by using the Silver Threads office as a focal point for screening applications, has so far been unsuccessful.

A housing registry was set up whereby proprietors of all types of accommodation listed their vacancies routinely with the Silver Threads Service office and senior citizen applicants were helped to find housing suitable to their needs.

In response to a request of the Silver Threads Service, the City Council authorized a special survey of senior citizens' housing requirements by the Capital Region Planning Board which has presented a clear picture of future needs and trends.

2. *Institutional Care*—With the help of the Victorian Order of Nurses and other organizations, a special workshop for rest home operators on the care of the aged was sponsored by the Silver Threads Service. Later, a committee of experts under Silver Threads auspices analyzed the types of care being given by various rest homes and nursing homes, compiling a master list of these institutions grouped in four categories. This was made available to agencies and physicians responsible for placing older people in need of institutional care. Later as a result of its experience this committee prepared a Brief on the Licensing in Institutions giving care to the dependent elderly, recommending changes in provincial licensing regulations to gear licensing requirements to cover four broad types of institutional care. Some of these recommendations are now being adopted.

3. *Diversionary Activity Program in Rest Homes and Private Hospitals*—The Silver Threads Service has begun a pilot project of Diversionary Activities in Rest Homes and Private Hospitals throughout Greater Victoria. An Occupational Therapist has been hired by the Silver Threads Service to instruct volunteers with the various problems and difficulties to be met as a result of strokes, senility, arthritis, etc., etc.

We are at present concentrating on the smaller Rest homes and Private Hospitals in Greater Victoria numbering approximately 24. As opposed to the larger better known Rest Homes and Sanitoriums that are visited and assisted by auxiliary, service and church groups, the smaller Homes and Hospitals are little known. Many of the residents are without relatives and have outlived friends, making their existence a bleak and lonely one. A weekly visit by our volunteers allows them a little purpose in life once more and establishes that someone cares. The response and appreciation shown by the recipients of these weekly visits has been most gratifying.

4. *Housekeepers*—A registry of housekeepers ("day" and "live-in") was organized and an individualized service is offered by the Silver Threads Counselling Service to fit the needs of the older person. In this way approximately half of the requests received have been met. However, the Silver Threads continues to press for a subsidized housekeeper service preferably under the Red Cross or as part of a community "homemaker" service, and as previously noted this is being put into effect now.

5. *Miscellaneous Services*—The Silver Threads counselling service found itself called upon to deal with such varying requests as: walking canes, wheel chairs, hearing aids, general information regarding pensions, baby-sitting jobs, part-time employment, contacting absent relatives, readings and writing letters,

chopping wood, repairs to the home, marital difficulties, making of wills, real estate problems, legal difficulties, financial problems. For many of these the service sought the advice of appropriate professional organizations and arranged practical help from resources ranging from Boy Scout troups to men's service clubs. Special arrangements were worked out with the:

(*a*) Victoria Dental Society to supply free dentures on referral from the Silver Threads Service.

(*b*) Wholesale optical suppliers for free glasses.

(*c*) Druggists for drugs at cost.

(*d*) Podiatrists—foot care at reduced fees.

(*e*) Chiropractors—treatments at reduced fees.

6. *The Silver Threads Volunteer Corps*—One of the first achievements of the Silver Threads Service was the formation of the Silver Threads Volunteer Corps with its own executive and funds, to mobilize and co-ordinate the good intentions of hundreds of citizen volunteers who wished to help. At first the Corps concentrated its efforts, with staff guidance, on visiting lonely "shut-ins" and providing emergency transportation for the elderly. Special arrangements were made for clubs or ladies' groups to sponsor special visiting projects such as homes for the aged or nursing homes. Later, as the Silver Threads Recreation programme expanded, the Corps undertook to man such varied services as hostesses at the Silver Threads Centre, servers of meals and tea, volunteer handicraft instructors, etc. The Corps has also sponsored picnics, special concerts, an annual arts and handicraft exhibition, a centennial pageant entirely performed by senior citizens. During 1963, for example, the Silver Threads Volunteer Corps served 6,000 meals, 18,000 cups of tea, visited 1,342 homes, drove 1,212 shut-ins. It is estimated that our volunteers do the work of at least five staff members.

7. *The Silver Threads Centre*—One of the most obvious needs for Victoria's senior citizens was a down-town centre where people could meet informally and enjoy a varied recreational programme. At first the pleas of the Silver Threads Service for a suitable building went unanswered but finally a large church in the centre of the city offered the use of its facilities for a day centre. The Silver Threads Centre was born. After three years of operation the centre has over 1,300 members, and caters to a large range of interests—cards, checkers, chess, choral singing, community sing-songs, concerts, old-time dancing to a senior citizens orchestra, oil painting, ceramics, copper work, weaving, leathercraft, millinery, woodworking, dramatics, bowling, sewing, knitting, movies. A hot lunch is provided at cost every day by the Volunteer Corps and afternoon tea is served.

A monthly newsletter is published by the members. Special concert groups of senior citizens go out from the centre to entertain pensioners clubs in outlying areas. Members who are sick are visited and receive "get well" cards. Bus and boat excursions are promoted during the summer. A special committee of the membership is appointed each year to assist the staff in organizing the year's program.

So successful has been this project that the City of Victoria has met the petition of a special Silver Threads "New Building" committee with a plan to erect a new $200,000 recreation centre for senior citizens as part of the Centennial Square of civic buildings to be erected in 1964 in the centre of the city. The cost of the new building is to be covered by equal grants from the municipality and the province of British Columbia, and one third to be raised by the Silver Threads Service through public subscription. The Service will be requested to operate the program in the new centre after completion.

8. *Inter-Club*—An Inter-Club council has been formed to co-ordinate the various Senior Citizens organizations throughout Greater Victoria. At present thirteen groups are represented. A twofold purpose is served—facilities available through the Silver Threads Service are made known to them and individual problems are discussed and often a solution is found by one club helping the other. Transportation appears to be the major difficulty, especially for the clubs outside the five mile circle.

III RECOMMENDATIONS

As a result of its experience with the many facets of the aged problems, the Silver Threads Service would like to offer to the Committee the following general principles for community organization and special recommendations.

1. The pressing problems of the aged in every community cannot be met by relegating the needs of the aged to co-ordinating committees of welfare councils (with no power to give direct service) or to social agencies such as The Family Service Agency whose primary function and interest lies elsewhere. The problem is too large for this approach.

2. The problems of the aged should not be tackled piecemeal by a number of unco-ordinated services geared to the alleviation of symptoms. The senior citizen is a whole person and services to meet his needs should be organized on that basis. Under the over-all co-ordination of one responsible administration focused on the needs of the aged, a natural flow of communication and action can take place. Such a flow moves smoothly from the identification of needs and the mobilization of resources to the establishment of a service as part of a network of services based on a positive concept of the needs of the retired citizen.

3. Although the basic problems of housing, medical coverage and pensions will be met adequately only through a national program, the ancillary needs of the aged can be met by local communities at a minimum cost through the use of professionally qualified social workers as key staff and their imaginative deployment of volunteers and existing community resources. In perhaps no other areas of social services can volunteers make such an effective contribution but they need the stimulation of professional knowledge and support to keep their efforts consistent and in focus.

4. In the Greater Victoria Community the amount of low-rental housing built by volunteer societies for senior citizens is completely inadequate to meet the need. The federal government could stimulate a building program by lowering the interest rate under the National Housing Act and by providing greater assistance to local governments wishing to build senior citizens' homes. Consideration should also be given to specific aid to specific areas in Canada such as Victoria where the proportion of senior citizens is abnormally high.

5. Financial savings to the public would result and much personal hardship could be averted by the provisions of some form of subsidized houskeeper service for the aged. In England this is provided through local health departments with the proviso that the cost may be recovered from the client if he is able to pay.

6. Without adequate provision for free medical and private hospital care to the aged the tradition of personal savings for retirement will rapidly become a "fool's occupation". Under the present provisions, senior citizens without funds receive excellent care and attention. Those who have through thrift, accumulated a modest savings find their financial resources wiped out by any serious illness in their retired years. If this situation continues it can only discourage the habit of personal savings.

7. Because of the growing number of senior citizens and the evident necessity of recreation for them, it seems feasible that in the future the recreation facilities provided by the Silver Threads Service should become the responsibil-

ity of the various municipalities under the supervision of their recreation commission with a subsidy from the other two levels of government.

8. Transportation is a major problem to the limited income group. Perhaps a subsidy to the transit system from the Provincial and Federal Governments could alleviate this problem. To assure that the limited income group receive transportation assistance, passes could be issued through the Welfare Departments and Social Agencies.

9. Private and Chronic Hospitals should be subsidized and controlled by the government. Staff ratio should be two to one, i.e. 80 bed hospital—40 nursing staff. Salary and qualifications for nurses in charge should equal those required in acute hospitals. Practical Nurses should be licensed as recommended in the Practical Nurses Act, passed in 1951 but never promulgated, in order that suitable women may be given status and credit for the work they do. The chronic patient is dependent on their skills or lack of them.

IV ADDITIONAL RECOMMENDATIONS PERTAINING TO SERVICES FOR THE CHRONICALLY ILL

1. *An integrated Home Care Program*—The need for an integrated home care program has been under study by the Community Welfare Council for a number of years. Although a rehabilitation hospital is located in the area, the degree and quality of the service to a patient in his own home is quite limited. Initially it would seem desirable to permit the home care program to be hospital based and located as an adjunct to the Gorge Road Hospital. This program would provide a wide range of services including occupational and physiotherapy, home nursing and home makers service, orderly service and a counselling service etc., as well as the medical services provided by the private physician. While it is anticipated that certain aspects of the program such as the home nursing service could well be provided by the Victorian Order of Nurses, Public Health Nurses of the Greater Victoria Health Department and other parts of the service by other community agencies, it would seem desirable to place the responsibility for co-ordinating the service in some clearly defined setting which would make it possible to provide a community wide service.

2. *Placement Referral Service*—The present system of placement referral is being handled by a number of separate agencies and is confusing to say the least. A central placement bureau should be established in the area where all persons, regardless of means, could obtain information and help in the location of appropriate accommodation. It would be desirable to delegate to this bureau the responsibility of determining whether or not the patient will require Public Assistance to pay for the cost of care.

3. *An Amalgamated Social Welfare Department*—There are three Social Welfare Departments providing services in separate parts of the Greater Victoria area. Two are municipally operated in the City of Victoria and Saanich and the third by the Provincial Government, for the remainder of the area. Since the services for elderly people including that of chronic care are the same regardless of where the person lives, there seems to be no justification for the artificial separation of administration that is being made on the basis of municipal boundaries. It would seem logical, therefore, to disband the two municipal offices and to enlarge the Provincial district office to cover the entire area, or establish a registration office which could be under the jurisdiction of the proposed Joint Service Board in a similar manner to the Metropolitan Board of Health.

4. *Re-activation of Persons in Nursing Boarding Homes*—While there is a good deal of emphasis on the rehabilitation of persons suffering from chronic illnesses who pass through the general hospitals into Gorge Road Hospital and back to their own homes, little or no attention is paid to those persons who are

residing in the commercially operated boarding and nursing homes. In many instances these persons have not been seen by their private physicians for a number of years. Often a deteriorating physical condition remains undetected until the person requires active hospital treatment. It would seem desirable, therefore, that as the home care plan is expanded some consideration should be made towards making service available to persons in the other boarding and nursing homes in the area. While it is recognized that many patients will require some form of care as long as they live, it is felt that some form of re-activation and diversional therapy would make their lot much easier.

5. *Private Non-Profit Homes*—While there has been a good deal of activity by privately incorporated non-profit societies in the area of residential housing accommodation and acute hospitalization, there are few groups, other than churches, who have concerned themselves with the development of rest home and nursing home facilities. It seems undesirable that this field should be left entirely to the commercial operator whose basic motive, no matter how well intentioned, is one of making a profit rather than providing a service. It is felt that since the Government does not appear to be anxious to enter this field and construct provincial institutions of this nature, it should take a more active financial role in encouraging private societies to undertake these functions.

6. *Regional Planning and Co-ordination of Chronic Care Facilities*—Very little in the way of the co-ordination of facilities for the chronically ill is being done in the area. There is some indication that a Regional Planning Council involving the acute hospitals is being developed with the encouragement of the Provincial Government. It is felt that a similar co-ordination of the activities of chronic care facilities including the commercially operated rest homes and nursing homes should also be undertaken.

7. *Health Counselling Clinics*—No clinic facilities are available for the aged at either the general hospitals or at the Gorge Road Hospital. It is anticipated that a Health Counselling Clinic will be set up in the new Senior Citizens' Activity Centre in Centennial Victoria Square. This service might well be co-ordinated by Gorge Road Hospital and expanded as other activity centres of a similar nature are developed in the area.

8. *Custodial Care For The Aged*—Only limited resources are available in the area for the care of this type of patient. Because of the rather special features of the work, from a management and security point of view, it is felt that special homes with appropriate staff should be developed and licensed, preferably by the Provincial Government, in the Greater Victoria area to eliminate the necessity of transporting these unfortunate patients to the mainland away from relatives and friends.

9. (And most important of all). Some form of medical insurance for all persons—preferably government sponsored and to include all ancillary needs.

APPENDIX I

HOUSING

1. *Introduction*

(a) The chief purpose of this report is to provide information about Senior Citizens in the area of Greater Victoria (which includes the Municipalities of Victoria, Saanich, Oak Bay, Esquimalt, Central Saanich and Sidney, and the Community Planning Areas of North Saanich, View Royal and part of Langford-Metchosin) and to indicate the need for low-rental housing for this group.

(b) People over the age of 65 years are considered Senior Citizens.

2. *Senior Citizens Population*

In 1921 only 4.8% of the people in Canada were more than 65 years of age. According to the 1961 census 7.6% of the population of Canada were more than 65 years old. The percentage of senior citizens in the Greater Victoria area is more than double and in some areas more than three times the national average. Out of a total population of 154,152 in 1961, the Greater Victoria area had 29,541 persons over 65, representing 19% of the population.

TABLE 1—TOTAL POPULATION AND POPULATION OVER 65 YEARS OF AGE
Greater Victoria (1961 Census)

Municipality	1961 Population	Over 65	% Over 65
Victoria	54,941	11,453	20.9%
Esquimalt	12,048	912	7.6%
Oak Bay	16,935	3,556	21.0%
Saanich	48,876	5,870	12.0%
TOTAL	132,800	21,791	16.4%

It is noteworthy that in Oak Bay and Victoria, one out of five residents is more than 65 years old. Esquimalt has the lowest proportion of Senior Citizens due to the large Naval population and dockyard workers in the under 65 age group.

The proportion of Senior Citizens in the out-lying districts averages 12.9% with significant exception of Sidney Village where 25.4% of the population is over 65.

The total 1961 Senior Citizen population in the Greater Victoria area was 24,541 and it represented an increase of 48.5% since 1951.

An analysis of the pre-retirement age group immigrating to Greater Victoria area, in the post war period shows that the movement starts soon after age 50, there is a marked acceleration at 60, and a peak is reached between 70-74. After that there is a sharp decline in the rate of immigration. It is noteworthy that in the 50-69 age group, the City of Victoria attracts from $\frac{1}{6}$ to $\frac{1}{3}$ of the net migration, but in the 70 plus group, the City attracts more than $\frac{1}{2}$ of the net migration.

In the five years 1956-1961 growth has taken place at the rate of 550 senior citizens per year. 5 years—2,750 people.

The second source of increase in the senior citizens population is natural growth of local residents reaching the senior citizen age.

Assuming that the present rate of increase does not diminish, an over 65 population of 41,000 can be expected by 1981.

3. *Low-Rental Housing*

(a) The Need

One measure of the need for low-rental housing is the number of senior citizens receiving public assistance excluding Old Age Security Pension of $75 plus $24.

TABLE 2—SENIOR CITIZENS ON WELFARE—GREATER VICTORIA, AUGUST 1961

Category	Esquimalt	Oak Bay	Saanich	Victoria City	Out-lying Areas	Total
Old Age Sec. Bonus	175	180	707	1,937	645	3,644
Old Age Assistance	28	18	121	338	104	609
Disabled Person Allowance	6	18	44	80	35	183
Blind Person Allowance	2	1	6	21	6	36
TOTAL	211	217	878	2,376	790	4,472

Although the above figures have to be adjusted to allow for individual circumstances, such as changes in income tax, housing requirements, present rents etc., it may be reasonably assumed that at least 4,500 senior citizens in the Greater Victoria area would be eligible for admission to low-rental housing under Section 36 of the National Housing Act. It is assumed that the income scale will be a maximum of $95 per month for single persons and $175 per month for a couple.

All the 4,500 eligible, of course, would not wish to live in low-rental housing. Some are living in hospital and nursing homes, others with relatives or in their own homes. The annual report of the B.C. Department of Social Welfare for the year ended March 1961, gives the following information about the residence of the Old Age Assistance recipients:

In own home	43.2%
In rented homes	10.6%
In children's homes	13.6%
In home of other relatives	2.9%
Boarding	1.5%
In housekeeping rooms	12.8%
In single room (eating out)	3.2%
In rented suite	8.3%
In public institutions	2.8%
In private institutions	1.2%

This analysis is based on 2,161 applications granted between April 1960 and March 1961 and represents the senior citizens 65-69 years of age who applied for social assistance in B.C. It is clear from the above percentage that about 25% of the applicants were living in suites or housekeeping rooms. Unfortunately, the same information is not available separately for the Greater Victoria area, hence, the proportion of senior citizens on social assistance who are living in housekeeping rooms or suites has to be estimated on the basis of the Provincial figure of 25%.

Since the proportion of senior citizens in the Greater Victoria area (approximately 20%) is twice as high as the Provincial average (approximately 10%), it can be reasonably assumed that about ½ of all senior citizens on welfare are living in housekeeping rooms or suites.

Judging from the sample surveys carried out for the City of Victoria Urban Renewal Study, a majority of the suites and housekeeping rooms in the downtown area, occupied by senior citizens on welfare, provide substandard accommodation. In any case, the number of senior citizens on welfare living in suites and housekeeping rooms may be taken as a guide to determine the need for low-rental housing.

For the Greater Victoria area as a whole it would appear that the need for low-rental housing can be based on ⅓ of the number of senior citizens on welfare. This would mean low-rental accommodation for about 1,500 persons.

It is of importance to mention here, that many senior citizens, not receiving welfare, also require low-rental housing, wherein they would have the desirable company of their fellow senior citizens, share common needs and helping fight their common foe, loneliness. The need here would raise the number of required low-rental accommodations to far above the 1,500 persons stated in the previous paragraph.

Some of the 1,500 social assistance cases living in housekeeping rooms or suites will probably wish to remain in their present accommodation even if low-rental were available. On the other hand, there are some senior citizens who do not receive social assistance but whose income is low enough to make them eligible for low-rental housing. Some of this group will probably want to move into low-rental housing. Allowance for this adjustment would probably mean about 15% reduction in the total number of senior citizens on welfare needing low-rental accommodation, or a final figure of 1,275.

(*a*) Single and Married Cases

It has been estimated that at age 65-74, 70% of the males and 40% of the females have a living spouse. In the over 75 group, only about 50% of the males and about 18% of the females have a living spouse. According to the Annual Report of the British Columbia Department of Social Welfare, out of the 2,126 new recipients of social assistance (age 65-69) only 44.2% were married couples. The ratio of married couples in the 70 plus group is likely to be less than ½ of this percentage. There is also the additional consideration that it is generally easier for married couples to find suitable accommodation than it is for single persons. Thus it can be concluded that only about 20% of the senior citizens in need of low-rental accommodation will be couples. In other words, out of a total of 1,275 only about 250 senior citizens represent married couples (or about 125 couples). The remaining 1,025 are single persons.

(*b*) Single Cases—Male and Female

There are about 104 females for every 100 male senior citizens in the Greater Victoria area. In the Social Assistance cases however, the difference is much greater. Among the new recipients of the Social Assistance in British Columbia for example, about 55% are female and 45% male, but even this does not give a realistic picture for the Greater Victoria area. A more realistic ratio is obtained by analyzing the welfare cases in the City of Victoria.

A sample survey carried out in September 1961 showed that if Chinese cases are excluded (almost all men) there were 630 male and 1,370 female senior citizens on assistance. This represents a female-male ratio of 2 to 1. Men are generally satisfied with housekeeping rooms and other cheap accommodation in the downtown area, whereas women are more conscious of their accommodation. It would appear that among single cases, a reasonable need for low-rental housing for men and women would be in the ratio of 3 to 1. On this basis about 250 units should be provided for single men and about 775 units for single women in the region.

(c) Location Criteria

New low-rental housing projects for senior citizens should be located on the basis of the following criteria:

A. Accessibility within walking distance of the downtown area or frequent public transportation facilities; proximity to stores, theatres, hospitals, library, churches, recreation facilities.

B. Integration with, rather than isolation from the residential areas.

C. Protection from industrial and commercial nuisance such as heavy through traffic in front of the housing project, noise, smoke or odour.

The most suitable location in Victoria would be in the vicinity of the downtown area.

CONSUMPTION NEEDS OF THE AGED

Basic Assumptions

Need is a relative term, and in this context must bear some relation to the standard of living of the population as a whole.

It is assumed that the aged segment of society should not be either a privileged or a deprived section of the Canadian population: that equity rather than inequity should be the ideal striven for; and that inequalities in the standard of living for the aged should be no grosser than is the rule for the society of which they form a part.

The best sample of Canadian consumption patterns available is that provided by the "target group" used by the Dominion Bureau of Statistics in compiling the Cost of Living index. This group in 1957 included families:

(*a*) living in 27 Canadian cities with over 30,000 population

(*b*) ranging in size from two adults to two adults and four children, and

(*c*) with annual incomes ranging from $2,500 to $7,000 per year.

The group thus defined includes over 75% of all income levels of urban families of medium size. Not included in this representative sample are those urban families:

(*a*) whose incomes exceed $7,000 per year (14% of the total)

(*b*) whose incomes are less than $2,500 per year (9% of total)

(*c*) larger families

(*d*) families consisting of a single adult.

For these four sub-groups, consumption patterns in each case, deviate considerably from those typical of the representative sample.

It is assumed that a representative sample of aged Canadian families should enjoy a standard of living comparable to that enjoyed by the representative sample of all Canadian families.

It is further assumed that special care should be taken to ensure that single aged persons should enjoy a standard of living not significantly lower than that enjoyed by other Canadians included in the representative sample.

Consumption in the representative sample

Consumable income is less than gross income by the amount of income taxes and savings withheld from consumption whereas sales and excise taxes and property taxes enter directly into living costs and form a part of consumer expenses. Income taxes and savings are derived chiefly from the larger incomes, and the following table shows an approximation of consumable income in the representative (Dominion Bureau of Statistics) sample:

Total Family Income	Consumable portion	Food, Clothing and Shelter 70%	Health, Personal Service, Transport & Recreation 30%
Maximum in sample $7,000	$6,000	$4,200	$1,800
Minimum in sample $2,500	2,500	1,750	750
Mean of sample $4,750	4,200	2,940	1,260

The average size of family in the Dominion Bureau of Statistics representative family is 3.0 persons. An average aged family of two persons will obviously require less food, clothing and shelter, and it might be reasonable to fix the requirements of such a family at $\frac{2}{3}$ that of the Dominion Bureau of Statistics representative family. This is only a rough approximation, since in many cases, to take only one example, where the aged couple are left with the family home as the children grow up and move away, housing costs (which normally make up 32.2% of the total family budget) may not decrease at all, and may even increase with rising property taxes, maintenance expenses and fuel costs.

In the other categories of expenditure, Health and Personal Service costs are likely to rise sharply, as a result of the infirmities of old age; transportation costs may rise slightly, as withdrawal of drivers licences from the elderly forces a greater reliance on taxi service; recreation costs may also be expected to rise, in the attempt to fill the void created by compulsory retirement from productive employment. It would seem reasonable to allow an increase of $\frac{1}{3}$ over this whole category of expenditure, attributable chiefly to the increased cost of Health.

On this basis, the consumer needs of aged couples in a representative urban sample would fall within the following ranges:

Consumable Income	Food, Clothing and Shelter	Health etc.
Maximum in sample $5,200	$2,800	$2,400
Minimum in sample $2,166	1,166	1,000
Mean of sample $3,683	1,983	1,700

It would appear therefore that, disregarding the 14% of the wealthier couples who are not "representative", and similarly disregarding the 9% who are equally unrepresentative because of extreme poverty, some 75% of the elderly couples in our cities should have consumable incomes of between $2,166 and $5,200 (corrected upward to compensate for the rise in incomes and prices since 1957) if they are to enjoy the "representative" standard of consumption in Canadian society. This correction, based on the rise of consumer prices alone from 121.9 to 134.2 would fix the range for "representative" incomes for the elderly in 1963 at between:

For the maximum in sample $5,772.00

For the minimum in sample $2,404.00

For the mean of sample $4,888.00

The extent to which real incomes of the elderly fall below this level indicates the extent to which the elderly citizens, as a class, are underprivileged members of society, failing to attain the standards of consumption representative of Canadian society, *including its elderly members*. The gap in consumption patterns between the elderly and the young and middle-aged groups is, of course, considerably larger than these figures indicate.

This comparison has omitted consideration entirely of the single aged, since single-member families are not included in the Dominion Bureau of Statistics.

CONCLUSION

The Silver Threads Service is grateful for this opportunity to submit a Brief to the Senate Committee on Aging. From the foregoing, it will be seen that the combined information falls into two general categories:

1. What can be, and in many instances has been, accomplished in this Greater Victoria area to meet the needs of the aging.

2. What still remains to be done in the effort to cover all phases of this complex problem.

Much of the work outlined herein has been duplicated all across Canada but probably not in all areas, some of which have not even become very acutely aware of these needs of the elderly.

It would seem that the most pertinent needs is for more accurate statistical information in the various fields of need. This could only be compiled at Federal level with further well-directed Provincial and local data.

As in almost every field of study, research is urgently needed at a psychological level. Here again, the Federal Government should take the lead as the only body with the machinery to set in motion such studies on a Canada-wide basis. Universities could and should be assisted to make fuller use of the graduate intelligence at their disposal to translate the available data into concrete planning, which takes due cognizance of the prime needs suggested in this Brief. This is, of course, a long-range programme subject to changes to meet the changing times but the sooner it begins to take shape, the sooner will life be made a little more tolerable for the ageing, who, like the poor, will always be with us.

APPENDIX C-2

BRIEF TO THE SPECIAL COMMITTEE ON AGING OF THE CANADIAN SENATE ON AGING PROBLEMS IN ETHNIC GROUPS

Introduction

The author,* having studied aging problems in ethnic communities, feels obligated to submit this brief to The Special Committee of the Senate on Aging for its consideration, because aging, with many accompanying implications, is becoming one of the most important factors in the life of the ethnic communities. The majority of those who make up our minority groups consist of immigrants who arrived after the second world war as middle-aged people. Today they are approaching old age in increasing numbers.

This brief is a summary of a study recently completed by the author. The study was primarily based on (a) sample study of the Estonian old age population in Toronto, 1962, (b) interviews with the representatives of the Armenian, Jewish, Norwegian, Russian and Swiss immigrants' homes for the aged in New York City, 1963, and (c) interviews with the various community and ethnic leaders in Toronto and New York City, 1962-1963.

The recommendations contained in the brief have been endorsed by the Ukrainian Canadian Social Welfare Services, Ontario Branch, and by the Estonian Relief Committee in Canada.

Main Recommendations

1. Establishment of ethnic old age homes where such need is indicated; planning should take into consideration regional and national needs;
2. Planning should take into account the maximum benefit with the generally limited financial sponsorship available; this would support creation of middle-sized homes already proved effective;
3. Legislation is needed to eliminate residence qualifications and facilitate acceptance of individuals according to the needs without arbitrary geographic boundaries;
4. Social services to the ethnic communities should be extended through a co-operative arrangement between Inter-national Institutes or family agencies and multi-lingual social workers; ethnic communities should be helped to help themselves in old age problems and institutional planning.
5. Studies about the use of welfare services by the ethnic aged, and surveys as to what ethnic groups themselves are doing for their self-help.

The Ethnic Aged

While one cannot quantitatively compare the problems and needs of individuals in ethnic and native born groupings, there are significant differences in the kinds of services and specialized skills required by each. Character-

* The author is Robert Kreem, who came to Canada in 1948 as a refugee from Estonia and is now a Canadian citizen. He has degrees in Law and Social Work and is at present engaged as a social worker in the Children's Welfare Society of Metropolitan Toronto.

istic influences identified in the typical ethnic aged individual included the following:

1. He speaks English poorly or not at all. His capacity and ability to develop new language skill is minimal. His language handicap limits his social experience mainly to his own ethnic group.

2. Immigrant families tend to be more widely dispersed, and there are a larger number of unattached (single, widowed, divorced, separated) members of such families than in non-ethnic groups. In our Estonian sample group four out of five of those 70 years and over were without spouses. They were more dependent upon their children than Canadian-born aged. Only 20 percent of the sample subjects lived apart from their children. Their savings for the old age were minimal. People with less than ten years residence in Canada are ineligible for pension benefits. In this sense, the older people of ethnic origin felt different from the native born. Despite the increasing health and medical needs with advancing age, approximately one fourth of the Estonian group studied, lacked hospital insurance, and only 15 percent had medical insurance coverage.

3. The older person of foreign extraction identifies more securely and with greater articulation of his needs in the cultural milieu of his childhood and growing years. He tends to maintain his native heritage in the land to which he and his ethnic group have emigrated. Even if he speaks the language of the land easily, he tends to continue to use his own native language in every-day conversation. He prefers his national food, his own ethnic church services, and considers social interests similarly from an ethnic standpoint. His hobbies and recreational interests often take on a specific ethnic character. In short: he retains his culture value priorities.

Ethnic Homes for the Aged

It is a generally accepted principle that the independence of individuals, including the aged, should be encouraged in social service programs. The majority of ethnic aged persons presently seek to remain in their immediate family home environment. For the remaining aged who include a considerable and increasing number of persons in need, maintenance and care are the responsibility of the community.

Our study indicated that the interested and dedicated efforts of small sponsoring groups provided the initial impetus for old age homes as one type of community service. These homes grew out of actual unmet needs and successfully met the specific needs of the limited number of aged residents served by them. Language, food, religious practices, same cultural values, customs, rituals, common interests, similar background experiences, and desire to live with their own people distinguished ethnic old age homes from others.

Some groups are not growing here through immigration. One may ask whether it is advisable for them to have their own old age homes. Our study gave for this some guideposts:

(1) Most of these groups are sufficiently large in numbers to require ethnic centered programs;

(2) The planning for homes to serve these groups can still draw support from a relatively large ethnic population already fully settled in the new country;

(3) From this large base of ethnic population, including native born members who have preserved the group values, there still will be in the foreseeable future continuing need for such homes.

It is significant that census statistics show an increasing old age population. We have indication of increasing dependency with advancing age from the Estonian survey. It is safe to predict from the statistical evidence that the establishment of ethnic old age homes and community support for them have become increasingly urgent.

In terms of planning for the future, the exploration of ethnic old age homes in the New York City area suggests the importance of planning on future expansion and change. Thus, adequate land and construction features which permit expansion, should be kept in mind. It is also apparent from the homes in New York City that institutional facilities should have a home-like quality geared to the personal feeling of ethnic residents. Small homes may seem to satisfy this requirement, but lack the resources required for comprehensive care. More benefits also result from larger homes, including especially economy of operation.

Middle-sized institutions seem to have achieved some balancing of these opposing values. Residents have retained their individual initiative in doing things they like (except under medical restrictions). It was interesting to see that in all homes the residents make use of large recreation rooms for social purposes and even just conversation. Small recreation rooms at the Jewish immigrants home were used rarely. A feeling of togetherness and opportunity to share must be recognized for the aged group particularly. Mutual support is necessary in facing the uncertain and limited future.

In our conversation with the superintendent of a new middle-sized Swedish old age home in Staten Island, N.Y., we learned that residents live there under conditions very much like their own homes. They have their own TV's, radios, telephones, and furniture in their rooms. They enjoy a sense of privacy. They feel self-determining. At the same time they benefit from institutional living with hot meals, medical attention, clean clothes, recreation, religious services, etc.

Whether the institution should be in urban or rural areas seems to be related to the values of people who use it. However, an important requirement is that an old age home should be close to hospitals and other medical services. It would be better, particularly for the younger residents, that they continue actively in the community life as long as possible. An urban environment would seem to support this purpose better. This also provides greater accessibility for friends and relatives. Rural homes on the other hand provide advantages, particularly in the summer time. Fresh air and nature stimulate physical and emotional health. It is possible that urban-rural positive factors can be combined, depending on geographical opportunities.

Planning for the ethnic old age homes should take into account also characteristic ages of institutional population. Our study indicates that greater use of old age homes begins in the 75 year range. People in this age group need more extensive help, even with independent financial means. Dependencies are aggravated for all at this age.

Two larger ethnic old age homes in our sample group developed their own infirmary services to meet more serious medical needs. This gave assurance to residents that institutions try to do everything for their well-being. Such more advanced services are, of course, not possible in smaller homes.

Ethnic functional communities often cross local and provincial/state geographical administrative areas. Government assistance restrictions may make it impossible to admit people to the old age homes from other areas. This means neglecting actual needs. We cannot expect, and it is not advisable to have such homes everywhere. We see greater need for legislative changes to facilitate the planning for the ethnic homes on national and regional basis

of need. Ethnic old age homes wherever they are, can successfully serve particularly the lonely aged. For this reason we strongly support the Canadian Welfare Council's proposal for the federal Public Assistance Act, which would eliminate present residence qualifications and municipal boundaries.

Other Forms of Care

The question arises whether foster family homes, boarding homes, and nursing homes can take the place of old age homes.

We believe that all these forms of care are important in solving special needs. Such forms of care may perhaps prove more beneficial in family-centered cultures such as South Europeans. However, we note that according to our study those who went to the foster homes tended to leave from there and seek admission to old age homes. People in high age need more complete and extensive care for which the old age homes are better equipped. It is also highly questionable whether an ethnic aged wants to seek admission to the public low-rental housing developments, if these are primarily occupied by native born people from the main population group. The values of an immigrant and native born are greatly different. They have communication problems and are probably too conservative to relate more easily to each other.

Community and its Social Services

The primary purpose of community social services is to keep the aged in their own homes and with their own family environment. The elderly need shelter, clothing, personal necessities, friends, and recreation as do other people. They want to be needed and useful. The problem with the immigrant aged is how the services can reach him.

It is important that multi-lingual professional staffs be provided by the community services. Communication in the one-to-one relationship without intervention of an interpreter will obviously provide more meaningful sharing and help.

Since our social services are decentralized and clients speak different languages, this goal can never be fully achieved. We learned that people of foreign origin tended to call on professional people they know for help. It then raises a question how can they give such service. Social workers who are employed by different kind of agencies, can give their services only according to the purposes and intake policies of their agencies. They can give, other than their own agency service, only after hours. This is private service and leads to the private practice.

Private practice in social work is quite a new thing. It is connected with collecting fees for which the elderly person has limited funds. After all, such needs may not be extensive enough to justify opening private practices for the ethnic clients only. Collecting fees for service in ethnic groups may not be justified when the same services in the larger community are free. This raises a question of whether social workers can be "loaned" to the other agencies. It seems that the International Institutes or the family agencies could use multi-lingual social workers from the other agencies for their part-time services. This way the casework office may ask service from a caseworker or such request may come from the client through the social worker he contacted. Such extension of services may prove particularly helpful to the elderly persons whose English is limited.

We also learned in this study that minority groups as systems in a hierarchy of systems possess their own dynamic forces as in individual cases. They want to help themselves which is a positive trend. We observed how Estonians, Swiss

and German Jewish groups did it in many ways. Therefore, we may just wonder how much community money they have saved with their own activities. By forming their own welfare services they mobilize their own forces for human welfare. Establishment of their old age homes means among other things taking over financial responsibilities which in the absence of these services would fall to the others to carry. Yet, ethnic services are often neglected, and ethnic organizations have shown very little interest in wider community enterprises.

Immigrant organizations have no direct interest in participating in the work of area councils which serve small geographic areas. Ethnic communities are scattered into many areas. They can be channeled into the community social system more constructively through wider metropolitan and provincial/state councils, their functional sections and community organization departments of the International Institutes.

Research

More research needs to be done in a planning for the needs of the ethnic aged as it relates to individual and group adjustment, the use of social resources, income maintenance, living arrangements, welfare, health and recreational services.

Robert Kreem.

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 22

THURSDAY, NOVEMBER 26, 1964

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

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.

APPENDICES:

D-2—Brief from the Central Mortgage and Housing Corporation

E-2—Brief from the Department of Veterans Affairs

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21546—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—20.

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21546—1½

MINUTES OF PROCEEDINGS

THURSDAY, November 26th, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators Croll (*Chairman*), Gershaw, Grosart, Haig, Hollett, Inman, Lefrançois, Pearson, Quart, Roebuck and Smith (*Queens-Shelburne*). 11

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Roebuck, it was Resolved to print the briefs submitted by the Central Mortgage and Housing Corporation and the Department of Veterans Affairs as appendices D-2 and E-2 to these proceedings.

The following witnesses were heard:

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.

At 12.00 noon the Committee adjourned until Thursday next, December 3rd, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, November 26, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: I see a quorum. This morning we have before us briefs from the Central Mortgage and Housing Corporation and from the Department of Veterans Affairs. Is it moved that they should be placed on the record?

Senator ROEBUCK: I so move.

Hon. SENATORS: Carried.

(*See appendixes D-2 and E-2*)

The CHAIRMAN: Our first witness this morning is a very distinguished public servant. I knew him first when he was with the C.M.H.C. in Winnipeg. Then he came to Toronto and then to Ottawa to the head office. He was recently appointed President of the C.M.H.C. He is Mr. H. W. Hignett.

Mr. H. W. Hignett, President, Central Mortgage and Housing Corporation: Mr. Chairman and honourable senators, we at C.M.H.C. were happy to have the opportunity to submit a brief to the Special Committee of the Senate on Aging and I as President of the Corporation am happy to appear as a witness this morning.

With your permission, I do not propose to deal with the contents of the brief we have submitted in detail, but I thought that, under the circumstances, it might be helpful to the committee if I made some observations about the brief and about the circumstances affecting it.

I know that the special committee has been in session since the beginning of 1964. Honourable senators will remember that there was a rather important amendment to the National Housing Act in June of 1964, right in the midst of your sittings. Part of this amendment to the National Housing Act has a significant effect on housing for the aged, and so there has been a significant change in the facilities for housing the aged right in the middle of your deliberations. I am sure you will find that many of the submissions that were made to you prior to June urged that those steps be taken that were taken in June of this year.

The National Housing Act has never devoted itself particularly to the housing needs of the elderly. The elderly, as part of the Canadian population, have been able to take advantage of all of the facilities of the National Housing Act. This means that for all of those elderly persons or families who are financially independent, they have not had, and do not now have, any particular housing problem.

There has, however, been a more serious problem for the very large numbers of elderly persons and families who have low incomes. The people concerned with the problem of housing the aged have for many years looked to the limited dividend section of the National Housing Act as one of the ways of doing this. Provinces, municipalities and charitable organizations have all used this technique.

The limited dividend section provides for 90 per cent loans at low interest rates and long term amortization for housing built to meet the needs of low-income families. Large numbers of elderly persons meet these definitions, and the section has been used for this purpose. It has, though, a very significant weakness. The section provides for housing for low-income families, and "house" was defined as a self-contained unit, with living, sleeping, cooking and sanitary facilities. As time went on, and as people became more skilful of the use of this section, it became obvious that self-contained housing was not always the answer for elderly persons, and suggestions began to be made about the desirability of opening up the section by permitting hostel accommodation, dormitory accommodation and housing accommodation, where additional services were provided.

For some years, we joined with the province of Saskatchewan in financing projects, which included both hostel accommodation and self-contained accommodation.

The hostel accommodation, although it was financed under the National Housing Act, was guaranteed by the province and this appeared to be a much more useful form of housing accommodation than we had been able to provide under the section. Suggestions were made that the National Housing Act should be widened to permit this. So in June of this year a new section was put into the act, section 16A, which authorized the corporation to make loans to non-profit corporations, sponsored by a province or a municipality or a charitable organization.

Loans are 90 per cent loans at a low interest rate, long-term amortization for housing projects for low-income persons or families.

The housing project may be a new construction in the form of self-contained accommodation or in the form of hostels or dormitories, or both.

The section also provides that existing accommdation may be acquired, improved and converted into either self-contained accommodation or hostels or dormitories.

The limited dividend section has worked quite well, because of the low-interest feature. The 50-year amortization has resulted in low amortization costs, and provinces in urging the use of this section have in provincial legislation made capital grants to projects that qualify, and so reduced the amortization cost even further. Therefore, it has been possible to offer accommodation to elderly people of fairly low income, but not the very poor.

In wondering how to deal with those who are very poor, provinces, municipalities, and other groups have turned their attention to the public housing features of the National Housing Act. For many years it was a matter of Government policy that the public housing facilities of the National Housing Act should not be used widely for provision of housing for elderly persons. The Government seemed to feel for quite a long time that with the limited funds available for public housing, the need of the very low income families, large families with small children, had a greater priority than the needs of the elderly. Government policy included such things as that subsidized public housing projects should not contain more than 20 per cent of this accommodation especially designed for elderly persons; and so in 12,000 units of subsidized public housing that have been built in recent years, only a thousand are of a type that would be suitable for elderly persons.

In the last year or two the Government attitude has changed very substantially. There are now no inhibitions at all about the use of the public housing section to house the elderly, and the Corporation is under no restraint as to the use of these sections for elderly persons.

Here again, the act has been amended in important ways. The public housing provisions of the act, up until recently, provided that the Corporation and the province may jointly build housing projects for low income families,

in which the federal and provincial governments would share the capital cost, 75 per cent-25 per cent, and share the operating losses as a result of the operation, also 75 per cent-25 per cent. These projects have had the same disadvantage as others, that they must be housing projects in the sense that each unit must be a self-contained unit.

The act was amended in June so that new projects may consist of self-contained housing or hostels or dormitories, or combinations of those things. The act was extended to authorize the federal-provincial partners to acquire existing housing everywhere in the community that was suitable for these purposes and improve such housing to convert it to self-contained accommodation, hostels, dormitories, etc.

At the same time, an additional feature was added to the public housing facilities and this gave the corporation the authority to make 90 per cent low interest, long-term loans, to a public housing agency sponsored by a province or a municipality, or jointly by a province and a municipality. The loans are similar to the loans made to limited dividend companies, and the special feature about these is that the corporation on behalf of the federal Government may enter into an agreement with the public housing agency to pay half of the operating losses that result from the operation of such projects. These, too, can take the form of new projects and self-contained accommodation or hostels and existing projects, the improvement and conversion of existing housing into these facilities.

The bill was prepared by the Honourable Jack Garland, before he died. Before the bill was introduced into the House Mr. Garland either visited or discussed the proposed amendments with all of the ten provincial premiers. All of the premiers supported the bill and all expressed willingness to amend provincial legislation, where this was necessary, so that the bill could be made effective in all of the ten provinces.

Unfortunately, Mr. Garland died before the bill was introduced into the House, but following the amendment the Honourable John R. Nicholson, our new minister, has begun the process of re-visiting each of the ten provinces. These visits take the form of a large meeting where provincial ministers and officers join with Mr. Nicholson in presenting the possibilities of this legislation to representatives of all of the municipalities within the province. For example, we have had one such meeting in Halifax which lasted for two days, and there were 400 provincial and municipal representatives in attendance. We have also had one in St. John's, Newfoundland, where there were 300; one in Alberta, where we took advantage of the fact that the annual convention of the Union of Alberta Municipalities was meeting in November to visit them and spend a day with them, and there were about 400 present there. There will be one in Toronto on the 16th and 17th of December, and 2,000 invitations have been sent out for this one. This will be a very large one. There will be one in British Columbia on the 8th and 9th of January, and one in Sault Ste. Marie on the 15th and 16th of January. We hope by the 1st March that Mr. Nicholson will have had the opportunity to explain the legislation in detail in all of the ten provinces and will also have had the opportunity to urge that the fullest use be made of it.

There is a great deal of interest in it. We feel it will be successful legislation. We believe the numbers, types and quality of housing for elderly persons will be increased very rapidly and very substantially in Canada during the next few years. In his speech in the House, Mr. Nicholson has already assured Parliament that if this legislation does not work he will bring back legislation that will.

I think perhaps this is all I should say about our submission, honourable senators. I am accompanied by Mr. Humphrey Carver, the chairman of the Corporation's Advisory Group, and by Mr. Bob Adamson, the Corporation's chief economist; and if there are any questions that occur to you I cannot deal with I am sure that either Mr. Carver or Mr. Adamson will.

Senator PEARSON: These 12,000 units you spoke about that are already built, where abouts are those located now? Are they all in one province or scattered across Canada?

Mr. HIGNETT: In the two kinds of housing there are 8,000 units of housing that have been designed especially for the needs of elderly people and built under the limited divident section. Fortunately, some of these have been built in each of the ten provinces, so in each of the ten provincese there has developed a knowledge of this particular way of providing housing for the elderly, and this is one of the good things that has come out of the use of this section.

The 12,000 units of public housing to which I have referred, the subsidized house, have been built in eight of the ten provinces. There has been no public housing built in the Province of Alberta, and there has been none built in Prince Edward Island, but all of the other eight provinces have participated.

Senator PEARSON: Those provinces sponsor all these, or do they come from your Corporation?

Mr. HIGNETT: They are initiated by the municipality, and the application is submitted on behalf of the municipality by the province, with the undertaking that if approved they would be prepared to pay 25 per cent of the capital cost and 25 per cent of the operating losses. If the project is approved by the federal Government it is built by Central Mortgage and Housing Corporation and managed by a housing authority created by the province.

Senator INMAN: I was rather interested in what you say about projects in Prince Edward Island. They have some at Summerside. I believe they have built one in Montague and they have started a second one; and I think there is one near Charlottetown.

Mr. HIGNETT: This is built under the limited dividends section. In the case of Prince Edward Island the province is the sponsor. They have formed a provincial housing corporation which is a limited dividend company, and they have begun the process of building both self-contained accommodation and hostels in various parts of the Island.

Senator INMAN: I noticed in the Charlottetown *Guardian* where some have been opened. Another thing I was interested in was these people could live in their own houses if they could make them so that it would be more convenient for them. For example, I am thinking of elderly people who find it hard to climb a stairs, and could have a bathroom put in downstairs. Do they allow money for that?

Mr. HIGNETT: Yes, one part of the National Housing Act contains the home improvements loan provisions. These loans are solely for the improvement of existing housing. Of course, the provision of extra plumbing is one that occurs very often in any improvement program. These loans are obtainable from chartered banks at 6 per cent interest, and they may be amortized up to 10 years so the monthly payment may not be too onerous.

Senator INMAN: I know of certain elderly couples—one woman, in particular, cannot climb the stairs but can get around in a wheel chair.

Senator QUART: I do not know if you have seen these chair-lift arrangements like they have in ski centres. I have seen one working in Sillery in one of these homes. It does not interfere with the stairs, but it is at the side. They do not put a complete ramp in over the stairs, but they sit on the chair to one side and away they go.

Senator INMAN: They are quite expensive to install.

Mr. HIGNETT: Yes, very expensive.

Senator QUART: Would that be covered by your loans?

Mr. HIGNETT: Yes, a home improvement loan.

Senator QUART: I think it is a marvelous arrangement.

Mr. HIGNETT: It is a fact that in Canada a very high proportion of the elderly people are in their own houses. There is a higher proportion in these houses that are mortgage free than any others.

The CHAIRMAN: Have you any idea of the percentage of old people? I think I saw a percentage of 70-some-odd.

Mr. HIGNETT: I think it is 77 per cent.

The CHAIRMAN: It shook me a little, and I wasn't sure I was reading the right figure. I think it was 70-something.

Mr. HIGNETT: Mr. Adamson, isn't it 77 per cent of all elderly families who maintain their own households?

The CHAIRMAN: I came across it somewhere.

Mr. Robert T. Adamson, Chief Economist, Central Mortgage and Housing Corporation: I think it is in the brief.

Mr. HIGNETT: Yes, it is on page 28, the second table, those 65 and over.

The CHAIRMAN: That is right. 77 per cent are owner-occupied.

Mr. DAVIS: Yes, that is those occupied by household.

Mr. HIGNETT: Yes.

The CHAIRMAN: Mr. Hignett, one of the complaints we have heard here is that many housing projects for the elderly are removed from transportation, churches, shopping centres and other community facilities. If that is true, why is that permitted?

Mr. HIGNETT: Well, as a general statement I do not think it is completely true.

The CHAIRMAN: You do not think it is true?

Mr. HIGNETT: Not completely. Certainly there are projects that have been built where this has occurred. For instance, in Metropolitan Toronto, where housing for the aged is built by the Metropolitan Toronto Housing Company, there are projects in the downtown area and in each one of the suburbs, so they have them pretty well distributed across the whole area. But one of the problems is that sites that are close to shopping, close to churches and libraries, etc., are likely to be very expensive sites. The problem is that the sites that are most suitable for elderly persons are often sites that are too expensive to acquire for this purpose without some form of assistance.

In Toronto the projects are sponsored by the municipality itself, so they are able to subsidize the acquisition for sites for them. In four of the ten provinces there is very substantial capital assistance offered by the provinces, and this enables companies to write down the cost of the sites in downtown areas.

Senator HOLLETT: Are there any particular qualifications that a poor aging couple have to meet before they can get into one of these units? If so, who decides whether they shall go in or not?

Mr. HIGNETT: Yes. Well, the projects are managed by the limited dividend company itself, but there is an operating agreement which it enters into with C.M.H.C. which is intended to ensure that the housing will always be used for elderly persons. In this agreement it is stated at what age the elderly will qualify. In some desperate situations this age is as high as 70, more gener-

ally it is 65, and in some cases it is as low as 60. The low income feature of the project must be maintained, so there are income limitations. A family cannot move in unless the income is twice the rent.

Senator HOLLETT: Is what?

Mr. HIGNETT: Twice the rent. If his income is not at least twice the rent then a person cannot afford to live there, and he must move out when his income exceeds four times the rent. The purpose of this is to maintain the low-income feature of the project, but I must say that notwithstanding these agreements it is very seldom indeed that families are moved out because their income has risen beyond the qualifying income.

Senator HOLLETT: Have they ever been moved out because their income has gone below the limit?

Mr. HIGNETT: No.

Senator HOLLETT: But they will not be taken in?

Mr. HIGNETT: No.

Senator HOLLETT: What happens to these poor people? There is no provision made for them.

Mr. HIGNETT: They require some form of subsidy, and it is for these people that attention has been turned to subsidized public housing.

The CHAIRMAN: In respect to housing, would you look at the fourth paragraph on page 9? It reads:

> Costs of building, land and maintenance have increased and so have the costs of management and caretaking. Consequently a rent of $38 per month for a one-bedroom unit that was obtainable ten years ago has increased to about $60 for the same accommodation today.

That is an increase of approximately 55 or 56 per cent, but the rental components under the cost of living index indicate that in the same period, or even a period of 15 years, the increase was only 40 per cent.

Mr. HIGNETT: Yes.

Senator ROEBUCK: Has that been an increase in the cost of the building or in the cost of the site?

The CHAIRMAN: Please let him answer. You said "yes". Would you follow that up?

Mr. HIGNETT: Virtually the whole increase in cost is due to increased amortization—that is, that part of the loan which is devoted to the cost of acquiring the land and building the structures. The change from $38 to $60 is due largely to the increased costs of the acquisition of land and the increased costs of construction during the last ten years. There may be some part of it that is due to increased municipal taxes, but by and large municipalities have shown a willingness to keep the rents of this kind of project as low as possible by forgoing higher municipal taxes, if necessary.

Senator ROEBUCK: I know your predecessor went into the question of site values, and he had a very extensive report from New Zealand as to what they had done there. Most of the municipalities in New Zealand raise their local revenues entirely from land values, and the report showed—and I know as a matter of fact—that the unemployment problem is almost nil. At most times it is absolutely nil in New Zealand, and the costs of sites there is exceedingly less than it is here as a result of that.

Now, I know your directors at that time went into this question fairly fully. The State of Victoria in Australia has also done a great deal along these lines. I do not know that it is as far ahead as is New Zealand, but I do know that in the great City of Sydney they raise all their taxes from land values, and that has had a very marked effect on public housing.

Mr. HIGNETT: I should perhaps mention, Senator Roebuck, that the cost of acquiring suitable sites for elderly persons' housing has been quite troublesome. When we were considering amendments to the National Housing Act it became obvious that there was a need for facilities to acquire land in growing communities in advance of need. If you waited until a neighbourhood was along so that the area was suitable for elderly persons, the land by that time was so expensive that it was very difficult to create a viable project.

Under the amendments to the National Housing Act the Corporation is now authorized to make loans to municipalities of 90 per cent of the cost of acquiring suitable sites for elderly persons' housing in advance of need so that these sites may be purchased several years in advance and held until the area is developed sufficiently to make them suitable for housing for elderly persons.

Senator ROEBUCK: There are several factors involved in site values. To begin with, you cannot build a house until you have a sewerage system, sidewalks, streets, and so on and, perhaps, telephones and electric light. That really does not come into the very big advance that has taken place in land values. The tribute that the owner or the speculator takes makes me angry, but the other does not make me angry at all because it is a legitimate expense just as much as is the putting on of a roof on a house. But, the municipalities certainly could do something about the extraordinary increase in land values.

Mr. HIGNETT: Yes. There are two aspects to this, Senator. I believe that when we discuss land values we are looking at a situation that is not as bad as it seems. We compare land values with what they were 15 years ago. Fifteen years ago the municipalities installed the services to which you have referred—sewers, water, streets, street lighting, etc.—and these were paid for by the ultimate owner of the land through the local improvement tax.

Senator ROEBUCK: Yes.

Mr. HIGNETT: Most municipalities in Canada no longer do this. The owner of the land is required to install and finance the cost of the sewers, water systems, streets and sidewalks, etc. Of course, this is just transferred from the municipal tax roll to the mortgage, and now local improvements are financed through N.H.A. mortgages rather than the local improvement tax of the municipalities. And so in the rising price of land there is first of all an increase in the raw land increment itself, but not as much as many people suppose. Then there is a very substantial increase in the cost of servicing and this occurs for two reasons, one, that it is now done by the developer, and, two, that the level of services demanded by municipalities and the public at large is very much higher than it was 10 years ago. We used to be satisfied with sewers and water and often a gravel or macadam road 20 to 24 feet wide. This was 10 years ago. But now we must have sewers and storm sewers; we must have pavements 26 to 30 feet wide; we must have curbs; we must have street lighting and underground wiring. And all of this is for a 70-foot lot. The cost of servicing now approaches $3,000 per lot.

Senator ROEBUCK: You say 70 feet; do you mean the depth of the lot or the width?

Mr. HIGNETT: The width.

Senator ROEBUCK: That would be a big lot for a small house.

Mr. HIGNETT: Houses are becoming longer or wider—as you look at them. They have a garage or a double garage now built on to the end. While a 50-foot lot was quite adequate previously, it is now very seldom seen and you are more likely to see lots that are 60, 65 or 70 feet.

Senator ROEBUCK: Good development, but it is expensive.

The CHAIRMAN: Speaking of development, we are now particularly involved with any of these developments for the elderly people in any part of Canada, are we? I am speaking now of the new legislation.

Mr. HIGNETT: Yes, indeed.

The CHAIRMAN: Tell us about it.

Mr. HIGNETT: During the past few months we have received a number of applications under new legislation. As you may know the Province of Ontario has formed the Ontario Housing Corporation and one of the principal functions of that corporation is to produce housing for elderly people.

The CHAIRMAN: That is what I was getting at. Now is there any thought being given to taking the slum areas in the downtown areas of large cities for the purpose of building housing accommodation for the elderly. Are you aware of the Detroit project?

Mr. HIGNETT: I have not seen it.

The CHAIRMAN: Well, I have, and that is what I have in mind.

Mr. HIGNETT: If I might speak briefly on this, and on the urban renewal projects, the National Housing Act has been extended widely. We are now concerned not only with the removal of blighted areas but with the rehabilitation and renewal of areas which have begun to decline. The use of land acquired as a result of acquisition and clearance is to be in accordance with the development plan of the municipality. Now that best use may be housing for the poor, it may be housing for the elderly, it may be luxury housing, or it may be commercial or industrial. Whatever the best use is, this is the use to which it will be put. Now if it so happened that the best use was housing for the elderly, then that is what these sites will be made available for, at a price commensurate with the use. In other words at that price which is commensurate with the value of this land for this purpose. The write-down of the federal and municipal governments of the cost of clearing the land would be the difference in the value for elderly persons' housing and the cost of acquiring and clearing it. Similarly if some other use were best for the land it would be used for this purpose where it is in accordance with the municipal plan.

In addition facilities are available to assist in the improvement of existing housing in these areas, housing not yet blighted but requiring improvement to bring it up to a suitable standard. Loans are available for this purpose so that existing housing could be acquired and improved and converted, if necessary, to make it suitable for elderly people, couples, or to make it suitable for hostels.

Senator ROEBUCK: I came across two or three cases where the old people came to live with their married children. We have heard a good deal about whether these young people do their duty or not. What seems to be required as a rule is the extension of the house so as to accommodate the elderly people. Do you have that problem?

Mr. HIGNETT: No, that is under the housing act. Their lending facilities are available for this. A double house with one part of it being small and self-contained, something in the nature of a "granny flat"—this is possible under the housing act for new construction, but we very seldom see it.

Senator ROEBUCK: I suppose the limitations of the site would probably prevent it.

Mr. HIGNETT: More often it might be zoning requirements.

The CHAIRMAN: Do you see more of this in rural areas?

Mr. HIGNETT: I cannot say that we do. It is not of course the same problem in rural areas as it is in the cities. Under the home improvement section it would be possible to add to an existing house, but the home improvement loan is not used very much for this purpose. It is not the usual way for providing

for the elderly in Canada. I think the older people would rather get away from their children.

Senator INMAN: We have quite a number of cases in Prince Edward Island where they built a small house for the elderly people, one floor, quite close, and turned the bigger place over to the young family. Can they get loans for that?

Mr. HIGNETT: Yes, indeed.

The CHAIRMAN: We had observations here before you became president of C.M.H.C. that under section 16A the time and difficulties were tremendous. I think they told us it took them a couple of years before they got their message across and a large number of people lost interest by the time the objective was ready to be proceeded with.

Mr. HIGNETT: I wish I could say this has improved, but I don't think I would be telling the truth if I did so. Perhaps I could make this comment; where a municipality or community has used the section widely the community has obtained substantial knowledge of how to go about it. In Metropolitan Toronto this knowledge is contained in the Metropolitan Toronto Housing Company. They deal with the matter very slickly. They know exactly what to do and are able to process their needs very quickly. In Saskatchewan a mechanism in the province that urges municipalities to get going with this has resulted so that they also have this body of knowledge and there is no problem there. In Vancouver where the section has been used very widely by charitable organizations there is also no difficulty. But where you get, say, a Rotary Club in, say, Saint John, New Brunswick, where there has not been a project previously, and they have to see their way to meeting the municipal requirements and building housing accommodation, they have to see the way through provincial requirements, particularly where there is provincial assistance being offered and provincial standards to be met. Then they have to encounter C.M.H.C. and meet their requirements for a loan, deal with income limitation, tax concessions and other things with which they are not familiar. It is an arduous role. It is difficult to make easy. Is is easier the second time. Our branches do their utmost to help particularly those people who are dealing with their first project. We do try to put our best foot forward. There is not much we can do to help with the problem of municipal requirements except to tell people where to go and what to say. There is not much we can do to help them with their province, except keep them in the proper direction.

Senator ROEBUCK: You could produce a brochure of some kind.

Mr. HIGNETT: We have these.

Senator HOLLETT: Do you touch any areas outside the municipalities? For instance in Newfoundland where I come from there is quite an extensive part of the province where there are no municipalities. Do you have any business with anybody outside the municipalities, for this purpose?

Mr. HIGNETT: Yes, if there were a need that could be demonstrated, the province may be interested in it.

Senator HOLLETT: You would deal with a provincial government?

Mr. HIGNETT: Oh, yes.

The CHAIRMAN: Or a charitable institution?

Mr. HIGNETT: The Canadian Legion or a charitable institution or church.

The CHAIRMAN: While we are on the charitable institution, you indicated earlier to us that your body was giving more thought to the elderly. Those were your words and we welcome them. It was brought to our attention that under section 16a where a charitable institution is involved—not a municipality but a charitable institution—in the United States the interest rate is 3½ per cent

where our interest rate is almost double. I appreciate that that is a matter of government policy and not your making but is it a matter that has been discussed and assessed to see if greater use could not be made of this by non-profit and charitable organizations?

Mr. HIGNETT: Yes, I think the Government's position has always been that if it were necessary to subsidize housing for any classes of poor, that the subsidy should be exposed for everyone to see. Therefore, in our public housing projects for example the interest rate, the amortization rate used, is the long-term Government borrowing rate and there is no subsidy in the rate itself. The subsidy occurs in paying the operating losses as a result of operating the project, part of which is amortization cost.

In the limited dividend project, charitable corporations, the interest rate is the same. Money is made available at the Government borrowing rate.

When we compare the difference between the American technique and ours we are really looking at the same thing. Traditionally, interest rates are lower in the United States than they are in Canada. The 3½ per cent in the United States is indicated to be the Government borrowing rate. Our current rate is 5¼ per cent.

The CHAIRMAN: Government borrowing? The Government borrowing rate, long-term, is 5¼?

Mr. HIGNETT: 5¼.

The CHAIRMAN: So we charge about 5⅛?

Mr. HIGNETT: Yes, sometimes we lose a little and sometimes we make a little. Our own interest rates are not adjusted daily with the change in Government rates. We are inclined to leave our lending rate for quite a long period of time before a new adjustment.

This is the principle involved that money be made available for these purposes at the Government going rate in both countries.

The CHAIRMAN: One of the statements made here by one organization emphasized that our approach to the housing aspects of the elderly should not be considered a matter of welfare. What is your view on that?

Mr. HIGNETT: The C.M.H.C. administers the National Housing Act, so our concern in all our endeavours is to deal with housing. In dealing with the elderly, who have special needs as well as special housing needs, the line between housing and health and welfare is sometimes difficult to draw. We in C.M.H.C. adopted the principle that if a project does not qualify for a federal grant for some form of care, then it must be a housing project, because obviously it is not a welfare institution or a health institution. It is a simple rule but a quite effective one, that if the project does not qualify for federal assistance under health and welfare then it must be a housing project and come under the Housing Act.

Mr. DAVIS: That would include a nursing home?

Mr. HIGNETT: It certainly includes a hostel type of project where some care is provided. Yes, it does. The definition of a nursing home is a little difficult. It would not provide for the kind of home where continuous care is necessary.

The CHAIRMAN: Generally speaking, over a period of years, we really have not done too well on public housing in this country. Why have other countries done better in almost the same circumstances? What is lacking?

Mr. HIGNETT: That is difficult to answer. In Canada, governments at all levels committed themselves many years ago, and recommitted themselves after the war, to the proposition that there was something special about home ownership, that the person who owned his own home had, for some reason, to be a better citizen than the person who did not. Emphasis has been put on

either home ownership or privately owned rental accommodation, for many years. There are many who would say that this has been the proper thing and a successful thing to do. Certainly, in Canada, new housing construction has kept up since the war with all of the new needs arising out of the population growth and has also assisted in the very substantial reduction of overcrowding in Canadian cities. At the present time the quality of housing in Canada, the quality of the total stock, compares very favourably with any other country; and Canadians are among the best housed people in the world.

Senator ROEBUCK: I have just been in Jamaica and can confirm what you say.

The CHAIRMAN: The comparison is hardly fair.

Senator ROEBUCK: The contrast is very great.

Mr. HIGNETT: This has been a matter of Government policy, aided and abetted by the fact in our society the numbers of the poor are much less than in some other western countries. In Canada there has been public apathy towards the housing of the poor. To some extent this has been the case regarding the housing of the elderly also. There is no public demand for action to house particularly the poor.

There is a growing interest in the housing of the elderly. Perhaps this is because we all grow old; but even now in most communities, when you begin to arouse some interest in a housing project that is meant for the poor people, a debate starts as to where the project should go. This debate sometimes lasts for years. The people say: "We want it and must have it, but not near me". So the public interest in housing is not very great and unless there is public demand we cannot run a successful program.

The CHAIRMAN: Did other countries go through that same stage, which we all recognize, saying: "I am in favour, but have it two miles away."?

Mr. HIGNETT: I think that in most western countries where public housing has provided an important part of their total housing stock, it has been deliberate government policy that additions to the housing stock should be by this means, so the alternative disappeared. If this is the way you provide the housing, there can be no public objection to it, except in principle.

The CHAIRMAN: If I understand the American approach, it is that they will do a great deal for projects for middle class and other people and at the same time insist that, within that project, there must be one for the elderly people. Is that something of their approach or have I misread it?

Mr. HIGNETT: Not that I am aware of.

The CHAIRMAN: I thought they were doing that in New York, particularly.

Mr. HIGNETT: They certainly do this in Ontario; and you will have noticed that in Ontario, wherever there is a public housing project, there is one for the elderly close by as well.

Senator HOLLETT: Do you find the demand for public housing greater than 10 years ago?

Mr. HIGNETT: Yes, it is growing.

Senator HOLLETT: Is there not a danger there? Are we all going to demand it some day?

Mr. HIGNETT: No, I do not think so. The Ontario housing authorities recently published a study of this, called "Housing for Canadians" and they believe there are a million, or within a short time will be a million, Canadian families which will require special assistance in housing. These include the elderly. Our own comments on this particular statement would be that it is slightly exaggerated. We believe that the group requiring assistance of this

kind is much less, perhaps half that figure. This being the case, the problem would seem to be one that, with determination, the Canadian people could face up to and resolve within the next 10 or 15 years. I do not think that doing this would necessarily mean that public housing would be a way of providing housing in Canada.

Senator GROSART: Is this not really a matter of emphasis?

Mr. HIGNETT: Yes.

Senator GROSART: We may be behind some countries in that respect, but we are ahead in old age pensions, etc. Is there not a tendency in Canada to provide this assistance with money, rather than by specific services?

Mr. HIGNETT: That is a legitimate way of doing it, by subsidizing the person rather than the structure.

Senator GROSART: Would you also say that in a more affluent society there is less emphasis on providing public housing?

Mr. HIGNETT: I do not think I should comment on that; I really do not know. Certainly, North America lags behind Europe.

Senator GROSART: In public housing?

Mr. HIGNETT: In public housing. Not in the quality of the housing available for citizens, in that sense; but in the provision of public housing, North America does lag behind Europe.

Senator GROSART: Would this not be because the standard of living in other countries is lower, and therefore there is a greater requirement for services to take up the lag where there is real need?

Mr. HIGNETT: Yes, partly.

Senator GROSART: For example, the United States, in terms of percentage of gross national income spent on what we call "social justice," is just about the lowest of all countries. This is no criticism of the United States. The general explanation would be that the standard of living generally enables most people to meet the emergencies of life.

Mr. HIGNETT: And it must be remembered that North America is still not far removed from the pioneer community, where the quality of a man's home was regarded to be the results of his own endeavours. This is still fairly well ingrained in large sections of the North American population. I think this is one of the things that retards the growth of public insistence on adequate housing for the poor.

Senator GROSART: You mentioned a figure of one million. I presume that figure applies to Canada—not to Ontario alone?

Mr. HIGNETT: To Canada. We think this is overstated.

Senator GROSART: On that point, on page four of your brief you say:

> None the less the statistics do show that there is a large body of householders and unattached old people whose housing lacks the basic physical requirements for health and decency and whose incomes clearly make it impossible for them to improve their circumstances without the aid of the larger community.

Would you hazard a guess, and I know it could only be a guess, as to what percentage either of the total population or of the population over 65 or 70 years of age need and must have public assistance, if they are to reach the standard of health and decency?

The CHAIRMAN: Just before you came in, Senator Grosart, the question was asked in a different form. If you will look at page 28 of the brief, in the second paragraph, you will see a percentage figure mentioned.

Senator ROEBUCK: I was just studying that.

Mr. HIGNETT: That is not the question.

Senator GROSART: These are statistics of percentage distribution. As the brief points out, there are many variables, and it is very difficult to say what is the standard, and so on. I am looking for an over all guess at the size of the problem in respect to housing, which we have been told is one of the four or five important areas of investigation.

Mr. HIGNETT: This matter has been dealt with in the brief. Perhaps I might ask Mr. Adamson to deal with that.

Mr. ADAMSON: Senator Grosart, on page 8 of the brief there is an attempt to amplify slightly the sentence you read from page 4. Partly for statistical reasons, and partly for reasons of judgment, it is a difficult area, but on page 8 the second last paragraph reads:

> There were for instance nearly 280,000 non-farm household heads over 65 years old who had annual incomes of less than $1,000.

Later in that paragraph it is pointed out that this is slightly higher but in the same order of magnitude as householders lacking a flush toilet or the exclusive use of it. That figure deals with only household heads, and does not take into account unattached older individuals mentioned in the final paragraph. So one could easily come to the conclusion from those two figures that at least 400,000 of the old population—which is about 1.4 million, I believe—would appear to be in need of external assistance in order to meet the standard.

Senator GROSART: This does not seem to jibe with other figures we have. It seems to be very high. For example, referring to the annual income of $1,000 for people over 65, when you reach 70 you get $960 a year from the old age pension. Is that part of the—

Mr. ADAMSON: Yes, but only for those who are 70. That includes those who do not receive it.

Senator GROSART: According to the figures we have been given for those who depend entirely on the old age pension and no other source of income whatsoever, it is considerably lower.

The CHAIRMAN: Considerably lower than this figure.

Senator GROSART: You are now saying that 400,000 of the aged population must have public assistance in housing?

Mr. HIGNETT: No. We are saying that up to 400,000, or perhaps a few more have incomes of less than $1,000 per annum. There are included, particularly in the unattached group, very many greatgrandparents who live with their children, and there are forms of assistance that come from the family that would not show up in the statistics.

Senator GROSART: Many of these people may have their own homes. They may have incomes of less than $1,000, but they have shelter?

Mr. HIGNETT: Shelter at a minimum cost. The important thing here is that the housing owned by the elderly is likely to be old housing; it is likely to be mortgage free; it is likely to be in poor physical condition as well. As Mr. Adamson pointed out, it is not just a matter of coincidence that there are 200,000 houses without exclusive use of their own flush toilets, and without baths or showers. Although elderly people may own their own housing, they also own the poorest of the housing stock.

Senator ROEBUCK: That is set out in page 28 of the brief. I was impressed with the figure of 77 per cent, which the Chairman pointed out. I was going to ask, then, whether these were all mortgaged houses, because a house that is owned by a person with a heavy mortgage can hardly be called owned. But here are figures that are intensely interesting:

> While the incidence of home-ownership is higher—

The CHAIRMAN: Paragraph please?

Senator ROEBUCK: Page 29, the next page.

> While the incidence of home-ownership is higher among the aged than in any other age group, the quality of the housing stock occupied by the elderly is much below average.

Mr. HIGNETT: Yes.

Senator ROEBUCK: And see here the column with regard to mortgages, headed, "Mortgage-free non-farm single detached dwellings," the percentage 65 and over, 89.3 per cent.

Mr. HIGNETT: Yes, almost 90 per cent of houses owned by the elderly are free of mortgages.

Senator ROEBUCK: But they are evidently very poor.

Mr. HIGNETT: Yes.

Senator ROEBUCK: We are talking about grandparents living with the children. As a grandparent, I want to point out that not infrequently the children live with the grandparents.

Mr. HIGNETT: Yes, the results may be the same though.

The CHAIRMAN: Ladies and gentlemen, we have completed our discussion. Mr. Hignett, may I say on behalf of the committee that we very much appreciate, on behalf of the elderly people of this country, the pains that Central Mortgage and Housing Corporation took to prepare this brief. We are also encouraged by your telling us this morning that more thought is being given to the elderly as an immediate problem and that you are focusing more attention on the elderly as is evidenced by the brief.

We very much appreciate that you took the trouble, in a very busy department of Government to come here yourself to give evidence and to bring your specialists with you. We will benefit from your experience and knowledge, and I can assure you that this is a very useful addition to the submissions made to assist us in our thinking. Thank you very much.

Senator ROEBUCK: I want to add this, Mr. Chairman: I want to compliment all those who took part in the preparation of this brief. It is excellent, and full of meat and splendidly prepared. I would like to compliment you, Mr. Hignett, and all who have joined you in producing this document.

Mr. HIGNETT: Perhaps I should point out before I leave, Mr. Chairman, that the principal author of the brief was Mr. Humphrey Carver, and those sections which deal with statistical matters relating to the elderly were prepared by Mr. Adamson.

The CHAIRMAN: We have now for consideration the brief of the Department of Veterans Affairs. We have with us, immediately on my right, Mr. Ernest John Rider. He is a graduate of the University of Western Ontario, and has a distinguished record as a veteran. He entered the Department of Veterans Affairs in 1945, in which department he has held various capacities, and in 1961 he became Director of Veterans Welfare Services here in Ottawa, which position he still holds. Next to him is Mr. John Neilson Brown Crawford, M.B.E., E.D., M.D. He is a graduate of the University of Manitoba, and was Senior Medical Officer in Hong Kong and was taken prisoner. He too has a very distinguished record. He served with the Canadian army, in 1947 was Canadian representative at the Conference of Government Experts for the Revision of the Geneva Convention, and at the International Red Cross Conference in 1948. In October, 1963 he was appointed Assistant Deputy Minister and retains the duties of Director General Treatment Services. Those are the two gentlemen we have here before us. Mr. Rider?

Ernest John Rider, Director, Veterans Welfare Services: Mr. Chairman, honourable senators: first of all, I would like to express my appreciation for the opportunity to appear before this special senate committee. We are vitally interested in any thing that we can find out about the aging and the aged, because we see in the department a future which is tending solely towards an aging group. We have no young recruits, and we hope we will not have any, but this means we are vitally interested in what can be done for aging people.

Our brief is intended to indicate the major benefits which are available through our department to aging veterans, and some of the problems which are becoming more and more common in our dealing with veterans.

We feel that the availability in our department of representatives of a number of disciplines and of a number of people who work very closely together is a great advantage to us in planning our programs to assist our veteran population. We also think one of our major advantages is the rapport which has developed between veterans and our department over the years. We have worked very closely together, and we like to feel that we, as a department, are accepted by our "customers". There is generally a very good feeling between, for example, my welfare officers who work all across Canada and the veterans with whom they work. There should be, because the welfare officers are veterans also.

We find that there is, to some extent, a great similarity between the work done in the immediate post-war years in rehabilitation of disabled veterans and the work we are now entering into in dealing with older veterans. This similarity is based primarily on one thing, that although we may work as a team, although we may use people of many disciplines in dealing with our clients, we must deal with them as individuals; and we find this is the only way we are able to achieve reasonable success in helping them with their problems.

Mr. Chairman, I think that is all I have to say at this stage. We have little to add to the brief. We have tried to bring out the problems that exist, and we would be quite happy to discuss them with the committee.

Mr. CHAIRMAN: I will start the ball rolling.

For instance, on page 18, paragraph (c), you speak of the integrated services. You have the elderly and then you have the elderly veteran, but you make a very strong point there, when you say:

> Over the years veterans have come to look upon the services the department provides as their right and therefore there is no feeling of humiliation in approaching the department as there might be for the non-veteran seeking help from the provincial or municipal welfare authorities.

We have had evidence upon evidence of fine, decent, gentle people who cannot get themselves to the point of going up to a provincial or municipal authority. That is not your problem, as you point out to us.

Mr. RIDER: We are fortunate in that that is not a major problem for us, and that we have so many contacts through veterans organizations' branches and members of the committees which existed immediately after World War II who are still contacts for our welfare officers. Very often where a case of a veteran needing help does occur and he does not come to us—where he is loathe to come to us—one of our contacts will bring the case to the attention of the welfare officer, who will then go to the veteran. But in the main, Senator Croll, this is very true: we do not have this problem of people being hesitant in coming to us.

The CHAIRMAN: In addition to that, when you speak of counselling—and you do a tremendously important service in that field—you can counsel a

veteran and say, "I think you should go to such-and-such an agency or such-and-such an agency," and he goes to that agency. In the end he can bounce right back again to you. If the other agency does not look after him, then he is on your steps and you somehow look after him finally, isn't that a fact?

Mr. RIDER: That is right, sir.

The CHAIRMAN: Again you differ to some extent from our problem.

Senator ROEBUCK: Don't you introduce him to someone when you send him to a welfare agency? Do you not give him some kind of introduction?

Mr. RIDER: We place great trust on the matter of proper referral. We don't merely tell the veteran to go to the agency. In the normal process it must be explained what this agency does and how it can help him and why he should go there and co-operate with the agency. The next step is to contact the agency itself. Our people and these agencies know one another developing, or until the apartments, shopping centres and transportation came quite well and such cases are brought to the attention of the agency. They are told what we know about the person concerned and what his problem is. When he goes then he finds that he has had an introduction.

Senator ROEBUCK: He goes to the right person and he is not pushed around.

The CHAIRMAN: That is not the point I was making. If he is pushed around he goes right back to the department and in the end he is looked after there in some way or other. That has been the philosophy of the department, as far as I know. That is the advantage that the veteran has over the elderly man who is pushed around.

Senator ROEBUCK: What I was saying was in fact in addition to what you said.

Mr. RIDER: Sometimes if the veteran is unable to get to the agency or is shy of going, it isn't at all unknown for a welfare officer to go with him and introduce him and then back out of the picture as the agency takes over. I think we must refer as much as we can. We should not, as a Department of Veterans Affairs, duplicate what agencies do, particularly specialized agencies. I have no hesitation in saying that there are many agencies in many fields that know more about the job than we do. It would be foolish of us to try to do their job. The referral service does a great deal in the way of providing better results for the veteran.

The CHAIRMAN: I think somewhere in the brief you said that the department has held the view that old veterans should be kept in familiar surroundings and in their own communities as far as possible.

Mr. RIDER: Yes.

Senator ROEBUCK: What page is that?

The CHAIRMAN: It may be page 4. It is a note I made. At any rate it is in the brief.

Mr. RIDER: It appears in a couple of places, actually.

The CHAIRMAN: You also say that once admitted to an institution an attitude of total dependency becomes apparent and the veteran begins to show signs of physical deterioration, or words to that effect.

Senator GROSART: This is dealt with on page 14.

The CHAIRMAN: Those are interesting statements coming from so experienced a body as yours. Would you elaborate?

Mr. RIDER: I would like Dr. Crawford to answer that.

Dr. John Neilson Brown Crawford, Department of Veterans Affairs, Ottawa: I think that this is very true, and of course it is the hope of Mr. Rider and

myself in presenting this brief—we are not trying to sell anything; we don't pretend that what we do is what should be done every place—but we have gained some experience in this area and this is one of the points on which we both feel very strongly. There is in the beginning, of course, in our population some feeling of the dependency.

You have pointed that out, Senator Croll. The veteran is from the outset to some extent dependent upon the Department of Veterans Affairs in that he feels he has the department behind him for help and support whether he needs to call on it or not. This, however, is not in itself damaging; this does no harm. But once we bring a man into an institution—and on pages 3 and 4 of our brief we describe the institutional program we undertake—harm can occur. You will see from that description that our program of domiciliary care is an integral part of a hospital operation. Now this has some advantages; for example the facilities required for physical rehabilitation are immediately and quickly available. This is an advantage and it is helping us in our program of rehabilitation. On the other hand there is the disadvantage that we are bringing a man into an institution where unavoidably there is a hospital atmosphere, and where there are people who are desperately ill. Therefore we must exert some disciplinary measures. We must inhibit people's free comings and goings. I think if we had to do this all over again we would not do it in this way. I think institutions should be near hospitals because of the necessity for frequent medical care, but I don't think they should be part of hospitals because these two concepts do not live together too comfortably. An active hospital under the same roof is not a good idea for a domiciliary care institution. I think this feeling of dependency which we were describing here may, to some extent, be the result of the regulations which we have to impose because of the fact that the hospital is part of this operation. At any rate we cannot allow people to feel that this is their home and that they are free agents within that home.

These are the attitudes which I think must be maintained if people are going to retain their individuality. Both Mr. Rider and I feel very strongly that institutional care as we provide it should be regarded as a last resort and only provided to those who are so physically or mentally deteriorated that they can no longer cope under their own resources.

Senator HOLLETT: There is one question I would like to ask. Who is a veteran as the term applies to your work?

Dr. CRAWFORD: This is a very interesting story.

Senator HOLLETT: Well, I would like to hear it.

Dr. CRAWFORD: In the beginning, shortly after World War I, domiciliary was provided to people who had a severe disability pension, a pension of 20 per cent or more and in addition who had a non-service disability, the total of which made him unable to undertake useful, gainful employment.

As the years passed this requirement for a 20 per cent disability disappeared and domiciliary care was provided to pensioners, that is disability pensioners of any degree who also had a severe non-service disability. Again the total had to render him incapable of further employment. Up until this point domiciliary care was only provided to those who had clearly suffered as a result of their war service as evidenced by the award of a disability pension. Some time in 1944, or shortly thereafter, this restriction was removed, and our regulations permitted us to provide domiciliary care to anyone who had served outside of Canada.

Senator HOLLETT: When you say "served" do you include the Foresters?

Dr. CRAWFORD: No, these were originally members of the Armed Forces—the army, navy and air force. The Forestry Corps, the Firefighters and others have since come under some benefits of the department under the Civilian

War Pensions and Allowances Act. This provides them with some degree of entitlement to active hospital treatment, but not for domiciliary care.

Senator HOLLETT: I am from Newfoundland. You have heard the story of the Foresters there?

Dr. CRAWFORD: Yes.

Senator HOLLETT: Is there any reason why there should be a differentiation between the mainland Foresters and the Newfoundland Foresters? We were not part of mainland Canada at that time, I know, but these people are getting older all the time.

Dr. CRAWFORD: I would not venture an opinion on anything that is a matter of Government policy, senator. I think Mr. Rider is in a better position than I to tell you of what benefits are available to Foresters. But, why there should be restrictions or no restrictions is not for me to say.

Mr. RIDER: I think I would have to say that the main restrictions with respect to Newfoundland Foresters are based on their service in World War I when they were member of the Forces.

Senator HOLLETT: I am thinking of World War II.

Mr. RIDER: Yes, in World War II the Newfoundland Foresters were not members of the Armed Forces, hence they come under the Civilian War Pensions and Allowances Act.

Senator HOLLETT: A Forester enlisted for six months under contract, and then was asked to enlist for the remainder of the war and was not allowed to join any unit of the services. He had to do the same work as the mainland Forester. He is getting older all the time, and I am interested in him.

The CHAIRMAN: Would you look at appendices 12 and 13? Look at the age groups 61 to 65 and 66 to 70 on appendix 12, and the same groups on appendix 13. Do these figures relate only to veterans, or would the same thing be true of all elderly persons?

Mr. RIDER: As far as I know this is the picture in respect of veterans. I do not know whether this relationship in respect of receipt of income applies to people generally, or not.

The CHAIRMAN: It is a big drop.

Mr. RIDER: Yes, it is.

The CHAIRMAN: Can you explain it for the veterans? Did it just happen?

Mr. RIDER: I think basically this is because of the ability to still do some work to the extent that the income derived is assessable under the War Veterans Allowance Act.

The CHAIRMAN: I am not following you. You will have to spell it out for me a little more.

Dr. CRAWFORD: Our program under the War Veterans Allowance Act permits a man to earn something in addition to his war veterans allowance, and which is not assessed as income for the purpose of awarding the allowance.

The CHAIRMAN: In other words, he can earn so much money without disturbing his eligibility for the allowance?

Dr. CRAWFORD: Yes, if he is casually employed.

The CHAIRMAN: If he earns up to a certain amount you forget about it?

Dr. CRAWFORD: Yes.

The CHAIRMAN: What is that amount?

Mr. RIDER: It is $600 in the case of a single person, and $900 in the case of a married person. Any income beyond those limits is assessable income

within the means test, and the income from full time employment which is for a period of more than four months continuously is assessable income.

Senator GROSART: Are you speaking of the allowance or the pension?

Mr. RIDER: This is just the War Veterans Allowance.

Senator GROSART: Not the pension?

Mr. RIDER: Income has no bearing on the disability pension at all.

The CHAIRMAN: I wonder if you can help us here. What is available to the aged veteran that is not available to the aged civilian?

Mr. RIDER: Well, I would have to say that the War Veterans Allowance rates generally are higher than social assistance rates. There is the availability of medical treatment, and also the fact that we do have access to certain trust funds—the benevolent funds of World War II and the canteen funds of World War I, and certain trust funds that have been left by kindly people for the assistance of veterans when they are in need.

The CHAIRMAN: Do they amount to much?

Mr. RIDER: The trust funds themselves do not amount to large quantities of money, but they do provide a means of assisting veterans who are in serious difficulties.

Senator GROSART: That is lump sum assistance?

Mr. RIDER: That is right.

The CHAIRMAN: It is quick.

Senator HAIG: In this brief you mention itinerant welfare officers. What does that mean?

Mr. RIDER: Well, sir, we have 18 district offices across Canada, out of which welfare officers travel. All of Canada is covered pretty well by these itinerant welfare officers who are based at the district office. They carry case histories, and they can deal with the veterans in their own homes.

Senator HAIG: And in their own district?

Mr. RIDER: Yes. They call on veterans' organizations and branches with respect to cases that are brought to their attention. They keep their liaison in good shape, we hope, with the various rehabilitation and welfare agencies in the area in which they work. They take applications for benefits. They provide counselling.

The CHAIRMAN: Before you continue, Senator Haig, may I enquire of Mr. Rider as to whether he had completed his answer as to what was available.

Mr. RIDER: I think I did, sir.

Senator HAIG: Does your department in any way help in housing units, or is that done by the Legion?

Mr. RIDER: No, we are not involved in the housing part of it at all, other than settlement under the Veterans' Land Act which is a rehabilitation measure. The welfare officers do keep close contact with the managers of, shall we say, housing units built under the National Housing Act, because they may want to get a veteran accommodation in such a housing unit. As you know, the Royal Canadian Legion and a number of other veterans organizations have formed limited dividend companies for the purpose of constructing such housing, and, of course, the welfare officers visit these groups quite frequently.

Senator GROSART: Are your counselling people professionally trained at the university level?

Mr. RIDER: No, sir, not necessarily. We try to keep a social worker in each of our district offices, a professionally trained officer, and Dr. Crawford has medical social workers in his hospitals. The welfare workers in the offices, in the main, are not professionally trained people. They are trained while they

work, and we have a training program for them from the time a man comes in as a junior welfare officer. He has a minimum of six years before we consider him fully trained to go out into the field as an itinerant officer to deal with any problem he may encounter.

Senator GROSART: You find a man with Grade 12 or 13 education can be trained on the job and can become a competent counsellor?

Mr. RIDER: Yes, sir.

Senator GROSART: That is very interesting as we were given contrary evidence earlier, that you could not do it this way and could not have any shortcuts and make people good counsellors. I doubted that. In your experience, you find that with reasonable education and some common sense they will make good counsellors.

Mr. RIDER: That is right, sir, with a reasonable education and a desire to do this work and good training we believe we can teach them to be very adequate counsellors. The welfare officer who counsels has available to him, when he comes back to the district office, the professional social worker and the more senior people with more experience to discuss his cases and to give advice concerning his cases, so that he may be given assistance with the more difficult ones.

Senator GROSART: Do you have a substantial percentage of referrals to a professional psychologist or psychiatric counsellor?

Dr. CRAWFORD: Yes indeed, I could not tell you what that percentage might be, because we do not keep statistics in just that way but one of the most important points made in our brief is the close interrelationship of the treatment branch with the welfare branch in these cases. All veterans have pretty free access to the treatment branch, to the advice of psychiatrists and other physicians, there are also psychologists in the treatment branch. Whether veterans come to us at the request of one of the welfare officers or come in on their own initiative—we would not know, necessarily, but they do come—we examine them, we write our opinions and these are available to the welfare officers, if required.

Senator HAIG: Is it correct that on page 3 you say that the admission to domiciliary care in departmental hospitals is a highly selective process? Also, in the second last paragraph on that page, you say that the domiciliary care program is really a program for the care of veterans with chronic long-term disease. In other words, is that the criterion of admission to domiciliary care in a hospital?

Dr. CRAWFORD: Yes, essentially yes, Senator Haig. This is the function of our space limitations. I think we make the point here that we know what we are doing but not quite sure what we need or what might be asked of us. Our domiciliary care is limited by the amount of space available. We have to select the people who are going into it and obviously we have selected the people who have the greatest need, the sick people.

Senator HAIG: That is, those with chronic long-term disease?

Dr. CRAWFORD: Yes.

Senator QUART: May I refer to the question of preferential treatment in connection with housing for veterans, such as giving any preference for veterans, in making application for the housing units which the C.M.H.C. talked about, especially for the overseas veterans?

Mr. RIDER: Any developments which have been undertaken by veterans organizations of course do provide a complete preferential treatment.

Senator QUART: But only by those organizations?

Mr. RIDER: In the other areas—this varies a great deal—I could not say that they get wholesale preferential treatment. I certainly know that veterans are often allowed in these other units on the basis that they need his type of housing. In other words, they are not kept out because they do not have any official preference. We like to think of veterans in this area as No. 1 citizens.

Senator QUART: This question is to you, Dr. Crawford. I understand of course that if the veteran, especially the overseas veteran, is really suffering from illness or one thing or another, he could receive treatment from the veterans hospital. But in the case of prisoners of war, which you both know of, I am particularly thinking of the Hong Kong cases, instead of waiting until the man is ill, is there any sort of preventative treatment along the way up, so that many of those more serious illnesses could be avoided or at least stalled off?

Dr. CRAWFORD: Interestingly enough, the Hong Kong group are not developing unusual diseases. As far as one can tell, they are developing the diseases which one would expect from people of our age, in about the same proportion as other veterans. They are all, or significantly all, pensioners, which means that they do come in for recurrent physical examination for purposes of reassessment of their pension. So they are seen, whether they are sick or not, they are called in for examination. On the treatment side, many years ago a directive was published to the effect that any Hong Kong veteran appearing at one of our hospitals would be regarded as seeking treatment for his pensionable disability until such time as a competent clinician decided that there was no relationship with his previous service. Obviously one would find it difficult to pretend, if a man broke his neck while high diving into a pool, that this injury was related to military service. One has to have some discretion. However, for practical purposes we abandoned that discretion with respect to the Hong Kong people many years ago, by saying that until a competent clinician was satisfied that there was no relationship to service we in the treatment branch would consider this association existed.

Senator QUART: I have just one other question. I am thinking particularly of the St. Foy Hospital, because I have been dealing with veterans since the war. Regarding civilian accommodation now, that has become entirely provincial, or has it,—the St. Foy Hospital. I know something about it.

Dr. CRAWFORD: Yes, I read this too, in a little district paper in Quebec City.

Senator QUART: Yes.

Dr. CRAWFORD: I was very interested to learn that we had been moved out of the St. Foy Hospital—and this is not true. I think that there may be some possibility of the University of Laval taking an active interest in the St. Foy Hospital and turning it into a teaching hospital, providing us at the same time with the protections which we would require for the treatment of veterans, and this would be a good thing.

Senator QUART: That is what I was worried about.

Dr. CRAWFORD: I think if it were approved it would guarantee a high standard of treatment for veterans and would make this very lovely little hospital available to the general community.

Senator QUART: It is a beautiful thing.

Dr. CRAWFORD: As I said earlier, one of the disadvantages of the domiciliary care program is that we are using active hospital beds for the provision of chronic and domiciliary care and this is wasteful to the extent that we are using the wrong kind of beds for this care.

Senator QUART: Thank you.

Senator GERSHAW: The veterans hospital is pretty well filled, or are there some vacancies?

Dr. CRAWFORD: In a normal hospital operation you consider that a hospital is full when it is 80 per cent occupied. This is to allow some leeway for segregation by disease or type of disease or age or sex. In the normal hospital you would have considered full occupation as 80 per cent. We are running pretty close to 90 per cent in the system as a whole. We can do this because I do not have to segregate to any great extent by age or sex; but our hospitals, considering the system as a whole, are full. As to the hospital in Quebec City, there is one where our occupancy rate is below 70 per cent, in the order of 65 per cent.

Senator QUART: We are in the St. Foy Hospital, as you know—the armed services.

Dr. CRAWFORD: The accommodation there is well used.

Senator QUART: Yes, they have about 50 per cent from the army. We also have Senneville Lodge near Montreal.

Senator HOLLETT: May I say, Mr. Chairman, that over the years I have had a great deal to do with veterans, in taking up their cases with the department. I wish to say that I have never at any time received from any department the care and attention and courtesy we received from the Department of Veterans Affairs. I should like that to go on the record.

The CHAIRMAN: It is on the record, and the notes which I made a few minutes ago will confirm what you say. I am glad you said it, for I know these people.

Senator GROSART: I have one other question to ask Dr. Crawford. In your experience of increasing your allowances as disability increases with age, have you found any standard pattern of time that might be applicable to the problem of civilians in aging?

Dr. CRAWFORD: No, Senator Grosart. I do not think that a pattern has emerged of the kind of which you are speaking. You are speaking of disability?

Senator GROSART: Yes.

Dr. CRAWFORD: Our increases in pension by age are automatic, and they do not really bear any close relationship to an increase in disability.

Senator GROSART: So there might be a pattern that would be applicable in the civilian sphere. I am thinking of suggestions made, particularly with regard to housing and auxiliary care, that there should be an immediate recognition of locating domiciles of aging people close to hospitals or other institutions, to fit in with your suggestion.

Dr. CRAWFORD: We find, as we say in the brief somewhere, that about 25 per cent of our domiciliary population require active hospital treatment in the course of a year. This is an important factor.

Senator GROSART: But not continuous?

Dr. CRAWFORD: Oh, no. We get them back into the chronic section of the hospital.

Senator QUART: May I ask, Dr. Crawford, who has replaced Dr. Jules Mercier?

Dr. CRAWFORD: Maurice Thibault has replaced him, Senator.

The CHAIRMAN: I have one question. In your brief somewhere you indicate that you have a problem finding accommodation for the single veteran. We have a problem, too.

Mr. RIDER: The problem, as we say in the brief, is that it is more difficult to find accommodation for the single veteran where he needs some special type of care. This could be an old gentleman or a partly disabled person, or it could

be a man with an alcohol problem. We have found, on occasion, that we can get this accommodation better if we will guarantee the rent, as we can when administering the allowances the man has due to him. Then it becomes a little easier.

The CHAIRMAN: Yes; we know that these things do happen.

Senator Hollett has already spoken for the committee. May I say that, whereas his experience is longer than mine, although not as long as mine in this country with veterans affairs, yet as a veteran, may I say we have always had a very high regard for the department and the way their needs have been met in this country, particularly administratively.

I think I speak for the committee when I say that the department, and the people who administer it, have the confidence of both the veterans and the non-veterans.

I was particularly struck with Dr. Crawford's remark that, "If we had to do it over again, we wouldn't do it just the way we did." That is very interesting from the point of view of our committee. Here is a man of wide experience with the department, who said this is not the way to do it—that the way to do it is to have the accommodation near but not part of it. That is something we must give a great deal of thought to when we come to the point of reaching some conclusion.

Thank you for preparing the brief, which we appreciate. It was read not only by members of our committee, but will be read across Canada, and people will be impressed, as they should be. We are delighted that you came here today to share with us your experience and knowledge, and on behalf of the committee I thank you.

The committee adjourned.

APPENDIX "D-2"

SUBMISSION TO THE SPECIAL COMMITTEE OF THE SENATE ON AGING

By Central Mortgage and Housing Corporation
November, 1964

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I

INTRODUCTION

This Brief, submitted by Central Mortgage and Housing Corporation to the Senate Committee on Aging, deals with two subjects. First, it sets out the general housing situation of older people in Canada, as this is revealed in the Housing Census and in other national sources of statistics. Second, it gives some account of what has been done under the National Housing Act in housing old people of modest income, largely through Section 16 of the National Housing Act. Such a comparison of need and accomplishment makes it quite clear that, though we seem to be on the right path, an enormous task confronts us.

The housing situation of older people in the population is affected, of course, by the whole national housing programme quite apart from what is done for some of them through particular provisions of the Act. Older people live in houses and apartments both new and old, both independently and with families and others. They represent part of the whole housing market. When there is an active production of housing they gain in the added space and relaxed prices for accommodation. And when there is an inadequate national production of housing, leading to pressures on space and on prices, they are amongst the first to suffer because of the inflexibility of their incomes.

Old people with adequate incomes find housing without great difficulty in the general stock of houses and apartments; a large proportion of them live in their own homes that they have paid for during their income-earning years and this property becomes an important part of their capital resources. When they wish to reduce their living space and simplify their housekeeping responsibilities they commonly move into apartment houses. In other words, old people must be regarded as an integral part of the whole population who are served by the very considerable housing production that we continue to enjoy throughout Canada.

However, in considering the requirements of these older people who have adequate incomes, it is no doubt true that the normal processes of housing production in this country have not offered enough of the particular kind of accommodation that would best suit people in the retirement period of life and as they become more dependent on services of different kinds. Our cities have to be regarded as places to work in and our suburbs have been thought of as places in which to bring up children. But neither cities nor suburbs have been conceived as places in which it might be a pleasure to spend the years of retirement. To some extent this is due to a lack of suitable types of housing and to some extent it is a commentary upon the general amenities, civic design and community planning of cities and suburbs. The immediate accessibility of parks and gardens, of neighbourhood stores, of churches and libraries and pleasant places to sit and stroll are, after all, important matters to people who no longer need to hurry on the city highways.

In the United States there has developed a considerable market for "retirement housing" particularly in those parts of the country that enjoy the kind of gentle climate that appeals to old people. The fact that most parts of Canada suffer from a more rugged climate makes it all the more important that some compensating amenities should be offered in housing estates designed particularly for older people. This might be in the form of small clusters and groups of one-storey and two-storey houses with courtyards and small garden areas. If more of this kind of housing were built by private house developers for a class of older people who can afford to pay their own way, it would eventually come to benefit those who are not so well off.

Meanwhile there is a special concern for those older people whose modest incomes put them at a serious disadvantage in finding suitable accommodation. So this is the principal preoccupation of this Brief.

Most of the submissions already made to the Senate Committee on Aging, by government bodies and by welfare agencies, make reference to Housing as a critical factor in the lives of older people. Unless a person has a reasonably comfortable place to call his own, all the other aids to security, health and happiness are less effective. Some of the references in other Briefs are statements of general principles or objectives and some are comments upon the adequacy and inadequacy of the measures available for reaching these objectives, in the national legislation, in the financial aids available and in local planning provisions. And, of course, most of the references point to the indequate quantity of housing that has been built for old people of modest income. Amongst the observations on general principles there are four ideas that continually recur in the Briefs. At the risk of being repetitive it may be useful to re-state these ideas because they provide background themes for all that may be said on the subject.

(1) *Variety of Housing*

Old people vary very much in their tastes and desires and require different kinds of housing in different kinds of locations. Their requirements cannot be stereotyped into a uniform pattern. What suits some won't suit others.

(2) *Phases in the process of Aging*

Many old people move gradually from a position of independent living, through a middle period in which some measure of supporting care is needed and then often enter a phase when continual nursing or medical care is needed. These successive phases have to be reflected in successive physical forms of shelter.

(3) *Sustaining independence*

It is advisable to sustain independence as long as possible in each successive phase, both in order to make life more worth living and also to reduce the increasing costs as more care and treatment are called for.

(4) *The Social context*

As older people lose the support of their own family groups, they generally need to become part of some other kind of social group, if they are not to suffer isolation. This affects both the physical design of housing and also the character of housing management, in the endeavour to supply old people with available personal relationships.

Through recent years these broad principles have come to be generally recognised and it has been possible to visualise a comprehensive programme that would provide for the successive phases in the living situations of older people. It has been realised that there is a continuity in providing, first, for independent married couples, then for the surviving widows and widowers requiring some companionship with others, then for the stage of life when some occasional nursing and personal care are required and finally for the condition of fairly continuous dependence upon nursing and medical attention. The conception and execution of a comprehensive policy of this kind is essentially a matter of local and provincial concern. The extent to which such policies have been realised differs very much in various parts of the country and only recently have these objectives begun to reach a stage of clarification.

A programme of this kind goes somewhat beyond the scope of the National Housing Act and the role of Central Mortgage and Housing Corporation where it reaches into the territory of welfare concern and medical care. However CMHC has played a part in the realisation of these local and provincial policies through the financing of housing projects carried out under Section 16 of the Act. At first this only involved the early phases in the living situations of old people, either living together as couples or as surviving partners who were still able to cook their own meals and maintain an independent household. But for some time it has been evident that the financial benefits of the National Housing Act could be used for the further phase in which groups of older people, living in a hostel situation, can share a dining room and sitting room and not have to be so separately dependent upon their own resources. When there is no longer a family household to be attached to, this kind of congregate household may be an essential substitute. For some years Central Mortgage and Housing Corporation has had experience in the financing of hostel accommodation through a special arrangement made with certain provincial governments that they would guarantee the operating of hostels, both the management of the dining and household services and the payment of the mortgage on the hostel accommodation. This requirement for provincial guarantees is now, however, removed as a result of the amendments to the National Housing Act introduced in June 1964. We have now, therefore, passed out of an interim period and CMHC enters into a new area of responsibility in being able to finance hostel accommodation anywhere in the country, without provincial guarantees. This applies not only to hostels built by non-profit companies of a charitable or governmental nature under the new Section 16A, but also to hostels that might be built within a public housing programme under the new Sections 35A and 35B.

The National Housing Act is thus further extended into the whole policy and programme for looking after the housing needs of old people of low income. It is an important step that involves more than financing a piece of real estate and seeing that mortgage payments are made in the right amounts and on the

right dates. The critical feature is in household management for a group of people who do not have the financial resources or the personal capacity to see that they get what they need. This can be accomplished largely by good professional management but will probably always require an element of voluntary leadership within communities.

The 1964 amendments to the National Housing Act introduced several other features in the public housing sector that may be helpful in providing housing for old people. In the first place it is now accepted that the benefits of public housing are fully available to old people of low income as they have always been available to families; previously it was the policy that not more than 20% of the accommodation in a public housing project could be designed for old people. Projects can now be built entirely for the use of old people and the Federal Government's subsidy contribution is available; the subsidy may be either a 75% contribution to the deficits of a scheme carried out under the federal-provincial system, or a 50% contribution to deficits under the new provisions for public housing owned and operated by local agencies. Furthermore there is now a financial assistance under the National Housing Act for the advance acquisition of land for public housing use; this may be an important aid in the effort to put old people in the proper relationship with family housing in the growing suburbs of cities.

The National Housing Act offers the resources of the federal government to meet the housing needs of old people and CMHC is the agency through which these resources are available. However these resources cannot be put to work without the initiative and continuing effort of local people, in some organised fashion. The section of this Brief, that describes what has been done under Section 16 of the Act, shows that there are many different ways in which provincial and local governments and voluntary organisations can act either separately or in some collaboration. Different situations seem to require different approaches. For instance it would clearly be difficult to deal with the housing needs of a rural population without the coordinating efforts of a provincial government. And it is unlikely that metropolitan cities could deal effectively with their large-scale requirements without some centralised community action. But it would be unfortunate if the need to develop comprehensive programmes through government agencies failed to elicit the spontaneous interest of the church groups and service clubs that have already contributed so much to this effort. There appears to be considerable mutual value in a personal relationship between old people and those who have, in a voluntary way, helped to provide their housing accommodation.

This Brief includes an inventory of what has already been done to house old people through the National Housing Act and indicates that machinery exists to fill their need in a number of different ways. The section of this Brief that deals with the statistical evidence on the housing situation of old people in Canada indicates that their need is large and widespread. There is a wide gap between need and accomplishment. Unfortunately it is not possible to give any exact measurement of this gap because no available form of statistical measurement can penetrate into the vast varieties of circumstances in which old people are living: in accommodation that may be poor but just adequate; in positions of dependence that may be unfortunate, yet not unacceptable; in situations of isolation that might be unbearable to some people but the choice of others. There are many such circumstances that defy objective measurement. None the less the statistics do show that there is a large body of householders and unattached old people whose housing lacks the basic physical requirements for health and decency and whose incomes clearly make it impossible for them to improve their circumstances without the aid of the larger community.

II

HOUSEHOLD CHARACTERISTICS OF OLD PEOPLE

The following account of the housing circumstances and standards of Canadians 65 or more years of age is drawn mainly from data in the 1951 and 1961 censuses. The information is set out in greater detail in Part Two of this Brief.

In general old people are apt to suffer from housing deficiencies more than the rest of the population. The family and social composition of old people leads to a high per capita need for housing space and their comparatively low-income level makes it difficult for them to obtain suitable accommodation. Moreover, it is not possible to pretend, in respect of old people, that they are in a position to solve their housing problems solely by their own efforts or assiduity, since it is obvious that there is little many of them can do to significantly affect their incomes.

Sharing of Dwelling Units

There were 516,000 families in 1961 with the family head 65 or more years old. Of these, 27,000, or 5.3% did not have their own dwelling unit; this compares favourably with the 5.8% figure for families with younger heads. There were 32,000 families, or 6.1% of the total, who, while having their own dwelling, shared it with another family or families. There were 55,000 families, or 10.6% of the total who maintained their own dwelling unit but shared it with individuals or non-family groups; this compares with 11.5% among families with heads of less than 65 years. The table following indicates that these three types of crowding are experienced by 22% of families with head 65 or more years old, and by 21% families with a younger head. By these criteria alone then, the older families are not shown to be materially worse off than other families.

	Families					
	Total		With Head 65 years or More		With Head Under 65 years	
Living Arrangements	No. (000)	%	No. (000)	%	No. (000)	%
Having exclusive use of their own dwelling.	3,273	78.9	403	78.0	2,870	79.0
Sharing someone else's dwelling.....	236	5.7	27	5.3	209	5.8
Sharing their own dwelling with:						
(*a*) another family or families.....	166	4.0	32	6.1	134	3.7
(*b*) an individual or non-family group....	472	11.4	55	10.6	417	11.5
TOTAL.....	4,147	100.0	516	100.0	3,631	100.0

The older population however has a large element which does not live within a family framework. In the total population of 1.4 million 65 or more years old, there are 609,000 or 44% classed as unattached individuals by census definitions. Of these, 350,000 share someone else's dwelling and a further 87,000 share their own dwelling with someone else. These data are set out in the table below.

UNATTACHED ADULT INDIVIDUALS

	Total No. (000)	%	65 Years or More No. (000)	%	Under 65 Years No. (000)	%
Having exclusive use of their own dwelling.	425	16.9	172	28.2	253	13.3
Sharing their own dwelling with:						
(a) another individual or individuals.....	181	7.2	63	10.3	118	6.2
(b) a family.....	46	1.8	23	3.8	23	1.2
(c) more than one family.....	2	.1	1	.2	1	.1
Sharing someone else's dwelling or living in an Institution.....	1,859	74.0	350	57.5	1,509	79.2
TOTAL.....	2,514	100.0	609	100.0	1,905	100.0

While a large proportion of the older individuals are sharing someone else's accommodation, the proportion is still higher among the younger adult individuals. However the bulk of these younger adults are in a transitional period prior to the first establishment of their own household whereas the position of the older men and women cannot be regarded as transitional except in a quite ominous sense.

In general the per capita space needs of unattached individuals are high, and such unattached individuals represent a very high proportion of the older population. The statistical comparison of young and old, separately on a family and on an individual basis, fails to bring out the effects of the difference in the distribution of young and old between these two groups. An aggregate presentation of the data shows that the old are in fact at a distinct disadvantage. The following table indicates that when families and unattached individuals are considered together, only 51% have the exclusive use of their own dwelling as compared to 57% for younger families and adult individuals.

	Total No. (000)	Having exclusive use of their own dwelling No. (000)	% of Total
Families with heads 65 or more.....	516	403	78.0
Individuals 65 years or over.....	609	172	28.2
Sub-Total.....	1,125	575	51.0
Families with heads under 65.....	3,631	2,870	79.0
Individuals under 65.....	1,905	253	13.3
Sub-Total.....	5,536	3,123	57.0

Standards of Space and Amenity

For that part of the aged population who had their own household or who were married to a household head of 65 or over, dwelling space appeared to be less of a problem than it was for the younger population. Households with a head of 65 years or more on the average had more than 2 rooms per person whereas the average for households of all ages was about 1⅓ rooms per person. Of all households with the head 65 years or over only 3.4% have less than 1 room per person and this contrasts strongly with a figure of nearly 20% for households whose head is under 65. These data however tell us nothing about the large segment of the aged population who do not have their own dwelling.

Moreover, the apparent adequacy of sheer space for the old who are fortunate enough to head their own household, does not compensate for the other indications of housing quality. Households headed by old people have a higher than average proportion of dwellings lacking running water (15.6% as against 10.9%), dwellings without exclusive use of flush toilet (26.4% as against 21.0%) and dwellings without bath or shower (29.5% as against 22.9%).

The information provided later in this Brief shows also that in terms of change and improvement, the comparatively immobile old people have enjoyed less improvement in housing standards over the past decade than the rest of the population. In both the crowding of social groups and the use of substandard dwellings, there has been a pronounced improvement over recent years; the improvement in these factors, however, has been at a slower rate among the old than among the households with heads under 65 years.

It is evident that while many of the older people in Canada are well housed and capable of looking after themselves, there are also many who are badly housed and not in a position to improve their lot without external help. It is not possible to assign a definite number to this latter condition because of statistical shortcomings and because not everyone will agree on what constitutes a serious substandard circumstance or an inability to cope with it. Whatever criterion one resorts to, however, it is hard to avoid the conclusion that the need for special help extends far beyond its present availability.

There were for instance nearly 28,000 non-farm household heads over 65 years old who had annual incomes of less than $1,000. Whatever allowances are made for the assistance that wives and children may provide to these households the majority have a serious housing problem. It is not surprising that of the dwellings occupied by households with a head over 65, nearly 200,000 did not have their own flush toilet and over 220,000 did not have their own bath or shower.

These numbers take no account of the 350,000 unattached older individuals who share someone else's dwelling, and the great majority of whom, according to the non-farm evidence, have less than $1,000 annual income.

III

NON-PROFIT HOUSING FOR OLD PEOPLE

The offer of direct federal government loans on specially advantageous terms to non-profit or "limited-dividend" housing companies first appeared in Section 9 of the National Housing Act of 1944 and is now in Section 16 of the present Act. The advantages are in the offer of a 90% loan, over a long term of repayment at a low rate of interest, provided the housing is reserved for householders of low income; and the acceptance of these terms may bring a second kind of advantage in the availability of grants from provincial governments and various kinds of financial assistance from municipal governments. Neither Section 16 nor any other part of the National Housing Act makes any reference to old people. The special benefits are available to families or households of any kind provided they are accepted as falling within the category of low income. In the period 1946-1963 more than 25,000 housing units for families have been built under the limited-dividend provisions and more than 8,000 units for the particular use of old people.

There has been a gradual increase in the work accomplished: only about 500 units for old people were produced in the first eight years from 1946, about 2,700 in the next five years and more than 4,200 in the last five years. Projects have been built in all provinces.

In order to reserve this housing for people of modest income it has been the objective to produce buildings of economical design with reasonably small dwelling units that could be rented at a price within the capacity of old people. To be accepted as a tenant a couple or an individual must have a monthly income at least twice the monthly rent and not more than five times the monthly rent (e.g. if the rent were $50.00, a tenant must have at least $100 monthly income and could not be accepted if income was more than $250 a month). There are only rare occasions when an elderly person's income increases after entering a project, though this may happen if there is an increase in pension rates or a legacy is received or there is a bumper year on a farm in which a retired person has an interest. So, in practice, the rent "ceiling" is only used as a limit for entry and evictions do not occur.

Through the years there has been an inevitable rise in the level of rents that can be obtained. These increases are due to the same factors that affect all building and investment operations. The interest rate applicable to the early projects was 3% and is now 5¾ per cent. Costs of building, land and maintenance have increased and so have the costs of management and caretaking. Consequently a rent of $38 per month for a one-bedroom unit that was obtainable ten years ago has increased to about $60 for the same accommodation today.

The opportunity of bringing rents within the reach of low-income tenants has depended very much upon the financial contributions made by provincial governments. Without this aid it would not have been possible to carry out much of what has been done. Four provinces make grants, each on a different basis. British Columbia offers capital grants up to one-third of the total cost of a project but requires that a housing company must itself supply at least 10% of the equity. Saskatchewan makes a 20% grant to total capital costs. Manitoba provides grants up to one-third of capital cost (not more than $1,667 for a two-person unit, or $1,400 for a one-person unit or $1,200 for a hostel room). Ontario offers a grant of $500 for each dwelling unit or half the cost in excess of the NHA loan, and has also provided some capital grants.

In reviewing the work that has been accomplished perhaps the most remarkable feature is the great variety of sponsoring organisations that are represented by the limited-dividend housing companies listed elsewhere in this brief. Projects have been initiated by big cities, small municipalities and by groups of municipalities; by service clubs, church congregations, ethnic societies and other charitable groups. Furthermore the projects have themselves differed widely in the kind of location and in architectural character; they range from high rise apartment blocks in central city areas to substantial projects on suburban sites and small groups of no more than a dozen units in a small rural community. There has been a great variety of spontaneous response to a widely recognised social requirement and to the way in which the available federal funds can be applied. This variety seems highly desirable and demonstrates that any success that has occurred must be attributed to those many sponsoring organisations and to the provincial governments that have supported them. It has been the role of CMHC both to make the funds available and to be of assistance in the organisation and formulation of projects; the branch managers of the Corporation in many centres across the country have been closely involved in this work, helping to work out schemes that will fit the loan terms and the rental capacity of tenants.

In order to illustrate the several different ways in which programmes have been carried out it may be useful to elaborate on what has taken place in three places. In the Vancouver area the work has been accomplished by charitable organisations, in Saskatchewan the provincial government has been the guiding force and in Metropolitan Toronto a department of the municipal government has conducted the programme.

The Vancouver Area

In the Vancouver Area more than 1,300 units have been built under Section 16 of the National Housing Act, about two thirds of them within the boundaries of the city and a third in suburban areas. The pioneers in this activity were the Beulah Gardens Homes Society that initiated its first project in 1948 and the New Vista Society in Burnaby which started its first project in 1949 with a dozen one-bedroom dwellings for elderly couples renting at $20 a month and in the next year a dozen bachelor units at $17 a month; by 1957 more than 180 units had been built, the rents of the most recent project being $42 and $26. From this beginning, twenty separate limited-dividend companies have been formed by a great variety of sponsors. The largest producers, in addition to the New Vista Society, have been three in Vancouver.

The Beulah Gardens Homes Society, 144 units in four successive projects.

The B.C. Housing Foundation, 172 units in six successive projects.

The New Chelsea Society, 104 units in three successive projects.

In North Vancouver the Kiwanis Senior Citizens Homes Society has produced 118 units in five successive projects.

In addition to these substantial producers perhaps the most remarkable feature has been the number of organisations that have been brought together to build single projects that have ranged in size from a dozen to ninety units.

The strength behind this activity in the Vancouver area and throughout British Columbia has been the philanthropic point of view of organisations within the community and their concern for the problems of their own people. The New Chelsea Society for instance is associated with a veterans' organisation, Coleopy Park with the Corps of Commissionnaires and the Beulah Gardens Homes Society is now related with the Baptist Church. Behind these efforts of individual organisations, service clubs and church groups has been the continuing support of the Vancouver Housing Association that has sustained a community-wide interest in the needs of old people and itself established the B.C. Housing Foundation that has built six projects. Besides providing a stimulus the Vancouver Housing Association now maintains a registry of old people in need of housing; in this way the projects built by particular groups are tied into a general programme and are not exclusive in their acceptance of tenants.

All of these organisations have been able to draw upon the provincial grant that is a key factor in bringing rents within the reach of old people. Their financial responsibilities have been to gather the necessary equity, sometimes done by special fund-raising campaigns, and to obtain the necessary bank loans to be used through the construction phase before mortgage loans and grants are received. Since most of the projects have been fairly small in size it has been possible to draw upon the goodwill and voluntary effort of the sponsoring organisations in management and maintenance. A member of the board of a housing company usually collects rents and it is often possible, for instance, to organise work parties to improve landscaping. Sometimes one of the tenants acts as caretaker. This somewhat intimate relationship between the voluntary sponsors, the tenants and the property is an important feature of what has been done in the Vancouver area.

In this context the local CMHC staff has had a close association with sponsoring organisations, particularly in offering advice during the organising and financing stage. This has provided an accumulation of experience available to each new undertaking.

Saskatchewan

The Province of Saskatchewan has made extensive use of NHA funds for carrying out a province-wide scheme to provide accommodation for old people, particularly reaching into rural areas. The success in distributing this housing over such a wide area and into comparatively small communities has been due to the promotion, encouragement and careful attention given by the provincial Department of Social Welfare, through its special branch dealing with Housing and Nursing Homes. From the outset of the scheme, which began to operate in 1956, the provincial minister and his staff have gone out to explain the needs of old people and to interpret the way in which local governments can organise to meet the requirements. Besides being comprehensive, in a geographical sense, the provincial programme has emphasized the essential relationship between the kind of housing needed by healthy retired people and the kind of housing they require as they become more dependent, as single widows and widowers, and finally their need for more personal care with the onset of infirmity.. Self-contained housing hostels, nursing homes and geriatric centres have been viewed in Saskatchewan as a clearly-related sequence.

In carrying out the province's scheme, groups of municipalities have been invited to collaborate in each region to form, jointly, a limited-dividend company to fill the housing needs of people in the region. In each region it has been the intention to select a well-established community that has the characteristics of a regional business centre where there is a hospital or medical care as well as shops and other community services. These regions vary considerably in size and in the number of participating municipalities. For instance there are 32 rural and urban municipalities surrounding the Town of Assiniboia that have joined together as sponsors to build the Assiniboia Lodge with 38 units for elderly couples and 12 units for single people. The project in Estevan is sponsored by the city together with seven rural municipalities, six villages and the Town of Bienfait. The Town of Meadow Lake has joined with three local improvement districts. In each case it is understood that people living in all the participating municipalities have their fair claim upon accommodation in the projects. Altogether there are 35 centres in which municipally sponsored projects have been built, the number of dwelling units ranging from about 80 in Yorkton and in Assiniboia, 20 units in a number of places and as few as 10 units in the smallest regions. There is more accommodations in Regina, Saskatoon and Prince Albert, each serving a larger urban and rural region.

This policy of distributing old people's housing accommodation throughout the province is based on the expectation that retired people would like to remain in the district that is familiar and where sons and daughters are probably nearby, available for visits and having a mutual family concern. In many cases the family farm, though worked by another member of the family, is still a source of income in addition to the pension; there is consequently an interest in remaining close to the previous scenes of active life, an attachment that does not hold a city worker to remain close to where he has had his working career. It might be observed that many of the present generation of older people in Saskatchewan were early settlers in the province who have lived through the parched depression years; this has given a rather special character to the tenants of these projects and the name "Pioneer Lodge" that has been used in a number of places. In the changing economic and social circumstances of the province it remains to be seen whether later generations of old people will have the same regional attachments.

Many of the projects are small in size containing ten, twenty or thirty units and have a modest rural character; the most common form of building

is two semi-detached one-bedroom units with a shared heating plant. The clusters of buildings have plenty of lawn-space around them and some of the tenants have small allotments of ground for growing vegetables and flowers.

At an early stage in the development of its programme the province of Saskatchewan sought from CMHC an arrangement for building a hostel form of accommodation within the terms of Section 16 of the National Housing Act, and in 1957 fifteen projects were first financed with this feature. It was agreed that the number of hostel rooms should not exceed the number of self-contained units. Of the 15 projects thus started in 1957 the largest was in Swift Current with the 74 hostel accommodations and the smallest in Balcarres with 14; a number had 29 hostel rooms. This arrangement was made with Central Mortgage and Housing Corporation on the understanding that the provincial government would guarantee the hostel operations and the mortgage payments on that part of the project. (The province of Manitoba subsequently entered into a similar arrangement and the first loan for hostel accommodation was first made for the Metropolitan Kiwanis Courts in Winnipeg in 1962.)

Hostel accommodation differs from the usual self-contained units in a number of important respects. Self-contained units, whether one-bedroom and living room for a couple (about 450 sq. ft.) or bed/sitting-room for a single person (about 350 sq. ft.) all have a complete bathroom, kitchen and storage space and the tenant lives independently amongst his own possessions. In a hostel there is considerably less personal privacy. Each room has a wash-basin and shares a toilet cubicle with the adjoining room; this can be closed with a sliding screen. There are bathrooms nearby off a corridor. On account of the limitations of space the rooms are furnished and tenants cannot bring in their own furniture. Linen is also supplied. These furnishings represent an additional cost to the whole undertaking and are sometimes donated by local organisations. The dining room, cafeteria style, and kitchen are operated by a small staff under the resident matron or manager of the project. Tenants of hostels pay a combined monthly charge for board and lodging. Since hostel accommodation is commonly in the form of a wing attached to a building comprising self-contained accommodations, the tenants of these units also have access to the dining services. This is a convenience but makes it necessary to impose rules on this further use of the services.

It has generally been found that it is difficult to operate a hostel economically for less than 25 tenants, because of the fixed costs of management and overhead. This is illustrated in the following comparison of hostel operations in a small and a large project.

	Average Annual Costs per Tenant	
	Small Hostel	Large Hostel
Maintenance	$ 37	$ 26
Heat, light, power, water	111	82
Food	249	218
Salaries and Administration	511	441
Cleaning, supplies, etc.	23	7
	$931	$774

The step from independent living into a hostel situation is a critical one. The availability of meal services and the opportunity to call upon the help of a permanent staff, particularly if this person is a matron, invites a demand for personal services and care. Occasional sicknesses and disabilities occur and it is difficult to determine at what point a move should be made into

a place that is equipped to give more care and more qualified nursing. At the same time the general objective may be to delay such moves as long as possible in order to encourage the independence and activity of old people. (It is the usual aim in hostels to encourage tenants to appear at all meals in the dining room in order to keep them active.) In dealing with this the Saskatchewan government has differentiated between five "levels" in the accommodation and care of old people, as described in the following (abbreviated) definitions:

(1) Self-contained units and bachelor suites for those who are still capable of maintaining a household.

(2) Homes, hostels and lodges providing supervisory care for those who require board, room, laundry service; who may be frail but who can move about without assistance, can administer medication for themselves but who may have to call for some occasional assistance.

(3) Homes, hostels and lodges providing personal care for those who need help in daily activities of moving about and bathing etc., need to have help on call at any time but not professional nursing care.

(4) Homes providing nursing care for those who, whether ambulant or bedfast, need nursing care under the instructions of a physician.

(5) Institutions providing skilled nursing for those who require continuous medical attention such as is available in a Geriatric Centre.

Metropolitan Toronto

More than 3,000 units have been built for old people in Ontario under Section 16 of the National Housing Act. They have been built in 33 cities and towns. In eight places the municipality itself has formed a housing company and charitable organisations such as the Kinsmen Club, Rotary Club and Canadian Legion have undertaken projects in 27 different communities. So the activity has been fairly widely distributed. However, of the total 3,000 units, more than 2,000 have been built in the Toronto area by the Metropolitan Toronto Housing Company sponsored by the Welfare Department of the municipality. Five of its projects are within the city and the rest are in the suburban areas of Etobicoke, East York, North York and Scarborough. The largest project in this series, and the first one in Ontario to include hostel accommodation, is now being prepared for construction on the Thistletown site in Etobicoke.

In Toronto the financial arrangements that have supported this activity have been the provincial government's grant of $500 per unit, the donation of the land by the municipality itself and the concession that taxes will not exceed $25 per unit. The projects initiated in 1957 (when the interest rate was 4½%) have rented at $45.00 for bachelor accommodation and $53.00 for one-bedroom units; the 1962 rents were $47.50 and $60.00 and rents in the most recent project have been set at $48.75 and $69.00. A critical factor in the costs has been the standard of solid construction required in the Toronto area, very different from the frame construction cottage building that has been used to shelter old people in other parts of the country.

In embarking on this programme the metropolitan municipality had to relate its plans for self-contained accommodation to the other forms of housing available for old people. Under the province's Homes for the Aged Act the municipality now operates four establishments (Lambert Lodge, Greenacres, Hilltop Acres and Kipling Acres) that house more than 1,800 old people who require some degree of personal and nursing care. (Also in Toronto there are sixteen privately operated establishments with about 1,600

residents that receive provincial aid under the Charitable Institutions Act.) It has been the experience of the metropolitan Department of Welfare (now the Department of Welfare and Housing) that the considerable quantity of self-contained accommodation that has been built under Section 16 of the National Housing Act has very much alleviated the pressures upon the accommodation in the Homes for the Aged and has reduced the quantity of building that would otherwise have been required to house the nursing and bed-care facilities. It has been found that, with proper provision for living in an independent fashion, most people remain for a long time on a plateau of reasonably good health and do not require personal care. For this reason Metropolitan Toronto has only very recently embarked upon the provision of hostel accommodation. This need has also been alleviated by the Welfare Department's initial programme for placing elderly people in foster homes.

The projects built by the Metropolitan Toronto Housing Company are all of substantial size and take the form of apartment buildings rather than rows of dwellings each with its own ground level front door, which has been the most common form of self-contained accommodation for old people in other parts of the country. Two of the projects have about 400 units each. All of them contain units both for couples and for single people.

In the context of the big city, the location becomes a critical question. The largest project, May Robinson House, is in the interior of the city in a relatively low-income area at the west end of Queen Street; the high-rise building has a considerable park space around it, fenced from the public, and pleasant to sit in, and within a short walking distance are shops and street-cars. Another large project has been placed on a suburban site in conjunction with the Warden Avenue public housing project for low-income families; this consists of two cylindrical towers each designed to reduce the amount of corridor space by grouping elevators and stairs in central cores serving a ring of apartments at each floor level with a minimum of walking distance. Other projects have been placed on suburban sites, in the environment of family residential areas, one project also being adjacent to a Home for the Aged in which personal and nursing care is available. The next large project on the Thisletown site will be combined with a large new residential area that will contain both public and private housing; there is to be hostel accommodation and also a recreation and community building connected to the buildings for old people. There has thus been a good deal of experimentation in the architectural forms and the locations of housing for old people and since all these accommodations are under the management of a single municipal agency there is a considerable range of choice in placing tenants. The responsible department of the metropolitan municipality now combines the functions of Welfare and Housing and maintains the housing Registry which lists about 5,000 applicants of which 3,000 are old people.

It has not proved to be easy for church groups and service clubs to make the contribution that these charitable organisations have made in other places. The principal difficulty has been that private sponsors have not had access to the special financial provisions available to a municipal agency to offset the high costs of land and of solid construction. This would occur if taxes were limited to $25.00 per unit and if land were donated. It has been suggested that land might be made available to private sponsors under an agreement that the property would revert to the municipality at the termination of the amortisation. But perhaps there are other restraints upon the private bodies in undertaking responsibilities of this kind in a large city that is in a condition of such rapid growth and change. The special advantages of an intimate relationship between a group of old people and a sponsoring church congregation or service club are not easily sustained in a large city where people are

continually moving between the centre city and the suburbs. This kind of social mobility is not a firm base on which to erect a long-term philanthropic management responsibility. But perhaps the principal reason for the absence of private sponsors has been a genuine doubt that the whole scale of the housing needs of low-income old people in such a large community could only be dealt with effectively by a strong public agency and this, in fact, has come to exist in the Toronto Metropolitan Housing Company.

* * *

These three areas of Vancouver, Saskatchewan and Metropolitan Toronto have been selected for description because they each exemplify a different way of gathering support and sustaining a housing programme for old people. But it should be pointed out that the three approaches (through charitable organisations, through provincial coordination and through municipal enterprise) are not, in fact, mutually exclusive methods. For in all these three places the aid of the provincial government has been an essential factor, the help and interest of the municipality has been forthcoming and the support of community organisations has been present.

LIMITED-DIVIDEND LOANS APPROVED FOR SENIOR CITIZENS BY TYPE OF SPONSORSHIP—1946-1963

Province	Entrepreneurs			Municipalities			Charitable Institutions			Total L.D.		
	Loans	Units	$000	Loans	Units	$000	Loans	Units	$000	Loans	Units	$000
Newfoundland	—	—	—	—	—	—	1	48	980	1	48	980
P.E.I.	—	—	—	1	4	23	—	—	—	1	4	23
Nova Scotia	—	—	—	—	—	—	1	24	129	1	24	129
New Brunswick	—	—	—	—	—	—	2	24	123	2	24	123
Quebec	12	905	4,433	—	—	—	1	128	780	13	1,033	5,213
Ontario	1	32	160	25	2,594	13,522	36	690	3,827	62	3,316	17,509
Manitoba	2	80	394	1	11	109	28	685	3,356	31	776	3,859
Saskatchewan	—	—	—	37	875	6,432	12	409	2,480	49	1,284	8,912
Alberta	—	—	—	—	—	—	4	124	691	4	124	691
British Columbia	—	—	—	—	—	—	73	1,584	5,120	73	1,584	5,120
CANADA	15	1,017	4,987	64	3,484	20,086	158	3,716	17,486	237	8,217	42,559

IV

PUBLIC HOUSING AND OLD PEOPLE

Through the public housing arrangements of the National Housing Act, which were first introduced in 1949, about 13,000 rental units have been produced, about three quarters of them supported by rental subsidies and one quarter being "full recovery". Of this whole number only 167 units have been built for the particular use of old people, mostly 1 bedroom units for couples. There are also 863 bachelor and one-bedroom units in public housing projects that are suitable for old people but are not reserved for them. Altogether, then, about 1,000 units or 8 per cent of all public housing is available for old people (compared with 8,000 units or 24 per cent of the whole limited-dividend programme).

Early experience with public housing in Canada, particularly in the pioneering work in Regent Park North in Toronto between 1948 and 1957, indicated that any considerable group of low-income families would naturally render a number of old people out of their own numbers. Accommodation ought to be provided, it was concluded, for this natural balance of age-groups. From this point of view stemmed the federal government's policy that up to 20% of the accommodation in a public housing project could be provided for old people. It was thought that since public housing was primarily intended to aid families with children it would not be advisable to have an undue proportion of elderly people within the tenant community. This was the ground rule

ELDERLY PERSONS UNITS IN FEDERAL-PROVINCIAL RENTAL HOUSING PROJECTS UNDER SECTION 35A, NHA

Project		No. of Units in Project	No. of Elderly Persons Units		Total No. of Elderly Persons Units
			Bachelor	1 Bedroom	
		Units Reserved for Allocation to Elderly Persons			
Halifax	Westwood Park	202	10	16	26
Saint John	Thornborough St.	100	—	4	4
Saint John	Courtenay Place	94	—	19	19
Collingwood	Project 1	20	—	4	4
Hamilton	Roxborough Park	91	—	16	16
Palmerston	Project 1	20	—	4	4
Port Arthur	Project 2	32	—	4	4
Sarnia	Eastland Gardens	120	—	20	20
Regina	Regent Court	109	—	10	10
Vancouver	Little Mountain	224	—	24	24
Vancouver	Orchard Park	169	18	18	36
Sub-Total		1,181	28	139	167
		Units Suitable for Allocation to Elderly Persons			
St. John's, Nfld.	Anderson Ave.	146	—	10	10
Halifax	Mulgrave Park	348	7	34	41
Montreal	Jeanne Mance	796	—	296	296
Toronto	Regent Park South	732	—	35	35
Toronto	Lawrence Heights	1,081	—	208	208
Toronto	Scarlettwood	150	—	2	2
Toronto	Warden Avenue	347	—	12	12
Windsor	Glengarry Court	298	15	38	53
Vancouver	Little Mountain	224	—	16	16
Vancouver	MacLean Park	159	69	52	121
Vancouver	Skeena Terrace	234	21	48	69
Sub-Total		4,515	112	751	863
TOTAL		5,696	140	890	1,030

until new and more flexible policies were introduced along with the June 1964 amendments to the National Housing Act. Not only is the restriction lifted on the percentage proportion of accommodation for old people, but public housing projects may now be built entirely for old people either in the form of self-contained accommodation or in hostel or dormitory form.

The idea that old people represent a normal constituent part of any low-income population has led to some interesting experiments in the lay-out of public housing projects, intended to blend old people with families instead of segregating them. For instance in the Orchard Park project in Vancouver and the Regent Court project in Regina there are rows of one-bedroom bungalows for old people deliberately dispersed amongst the family housing. There are some differences of opinion on whether the consequent confrontations of old people and children, sometimes involving some passionate episodes, are good or bad. Presumably some old people thrive on having children on their threshold either because they like them or because they don't.

V

HOUSEHOLD CHARACTERISTICS OF OLD PEOPLE

THE STATISTICAL EVIDENCE

Living Arrangements of Old People

The population at retirement ages, i.e. 65 years of age and over, was 1,391,154, in 1961, or 7.7 percent of the total population at that date. The proportion of the aged changed little during the last decade, it was 7.8 percent in 1951 and 7.7 percent in 1956. Nevetheless, the rate in the 1950's was the highest in this century and represented the culmination of a long upward trend which began in the first decade of the twentieth century. The proportion of the aged increased without interruption from 4.6 percent in 1911 to 7.8 percent in 1951. Most demographers anticipate a further rise in the proportion of the aged, e.g. the latest population forecast prepared for the Royal Commission on Health Services suggests a continuing increase in the proportion of the aged, to 7.8 percent in 1966 and to 8.1 percent in 1971.

The sharp rise in the proportion of the aged in the twentieth century reflected, to a large extent, the growing life expectancy in this period. The life expectancy at birth of males increased from 60.0 years in 1931 to 68.3 years in 1961. For females the increase was even larger, from 62.1 years in 1931 to 74.2 in 1961. The differential growth in life expectancies was presumably an important factor contributing to the marked increase in the proportion of females among the aged. In 1911, only 49.0 percent of persons 65 years of age or older were females; by 1961 this proportion had risen to 51.5 percent.

The population may be classified into four major groups which differ widely in their needs for housing space and also in their behaviour in the housing market. Husbands and wives living together constitute an overwhelming majority of persons in the middle age groups. Heads of broken families and unattached individuals on the other hand, account for more than half of the elderly.

LIVING ARRANGEMENTS OF THE POPULATION—1961

	Total	Age					
		Under 25	25–34	35–44	45–54	55–64	65+
Husbands and wives living together	7,600,052	567,790	1,934,301	1,997,089	1,501,716	915,268	683,888
Heads of "broken" families	347,418	12,503	37,213	64,182	75,210	60,100	98,210
Unattached individuals	2,513,640	450,697	509,593	328,614	301,578	314,102	609,056
Children at home	7,777,137	7,777,137	—	—	—	—	—
TOTAL	18,238,247	8,808,127	2,481,107	2,389,885	1,878,504	1,289,470	1,391,154
	Percentage Distribution						
Husbands and wives living together	41.7	6.4	78.0	83.6	79.9	71.0	49.2
Heads of "broken" families	1.9	.2	1.5	2.7	4.0	4.7	7.0
Unattached individuals	13.8	5.1	20.5	13.7	16.1	24.3	43.8
Children at home	42.6	88.3	—	—	—	—	—
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

In estimating the housing needs of the population it is customarily assumed that, under ideal circumstances, each family should occupy its own dwelling. On this assumption, the housing need, as measured by the dwelling per person ratio, of the first group (husband and wives living together) is 0.50. On the same assumption, the housing need of "broken" families, or individuals living apart from their spouses, is much higher, 1.00 dwelling per person. The data shown in the table indicate that the proportion of broken families, with their higher housing needs, is higher among the elderly than in any other age group. Therefore, the claim on the housing stock of families headed by the elderly is disproportionately higher than in the younger age groups.

There is not a *prior* rule of thumb for setting the housing needs of unattached individuals. It appears that both the housing needs and housing demands of unattached individuals are extremely flexible and households formed by such persons (termed "non-family households") can, and do, show large fluctuations. Due to the large, and rising, proportion of unattached individuals among older persons, the aged play an important role in the formation of non-family households. The proportion of unattached individuals among the aged rose from 39.4 percent in 1941 to 43.8 percent in 1961. In the same period the proportion of broken families declined from 11.2 percent to 7.0 percent.

PERCENTAGE DISTRIBUTION OF THE AGED

	1941	1951	1961
Husbands and wives living together	49.4	49.5	49.2
Heads of "broken" families	11.2	8.6	7.0
Unattached individuals	39.4	41.9	43.8
TOTAL	100.0	100.0	100.0

Crowding of Social Groups

The requirement that each family should have a dwelling of its own is not entirely met, although there has been a sharp reduction in the post-war period in the proportion of families who did not maintain their own household.

In spite of this improvement, 4.6 per cent of all husband-wife families were without their own household in 1961. The rate of doubling up was highest in the youngest age group and among the aged. The proportion of husband-wife families without households of their own was 4.8 per cent in the 65 and over age class, higher than the national average of 4.6 per cent but lower than the rate of doubling-up in the less than 35 age group.

The doubling rate of broken families was 17.1 per cent in 1961. This rate varied inversely with age, it was 71.4 per cent in the youngest age group and 7.4 per cent among the aged.

Among unattached individuals 654,452, or 26 per cent were heads of non-family households. The remaining 74 per cent did not maintain their own households, they were, in most cases, sharing dwellings with families or other unattached individuals. The proportion of unattached individuals without households of their own is also inversely correlated with age: it was 92.7 per cent in the youngest age groups and 57.4 per cent among the aged.

CROWDING OF SOCIAL GROUPS—1961

	Total	Age					
		Under 25	25–34	35–44	45–54	55–64	65 and over
1. *Husband-wife families*							
TOTAL	3,800,026	174,574	920,871	989,141	792,269	505,109	418,062
Not maintaining own households	176,342	31,054	66,411	30,668	16,186	11,938	20,085
%	4.6	17.8	7.2	3.1	2.0	2.4	4.8
2. *"Broken" families*							
TOTAL	347,418	12,503	37,213	64,182	75,210	60,100	98,210
Not maintaining own households	59,573	8,931	15,478	13,493	9,184	5,183	7,304
%	17.1	71.4	41.6	21.0	12.2	8.6	7.4
3. *Unattached individuals*							
TOTAL	2,513,640	450,697	509,593	328,614	301,578	314,102	609,056
Not maintaining own households	1,859,188	417,870	446,057	262,959	203,779	178,766	349,757
%	74.0	92.7	87.5	80.0	67.6	56.9	57.4

About two-thirds of all families who did not maintain their own households were sharing dwellings with relatives. Sharing dwellings with relatives was more frequent among the aged than in any other age groups.

PROPORTION OF DOUBLED-UP FAMILIES SHARING DWELLINGS WITH RELATIVES—1961

Age of Head	Husband-wife Families	"Broken" Families
	Percent	
Under 25	66.8	73.1
25–34	63.1	71.3
35–44	63.2	63.3
45–54	61.5	63.1
55–64	64.4	70.8
65 and over	78.4	84.0
TOTAL	65.5	70.0

Families without households of their own undoubtedly represent the severest form of crowding of social groups. In addition to such families there were nearly 170,000 families who although maintaining their own households, shared dwellings with other families. The incidence of multi-family households is the highest among the aged.

A third, perhaps milder form of crowding occurs when a family is sharing dwelling with one or more unattached individuals. In 1961 there were 470,000 such families.

CROWDING OF FAMILIES—1961

Age of Head	"Crowded Families"					"Uncrowded" families	Total families
	Not maintaining own household	Multi-family households	Sub-Total	With lodging individuals	Total		
Under 25	39,985	3,129	43,114	11,073	54,187	132,890	187,077
25–34	81,889	28,056	109,945	89,703	199,648	758,436	958,084
35–44	44,161	31,832	75,993	125,514	201,507	851,816	1,053,323
45–54	25,370	37,204	62,574	117,687	180,261	687,218	867,479
55–64	17,121	33,831	50,952	73,165	124,117	441,092	565,209
65 and over	27,389	31,651	59,040	54,629	113,669	402,603	516,272
TOTAL	235,915	165,703	401,618	471,971	873,589	3,273,855	4,147,444
	Percentage Distribution						
Under 25	21.4	1.7	23.1	5.9	29.0	71.0	100.0
25–34	8.5	2.9	11.4	9.4	20.8	79.2	100.0
35–44	4.2	3.0	7.2	11.9	19.1	80.9	100.0
45–54	2.9	4.3	7.2	13.6	20.8	79.2	100.0
55–64	3.0	6.0	9.0	12.9	21.9	78.1	100.0
65 and over	5.3	6.1	11.4	10.6	22.0	78.0	100.0
TOTAL	5.7	4.0	9.7	11.4	21.1	78.9	100.0

Households maintained by unattached individuals are termed "non-family" households. In 1961 there were 654,452 such households in private dwellings. 259,299, or 39.6 percent of all non-family households were maintained by the aged.

The Census recognizes four types of non-family households: (1) one-person household, (2) multi-person households without lodging family, (3) multi-person households with one lodging family and (4) multi-person households with two or more lodging families. With the exception of one-person households, all types of non-family households are crowded in the sense that they contain more than one distinct "social group".

LIVING ARRANGEMENTS OF UNATTACHED INDIVIDUALS—1961

	Total	Age					
		Under 25	25–34	35–44	45–54	55–64	65 and over
All Unattached Individuals	2,513,640	450,697	509,593	328,614	301,578	314,102	609,056
Heads of							
1 person households	424,750	17,346	40,409	45,034	63,762	85,783	172,416
multi-person households							
without lodging family	181,051	14,935	20,816	17,122	27,259	38,144	62,775
with 1 lodging family	46,411	489	2,105	3,268	6,414	10,873	23,262
with 2 or more lodging families	2,240	57	206	231	364	536	846
All non-family households	654,452	32,827	63,536	65,655	97,799	135,336	259,299
Other Unattached Individuals	1,859,188	417,870	446,057	262,959	203,779	178,766	349,757

More than 28 percent of all unattached individuals aged 65 and over live alone, in one-person households, and the aged account for 40.6 percent of all one-person households. More than 60 percent of the aged living in one-person households were females.

Age	One-person households	Female heads of household
	Percent	
Under 25	4.1	47.6
25–34	9.5	38.8
35–44	10.6	45.7
45–54	15.0	52.6
55–64	20.2	58.1
65 and over	40.6	63.0
TOTAL	100.0	55.7

Of the 609,056 unattached individuals, 259,299 or 42.6 percent were heads of non-family households. The remaining 349,757 persons were sharing dwellings with relatives or were lodging with strangers or were inmates of institutions.

Reduction of Crowding of Social Groups in the 1950's

A fairly rapid increase in real incomes together with an enlarged housing supply in the 1950's has brought about a substantial decline in all forms of crowding of social groups. The proportion of families not maintaining their own household declined from 9.8 percent in 1951 to 5.7 percent in 1961. The number of families without households of their own decreased in the 1950's in all age groups. The reduction of this form of crowding was, however, most pronounced in the younger age classes; among the aged the decline in the number of families not maintaining their own household was much less than the national average.

Partly associated with the decline in the proportion of families without own households was a sharp decrease in the number of multi-family households. The proportion of multi-family households declined most among the aged.

Age of Head	Families not maintaining own household		Multi-family households	
	1951	1961	1951	1961
	as a per cent of all families			
Under 35	19.1	10.6	4.4	2.7
35–44	7.6	4.2	5.0	3.1
45–54	4.6	2.9	9.1	5.0
55–64	4.2	3.0		
65 and over	8.0	5.3	10.9	6.3
TOTAL	9.8	5.7	7.0	4.0

The decline in the number of families not maintaining own household was most pronounced among families sharing dwelling with non-relatives.

FAMILIES NOT MAINTAINING OWN HOUSEHOLD

Age of Head	Sharing dwelling with relatives			Sharing dwelling with non-relatives		
	1951	1961	% Change	1951	1961	% Change
Under 35	111,571	80,222	−28.1	62,578	41,652	−33.4
35–44	37,153	27,922	−24.8	25,518	16,239	−36.4
45–54	14,552	15,746	+ 8.2	14,979	9,624	−35.8
55–64	11,611	11,357	− 2.2	8,641	5,764	−33.3
65 and over	26,396	21,873	−17.1	7,646	5,516	−27.9
TOTAL	201,283	157,120	−21.9	119,362	78,795	−34.0

In 1961, 746,824 dwelling units, or 16.4 percent of the total stock of occupied dwelling units, were occupied by households whose head was 65 years of age or older. The relative claim on the housing stock of the aged changed a little in the last decade: in 1951 the proportion of housing stock occupied by the aged was 16.5 percent, slightly more than in 1961.

OCCUPIED DWELLINGS BY AGE OF HOUSEHOLD HEAD—1951-1961

				Percentage Distribution	
	1951	1961	% Change	1951	1961
Under 35	782,915	1,118,114	+42.8	23.0	24.5
35–44	808,255	1,072.159	+32.7	23.7	23.5
45–64	1,254,855	1,617,639	+28.9	36.8	35.5
65 and over	563,270	746,824	+32.6	17.5	16.4
TOTAL	3,409,295	4,554,736	+33.6	100.0	100.0

As a result of their larger housing needs, the aged occupy a disproportionately large part of the housing stock. In 1961, for example, 53.7 percent of all persons who were 65 years or older were heads of households. While the "headship rate" was much lower in the younger age groups.

HEADSHIP RATES—1961

Age of Household Head	Population	Households (by Age of Head)	Per Cent Household Heads
25–34	2,481,107	938,389	37.8
35–44	2,389,885	1,072,159	44.9
45–54	1,878,504	936,625	49.9
55–64	1,289,470	681,014	52.8
65 and over	1,391,154	746,824	53.7
65–69	487,102	266,099	54.6
70 and over	904,052	480,725	53.2

Characteristics of Dwellings of Old People

The *average size* of dwellings occupied by the aged exceeds slightly the national average, although it is less than that of dwellings occupied by households whose heads were in the 35 to 64 age groups. The *density* of dwelling units, as measured by the persons per dwelling and the persons per room ratios, is however, much lower in households whose heads are 65 years of age or older.. The average persons per dwelling unit was 2.4 in dwellings occupied by the aged, much less than the national average of 3.9. Similarly, the persons per room ratio was .48 in households whose heads were 65 to 69 years old and .43 percent in households with heads of 70 years of age and older, while the national average was .74. The proportion of households with more than one person per room was 3.4 percent among the aged, substantially less than the national average, 16.5 percent.

SIZE OF DWELLINGS AND DENSITY OF HOUSEHOLDS BY AGE OF HEAD

Age of Head	Average numbers of rooms per dwelling	Average number of persons per dwelling	Average number of persons per room	Households with more than one person per room per cent
Under 25	3.9	2.9	.74	13.2
25–34	4.9	4.1	.84	22.4
35–44	5.5	4.9	.89	25.9
45–54	5.7	4.3	.75	17.2
55–64	5.6	3.2	.57	7.6
65–69	5.4	2.6	.48	4.2
70 and over	5.4	2.3	.43	3.0
TOTAL	5.3	3.9	.74	16.5

The low population density in dwellings occupied by the aged suggests that some households, especially one-person households, formed by the aged occupy housing space far in excess of their needs. The main reason for this discrepancy between needs and demands of the elderly is that a very large proportion of the housing stock occupied by the aged was acquired at earlier stages of their life cycles and, for many reasons, some of which will be examined below, the aged are slow to adjust their demands as their housing needs change. The low rate of mobility of the aged is reflected in the data shown below which indicate that nearly 60 percent of the households whose head was 65 years of

MOBILITY OF THE AGED—1961

Age of Household Head	All Households	Length of Occupancy: less than 1 year	1–5 years	6–10 years	More than 10 years
Under 25	179,714	102,229	67,213	3,380	6,892
25–34	938,335	256,912	528,221	107,053	46,149
35–44	1,072,098	153,674	464,519	235,442	218,463
45–54	936,571	90,792	292,057	187,931	365,791
55–64	680,983	51,145	167,745	115,708	346,385
65 and over	746,792	43,382	150,225	107,713	445,472
65–69	266,087	17,767	58,239	40,535	149,546
70 and over	480,705	25,615	91,986	67,178	295,926
TOTAL	4,554,493	698,134	1,669,980	757,227	1,429,152

Percentage Distribution

Age of Household Head	All Households	Length of Occupancy: less than 1 year	1–5 years	6–10 years	More than 10 years
Under 25	100.0	56.9	37.4	1.9	3.8
25–34	100.0	27.4	56.3	11.4	4.9
35–44	100.0	14.3	43.3	22.0	20.4
45–54	100.0	9.7	31.2	20.1	39.0
55–65	100.0	7.5	24.6	17.0	50.9
65 and over	100.0	5.8	20.1	14.4	59.7
65–69	100.0	6.7	21.9	15.2	56.2
70 and over	100.0	5.3	19.1	14.0	61.6
TOTAL	100.0	15.3	36.7	16.6	31.4

age or older in 1961 were living in the same dwellings they occupied 10 years ago, although their housing needs must have changed considerably in the last decade.

The reasons for the low rate of mobility of the aged are partly psychological, such as attachment to the house itself or to the neighbourhood, and partly economic. Among the economic factors the high incidence of home-ownership among the aged is probably the most important. Home-owners in all age groups have a lower rate of mobility than renters and, among home-owners, the rate of mobility varies inversely with age, reflecting mainly the declining proportion of mortgaged houses.

Of the 746,792 dwellings occupied by households whose head was 65 years of age or older, was 574,780 units, or 77.0 percent were owner-occupied. The home-ownership ratio in this age group for households of male heads was 80.9 percent. Among households with female heads (broken families and non-family households) the incidence of home-ownship was much lower, 68.1 percent, indicating that a substantial number of dwellings are still vacated after dissolutions of families.

Occupied Dwellings by Tenure—1961

Age of Household Head	All Dwellings	Owned	Rented	Per Cent Owned
Under 25	179,714	42,945	136,769	23.9
25–34	938,335	467,430	470,905	49.8
35–44	1,072,098	723,609	348,489	67.5
45–54	936,571	685,414	251,157	73.2
55–64	680,983	511,409	169,574	75.1
65 and over	746,792	574,780	172,012	77.0
65–69	266,087	204,493	61,594	76.9
70 and over	480,705	370,287	110,418	77.0
TOTAL	4,554,493	3,005,587	1,548,906	66.0

In 1951, nearly 90 percent of all owner-occupied single non-farm dwellings occupied by the aged were mortgage-free. This suggests that actual cash outlays on housing of the elderly are modest and, in most cases, even a small income, or a small increase in income, is sufficient to enable the aged to remain in their owned dwelling. In the last decade, increased social security payments, the higher incidence of pension payments etc., made it unnecessary for a large number of the aged to vacate the family dwellings once they reached retirement ages. These developments considerably reduced the supply of existing dwellings offered for sale and a larger than usual part of the incremental demand for housing in the 1950's had to be met by new construction.

Mortgage-free Non-farm Single Detached Dwellings
(Per Cent)

Age of Household Head	1951
Under 35	49.8
35–44	56.3
45–54	68.5
55–64	79.5
65 and over	89.3
TOTAL	68.7

While the incidence of home-ownership is higher among the aged than in any other age group, the *quality* of the housing stock occupied by the elderly is much below average. The lower quality of dwelling is reflected in the lower than average value of housing units owned by the aged and also in the high proportion of dwellings in need of major repair. The Median Value of non-farm single detached dwellings owned by persons in the 65 to 69 years age group was $9,296 and that of persons aged 70 years of age or older $8,399, 15.9 percent and 23.8 percent less than the national average of $11,021.

MEDIAN VALUE OF OWNER-OCCUPIED NON-FARM SINGLE DETACHED DWELLINGS—1961

Age of Household Head	Dollars
Under 25	7,986
25–34	11,797
35–44	12,397
45–54	11,631
55–64	10,531
65–69	9,296
70 and over	8,399
TOTAL	11,021

The average cash rent paid by tenant households whose head was 65 years of age or older was $64 in 1961, slightly less than the national average of $65. These averages conceal, however, large regional variations in the rent differential. In five metropolitan areas (Montreal, Quebec, Ottawa, Sudbury and Saint John) the average rent paid by the aged who maintained their own households exceed the overall average for the metropolitan area. In the remaining metropolitan areas, however, the average rent paid by the aged was below the overall average.

Of the 746,792 dwelling units occupied by households whose head was 65 years of age or older, 49,092 units, or 6.6 percent, were *in need of major repairs.* The proportion of dwellings requiring major repairs was higher in the 65 and over age group than in any other age class.

DWELLINGS IN NEED OF MAJOR REPAIRS—1961

Age of Head	All Dwellings	In Need of Major Repairs	Per Cent
Under 25	179,714	11,235	6.3
25–34	938,335	49,295	5.3
35–44	1,072,098	56,406	5.3
45–54	936,571	51,234	5.5
55–64	680,983	38,152	5.6
65 and over	746,792	49,092	6.6
65–69	266,087	15,868	6.0
70 and over	480,705	33,224	6.9
TOTAL	4,554,493	255,414	5.6

In the 1950's the number, as well as the proportion, of dwellings in need of major repairs was substantially reduced in every age group. In the oldest age group, however, the reduction in the number of substandard homes was less marked.

DWELLINGS IN NEED OF MAJOR REPAIRS
(as a per cent of all dwellings)

Age of Household Head	1951	1961
Under 35	13.8	5.4
35–44	13.7	5.3
45–54	13.4	5.5
55–64	12.4	5.6
65 and over	13.7	6.6
TOTAL	13.4	5.6

The proportion of *dwellings lacking adequate plumbing facilities* is the highest in the part of the housing stock occupied by the aged. Of the 746,792 dwelling units occupied by the aged in 1961, 197,488 units, or 15.6 percent were without running water. One out of every four dwelling units occupied by the elderly lacked the exclusive use of flush toilet and nearly one out of every three dwelling units lacked the exclusive use of bath or shower.

		Dwellings without			Per Cent without		
Age of Household Head	All Dwellings	Running Water	Flush Toilet (excl use)	Bath or Shower (excl use)	Running Water	Flush Toilet	Bath or Shower
Under 25	179,711	19,237	44,145	48,327	10.7	24.6	26.9
25–34	938,335	81,387	172,590	192,330	8.7	18.4	20.5
35–44	1,072,098	93,659	193,955	208,408	8.7	18.1	19.4
45–54	936,571	97,688	187,887	200,991	10.4	20.1	21.5
55–64	680,983	87,984	158,960	158,960	12.9	23.3	25.3
65 and over	746,792	116,215	197,488	220,228	15.6	26.4	29.5
65–69	266,087	38,665	67,254	74,299	14.5	25.3	27.9
70 and over	480,705	77,550	130,234	145,929	16.1	27.1	30.4
TOTAL	4,554,493	496,180	955,025	1,042,383	10.9	21.0	22.9

In the 1950's the numbers, and the proportions, of dwellings lacking adequate plumbing facilities was substantially reduced. Again, the substandard units occupied by the aged showed less than average decreases.

	Dwellings without					
	Running Water		Flush Toilet (exclusive use)		Bath or Shower (exclusive use)	
	1951	1961	1951	1961	1951	1961
Age of Household Head	Per Cent					
Under 35 years	25.4	9.0	37.8	19.4	46.8	21.5
35–44	24.2	8.7	33.9	18.1	41.5	19.4
45–54	25.1	10.4	34.0	20.1	40.7	21.5
55–64	26.2	12.9	34.8	23.3	40.7	25.3
65 and over	30.3	15.6	39.3	26.4	46.0	29.5
TOTAL	26.0	10.9	35.9	21.0	43.2	22.9

Incomes of Old People

The housing difficulties of older people stem largely from their lack of resources. Data on the non-farm group who represented 1,134,000 of the 1.4 million total of people 65 and over in 1961 are shown on the following page.

NON-FARM POPULATION, 65 YEARS OF AGE AND OVER (THOUSANDS)

	Household Heads	Wives of Household Heads	Parents of Household Heads	Other	Total
Total	658	224	134	118	1,134
With incomes under $1,000	278	199	101	65	643
With incomes under $1,500	371	210	116	82	779

This group consisted of: 658,000 household heads of whom 278,000 had incomes of less than $1,000 per year; 224,000 wives of household heads with 199,000 having less than $1,000 annual income; 134,000 parents of household heads with 101,000 having incomes under $1,000 and 118,000 other individuals, living in institutions or in someone else's dwelling, of whom 65,000 had incomes under $1,000 per year.

Not only do the old have lower incomes than the rest of the adult population but they enjoy less prospect of improvement by their own efforts. The increases in real income that are enjoyed by most employed persons are of little benefit to the old since only about one in six of them is in the labour force and this participation rate appears to be dropping. Much of their income therefore derives from sources which do not respond necessarily to price and productivity increases. The older population is therefore exposed to the threat of inflation and not in a strategic position to benefit from gains in real output enjoyed by the working population.

VI

NON-PROFIT HOUSING FOR OLD PEOPLE
CATALOGUE OF PROJECTS BUILT
THROUGH SECTION 16 OF THE NATIONAL HOUSING ACT

LIMITED-DIVIDEND LOANS APPROVED UNDER THE NATIONAL HOUSING ACT FOR ELDERLY PERSONS—1946-1964

Area	Name of Project	Date of Approval by Type of Sponsorship			No of Units		Type of Units	Present Monthly Rentals $
		Entrepreneur	Municipality	Charitable Institutions	Self Contained	Hostel		
Newfoundland								
St. John's	Anglican Homes Inc.	—	—	11-63	48	64	Row Houses 1 BR	60.00
Prince Edward Island								
Souris	P.E.I. Senior Citizens Housing Corp.	—	11-62	—	4	—	Row Houses 1 BR	57.50
Nova Scotia								
Dartmouth	Kidartom Limited	—	—	11-62	24	—	Row H Bach.	43.00
							1 BR	52.50
New Brunswick								
Moncton	Moncton Legion Estates Ltd.	—	—	9-59	16	—	Row Houses 1 BR	51.50
Nashwaaksis	Fredericton Legion Estates Inc.	—	—	11-60	8	—	Row Houses 1 BR	57.00
Québec								
Montréal	Pavillon Mercier Inc. No. 1	7-57	—	—	59	—	Apts. Bach.	44.50
							1 BR	54.50
Montréal	Neuilly Limited-Dividend Co.	7-57	—	—	108	—	Apts. Bach.	41.25
							1 BR	51.25
Montréal	Pavillon Mercier Inc. No. 2	12-57	—	—	27	—	Apts. Bach.	44.50
							1 BR	54.50
Ville D'Anjou	Le Pavillon Ville-Marie Inc.	6-58	—	—	120	—	Apts. Bach.	38.00
							1 BR	48.00
Châteauguay	Quebec Legion Memorial Housing Corp.	—	—	7-58	128	—	Apts. Bach.	44.50
							1 BR	51.75
Montréal-Nord	Les Appartements Métros. Ltée.	7-58	—	—	137	—	Apts. Bach.	49.50
							1 BR	58.00
Rivière-des-Prairies	Le Domaine des Prairies Ltée.	12-58	—	—	78	—	Apts. Bach.	38.00
							1 BR	58.00
Trois-Rivières	Le Pavillon Normand Ville	4-59	—	—	64	—	Apts. 1 BR	62.00
Montréal-Nord	Les Appartements Mtl-Nord Ltée.	6-59	—	—	117	—	Apts. Bach.	52.00
							1 BR	61.00
Sherbrooke	Le Pavillon Bréboeuf Ltée.	8-59	—	—	79	—	Apts. Bach.	44.50
							Row Hses 1 BR	54.50
Greenfield Park	Vermont Housing Co.	10-59	—	—	36	—	Duplex Bach.	49.00
							Houses 1 BR	58.00
Boucherville	Boucherville Ltd.—Div. Corp.	10-59	—	—	40	—	Row Bach.	48.50
							Duplexes 1 BR	55.00
Granby	Le Pavillon Granby	8-60	—	—	40	—	Duplex Bach.	44.74
							Maisonettes 1 BR	53.50

Ontario								
Burlington	Burlington Housing Corp.	—	—	6–46	8	—	Apts. {Bach.	24.00
							{1 BR	29.00
Burlington	Burlington Housing Corp.	—	—	6–48	8	—	Apts. {Bach.	24.00
							{1 BR	29.00
Owen Sound	Owen Sound Housing Co. Ltd.	—	8–50	—	40	—	Apts. {Bach.	26.00
							{1 BR	33.00
York Twp.	York Twp. Housing Co. Ltd.	—	2–52	—	128	—	Apts. {Bach.	29.00
							{1 BR	35.00
Stratford	Fairvue Builders Ltd.	—	—	9–53	8	—	Apts. {Bach.	35.00
							{1 BR	41.50
Windsor	City of Windsor Housing Co. Ltd.	—	10–53	—	96	—	Row Houses 1 BR	41.00
Brantford	Brantford Housing Co. Ltd.	—	11–53	—	16	—	Double Row Houses 1 BR	25.50
(1)Ottawa	Ottawa Lowren Housing Co. Ltd.	—	7–54	—	32	—	Row Houses 1 BR	54.00
Meaford	Meaford Housing Co. Ltd.	9–54	—	—	32	—	Apts. {Bach.	34.00
							{1 BR	42.00
							{2 BR	48.00
Ottawa	Can. Legion Older Veterans Homes Inc.	—	—	10–54	46	—	Apts. {Bach.	38.00+43.00
							{1 BR	43.00+46.00
Hamilton	Hamilton Housing Co. Ltd.	—	10–54	—	16	—	Apts.-1 BR	38.50
(2)Ottawa	Mooretown Housing Ltd.	—	2–56	—	20	—	Row Houses 1 BR	55.00
Etobicoke	Metro Toronto Housing Co. Ltd.	—	2–56	—	128	—	Apts. {Bach.	35.75
							{1 BR	42.25
Stratford	Fairvue Builders Ltd.	—	—	5–56	8	—	Apts. {Bach.	37.00
							{1 BR	43.50
St. Catharines	Senior Citizens Apts. Ltd.	—	—	6–56	20	—	Apts. {Bach.	42.50
							{1 BR	45.00
Renfrew	Renfrew Rotary Club Homes Ltd.	—	—	8–56	14	—	Det. Bgs. 1 BR	39.00
Kingston	Kingston Elderly Citizens Homes	—	—	9–56	23	—	Apts. {Bach.	35.00
							{1 BR	42.00
Oshawa	Oshawa Housing Co. Ltd.	—	9–56	—	41	—	Apts. {Bach.	38.75+41.25
							{1 BR	50.00
Ottawa	Ottawa Lowren Housing Co. Ltd.	—	5–57	—	76	—	S/D Duplex 1 BR	54.00
Windsor	City of Windsor Housing Co. Ltd.	—	5–57	—	48	—	Row Houses {Bach.	31.50
							{1 BR	41.00
North York Twp.	Metro Toronto Housing Co. Ltd.	—	6–57	—	128	—	Apts. {Bach.	39.25
							{1 BR	49.25
North York Twp.	Can. Legion Toronto Homes	—	—	7–57	48	—	Apts. {Bach.	35.00
							{1 BR	44.75
Hamilton	Coronation Park Housing Co. Ltd.	—	—	10–57	16	—	Row Houses 1 BR	48.50
Scarborough	Metro Toronto Housing Co. Ltd.	—	1–58	—	16	—	Apts. {Bach.	45.00
							{1 BR	53.50
Port Arthur	Golden Age Haven Ltd.	—	—	7–58	16	—	Row Houses 1 BR	47.00
Fort William	Can. Legion Memorial Gardens	—	—	8–58	16	—	S/D Bldgs. 1 BR	48.00
Toronto	Metro Toronto Housing Co.	—	9–58	—	405	—	Apts. {Bach.	42.00
							{1 BR	54.00

(1)Loan approved for 316 units—split of 284 units for Low-Income and 32 units for Elderly Persons.

(2)Loan approved for 104 units—split of 84 units for Low-Income and 20 units for Elderly Persons.

LIMITED-DIVIDEND LOANS APPROVED UNDER THE NATIONAL HOUSING ACT FOR ELDERLY PERSONS—1946–1964 (Continued)

Area	Name of Project	Date of Approval by Type of Sponsorship			No. of Units		Type of Units	Present Monthly Rentals $
		Entrepreneur	Municipality	Charitable Institutions	Self Contained	Hostel		
Ontario (Continued)								
Toronto	Metro Toronto Housing Co. Ltd.	—	5–59	—	42	—	Apts. Bach.	48.25
							Apts. 1 BR	58.00
Kitchener	Kitchener Young Men's Club Realty Ltd.	—	—	6–59	16	—	Apts.–1 BR	46.50+48.25 +50.00
Scarborough	Metro Toronto Housing Co. Ltd.	—	10–59	—	201	—	Apts. Bach.	46.00
							Apts. 1 BR	57.00
Etobicoke	Metro Toronto Housing Co. Ltd.	—	10–59	—	96	—	Apts. Bach.	40.00
							Apts. 1 BR	55.00
Kitchener	North Waterloo Elderly Persons Homes Ltd.	—	—	10–59	36	—	Apts. Bach.	37.50
							Apts. 1 BR	37.50+43.50
							Apts. Basm.	43.50
Trafalgar	Trafalgar Senior Homes Ltd.	—	—	11–59	16	—	Row Houses 1 BR	57.50
Hamilton	Hamilton Housing Co. Ltd.	—	11–59	—	45	—	Apts.–1 BR	55.50
Stratford	Fairvue Builders Ltd.	—	—	6–60	16	—	Apts.–Bach.	38.00
York East	Metro Toronto Housing Co. Ltd.	—	10–60	—	201	—	Apts. Bach.	45.00
							Apts. 1 BR	59.50
Toronto	Metro Toronto Housing Co. Ltd.	—	11–60	—	25	—	Apts. Bach.	50.00
Orangeville	Twin Pines Apts. Ltd.	—	—	11–60	11	—	Apts. Bach.	41.25
							Apts. 1 BR	47.25
Peterborough	Peterborough Kinsmen Club	—	—	12–60	30	—	Row Houses Bach.	44.00
							Row Houses 1 BR	55.00
Dundas	Dundas Lions' Housing Ltd.	—	—	12–60	10	—	Row Houses–1 BR	54.00
Dundalk	Twin Pines Apts. Ltd.	—	—	12–60	11	—	Apts. Bach.	46.50
							Apts. 1 BR	52.50
London	Allen Towe Acres Ltd.	—	6–61	—	40	—	Apts. Bach.	45.00
							Apts. 1 BR	59.00
York North Twp.	Metro Toronto Housing Co. Ltd.	—	7–61	—	31	—	Apts.–Bach.	53.75
Etobicoke	Metro Toronto Housing Co. Ltd.	—	8–61	—	47	—	Apts. Bach.	43.75
							Apts. 1 BR	59.50
Orillia	Twin Pines Apts. Ltd.	—	—	10–61	11	—	Apts. Bach.	45.00+48.00
							Apts. 1 BR	55.00
Ancaster	Ancaster Senior Citizens Apts.	—	—	11–61	11	—	Row Houses Bach.	44.00
							Row Houses 1 BR	52.00
Durham	Twin Pines Apts. Ltd.	—	—	11–61	11	—	Apts. Bach.	47.00
							Apts. 1 BR	56.00
Trafalgar	Trafalgar Senior Homes Ltd.	—	—	11–61	12	—	Row Houses 1 BR	57.25

Trenton	Twin Pines Apts. Ltd.	—	—	12–61	11	—	Apts. Bach.	43.25+46.25
							1 BR	54.25
Mitchell	Twin Pines Apts. Ltd.	—	—	12–61	11	—	Apts. Bach.	44.25
							1 BR	54.25
St. Thomas	Kiwant Manors Ltd.	—	—	1–62	18	—	S/D Houses Bach.	43.00
							1 BR	57.50
Ottawa	Ottawa Lowren Housing Co. Ltd.	—	5–62	—	110	—	Apts.–Bach.	41.00
Toronto	Metro Toronto Housing Co. Ltd.	—	8–62	—	154	—	Apts. Bach.	43.00
							1 BR	56.00
Scarborough	Metro Toronto Housing Co. Ltd.	—	10–62	—	392	—	Apts. Bach.	47.50
							1 BR	60.00
Hanover	Twin Pines Apts. Ltd.	—	—	11–62	11	—	Apts. Bach	42.00
							1 BR	53.00
Mount Forest	Twin Pines Apts. Ltd.	—	—	11–62	11	—	Apts. Bach.	48.50
							1 BR	59.00
Wingham	Twin Pines Apts. Ltd.	—	—	11–62	11	—	Apts. Bach.	46.00
							1 BR	56.00
Ridgetown	Twin Pines Apts. Ltd.	—	—	12–62	11	—	Apts. Bach.	45.00
							1 BR	56.00
York North	Can. Legion Toronto Homes	—	—	1–63	94	—	Apts. Bach.	42.00
							1 BR	55.00
North Bay	McKay Homes	—	—	1–63	30	—	Row Houses Bach.	42.50
							1 BR	56.50
Stamford	Kiwanis Club of Niagara Falls	—	—	4–63	16	—	S/D Houses Bach.	45.00
							1 BR	58.50
Oshawa	Oshawa Housing Co. Ltd.	—	4–63	—	20	—	Apts.–Bach.	46.50
Burlington	Bonnie Place Ltd.	—	—	9–63	24	—	Row Houses–Bach.	49.00+58.00
St. Catharines	Senior Citizens Apts. Ltd.	—	—	10–63	20	—	Apts. Bach.	49.00
							1 BR	52.00
Manitoba								
Winnipeg	Can. Legion Memorial Housing	—	—	9–56	40	—	S/D Houses Bach.	43.00
							S/D Dup.	
St. James	St. James Kiwanis Courts	—	—	1–58	88	—	Row Houses 1 BR	44.50
Morden	Tabor Senior Citizens Homes Ltd.	—	—	1–58	8	—	Row Houses 1 BR	45.00
West Kildonan	Anatole Park Dev. Ltd.	10–58	—	—	24	—	Apts.–1 BR	52.50
Flin Flon	Flin-Flon Housing Co. Ltd.	—	—	6–60	20	—	Row Houses 1 BR	50.50
Winnipeg	Can. Legion Memorial Housing Foundation	—	—	11–60	24	—	Row Houses 1 BR	35.00
East Kildonan	Kiwanis Homes of East Kildonan	—	—	12–60	12	—	Row Houses 1 BR	48.25
Morden	Tabor Senior Citizens Homes Ltd.	—	—	12–60	10	—	Row Houses Bach.	37.75
							1 BR	48.75+50.75
Winnipeg	Cosmopolitan Club Homes	—	—	3–61	29	—	Apts.–1 BR	49.00
St. Boniface	St. Philips Court Ltd.	—	—	5–61	15	—	Apts. Bach.	45.00
							1 BR	58.75
Portage La Prairie	Portage Rotary Housing Ltd.	—	—	11–61	10	—	Row Houses Bach.	37.50
							1 BR	52.25
Minnedosa	Minnedosa Kinsmen Housing	—	—	11–61	8	—	Row Houses 1 BR	37.50+50.00
St. Vital	Chesterfield Housing Dev.	—	—	12–61	58	—	Apts. Bach.	40.25
							1 BR	52.25

LIMITED-DIVIDEND LOANS APPROVED UNDER THE NATIONAL HOUSING ACT FOR ELDERLY PERSONS—1946–1964 (Continued)

Area	Name of Project	Date of Approval by Type of Sponsorship			No of Units		Type of Units	Present Monthly Rentals $
		Entrepreneur	Municipality	Charitable Institutions	Self Contained	Hostel		
Manitoba (Continued)								
Hamiota	Hamiota Senior Citizens	—	—	4–62	10	—	Apts. Bach.	42.50
							Apts. 1 BR	52.00
St. James	Metro Kiwanis Courts	—	—	6–62	50	47	Apts.–Bach.	44.00
Manitou	Manitou Kinsmen Haven	—	—	7–62	8	—	Row Houses Bach.	40.00
							Row Houses 1 BR	52.50
Rivers	Rivers Kiwanis Courts	—	—	8–62	10	—	Apts. Bach.	44.00
							Apts. 1 BR	54.00
Winnipeg	Cosmopolitan Club Homes	—	—	10–62	52	—	Row Houses Bach.	34.75+36.50
							Row Houses 1 BR	49.00
Winnipeg	Can. Legion Memorial Housing Foundation	—	—	10–62	8	—	Apts.–Bach.	38.00
Stonewall	Kinsmen Lakeview Apts.	—	—	12–62	10	—	Apts. Bach.	39.00
							Apts. 1 BR	51.00
Roblin	Roblin Residences	—	—	6–63	13	—	Row Houses Bach.	43.00
							Row Houses 1 BR	54.00
Portage La Prairie	Portage Rotary Housing Ltd.	—	—	7–63	11	—	Row Houses Bach.	37.50
							Row Houses 1 BR	52.25
Winnipeg	Can. Legion Memorial Housing Foundation	—	—	10–63	44	—	Apts. Bach.	42.00
							Apts. 1 BR	52.00
Miami	Miami Senior Citizens Housing Association	—	—	10–63	12	—	Row Houses Bach.	42.50
							Row Houses 1 BR	55.00
Souris	Victoria Park Lodge	—	10–63	—	11	24	Apts. Bach.	40.00
							Apts. 1 BR	52.00
The Pas	Kinsmen Homes of The Pas	—	—	10–63	13	—	Apt.s Bach.	46.00
							Apt.s 1 BR	58.50
Winnipeg	Mackinnon House	—	—	11–63	88	—	Apts. Bach.	45.00
							Apts. 1 BR	57.00
Pilot Mound	Prairie View Lodge	—	—	11–63	12	30	Apt.s Bach.	45.00
							Apt.s 1 BR	57.00
Selkirk	Selkirk Rotary Club Homes for Senior Citizens	—	—	12–63	10	—	Row Houses Bach.	45.00
							Row Houses 1 BR	57.00
Russell	Elk-Legion Court Ltd.	—	—	12–63	12	—	Row Houses Bach.	45.00
							Row Houses 1 BR	57.00
West Kildonan	Anatole Park Dev. Ltd.	11–57	—	—	56	—	Row Houses 1 BR	52.50

Saskatchewan

Zenon Park	Zenon Park Housing Co. Ltd.	—	—	6–55	10	—	Row Houses 1 BR	40.00
Moose Jaw	Pioneer Housing Assoc.	—	3–56	—	24	—	Row Houses 1 BR	41.00
Saskatoon	Jubilee Residences Ltd.	—	—	3–56	46	—	Row Houses S/D Houses 1 BR	27.50
Saskatoon	Jubilee Housing Corp. Ltd.	—	—	3–56	40	—	Row Houses 1BR	25.75
Neilburg	Neilburg Housing Corp.	—	6–56	—	10	—	Row Houses Bach.	35.00
							1 BR	43.00
Regina	Regina Pioneer Village Ltd.	—	8–56	—	100	—	86 Apts. 1 BR	34.00
Assiniboia	Assiniboia Pioneer Lodge	—	3–57	—	48	48	Dup. Houses 1 BR	47.00
Ponteix	Ponteix Housing Co. Ltd.	—	3–57	—	16	16	Row Houses 1 BR	50.00
Shaunavon	South West Community Lodge	—	3–57	—	20	20	Dup. Houses 1 BR	50.00
Watrous	Manitou Lodge	—	4–57	—	20	20	Dup. Houses 1 BR	53.25
Unity	Unimac Pioneers Lodge	—	4–57	—	20	20	Dup. Houses 1 BR	45200
Macklin	Unimac Pioneers Lodge	—	4–57	—	10	—	Row Houses 1 BR	50.50+51.50
Kamsack	Kamsack Senior Housing	—	4–57	—	20	20	Row Houses 1 BR	50.00
Middle Lake	Bethany Pioneer Village	—	—	4–57	30	—	Row Houses 1 BR	48.00+49.50 +50.50
Meadow Lake	Northland Pioneers Lodge	—	4–57	—	20	20	Dup. Houses 1 BR	50.00
Balcarres	Parkland Lodge	—	6–57	—	14	14	Row Houses 1 BR	50.00
Swift Current	Prairie Pioneers Lodge	—	6–57	—	74	74	Dup. Houses 1 BR	26.25
Wadena	Weneeda Park Lodge	—	6–57	—	16	16	Row Houses 1 BR	52.00
Tisdale	Tisdale & District Hsg. Co. Ltd.	—	6–57	—	18	18	Dup. Houses 1 BR	44.25
Carnduff	Border-Line Housing Co.	—	7–57	—	20	20	Row Houses 1 BR	54.00
Yorkton	Yorkton Housing Corp.	—	7–57	—	40	—	S/D Houses 1 BR	39.50
Domremy	Residence Ste. Jeanne d'Arc	—	8–57	—	10	—	Row Houses 1 BR	45.25
Eston	Jubilee Lodge	—	8–57	—	20	20	Apts.—1 BR	59.00
Saskatoon	Jubilee Residences Ltd.	—	—	8–57	48	94	Row Houses 1 BR	27.50
Estevan	Souris Valley Housing	—	11–57	—	24	24	Dup. Houses 1 BR	46.00
Canora	Canora Senior Citizens	—	—	11–57	10	—	Row Houses 1 BR	49.00+51.00
Wakaw	Lakeview Pioneer Lodge	—	11–57	—	20	20	Apts.—1BR	48.50
Prince Albert	Sask. Elks Senior Citizens Lodge	—	—	12–58	20	—	S/D Bgs. 1 BR	49.00
Moosomin	Eastern Sask. Pioneers Lodge	—	5–59	—	20	20	S/D Duplexes —1 BR	50.00
Melfort	Melfort District Pioneer Lodge	—	6–59	—	20	20	Row Houses S/D Dup. 1BR	52.00
Weyburn	Weyburn Town & Country Hsg.	—	7–59	—	32	32	S/D Dup. 1 BR	44.25
Stoughton	New Hope Pioneer Lodge	—	11–59	—	20	20	Apts. Bach.	54.00
							1 BR	64.00
Regina	United Church Housing Corp.	—	—	7–60	48	—	Row Houses Bach.	36.75
Moose Jaw	Sask. Elks Senior Citizens	—	—	8–60	20	—	S/D Bgs. 1 BR	51.50
North Battleford	Battleford River Heights Lodge Ltd.	—	9–60	—	30	30	Row Houses 1 BR S/D Bldgs	54.00
Assiniboia	Assiniboia Pioneer Lodge	—	7–61	—	12	—	S/D Bgs.-1 BR	37.50
Indian Head	Sunbeam Lodge	—	10–61	—	10	—	S/D Bgs.-1 BR	46.50
Wynyard	Wynyard Dist. & Hous. Corp.	—	10–61	—	22	23	Apts. Bach	41.25
							S/D Dup. 1 BR	45.50
Nipawin	Sask. Elks Senior Citizen Lodge	—	—	6–62	20	—	S/D Houses 1 BR	47.00
Yorkton	Yorkton Housing Corporation	—	10–62	—	20	—	Duplexes Bach.	35.50

LIMITED-DIVIDEND LOANS APPROVED UNDER THE NATIONAL HOUSING ACT FOR ELDERLY PERSONS—1946-1964 (Continued)

Area	Name of Project	Date of Approval by Type of Sponsorship			No. of Units		Type of Units	Present Monthly Rentals $
		Entrepreneur	Municipality	Charitable Institutions	Self Contained	Hostel		
Saskatchewan (Continued)								
Carlyle	Mountain View Lodge	—	11-62	—	8	—	Row Houses Bach.	37.50
							Row Houses 1 BR	48.00
Whitewood	Whitewood & District Housing Corporation	—	4-63	—	10	—	Row Houses Bach.	36.50
							Row Houses 1 BR	46.50
Carrot River	Carrot River Senior Citizens	—	6-63	—	10	—	S/D Houses Bach.	36.00
							S/D Houses 1 BR	47.50
Esterhazy	Sask. Elks Senior Citizens	—	—	7-63	16	—	Row Houses Bach.	38.00
							Row Houses 1 BR	48.00
Saskatoon	Jubilee Residences Ltd	—	—	9-63	101	—	Row Bungalow Bach.	33.50
							Row Bungalow 1 BR	41.00
							Row Bungalow Janitor	43.00
Assiniboia	Assiniboia Pioneer Lodge	—	10-63	—	16	—	Apts.-Bach.	37.50
Prince Albert	Northern Housing Dev	—	10-63	—	50	50	Row Houses Bach.	39.00
							Row Houses 1 BR	49.00
Foam Lake	Foam Lake Housing Corp	—	11-63	—	10	—	S/D Houses Bach.	37.00
							S/D Houses 1 BR	47.00
Yorkton	Yorkton Housing Corp	—	12-63	—	20	—	Quadruplex Bach.	40.00
Alberta								
Red Deer	Red Deer Twilight Homes	—	—	7-54	16	—	Row Houses 1 BR	40.00
Calgary	Bow Valley Lodge Found	—	—	6-56	44	—	Row Houses 1 BR	36.50
Red Deer	Red Deer Twilight Homes	—	—	8-57	8	—	Row Houses 1 BR	40.00
Edmonton	North Sask. Valley Found	—	—	12-58	56	—	Apts. Bach.	33.50
							Apts. 1 BR	43.75
British Columbia								
Vancouver	Beulah Gardens Home Soc	—	—	5-48	16	—	Duplex Houses 1 BR	25.00
							Duplex Houses 2 BR	32.00
Burnaby	New Vista Society	—	—	5-49	12	—	Dup. Houses 1 BR	25.00
Burnaby	New Vista Society	—	—	5-50	12	—	Dup. Houses Bach.	25.00
North Vancouver	Kiwanis Senior Citizens Homes	—	—	3-51	20	20	Det. Houses 2 BR	22.00
							Det. Houses 4 BR	25.00
Burnaby	New Vista Society	—	—	3-51	10	—	Dup. Houses 1 BR	25.00
Burnaby	New Vista Society	—	—	12-51	24	—	Dup. Houses 1 BR	25.00
Vancouver	B.C. Housing Foundation	—	—	10-52	52	—	Apts. Bach.	18.00+25.00
							Apts. 1 BR	18.00+31.00
								+36.00

British Columbia (Cont'd)

Burnaby	New Vista Society	—	—	1–53	24	—	Duplex Cottages {Bach.	17.00
							{1 BR	25.00
Burnaby	New Vista Society	—	—	1–54	36	—	Apts. {Bach.	20.50
							S/D Houses {1 BR	25.00
[3]Victoria	Kiwanis Village Society	—	—	2–54	36	—	Row Houses {Bach.	16.50
							{1 BR	25.00
North Vancouver	Kiwanis Senior Citizens Homes	—	—	9–54	10	—	Det. Houses 2 BR	22.00
Burnaby	New Vista Society	—	—	10–54	40	—	Apts. {Bach.	23.00
							{1 BR	35.00
Burnaby	New Vista Society	—	—	10–55	14	—	Apts.–Bach.	23.00
North Vancouver	Kiwanis Senior Citizens Homes Ltd.	—	—	12–55	10	—	Det. Houses {2 BR	22.00
							{4 BR	25.00
Kamloops	Kamloops Senior Citizens Housing Society	—	—	2–56	16	—	Row Houses {Bach.	29.50
							{1 BR	43.00
West Vancouver	West Vancouver Senior Citizens Housing Society	—	—	3–56	16	—	Apts.–1 BR	19.50+32.50
Vernon	Kiwanis Village Society	—	—	7–56	4	—	Row Houses 1 BR	34.00
Cloverdale	Cloverdale Senior Citizens Housing Society	—	—	9–56	8	—	Att. Bung. Bach.	35.00
Dawson Creek	Rotary Harbour Society	—	—	9–56	24	—	S/D Bgs. 1 BR	48.25
Burnaby	New Vista Society	—	—	10–56	12	—	Apts. {Bach.	26.00
							{1 BR	42.00
Nanaimo	Nanaimo Dist. Senior Citizens Hsg. Dev.	—	—	11–56	18	—	S/D Houses 1 BR	30.00
Kelowna	Pleasantvale Home Soc.	—	—	4–57	12	—	S/D Houses {Bach.	25.00
							{1 BR	35.00
[4]Vancouver	New Chelsea Society	—	—	7–57	8	—	Row Houses Bach.	24.00
Vancouver	Vancouver East Lions Soc.	—	—	8–57	24	—	Apts. {Bach.	30.00
							{1 BR	40.00
Cloverdale	Cloverdale Senior Citizens Housing Society	—	—	10–57	8	—	S/D Houses {Bach.	34.50+35.00
							{1 BR	47.00+47.50
Crescent Beach	Crescent Housing Society	—	—	11–57	16	—	S/D Bgs. 1 BR	48.25
Vancouver	B.C. Housing Foundation	—	—	12–57	24	—	Apts.–Bach.	25.00
West Vancouver	W. Vancouver Senior Citizens Housing Soc.	—	—	1–58	16	—	Apts.–Bach.	19.50
Port Alberni	Alberni Valley Memorial Home Society	—	—	2–58	28	—	Row Houses {Bach.	33.00
							{1 BR	51.50
Trail	Trail & Dist. Sen. Citizens Village Society	—	—	3–58	21	—	Row Houses {Bach.	32.00
							{1 BR	48.00
Vancouver	New Chelsea Society	—	—	4–58	32	—	Row Houses {Bach.	24.00
							{1 BR	34.50
Westview	Malaspina Sen. Citizens Homes Society.	—	—	4–58	8	—	Apts. {Bach.	28.50
							{1 BR	39.00

[3]This project consist of 42 units—but only 36 units are financed by CMHC.

[4]Loan approved for 22 units—split of 14 units for Low Income and 8 units for Elderly Persons.

LIMITED-DIVIDEND LOANS APPROVED UNDER THE NATIONAL HOUSING ACT FOR ELDERLY PERSONS—1946–1964 (Continued)

Area	Name of Project	Date of Approval by Type of Sponsorship			No. of Units		Type of Units	Present Monthly Rentals $
		Entrepreneur	Municipality	Charitable Institutions	Self Contained	Hostel		
British Columbia (Cont'd)								
Victoria	C.N.I.B. Housing Ltd	—	—	5–58	14	—	Row Bgs. Bach.	19.50
							Row Bgs. 1 BR	27.50
Vancouver	Coleopy Park Dev	—	—	6–58	36	—	Row Bgs. Bach.	27.00
							Row Bgs. 1 BR	37.00
Kamloops	Kamloops Sen. Citizens Housing Society	—	—	8–58	6	—	Row Houses Bach.	27.00
West Vancouver	West Vancouver Sen. Citizens Housing Society	—	—	9–58	11	—	Apts. Bach.	19.50
							Apts. 1 BR	32.50
[5]Victoria	Victoria Senior Citizens Society	—	—	9–58	27	—	pts.–Bach.	28.25+25.00 +30.00
Prince George	Prince George Senior Citizens Homes	—	—	9–58	20	—	Row Houses 1 BR	50.00
North Vancouver	Kiwanis Senior Citizens Homes Ltd.	—	—	7–59	28	—	Apts.–Bach.	29.00+39.00
Vancouver	Soroptimist Club of Van. Ltd	—	—	10–59	21	—	Apts. Bach.	33.00
							Apts. 1 BR	45.00
Vancouver	B.C. Housing Foundation	—	—	11–59	12	—	Apts.–Bach.	25.00
Port Coquitlam	Port Coquitlam Senior Citizens Housing Co	—	—	11–59	12	—	Row Houses Bach.	35.00
							Row Houses 1 BR	45.00
Richmond	Richmond Kiwanis Senior Citizens Home	—	—	8–60	24	—	S/D Houses 1 BR	42.50
Chilliwack	Jubilee Housing Society	—	—	8–60	36	—	S/D & Row Houses Bach.	34.25
							S/D & Row Houses 1 BR	44.25
Duncan	Duncan Kiwanis Soc	—	—	8–60	8	—	Row Bgs. 1 BR	36.75
Parksville	Golden Age Housing Soc	—	—	8–60	6	—	Row Bgs. 1 BR	38.75
Kelowna	Pleasantvale Homes Soc	—	—	10–60	9	—	Row Houses Bach.	30.50
Langley	Central Fraser Valley Sr. Citizens Soc.	—	—	1–61	8	—	Maisonettes Bach.	38.00
							Maisonettes 1 Br.	56.00
Fort Langley	Central Fraser Valley Sr. Citizens Soc.	—	—	1–61	8	—	Maisonettes Bach.	38.00
							Maisonettes 1 BR	56.00
Vancouver	Beulah Gardens Homes Soc	—	—	3–61	48	—	Apts.–Bach.	32.50
Prince George	Prince George Senior Citizens Homes Soc	—	—	3–61	18	—	Apts.–Bach.	36.50
White Rock	Sunnyside Villas Soc	—	—	5–61	20	—	Row Houses Bach.	23.00
							Row Houses 1 BR	33.00
Pentieton	Kiwanis Senior Citizens Housing	—	—	5–61	14	—	Row Houses Bach.	25.00
							Row Houses 1 BR	35.00
Vancouver	New Chelsea Society	—	—	7–61	50	—	Apts. Bach.	36.00
							Apts. 1 BR	46.00

[5]Loan approved for 27 units contains 1 janitor suite at no charge.

British Columbia (Conc'd)

Vanderhoof	Nechako View Senior Citizens Society	—	—	7–61	8	—	Row Houses 1 BR	56.00
Vernon	Kiwanis Village Soc. of Vernon	—	—	8–61	8	—	Row Houses Bach.	35.00
Ladner	Delta Senior Housing Association	—	—	11–61	16	—	Row Houses Bach.	28.00
							1 BR	38.00
Courtenay	Comox Valley Kiwanis Village Society	—	—	11–61	6	—	S/D Houses 1 BR	28.50+38.00
Vancouver	B.C. Housing Foundation	—	—	5–62	35	—	Apts.–Bach.	34.25+46.25
Vancouver	Finnish Can. Rest Homes Society	—	—	5–62	93	—	Apts. Bach.	32.00
							1 BR	40.50
Coquitlam	Earl Haig Soc	—	—	6–62	18	—	Row Houses Bach.	36.50
							1 BR	49.50
Vancouver	Beulah Gardens Homes Society	—	—	7–62	32	—	Apts.–Bach.	32.00
North Surrey	Whally & District Sen. Citizens Housing Soc	—	—	7–62	8	—	Row Houses Bach.	40.00
							1 BR	57.00
Quesnel	Fraser Village Homes Soc	—	—	11–62	13	—	Apts. Bach.	38.50
							1 BR	56.50
Vancouver	Anglican Homes of New Westminster	—	—	2–63	53	—	Apts. Bach.	45.50
							1 BR	60.00
Richmond	Kiwanis Senior Citizens Housing Soc	—	—	5–63	27	—	Apts.–Bach.	36.50
Vancouver	Vancouver Gen. Hospital School of Nursing Alumnae Soc	—	—	5–63	21	—	Apts. Bach.	37.00
							1 BR	50.00
[6]Vancouver	Calling Foundation	—	—	6–63	105	—	Apts. Bach.	42.00
							1 BR	56.50
North Vancouver	Kiwanis Senior Citizens Homes	—	—	9–63	30	—	Apts. Bach.	32.00
							2 BR	50.00
							Janitor	
West Vancouver	West Vancouver Senior Citizens Housing Soc	—	—	9–63	27	—	Apts.–Bach.	29.50
Kelowna	Pleasantvale Homes Soc	—	—	10–63	21	—	Row Houses Bach.	32.00
							1 BR	39.00
Vancouver	B.C. Housing Foundation	—	—	10–63	8	—	Apts.–Bach.	33.00
Courtenay	Comox Valley Kiwanis Village Soc	—	—	12–63	8	—	Semi-Det. Bach.	31.00

[6]Loan approved for 109 units—split of 4 units for Low Income and 105 units for Elderly Persons.

APPENDIX "E-2"

BRIEF

Prepared for Presentation to

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

by the

Department of Veterans Affairs

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INTRODUCTION

In making this submission to the Special Committee of the Senate on Aging we realize that the Department of Veterans Affairs deals with a special group within our population and our experience may not have a general application. On the other hand, some areas of experience may well have such an application and it is hoped that this brief will make these areas evident.

The department has a vital interest in any study on Aging as veterans form a significant proportion of all males over 30 years of age in Canada. The following table, based upon the 1961 census reports, indicates this proportion:

TABLE I—VETERANS AS PROPORTION OF ALL MALES OVER 30 YEARS OF AGE—BY AGE GROUPS—1961

Age Group	% of Veterans by Age Groups	% of All Males by Age Groups	Veterans as % of All Males by Age Groups
30–34	6	16	10.3
35–39	24	15	41.0
40–44	24	13	46.0
45–49	15	12	30.1
50–54	7	11	16.7
55–59	4	9	11.9
60–64	7	7	25.5
65–69	7	6	28.8
70 plus	6	11	13.4
TOTAL	100	100	25.6

As will be seen, although veterans represent 25.6% of all males over 30 years of age, in the ages from 35 to 49 the percentage is much higher, indicating that in less than 20 years time the problems of the aging—55 to 69—males will be a major factor in the work of this department.

The department is interested, not only from the point of view that large numbers of our "clients" will be entering this group but because the history of the department has been one of providing services to veterans along with the administration of the statutory benefits available. Successive Ministers have shown that it has been their interpretation of the Department of Veterans Affairs Act that counselling to enable veterans to make the best use of The Veterans Charter is of prime importance. During the early post-war years the establishment of some seven hundred volunteer Citizens' Committees made up of men and women from all walks of life was a measure of the general interest in providing counsel and encouragement. Today, the willing cooperation the department receives from numerous public and private agencies shows that the spirit is still alive. As we prepare to enter the final phase of the work with veterans—to assist them to meet the problems of aging—we realize that only a coordinated effort can be successful.

As will be seen later in this submission, much of our interest is created because of the nature of the legislation now most active, the Pension Act, the Veterans Land Act, the War Veterans Allowance Act, and the Assistance Fund (War Veterans Allowance) and Treatment Regulations. The War Veterans Allowance Act and the Assistance Fund (WVA) Regulations are primarily effective for older veterans while the Treatment Regulations, because they authorize treatment to veterans in receipt of War Veterans Allowances, are active in direct proportion to the number of recipients. The Pension act in many cases provides a most valuable type of financial security. These benefits are such that counselling is frequently required to make them understood and because of the means test aspect of War Veterans Allowances the recipients often request advice concerning their problems.

Appendix "1" provides a projection of the anticipated number of veterans 60 years of age or more in Canada to the year 2010. Although the peak number for W.W. I has now been passed, and that for W.W. II will not be reached until 1985 there are at present, and there will continue to be, aging veterans in such numbers as to make us very conscious of the problems they are likely to encounter and to search for the best possible means of assisting and guiding them.

PART I

STATUTORY SERVICES

Treatment Services

Under the Veterans Treatment Regulations the department is permitted, in its discretion, to provide accommodation for the domiciliary care of disabled or older veterans. The extent of provision of such care is limited by the availability of suitable beds in existing departmental institutions. Care must be taken that domiciliary care patients do not supplant active care patients in departmental hospitals to the extent of interfering with the active treatment program. As a result, admission to domiciliary care in departmental hospitals is a highly selective process.

The department is of the opinion that old veterans should be kept in the familiar surroundings of their own communities for as long as possible. Once admitted to an institution, an attitude of total dependency is created, and the veteran begins more or less quickly to show signs of social and physical degeneration. Therefore, admission to institutional care is regarded as being a last resort.

Each applicant for domiciliary care is carefully screened by an Assessment and Rehabilitation Unit. This unit is composed, at a minimum, of a physician with special interest in the problems of the aged; of a psychologist; of a medical social worker and of a welfare officer. The applicant is assessed with respect to the social, economic, medical and psychological factors which might in his case warrant admission. Great efforts are made to find solutions to the question of provision of suitable care, alternative to the solution of admission to a departmental institution.

As a result, the vast majority of domiciliary care patients in our institutions have some degree of medical disability. In most cases this disability is considerable, and the patients are in need of nursing care and/or medical supervision in an amount greater than could be provided elsewhere. In short, the domiciliary care program operated by the department is really a program for the care of veterans with chronic long-term disease. It is a far cry from being a program of provision of supervised boarding-house accommodation.

Once admitted to domiciliary care in a departmental institution, the patient is subjected to a program of rehabilitation suited to his physical and mental resources. In this sense rehabilitation is a relative term. To us it means teaching the patient to make the most of what he has left to him. We can no longer seriously hope to return the patient from hospital as a useful member of the economic community. We can, however, hope to exercise rehabilitation techniques to the point that the totally bedridden patient can get about in a wheelchair; that the wheelchair patient can get about with crutches or a cane. We can even hope that in some cases the patient will be able to return to his own home or to a foster home in the community. To this end we rely heavily upon the techniques of physiotherapy and occupational therapy. The Arts and Crafts program, operated with our support by the Canadian Red Cross, has proved to be a most valuable adjunct as a recreational or diversional activity.

Because the provision of domiciliary care is entirely at the discretion of the department, and because of the selective manner in which applicants are accepted, the utilization of departmental beds for this type of care does not represent the demands which are made on the department. As of March 31, 1964, there were 6,938 patients in departmental hospitals. Of these, 2,795 or roughly 40% were classified as domiciliary care cases. The exercise of discretion and selection has resulted in this proportion remaining relatively constant in the past five years.

Veterans' groups would like the department to undertake a much larger program for domiciliary care. It can be argued that since the departmental program has met with a considerable measure of success, it should be extended to cover as large a segment of the population as possible. On the other hand, it can be argued that since the need for domiciliary care arises from age and disabilities which bear no relationship to war service and which are equally prevalent in veterans and non-veterans alike, the Department of Veterans Affairs would have no justification to enlarge the program. Indeed, it can be argued that no department of the federal government should be directly involved in the operation of such a program. Such arguments in no way deny the possibility that the pattern and techniques in use in the department should be copied and followed by non-federal agencies.

As has been explained above, all patients in domiciliary care have some degree of medical reason for being there. In the course of a year, 25% of them need active treatment in an active treatment hospital. The diseases from which veterans 45 years of age or more suffer and from which they die are shown in Appendices "2" to "9" and the proportion of the total D.V.A. patient load who are over 50 years of age is shown in Appendix "10".

Pension Act

Under the Pension Act, which is administered by the Canadian Pension Commission, aging veterans are given additional assistance under certain circumstances. In the first instance, where the veteran is pensioned for systemic disease incurred during service, the condition may, and in many cases does, progress with age. Such pensioners are called in for medical examination at regular intervals, and if the pensionable condition is found on examination to have worsened then the assessment is increased and the amount of pension paid is correspondingly increased. In this way the veteran, who was originally paid only a very small pension during his younger and more active days, may well reach the stage where he becomes eligible for a very substantial pension in his later years.

Secondly, the Canadian Pension Commission regulations provide for automatic age increases in cases of amputation or disability, due to or arising out of wounds or injuries, the result of direct action with the enemy, and when the degree of disablement is 50% or more. The first increase of 10% becomes effective on the pensioner's 55th birthday. There is a second 10% increase on the 57th birthday, and the third and last increase of 10% is due on the 59th birthday. Hence pensioners in that category invariably receive pension at the rate of 80% when they reach 59 years of age. Of course, if the disability is greater than 50%, the pensioner would reach the maximum of 80% at an even younger age.

At current rates, an 80% pensioner receives approximately $200 a month if he is married. A 50% married pensioner receives only $120 per month. Hence this type of pensioner receives approximately $80 per month as a bonus for age.

As the age distribution of pensioners follows very closely that of the general veteran population, the incidence of aging will follow the distribution shown in Appendix "1".

War Veterans Allowance

It became apparent to the government during the 1920's that many Canadian war veterans were experiencing difficulty in providing their own maintenance due to age and/or physical or mental disabilities not directly connected with their service which reduced their earning power. Accordingly, in 1930 the War Veterans Allowance Act was passed with a definite objective of "the relief from necessity of the aged or totally incapacitated veteran whose resources or income are insufficient to provide for his adequate maintenance". It

was anticipated that a maintenance allowance would enable such veterans to live in their own homes or with relatives with an income sufficient to enable them to maintain their self respect and independence.

During the 1930 meetings of the Pensions and Returned Soldiers Problems Committee of Parliament, Lt. Col. L. R. Lafleche, at that time Dominion President of the Canadian Legion, in speaking of the proposed War Veterans Allowance Act made reference to this factor. He referred to the veterans in hospital as domiciliary care patients and of the value of a War Veterans Allowance to them in this way, "I think if it were possible to clear the hospitals of these men they would be much happier than they are now. . . . . he is definitely sure that he will receive (a fixed income). It would permit them to live their lives in the vicinities and localities which they know and where they are known, and they would be happier, and would be able to look after themselves better." Thus the statement made earlier in this brief under the heading Treatment Services "The department is of the opinion that old veterans should be kept in the familiar surroundings of their own communities for as long as possible. Once admitted to an institution, an attitude of total dependence is created, and the veteran begins more or less quickly to show signs of social and physical degeneration. Therefore, admission to institutional care is regarded as being a last resort." is not something new but is a belief which was held as long as 35 years ago.

There have been many amendments to the War Veterans Allowance Act since it was first passed including provision for widows and orphan children; for former members of commonwealth and allied forces who although not domiciled in Canada at the time of enlistment have resided here for ten years; a broadening of the definition of the term "theatre of war" and a series of changes in the amount of allowances payable and the income and assets ceilings established under the Act. At the present time the allowance amounts to a maximum of $84 per month at single rates and $144 per month at married rates. The income ceilings are $108 and $174 respectively and personal property ceilings are set at $1,250 for a single recipient and $2,500 for a married recipient.

Appendix "11" shows the rapid increase over the past fifteen years, according to the war service, in the number of recipients, and it is interesting to note that 1964 provides the first indication of a decrease in the numbers who served in W.W. I. The future trend can be expected to follow the population trend indicated in Appendix "1".

Relating to veterans of 50 years of age or more, only Appendix "12" and "13" show, by five year age groups, the numbers who receive the allowances only and those who have other incomes, frequently Old Age Security payments, which are supplemented by the allowances.

Assistance Fund (War Veterans Allowance)

Apart from Disability Pension and War Veterans Allowance, the most significant financial assistance available to eligible older veterans is the Assistance Fund (WVA). This fund was originally authorized in 1949 and was introduced as a measure of relief to assist War Veterans Allowance recipients whose income was less than the established ceilings and who were "suffering acute financial distress". The limitation of "distress" has since been changed to "need" while retaining the factor of emergency where the assistance is to be granted in the form of a lump sum.

To ensure that the needs of the individual receive the fullest consideration by those most conversant with local problems and conditions, and to provide assistance where indicated without delay, adjudication is made in each D.V.A. district office. The adjudicating committee is made up of the same officers who form the District Authority (the decision making body) for the purposes

of the War Veterans Allowance Act, thus the same persons deal with both the basic allowance and the supplementary assistance.

Within the appropriate War Veterans Allowance ceilings Assistance Fund grants may be awarded as:

(1) A continuing monthly grant when it is determined by the local committe that the monthly cost of shelter, fuel, food, clothing, personal care and specific health needs for dependants exceeds the monthly income of the recipient. These grants may be increased, decreased or stopped as indicated in keeping with changes in the recipient's circumstances.

(2) A single grant when the recipient has other needs, or to meet an emergency. In this connection the fund may be used in conjunction with service benevolent funds, canteen funds and other trust funds to resolve pressing debt problems or problems where the amount of Assistance Fund available is inadequate.

The maximum Assistance Fund available for a single recipient is $288 a year and for a married recipient $360 a year. These amounts are equal to the margin between the appropriate War Veterans Allowance basic rates and income ceilings. The ceiling is increased by $10 per month where the recipient or his spouse is blind. Since recipients of Old Age Security Pensions are already in receipt of the maximum permitted income under the War Veterans Allowance Act they do not qualify for Assistance Fund grants of any kind.

It cannot be claimed that the Assistance Fund meets the total financial needs of this select group of aged an aging persons. However, we do believe that the expenditures made in this way enable many recipients to achieve a standard of living not otherwise available to them.

At March 31, 1964 there were 14,843 monthly continuing grants in payment, 7,820 of these were payable to veterans and 7,023 to widows. During the year 1963/64, 18,279 were assisted by this type of grant and 2,310 recipients had received assistance by the single grant method. The expenditures for the year were $3,479,173. During recent years approximately 18 per cent of all War Veterans Allowance recipients have been assisted by continuing monthly grants yearly.

Appendices "14" to "16" provide data which relates directly to problems faced by the recipients. Appendix "14" gives the reasons for which single payments were granted during 1963/64 and it is interesting to note that the largest item relates to housing. Generally, these payments were made to make essential repairs to the home itself, to repair ineffective roofing or replace leaky window frames, to assist in the replacement of a furnace which will no longer work, to assist with the installation of plumbing, etc.

Appendix "15" indicates the type of accommodation used according to the monthly shelter cost. This cost includes mortgage payments and taxes or rental, heating, lighting, fire insurance and minor maintenance. Many of the cases of high shelter costs relate to families with a higher than average number of children, with family allowances, which are exempt income for W.V.A. purposes, providing additional income. In addition, in some of these cases local social assistance subsidizes the other income.

Appendix "16" indicates the extent to which help from the Assistance Fund is necessary, either partly or wholly because of the cost of continuing medical care for other than acute conditions for veterans' dependants. This will include visits to doctors or clinics and drugs. In all such cases departmental welfare officers ensure that the recipients are counselled, where applicable, concerning the availability of free clinics.

Although a veteran in receipt of W.V.A. has treatment coverage, in Canada, in both departmental and other approved hospitals and by departmental doctors and approved doctors of choice, no such benefit is available to his dependants. It is the responsibility of the veteran to pay such premiums as are required for the hospitalization of his family and to pay for their medical services. Thus the continuing cost of chronic conditions for dependants is a factor which may be considered as determining the need for Assistance Fund grants. In this respect the non-veteran recipient of Social Assistance may be better off than the veteran on War Veterans Allowance, as the payment of social assistance often carries with it free hospital and medical services. Although departmental policy relating to dependants has often been stated, the fact that W.V.A. rates are somewhat higher than social assistance rates is usually given as the reason for the failure to provide these services to the recipient's dependants.

Training Applicable to Pre-Aged and Aged Veterans

The training programs provided for veterans following W. W. II were of major importance in the return to a civilian status and to suitable employment. For the disabled pensioners a counselling and rehabilitation service was provided which operated on the philosophy that it was the remaining abilities which were the important factor in re-establishing the handicapped. The work on behalf of this group resulted in the satisfactory rehabilitation of more than 40,000 disabled veterans. It was realized, however, that rehabilitation in 1946 might not be of a permanent nature and that by 1966 a combination of the original disability and age might lead to inability to perform a job which was possible earlier. As a result the Pensioners Training Regulations of 1959 were introduced.

These regulations permit training to assist a pensioner to fit himself for employment when he is unable to follow his regular or secondary occupation in which he has been previously employed for one year or more. A counterpart of this legislation is available for the non-pensioner in Programme 5—Training for the Unemployed—through the Federal-Provincial agreements under the Technical and Vocational Training Assistance Act administered by the Department of Labour.

We find that this legislation is most useful during the aging years but that it has a limited application for persons 55 years of age or over. Often in this age group the academic background is inadequate to gain admission to vocational training courses and a requirement for a combination of the two types of training often results in a failure to commence training at all. This does not mean that employment cannot be found for older persons. It does mean, however, that the individual who already possesses some basic skill and is in reasonably good health is not a major problem for placement. On the other hand, the person without any special skill and who is not prepared to enter training is often most difficult to place except in the lower paid or seasonal jobs.

Veterans Insurance

Age is no barrier to a W.W. II veteran obtaining $10,000 life insurance protection for his immediate dependants at standard premium rates. The Veterans Insurance Act is open for applications until October 31, 1968 and provides for a payment of $2,000 as a death benefit with any value in excess of this amount paid as a convenient annuity. As indicated in Schedule "B" of the Act a sympathetic view of service connected and other disabilities is taken when underwriting an application.

The payment of benefits under policies to the widows and children of some 4,000 veterans to date has proved to be most opportune during a time of stress and abnormal financial need.

PART II

General Welfare

Counselling

The administration of programs such as those arising out of the Pension Act and the War Veterans Allowance Act results in a frequent confrontation with the problems of the recipient. Immediately following W. W. II the department was faced, in relation to the Rehabilitation Act and the Treatment Regulations, with the special problem of assisting physically disabled veterans to become, in so far as it was possible, productive workers in our economy. This challenge was met through services provided by Casualty Rehabilitation Officers, who encouraged, guided and helped increase motivation towards the training and employment placement of this special group of veterans. With the passage of time and the doubling of the number of War Veterans Allowance recipients since 1952 there has developed a similar need for counselling assistance in addition to the payment of basic maintenance allowances. As their abilities decline with age, veterans and their dependants look for advice and help with problems they might formerly have solved themselves. It has been found that effective help can only be provided by studying the particular needs of each case and by dealing with each veteran as an individual.

It is recognized that many of the needs of older persons cannot be met by direct assistance from this department and further that we should not and must not try to duplicate services, particularly those of a specialized nature which are available to veterans as citizens. To avoid this involvement in duplication welfare officers are made aware of the other forms of assistance available, of the agencies and the scope of the work they do, in their own geographic areas of work.

Perhaps one of the greatest contributions our department makes to the needs of older veterans is that it serves as a focal point for many services to which the veteran may be directed. He can turn to the district office or to the itinerant welfare officer for assistance and advice—a service which is not always possible for non-veterans.

Wherever possible the veteran is counselled to understand the meaning of referral, to accept it in a co-operative attitude, and to agree that the department be allowed to provide from its files such information about himself and his family as would assist the agency to help him.

The following are a few paraphrased extracts from reports of district offices relating to their work with older veterans:

> One of the greatest needs of the older veterans is definitely that of interested advice and guidance concerning the numerous problems that confront them.
>
> The department provides a counselling service for older veterans but there is not a similar service for non-veterans.
>
> It appears that as people get older they often lose confidence in their own judgment, and wish to have their decisions confirmed by a younger person. Frequently these people have made excellent arrangements for their future but need moral support to carry them out. This support, combined with advice of the community services and assistance available makes our counselling service one of major importance to older people.
>
> There seems to be a real need for the establishment of old age counselling centres to provide a service similar to that available to veterans and their dependants.

Older persons need counselling to get them to take advantage of the organizations available to them.

As time passes and as more veterans reach the "aging" group we become more and more convinced that a major need of older people is assistance to know "where to go", "who to see" or "what to do". We feel that counselling and guidance services are the main introductory factors in our dealings with veterans and their dependants in the older age group. There are many services available through all levels of government, private agencies, service and fraternal clubs, churches, general hospitals, and public and private clinics. Howeever, coordination is often less well organized than the individual service and older people need guidance towards the appropriate service to meet their own individual needs.

Our counselling service has been most effective where it is readily accessible to assist with problems as they arise and there has been maintained an up to date resource file to facilitate referral to specialists and agencies. In our experience older persons usually accept advice quite readily and with guidance and encouragement many of them can lead their lives to a fuller extent and, in some cases, remain totally or partly self-supporting.

Administration of Funds

While we acknowledge the principle that all individuals have the right to administer their own affairs, there are occasions where, for the protection of the individual or family, it is necessary to administer monies paid to them from the public purse. The most usual circumstances under which this occurs are:

(1) Following retirement from employment some persons find it impossible to make the financial adjustment and to arrange their living standards and budget to their new lower income level.

(2) Senility or a limited mental capacity is unable to cope with the day to day advertising pressures which may result in compulsive buying of unnecessary items precluding the purchase of necessities, or may result in a reluctance to use the funds which are available.

(3) Alcoholism, leading to irresponsibility and an unrealistic approach to life and resulting in an inability to provide for the basic requirements of shelter, food and clothing, is often a complicating factor.

While administration is usually imposed, at times it is requested by the individual realizing that help is necessary.

Where the administration of funds is necessary it must be tailored to the individual or family needs to ensure the provision of necessities and must be accompanied by counselling towards the aim of encouraging the individual to again administer his own affairs. The degree of administration will vary between cases and will change in the individual case as progress is achieved. Even when it is found possible to restore completely to the individual the administration of his own monies supportive follow up is a requirement.

Accommodation

Apart from the receipt of inadequate income the most common problem confronting older veterans and their families appears to be related to suitable accommodation within their means. The needs vary from the desire to maintain a large house, possibly necessary in earlier years but now too large, too expensive and too much work to maintain, to the need for a single room in a boarding home for a single man who may need some degree of care.

Where it is available the low rental housing for the elderly built under the National Housing Act serves a most useful purpose. The Royal Canadian Legion and other Veterans Associations have taken the lead in providing such accommodation for older veterans but veterans also have access, as citizens, to projects sponsored by service clubs, municipalities, church groups and other charitable organizations. However, in the main, projects of this type can only be found in the larger centres of population. We do find that older veterans and their wives are more likely to move to this type of accommodation when it is located close to the shopping areas. In such areas the older people tend to exercise by window shopping and feel that they are keeping in touch with local happenings such as the renovation of buildings, etc. Centrally located accommodation seems to keep them much more active than they would be living in a semi-rural area.

Our experience indicates that where possible older persons, particularly couples, wish to remain in their own homes in the community in which they have previously lived. Unfortunately, many of these homes are not equipped with services and the older people find it most difficult to carry water, to use outside facilities, etc., because of their physical limitations. Such houses can often be repaired and modernized with an expenditure of from $500 to $1,000 so that older couples can remain in them for some years. In recent years many small towns and villages across Canada have installed water and sewerage systems which makes these renovations possible. Although home improvement loans can be obtained for this purpose, many older couples on marginal incomes cannot afford to take such loans. Veterans may be fortunate in that it is at times possible through the use of the various benevolent and trust funds to arrange for the required modernization to be effected. Where this can be done it seems to be a most effective answer to the accommodation problem. It is also found that with the construction of new homes, older homes within the means of older people become available. The problem is often the cost of moving from present accommodation to that which is more suitable and again through the use of such funds as are available assistance can sometimes be provided. Welfare officers have found that older people are much more likely to accept accommodation of this type which they have found themselves than accommodation which is found for them. As a result the welfare officer often restricts himself to providing leads towards suitable housing to which older veterans can be referred.

Although most of our offices maintain lists of low rental housing, boarding homes and foster homes, the most difficult task is finding suitable accommodation for the single, disabled veteran for whom domiciliary care is not yet necessary. As can be expected the degree of difficulty increases in relation to the amount of supervision which is required by the landlord. This can at times be facilitated where, through the administration of monies, the payment of rental charges can be guaranteed.

Full-time and Part-time Employment

It is not our intention in this brief to discuss the causes of age discrimination in employment, this has been well covered in the submission of the Department of Labour. Our experience indicates that age alone does not necessarily create unemployability, but that the lack of skills plus low educational levels, along with an increasing incidence of ill health because of age is more likely to result in the inability to continue in the employment market. There is a need not only for employers to recognize the values which may be found in older workers but also for the older workers to recognize their own limitations in the labour market.

We find that the placement in employment of older workers often requires intensive casework including the use of hospital services to assess the remaining capacities and abilities of the individual through psychological examinations and physical capacity appraisals. Counselling and guidance then follow to restore or maintain self-confidence in the ability to work. This type of assessment usually calls for cooperation between the department and the National Employment Service but may be carried out completely through D.V.A. facilities or those maintained by Provincial Rehabilitation Services. A service which deals with the older person as an individual is essential.

All older persons do not need or may not be able to perform full-time work but require part-time employment to supplement the various forms of social economic assistance or low fixed incomes. Such employment is most often available in the service occupations which in themselves are best suited to the health and abilities of older workers. As far as veterans are concerned, the Canadian Corps of Commissionaires provides a most valuable source of employment. The Corps, first organized in Canada in 1925, has developed into a national organization which is independent in its administration, finances and operations. It does not compete in the skilled labour field but seeks to build up in the minds of employers that it is in their own interests to reserve certain sedentary and service jobs for older men who are prepared to provide loyal continuous service. In 1964 the Corps had an employment strength of almost 6,000 including about 2,900 employed by federal government departments. Some 39% of the veterans employed by the Corps are over 65 years of age. A specializing agency such as this controlled by Board of Directors who give freely of their own time and who are prominent citizens has proven that it can be most effective in helping to maintain aged veterans in employment.

Debts

Debt problems are found to occur usually through the gradual process of failing to budget what should be an adequate income; by the attempt to live on an inadequate income; by the purchase of major articles on a credit basis followed too soon by retirement or loss of employment, or as a result of a sudden emergency including medical treatment for dependants, for which no preparation has been made. Where these circumstances happen to older persons the result is often humiliation and a defeatist attitude with which the individual cannot cope.

Under these circumstances and most particularly where an emergency is a factor, it is found that relatives, neighbours and friends are more likely to help in the rural and semi-rural areas than in an urban setting. However, in this type of situation the veteran who is aware of the department's facilities will come to discuss his problem. The very fact that he has someone 'to turn to' often appears to relieve his anxiety relating to the problem itself. The fact that there are canteen funds, benevolent funds or other known trust funds available means that financial assistance can at times be provided, which along with counselling to avoid a recurrence of the problem places him in a preferred position over the non-veteran.

During recent years we are finding that the debt situations brought to our attention are for ever larger amounts and that whereas ten years ago it was usually possible for a single fund to provide a solution to a problem, it is now more often necessary for a number of funds to cooperate to provide enough money to solve the debt situation. It is now common to find that the combined effort of three or more funds is required to achieve a satisfactory solution.

It is true that this type of problem does not only face aging people but for the aged the problem appears to be accentuated in that they need more moral support and more often are reluctant to make efforts to obtain counselling and assistance.

Social and Recreational Needs

We find that older people differ not at all from other people in the need for companionship, for a certain degree of prestige and for identification with a group. Unfortunately, as the working years end the relationships between the retired person and those who were fellow workers often tend to end also and the older person finds his circle of friends becoming smaller and smaller until loneliness becomes a major problem. This appears to happen more particularly among the single persons or a surviving spouse and more frequently in the larger urban centres than in the smaller or rural communities. Retirement is often followed by depression and feelings of inadequacy. Individual help and counselling can assist to counter these feelings but the need exists for preparation for retirement to enable the older person to continue an interest in community affairs and to prepare for a period of newly directed, purposeful activity. In our contacts with older veterans and their dependants, we try to encourage them to keep up their interests and to use community services. This is an emphasis that begins early in our contact with them and continues, subject of course to the individual's right to self-determination.

Much has been done in recent years to enable older people, particularly those in urban centres, to overcome loneliness and to obtain companionship by the creation of "Golden Age", "Senior Citizens", etc., clubs and by well organized Day Centres. Veterans have been more fortunate than most in this area as the club rooms of Veterans Organizations have tended to provide a social centre. Some of these organizations already make a special effort to meet the recreational and social needs of their older members. There remains, however, a great need for the extension of such activities but there is too the danger of over-organization leaving too little for which the older persons must accept responsibility thus providing for them a means of purposeful activity. Facilities such as these are most required in urban centres and do not appear as necessary in rural and small urban areas where the older people seem to remain more an integral part of the community.

In Veterans Hospitals, and we are sure in other hospitals, a most important activity against loneliness is taken by members of visiting agencies—the Red Cross, members of Veterans Organizations, Churches and Clubs. Recreation is often provided and a cheerful atmosphere created. The value of the efforts of the dedicated persons who perform these services may at times be overlooked. There is, however, a great need for similar visits to older persons who may not be in hospital but who, because of sickness or lack of mobility, are unable to leave their living accommodation. Particularly following long term treatment, reassurance and encouragement are needed by older persons who become apprehensive and anxious when returned to the community. In hospital such persons have become accustomed to good care and accommodation, diversions have been created by visits and companionship often created with the patient in the next bed. Following discharge, a period of adjustment must be met and during this period visits of friends and possible advisers are of great assistance.

PART III

ADVANTAGES OF D.V.A. INTEGRATED SERVICE

There is no doubt that the department, in its dealings with older veterans has a number of advantages which may not be available to administrations which deal with the aging population generally:

(*a*) The fact that the department has an integrated service which provides treatment services, maintenance allowances, access to special funds for emergency needs and a counselling and referral system.

(*b*) Within this service there has been established for some years Assessment and Rehabilitation Units at the district level which are multi-discipline in nature and which usually include the physician, the psychologist, the medical social worker and the welfare officer, who may call upon the total resources of the department for advice and assistance. These units are able to provide physical capacity appraisals, psychological assessment, restorative services and to arrange for counselling and, if required, training through either departmental facilities or those available through the Federal-Provincial agreements made under the Technical and Vocational Training Assistance Act.

(*c*) Because of the close relationship and counselling which was given during the immediate post-war period, and in many cases between that period and the present, veterans have accepted the department as a place to go with their problems. Over the years veterans have come to look upon the services the department provides as their right and therefore there is no feeling of humiliation in approaching the department as there might be for the non-veteran seeking help from the provincial or municipal welfare authorities. Today's aging people are the same as those who, in many cases, faced the humiliation of 'relief' in the 1930's.

(*d*) The department has always received fine cooperation from all types of agencies, and indeed from the population as a whole, and still receives this type of cooperation.

(*e*) Veterans organizations are widespread across the country and assist by bringing needy cases to the attention of the department. They also assist in no small way by playing a part in carrying out such plans of assistance as are agreed upon.

(*f*) Since W.W. II the department's itinerant welfare officers have assisted the veteran with his problems in the community in which he lives. They have become skilled in counselling and are trained to be aware of the resources available in the communities in which they work. Because of the contacts they have made and the co-operation afforded to them, they are often able to call on the veteran who needs assistance but who is hesitant in asking for it.

In spite of these advantages we are continually searching for new and better methods of assisting older veterans. During the past ten years the problems have become very real to the department and we also realize that in the next fifteen to twenty years the volume will become at least double that which has been experienced so far. It is, therefore, with great interest that we view the work of this Committee and the proposed Canadian Welfare Council Conference on Aging.

VETERAN POPULATION BY WAR OF SERVICE—SIXTY YEARS OF AGE AND OVER—PROJECTED TO 2010

(Based on 1961 Census Reports)

Year	W.W. I	W.W. II	Total
1961	176,335	25,355	201,690
1964	153,010	44,853	197,863
1965	145,020	52,765	197,765
1970	104,563	101,009	205,572
1975	66,339	197,270	263,609
1980	35,023	360,893	395,916
1985	13,947	514,466	520,413
1990	3,638	495,223	498,861
1995	614	378,564	379,178
2000	—	255,557	255,557
2005	—	147,580	147,580
2010	—	68,428	68,428

Appendix "2"

DEPARTMENT OF VETERANS AFFAIRS

SEPARATIONS FROM TREATMENT STRENGTH BY DIAGNOSIS GROUP, BY AGE GROUPS 45 AND OVER, AND PERCENTAGE OF TOTAL YEAR ENDING MARCH 31, 1960

Diagnosis Group	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 and Over	Total Separations 45 years and Over	Percent of Separations
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
Tuberculosis	90	59	40	69	62	52	18	8	418	1.0
Venereal Diseases	12	7	9	27	29	23	14	4	125	0.3
Infectious Diseases (Other than T.B. and V.D.)	43	17	14	34	27	26	9	10	180	0.4
Neoplasms—Malignant	110	97	139	469	603	518	335	203	2,474	5.7
—Benign	40	26	28	52	56	33	24	9	268	0.6
—Unspecified	6	6	5	15	13	16	8	4	73	0.1
Allergic, Endocrine System, Metabolic and Nutritional Diseases	214	141	165	359	367	240	138	61	1,685	3.9
Diseases of the Blood and Blood-Forming Organs	11	9	5	29	46	44	43	15	202	0.5
Mental, Psychoneurotic and Personality Disorders	373	228	177	358	255	146	82	46	1,665	3.9
Diseases of the Nervous System and Sense Organs	237	192	186	453	555	397	301	187	2,508	5.9
Diseases of the Circulatory System	505	490	571	1,348	1,387	1,120	696	483	6,600	15.4
Diseases of the Respiratory System	467	432	493	1,107	1,043	826	546	292	5,206	12.2
Diseases of the Digestive System	602	515	413	905	851	665	376	236	4,563	10.7
Diseases of the Genito-Urinary System	181	121	148	459	573	448	343	215	2,488	5.8
Diseases of the Skin and Cellular Tissue	194	124	102	204	214	133	89	45	1,105	2.6
Diseases of the Bones and Organs of Movement	561	464	422	608	464	345	195	125	3,184	7.4
Congenital Malformations	32	10	6	14	11	9	6	1	89	0.2
Symptoms, Senility and Ill-Defined Conditions	117	95	79	157	193	120	103	88	952	2.2
Accidents, Poisonings and Violence	321	229	168	347	348	254	148	96	1,911	4.5
Admissions for Convalescent Care	80	59	45	106	96	41	28	12	467	1.1
Sub Total	4,196	3,321	3,215	7,120	7,213	5,456	3,502	2,140	36,163	84.4
Observation, Examination and Follow-up	833	637	566	972	1,031	740	404	215	5,398	12.6
Domiciliary Care	13	20	34	148	189	227	250	396	1,277	3.0
TOTAL	5,042	3,978	3,815	8,240	8,433	6,423	4,156	2,751	42,838	100.0

DEPARTMENT OF VETERANS AFFAIRS

SEPARATIONS FROM TREATMENT STRENGTH BY DIAGNOSIS GROUP, BY AGE GROUPS 45 AND OVER, AND PERCENTAGE OF TOTAL YEAR ENDING MARCH 31, 1958

Diagnosis Group	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 and Over	Total Separations 45 years and Over	Percent of Separations
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
Tuberculosis	97	60	76	99	81	35	17	9	474	1.2
Venereal Diseases	8	6	20	36	38	23	13	3	147	.4
Infectious Diseases (other than T.B. and V.D.)	17	20	15	32	28	25	13	7	157	.4
Neoplasms—Malignant	73	99	173	497	561	439	280	131	2,253	5.6
—Benign	27	18	37	61	44	23	19	11	240	.6
—Unspecified	2	3	7	11	15	9	5	2	54	.1
Allergic, Endocrine System, Metabolic and Nutritional Diseases	210	193	252	408	353	260	114	70	1,860	4.7
Diseases of the Blood and Blood-Forming Organs	28	7	12	34	42	42	28	19	212	.5
Mental, Psychoneurotic and Personality Disorders	272	135	150	323	206	149	63	40	1,338	3.3
Diseases of the Nervous System and Sense Organs	178	171	195	436	390	371	260	169	2,170	5.4
Diseases of the Circulatory System	421	439	664	1,326	1,244	969	634	389	6,086	15.2
Diseases of the Respiratory System	397	438	683	1,158	1,023	757	437	210	5,103	12.8
Diseases of the Digestive System	564	435	501	821	798	559	288	157	4,123	10.3
Diseases of the Genito-Urinary System	128	121	147	468	438	414	244	153	2,113	5.3
Diseases of the Skin and Cellular Tissue	152	130	112	224	200	132	98	49	1,097	2.7
Diseases of the Bones and Organs of Movement	515	465	500	635	462	322	184	87	3,170	7.9
Congenital Malformations	22	27	18	20	11	6	3	2	109	.3
Symptoms, Senility and Ill-Defined Conditions	84	61	79	146	144	106	74	63	757	1.9
Accidents, Poisonings and Violence	296	180	215	390	306	219	142	93	1,841	4.6
Admissions for Convalescent Care	76	50	66	90	61	49	19	13	424	1.1
Sub Total	3,567	3,058	3,922	7,215	6,445	4,909	2,935	1,677	33,728	84.3
Observation, Examination and Follow-up	723	572	686	1,138	971	572	337	151	5,150	12.9
Domiciliary Care	13	16	52	120	168	220	231	287	1,107	2.8
TOTAL	4,303	3,646	4,660	8,473	7,584	5,701	3,503	2,115	39,985	100.0

Appendix "4"

DEPARTMENT OF VETERANS AFFAIRS

SEPARATIONS FROM TREATMENT STRENGTH BY DIAGNOSIS GROUP, BY AGE GROUPS 45 AND OVER AND PERCENTAGE OF TOTAL YEAR ENDING MARCH 31, 1955

Diagnosis Group	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 and Over	Total Separations 45 years and Over	Percent of Separations
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
Tuberculosis	86	53	122	101	71	44	22	6	505	1.5
Venereal Diseases	6	13	22	26	21	24	2	1	115	.3
Infectious Diseases (other than T.B. and V.D.)	18	16	25	17	23	20	9	2	130	.4
Neoplasms—Malignant	58	85	243	374	396	325	166	98	1,745	5.2
—Benign	25	19	33	49	35	25	10	4	200	.6
—Unspecified	2	1	10	11	14	6	6	6	56	.2
Allergic, Endocrine System, Metabolic and Nutritional Diseases	177	163	303	269	244	169	83	52	1,460	4.4
Diseases of the Blood and Blood-Forming Organs	7	10	18	31	22	35	14	15	152	.5
Mental, Psychoneurotic and Personality Disorders	181	132	233	219	155	85	35	21	1,061	3.2
Diseases of the Nervous System and Sense Organs	117	112	295	327	289	264	190	85	1,679	5.0
Diseases of the Circulatory System	342	420	931	1,059	993	757	429	269	5,200	15.5
Diseases of the Respiratory System	296	366	723	715	630	432	255	130	3,547	10.6
Diseases of the Digestive System	412	385	633	650	568	402	184	112	3,346	10.0
Diseases of the Genito-Urinary System	99	91	238	337	384	300	170	100	1,719	5.1
Diseases of the Skin and Cellular Tissue	113	121	176	201	164	83	45	23	926	2.8
Diseases of the Bones and Organs of Movement	447	424	600	561	387	288	176	82	2,965	8.9
Congenital Malformations	19	8	10	13	10	4	2	2	68	.2
Symptoms, Senility and Ill-Defined Conditions	57	46	93	93	83	81	52	31	536	1.6
Accidents, Poisoning and Violence	188	145	262	290	241	198	88	41	1,453	4.3
Admissions for Convalescent Care	63	48	95	92	55	33	17	5	408	1.2
Sub Total	2,713	2,658	5,065	5,435	4,785	3,575	1,955	1,085	27,271	81.5
Observation, Examination and Follow-up	725	542	1,162	991	774	542	246	110	5,092	15.2
Domiciliary Care	9	28	92	145	188	215	221	215	1,113	.3
TOTAL	3,447	3,228	6,319	6,571	5,747	4,332	2,422	1,410	33,476	100.0

DEPARTMENT OF VETERANS AFFAIRS

SEPARATIONS FROM TREATMENT STRENGTH BY DIAGNOSIS GROUP, BY AGE GROUPS 45 AND OVER AND PERCENTAGE OF TOTAL YEAR ENDING MARCH 31, 1952

Diagnosis Group	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 and Over	Total Separations 45 years and Over	Percent of Separations
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
Tuberculosis	64	92	128	81	45	19	6	4	439	1.5
Venereal Diseases	12	18	35	24	26	24	3	—	142	.5
Infectious Diseases (Other than T.B. and V.D.)	10	13	18	12	19	16	9	2	99	.3
Neoplasms—Malignant	43	135	240	224	294	240	139	50	1,365	4.7
—Benign	15	28	44	34	28	20	5	1	175	.6
—Unspecified	3	6	18	6	6	7	5	—	51	.2
Allergic, Endocrine System, Metabolic and Nutritional Diseases	124	188	271	216	147	114	58	11	1,129	3.9
Diseases of the Blood and Blood-Forming Organs	5	17	24	23	28	18	16	10	141	.5
Mental, Psychoneurotic and Personality Disorders	121	165	214	150	104	50	19	10	833	2.8
Diseases of the Nervous System and Sense Organs	98	170	318	277	280	177	113	63	1,496	5.1
Diseases of the Circulatory System	276	509	874	794	809	533	331	164	4,290	14.8
Diseases of the Respiratory System	306	527	666	641	498	342	170	96	3,246	11.2
Diseases of the Digestive System	392	532	623	534	427	322	132	54	3,016	10.3
Diseases of the Genito-Urinary System	79	110	224	283	301	301	168	62	1,528	5.3
Diseases of the Skin and Cellular Tissue	83	134	183	122	100	68	42	18	750	2.6
Diseases of the Bones and Organs of Movement	424	550	602	455	343	230	110	45	2,759	9.5
Congenital Malformations	12	25	13	10	2	2	2	1	67	.2
Symptoms, Senility and Ill-Defined Conditions	51	71	123	84	95	60	34	27	545	1.9
Accidents, Poisonings and Violence	158	178	310	237	212	131	88	19	1,333	4.6
Admissions for Convalescent Care	30	60	105	69	64	21	9	3	361	1.2
Sub Total	2,306	3,528	5,033	4,276	3,828	2,695	1,459	640	23,765	81.7
Observation	177	186	210	130	85	44	26	10	868	3.0
Examination	369	583	743	471	316	225	134	49	2,890	10.0
Domiciliary Care	18	51	122	181	203	251	191	122	1,139	4.0
Follow-up	81	90	90	51	28	20	9	2	371	1.3
TOTAL	2,951	4,438	6,198	5,109	4,460	3,235	1,819	823	29,033	100.0

Appendix "6"

DEPARTMENT OF VETERANS AFFAIRS

LEADING CAUSES OF DEATHS OCCURRING ON TREATMENT STRENGTH, BY AGE GROUPS 45 YEARS AND OVER AND PERCENTAGE OF DEATHS TO ACTIVE TREATMENT SEPARATIONS YEAR ENDING MARCH 31, 1960

Cause of Death	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 & Over	Total Deaths 45 Years and Over	Percent of Deaths 45 years and Over
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
1. Heart Disease Specified as involving Coronary Arteries	18	25	26	116	133	154	123	132	727	20.0
2. Malignant Neoplasm of Bronchus and of Lung Specified as Primary	8	11	15	76	65	54	36	18	283	7.7
3. Cerebral Embolism and Thrombosis	7	3	8	28	37	38	35	45	201	5.5
4. Cerebral Haemorrhage	1	4	4	16	34	31	25	25	140	3.8
5. Bronchopneumonia	—	2	—	10	16	23	23	60	134	3.7
Sub Total:—5 Leading Causes	34	45	53	246	285	300	242	280	1,485	40.7
6. Arteriosclerotic Heart Disease	1	1	3	14	10	25	23	41	118	3.2
7. Bronchitis with Emphysema	2	5	4	20	25	31	15	13	115	3.1
8. Malignant Neoplasm of Stomach	2	3	3	10	24	25	14	16	97	2.6
9. Malignant Neoplasm of Prostate	—	—	1	8	13	19	22	23	86	2.3
10. General Arteriosclerosis without Mention of Gangrene	—	—	1	4	9	14	18	29	75	2.0
Sub Total:—Other Leading Causes	5	9	12	56	81	114	92	122	491	13.2
Total Other Causes	59	55	77	265	332	301	292	310	1,691	46.1
Total All Causes	98	109	142	567	698	715	626	712	3,667	100.00
Percentage of Deaths to Active Treatment Separations	2.3	3.3	4.4	8.0	10.0	13.1	17.8	33.3	10.1	

Appendix "7"

DEPARTMENT OF VETERANS AFFAIRS

LEADING CAUSES OF DEATHS OCCURRING ON TREATMENT STRENGTH, BY AGE GROUPS 45 YEARS AND OVER AND PERCENTAGE OF DEATHS TO ACTIVE TREATMENT SEPARATIONS YEAR ENDING MARCH 31, 1958

Cause of Death	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 & Over	Total Deaths 45 Years and Over	Percent of Deaths 45 years and Over
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
1. Heart Disease Specified as Involving Coronary Arteries	12	21	42	119	138	130	106	90	658	18.6
2. Malignant Neoplasm of Trachea, and of Lungs Specified as primary	6	13	25	73	62	38	30	8	255	7.2
3. Cerebral Embolism and Thrombosis	—	4	11	21	26	39	32	30	163	4.6
4. Bronchitis with Emphysema	3	2	10	30	30	27	25	16	143	4.1
5. Cerebral Haemorrhage	4	4	10	24	30	23	18	28	141	4.0
Sub Total:—5 Leading Causes	25	44	98	267	286	257	211	172	1,360	38.5
6. Malignant Neoplasm of Stomach	2	7	5	27	27	31	20	11	130	3.7
7. Arteriosclerotic Heart Disease	2	—	3	13	14	21	27	50	130	3.7
8. Bronchopneumonia	—	2	1	15	20	20	28	30	116	3.3
9. Malignant Neoplasm of Large Intestine Except Rectum	2	1	3	6	22	11	13	9	67	1.9
10. Malignant Neoplasm of Prostate	—	1	1	9	19	16	10	14	70	2.0
Sub Total:—Other Leading Causes	6	11	13	70	102	99	98	114	513	14.6
Total All Other Causes	66	63	109	283	289	331	260	252	1,653	46.9
Total All Causes	97	118	220	620	677	687	569	538	3,526	100.0
Percent of Deaths to Active Treatment Separations	2.7	3.9	5.6	8.6	10.5	13.9	19.4	32.1	10.5	

Appendix "8"

DEPARTMENT OF VETERANS AFFAIRS

LEADING CAUSES OF DEATHS OCCURRING ON TREATMENT STRENGTH, BY AGE GROUPS 45 YEARS AND OVER AND PERCENTAGE OF DEATHS TO ACTIVE TREATMENT SEPARATIONS YEAR ENDING MARCH 31, 1955

Cause of Death	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 & Over	Total Deaths 45 Years and Over	Percent of Deaths
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
1. Heart Disease specified as involving Coronary Arteries	4	25	67	85	99	105	72	59	516	19.1
2. Malignant Neoplasm of Trachea, and of Lungs specified as Primary	2	8	27	53	52	31	17	10	200	7.4
3. Malignant Neoplasm of stomach	3	3	16	22	24	26	17	12	123	4.6
4. Cerebral Embolism and Thrombosis	1	3	7	15	31	22	23	23	125	4.6
5. Cerebral Hemorrhage	2	1	14	14	21	26	17	9	104	3.9
Sub Total:—5 Leading Causes	12	40	131	189	227	210	146	113	1,068	39.6
6. Bronchopneumonia	—	1	4	5	6	11	16	24	67	2.5
7. Malignant Neoplasm of large Intestine, except Rectum	1	3	8	9	11	15	9	9	65	2.4
8. Arteriosclerotic Heart Disease	1	1	3	6	15	15	11	15	67	2.5
9. Pulmonary Tuberculosis	2	3	9	9	13	9	6	2	53	2.0
10. Malignant Neoplasm of Prostate	—	2	3	7	16	11	11	12	62	2.3
11. Bronchitis with Emphysema	1	3	5	9	13	9	13	3	56	2.0
12. Malignant Neoplams of Pancreas	1	1	9	5	10	10	6	8	50	1.9
13. Hypertensive Heart Disease with Arteriolar Nephrosclerosis	1	3	6	7	9	6	7	9	48	1.8
Sub Total:—Other Leading Causes	7	17	47	57	93	86	79	82	468	17.4
Total All Other Causes	33	47	140	208	211	201	158	161	1,159	43.0
Total All Causes	52	104	318	454	531	497	383	356	2,695	100.0
Percentage of Deaths to Active Treatment Separations	1.9	3.9	6.3	8.4	11.1	13.9	19.6	32.8	9.9	

DEPARTMENT OF VETERANS AFFAIRS

LEADING CAUSES OF DEATHS OCCURRING ON TREATMENT STRENGTH, BY AGE GROUPS 45 YEARS AND OVER AND PERCENTAGE OF DEATHS TO ACTIVE TREATMENT SEPARATIONS YEAR ENDING MARCH 31, 1952

Cause of Death	45–49	50–54	55–59	60–64	65–69	70–74	75–79	80 & Over	Total Deaths 45 Years and Over	Percent of Deaths
	No.	No.	No.	No.	No.	No.	No.	No.	No.	%
1. Heart Disease specified as involving Coronary Arteries	10	35	45	56	72	69	45	27	359	16.3
2. Malignant Neoplasm of Trachea, and of Bronchus and Lung specified as primary	3	15	25	26	39	14	5	3	130	5.9
3. Malignant Neoplasm of Stomach	2	9	19	14	25	21	13	5	108	4.9
4. Cerebral Embolism and Thrombosis	—	6	9	10	18	17	24	21	105	4.8
5. Pulmonary Tuberculosis	5	10	16	17	10	5	3	7	73	3.3
Sub Total:—5 Leading Causes	20	75	114	123	164	126	90	63	775	35.2
6. Arteriosclerotic Heart Disease	2	3	6	16	23	17	13	13	93	4.2
7. Cerebral Haemorrhage	2	9	19	10	14	11	13	8	86	3.9
8. Malignant Neoplasm of Prostate	—	3	5	9	11	11	11	4	54	2.5
9. Hypertensive Heart Disease with Arteriolar Nephrosclerosis	2	2	4	12	7	6	9	9	51	2.3
10. Unspecified Hypertensive Heart Disease	—	4	4	6	14	10	4	4	46	2.1
11. Malignant Neoplasm of Large Intestine, except Rectum	2	1	6	6	11	8	6	2	42	1.9
12. Malignant Neoplasm of Rectum	—	4	3	13	8	9	2	2	41	1.9
13. Malignant Neoplam of Brain and other parts of Nervous System	2	5	3	3	5	5	—	1	23	1.0
14. Chronic Bronchitis with Emphysema	—	4	4	8	11	8	6	—	41	1.9
15. Asthma	2	5	7	5	3	3	3	2	30	1.4
Sub Total:—Other Leading Causes	12	40	61	88	107	87	67	45	507	23.1
Total Other Causes	21	60	131	152	154	169	135	96	918	41.7
Total All Causes	53	175	306	363	425	382	292	204	2,200	100.0
Percentage of Deaths to Active Treatment Separations	2.3	5.0	6.1	8.5	11.1	14.2	20.0	31.9	9.3	

Appendix "10"

PERCENTAGE OF IN-PATIENTS ON TREATMENT STRENGTH FIFTY YEARS OF AGE AND OVER, TO TOTAL IN-PATIENT TREATMENT STRENGTH AT MARCH 31, 1951–1960

Year	50 Years of Age and Over	Percentage of Total	Total In-Patients
	No.	No.	No.
1951	6,889	65.8	10,471
1952	7,151	66.8	10,717
1953	7,078	67.0	10,580
1954	7,061	67.2	10,501
1955	7,347	68.2	10,765
1956	7,121	72.0	9,891
1957	7,300	71.9	10,149
1958	7,368	72.2	10,202
1959	7,420	74.1	10,009
1960	7,392	74.4	9,935

Appendix "11"

NUMBER OF WAR VETERANS ALLOWANCE RECIPIENTS—SPECIFIED YEARS, 1950 TO 1964 AT MARCH 31

Classification	Year				
	1950	1955	1960	1962	1964
Veterans:					
North West Field Force	58	19	8	5	2
South Africa	335	207	150	149	108
W.W. I	25,122	25,777	33,366	34,631	33,228
W.W. II	1,209	2,610	6,613	9,208	12,819
W.W. I and W.W. II (dual)	344	563	992	1,106	1,141
Imperials	—	3,295	6,012	7,077	7,731
Total Veterans	27,068	32,471	47,141	52,176	55,029
Dependants (Sec. 5)	595	856	1,212	1,450	1,606
Widows:					
North West Field Force	56	52	36	31	27
South Africa	120	155	162	166	175
W.W. I	6,411	10,059	15,037	16,942	18,505
W.W. II	65	369	1,118	1,623	2,394
W.W. I and W.W. II	37	97	224	272	352
Imperials	—	1,084	2,437	2,994	3,617
Total Widows	6,689	11,816	19,016	22,028	25,070
Orphans	121	211	386	415	490
GRAND TOTAL	34,473	45,354	67,753	76,069	82,195

Appendix "12"

MARRIED VETERANS OVER AGE 50, IN RECEIPT OF W.V.A. BY AGE GROUPS; RECEIPT OF OTHER INCOME AUGUST 31, 1964

Age Group	Receive W.V.A. Only	No. in Receipt of Other Income—Disability Pensioners in Brackets	Total No.
51–55	727	780 (647)	1,507
56–60	1,343	1,506 (1,082)	2,849
61–65	5,256	6,593 (3,020)	11,849
66–70	620	8,714 (2,267)	9,334
71–75	18	4,538 (1,017)	4,556
76–80	—	1,752 (378)	1,752
81–85	—	401 (89)	401
86–90	—	62 (18)	62
91–95	—	4 (1)	4
96–100	—	1 (—)	1
Total	7,964	24,351 (8,515)	32,315

Appendix "13"

SINGLE VETERANS, OVER AGE 50, IN RECEIPT OF W.V.A. BY AGE GROUPS; RECEIPT OF OTHER INCOME AUGUST 31, 1964

Age Group	Receive W.V.A. Only	No. in Receipt of Other Income—Disability Pensioners in Brackets	Total No.
51–55	618	491 (451)	1,109
56–60	1,203	905 (780)	2,108
61–65	3,436	2,139 (1,487)	5,575
66–70	468	4,190 (1,000)	4,658
71–75	12	2,994 (699)	3,006
76–80	1	1,804 (358)	1,805
81–85	2	677 (145)	679
86–90	—	130 (25)	130
91–95	—	24 (6)	24
96–100	—	3 (2)	3
Total	5,740	13,357 (4,953)	19,097

Appendix "14"

ASSISTANCE FUND (WAR VETERANS ALLOWANCE)

NUMBER OF SINGLE PAYMENTS TO VETERANS, WIDOWS AND ORPHANS BY REASON OF PAYMENT, AND NUMBER ASSISTED, YEAR ENDED MARCH 31, 1964

Reasons for Payment	Number of Payments				Number Assisted			
	Veterans	Widows	Orphans	Total	Veterans	Widows	Orphan Account	Total
Housing	515	285	—	800	468	245	—	713
Clothing	565	82	4	651	515	79	4	598
Bedding	25	5	—	30	21	5	—	26
Furnishings	77	29	—	106	70	26	—	96
Health Requirements	205	311	9	525	184	286	9	479
Care of Children	166	60	32	258	120	45	32	197
Other	156	64	9	229	143	56	2	201
	1,709	836	54	2,599	1,521	742	47	2,310

Appendix "15"

ASSISTANCE FUND (WAR VETERANS ALLOWANCE)

NUMBER OF CONTINUING AWARD RECIPIENTS WHO ARE HOME OWNERS OR NON-HOME OWNERS, BY MONTHLY SHELTER COSTS AT MARCH 31, 1964

Shelter Cost	Number in Rented Accommodation				Home Owners		Overall Total
	Self Contained Units						
	Own Use Only	With Roomers	Room(s)	Room and Board	For Own Use Only	With Roomers	
$							
to 20	34	—	28	1	138	1	202
21–25	24	—	122	3	213	—	362
26–30	75	1	452	3	423	4	958
31–35	166	1	608	5	768	6	1,554
36–40	333	1	412	6	949	14	1,715
41–45	434	3	339	11	891	20	1,698
46–50	526	5	138	38	730	25	1,462
51–55	597	8	101	21	360	17	1,104
56–60	655	11	48	66	257	12	1,049
61–65	516	12	49	168	172	10	927
66–70	524	16	32	155	158	4	889
71–75	400	9	13	124	124	8	678
76–80	329	10	15	103	127	2	586
81–85	233	11	7	40	80	5	376
86–90	192	8	7	79	95	6	387
91–95	132	10	—	14	76	4	236
96–100	96	7	—	15	62	—	180
Over 100	171	30	4	48	212	15	480
TOTAL	5,437	143	2,385	900	5,835	153	14,843

Appendix "16"

ASSISTANCE FUND (WAR VETERANS ALLOWANCE)

NUMBER OF VETERANS' DEPENDANTS AND WIDOWS ON CONTINUING MEDICAL CARE, BY MONTHLY AMOUNT OF CHARGE AT MARCH 31, 1964

Monthly Charge	Veterans' Dependants	Widows	Total
$	No.	No.	No.
Under 5	134	405	539
5	195	307	502
6	73	191	264
7	42	112	154
8	68	170	238
9	42	94	136
10	147	369	516
11	82	59	141
12	102	154	256
13	21	51	72
14	26	56	82
15	97	220	317
16-20	177	302	479
21-25	95	168	263
26-30	62	85	147
31-40	39	68	107
41-50	16	9	25
Over 50	3	9	12
TOTAL	1,421	2,829	4,250

Second Session—Twenty-Sixth Parliament

1964

THE SENATE OF CANADA

PROCEEDINGS OF

THE SPECIAL COMMITTEE OF THE SENATE

ON

AGING

No. 23

THURSDAY, DECEMBER 3, 1964

The Honourable David A. Croll, *Chairman.*

The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESSES:

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.

APPENDICES

F-2—Brief from the Province of Quebec

G-2—Brief from the Department of National Health and Welfare

H-2—Brief from the Federated Women's Institutes of Canada

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21548—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lafrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21548—1½

MINUTES OF PROCEEDINGS

THURSDAY, December 3rd, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators Croll (*Chairman*), Blois, Dessureault, Gershaw, Haig, Lefrançois, McGrand, Quart and Smith (*Queens-Shelburne*). 9.

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Blois, it was Resolved to print the briefs submitted by the Province of Quebec and the Department of National Health and Welfare as appendices F-2 and G-2 to these proceedings.

A brief was submitted to the Committee by the Federated Women's Institutes of Canada who will not appear.

On Motion of the Honourable Senator Blois, it was Resolved to print the above mentioned brief as appendix H-2 to these proceedings.

The following witnesses were heard: *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.

At 12.00 Noon the Committee adjourned until Thursday next, December 10th, at 10.00 a.m.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, December 3, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*) in the Chair.

The CHAIRMAN: I see a quorum and I call the meeting to order. We have three briefs this morning: one from the Province of Quebec, one from the Department of National Health and Welfare, and the third from the Federated Women's Institutes of Canada. The last mentioned organization will not be represented here. Will somebody move that these briefs be printed?

Senator BLOIS: I so move.

Hon. SENATORS: Carried.

(*See appendixes F-2, G-2 and H-2*)

The CHAIRMAN: Our first witness this morning is Mr. Roger Marier, Deputy Minister of Family and Social Welfare of the Province of Quebec. Will you please proceed.

Mr. Roger Marier, Deputy Minister, Family and Social Welfare, Province of Quebec: Mr. Chairman, it is advisable to preface my remarks by referring the exchange of correspondence between you and Mr. Lesage during the Fall of 1963. When invited by you to present a brief, Mr. Lesage answered by restating the position of the province of Quebec relative to security and social assistance, stating that Quebec would not present a brief as such, but that the province would supply the Committee with such information. For this reason, I will not be presenting a brief.

However, we have established a file containing three documents prepared for publication by the Information Service of the Department, and a chart showing the available resources in the province.

The first document entitled "Social Welfare for the Aged in the Quebec Community", is to be considered as a source of reference, regarding the problems of the aged. It indicates that in the past, the Government efforts have been mostly concentrated on the program of social assistance, in terms of cash payments, but that the need of reasonable revenues is not the only problem of the aged. The text refers to the changes on sociological and historical point of view which is, so to say, the basis of the problems of the aged. These changes apply to the different parts played by the aged in the family, as well as in society, if they are to be compared with the previous generation.

They also refer to the fact that the aged, considered as groups, increase along with the progress of social sciences, which explains the fact that our people live longer; however, if human beings live longer, they are subject to more frequent illness than the younger generation. Hence the necessity to make available for them certain health services. Finally, the brief emphasizes the different situations in regard to the aged, so far as employment is concerned.

The institutions for the aged have been, in the past, in the Province of Quebec, the general hospitals. More recently, since the nineteenth century, the

"homes for the poor" have offered a refuge for the aged who needed the care that their family could not give. These "homes" also gave refuge to the aged who were alone in the world. The situation in which the aged find themselves, as well as the existing resources necessary to take care of them, must be adaptable.

In other words, we are facing a problem of social evolution requiring two systems of social adaptation which may cover, for instance, the utilization of work, remunerative or not, that may be obtained from the aged on a social level, as well as that of resources for their lodging and care. The means of adaptation requested involve various responsibilities and efforts, but, first of all an effort on the part of the aged themselves. All citizens learn from childhood the social part they will play, just by observing their families and compatriots. This is the way the aged have learned, since their childhood, the part they would have to play amidst the social changes that have taken place in our society. The aged have the responsibility to adapt themselves to modern social conditions. This effort to go over again the part played by the aged, is also the responsibility of the family in which the aged find themselves.

There was a complete change between generations; the aged don't live with their children anymore. There is the necessity of re-establishing relations between the family and its aged. This is a task that has to be accomplished by both parties. The responsibility lies largely upon the local community which is in a better position to know local needs and to find the proper solution. As I have said, the effort of the government is still necessary in terms of money and also in terms of lodging and care.

The second document, Mr. Chairman, deals precisely with this question of lodging and care for the aged. It makes a revision of the resources that have existed up to now. It publishes at the same time the limits of a new provincial program for the development of lodging and care centres at a reduced cost for the aged.

As I said, the first resource we find in the province, are the "homes for the poor" which, considering the part they have played in the past, are in a position to give proper care, as is being given in the hospitals. Because they always did in the past, they accept a certain number of persons who do not really need care, as they received in the old days people who had no family. It must be noted however that the expression "as in a hospital" is not easily adaptable to all the care of those who are nowadays accepted in the homes for the poor. We have another sort or establishment which operates with a permit under the law on private hospitals. This law has been on the provincial statutes for many years. The responsibility of issuing permits under the law was transferred to the Department of Health and to the Department of Family and Social Welfare in 1962.

This was one of the results of the adoption by the Legislature of a law regarding hospitals. The Department has then tried to accept its responsibilities, first of all by means of an inventory of the resources regarding this category. We have found that there are two kinds of resources. First of all, small establishments in villages which are administered by families and which, because of this fact, have the appearance of family enterprises. They can only accept a certain number of persons of modest means and this number must not be higher than the resources of the family in question can afford, say 15, 16 or 20 as the maximum. The other category of establishment operating under a permit appears to be a commercial establishment and a few of these may accept as many as 100, 200 and even 300 persons. The brief inventory of the cases we have been able to undertake indicates a very high percentage of the cases require active medical care. This is the reason why, 15 months ago, we started negotiations and discussions with the provincial Department of Health so that the responsibility of those who need active medical care evolves on the

Department of Health and that the responsibility involving social welfare be that of the Department of Welfare.

An inter-departmental committee has been sitting for several months and has permitted us to come to an agreement between the two Departments, on a policy concerning the responsibilities which could be translated in terms of data. The two departments have adopted the principle of a transfer of persons or institutions under the authority of either of the Department of Health or that of Welfare. When we realized the necessity of supplying the public with information concerning available resources and to direct certain cases towards the resources corresponding to their needs—and I mean not only the resources of Welfare, but also the medical resources as well—in the metropolitan area of Montreal, we created an information centre for orientation of reference—for all cases requiring lodging, special care or medical care. This centre receives social cases from hospitals as well as from communities and admission requests from old people. The centre is in a position to indicate what the available resources are corresponding to the need and direct each case towards the proper place. This centre will permit us to have a precise idea of the need for lodgings as well as the needs for care-limits in comparison with the needs of welfare, so to say.

This document presents a new program of development for lodging and care centres, at a reasonable cost.

The first remark that is to be made here is that it is obvious that all care that may be given at home should be done so the need for admission in the lodging care centres for the aged. However, there will be a lot of old people who will have to abandon their own homes and to apply for admission in one of the abovementioned centres. The new program attests that the centres which will be built will have to meet the particular needs of the surroundings, on the point of view of the nature of the needs as well as that of the number of persons to be looked after.

The new program provides that the responsibility for new development will lie with the proper local groups which are invited to form corporations without pecuniary gain, and to invest an amount of about 10% of the cost of the project.

The new centres should not be situated in the rural areas but well in the centre of the community, near churches, hospitals, transportation facilities and stores, because of the necessity of integrating the aged into the life of the community and keeping them that way. Unlike the hospitals, which were considering themselves as closed institutions with their chapels, medical care and their nurses, the new centres intend to make use of all the resources of the community.

Mr. Chairman, the needs of the aged are not the same as in prior years, they concern a segment of the population which is proportionately more numerous. In a way, the people concerned who are perfectly well, so to say, and on the other hand persons who are more and more in need of care.

We have expressed the general opinion that lodging and care centres should have available various resources corresponding to the continuity of care that is to be found with the aged; that the management of these centres should keep in mind the importance of keeping the aged independent and capable of taking care of themselves and to be active not only in their private life, but also in that of the community. The new program provides that the lodging and care centres will consist on one hand of small apartments where the aged may have an independent life, and be located near service centres where there would be rooms and nursing care.

Finally, the new program applies to the development of lodging and care centres, at a reasonable cost. That is why the Department of Family and Social Welfare has established, that, on the point of view of construction, the

centres should be limited to a cost of approximately $5,000 per unit at the maximum, and on the point of view of operation, it is our intention to set out certain standards. The staff should not exceed the number necessary to provide the services required for the aged.

The third document, Mr. Chairman, deals with proceedings. This is the document we supply to the promoters of new centres. It shows what responsibility the Department intends to assume regarding authorization of the needs and demand for such centres; as well as of preliminary plans and devices, and the standards of operation. Finally, the document deals with the issuing of annual permits and inspection.

I have already said that the province does not finance these centres directly, but advises promoters to use the most economical financing facilities. These facilities we find at Central Mortgage and Housing Corporation which enforces the national law on housing and particularly Article (A) of the law providing for advantages of long-term loans pertaining to this kind of establishment. Mr. Chairman, you find some statistics on record. They indicate that there are in the province 733 establishments, where 18,372 cases have been admitted. Of this number 10,098 cases had supplementary assistance from the Government to help them to meet the cost of the care received.

The CHAIRMAN: Thank you very much, Mr. Marier.

Senator HAIG: Mr. Chairman, as regards the last page, would you have the witness please explain the difference between the licensed commercial establishment and the supervised home.

Mr. MARIER: A supervised home refers to a family admitting less than four people. It is analogous to a foster placement for children. It is a family which can accept at home some aged persons, but less than four, and as such they do not fall under the specification of the Hospitals Act.

Senator HAIG: Thank you.

Mr. DAVIS: Still on this same table, I do not suppose Mr. Marier has any statistics about housing projects for old people, under 16(a), or perhaps under section 35. Is there no section 35 for old peoples' housing in Quebec, Mr. Marier?

Mr. MARIER: No, there has been none. Central Mortgage and Housing Corporation did a number of housing projects for elderly people, as speculative projects, a number of years ago. I must say they were not too successful, and we think that the reason was that housing units divorced from care centres do not provide the security that an elderly person requires. I also suppose that the rents were high enough that elderly people preferred remaining in their own homes.

Mr. DAVIS: Are you talking about 16(a) now?

Mr. MARIER: I am referring to 16. As for 16(a), under the new program we have developed three projects that are about to be adopted. They have served us as pilot projects. It is apropos of their discussion that we have developed the method of assessing need, to which I have referred before—the kind of relationship that is desirable between the promoters, ourselves, and C.M.H.C., the kind of maximum cost figures to which I have referred as well.

The CHAIRMAN: Mr. Marier, does the province or the municipality license these homes for the elderly you are talking about?

Mr. MARIER: The municipalities do license all kinds of establishments, from boarding houses to such establishments; and I suppose that if there is an authority for municipalities to license such establishments, this is all right. The private hospitals act, however, gives the authority to the province to license these establishments, sir.

The CHAIRMAN: You mentioned licensed homes, and indicated such to be a small place where they house three or four, but you keep them under supervision?

Mr. MARIER: Yes.

The CHAIRMAN: Do you keep the licensed commercial establishments under supervision?

Mr. MARIER: We do.

The CHAIRMAN: Through what department?

Mr. MARIER: Through our department; with the co-operation of the Department of Labour and the Department of Health.

The CHAIRMAN: What institutions for the aged are under the jurisdiction of the Department of Health?

Mr. MARIER: They are institutions which may be part of a hospital building, where for instance one wing was used for many years to receive old people. Old people under care there may not be sick, but the wing has been part of a hospital complex, and it has remained under the jurisdiction of the Department of Health; however, government contributes to the maintenance of such aged persons who are in need through Q.P.C.A. and supplementary allowances and benefits are available to them.

The CHAIRMAN: Are you talking about what we call nursing homes?

Mr. MARIER: Well, Mr. Chairman, "nursing homes" may be a clear concept in English. In French, it is not. In French, I have used the words "centres d'hébergement et de soins." We also used the expression "soins de garde," to indicate that this kind of care does not involve active medical treatment. The discussions with the Department of Health, to which I have referred, indicated that we were right in thinking that if an aged person requires a kind of care that involves hospitalization, he or she should be moved to a hospital. That does not mean that the establishments I have referred to do not have within their walls people who may be sick. I may be sick at home. In other words, we can say that elderly people in establishments under the Department of Welfare may be sick, as any other Canadian, and they may remain there as long as they do not require active treatment of a kind that requires hospitalization. If it is established that their condition is such as those requiring hospitalization, then they should be removed, because we cannot allow the welfare establishments to keep and develop elaborate medical facilities, from the point of view of space, equipment and personnel; and if we wish to keep the administration costs low, then we must make a distinction between a hospital, a chronic hospital, or a convalescent hospital, where the medical care is active, and those other kinds of care of a welfare nature.

The CHAIRMAN: "Domiciliary" is the term sometimes used.

Mr. MARIER: Yes. We have translated "centres d'hébergement et de soins" as "housing and residential care."

Senator QUART: I would like to congratulate the department, or most likely you, Mr. Marier, for the rules which you submit here with regard to local housing care, because if organizations read them carefully they will realize that if they start off on the wrong track they will find, too late, that they will have to back up. I am sure you know about "maisons de convalescence." Is that something like these nursing homes? We have one, a private one, I believe, at Sillery, and then another at Parc du Moine, which is the Chemin St. Louis, operated by nuns of a religious order. Would that be somewhat in line with nursing homes?

Mr. MARIER: Senator, when the province adopted the housing act two years ago, for the first time in Quebec an establishment could not use of its own the word "hospital". The word "hospital" was restricted. The Private Hospitals Act

to which I have referred is an old one; it is 20 or 30 years old—I have a reference somewhere—in any case, it is an old act. It is inadequate; it has to be replaced by an act regulating welfare institutions. In this act we will prohibit the use of a certain number of words which are susceptible to evoke something we do not think is correct. I do not think an institution for the aged should be called a "convalescent" home. Some are. But it may be perfectly legitimate for the Department of Health to rule that a category of establishment must call itself "convalescent". I do not think the new act, which has been under preparation and which is ready now, will allow the use of "convalescent". We are very embarrassed with the word "nursing," because the English language does not seem to have an equivalent to "soins de garde"; but we have presented it in the document you have before you as "residential care".

The CHAIRMAN: It seems a good translation. That is what a nursing home is.

Senator QUART: Monsieur Marier, do you happen to know—and I am sure you do—anything about the hospital which will combine hospital as well as, I believe, the elderly? The last time I visited this place—it has not finished construction—was with Dr. Houde of Ste. Anastasie. It is at Ste. Anastasie, at L'Islet, in the village of Ste. Anastasie. I do not think they applied to be subsidized by the Government.

Mr. MARIER: I do not believe the project is in operation; it has been under discussion.

Senator QUART: It has been under discussion.

Mr. MARIER: It has not been accepted, to my knowledge, by our department.

Senator QUART: Was there any completion of the project? At one time there was talk of a home for the aged people at L'Islet.

Mr. MARIER: Yes, there is one. I have referred to the eight institutions, establishments that have been built by the province in the last four years under an act which was passed in 1958 or 1959. These eight establishments are substantially "hospices". This is the traditional formula. One is at L'Islet.

Senator QUART: I am sure Senator Dessureault is dying to ask you questions too, but being from Quebec I am very interested too. You mentioned le centre de références à Montréal?

Mr. MARIER: Yes.

Senator QUART: Is that in connection with the fédération in Montreal or Quebec City, fédération des œuvres d'Auteuil Street? Would that be a reference centre?

Mr. MARIER: No, what we have done in Montreal was to set up a joint centre of information and reference. This is an administrative unit common to both the Department of Health and the Department of Welfare; it is a Government unit.

Senator QUART: Where is that located, do you know?

Mr. MARIER: It is in Montreal.

Senator QUART: These aged people, when they require some information, would the logical place to go, particularly for the French-speaking citizens of Quebec, be to Mon. Maranda at d'Auteuil Street?

Mr. MARIER: Yes, or the Service familial de Québec. But the time will come when we will set up in Quebec City the same kind of information and referral centre we just established in Montreal. The reason we have not done it yet is simply a question of time. We have had to organize Montreal. We felt the need was more urgent there. The more massive the demand, the more

numerous the references, the greater the need for an information centre and clearing house.

Senator QUART: And the Service Familial is now where?

Mr. MARIER: I think it has offices on de la Couronne, Quebec city.

Senator QUART: Yes.

Senator DESSUREAULT: Mr. Marier, I would like to know one thing in particular. You spoke about Montreal, but in Quebec itself and the region surrounding Quebec what are the institutions that we may call lodging and care centres for the aged? We have the General Hospital and the *Hospice de Saint-Roch*; these are the two that I know of in Quebec where elderly persons are really being taken care of. Would you have other institutions which would belong in the group which you have mentioned?

Mr. MARIER: Yes, there are many of them. I do not have the list before me but there are many.

Senator DESSUREAULT: There are small private institutions.

Mr. MARIER: Even amongst the public institutions, there is for example, the *Foyer Saint-Antoine.*

Senator DESSUREAULT: Yes, the one that was in the parish of St. Roch?

Mr. MARIER: Yes, the one that was just beside Saint Roch Church. It has moved into a new building.

Senator DESSUREAULT: On the West Side?

Mr. MARIER: Yes.

Senator DESSUREAULT: That is why I mentioned the General Hospital.

Mr. MARIER: Yes—then there is another institution on St. Cyrille Street, directed by "*les Soeurs Franciscaines*"; I could give you a long list.

Senator DESSUREAULT: These centres, the one on St. Cyrille Street, for instance, do they fall in the category of lodging centres?

Mr. MARIER: I think so. I do not remember precisely the inventory, but the Sisters of the Sillery Convent for instance, receive old ladies.

Senator QUART: And the *Villa Notre-Dame.*

Mr. MARIER: There are a large number of good establishments.

Senator DESSUREAULT: Sillery is a boarding institution. A person must have good financial means to live there.

Mr. MARIER: Yes.

Senator DESSUREAULT: It does not fall in the same category?

Mr. MARIER: Yes, because all the establishments must have a permit by law and the responsibility remains with the province to see that the institutions follow provisions contained in the Law on hygiene—and in the case of institutions supplying care these must be adequate.

Senator DESSUREAULT: Are these establishments under the control of the Department?

Mr. MARIER: Yes.

Senator QUART: The *Villa Notre-Dame* is not under the control of the Department.

It is a private concern of the conference. They have twelve suites there. As Senator Dessureault did say, it is practically a centre for the aged. Let us be frank. It is a wonderful place. Because of circumstances it has become a centre for the aged, because very, very few young people would want to go there in that close proximity to convents and all that. It is a marvellous setup. I would like to spend my last days there.

Mr. MARIER: That is why we have developed a new low-cost program.

The CHAIRMAN: Do I understand that Senator Quart would prefer that to the Senate?

Mr. Marier, we are now going to have to ask you some questions the answers to which you may be able to give us from your background. In the course of evidence before us it has been stated and repeated, and on this I should like you to comment, that the priorities appear to be economic, health and housing, recreation and social. What are your views on that?

Mr. MARIER: Mr. Chairman, I agree with this. But I would add the idea that I would include under "social" not only recreation, but all kinds of activities, that is, those related to employment, and the use, in a voluntary capacity, of all that the elderly can give in service, that is, volunteer service. This is the problem that has been stated in the first document I referred to, and I agree completely with this order of priorities.

The CHAIRMAN: One of the other assertions repeated before our committee is in connection with the building of complexes, and in this matter I think you hit the nail right on the head. You said "a care centre along with the facilities". That is what you were talking about when you spoke on your new program.

Mr. MARIER: Yes.

The CHAIRMAN: Is that what you had in mind?

Mr. MARIER: Yes, that is what we have in mind. The terms of the National Housing Act did not make possible this kind of project before 1964. I think that centres capable of catering to the various needs are very important. When an elderly person thinks of the future, he or she may be in good physical condition. The first thing they want is security. Elderly people are attached to the place in which they have lived. They do not wish to be shuffled from one place to the other. We need to develop overall centres providing or capable of providing for and meeting the needs of the elderly—I mean the varied needs —from the housing of independent persons to intensive care, if such care is needed. I was very interested recently to see that at the London County Council, for instance, where they have two programs, one for developing housing and one for developing care centres, by two different administrative units under two different kinds of legislation, the planning of such housing projects is carried out in close co-operation between the two administrative units, and a care centre is located right in the vicinity of the housing project for the elderly.

The CHAIRMAN: You are speaking of England.

Mr. MARIER: Yes, and this feature has been incorporated in our program and we are in the position of catering to both needs.

The CHAIRMAN: Senator McGrand.

Senator MCGRAND: A moment ago you said old people don't like to be shuffled from one place to another, they like to stay in the environment with which they are familiar. I think you have to distinguish between the old person who will be perfectly happy in a nice suite in a lovely home, and the person of very moderate means who has lived with his or her family. Do you find that most of the old people wish to stay in the family environment or do they wish to go to an institution?

Mr. MARIER: This is an area where we lack information. I can only give you what is my experience. However, over 15 months ago we commissioned a group at l'Institut de gérontologie de l'Université de Montréal to make a study of that first point. We are expecting the report shortly. I personally tend to think that in the present state of affairs, and in view of our existing resources, or our shortage of resources, people wish to remain in their homes as long as they can. This is provided they can use the services of someone in the family circle for the chores that they cannot or are not in a position to accomplish

themselves, or providing they can rely on community agencies for periodic care or visiting. It is my impression that they only want to go to an institution as a last resort. I think it is desirable to keep elderly people at home as long as possible. Once they are in residential care centres the same philosophies should continue to keep people independent and active. We consider that in the hospices we have had, the tendency has not been to encourage people to be active because of the high proportion of very old age clientele they have.

Senator GERSHAW: Mr. Chairman, the witness was very good and he has agreed with other witnesses as to what is most needed—economic care, housing and recreation. I wonder if he could tell us what is most needed under the economic heading? Is it larger pensions, medical care, clothing or what is the greatest need of the elderly people he is acquainted with in Quebec? Perhaps he could elaborate on that.

Mr. MARIER: Senator, we have had social security and assistance schemes for many years, and the age at which eligible persons have been considered has gone down from 70 to 65, and in Quebec to 60 in the case of widows and spinsters. We are entering into a new phase where the Canada Pension Plan will be added to existing resources—the *plan de retraite*. I think that short of a full-scale investigation into the cost of living of various aged people we are nearer to providing an adequate regime of economic assistance than we have ever been. I am sorry that the department has very little data on the cost of living of the aged, but I know of one survey that was made in Windsor, and reported by the Ontario Department of Public Welfare, which indicated that on the resources available aged persons could live well. Added to that will be, as I have said, the benefits of the Canada Pension Plan. I think in this field of economic assistance, if it is the first line of defence, the problem has been met, but it is only the first line of defence. A policy for aged people should first express the need to see to it that their income does not fall below a certain level, and that they be provided with money they can themselves spend wisely. This is the first line of defence. Having said that I think that government assistance is needed to foster the development of the resources beyond the reach of the aged themselves, and this is where the need has been felt by the province—the need to develop new low-cost housing and a residential care program.

The third level is that of community services. It is a very wide field. Where there is at the present time an interest in communities, we can share in stimulating that interest and helping communities to develop the resources for the services of all kinds that are needed.

Senator DESSUREAULT: I would like to ask Mr. Marier a question. In an establishment like the *Maison des Dominicaines* on St. Cyrille Street, does your department give any financial assistance to this type of organization?

Mr. MARIER: I believe the *Maison des Dominicaines* is really a place for wealthy people.

Senator DESSUREAULT: In that case, no assistance is provided by the Department of Welfare?

Mr. MARIER: The assistance given by the Government under the "*Loi de l'assistance publique*" consists of additional assistance, on top of allocations provided by the "*Loi d'allocations*" for those who require special care, and who are eligible under the "*Loi de l'assistance publique*". I do not think we could find in the institution of the Dominicain Sisters people who come under the "*Loi de l'assistance publique*".

Senator DESSUREAULT: These persons receive the Old Age Pension?

Mr. MARIER: Yes and they must also have some personal income.

Senator DESSUREAULT: They have their Old Age Pensions like everyone else, but no other assistance?

Mr. MARIER: Precisely.

Senator QUART: At this place on St. Cyrille Street, there are nurses in residence, but this institution is mostly for people who are capable.

I read a little article in the Montreal *Gazette* not long ago, and which many of you may have seen, regarding the attendance of Dr. Sarah Rosengarten of Montreal at the 17th Annual Meeting of the Gerontology Society at Minneapolis. She said that they had a low-rent housing development there, the rent of which is $32 a month, that the apartments are cheerful and charming—of course, that depends on those who are living there—and that Montreal could certainly use this type of housing. I shall not go on reading from this because I am sure your department will be hearing about it, Mr. Marier.

The CHAIRMAN: As there are no more questions may I say to you on behalf of the committee, Mr. Marier, how much we appreciate your taking the time from a very, very busy department to prepare an excellent brief. It is comprehensive and informative. We asked you some tough questions today, but we did it deliberately in order to benefit from your knowledge and experience. We are very much impressed by the new program that you have in mind for the housing of the older citizens, particularly the aspect that will form a complex. In that respect you seem to be doing something different from what other provinces are doing. That is good for the elderly, and I think it is good for us who are in public life not to follow old paths all the time. On behalf of the committee I thank you very much.

Senators, our next witness is Dr. K. C. Charron, the director of Health Services, Department of National Health and Welfare. Dr. Charron is a graduate of the University of Toronto. He has had a most distinguished career. In 1961 he carried out a study on health services, health insurance and their interrelationship, which covered nine countries. These visits were followed up during 1962 and the first half of 1963 with an analysis of the information and the preparation of a comprehensive report which is now available in book form. During the years 1962-63 he was president of the Canadian Public Health Association. He is also an Honorary Fellow of the American Geriatric Society.

Will you now proceed, Doctor?

Dr. K. C. Charron, Director of Health Services, Department of National Health and Welfare: Mr. Chairman and honourable senators, it is a great privilege to have this opportunity of appearing before you to present this brief, and discuss the important subject to which you are addressing your attention. I thought Mr. Chairman, that by way of an opening statement, with your permission, I would discuss the general format of the brief and mention two or three additional points which might assist with the discussion.

The brief deals with health factors, but with a full appreciation of the importance of social and economic features. The subjects contained in it were chosen because they were matters which appeared to us to be of prime importance in an analysis of aging. The section on population trends and the statistics contained in the appendix set out a few features which are important to health programs. This material could be modified or re-assembled in a manner which would best serve the interests of the committee.

In the next section dealing with objectives it is considered that two of the points in particular refer to factors which, in the development of health programs in Canada, will need to receive careful consideration. I refer to the frequency of frailty in elderly people and the fact that they are not usually accessible in groups. Both of these features emphasize that availability of services and the location in which they should be provided favour community health services in locations which are easily accessible to the elderly.

The description of health programs in the Department of National Health and Welfare of importance to the elderly was included to provide the committee with basic information on existing arrangements and the patterns which have been developed within this federal agency.

The remainder of the brief deals with selected subjects relating to health facilities and services which would be of particular value to elderly people. The general theme stresses the planned and co-ordinated development of comprehensive health services which would be designed to meet the needs of all age groups, and in doing this would pay particular attention to the requirements of older people. The tenor of my remarks, then, is against isolation of the aged and fragmentation of services for them.

And now, Mr. Chairman, I would like to mention two or three additional points which are important. First, most matters of health in Canada are considered to come within the purview of the provinces. However, experience with programs such as Hospital Insurance and the National Health Grants has emphasized the need for a nation-wide approach. This encourages participation at all levels—federal, provincial and community—and is particularly suited to broad and complex problems such as the subject before your committee. An interesting example of nation-wide planning is that a Hospital Studies Unit is presently being established within the Department of National Health and Welfare. The Minister is setting up this unit on the recommendation of the Advisory Committee on Hospital Insurance and Diagnostic Services. It was a unanimous recommendation and all of the provinces requested this development. As it represents an important approach to nation-wide planning, I might quote a part of the recommendation which indicates the support being provided for comprehensive planning.

> It was forcefully pointed out that hospital services formed an important part of total health services and that factors in other areas contributed to pressures which, in turn, in many circumstances, contributed to the cost of hospital services. These factors would need to be considered in their relationship to hospital services. The Committee believed that principles should be developed which could serve as guides to the various provinces in the development of hospital services which would best meet their individual needs. Such an appraisal should be on a continuing basis as hospital services are part of a dynamic process which should reflect changing patterns of health care. As the appraisals would be nation-wide, it was further considered that these arrangements should be established by the Department of National Health and Welfare. Reports would be submitted to the Advisory Committee on Hospital Insurance and Diagnostic Services for consideration, and the cooperation and collaboration of the provinces would be arranged through this Committee.

A second feature which might also be emphasized is the importance of a planned and co-ordinated program of public and professional education and information. Here again it seems to me that roles could be defined for the three levels of administrative jurisdiction. Such a program should have clear-cut short-range and long-range objectives. Again if I might quote from our experience we have found that health education is a very important element in the development of programs with broad social and health implications.

Finally, Mr. Chairman, I would like to emphasize the importance of voluntary agency participation and support. It is of interest to note that long-term illnesses which are considered to be of particular public health significance have, in most cases, a voluntary agency associated with them. In setting up programs which would best meet the needs of the elderly, community par-

ticipation would be most important, and these voluntary groups could help materially in ensuring this. In addition, there are a number of important service areas which lend themselves to this type of approach. While pressure may not always be desirable, these associations, because of their interest and influence, would have a valuable role in stimulating the development of programs for the elderly.

Other subjects might be commented upon, such as the proposals which you have received for a separate bureau, the place of nursing homes in the health facilities structure, and so forth. I presume that these and others might form part of the question and discussion period. Before I conclude my remarks, Mr. Chairman, I would like to say that we in the Department would be most happy to assist the committee further, if this is desired, particularly as we realize that you have available to you the most comprehensive material on this important subject. Your report, I am sure, will be a most valuable document. That concludes my opening remarks, Mr. Chairman.

Senator McGRAND: On page 9 of your brief, there are two statements. In the second paragraph you say "there were 6.3 beds per thousand" and then you say that in some places it averages from 4.3 to 8.4 and that three of the provinces have a ratio in excess of seven. Further down in that paragraph you say that "5 per cent of the patients had stays of 30 days or more" and that they are responsible for 30 per cent of the total hospital stay. There is a lot to be read into that particular statement, is there not? Would you mind going on from there? You must have something in mind.

Dr. CHARRON: In dealing with this subject, I would like to refer to page 10 of the brief, where I mention the question as to whether skilled homes might form part of the over-all pattern for health services. Then, the next underlined section emphasizes the interrelation of beds between various types of health facility. It notes that what we really should be talking about is levels of care, rather than trying to define them as associated with a particular type of institution, the name of which is not too precise, such as general hospital, nursing home, and so forth.

If I may elaborate, the general hospitals in Canada are designed primarily for short stay cases, but the level of care that they provide is also required for a proportion of long-term patients. In other words, certain long-term patients require the facilities of the general hospital.

An analysis of Canadian statistics would indicate, as you have said, senator, that about 2 of the 6.3 beds per thousand are being used for long-term stay. If skilled nursing homes are included in a system of health facilities in reasonably substantial numbers, say about 1.5 beds per thousand, the question might then be asked as to whether our present proportion of beds-to-population would be adequate. This is a subject which will be studied by the hospital services unit to which I have referred.

Various ratios have been suggested, and one which might be close to our needs could be 4 to 4.5 beds per thousand of population for short-term hospital stay; 1.5 for long-term hospital stay; and 1.5 for skilled nursing homes. Such an estimate should include a tolerance factor of .5 to 1 bed per thousand between the various types, to allow for different situations.

By tolerance factor I mean that if you established a level of four, it might be five in certain circumstances. Similarly, if you considered that long-term stay beds in hospitals and nursing homes would contribute three beds per thousand, this might be in a ratio of 1.65 and 1.5, or might be one or two or two and one, to allow for different circumstances.

However, I would emphasize that this subject will be under review by the hospital study unit. This is only quoted as an example.

Now, if I may, I would like to give an opinion on nursing homes.

The CHAIRMAN: We have been waiting for you to do that. I don't know how you can avoid it.

Dr. CHARRON: The development of nursing homes as a health facility in this country would, of course, come within the purview of the individual provinces. However, in my opinion, the nursing home which provides skilled nursing care and regular medical supervision is likely to play a more prominent role in the future. Such a skilled nursing home would need to have a close functional relationship to the hospital system and would provide a level of care required by a substantial number of patients. They should be licensed and arrangements established to ensure high quality care.

The term "nursing home" needs to be defined, since they vary from institutions providing skilled nursing care to those set up to provide a residence. The skilled nursing home, in my opinion, is a health facility, and should be part of the overall pattern of comprehensive health services.

Senator McGRAND: The question I wish to ask now is not directly addressed to that point, but I think is part of it. Would all these health plans which pay for medical care, such as Blue Cross and others, recognize the patient in a nursing home as someone who is entitled to delayed hospital care, according to the medical profession? That certainly enters the picture as to whether a person wants to remain in hospital, when paid for by the Blue Cross, or whether such a person should go into a nursing home, where Blue Cross service does not extend.

The CHAIRMAN: It is not quite true that Blue Cross services are not being extended. Do you remember the people who came from nursing homes, who said there was an extension of that service to the nursing homes, and by the Ontario Hospital Association. Am I correct, or not?

Dr. CHARRON: I think this is correct, Senator Croll.

With regard to nursing homes, I would like to relate this, first of all, to the hospital insurance program. Two of the provinces, Ontario and Alberta, recognize a limited number of nursing homes and include them in their hospital insurance arrangements. To do this they have licensed these homes in each case under their private hospitals act. In these circumstances they have really been interpreted as being hospitals rather than nursing homes, and they have been included to a limited extent under the hospital insurance arrangements.

I would think that probably the next step is to consider whether nursing homes need to be developed in Canada and whether they should be recognized under this program.

Senator McGRAND: I consider this question to be an important one. Somewhere in your brief you mention the extension of out-patient services.

Senator HAIG: Page 11.

Senator McGRAND: Most of our population receive periodic chest x-rays, which brings the diagnostic hospital services right to the individual. Do you think this bringing of hospital services to the home could be extended to include things that are very important, other than the investigation for tuberculosis of the chest?

Dr. CHARRON: I think what you are referring to, senator, is the practice in Canada of providing routine admission chest x-rays in the majority of our hospitals. In this way we estimate that about 40 per cent of the admissions to hospitals in Canada receive this routine chest investigation.

Senator McGRAND: To extend it further. By this means, we are able to pick up the occasional case of tuberculosis of the chest, which otherwise might be missed. Is it not possible, for instance, to pick up the early diabetic, by the extension of a hospital service, which would include urine and blood investiga-

tion? Is there not a great field to be explored in bringing the hospital to the patient through an out-patient service?

Dr. CHARRON: I would agree with you that there is a great deal to be gained by the extension of these services, and one could envisage other tests that could be used when patients are admitted to hospital. They would be useful as a screening device.

Senator McGRAND: I am thinking of the T.B. van that goes around and x-rays people in their communities. It is done in many of the provinces. Whether or not it is universal, I do not know. They could also pick up cases in other fields of investigation, besides tuberculosis of the chest. Is that not right?

Dr. CHARRON: I think that is correct, sir. This really takes us into the consideration of programs for screening. I believe I did mention this in part of the brief on pages 14 and 15, dealing with prevention and early diagnosis. The reference that is made there is to multi-phasic screening programs.

Senator McGRAND: I mention this, because there are so many people who feel that this problem of medical care is solved by building more and more hospital beds, rather than making full use of the hospital beds that are now in existence, through the development of other fields of screening people.

I have one more question. Out of 1,000 patients in a hospital some 5 per cent, or 50 beds are utilized by patients overtreated by drug therapy. However, their cases have not been recognized as being the result of overdoses of drug therapy.

The CHAIRMAN: This is not in the brief, is it? You two doctors discuss it, and we will listen.

Dr. CHARRON: This is an area, Mr. Chairman, about which, I am afraid, I have not any precise information. It is one certainly that needs consideration in an era when drug therapy is so popular.

The CHAIRMAN: Doctor, we are interested in your views on a separate bureau.

Dr. CHARRON: Mr. Chairman, if I may start to answer the question by indicating some of the developments that have taken place in the Health Branch of the Department, and then relate these remarks to an opinion on a separate bureau—

The CHAIRMAN: Yes, go ahead.

Dr. CHARRON: As far as the Health Branch of the Department of National Health and Welfare is concerned, it is considered that the co-ordination of programs for the elderly should be placed in the Medical Rehabilitation Division. This division should have a specialist in geriatrics, who would be working closely with the other consultants in physical and internal medicine, medical social work, and so forth. Such a consultant would be directly involved in the planning and development of health programs and would have access to the other sections and divisions mentioned earlier in this brief. He would work closely with personnel in the Welfare Branch and in other federal Government agencies, and with professional associations concerned with particular aspects of the program.

In addition, it would probably be desirable to set up an expert committee which would bring together people with particular competence in advising on health services for the elderly. In this way we would hope to provide expert advice through a group with a primary interest in this field. This would cater to integration rather than separation and segregation.

It would seem to me this type of arrangement would have certain advantages over a separate bureau as the group with this special interest would be set up within an established setting and with a direct relationship to others in associated fields of interest.

Such a service would report regularly to advisory committees such as the Dominion Council on Health and the Advisory Committee on Hospital Insurance and Diagnostic Services. In this way existing channels would be used for contacts with provinces and professional and voluntary agencies. I agree an arrangement would be required to ensure co-ordination and the development of a balanced and effective approach. However, I doubt that a separate bureau would be the best method of achieving this.

The CHAIRMAN: Doctor, we have reached no conclusion, but there has been some thought and some encouragement here of placing more emphasis on the elderly, more emphasis than there is at the present time—and there is not a great deal of emphasis at the present time—and in establishing a bureau, such as they had in the United States. The thought was that in that way we could emphasize and at the same time use the facilities you have indicated are available. That, is the thinking of the committee. What do you say to that?

Dr. CHARRON: I believe, Mr. Chairman, that this type of development is possible and might represent the desirable solution. On the other hand, I feel that you would need to give careful consideration to how such a bureau would function in relationship to the agencies which now have a major responsibility in the field, and whether such a bureau would not be duplicating, to some extent, the resources that are already being developed in these other agencies.

I might give you an example. For instance, with regard to the development of hospital services, I mentioned the fact that a hospital services study unit was being established. It will have a broad responsibility to advise on the type of hospital that would be required, the number of beds, and so forth. It will also be giving consideration to particular needs that relate to age, sex, and morbidity, etc. It would seem to me that such a unit in the hospital field will be carrying out the type of study you had visualized with regard to hospital services that would best meet the needs of the elderly.

How a separate bureau would function with such an arrangement would need to be determined and set out fairly precisely.

There is an alternative to the separate bureau, though, as you say, the separate bureau might be the solution. An alternative might be to have one of the federal agencies named as the agency responsible for co-ordination of federal activity, and then setting up a type of committee structure which would not only include federal agencies but also bring in the professional and voluntary groups. This might be another type of solution, Mr. Chairman.

The CHAIRMAN: We have been thinking about that. If we decide that the Department of National Health and Welfare should be charged with the responsibility, perhaps Labour is one of the departments that would have to co-ordinate with them, as well as of the other departments.

Mr. DAVIS: Such as C.M.H.C.?

The CHAIRMAN: Yes, C.M.H.C.

Dr. CHARRON: Yes.

The CHAIRMAN: Here is the problem we are faced with, doctor. There is a general feeling in the country that the elderly have been pushed about and have been neglected—whether it is true or not is not important at the moment —and that unless we focus attention and create something in the way of providing activity we are not really doing anything.

Dr. CHARRON: I agree Mr. Chairman. It is most important, that attention be focused on this broad and complex problem. It is then a question as to the best method of focusing this attention and ensuring progress.

Senator MCGRAND: Old people will comprise 9 per cent of the population by 1990. As years go along the chances are the old people will continue to grow in proportion to the rest of the population.

The CHAIRMAN: The statistics are the other way. There is something on this brief that does not prove that statement.

Mr. DAVIS: The numbers will increase.

The CHAIRMAN: Yes, but not the percentage.

There is a very important statement on page 18, a very intriguing statement:

> Canada has a special opportunity to contribute to research related to aging, not by trying to carry out imitations of work done elsewhere, but by studying those problems which are notable in Canada. Why are some cancers more prevalent in one province than another? What is the significance of our particular geographical distribution of heart disease or liver disease? How can our health services be adapted to our resources and needs?

—and so on. And then, finally:

> We have to be clear what we are trying to do or what problems we are trying to solve, and then get on with the job.

What are we trying to do and what problems are we trying to solve, and how do we get on with the job? Would you like to take a few minutes on that, doctor?

Dr. CHARRON: Yes, a trend in health research is to try to define the important areas which require investigation. This is important in terms of making the best use of the funds that are being allocated to research. It is particularly relevant when you relate research closely to the development of health services and health service requirements. Therefore, in this particular section what is suggested is that in addition to basic research which is being carried out in our universities there is a need to define priority areas and to study situations that we in Canada have a unique opportunity to study because of factors which are particularly related to our own situation.

It was for this reason that this particular paragraph, Mr. Chairman, was included in this statement. Attempts are being made now to define priority areas and to focus attention on them.

The CHAIRMAN: You cannot be any more definite than that, can you, doctor?

Dr. CHARRON: This program is just under way, Mr. Chairman.

Mr. DAVIS: I wonder if the witness would say something about the problem of co-ordination, not of necessity through a federal bureau, but rather co-ordination in the health field. It was said earlier that the services now tend to be, even if of good quality, fragmented, and there needs to be greater co-ordination. Whose responsibility is it for greater co-ordination?

Dr. CHARRON: Mr. Chairman, this is an extremely important problem in the development of health services in this country and in practically every other country. It has been said that health services as far as scientific technology is concerned are in the jet age, but in terms of organization and administration may be back in the horse and buggy era. This is not said as a criticism of the health services as presently constituted in this country, but it is in recognition of the fact that more attention will probably have to be paid in the future to the organization and administration of these services. This does not mean regimentation, for in a free democratic society this would not be possible, practical or desirable. It does mean that co-ordination will be most important in the development of these services in the future. In my opinion it will be important to name an agency at the various levels which would be responsible for the broad pattern of health service development. In my view health departments should be prepared to take on this responsibility. My reasons for saying this are as follows: health departments have a broad respon-

sibility for public health supervision; they are the agencies to which the public ordinarily turn for health advice; they have an overall responsibility for health care arrangements; personnel in the departments have established lines of communication with professional and voluntary agencies; and they have legislative authority in the health field under public health and appropriate acts; they have a knowledge of health resources and have experience in their effective utilization.

Committees or councils have a prominent advisory role to play at various levels and would be composed of representatives of the public and the various professional groups, voluntary associations and official agencies with responsibilities in the program area. However, there is a very real need for an executive group with staff to co-ordinate and assist with the development of community resources in the health field. Health departments are the logical centres in which to place this executive responsibility for community health services.

The CHAIRMAN: You are now talking of all health departments. You are not speaking of the federal health department alone.

Dr. CHARRON: I am speaking of the departments at the three administrative levels: federal, provincial, and community.

The CHAIRMAN: By "community level" I take it you mean the municipal level.

Dr. CHARRON: Yes.

Mr. DAVIS: Is it fair to say that at the present time the most reluctant of these agencies is the municipal health department which seems to have rather a limited view of its functions? Does it seem to regard its field as lying mainly in the area of immunization and the avoidance of infection? Is it true they do not seem to have a broad view or the same broad view that the provincial departments have or the federal department has?

Dr. CHARRON: The situation varies across the country. There are examples where local health departments have assumed a responsibility for broad program development, and participate in practically all of the community health activities. There are others that restrict their activities and they do this for a variety of reasons. In some circumstances it may be that these broader areas have not been considered by the people of the community as coming within their area of responsibility. In other circumstances, of course, there is the question of money, and whether they have sufficient financing to carry out a broader program.

The CHAIRMAN: Dr. McGrand or Dr. Gershaw.

Senator GERSHAW: I think this has been covered very well.

The CHAIRMAN: The fund of useful information you have given us has been very, very gratifying. We are very impressed with the grasp of the subject you have, the clarity of your explanation, and also with your ability to put it across to us. It is a compliment to you to say that we agree with many of the things you told us. Thank you very much for coming.

Dr. CHARRON: It was a pleasure.

The CHAIRMAN: Next week we have our final meeting with Dr. Willard. We will then have concluded our public hearings, and that will be an achievement.

The committee adjourned.

APPENDIX "F-2"

WELFARE OF THE AGED IN QUEBEC

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WELFARE OF THE AGED IN QUEBEC

Introduction

In the last fifteen years, our society has made constant and considerable progress in old age security. Legislation has permitted money payments to the needy aged, first at the age of 70 and later at 65 and even at 60 in the case of spinsters and widows. As early as 1952, old age security allowances had become universal or, in other words, payable to every citizen at the age of 70. During the last few years, supplementary assistance has also been given to beneficiaries whose means of subsistence were still insufficient. The public retirement plan appears to be the future cornerstone of the old age security system.

Money payments now available are not the solution to all the problems of the aged, problems of which society is now becoming aware. These problems originated in the profound changes that have occurred in our society. The care required by elderly persons is conditioned by changes in social and family organization as well as by the availability of resources for providing care. The acute problem of aging is felt even more profoundly by the elderly with respect to their own identity, their psychology and their social behaviour; family circles and communities are becoming more and more conscious of these facts.

I—*Nature of the Problem*

In order to understand fully the problem of the aged in Quebec, it is necessary to study it in its historical and sociological context.

In the past as well as today, but to a decreasing degree, old relatives were part of the family group. In most cases, elderly persons remained attached to their family of origin until the end of their life. Family ties were close, and old persons kept a strong sense of their usefulness. The traditional family house was big enough to accommodate old relatives. Old persons were well adapted to that way of life. There were a few cases who needed such elaborate care that their withdrawal from the home was deemed necessary.

In our Province, hospitals were the first institutions to admit needy old persons, other resources being nonexistent. It was the general hospital that generously bestowed the necessary care on the aged who were isolated, indigent or without adequate housing, as well as on other categories of indigents.

Later on, there appeared a new and somewhat different type of institution, designed especially for care of the aged and usually administered by a religious order. The hospices accepted aged persons who required such care as the family was unable to provide, and also admitted elderly persons with no family. With

respect to the former, the hospices have had to maintain facilities quite similar to those of hospitals. Besides, the hospices are still a reality of our times. The hospices have rendered, and still render, about the same level of services.

It must be added that, together with the hospice, village and neighbourhood homes were developed and designed mostly to give proper housing and minimal care to ambulatory old people from the same village or neighbourhood. These establishments still exist as family enterprises and are developing in many regions of the Province. The services they offer are limited by the family's resources. By definition, they have small capacity: 20 persons at the most.

Prevailing living conditions appear to foster a certain separation between the nuclear family and aged relatives, as well as profound changes in traditional roles. The aged have seen their children leave and establish separate homes. In cities, the more fortunate have found themselves alone and insecure in large, empty dwellings. Those in the country have bought or rented a house in the village. The less fortunate are found in old neighbourhoods where boarding houses are many (good ones, fair ones and also real slums), alone and insecure in their rooms.

In other respects, the traditional roles of the old relatives within the family and society are also modified and give them, on different levels, feelings of uselessness, dependency, discouragement, apprehension, insecurity and isolation. In the past, the aged had knowledge and experience of community life. The massive diffusion of scientific techniques and knowledge and the social changes of the last decades isolate them from present realities. And yet, old persons need to be in frequent contact with the families to which they belong.

Constant progress in medicine and public health has promoted an increase in average human longevity. Longevity in Quebec will increase over the years. Old age always involves a gradual decrease of vitality and requires progressively more medical, nursing and other kinds of care.

The evolution of economic conditions in Quebec has induced progressive changes in the labour force and especially as regards participation of the elderly in productive, paid employment. Moreover, old persons have to meet high living costs on a generally low income. It is essential that the aged, the family, the community and the government not only understand the trends of social changes but that they also jointly consider the profound repercussions of those changes on the welfare of the aged.

II—*Methods of Social Adjustment*

In contrast with the usefulness that elderly persons formerly knew to be theirs, the inherent forces of industrial society have tended to convince them that they have made their contribution to society at an early age. The retirement age tends to be gradually lower. The labourer can hardly find employment if he loses his job after the age of 45. Those are trends in relation to which the aged, family circles and communities must develop methods of adjustment for making profitable use of the undeniable resources that elderly persons represent on the labour market as well as in the volunteer production of goods and services. With reference to careers, it has been pointed that there is need to plan a second career. As regards the community, the field of volunteer activities is unlimited. As for relationships with young families, the contribution of aged relatives often remains necessary and rewarding for the aged themselves as well as for all members of the family.

The isolation of the elderly, resulting either from changes within their own families or from the gradual loss of their friends, challenges the initiative of young families and communities to preserve old people's interest in the present and even in the future. There lies a meritorious field for family and community initiative, which may give rise to all kinds of recreation and social activities.

The uncertainty about the future that is associated with knowledge of failing health creates feelings of insecurity which can be lessened if not eliminated. Not living completely alone in one's dwelling, being able to telephone to neighbours or even the possibility of pressing an emergency button provide means for relieving feelings of insecurity.

Many aged persons, and in particular those who are better off and well housed, hope to go on living among the things and surroundings they have been familiar with and to remain relatively independent even if isolated and somewhat insecure. The dwellings they occupy mostly remain more or less unsuited to the conditions of their age, and their maintenance calls for assistance. It is even possible for some aged persons to remain at home despite some illness if they can rely on appropriate medical care and nursing services given by either resident or visiting nurses. Without the assurance of such services, the situation of aged persons in need of medical care can become difficult and even intolerable.

The concentration of a certain number of aged people in housing and residential care centres appears to be the best guarantee of security and also to be the opportunity for developing a scheme able to meet this population group's many and changing needs.

The hospice, as a type of institution, ensures security but at the cost of some independence. Near these traditional care centres are needed small dwellings allowing more independent living for ambulatory persons, irrespective of their income, with the assurance that services, and residential and other care will be available when needed. Old age housing projects isolated from services and care centres have had limited success because they did not offer a greater degree of security.

Beyond the adjustment needed with respect to social welfare of old people, aging challenges the medical profession and the health services organization to provide adequate medical resources. The implementation of the Hospital Insurance plan, in triggering the rationalization of personnel establishments, technical equipment and hospital buildings, was to point up the need to develop resources for those aged afflicted with chronic and other conditions specific to their age.

III—*Responsibilities*

While our society's methods of adjusting to its aged population present themselves under many forms, the responsibilities for initiative belonging to many levels of social activities are no less numerous. The elderly themselves, their family circles, the local communities with their many religious and civil institutions and their voluntary and professional resources, and governments all have essential and responsible parts to play in the process of adaptation in which our society is engaged.

Aged persons themselves can play a big part in making changes inasmuch as they are able to forget the roles that they have played in the past, roles which are now out-dated, and are able to accept others which are more in keeping with present-day circumstances. It would be well to show instances where aged persons themselves have proven that they are able to happily accept changes in their environment, such changes being beneficial both to themselves and to the community in general.

The family circle itself must redefine its role with respect to the aged, and allow them to play an active part in the family. Moreover, the family is best equipped to help develop older persons' ability to decide on and choose for themselves the best of the many means for solving their own problems, and it is able to supply the aged with various kinds of assistance. The responsibility of the family circle is also to develop initiatives which are apt to be profitable not only to older persons but to others in the community as well.

It is at the community level that common problems of the aged and ways or means of meeting them can best be identified, initiated and co-ordinated. Most communities already have organizations and institutions which are the focus of attraction for those citizens wishing to do welfare and community work, e.g., schools, parochial and recreation centres, municipal organizations, hospitals and health agencies. These organizations can already rely on quarters and on both volunteer and professional staff. They have called upon the best religious and civic motives. Little initiative is required for services to be organized in each locality with the co-operation and to the advantage of our older citizens, and for these organizations to show how socially conscious they are. There again, original accomplishments (which are plentiful) should be set forth as an example and inspiration for others.

In our large cities, social welfare councils and federations have played their part in studying, initiating and co-ordinating solutions, which might be intensified and extended to smaller centres. In the Province as a whole, lack of representation in the past may have been detrimental to the interests and needs of aged persons. This deficiency did not, however, prevent the Government from assuming greater responsibilities toward Quebec's aged persons.

Government efforts were first aimed at setting and maintaining a certain income level for aged persons; no one should be compelled to live on an income below this level, and the essential needs of each and everyone must be taken into account. Older persons, like other adults, can see to their own needs if they have an adequate income. This aim has been substantially achieved by government efforts made over the years.

Governments also endeavoured to supplement the inadequate income of the aged who had to be admitted to institutions qualified to give special care. Public assistance contributions allow 10,098 persons to receive care adequate for their condition. These persons receive such care in 733 establishments which also dispense similar care to 8,274 private cases.

The Department of Family and Social Welfare has undertaken to evaluate and inventory the resources existing in the Province for special care to aged persons. In agreement with the Department of Health, in whose institutions aged persons requiring special care are found, a clear understanding has been formulated regarding the respective responsibilities of both Departments. In Metropolitan Montreal, a joint centre for clearance and referral of cases requiring placement in either hospitals or welfare institutions has been established. Similar organizations are to be set up elsewhere throughout the Province. These centres will supply useful information regarding the nature and extent of needs, equipment and personnel required in licensed institutions and regarding the establishment of new institutions. Finally, the Department of Family and Social Welfare has initiated a programme for the development of low-cost housing and residential care centres for the aged, which take into account the various needs of this important population group. It is essential that such centres be built and run as economically as possible. The programme provides that the initiative for developing these new centres rests with local, non-profit organizations. The Department will assume the responsibility of assessing needs in order to determine the soundness of the project, what features it should present with respect to needs, and to establish priorities of time and space. Section 16 (a) of the National Housing Act provides for advantageous, long-term loans, which should facilitate the development of new resources.

The social welfare of aged persons therefore depends on the existence of government policies as well as on the understanding and initiative of the aged people themselves, their family circles and on the local communities to which they belong.

Department of Family and Social Welfare.
November 1964.

HOUSING AND RESIDENTIAL CARE FOR ELDERLY PERSONS IN QUEBEC

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HOUSING AND RESIDENTIAL CARE FOR ELDERLY PERSONS IN QUEBEC

Introduction

Governments have evolved social assistance programmes involving money payments for the aged: available first of all to people at 70, then later at 65 and over and even from 60 years of age in the case of widows and spinsters. Supplementary allowances are added to these benefits in cases where the aged can establish their essential need for a supplement. The initiation of the Public Pension plan aims at rounding out previous programmes and involves an assurance to aged persons that their income will be adequate for their needs. Benefits are given in the form of money payments, which allows the aged to meet their expenses for goods and services with dignity.

It appears desirable that elderly people maintain themselves independently at home, just as other adult citizens are expected to do. However, elderly persons' remaining at home depends on two kinds of consideration; the first has to do with the gradual loss of physical strength and the increasing frequency of sickness; the second refers to elderly person's capacity to obtain, by their own means, the services which they need or else to use the assistance that family circles and many local community agencies can offer.

However, many elderly people will have to give up maintaining a home and obtain admittance to a residential care centre having various facilities and resources suitable for their needs. There should exist an adequate number of such centres, and elderly people should be in a position to pay their own rent and other expenses. Hence, it is necessary to assess whether an adequate number of such establishments are in existence and to set up a programme to develop new centres where they are required.

I *Resources in Existence*

The hospices belong to the hospital tradition, and first appeared in Quebec in the 19th century. In the society of those days, they served as shelters for unattached aged people, or they were seen as the services centre available when elderly persons required care beyond that which the family could give. Even today, the average age of patients in hospices is very high, and that requires that they be given quasi-hospital care.

Today, the percentage of elderly people who need the services of a residential care centre tends to rise constantly as a result of increasing longevity. There are hardly any old people left who live with their children. The latter have either left home to raise their own families or to look for work. Elderly people thus have to live in quarters which were not designed for their present, specific needs, and they require services which, in some cases, neither the family circle nor the community is able to provide. New needs thus occur in greater numbers than in the past and they call for solutions more varied and broad than those the hospices were able to offer in the past.

In addition to the hospices, the Province has other resources for giving shelter and special care to the elderly. These are establishments licensed under the Private Hospitals Act. In the spring of 1962, as a result of the passing of the Hospitals Act, the Department of Health transferred responsibility for

issuing operating licences to this category of establishments to the Department of Family and Social Welfare. The Department took up this new responsibility and, in so doing, took a census of the population of such establishments. The establishments concerned may be placed in one of two categories: small, family establishments able to receive four persons or more and limited in their development by the resources of the family in charge. The number of persons under care should not exceed twenty without these establishments' losing their "family" character; the other category is for establishments which may take in as many as several hundred people and which are business enterprises. The census also showed the high percentage of persons in these institutions who need continuous and intensive medical or nursing care. An inventory of establishments under the jurisdiction of the Department of Health, made at the same time, showed that in such establishments many people needed only residential care.

An interdepartmental committee, made up of representatives from the Department of Health and the Department of Family and Social Welfare and having as its task to study the problems mentioned above, was to define, in administrative operational terms, the borderline of responsibility between the two Departments. The committee's work was also to lead to acceptance of the gradual transfer of institutions and/or of hospitalized persons from one jurisdiction to the other and vice versa, using detailed inventories as a basis for action and proceeding according to the circumstances of each case.

Interdepartmental co-operation continues in matters of referring cases to medical or welfare institutions. In the Montreal metropolitan area, this job was given to an organization set up jointly by the two Departments, that is, the Clearance and Reference Centre. To help it do its work, the Centre keeps a permanent inventory of all shelter and medical care resources available to elderly people.

The Department of Family and Social Welfare has assumed the responsibilities of issuing and renewing licences; these responsibilities include those of making inspections to ensure that standards set out in the Industrial Establishments Act and the Hygiene Act are followed and also of ensuring that staff and equipment are adequate for patients' needs.

As of 1963, the Government, acting under the provisions of the Act to Facilitate the Establishment of Homes for the Aged, had contributed to the building of eight homes for the elderly. These new institutions increased the capacity of hospice-type institutions by 1,391 beds.

However, these accomplishments gave rise to so many requests from local groups that it appeared necessary to develop a programme based on a methodical analysis of needs, taking into account both the nature of those needs and the number of persons to be sheltered. While plans carried out under the provisions of the Act to Facilitate the Establishment of Homes for the Aged called for the Province to assume a large share of the financial burden, the new programme requires that local organizations play a more effective part and that other available sources be used for financing.

II *The New Programme*

The new programme allows development of centres tailored to local needs, which needs are to be analysed locally according to the procedure set forth by the Department of Family and Social Welfare. Except in cities, the new centres will thus be rather small, in contrast with hospices which were designed to serve whole regions.

In each place, the initiative should be taken by a group of responsible citizens aware that they are working for the community, and ready to set up as a non-profit corporation under the Companies Act and to invest capital amount-

ing to at least 10% of the building cost for the project. Several such corporations already exist. In many cases, they were able to gather more than the required 10% of the estimated construction cost. Their initiative, together with the support given by their fellow-citizens, is one indication that there was need for such an institution.

It is necessary to avoid building accommodation for the elderly away from centres of community life. Accommodation is best when near churches, hospitals, shops and public transportation. This will allow elderly people to wish, within their physical capabilities. Besides, they are attached to the take part in community life and to make such use of local facilities as they surroundings in which they formerly lived.

The design of new centres will be largely influenced by the evaluation of local needs by responsible local organizations and by the Department of Family and Social Welfare. Generally speaking, we know that the needs of the elderly are far greater to-day than formerly. These needs can be filled by small dwellings designed for the elderly, easy to care for, in which elderly people may take advantage of their independence in surroundings which offer them security. At the other end of the scale, "needs of the elderly" implies continuous and intensive care. The condition of an elderly person who is hale and hearty today may change gradually with age or suddenly with the death of a husband or wife or as the result of deteriorating physical or mental condition. For these reasons, it is no doubt desirable that new projects include a certain number of small dwellings complete with kitchens, as well as rooms, a central dining room for people unable to prepare their own meals, and communal living rooms.

The fact of having, in these establishments, various types of housing and care will obviate the need for moving an elderly person to a different place each time his or her condition changes, except in cases where the patient must go to hospital. This aspect of the new centres will spare the elderly the unwholesome moves caused by transfers which would otherwise be necessary.

Building and operating costs for these centres should be as low as possible, taking into account safety requirements, a legitimate degree of comfort, and the need to provide the elderly with such services as they require. The average cost per bed should not go beyond the maximum amounts set by the Department of Family and Social Welfare in each case, and in general should not exceed $5,000. Loans on favourable terms may be obtained under the provisions of section 16(a) of the National Housing Act; these loans cover up to 90% of the building cost, and are repayable over forty or fifty years at very low interest. This will help keep operating costs at the lowest level. While staff should be competent, it should be no larger than is necessary to give adequate service according to needs. Every effort must be made to encourage the physical and intellectual independence of elderly people; this is essential to their good health and mental balance. Savings in construction and operating costs must be made in order for lodging and board rates to be within reach of all. The Government is able to provide adequate supplementary benefits for those who need care which would otherwise be beyond their means.

Several projects have served to test the facts given above, and those projects are being carried out. Groups interested in taking the initiative to build a residential care centre for the elderly should refer to a booklet, prepared for them by the Department. The booklet describes procedures and administration formalities, and is available on request.

Department of Family and Social Welfare
December 1964.

RULES AND PROCEDURES RELATING TO CONSTRUCTION OF LOW COST HOUSING AND RESIDENTIAL CARE CENTRES FOR THE ELDERLY IN QUEBEC

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RULES AND PROCEDURES RELATING TO CONSTRUCTION OF LOW COST HOUSING AND RESIDENTIAL CARE CENTRES FOR THE ELDERLY IN QUEBEC

INTRODUCTION

The purpose of this pamphlet is to specify and explain the procedure to be followed by promoters of construction projects, under the terms of the development programme of housing and residential care centres for aged people in Quebec. It outlines the procdures to be followed at various stages in planning and carrying out projects. The procedures take into account both the need of shelter and care of the aged and the necessity for keeping construction and operating costs in line with the modest means of most elderly people. Three stages are involved. Each of them is as important as the others and must be considered by everyone directly or indirectly concerned with construction projects for the elderly.

(I) FIRST STAGE

Establishing Needs

(*a*) *Submitting Projects to the Department of Family and Social Welfare*

The Department of Family and Social Welfare, called on the one hand to contribute under the Quebec Public Charities Act to the cost of housing and residential care of aged persons in need, and to issue on the other hand operating permits to establishments under the Quebec Public Charities Act and the Quebec Private Hospital Act, has been brought to evaluate the need for housing and

residential care for aged persons and to establish a procedure enabling the development of housing and residential care centres according to the needs verified in each locality. For the above mentioned reasons, any project for a new establishment or for the alteration and extension of an existing establishment must be submitted to the Department of Family and Social Welfare. An initial request must be made by the promoters of the project and sent to the Division of the Aged, Department of Family and Social Welfare. It should include as complete an explanation as possible of the reasons leading promoters to build, develop, plan or extend the projected residential centre for elderly people. Promoters will also show how they intend to carry out their project. No project may be undertaken without previous approval by the Department of Family and Social Welfare. The Aged Persons' Division must be advised immediately, and in writing, of any changes or adjustments in the project as submitted initially, whether the changes be in design, scheduling, or any other aspect, and approval secured.

(*b*) *Initial Assessment of Projects Submitted*

The Aged Persons' Division is responsible for the initial assessment of projects submitted. If necessary, the Division will issue a submission form designed to establish systematically the validity of the project. This form is concerned with basic information relating to planning and development of new housing and residential care facilities for aged persons. Besides requesting the description of the project's main characteristics, it includes a form on which to report the waiting list of future users which may be established in cooperation with a social welfare agency and becomes the basis of the claim that a need exists.

The Aged Persons' Division uses the list submitted in assessing the existence and nature of housing and residential care needs in the area. In all cases, it will perform a review and analysis to determine whether the request for housing and residential care in the area is justified.

The results of this methodical analysis will allow the Aged Persons' Division to recommend that the Department look further into the request.

(II) SECOND STAGE

Project Detailing

(*a*) *Site Inspection*

After the Department has established that there is a need for a housing and residential care project, the promoters will submit a request for approval of the project site. This request is to be based on a previous study by the promoters, who must consider:

—Cost and area of land suitable for the location of the project.
—Zoning and city planning regulations affecting the site chosen.
—Municipal sewer, water, and other services.
—Exposure and climate at the site chosen.
—Proximity of churches, stores, post office, transportation services, hospitals (existing or planned).
—Adjacent space suitable for future extensions.

The consideration of the project cannot proceed further at this point until the proposed site has been approved by the Department of Family and Social Welfare, and by the Central Mortgage and Housing Corporation in cases where this corporation may be called upon to contribute in financing the construction.

(*b*) *Submitting the Preliminary Design*

A proposal for a housing and residential care centre implies the existence of a basic concept involving a number of ideas about the use and distribution

of the premises as well as safety and other considerations. The promoters are to discuss these ideas with their architect, who will sketch a simple preliminary design. The design is to be submitted for approval to the Department of Family and Social Welfare, and then to the Central Mortgage and Housing Corporation if a construction loan is required.

(c) *Plans and Specifications*

Plans and specifications, which will be drawn up after the preliminary design has been approved, must be in agreement with municipal and Provincial[1] construction regulations and standards, and with the CMHC's if it is involved in the project. The Department of Family and Social Welfare will submit them to the Department of Labour to secure necessary agreements. Promoters must secure municipal construction permits as required.

(III) THIRD STAGE

Carrying Out the Project

Carrying out the project involves the following:

1—Setting up as a non-profit corporation in accordance with the third part of the Companies Act.

2—Securing the initial capital or raising it, e.g., by a public fund-raising drive.

3—If required, submitting an official loan request to financial institutions.

(a) *Setting up as a Non-Profit Corporation*

Any charitable institution, or social or religious or other group, having been authorized to carry out a construction project for the aged, is required to set up as a non-profit corporation.

This step must be taken before any loans can be requested from lending institutions (e.g., banks, finance companies, the Central Mortgage and Housing Corporation) or before any public subscription campaign can be organized.

In order to be incorporated under the terms of the Quebec Companies Act, promoters shall send a request to the Department of the Provincial Secretary; it should be accompanied by the recommenation given them by the Department of Family and Social Welfare. The Department must be given the names of the corporation's future board members.

Among other things, the promoters should make sure that their corporation's charter specifies the right to borrow, build, own and eventually administer a housing and residential care centre built in accordance with the social welfare programme for the aged.

(b) *Financing Methods for Construction Projects*

Construction of housing and residential care centres may be financed in several ways. The new policy does not provide for direct Government construction grants, but the Quebec Government favours the financing method involving the lowest costs.

For the majority of promoters, the most efficient and economic financing method is to take advantage of recent amendments to the National Housing Act. In that Act, section 16 (a) (1964) provides for favourable, long-term loans (90% of value, 40 to 50 year term), at the lowest interest rates on the market, to non-profit corporations for building, altering, improving or enlarging residential centres for the aged. Before a formal request for a loan can be made to the

[1]Copies of construction regulations and standards may be obtained by writing to: Industrial and Commercial Establishments Inspection Centre, Department of Labour, Parliament Buildings, Québec.

Central Mortgage and Housing Corporation or another lending institution, the promoters must have secured the Department's approval of their project as a whole, involving the assessment of need, the acceptance of the site, plans and designs, and levels of costs for the housing and residential care project.

(c) *Operating Permit and Admission of Residents*

When construction has been completed, and municipal authorities, CMHC and Quebec Government Services are satisfied that standards have been complied with, an operating permit for the housing and residential care centre, signed by the Minister and Deputy Minister for the Department of Family and Social Welfare, will be issued.

This permit requires the holders to observe the Department's regulations for admitting residents.

All elderly persons will henceforth be admitted following a written recommendation by local welfare organizations which are properly equipped to assess and evaluate the need for housing and residential care for elderly persons referred to them. This assessment by welfare organizations should be based on a study of the situation and should involve visits to the homes of elderly persons who request to be admitted. The welfare organizations carry the responsibility to follow up the cases admitted in housing and residential care centres under their recommendation. They will help to ease the adjustment of the aged to their new surroundings. The welfare organization should make a periodic review of the residents' health and socio-economic conditions, and, when needed, should help in obtaining transfers from one type of institution to another more adequate in the specific case. In this way, major changes in residents' conditions since admission can be noted and recommendations can then be made accordingly by welfare organizations to the Aged Persons' Division.

The Aged Persons' Division and the welfare organization can then, or otherwise occasionally, make a joint review of cases admitted, and in this way find what methods are most appropriate to ensure the welfare of elderly people whose health or socio-economic conditions may have changed.

The Department of Family and Social Welfare.
November 1964.

DISTRIBUTION OF RESIDENTIAL CARE RESOURCES FOR THE ELDERLY

Nature of Institutions	Number of Institutions	Total number of cases	Number of beds public charity cases	Number of beds private cases
Public charitable institutions	70	7,045	2,888	4,157
Licensed Commercial Establishments	266	5,536	3,139	2,397
Establishments awaiting licensing	147	2,544	824	1,720
Supervised homes	221	302	302	—
Institutions under the jurisdiction of the Department of Health	29	2,945	2,945	—
Totals	733	18,372	10,098	8,274

Department of Family and Social Welfare
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APPENDIX "G-2"

TRENDS AND PATTERNS IN HEALTH SERVICES IN CANADA OF PARTICULAR IMPORTANCE TO THE ELDERLY

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This presentation is limited to health factors, but with a full appreciation of the importance of social and economic features and the need to provide effective arrangements which would encompass all of these areas. This Committee has received and discussed a great many briefs, so that my remarks will be limited to particular aspects rather than trying to embrace the whole field. The complexity of the problem has been impressed upon you, and from the health point of view, the care of the elderly presents one of the greatest challenges.

Population Trends and Pertinent Health Statistics (See also Appendix I.)

Your Committee has already received from the Dominion Bureau of Statistics and from a number of health agencies and organizations extensive data respecting the aged group in our population. I do not think it necessary to present additional data or to review the relevant statistics, but there are a few points which to me seem to be particularly important. At the time of the last census there were 1,391,153 people in Canada 65 years of age and over, and this represented 7.6% of the population. The numbers and proportion of the elderly in our population have increased, and will increase, both absolutely and relatively. In fact, population projections prepared for, and presented by the Royal Commission on Health Services indicate that the increase in the thirty-year period from 1961 to 1991 will be such that there will be in 1991 over three million of the elderly, and that they will be about 8.9% of the population. My first observation is by way of a demographic note. A percentage figure of this kind has to be used cautiously. The proportion of the elderly is not simply a matter of an inevitable trend, but to a substantial extent, reflects our relatively high fertility rate, in fact, Canada's high birth rate has kept our proportion of elderly relatively low. In advanced countries such as ours, changes in mortality will have relatively little effect on population growth and fertility is the dominant factor. This in turn is a reflection of birth rates, marriage rates, and age at marriage.

In any case, this anticipated increase in the numbers and proportion of the elderly need cause no dismay, since the 8.9% level which has been suggested for 1991 has already been exceeded in a number of the advanced countries with which we like to compare ourselves, and I refer, for instance, to Britain and France and the Scandinavian countries, Denmark, Norway and Sweden. This has not prevented them from developing health and other services for their elderly, and in at least some instances, these are on a more generous scale than ours. We can learn from the diverse approaches and methods in these countries.

Another point I would make is that although we have experienced substantial gains in life expectancy, we should not be too optimistic about corresponding increases in the immediate future. Progress to date has been associated especially with control of infectious and respiratory diseases. The mortality rates for these are now relatively low, and among the elderly mortality is most commonly from cancer, cardiovascular diseases, and accidents and other violence. These have not proved as susceptible to control. An article in the Statistical Bulletin published by the Metropolitan Life Insurance Company presented some estimates of the years of life that would be gained in later years by specified reductions in mortality. Reductions of 10 to 20 percent which are suggested as possibilities within the decades immediately ahead, would result in gains of less than a year and a half, in the case of cardiovascular renal diseases and less than half a year for the malignant neoplasms. I mention this only to emphasize that the elderly group is going to continue to be a substantial part of our population, and that it will not change very much in age distribution within the group. While our immediate concern must be for those already in the aged group, we should realize the possibilities in planning preventive and other measures now that will make the life of the elderly in future years more healthful, so that they will be better able to enjoy the considerable number of years available to them. The three million old people the Royal Commission on Health Services projects for 1991 would be 35 to 65 years of age in 1961. It is in these years, and especially in the years from 40 or 45 on, that preventive medicine should, and may be, most effectively applied. Our attention should be directed to the preventive services, including diagnostic facilities and the treatment and rehabilitation resources necessary both to anticipate and to provide for the elderly.

Objectives of the Health Program

In dealing with this subject, one should have fairly clear cut objectives. The definition of health services provided by the World Health Organization, stressing as it does well-being, is particularly suited to an analysis of this subject. The primary purpose of all health programs is to prevent illness, but when it occurs the objective is, through early diagnosis, treatment, and rehabilitation, to restore the individual as quickly and completely as possible, to a maximum state of health.

When assessing health services for the elderly, there are several factors which need to be taken into consideration:

1. While the elderly suffer from acute conditions, chronic disease and long-term illness are the dominant conditions.
2. Socio-economic problems are frequently prominent.
3. Frailty is often important and must be taken into consideration in determining availability of service and the location in which it should be provided.
4. Changes in pattern of daily living, such as eating habits, recreation, and rest, create additional health problems which are frequently both physical and psychological.
5. Throughout life there are certain circumstances which facilitate or hinder programs for health supervision. For example, in the pre-natal, peri-natal, and post-natal periods, the mother and child are usually under the direct supervision of a physician. At school and work people are in groups and are more accessible to broad patterns of health care. However, it is the pre-school child and the elderly, because of their separation, that create special problems in the development of programs designed to prevent illness and minimize the effects of ill health. This committee is, of course, concerned with the elderly.

All of these factors need to be taken into account when one is considering health programs for older people.

Health Programs in the Department of National Health and Welfare of Importance to the Elderly

The department stresses a nation-wide approach and is particularly concerned with standards of care across the country. It recognizes that the major aspects of our health arrangements comes within provincial jurisdiction, but at the same time, there is an important federal role. Federal participation in the development of health services in Canada can be discussed under three headings:

1. Financial Assistance

There are three major programs operating at present in the Department to provide financial assistance in the development and maintenance of health services in Canada:

(*a*) The Hospital Insurance and Diagnostic Services Act provides, through an insurance approach, financial assistance to the operating cost of hospital services. The federal government provides funds to meet approximately 50% of the operating cost of general, chronic, and convalescent hospitals in this country. The federal expenditure for the present calendar year has been estimated to be $425,000,000.

(*b*) General Health Grants—These may be divided into three general purpose grants, namely General Public Health, Professional Training, and Public Health Research, providing general support of service, training and research respectively. In addition, there are five other grants providing assistance for special health fields; Mental Health, Child and Maternal Health, Cancer Control, Tuberculosis Control, Medical Rehabilitation and Crippled Children. The amount of federal funds available for General Health Grants in the present fiscal year is over $38,000,000. Of this amount, over $4,000,000 is spent on health research and in excess of $2,000,000 is for research in the field of chronic disease.

(*c*) Hospital Construction Grant—This Grant provides capital assistance for the new construction and renovation of hospitals, health units, nurses' residences, interns' quarters, etc. Expenditures in this capital area are expected to be over $20,000,000 in the present fiscal year.

2. Consultant and Advisory Services

A number of divisions and sections in the Health Branch of the Department provide consultant and advisory services which support programs of importance to the elderly. The Medical Rehabilitation Division has a primary responsibility in the field of long-term illness and has been designated as the Division which would provide leadership in this area. The Nutrition Division provides expert advice on nutritional problems. The Laboratory of Hygiene is particularly interested in diagnostic tests. Mental Health is concerned with psycho-social features. Research Development co-ordinates the extra-mural and intra-mural areas of health research in the Department, and health statistics and socio-economic research are provided by the Research and Statistics Division. These arrangements are co-ordinated through the office of the Director of Health Services.

An important starting point, as far as activity in the Department is concerned, was the setting up of a committee a few years ago to study chronic disease and the health problems of the aged. In the beginning it was decided that certain areas would need to be defined for investigation as the field is so vast and complex that specific terms of reference are needed in order to

establish priorities and show progress. The first decision made by the committee was that while emphasis would be placed on health problems of the aged, it was recognized that chronic disease affects all ages and the study was therefore not limited to old people. The areas that were chosen for investigation were as follows:

> (1) Chronic disease of particular significance to public health; (2) Hospitals and nursing homes for long-term patient care; (3) Home care arrangements; (4) Housing, nutrition, and activities; (5) Other health resources required for chronic disease care.

It will be seen from this listing that while the primary emphasis was on the health aspects, these inevitably led to the consideration of associated welfare problems. Indeed, it was necessary not only to give consideration to social factors, but also to take into account financial implications. The study has been a most challenging one and the group has found that there are many gaps in our knowledge, and many areas that require further investigation.

3. Advisory Councils and Committees

The Minister of National Health and Welfare has a number of important advisory committees which provide a close working relationship between the Department, the provinces, and the various professional disciplines providing health services. The Dominion Council of Health is the senior Advisory Body and has a history dating back to 1919. The Advisory Committee on Hospital Insurance and Diagnostic Services is concerned with the operation of this important program and a number of other committees deal with special health areas. In addition to these continuing arrangements, certain ad hoc conferences and meetings have been held, and two recent examples are the Federal-Provincial Conferences on Smoking and Health, and Mental Retardation. A number of these groups are frequently concerned with health matters of interest to the work of this committee.

Two important points may be drawn from this description of Departmental activity. First, the complexity of the field is evident, and second, most of the programs are inter-related and must be integrated to form a composite picture.

The Report of the Royal Commission on Health Services—Volume I

It is not the purpose of this presentation to summarize this Report, but certain points might be mentioned as they are pertinent to this discussion. The general philosophy and basic concepts of the Commission are set out in Chapter 1 of this Report, and a concise statement of the essential elements as seen by the Commission might be as follows:

> The Commission strongly supports the planned and co-ordinated development and maintenance of comprehensive health services in Canada with a substantial emphasis on training of personnel, availability of resources and research. It believes that the pre-payment principle should be used extensively to finance these services. The general objective is the best possible health care for all Canadians, and the Commission sets out a Canadian Health Charter.

You will note the Commission stressed the planned and co-ordinated development and maintenance of comprehensive health services. While no special attention was given to aging, it would appear the Commission considered that comprehensive health services would embrace effective health programs for the elderly.

In addition, it supported the pre-payment principle as a technique of financing health arrangements and the three general methods proposed in the

Report are at present in operation in the Department of National Health and Welfare. Furthermore, the importance of training and research is recognized. These are all features which need to be taken into consideration in the development of health services for the elderly.

The points discussed in the balance of this article represent the personal views of the author. The subject will be presented under the following headings, and related to the needs of the elderly.

1. Hospitals and Nursing Homes
2. Other Health Facilities and Services
3. Prevention—Early Diagnosis and Treatment
4. Patterns of Practice and Training of Health Personnel
5. Health Research
6. Need for long range planning, regular evaluation and Co-ordination of Health and Welfare services.

1. Hospitals and Nursing Homes

The Hospital Insurance and Diagnostic Services Program in Canada has an important influence on the development of hospital services in this country, and an understanding of the basic principles associated with it are essential to any broad appraisal of health facilities. It is much more than a fiscal arrangement, as emphasis is placed on effective utilization of resources, quality of care, and availability of services. No limitation is placed on length of stay in hospital as long as it can be established that there is a medical need for hospitalization. Over 98 percent of the population of the country is insured under this arrangement. Practically all of the general, chronic, and convalescent hospitals in Canada are listed as participating hospitals. Therefore, with the exception of patients in mental hospitals and tuberculosis sanatoria, the hospital care of long-term illness is largely financed through hospital insurance, and the resources required for these services are identified with the program. This provides an opportunity for long-range planning and co-ordination of hospital services.

Availability of beds

In 1960, there were 6.3 beds per thousand of population in general, chronic and convalescent hospitals in Canada, with provincial ratios varying from 4.3 to 8.4 (3 provinces have ratios in excess of 7). The estimated bed requirements in the United Kingdom for acute and chronic illness and maternity cases is 5.5 per thousand and the corresponding figure in the United States varies from 6 to 6.5. In Canada 0.9 of the 6.3 beds per thousand were listed for chronic or convalescent cases, with the remainder being designated as beds for acute cases. However, if the length of stay in public general hospitals is analyzed, it will be noted that about 5 per cent of the patients had stays of 30 days or more, and that these patients accounted for about 30 per cent of the total days of stay in hospital. This would imply that about 2 of the 6.3 beds per thousand population which are available in general hospitals are presently being used for long-term illness. *The question which might be asked is whether this amount of care for long-term illness is being recognized in our present and future plans, and the bearing it would have on the number of beds required for acute care.*

The use of beds in nursing homes also needs to be studied. In Canada, less than one bed (0.9) per thousand is in a nursing home, whereas in the United States, the figure is 1.6 beds in skilled nursing homes. The estimated need for long-term beds in skilled nursing homes in the United States is substantially higher than the figure they have attained. One of the problems is that

nursing homes cover various levels of care, from units which provide skilled nursing, regular medical supervision, and rehabilitation, to institutions which are almost entirely domiciliary in character. The decision which needs to be made is the level of nursing home care which would be provided in an institution considered a health facility. *Should Canada consider the development of a system of skilled nursing homes which would be closely associated in a functional manner with hospitals, or should we continue with our present policy?*

Thus, the inter-relationship of beds providing various levels of health care must be appreciated. Bed requirements are also affected by other community health and welfare resources. One of the most difficult, and probably the most neglected area, is the requirement of beds for long-term care. In determining the need, it might be better if we emphasized levels of health care which would endorse the principles of progressive care of the patient as applied to the whole pattern of resources. An example of a situation which occurred in a Canadian city is pertinent. An active rehabilitation program was introduced into a chronic disease hospital which had been dormant for many years. In a period of a few months one-third of the patients were ready for discharge but it was found that most of them had become separated from the community and the community did not have other arrangements for their care. Lack of movement of patients from this hospital to the community, in turn, created a pressure for more beds in the general hospital.

The foregoing appraisal does not take into account the beds required for mental illness. In 1960 there were 3.7 beds in mental hospitals in Canada per thousand of population. In addition, 1,334 beds were located in psychiatric units in general hospitals. *Planners in the mental health field emphasize that the same criteria which apply to institutions for the physically ill can be applied to the care of mental illness and both systems should be integrated and co-ordinated into a comprehensive pattern for health care.*

2. Other Health Facilities and Services

Other health facilities form an important part of our health care arrangements. There is good evidence that, in the changing patterns of the future, some of them may play a more prominent role. Community health services will be important in providing a continuum of care in a setting which encourages the maintenance of normal social patterns. Several might be discussed briefly.

Organized out-patient departments

With the exception of diagnostic services, organized out-patient departments in Canada have been largely restricted to teaching hospitals and are used chiefly by low-income groups. A similar situation was found in several other countries but the opinion was repeatedly expressed that such a limited use of out-patient services and facilities was hampering the development of good patterns of medical care. Experienced planners believe that this situation should be corrected to ensure the maximal use of these resources. *If this concept is accepted, out-patient departments in hospitals would provide services such as those for diagnosis and assessment, special treatment and rehabilitation. In doing this they would contribute valuable facilities and services for control of illness in the community.*

Rehabilitation centers

Rehabilitation centers are located in a number of the larger cities in Canada and provide a valuable specialized service for the severely disabled. The in-patient components of these centers are included in the hospital insurance arrangements, and in five provinces the insurance program also covers out-patient care. *These centers supplement rehabilitation in larger hospitals and*

are a valuable complementary arrangement. They should be closely associated with the hospital system and other community resources.

Day-and-night care centers

Although these centers were developed largely for the care of mental illness, it would appear that they could play a wider role for other patients who require diagnostic, therapeutic or rehabilitation services for a number of hours during the day or night. *Their application to the care of chronic illness and rehabilitation deserves further consideration.*

Hostels

Hostels have been established and associated with a few hospitals in Canada, particularly in situations where the hospital provides a specialized service, and patients come from a relatively large geographic area. The development of hostels has been limited in the past, but *it may be desirable to reappraise the value of these units, particularly in situations where the facilities provide a regional service.*

Public health units and departments

Public health units and departments have a valuable role in terms of participation and co-ordination. They should be interested in primary and secondary prevention, rehabilitation and home care. Case finding and follow-up with referral services and a central registry might also form a part of a more comprehensive program. *A major role for public health units and departments might be to provide leadership and to work with other interested groups in the co-ordination of community resources to ensure that effective services are available.*

Community mental health clinics

Community mental health clinics have been established in hospitals and as separate units. These clinics stress a community approach to psychiatric and allied services, they provide out-patient treatment and, in an increasing way, they sponsor programs for prevention and health education. Most have a close working relationship with voluntary agencies and other community mental health resources. A recent publication sums up the situation as follows: *"Developments everywhere in psychiatry in recent years have witnessed a shift from exclusive preoccupation with in-patient services to the development of treatment services located in the community".*

Home Care

There are a few examples of very good home-care programs in Canada. They have a common history in that they are popular, develop rapidly in the beginning to a modest stature, and then the volume of care levels off at a point which is meeting only a small part of the need. Various reasons have been given for this lack of progress.

First, the pattern of medical practice in Canada, and probably in the United States, places a heavy emphasis on hospital and office practice, eliminating all but an absolute minimum of house calls. Under these circumstances only a few medical referrals are made to the home-care program. This statement is not made in criticism of medical practice, as shortages in personnel and the need for the supporting services of a hospital make this trend inevitable. However, one wonders whether the pendulum has not swung too far in this direction and some correction could lead to a more extensive development of organized home-care arrangements.

Another pertinent factor is that the hospitals in our large metropolitan areas, particularly where there are universities, tend to be centrally placed and do not have a flow of patients fom any particular geographic section. Under these circumstances it would be difficult to establish an effective hospital-based program, and this type of administration has been favoured by many in the past. Finally, some public health departments do not accept home care as a program area which comes within their terms of reference, and are unwilling to budget and provide a staff for these services.

On the positive side we have available in Canada the Victorian Order of Nurses, with an excellent reputation in the nursing field and with an apparent willingness to lend their skills to the development of comprehensive home care.

It would seem important, in the future development of health services, to take into account the potential of home care as a means of re-establishing a community focus for health services. This would be particularly important in the effective care of long-term illness, as it would help to minimize the social separation of the long-term patient.

3. Prevention—Early Diagnosis and Treatment

A large group of conditions which cause substantial disability in our elderly citizens are the results of degenerative or pathological processes which took years to become clinically significant. To minimize the disability caused by these diseases, preventive measures should frequently be taken at earlier stages in adult life. Until medical science discovers the cause and effective control of diseases such as cancer, cardiovascular conditions and glaucoma, the primary emphasis needs to be on secondary prevention (early diagnosis and treatment). However, it should be emphasized that good healthy living habits in terms of nutrition, rest and recreation, and avoidance of customs such as cigarette smoking have been shown to reduce the incidence of certain chronic diseases in a significant fashion.

The regular medical examination of the over-forties would create a heavy demand for medical services, and particularly if these examinations are thorough—and unless they are, they are likely to be of little value. It may be necessary, therefore, to adopt a selective approach as far as regular medical check-ups are concerned, and focus attention on early signs and symptoms of the major conditions. In addition, the principle of well-oldsters clinics could be fostered to encourage early general health supervision. Multi-phasic screening can be of considerable value for a number of conditions and the development of these techniques should be encouraged. All of this should be related to the planned development of comprehensive community health services.

In developing patterns for early diagnosis, the value of the hospital system should not be forgotten, as a substantial proportion of the population use these resources on an in-patient or out-patient basis. For example, the value of the admission of X-ray to detect conditions of the heart and lungs is an important procedure in disease detection. Similarly, blood and urine examinations are useful for a variety of conditions. Efforts should be made to improve our diagnostic capability through procedures such as these and in situations where they can be applied to large numbers of people. Health education is most important and is being used to alert the public on the early signs and symptoms of diseases such as cancer, diabetes and cardiac conditions. I would again like to stress the importance of detecting many of these disease conditions in early adult life, before significant disability results.

4. Patterns of Practice and Training of Health Personnel

The increase in the burden of chronic illness, population trends, changing social conditions and other factors indicate that patterns of health practice and the training of health personnel need to be carefully reviewed with these features in mind. In the section on home care, there was an indication of some features that created problems. There are others, and I would like to mention a few.

1. The decrease in the number of general practitioners is making it more difficult, particularly in metropolitan areas, to maintain the family doctor concept. The future role of the general practitioner in this country will have an important bearing on patterns of health practice.

2. The specialty of geriatrics probably needs greater emphasis. It might appear to be an anomaly to stress the need for general practitioners and then emphasize the role of the geriatrician. However, what is required is a balance between specialist and general medical services.

The established techniques for the training of health personnel may also have to be modified to recognize the emphasis which needs to be placed on chronic illness and socio-economic problems and their effects on health. The team concept is particularly important when one views the needs of the elderly. The team will involve not only the health professions, but others who can contribute to better arrangements for the care of the elderly. A good example of the team concept in health services is the geriatric clinic as developed by the Department of Veterans' Affairs. At this time, Mr. Chairman, I would like to pay tribute to the treatment and social services of this Department for the major contributions which they have made in the development of geriatric services and the research programs which they have sponsored particularly in a clinical setting.

5. Health Research

Health, today, encompasses virtually all the sciences concerned with man. Health research, therefore, spreads across a broad spectrum of subjects, professions, methods, agencies, institutions, opportunities, needs and responsibilities, including:—

(1) Basic descriptions of normal or disease processes, in terms of biochemistry, etc. (related to preclinical research);
(2) Extent of disease and how it is contracted and controlled (related to prevention);
(3) Studies of the clinical methods for diagnosis and treatment, including rehabilitation;
(4) Statistical evaluation of clinical results (related to improvement);
(5) Public health—the way that man organizes himself and the resources of the environment to achieve optimum health;
(6) Methods for applying knowledge to problems or services so as to achieve a better result in terms of people served, or cost, or other objectives. As Lord Rutherford is supposed to have said: "When you haven't enough resources, you've got to think".

Health research has paid off in better treatment, longer life span, improved environment, more efficient services. Just since the end of World War II the death rates from polio, appendicitis, and tuberculosis, to name only a few, have been reduced to about one-quarter of what they used to be among large groups of our population. Reductions of 40% or 50% have been achieved in deaths from acute nephritis, heart disease, asthma, dysenteries, and other diseases. Smaller reductions can be noted in anemias, infant deaths, and many others. Among diseases which restrict or cripple but do not usually kill, includ-

ing mental diseases, some progress has also been achieved, but much remains to be done. And there are still other diseases like most cancer, or the neuro-muscular disorders which still await a great break-through.

Research on how best to reach the most people with the most efficient services is a recent development which holds great promise for the future. Even when this research concerns infants and children it may influence the problems of old age, helping to avoid them in the true preventive spirit, or helping to lessen the disability, or aid in the rehabilitation from them. Diseases requiring long treatment receive more emphasis every year in the basic and clinical and applied research that is going on in many countries. Aside from actual disease the study of health itself among older people in our social and cultural organization may pay great dividends.

Canada has a special opportunity to contribute to research related to aging, not by trying to carry out imitations of work done elsewhere, but by studying those problems which are notable in Canada. Why are some cancers more prevalent in one province than another? What is the significance of our particular geographical distribution of heart disease or liver disease? How can our health services be adapted to our resources and needs? Health research of the future, broadly based in this way, can be expected to make notable contributions to the health of Canadians, more and more of whom are getting into the older age groups. We have to be clear what we are trying to do or what problems we are trying to solve, and then get on with the job.

Health research—basic, applied and operational—should play a prominent role in our plans for the future.

6. Need for Long-Range Planning, Regular Evaluation and Co-ordination of Health and Welfare Services

Medical science has shown great progress, particularly in the present century. Health services have become more complex and diversified. Many professional disciplines are involved and the public, as consumers and as participants through the many voluntary health agencies, is an active partner. In terms of cost, health services have become the seventh largest industry in Canada. Organization must keep pace with scientific progress but it should not lead to regimentation nor should it interfere with important desirable principles of practice. One of the most challenging areas for effective management is the care of the elderly particularly as related to chronic disease and long-term illness.

However, I would remind you that the diseases and disabilities common among the aged are not confined to them but vary among the age groups mainly in frequency—the incidence and prevalance of their occurrence. A corollary of this fact is that the same kinds of services, preventive, diagnostic, treatment and rehabilitative, are required. *The tenor of my remarks, then, is against isolation of the aged and fragmentation of services for them.* Some important principles are as follows:—

(1) Such services should be considered within the overall framework of health care. This does not mean that the planning needs to be delayed but it does mean that it should take place with a full appreciation of the interrelationships between the various facets of health care.

(2) An important basic matter in the planned development of services, particularly with regard to older people, is the social objective behind the program. Is it to be our objective to enable as many old people as possible to spend the evening of their lives at home? If this is

the decision then a primary emphasis would be placed on community health and welfare resources and out-of-hospital arrangements. The implementation of such a decision would have an important influence on future patterns of practice and the development of health resources. The practical application of such an objective would have many complex ramifications.

(3) Integration. One of the greatest problems would be to reverse the trend towards the fragmentation of health services. Integration of arrangements would be most important and should include both physical and mental illness.

(4) Although the primary focus would be on community arrangements, this would not minimize the need for regional, provincial and country-wide planning. This type of broad planning is particularly important in Canada, a large country with pockets of population and many sparsely inhabited areas. Many specialized services can be provided effectively in only relatively few centres.

(5) The interrelationships of facilities and services make it essential to set up a co-ordinating mechanism at all levels of planning, and this should involve consumers as well as those providing the service.

(6) Evaluation on a regular basis should be built into the organization. There is an important need to develop suitable health indicators to assess the burden of disease and the degree to which program goals are being met. The mass of routine statistics frequently confuses the issue, and selected indicators would serve as yard-sticks in evaluation.

(7) Training and research should be considered as an integral part of this development. Operational research, which is the application of scientific methods to the administration, practice and procedures of health services, should play a much more prominent role in the future.

(8) In all this development we should not lose sight of the fact that there is an art of medicine as well as a science, and that we are dealing with people within the mosaic pattern of their social environment.

Appendix

STATISTICAL TRENDS IN DISEASES IN THE ELDERLY

General

The health problems in old age have emerged as matters of public concern to an increasing extent in recent years. This is because of the considerable need for care of chronic illness in old age, the increasing number of people living to old age in Canada, and the fact that they are more frequently living independently in the community. Medical advances in recent years have had their most dramatic impact on the mortality of younger age groups in the population where there has been a sharp continuing decrease since the turn of the century. In the older population, progress has been less dramatic and many outstanding problems of disease and disability remain. At the present time, however, there is increasing control over infectious diseases in old age, and degenerative processes are currently the subject of intensive study on all fronts.

As our population has grown, the older age group has formed an increasingly large sector of the community. This is reflected in the fact that during this century the proportion of the population 60 years of age and over has increased by two-fifths. The proportion of people 75 years of age and over has increased by three-quarters. In 1961 over one-half million Canadians had passed their 75th birthday.

Mortality in Old Age

The proportion of old people in the population over the years is influenced by immigration and emigration and by the changes in mortality in different age groups. These factors have resulted in the following changes in the population and in life expectancy among persons 60 years of age and over in the 20 year period from 1941 to 1961:

	Population (000's)				Life Expectancy			
	Age 60 years plus		Age 75 years plus		Age 60 years plus		Age 75 years plus	
Year	Male	Female	Male	Female	Male	Female	Male	Female
1941	609.5	565.5	117.2	125.8	16.06	17.62	7.48	8.19
1961	966.7	1,008.1	238.4	263.5	16.73	19.20	8.21	9.48
Percent Increase	+58.6	+78.3	+103.4	+109.5	+4.2	+12.9	+9.8	+15.8

In this 20-year period for persons 60 years of age and over, the male population increased by more than one-half and the female population increased by more than three-quarters. Restricting our consideration to people who have reached the age of 75, we find more than 100 per cent increase over this period for both sexes.

The fact that these population increases are largely associated with increased longevity is evident from the life expectancy figures for this same period. The expected life span of the female population over age 60 has increased by more than 10 per cent in this 20 year period. Improvement in life expectancy for the older male is somewhat less. The difference between sexes in trends of life expectancy in old age is largely attributable to marked differences in the levels and trends in death rates in the older age groups. A review of age-specific death rates in old age is useful in interpreting the differences between the two sexes. In the following table age-specific death rates for men and women in the older age groups are compared by five-year age groups over the period from 1921 to 1961.

AGE SPECIFIC DEATH RATES AND CHANGES BY FIVE YEAR AGE GROUPS AND SEX FOR THE OLDER POPULATION CANADA 1921 TO 1961

	Age Groups	Year	50–54	55–59	60–64	65–69	70–74	75–79	80–84	85+
Males	Age specific death rates	1921	9.8	15.2	21.9	33.4	56.9	89.4	133.8	228.2
		1961	9.6	15.2	24.0	35.7	54.0	81.8	125.1	208.9
	Percent change		−2.0	0	+9.6	+6.9	−5.1	−8.5	−6.5	−8.5
Females	Age specific death rates	1921	10.2	13.5	19.7	33.2	52.8	80.9	122.4	224.9
		1961	5.3	8.0	12.8	21.4	34.2	59.2	101.2	192.2
	Percent change		−48.0	−40.7	−35.0	−35.5	−35.2	−26.8	−17.3	−14.5

Whereas in 1921 male and female death rates in old age were closely comparable, by 1961 the female death rates in old age had shown a considerable decline which was not evident in the mortality of older males. Over this period, up to the age of 75, female death rates had dropped by more than one-third, male death rates showed no appreciable decline in the comparable age groups and registered an actual increase over this period for males in their 60's. In other

words death rates for men in their 60's are now higher than they were 40 years ago, whereas the corresponding female rates have dropped by more than one-third. These differences persist to extreme old age to a less marked degree. Since the bulk of diseases in old age are associated with degenerative disease processes, it is evident that the lethal effect of such conditions is being gradually reduced among the female population. Among males, on the other hand, it would appear that the lethal effect of degenerative diseases is, if anything, on the increase in old age. That this is still happening at the present time is evident from the following table:

LEADING CAUSES OF DEATH, AGE GROUP 65 YEARS AND OVER BY SEX, CANADA 1956–1961

Rate per 100,000 population

Year	Cardiovascular Disease		Cancer		Influenza, Bronchitis and Pneumonia		Accidents and Violence	
	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
Percent Change	+3.2	−1.2	+8.5	−3.4	+5.3	−1.8	−9.5	−17.4

This table shows the changes in four leading disease groupings in old age over the five year period from 1956 to 1961. For males, on the one hand, we find significant increases in the rates for cardiovascular disease, cancer and lower respiratory disease. For females, we find a slight decrease in death rates for these three disease groupings which are largely due to degenerative processes. Accident death rates however showed a drop for both sexes.

Morbidity and Disability in Old Age

While mortality data show us clearly that many more people, particularly women, survive to old age, we gain little insight from these data into the state of health of the surviving population. The Canadian Sickness Survey of 1950-51 clearly pointed up the fact that a much lower proportion of the population are sick and disabled in old age. The study also indicated that for acute illness the recovery time is longer in old age. For chronic illness and disability there are many conditions that are almost uniquely associated with old age. While typically only a small proportion of the aged are employed, many are seriously disabled and a considerable number require special care. Recognition of this fact is reflected in the growing number of long term care hospitals, chronic nursing homes and other facilities in the community which have been developed in recent years in Canada and are used extensively by the elderly.

Some insight into the extent of sickness and disability among the aged, is given by the hospital morbidity statistics reported annually by hospital insurance programs in Canada. In the following table, data for Canada for the year 1962 are presented for the older age groups in the population.

In general, we find higher hospitalization rates for males in old age than for the female population. This is in contrast to the younger age groups where maternity care raises the female rate of care well beyond the male rate. It is interesting, however, in pointing out some of the major disease areas accounting for a large volume of cases and days of care in hospital in old age, (see table page 1555) that arteriosclorotic and degenerative heart disease is by far the most common cause of hospitalization in old age accounting for 13 per cent of all

cases and 14 per cent of all patient-days. Although occurring with less than half this frequency, stroke represents the second most frequent type of condition requiring care in hospital in old age. Along with hypertension and other heart and artery diseases, these conditions account for 21 per cent of all cases in hospital and 24 per cent of all patient-days in old age.

HOSPITAL MORBIDITY

Separations* and Patient-days Reported by Hospital Insurance Plans, Number and Rates per 1,000 Population, Canada, 1962.

(Excluding Newfoundland, New Brunswick, Nova Scotia)

	Separations				Patient-Days			
	Numbers		Rates		Numbers		Rates	
Age	Male	Female	Male	Female	Male	Female	Male	Female
50-54.....	61,677	67,553	135.7	155.4	902,563	936,220	1,986	154
55-59.....	60,992	56,590	153.8	159.4	979,924	918,734	2,631	258
60-64.....	58,996	52,966	157.8	178.1	1,076,304	1,005.831	3,608	138
65-69.....	55,037	51,156	228.7	204.1	1,121,389	1,081,443	4,659	431
70-74.....	53,766	49,617	275.2	236.9	1,194,890	1,242,724	6,115	593
75-79.....	44,420	40,685	325.2	279.4	1,113,383	1,262,042	8,151	868
80-84.....	27,415	26,483	380.6	326.1	808,412	1,065,522	11,228	1,312
85 plus....	16,302	16,612	435.5	344.6	627,441	1,013,685	16,776	2,131
65 plus....	196,940	184,553	288.7	251.0	4,865,515	5,635,446	7,133	707
All age groups...	1,128,336	1,775,117	120.3	193.2	14,478,573	19,197,781	1,544.0	088.3

* Separations are discharges plus deaths.

A considerable amount of hospital service is also devoted to the diagnosis and treatment of cancer in old age. Cancers of the genitourinary tract and breast both occur frequently. Among old men, cancer of the prostrate is the most frequently diagnosed malignancy. Hyperplasia of the prostrate is the second most frequent cause of hospital care for old men. Cancers of the alimentary tract are also common for both sexes.

An increasing number of older men are treated annually for lung cancer, a condition which is fatal in most instances. Also more common among old men than old women are pneumonia and bronchitis and other lower respiratory conditions. Organic disease of the digestive system is also common in old age, ulcers and hernia being much more frequent among older men.

Among old women, gall bladder is the leading type of digestive system disease. Even more common and predominant among females in old age are diabetes, arthritis and rheumatism. Old women also suffer from fractures more frequently, particularly fractures of the femur; these conditions account for more than 10 per cent of all days of care for women in old age.

It is evident that degenerative disease processes account for by far the largest proportion of cases and days of care in hospital in old age, though traumatic injury and chest infections also account for a significant part of the total hospital requirements. In most instances an extended stay in hospital is required for care and treatment of the condition. Frequently also, if the condition is treatable, the person may be left with residual handicap or physical impairment depending on the nature of the disease process or tissue damage.

SEPARATIONS AND PATIENT-DAYS, RATES PER 1000 POPULATION 65 YEARS AND OVER, CANADA[1] 1962

International List Number	DIAGNOSTIC GROUP	Separations[1] per 1000 Population			Patient-days[2] per 1000 Population			RANK ORDER					
								Separations			Patient-Days		
		Males	Females	Both Sexes	Males	Females	Both Sexes	M	F	BS	M	F	BS
150–154	Malignant Neoplasms of Alimentary Tract	7.1	4.8	5.9	243	174	207	10	13	15	5	12	8
170–179	Malignant Neoplasms of the Breast and Genito-urinary system	7.0	6.9	6.9	226	226	226	11	12	13	7	9	7
260	Diabetes	6.8	10.3	8.6	186	323	257	14	4	7	10	6	6
330–334	Vascular lesions affecting the central nervous system	16.5	15.1	15.8	833	1,048	945	3	2	2	2	2	2
370–389	Diseases of the Eye	7.1	8.2	7.7	111	119	115	9	11	9	18	14	51
420–422	Arteriosclerotic and degenerative heart disease	39.1	31.0	34.9	1,107	1,084	1,095	1	1	1	1	1	1
430–434	Other heart disease	9.8	8.4	9.1	205	212	209	6	9	4	8	10	9
440–447	Hypertensive heart and other Hypertensive Disease	4.7	9.2	7.1	123	283	206	17	6	12	16	7	10
450–456	Diseases of the Arteries	6.8	4.4	5.6	325	415	372	13	14	17	4	4	3
490–493	Pneumonia	12.3	8.3	10.3	233	161	196	4	10	3	6	13	11
500–502	Bronchitis	7.5	3.6	5.5	145	57	99	8	16	18	13	17	18
540–542	Ulcers of the stomach duodenum and jejunum	8.3	3.4	5.8	164	70	115	7	17	16	12	15	16
560–561	Hernia of the abdominal cavity	11.6	3.7	7.5	144	62	102	5	15	11	14	16	17
584–587	Diseases of the Gallbladder and Pancreas.	6.2	11.3	8.8	118	210	166	16	3	6	17	11	14
610	Hyperplasia of the Prostate	17.4	—	8.4	408	—	196	2	—	8	3	—	12
720–727	Arthritis and Rheumatism	6.6	8.7	7.7	205	414	314	15	7	10	9	5	5
N820–821	Fracture of the Femur	2.9	8.7	6.0	165	561	371	18	8	14	11	3	4
N800–819 N822–829	Other Fractures	6.9	10.1	8.9	133	235	186	12	5	5	15	8	13
All Other Causes	All Other Causes	107.3	96.9	101.2	2,286	2,381	2,333						
All Causes		291.9	253.0	271.7	7,360	8,035	7,710						

[1] Excluding the Provinces of Newfoundland, New Brunswick, Nova Scotia.
[2] Numbers do not add exactly due to rounding.

It must be recognized that this analysis represents only cases admitted to hospital for care and treatment in the course of a year. The sick and disabled include many persons confined to bed or wheelchair in their homes or other institutions, or sufficiently disabled to be unable to care for themselves or to be independently active. Many such persons are cared for in homes for special care and receive support under the Unemployment Assistance Program of the Department of National Health and Welfare. There are approximately 60,000 beds in such institutions, of which one-third are known to be nursing care beds. A relatively large number of elderly people are cared for under home nursing programs such as those conducted by the Victorian Order of Nurses.

Among the aged are a large number of persons handicapped at an earlier stage in their lives. Many physical disabilities become more severe and incapacitating and chronic diseases are exacerbated. Persons suffering from long-term mental disabilities often require more care and supervision in old age. In addition, signs of senility and general deterioration frequently appear, particularly in extreme old age. The deterioration of hearing and vision associated with aging also requires special care for these conditions.

Research and Statistics Division,

Department of National Health and Welfare,
November 19th, 1964.

APPENDIX "H-2"

FEDERATED WOMEN'S INSTITUTES OF CANADA

Recommendations for presentation to the Special Senate Committee on Aging.

INTRODUCTION

The Federated Women's Institutes of Canada, organized in the rural areas of Canada, are in a position to recognize the needs of the aged in rural population.

We recognize that we are not experts or specialists, but as lay people, observing the conditions in our communities, make some points we feel to be important.

We feel our older citizens do not wish to be segregated, but rather, wherever possible, integrated. They do not want to be put on the shelf or in the rocking chair, they want interest and something to live for, something to strive for, decent accommodation, good meals, proper recreation, a chance to create and opportunity to develop and use their talents.

We recognize the fact and wish to encourage in our people, that families feel responsible to provide for old age within the limits of their capacity to do so, that there is still scope for thrift and private provision.

We also recognize the fact that the basic old age security payment alone provides only a sub-standard living and that savings depreciate rapidly as age extends, and that supplementation is necessary.

RECOMMENDATIONS

1. That some form of supplementation of income be made to provide assistance with the cost of drugs, of hearing aids, eye glasses and other medicinal necessities.

2. That the legal profession be asked to co-operate in a form of counselling and protective service to safeguard elderly people.

3. That consideration be given to exempting persons over 70 on their limited income from the payment of school taxes on their property.

4. That where families are willing to provide accommodation for parents or other elderly relations in, or near, their homes: e.g. a small self-contained apartment as part of the home, or small home on the homestead, that a Federal Loan be available to such families. We feel this would give security to the aging folk, proximity to their loved ones, an opportunity to take part in family activity, and at the same time, provide much needed privacy when desired.

5. That provision be made for an information service for the elderly, and that Municipal Councils be responsible for making information available on welfare services to citizens so they are aware of what is available to them and how and where to apply. This should include changes that may be made from time to time in Federal, Provincial and Municipal laws in regard to senior citizens.

6. That old age security either be increased as age advances, or be geared to cost of living. For the retired citizen, who is physically and mentally capable of doing some form of work and wishes to do so, we would encourage placement bureaus that their skills could be channelled to mutual satisfaction.

7. That churches, service clubs and other organizations should be encouraged to promote friendly visiting. Persons undertaking this service, needed in the rural communities as well as urban, should receive some training, as

presently available from Red Cross or Community Programmes Branches. Able older people should be encouraged to take part, one ministering to the other.

8. That there should be strict enforcement of licensing and supervision (we recommend Provincial supervision) of Homes for the Aged or Nursing Homes. We make this appeal for those elderly persons who must be residents of such institutions. This should take into account standards of accommodation, cleanliness, food preparation and recreational facilities in these Homes. Too many old people are left to vegetate as no provision is made for occupational therapy in many homes. The costs to residents should be closely inspected. The design of the buildings should take into account the age and infirmity of the residents, that proper planning be made of stairs, bathroom facilities, slippery floors, hand rails provided, and whatever possible be undertaken to add to the comfort of these aged people.

9. That provision be made for aged residents of outlying districts. There is need in many communities for increased accommodation as the number of older people in the population becomes greater. Already Homes for Aged in some cities are filled to capacity and there is no provision for residents in the rural districts. The Provincial authorities may have to take the lead in seeing that municipalities provide appropriate and necessary increased accommodation.

10. That programs for continuing education are a necessity. Not only is there an increase in our aged population but an ever increasing leisure time as the work week shortens and retirement age decreases. It is essential that there be planning to meet these eventualities.

11. That we would commend the Contributory Pension Plan as a proper step and feel it necessary the farm and rural population be included in any such national scheme. We also approve of a National Contributory Health Insurance to cover all segments of the population.

12. That during elections polling booths be placed in hospitals and nursing homes for the convenience of the elderly.

13. That future planning for old age must have a new awareness and broadness of outlook, with the good of the people in mind. Old age security must lose its connotation of welfare and ensure the dignity and well being of the individual.

CONCLUSIONS

It is the sincere wish of the Federated Women's Institutes of Canada that the foregoing recommendations be considered by the Special Committee on Aging.

Their implementation would be of particular benefit to those aging citizens living in the rural areas of Canada.

Our older folks should be encouraged to do as much as possible for themselves. It should be our concern to provide what is needed so they may have the opportunity to be a dignified and happy section of our society.

(Mrs. J. Philip Matheson)
President,
Federated Women's Institutes of Canada

Committee Members:

Mrs. Arthur Mackenzie, FWIC Convener Home Economics & Health
Mrs. James Haggerty
Mrs. H. M. Ellard
Mrs. R. J. Penney

Second Session—Twenty-sixth Parliament
1964

THE SENATE OF CANADA

PROCEEDINGS OF
THE SPECIAL COMMITTEE OF THE SENATE
ON

AGING

No. 24

THURSDAY, DECEMBER 10, 1964

The Honourable David A. Croll, *Chairman.*
The Honourable J. Campbell Haig, *Deputy Chairman.*

WITNESS:

Department of National Health and Welfare: Dr. Joseph W. Willard, Deputy Minister of Welfare.

APPENDICES

I-2—Brief from the Department of National Health and Welfare
J-2—Brief from the Canadian Dental Association

ROGER DUHAMEL, F.R.S.C.
QUEEN'S PRINTER AND CONTROLLER OF STATIONERY
OTTAWA, 1964

21550—1

THE SPECIAL COMMITTEE ON AGING

The Honourable David A. Croll, *Chairman*

The Honourable J. Campbell Haig, *Deputy Chairman*

The Honourable Senators

Blois
Brooks
Croll
Dessureault
Fergusson
Gershaw
Grosart
Haig
Hollett
Inman
Jodoin
Lefrançois
Macdonald (*Brantford*)
McGrand
Pearson
Quart
Roebuck
Smith (*Queens-Shelburne*)
Smith (*Kamloops*)
Sullivan—(20)

(Quorum 7)

ORDER OF REFERENCE

Extract from the Minutes of the Proceedings of the Senate, Wednesday, February 19, 1964:

"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 and to sit during sittings and adjournments of the Senate;

That the evidence taken on the subject during the preceding session be referred to the Committee; and

That the Committee be instructed to report to the House 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.

21550—1½

MINUTES OF PROCEEDINGS

THURSDAY, December 10, 1964.

Pursuant to adjournment and notice the Special Committee of the Senate on Aging met this day at 10.00 a.m.

Present: Honourable Senators Croll (*Chairman*), Blois, Brooks, Fergusson, Lefrançois, Quart and Smith (*Queens-Shelburne*). 7.

In attendance: Mr. R. E. G. Davis, Consultant and Mrs. Svanhuit Josie, Assistant Consultant.

On Motion of the Honourable Senator Blois, it was Resolved to print the brief submitted by the Department of National Health and Welfare as appendix I-2 to these proceedings.

A brief was submitted to the Committee by the Canadian Dental Association who will not appear.

On Motion of the Honourable Senator Fergusson, it was Resolved to print the above mentioned brief as appendix J-2 to these proceedings.

The following witness was heard:

Department of National Health and Welfare: Dr. Joseph W. Willard, Deputy Minister of Welfare.

Consideration of the order of reference was concluded.

At 12.00 Noon the Committee adjourned to the call of the Chairman.

Attest.

Dale M. Jarvis,
Clerk of the Committee.

THE SENATE

SPECIAL COMMITTEE ON AGING

EVIDENCE

OTTAWA, Thursday, December 10, 1964.

The Special Committee of the Senate on Aging, appointed to examine the problem involved in the promotion of the welfare of the aged and aging persons, met this day at 10 a.m.

Hon. DAVID A. CROLL (*Chairman*), in the Chair.

The CHAIRMAN: Honourable senators, I see a quorum. Today we have a brief from the Canadian Dental Association, which we would like to put on record. May I have a motion to print the brief?

The motion is supported.
(See appendix J-2).

We also have a brief of the Department of National Health and Welfare. May I have a motion to print it?

The motion is supported.
(See appendix I-2).

Honourable senators, this meeting concludes the public hearings of the committee, which began on October 17, 1963. The order of reference as given to the committee was adopted by the Senate on July 29, 1963, during the First Session of the present Parliament.

Your committee held seven meetings in the First Session and heard the following:

Mr. David A. Morse, Director-General, International Labour Office, Geneva.
Professor John S. Morgan, School of Social Work University of Toronto.
Mr. Jean Good, Consultant on Aging, Toronto, Ontario.
Five Senior Citizens.
Dr. Roby Kidd, Chairman, UNESCO International Committee for Advancement of Adult Education.
Dr. E. David Sherman, President, American Geriatric Society.
Mr. Charles E .Odell, Director of The Older & Retired Members Department, United Automobile Workers of America.

Honourable senators, in the second session, the order of reference given to the committee was adopted by the Senate on February 19, 1964.

Your committee held 24 hearings and heard representations from 40 organizations.

Six federal organizations appeared, as follows:

National Employment Service: Mr. William Thompson, Director; Mr. Kenneth E. Marsh, Assistant Director; Mr. Clement Pepin, Special Services Division.

Department of Labour: Dr. G. Schonning, Assistant Director, Economics and Research Branch; Mr. Ian Campbell, National Co-ordinator, Civilian Rehabilitation.

Central Mortgage and Housing Corp.: Mr. H. W. Hignett, President and Mr. R. T. Adamson, Chief Economist.

Department of Veterans Affairs: Mr. Ernest John Rider, MBE, BA, Director; Dr. John Neilson Brown Brawford, Assistant Deputy Minister and Director General, Treatment Services.

Department of National Health and Welfare: Dr. K. C. Charron, Director of Health Services; Dr. J. W. Willard, Deputy Minister of Welfare.

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; Mr. A. H. LeNeveu, Chief of Population Analysis.

Six provinces sent representatives, as follows:

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.

Province of Alberta: The Honourable Leonard C. Halmrast, Minister of Public Welfare; Mr. William T. Sykes, Director of Homes and Institutions.

Province 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.

Province of Nova Scotia: The Honourable 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.

Province of Manitoba: Mr. K. O. Mackenzie, Deputy Minister of Welfare.

Province of Quebec: Mr. Roger Marier, Deputy Minister, Family and Social Welfare.

Three provincial organizations sent representatives to give evidence, as follows:

Ontario Welfare Council: Mrs. John J. McHale, Junior Chairman of the Advisory Committee of the Section on Aging; Professor W. S. Goulding, School of Architecture, University of Toronto.

Baptist Convention of Ontario and Quebec: Mrs. Winnifred M. Rosewarne, Member of the Committee of Aging.

Associated Nursing Homes Incorporated in Ontario: Mr. Burrell D. Morris, Past President, Liaison Officer of the Association; Mr. James E. Fisher, Pres. Mrs. Frances Watson, Editor of the Association's Bulletin-Newsletter.

Ten municipal bodies sent representatives to give evidence, as follows:

The Jewish Home for the Aged and Baycrest Hospital: Mr. Sam Ruth, Administrator; Mr. Walter Lyons, Administrative Assistant.

United Jewish Welfare Fund of Toronto: Mr. Benjamin Schneider, Executive Director; Mr. Albert Abugov, Secretary of the Social Planning Committee.

The Committee on Visiting Homemaker Services: Mrs. C. Douglas Allen, Chairman; Miss Kathryn R. Taggart, Executive Director, Association of Ottawa.

The 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.

Montreal Council of Social Agencies, Federation of Catholic Charities and the Federation of Jewish Community Services of Montreal: 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; Dr. Harry Frauer, Chief, Geriatric Clinic, Jewish General Hospital.

Community Chest and Councils of the Greater Vancouver Area: Mrs. Mae McKenzie, Executive Secretary of the Committee on Welfare of the Aged.

Age and Opportunity Bureau of Winnipeg: Dr. Gordon B. Wiswell, President.

Notre Dame Day Centre of Winnipeg: Mr. Don Browne, Supervisor.

Ottawa Welfare Council: Mr. Robert Hart, Member of the Council; Mr. Samuel A. Gitterman; Miss Ruth Townshend, Planning Secretary; Mr. Reuben Palef.

Social Planning Council of Metropolitan Toronto: Mr. William N. MacQueen, Chairman, Section on Aging; Mr. Donald H. Gardner, Executive Secretary, Section on Aging.

The committee also heard evidence from 15 national organizations, as follows:

The 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.

The 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: Mr. Abe Levine, National Chairman of the Field Service Committee; Mrs. Julia Schultz, Executive Director.

The Canadian Home Economics Association: Mrs. H. Beverley Reichert, Chairman of the Foods and Nutrition Committee; Miss N. Frances Hucks, Supervisor of the Foods and Nutrition Extension Branch, Ontario Department of Agriculture.

The Canadian Chamber of Commerce: Mr. G. Egerton Brown, Chairman of the Executive Council; Dr. W. Harvey Cruickshank, Chairman of the Health and Welfare Committee; Mr. W. J. McNally, Manager of the Policy Department and Secretary of the Social Planning Committee.

Canadian Welfare Council: Mr. B. M. Alexander, 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 Catholic Women's League of Canada: Mrs. Hermon Stevens, National President; Miss Catherine A. Toal, National 1st Vice-President and Laws Convener.

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.

The Canadian Federation of Agriculture: Mr. Ed Nelson, Second Vice-President; Mr. A. H. K. Musgrave, President; 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. S. Jackson, Member of the Association; Mr. A. R. Hicks, Member of the Association; Mr. Frank Dimock, Secretary.

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.

Canadian Association of Adult Education: Dr. Alan M. Thomas, Director; Mr. Alan M. Clarke, Director, Canadian Citizenship Council.

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.

The 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.

The Anglican Church of Canada: Miss Anne M. Davidson, 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.

That gives a total of 40 organizations.

There were also some organizations which did not appear but sent in briefs and these briefs were made part of our printed record. The bodies concerned were:

PROVINCIAL PROVINCES

Province of British Columbia
Province of Newfoundland
Province of Prince Edward Island

MUNICIPAL

Senior Citizens' Club of Kitchener
United Senior Citizens of Ontario
Second Mile Club of Toronto
Silver Threads Service of Victoria
Saskatoon Welfare Council
Ethnic Groups—Ukrainian Canadian Social Welfare Services, Ontario Branch, and the Estonian Relief Committee in Canada
Edmonton Family Service Bureau

NATIONAL

Canadian National Institute for the Blind
Canadian Nurses' Association
Catholic Charities Council of Canada
Community Planning Association of Canada

Federated Women's Institutes
National Council of Women of Canada
Canadian Dental Association

Furthermore, there were 14 organizations which sent in briefs to the committee. These were studied by the staff and members but were not printed as part of our record. Those organizations are:

MUNICIPAL

Alberta Pensioners' Society
Calgary Family Service Bureau
Community Fund & Welfare Council of Greater Windsor
Moose Jaw Gerontology Society
Pensioners & Senior Citizens Federation of Alberta
Senior Citizens of Marmora (letter on their behalf)
Senior Service Club (Toronto) (letter submission)
Winnipeg General Hospital (Home Care Program)
Social Service of the Diocese of St-Jean-de-Quebec
Hospital St. Jeanne d'Arc

NATIONAL

Canadian Red Cross Society
YMCA (National Council of Young Men's Christian Association of Canada)

INDIVIDUALS

Dr. T. E. Hunt, University of Saskatchewan Hospital
Dr. S. R. Laycock, College of Education, University of British Columbia

Honourable senators, from the information I have given you, and which will be printed as part of our proceedings, you will have a summary of what has been done to date. When we conclude this hearing with Dr. Willard, our task will be the drafting of the report.

I wish, on my own behalf and on behalf of Senator Haig and the steering committee, to thank the members of the committee for their diligence, their concern and their attention. There is much work remaining to be done in drafting the report but we will tackle it as quickly as we can and will keep you informed.

Honourable senators, our witness today is one of our very distinguished public servants. I shall not go into the long history of his career, given on three pages before me; but I will introduce him in the way one introduces all well-known people. He is Dr. Joseph Willard, Deputy Minister of National Health and Welfare.

Dr. Joseph W. Willard, Deputy Minister of National Welfare, Department of National Health and Welfare: Thank you, Senator Croll. Mr. Chairman, honourable senators, I would like to begin by congratulating you and the members of your committee on the contribution that you have already made to the field of aging in Canada. The Welfare Branch of the Department of National Health and Welfare has noted with great interest the success the committee has had in securing important briefs from provincial governments, numerous agencies in the voluntary field and other federal departments, by distinguished individuals who are authorities in the field of aging. The attention that has been attracted in the press and other media of communication, and the material in these briefs, has undoubtedly made an impact on the public mind.

I wish the committee similar success in the work to be undertaken by its members, by Mr. Davis and the secretariat in the equally important and much more formidable task of analyzing the mass of data that you have received and of identifying issues around which improved social policies affecting the aged can be developed.

In turning to the brief, it does, I think, provide a fairly comprehensive survey of aspects that are pertinent to welfare responsibilities of the department and generally to income maintenance programs and services for the aged as well as to the subject of planning and co-ordination.

I do not need to comment on the extent and depth of the interest that I, and those associated with me in the department, have in various aspects of aging, since these are clearly indicated, both by the magnitude of the report and by the range of the material it covers.

As you will have noticed, the report contains a brief review of some of the characteristics of the aged which seem particularly relevant to social welfare programs. The tables and charts in section II of the brief seek to identify certain of the more significant data. They were selected to avoid, as far as possible, material already presented and analyzed in other briefs, such as that of the Dominion Bureau of Statistics.

Considerable attention in the report was given, quite naturally, to those income maintenance programs affecting the aged that are either wholly administered by the Department of National Health and Welfare, or which represent a shared responsibility by the federal and provincial governments.

In the current fiscal year, expenditures under the Welfare Branch of the Department will be in the order of $1.6 billion. The major part of those are expenditures for senior citizens of Canada.

I thought I might say a few words about the development of income maintenance for older persons. Canada has followed a number of different approaches. Back in 1908 the voluntary approach, as I call it, was undertaken with the introduction of the annuities program. In the parliamentary discussions that preceded that legislation, there was a great deal of interest in the possibility of a social assistance type of program; but it was finally decided that some provision should be made whereby people would have a means of contributing over the years, so that at the time of retirement they would have sufficient income to maintain themselves.

In the mid-twenties there were further parliamentary discussions in parliament and parliamentary committees, and the outcome of these discussions was the 1927 Old Age Pension Act. This provided a $20 a month pension, payable to everybody of 70 years of age and over. It was on a means test basis. There are, as we know, two types of social assistance, one that is based on a means test, and the other based on a needs test. The approach followed in 1927 was to use a means test, which had been the approach adopted in England and Australia in 1908, in New Zealand in 1898, and in Denmark in 1892. Thus, it would be fair to say that Canada was by no means an innovator when it adopted its 1927 legislation. The main innovation was the adaptation of this type of program to a federal structure that was, of course, unique to Canada. Australia, the other federal state of those mentioned, has had social assistance programs financed entirely by the national government, whereas in Canada we developed a federal-provincial framework for this program. This appuroach was, of course, followed again in the Old Age Assistance Act of 1951, for the age group 65 to 69. At that time, with the introduction of the universal flat rate pension for persons of 70 years of age and over, the same technique which had been used for social assistance in 1927 was applied to the younger age group.

Another important development in social assistance for older people was the passage of the unemployment assistance legislation in 1956 and the removal of the threshold under that legislation in 1957, which in effect opened the program up and made it a general assistance program. In the years that followed, step by step, this unemployment assistance program began to be used as a means of supplementation for the old age security and the old age assistance programs. So that Canada had adopted two methods within the social assistance approach. One was the means test under which the applicant is asked to report his income and also to indicate information with respect to property and other assets; and the other was the needs test, the type of test employed under unemployment assistance, which assesses the individual's budgetary needs and matches those against income to determine how much assistance is to be provided.

The really significant development was the adoption of a third approach, the universal flat rate pension, which became payable in 1952. It was an outcome of the recommendations of the joint committee of the Senate and the House of Commons, of which some of the senators present were members. The importance, I think, of the universal flat rate pension can be seen from some of the statistics which I will mention in a few moments.

I think it is fair to say that Canada is now considering its next step, and the approach being considered would, if adopted, represent a fourth approach. It is an earnings-related type of program, which provides a graduated benefit for the beneficiaries. The kind of pension plan which is now under study by a Joint Committee of the Senate and the House of Commons, endeavours to provide on top of the universal flat rate benefit a benefit which is graduated and which relates to previous pensionable earnings.

The development of a flat rate and graduated benefit in combination has been carried out in a number of countries. Sweden has such an approach. The United Kingdom has such an approach. The United States has a somewhat different method, but it does achieve roughly the same objective of including within its earnings-related plan a basic $40-a month minimum which is available to everyone who qualifies.

The amounts of expenditure and the numbers of people covered under existing programs in Canada are quite significant. In the current fiscal year old age security expenditures will amount to $882 million; old age assistance expenditures, $90 million; and supplementation through unemployment assistance, $11.5 million. This brings the total to $983.5 million.

Mr. DAVIS: Including the provinces?

Dr. WILLARD: Yes, including the provinces. In the fiscal year 1965-66 the amount, of course, will be over $1 billion. We have almost a million people now under old age security. We have 106,000 people receiving old age assistance, and this represents about 21 per cent of the persons in the 65–69 age group. Of those receiving old age security, some 47,000 are receiving supplementation through the unemployment assistance program; and some 20,000 of old age assistance recipients are also receiving supplementation.

I think one of the major effects of the universal flat rate pension has been the fact that the assistance approach has been gradually diminished in its effect and in its sphere of operation. It has taken on a residual role. Almost 90 per cent of these income maintenance expenditures are paid out under the old age security program, which requires no means or needs test; and slightly more than 10 per cent is provided through the social assistance programs. So, we have changed from a situation in 1951 when our old age income security was financed entirely on an assistance basis, to the point where the expenditures now being made through assistance represent only about 10 per cent of public expenditures on old age income security. I would point out that if the earnings-

related approach is adopted as set out in the Canada Pension Plan the area of protection provided through social assistance will gradually and further diminish.

In my evidence before the joint committee of the House and Senate I mentioned a few days ago some statistics from the United States, to show how as the amounts of benefit under the old age and survivors' program in the United States gradually began to build up the proportion carried by old age assistance in that country has gradually declined. Thus, in the one major step that has been taken in the case of old age security and in the proposed legislation that is now before Parliament, the role of social assistance in providing income maintenance for the aged is reduced to a residual role. And, in addition, the level of benefit now being afforded, together with that now being suggested in the Canada Pension Plan, is such that it would provide a greater degree of adequacy of benefit than has ever been possible before.

Another important effect of the universal flat rate pension is the fact that the relative burden of cost or of expenditure between the federal and provincial governments took an important shift with the introduction of the old age security program. Whereas in 1951 the federal Government was carrying 75 per cent of the cost and the provincial governments 25 per cent of the cost, in 1964 the federal Government is carrying 94.5 per cent of the burden and the provinces about 5.5 per cent.

Mr. DAVIS: Is that the total program, or just for old age?

Dr. WILLARD: That is for old age income maintenance as a whole.

In order to put these programs as well as the proposed Canada Pension Plan into a comparative setting, information has been included in this report on income security programs in other countries. While there are many problems in making valid international comparisons, tables 5 to 7 in section III help to indicate how our social security payments compare with other countries. Table 5, on page 30, is of special relevance because it deals with social security programs related exclusively to the aged. You may wish to take a look at that table, if you have the report in front of you. It is on page 30. These data relate old age and aged survivors' benefits as a percentage of the Gross National Product at market prices in each of the countries concerned. I would suggest, Mr. Chairman, that with the levels of income we have in Canada it would be possible for us to increase existing outlays in this sector and thereby be in a much more favourable position than we are at the present time.

Of the other tables mentioned, I think the one on page 32 is important to look at. At times it is mentioned that we should not take any one sector of social welfare expenditures and look at it in isolation. You will note that Canada's relative position is much more favourable, if you compare health and welfare and income maintenance expenditures as a whole, rather than just income maintenance provisions for older people.

A similar approach has been followed in describing services in the report, as distinct from income maintenance programs, so that a basis of comparison is again provided through a description of services in selected countries elsewhere. I think the material in this section indicated that substantial progress has been made in improving institutional care for the aged in Canada and in housing measures for the aged. While the latter was the subject of a brief from the Central Mortgage and Housing Corporation, its submission did not, I understand, include the legislative provisions for various types of accommodation for elderly people in the provinces, and it seemed appropriate, therefore, for this subject to be given some attention in the present report.

In recent years the trend throughout Canada has been towards specialized institutions for health and welfare care. The main types of welfare institutions are: homes for the aged, hostels, nursing homes and boarding homes. The

main types of health facilities are: geriatric units, chronic or extended stay hospital units or hospitals, mental hospitals, general hospitals, as well as tuberculosis sanitaria.

The developments in the health field have a significant impact on welfare facilities. The introduction of hospital insurance, as we all know, has been one of the most important developments apart from old age security for senior citizens in Canada. It has provided a measure of protection in an area where it was very difficult to provide individual protection. The fact that in our hospital system we have not developed sufficient numbers of long-stay or extended care hospitals has tended to have two effects. Firstly, it has tended to crowd our general hospitals, and, secondly, it has tended to place an added burden on certain facilities outside the hospital insurance program. For instance, nursing homes have had to absorb a great deal of care that might not have been necessary if there had been more adequate provision of facilities for extended treatment or extended care. Part of the difficulty has, of course, been that hospital costs, particularly since World War II, have been steadily mounting, and local communities and provincial and federal governments have had a great deal to do to keep up with these expanding costs. Even prior to the introduction of hospital insurance, of course, this was a matter of great concern. Hospital costs were rising and hospital rates were going up and the need for some kind of protection under these circumstances, I am sure, stimulated the demand for hospital insurance. But the fact remains that the extent to which extended care hospital facilities have been provided has had a very important effect on the extent to which active treatment hospitals and other types of provision such as welfare facilities have been needed.

The other area that is quite important is the mental health field and mental hospital care. With new forms of treatment, I think it is apparent that over the years the proportion of the population that will need to be in mental hospitals will probably be relatively smaller than in the past. And to the extent that this is true, we will in many cases need a higher proportion of accommodation in welfare facilities within the community and a greater effort to develop welfare services to enable many of these people to carry on normal living within the community.

New developments in drug therapy make it evident that this will be a major trend and will have an important effect on welfare facilities. The fact that more adequate provision will be and even now is needed with regard to homes for the aged, hostels and so forth, is apparent to the committee. In some of the representations you have heard evidence about this particular problem, and you have discussed it. The fact that the role of Central Mortgage and Housing has been expanded in this respect is quite important, and it may mean that in the years ahead the efforts of communities and provincial governments will be greatly assisted by the loan provisions of Central Mortgage and Housing in the development of these facilities.

I think there has been a tendency in many countries, including Canada, to think that social problems are solved by building large facilities, when some of these problems could be dealt with more adequately if the older persons could carry on in their normal environment in their homes with the aid of community services. The fact that income maintenance provision has been made is in itself an aid to persons staying in their homes or in their community environment rather than spending the latter days of life in an institution. But if the provision of income maintenance is small and if the necessary health and welfare services, and here I am thinking of those such as homemaker services and visiting nursing services, are not readily available either from the financial point of view or just not accessible, then, of course, the result is that we tend to weight the whole process in favour of institutional care.

I think that one of the more important questions arising from community development in Canada is how we can marshal our health and welfare services at the local level to provide the kind of service, that, from a preventive point of view, will help people to remain as long as possible in their normal accommodation and their normal setting. In a review of existing homemaker programs and other community services for the elderly, it is noted that there are encouraging developments in Canada, although services are not as extensive as they are in some other countries where the needs of the aged for service at community level have, for various reasons, received greater emphasis.

As a matter of fact, I was struck by the fact that there are so few visiting homemaker services. In this report our estimate is that there are 55 visiting homemaker services in Canada. The Red Cross operates 30 of these. There are other organizations providing these services such as Visiting Homemaker Associations, Family Service Agencies, Children's Aid Societies, the V.O.N., and some others. These services are extremely important for elderly people. By assisting in household tasks and personal services they help many of them to live independently, and they postpone, and in some cases make unnecessary, the need for institutional care.

In the Province of Ontario some impetus has been given to the expansion of these services by the Homemaker Services Act of 1958 which authorizes the province to share with municipalities the cost of homemaker services, whether the municipality provides those services itself or purchases them on a contract basis.

The important section of the report dealing with planning and co-ordination for the aged gives considerable attention to the experience of other countries. The illustrative and comparative material presented may prove helpful to the deliberations of this committee in approaching this vital question.

It is interesting, Mr. Chairman, when you look at the development in the United Kingdom, to note that they have over 1,600 old people's welfare associations and committees. These are extremely active. They are headed by the National Old People's Welfare Council which was set up in 1955. In a country such as the United Kingdom where they have been much more sensitive to the needs of older people at an earlier stage than we have in the Canadian development. Where you have a unitary state, a higher proportion of older people, and a relatively compact country geographically, it is perhaps only natural that this type of development should take place, and appear as a much larger and more energetic development than its counterpart in Canada.

We have tended to develop our planning and co-ordination through community organizations such as the community chests and councils in the larger cities, or, in some instances through service clubs in the smaller communities. We have had the development in Canada of a central agency such as the Canadian Welfare Council that provides specialized planning and consultant services in a whole series of fields of which, of course, aging is one. The Council has provided a leadership in this field and a co-ordination that over the years has been quite important and quite significant in Canada.

Senator Fergusson was the chairman of the committee on aging of the council for a number of years. This committee is now planning for the conference on aging for 1966. In think that this conference among other things will provide an opportunity, particularly for various communities across Canada, to focus attention on the health and welfare services at the local level, because in the last analysis this is where we need voluntary effort; this is where we need local participation by the municipality.

The development in Ontario, following the Conference on Aging that was held some years ago, and the setting up of an organization to carry on this work, which was subsequently incorporated in the activities of the Ontario Wel-

fare Council, is, I believe, a significant development in that province. It is apparent that the same kind of interest that is evident in other countries is finding a focal point in local welfare councils and provincial bodies such as the Ontario Welfare Council, and in the Canadian Welfare Council at the national level.

A number of the provinces have set up committees that have been working in this field, and that are of special interest. We in federal government departments have participated in two committees that have been particularly helpful in providing some co-ordination of effort and an exchange of views on the different programs we are administering, on the different programs in which we are interested. One is the committee to which I have referred of the Canadian Welfare Council, and the other is the Interdepartmental Committee of the Department of Labour. The various departments interested in problems of old people have been represented on the interdepartmental committee, and while its main focus related to employment problems of the older worker it, nevertheless, did provide us a forum for the exchange of views and ideas with regard to our various programs.

The Old Age Security Act and federal Acts sharing assistance costs for older people are most important pieces of legislation for which the Department of National Health and Welfare carries responsibility. While they are well known and established, I thought it would be appropriate to draw your attention to certain of the departmental programs that are less well known in relationship to services for the aged, but which nevertheless can contribute significantly to their well being. One of these is the National Welfare Grant program which was established late in 1962 with considerable support and enthusiasm from the provincial governments, and from national and local voluntary welfare agencies. One million dollars is available under this program during the current fiscal year, and that amount is to increase at the rate of half a million dollars a year until a total of $2.5 million is provided at the end of the five year program.

This program has been particularly significant in supporting social welfare training and research projects. It also provides a vehicle by which aid can be given in respect of the improvement and development of social welfare services including those for the aged. This program can be expected to play an increasingly significant part by supporting various projects, including demonstration projects for the development and extension of preventive and home care services for the aged, such as nutrition and meal services, homemakers, counselling, and measures to enrich institutional programs.

Another of the newer programs is that provided under the Fitness and Amateur Sport Act of 1961. In addition to its potential, as yet not fully realized, for encouraging the development of better and active recreational services for older people as well as for the young and those in the middle years, this program has important implications in the building of recreational patterns in youth and middle age which can lead to a fuller capacity for active leisure activities and a fuller life in later years.

As we meet with the various provincial directors of recreation under this program it becomes more and more apparent that this fitness and amateur sport legislation will have a very important place in stimulating recreational activities at the community level, and that some of the provinces are interested in developing programs that span young, middle-aged and older citizens. I would suggest, Mr. Chairman, that, as the provincial programs develop over the years and become more balanced, the recreational activities which are so important in the field of aging will receive a great deal of impetus from this federal program.

Another program which has quite a direct bearing on aging is one which, unlike the two just referred to, falls in the income maintenance field. I refer to the role which the Unemployment Assistance Program is playing in sharing the cost of supplementary assistance to persons in receipt of Old Age Security and Old Age Assistance. The statistics I have already quoted show that there are 20,000 recipients of Old Age Assistance and 47,000 recipients of Old Age Security receiving this aid. No ceiling is placed by the federal Government on the amount of supplemental in which it will share.

The other point I would like to bring out with regard to the Unemployment Assistance Act is that it is assisting persons who are in need and who are living in what is referred to in the legislation as homes for special care. At the present time it is estimated that through this unemployment assistance program assistance is being provided to more than 30,000 persons, who are in homes for the aged, nursing homes, boarding homes and hostel accommodation; federal reimbursement on behalf of those persons exceeds $25 million a year.

Finally, I would like to mention the last section of the brief and the importance it places on a comprehensive approach to aging. To date, perhaps justifiable attention has been given to particular facets of aging, for example, the need for income security, for housing, for health and welfare services. Granted that efforts must be continued along those lines, nevertheless there seems to be a growing concensus that attention should be directed towards the co-ordination and integration of those services to ensure that available resources are utilized as fully and effectively as possible in meeting the needs of the aged. An important point often overlooked in the past is the contribution that the aged themselves can make, not only in meeting their own needs but in contributing generally to the welfare of the community at large. The report only touches on this but I would like to take this opportunity to emphasize its importance. Perhaps the single most fundamental need of a generation of old people, who have worked hard all their lives, is to be useful.

I believe that positive measures to enable the aged to maintain themselves in a community are required—measures that stress the normal, as well as the abnormal aspects of aging and that ensure to the aged the consideration and status that their experience and past and potential contributions merit. There is growing agreement that this will best be accomplished by planning and co-ordination, and by the integration of services to the aged with those for the total population, and that such planning and co-ordination needs to be achieved not only at the federal level but at other levels, notably in the local community where the aged live and where many of the services they require must be organized.

In our increasingly complex and rapidly changing society, the development and co-ordination of services flexible enough to meet changing needs becomes increasingly difficult. To this end, the best and most sustained efforts by governments and voluntary bodies will be required.

Mr. Chairman, we look forward to the findings of your committee, which will undoubtedly provide guide lines required for Canadian development in the important field that its work covers. Thank you very much.

The CHAIRMAN: Thank you, Dr. Willard. There is a fund of information available now to the members of the committee.

In the first paragraph, you use the terms "promotion and preservation of social security and social welfare". What distinction do you draw between those two terms?

Dr. WILLARD: Social security and social welfare in some instances are used as interchangeable terms, and in other cases social security has been used with reference to income maintenance programs only.

In the statistical material provided by the department, we have tended to take a broad definition in both cases and to include health services, welfare

services and income maintenance programs. But in many places, in Canada, the United States and other countries, when they talk about social security they are talking about income maintenance programs with perhaps health insurance as an addition, and they are not talking about the other public health and welfare services.

The CHAIRMAN: That is the distinction you make.

Senator SMITH (*Queens-Shelburne*): Would you give us your view as to whether you consider that in general the problems of the aged are related to urban dwellers rather than to those in rural sections of Canada?

Dr. WILLARD: Mr. Chairman, when the proportion of the population of Canada in urban centres was much lower, and when industrial development had not reached its present stage, the problems of aging were much less acute. I think it is fair to say that if you study the matter as there has been growth of urbanization and industrialization, you will see that efforts made by the legislatures of different countries to make provision for the aged have increased. In other words, the need for income maintenance in an urban setting is much greater than in a rural area where a retired person may have his farm and may be able to carry on. That is not to say that those in rural areas do not need income maintenance. My point is that the need for some additional provision has become more apparent in urban areas.

Furthermore, the kind of society we live in has changed with the development of urbanization and industrialization. Previously, the family tended to be closer together and therefore to give mutual support, whether it was needed by older members or other members of the family. The whole situation with regard to the family has been affected very considerably by urbanization and industrialization.

There is another important factor. Costs have tended to be higher in urban areas, largely due to the rent factor. For example, the cost of living in St. John's, Newfoundland would be higher than in the outports and the cost of living is important in assessing relative need. This means that an important differential in the cost of living has developed and at the same time an increasingly larger proportion of people are to be found in bigger centres. This means that a larger proportion of the people are living in higher cost locations, and therefore the income maintenance needs are greater.

Senator SMITH (*Queens-Shelburne*): Then you will agree that, as the trend towards urbanization goes on, and everyone thinks it will continue to do so, this problem to which we have given some attention will grow at about the same rate?

Dr. WILLARD: Certainly there is no indication that the problem is going to lessen. I would quite agree with you that as urbanization and industrialization is extended we will have an even bigger problem to face.

Senator SMITH (*Queens-Shelburne*): It seems to me, as a general observation, that the older people in the urban areas feel lost when they retire from active work, whereas my observation in rural areas is that they continue to attend home and school meetings and keep in the community life and perhaps mentally they are much healthier and happier people.

Dr. WILLARD: This is where the work of voluntary organizations and of community recreational services are extremely helpful. It is quite true that an older person in a small community or in a rural setting keeps in contact with his or her world, as it were, whereas in the larger centres there can be a wider degree of isolation. Of course, this is not necessarily so for all people, since it depends on the individual. However, it does mean that when you get large numbers of persons in one locality or city, if you do not keep up

the needed services such as recreational and community health and welfare services to meet the needs of that large number of people, the kind of situation you mention does happen.

Senator STAMBAUGH: With regard to the tables and charts which have been presented, giving the expenditures on welfare, and so on, does that include provincial, municipal and so forth?

Dr. WILLARD: Yes, that includes expenditures by federal, provincial and municipal governments. In other words, it covers expenditures at the three levels of government.

Senator FERGUSSON: First, I should like to say that this is a wonderful brief. I have read it right through, and I simply lack words to express my admiration for such a comprehensive report of what is being done in Canada, and also showing the comparisons with other countries on behalf of aging people.

Some years ago the department produced a report, bearing the title, I believe, "Services to the Aged in Canada." I know that requests have been made recently for that report, but we were told it was out of date and that it was hoped to bring it up to date. It seems to me that the present report, just as it is, would be a worthy sequel to that earlier one. I wondered if it might be published in pamphlet form, in the same way as the earlier one, and made available to people who want it.

Senator SMITH (*Queens-Shelburne*): Of course, it will be published in our proceedings.

Senator FERGUSSON: I realize, Mr. Chairman, that it will be published in our proceedings, but I am thinking in terms of a pamphlet by itself.

The CHAIRMAN: At the expense of the Department of National Health and Welfare; you might add that.

Senator FERGUSSON: Oh, yes, at the expense of the Department of National Health and Welfare.

May I elaborate somewhat? One of the things I feel we greatly need in Canada is something similar to the magazine on aging which is published by the United States government. They also publish pamphlets on related subjects. I wondered if it might not be a good thing to do in Canada.

Dr. WILLARD: Mr. Chairman, first of all, let me thank Senator Fergusson for her kind words about the report. It has been a group effort on the part of many of the officials of the department, and I am as gratified as Senator Fergusson at the end result. We spent considerable time on it, and I would hope it might be possible to have it either mimeographed or printed for general use, because it brings together much information that is of real interest to people at this particular time of the sittings of the Senate Committee on Aging and the Joint Committee of the Senate and Commons on the Canada Pension Plan.

I want to say, Mr. Chairman, that some authors of various sections of the brief have produced much longer reports that relate to those sections. We spent a great deal of effort in reducing it, even though it looks very lengthy in its present form, in order to get it into a more manageable and readable size. We would hope that in addition to this document being available, if we follow your suggestion, Senator Fergusson, that some of the special studies made, and included here in considerably reduced or in resumé form, would also be available.

Senator FERGUSSON: It seems to me that to have this in concise form would be more useful to the general public. I realize that you may have had to leave out some interesting material, and which perhaps the committee would have been glad to hear. However, not everyone is going to be interested in reading

a detailed report, and this is so concise, yet still comprehensive, that I wondered if you would consider my suggestion, because I feel it would be of great interest and help to the Conference on Aging that is going to take place in 1966.

I have one or two other questions. The Canadian Medical Association, when it was before us, suggested that a division might be set up in the Department of National Health and Welfare to be responsible in this area of aging. I believe it was suggested that there are analagous divisions in the department, dealing with maternal health, and so forth. Do you think it would be helpful to have such a separate division?

Dr. WILLARD: Mr. Chairman, I do not know if there is anyone here from the Treasury Board. I would think that in both the Health Branch and the Welfare Branch there is need for further attention to what one might call the over all needs of a department, such as the Department of National Health and Welfare. As it is at the present time, we have a tendency to deal with requests that come in as they relate to specific programs, but there are many areas where it would be useful to have such a general centre. We do have, of course, within our department a number of divisions that are particularly interested in that field. For instance, in the Welfare Branch there are the old age security and old age assistance divisions. The unemployment assistance division, as I mentioned, is concerned with questions of supplementation and homes for special care. Their division has a consultant on aging, Mr. Dyson. The director of the national welfare grants program is also interested in these questions, and many of the projects that come through that program are concerned with this field.

In addition, the Research and Statistics Division, which has really been the pioneer in carrying out research and developing background material for use in a number of fields—rehabilitation, the field of aging, and so on, is, of course, concerned with both health and welfare aspects. Within the research division, Mrs. Flora Hurst has spent a great deal of her time in this field of specialization. So that we have many different staff members who spend a great deal of time on this subject.

The only reason I mention this is the organizational problem which we face. If you say, "Now, could you strengthen your services in the welfare branch with respect to the field of aging," this does pose an organizational problem, but it does not in any way alter the point of the question raised. There is undoubtedly a need for an extension of our activities in this field on both the health and welfare sides.

Senator FERGUSSON: Perhaps it is a little unfair to put this question to you, Dr. Willard. I assure you that I would be the last to belittle the work already done in the department, and I know that a certain amount of welfare work is done in connection with old age security and old age assistance. However, it seems to me that if it were brought together in one place we could make more progress. I wondered if you felt the same way regarding that. I believe you answered a question, as to whether any government subsidized homemaker services, by saying that Ontario does so; but there is a reference in the brief at page 113, to the effect that the Red Cross operates these services in three provinces. I was curious about that.

Dr. WILLARD: I will certainly try to obtain that information for you, senator.

The CHAIRMAN: Anything else, Senator Fergusson?

Senator FERGUSSON: No, that is all, thank you.

The CHAIRMAN: We will stop patting you on the back for a minute—not that you do not deserve it.

On page 1 you are talking about the Unemployment Assistance Act, and state:

> The latter Act is particularly important because of the funds it has made available to support programs providing supplementary aid and care for needy persons in welfare institutions.

Nova Scotia said, when they appeared before us and discussed this, that the act is full of inequities and contradictions which work a hardship on provincial programs, not only for the aged but for all needy persons. They advocate one unified approach to means test assistance. What do you say about that?

Dr. WILLARD: I think that is a very good point, Senator Croll.

The CHAIRMAN: It is not my point, but Nova Scotia's. You remember their very fresh brief.

Dr. WILLARD: We have the three categorical programs: Old Age Assistance, disability allowances and blind persons allowances—which are based on a means test. We have the Unemployment Assistance Act, which is based on a needs test. Over the years the provinces have had to operate two different administrations: one for general assistance on a needs test basis, and the other for the categorical programs. So, from an administrative point of view there would be very considerable advantage to the provinces to have one unified general assistance or one unified public assistance program.

Secondly, there is the situation where you need to supplement a person's assistance benefit under a means test program. Supposing a person receiving old age assistance is getting $75 a month but needs $85 a month to live on. The person would have to complete the means test under the old age assistance program to get the $75, and then go through the needs test under the general assistance program to get the additional $10. Thus, from the point of view of an individual in these circumstances it is not too satisfactory.

The department has recognized the shortcomings of the legislation with regard to assistance, and has had a number of federal-provincial conferences with a view to developing for Canada a new public assistance program which could be the companion piece to the Canada Pension Plan, if approved by Parliament. The point raised by Nova Scotia already has been raised in federal-provincial discussions. It is point of view shared by a number of the provinces, and I think we recognize some of the difficulties.

There are, of course, one or two other matters that are of interest here. For instance, Nova Scotia would like the federal Government to share in the cost of mothers' allowances. This would increase the amount of money which the province would receive. However, they are not just interested in that point; they are interested in the fact it would permit them to have an integrated social assistance program. Mothers' allowances, which is at the present time entirely a provincial program, represents, as it were, another categorical program. There is a desire on the part of a number of the provinces to move away from what one might call a categorical approach to a general assistance approach, on the one hand, and from a means test to a needs test approach, on the other.

May I say, on the other side, there are many people in Canada who consider that the means test approach has provided a national minimum standard which would not result if the needs test approach were followed. Looking at it from a federal point of view, the categorical means test programs have tended to raise the levels of assistance payments to a higher level than they otherwise would have been, if assistance had been on a needs test approach. In other words, if you compare, in some provinces, the level of payments made on the needs test basis with that paid under the categorical programs, such as

old age assistance, blind and disability allowances, the level of benefits for the recipients under those categorical programs is much more favourable than under the other, general assistance.

The point you raise, senator, from the point of view of co-ordinating and developing a new approach to social assistance, has within it all these and other questions such as where are we going with our general assistance legislation in relation to these categorical programs.

Mr. DAVIS: Mr. Chairman, one other point.

Do you find people have any different attitude towards the means test than towards a needs test program? Is one resented more than the other?

Dr. WILLARD: I can perhaps mention, Mr. Chairman, a lot depends on how the test is administered. In some instances the needs test is accepted and considered satisfactory, and there is no apparent problem. In other instances the needs test is equated to "poor law" relief; it may be administered locally and the local relief officer's attitude towards assistance and towards the recipient may be such that there is some stigma in receiving it.

In the case of the categorical programs, they have been administered provincially whereas in the case of general assistance, the needs test program, it is in some provinces administered locally. As a result, there has tended to be more of a stigma attached to the needs test than to the means test approach. But to the extent that some provinces are now either providing or looking ahead to the provision of a provincially administered needs test or perhaps a regionally administered needs test, carried out by provincial welfare officers, much of this stigma will probably disappear.

The CHAIRMAN: Let me read you something else. On page 139 you say:

> Again, health problems, once a significant cause of insecurity, are being dealt with through various medical plans and, of course, through hospital insurance.

We find that rather than once being a significant problem, we find it repeated time and time and time again. It has been put to us this way: economic; health and housing; recreation. It seems to us that the problem is as alive today as it ever has been.

Dr. WILLARD: Mr. Chairman, I would not want, through that passage, in any way to downgrade the importance of health care in the aged. I think it is of key importance. I did not mention in my remarks a very important section in this document which has to do with health care for social assistance recipients, and the fact that five provinces are now making such provision. I think it is on page 93 of the report.

The CHAIRMAN: Yes, I have read it.

Dr. WILLARD: This is at least something. There are about 190,000 people that are receiving a measure of medical care through these programs in Ontario and the four western provinces—five provinces, all told.

The CHAIRMAN: I think what you say is that to qualify for federal support the provinces need to provide universal coverage—no means test for health care. Is that correct?

Dr. WILLARD: No. There is no federal support in the case of health care.

I would like to come at this in two ways. First of all, these are provincial programs of medical care for social assistance recipients. They have been developed by the provincial governments, and the welfare branch has no program whereby it is involved in the business of medical care at the present time.

The question that faces the federal Government with regard to the Hall Report and medical care generally, when you look at it from this point of view, is: Do you provide assistance to the provinces for medical care for social

assistance recipients, or do you follow a universal approach as was followed under hospital insurance? In other words, if the program were developed along the lines of being available only to social assistance recipients, it would be a partial scheme. It would probably be extremely helpful to older people on assistance, but it would relate to some type of test of need in order to qualify for the care.

The other point I would like to make is that under the unemployment assistance act there is a clause which specifically excludes federal sharing in the costs of medical care, nursing services, drugs and so forth. Thus when I have been speaking here about federal assistance on a needs test basis, it is assistance with respect to a cash payment made to cover the recipients needs excluding health care. Accordingly, the provinces and municipalities have had to assume the burden in the case of social assistance recipients receiving health care at public expense.

Senator ISNOR: I would like to join with Senator Fergusson in complimenting Dr. Willard on this very, very fine presentation. It is rather new to me because this is the first time I have had an opportunity of attending your committee, and I do not know whether I am entitled to ask a question or not.

The CHAIRMAN: Of course you are.

Senator ISNOR: I was wondering about the recreation part of your brief. There are $5 million shown there. Is there a breakdown as to how the money is spent, whether it is for the younger persons or older persons, as was originally intended, I believe?

Dr. WILLARD: Mr. Chairman, we could provide an indication of how the moneys are spent. But we would not have that kind of a breakdown. I think the suggestion I was making here is that this program provides a potential for future development in this area, and that is clearly indicated in the brief. The kind of projects we have had have not been in this area, but I believe that as time goes on the program will be helpful in two ways. Firstly, I believe we will receive specific projects of a recreational nature which are designed to be helpful to senior citizens. To the extent that we encourage curling and certain other recreational activities that are as important to older as well as to younger citizens, this will be helpful. Secondly, as I mentioned earlier, I think that to the extent that recreational activities can be encouraged through this legislation, it will be helpful as a carry-over in later years, through the patterns it will establish.

Senator ISNOR: I was wondering how many provinces at present are participating in this program?

Dr. WILLARD: Nine provinces. All the provinces except Quebec; and we have negotiations under way with Quebec with respect to this program.

Senator ISNOR: I asked this question because I feel there is a wide field of opportunity for certain types of recreational facilities for older people. I remember a number of years ago when I was in California—and I am sure the same thing applies in a number of Canadian cities—I watched older people taking part in lawn bowling. I wondered what part of the $5 million actually went into that type of assistance for older people, or whether it was all being used by people promoting amateur sport with a view to entering the professional field later on. That is why I asked about the breakdown. There is quite a difference between the two fields of endeavour.

Mr. DAVIS: I want to make one comment and to ask a question about the income statistics. I was very happy to have the breakdown provided for us, especially the breakdown by five-year periods beyond sixty-five. I am referring now to page 9, Table 4. I think these are very useful tables that you have supplied and will supplement the information we received earlier from the Dominion Bureau of Statistics. I suppose one cannot expect everything, but I

do wish there had been a classification included here on marital status. Marital status is of course very important in any consideration of the income of women. If you take figure 4 on page 9, the fact that the median income of women between 15 and 64 is nil is due of course to the fact that most of them are married and are not employed. I took the trouble to get a breakdown of this period by 10-year period and actually the only groups where the median is nil are the two between 25 and 44. Before 25 and after 44 more than half the women do receive incomes, in the main because they work. In the group with which we are concerned, 65 and over, medians for the total female group is not very informative. Even in that group, I think 40 per cent are married, that is the group of 65 and over, and of course they look to their husbands chiefly for their income. The real poverty is among the widows who make up nearly 50 per cent of the group over 65. Their incomes may be higher than those of married women, but for all that that is where the poverty exists. The fact that married women's incomes are lower may not make very much difference. We are, therefore, interested in the problem of widows and I am wondering if it would be possible for the department to give one more breakdown and include marital status. I notice under Old Age Assistance that 23 per cent goes to widows, which again bears out the fact that this is a very needy group.

Dr. WILLARD: Thank you, Mr. Chairman. I have a note here, Mr. Davis, that the separated group was included among the married while common law was included among the single; for economic analysis the separated are more akin to single and the common law to married. For that reason no discussion was attempted. We could try to carry out the analysis you suggest, but we are not too sure that it would be significant.

Mr. DAVIS: Are the separated that large a group? Surely you could lump them in with the widows without affecting the total very much?

Dr. WILLARD: We will take a look at it and see what we can do.

The CHAIRMAN: You were talking about urbanization and industrialization. I suppose we could date that from the end of the war.

Dr. WILLARD: If you start with the census data from 1901 and follow through you can see the steady climb in urbanization, but certainly the two war periods stimulated this development tremendously.

The CHAIRMAN: Yes; in my own mind I fixed it as being after 1945—that is, the real impetus.

Dr. WILLARD: Well, it was going on before that, but the real impetus has come since then.

The CHAIRMAN: I think you spoke of the stages we have gone through. It began in 1908 and then there was a gap of nearly 20 years until 1927. Then we went for almost 30 years to 1951, and then another five years to 1956. We are now at the end of 1964 after another gap of nine years. When you answered Senator Smith (Queens-Shelburne) the point that went through my mind was that from 1951 to 1964—during those 14 years—we have had two significant forward movements in social welfare and security.

Dr. WILLARD: Oh, yes.

The CHAIRMAN: As against one in the 24 years from 1927 to 1951.

Dr. WILLARD: That is correct.

The CHAIRMAN: It appeared to me that the answer you gave with respect to industrialization and urbanization becomes even more significant in the light of looking at it in that fashion.

Dr. WILLARD: I think that is quite true, Senator. So far as social security is concerned we were relatively dormant federally until World War II and

thereafter. But, provincially there was the First World War and the years that followed which saw the beginning of workmen's compensation and mothers' allowances, as we know them today. At the end of that war and from then on one by one the provinces began to introduce such legislation. The first major federal development was, of course, the 1927 pension. Then we went through the depression years, and in 1937 blind persons' pension was added. During that period the federal Government became preoccupied with grants-in-aid for public works and public assistance. Then, the next major development was, of course, in 1940, the introduction of the Unemployment Insurance Act. In 1944 came family allowances, and then we had the health grants in 1948; the parliamentary committee on old age security was in 1950 from which came the legislation in 1951 for old age security and old age assistance; and in 1954 we added the disability allowances. In 1956 the Unemployment Assistance Act was passed, and in 1957, as I mentioned earlier, the threshold provision was removed. Following that there was Hospital Insurance Act in 1958 and the national welfare grants program and, the Fitness and Amateur Sport Act in 1962. So, all of these developments occurred from, say, 1940 on.

The CHAIRMAN: I was merely making the statement to lead up to my next question, and all you did was to stick your neck out—and properly so, of course. At page 132 you talk about the first stage, the second stage and the third stage—do you remember?

Dr. WILLARD: Yes.

The CHAIRMAN: Finally, you speak about the fourth stage. The reason I asked you what I did was to see if you agree with me that we, unlike some other western countries, are ready for the fourth stage, under your definition?

Dr. WILLARD: Mr. Chairman, I think some of these things can go on concurrently. We are still working on income maintenance and the Canada Pension Plan.

The CHAIRMAN: I assumed it will be passed.

Dr. WILLARD: I see.

The CHAIRMAN: I am an optimist, you know.

Dr. WILLARD: Yes. I think when we get to this last stage we will have completed a period during which we have moved well along with our community health and welfare services as well as with income maintenance. I think we are beginning to get to that stage now in terms of the awareness of the problems in many communities and of the interest in aging and looking at it in terms of planning and co-ordination at the community level, the provincial level and the national level. But developments in this context began just about a decade back. For instance, think back to the organization for aging which Mrs. Good set up in Ontario. That was not so very far back. We have a long way to go. We have many organizations that are providing voluntary effort in working with older people such as Golden Age Clubs. But the coverage of these organizations is still extremely small compared to the potential and the need that is there. Community organizations and welfare councils—and, as I have said, in the smaller communities it may be a particular community agency or a service club—must engage in a greater measure of planning and co-ordination along with the municipal authorities. I think we have a long way to go before we see this on the scale needed. We are nowhere near the stage here that they are in the United Kingdom.

Senator SMITH (*Queens-Shelburne*): Mr. Chairman, I wonder if I could ask a question on the general subject of the income maintenance for the aged? I must say that I think it is a good thing to put on the record quite frequently how much the country is spending on this program. Of course,

the growth of that program dates back to the pre-war days. I can think of the time when the only thing old people had to look forward to—this is even less than 40 years ago—was $20 a month, for which they had to undergo a very severe means test. The figure of $1 billion has been mentioned, and we have just about reached that now. I did not realize that the federal financial responsibility was 94 per cent of that. That is a very high percentage, of course, and I think we should keep it in mind. I am wondering whether you could give us some projection of that amount of $1 billion in the future based not on what you might imagine the increases in these bases might be, but based on what the population figures might be in the years ahead? Have you something readily at hand that might give us an idea as to how much money we will be spending on income maintenance for the older people.

Dr. WILLARD: Mr. Chairman, I might have that figure here; if not, I can certainly get it.

Senator SMITH (*Queens-Shelburne*): Mr. Chairman, if it would save the time of the committee perhaps that could be filed.

Dr. WILLARD: I am sorry, I do not have it on this file.

Senator SMITH (*Queens-Shelburne*): We must anticipate that the figure will grow at a fairly substantial rate?

Dr. WILLARD: That is correct.

Senator SMITH (*Queens-Shelburne*): I have seen some figures of the large numbers of young people who are not in the labour stream, and also of the increasing number of those who will be at the other end of the population chart.

The CHAIRMAN: You will remember, Senator Smith, that we had some figures placed before us indicating that in this welfare field Yugoslavia was spending more on a percentage basis than we were. We were twelfth among the western countries of the world.

Senator SMITH (*Queens-Shelburne*): We did have some figures presented to us which, I think, were quite interesting and useful, and from which you could draw the conclusion that the number of Canadian people in the labour force as a percentage of the total Canadian population was getting smaller and smaller each year.

Mr. DAVIS: I do not think so.

Senator SMITH (*Queens-Shelburne*): You do no tthink that that is a valid assumption?

Mr. DAVIS: I think it has remained about level except for the over 65 group. Besides, we have the married women who are coming into the labour force increasingly. They could greatly swell the number of workers if we needed them.

Senator SMITH (*Queens-Shelburne*): Well, you have studied those figures more thoroughly than I have. I had the wrong impression at that particular time.

Dr. WILLARD: Yes, I can get that figure for you, senator. As an indication of how the cost of old age security is moving up I might point out that in this fiscal year the amount of expenditure is $882 million, while in the next fiscal year it will be $906 million. You can see how it will increase in a year. The amount of that increase is equivalent to the cost of a major undertaking, and it is just one year's increase.

The CHAIRMAN: I think you said, as an aside, that you would mention that figure if the treasurer was not listening. All I can say is that it will cost us more in the future.

Senator SMITH (*Queens-Shelburne*): I am not worrying about that because the gross national product will rise proportionately to take care of it.

The CHAIRMAN: That is right.

Senator SMITH (*Queens-Shelburne*): I have one other point I should like Dr. Willard to comment upon. What do you think will be the effect of the Canada Pension Plan when it gets into full operation on the provincial costs of old age assistance?

Dr. WILLARD: Mr. Chairman, provincial costs will almost certainly decline. I have already illustrated how they have declined since 1951 because of old age security. First of all, there is the reduction in the age at which the old age security benefit will be available. Many people will take advantage of this, especially those who can tie it in with the other provisions they have made for retirement. Some people who do not expect to live long will take the age reduced benefit at an earlier age; for instance, this could apply to a person with terminal cancer. A person destined to live for one year obviously would take an age reduced benefit rather than wait, with the certainty they would never receive it.

To the extent that people take advantage of the age reduced benefit, this will initially help the provinces. Then, as the years go by, the earnings related benefit available would begin to increase in amount. The maximum benefit under the proposed earnings related pension is $104.17 initially. Each year, over the 10-year transitional period that a person contributes, he gets one-tenth of this amount; a person who is, say, age 60, when the plan comes into operation, and contributes for five years, having earnings of $5,000 or above, will receive half of the $104. At the point that some of the assistance recipients who took the age reduced benefit are beyond age 70 and still living the province would have to continue its share of supplementation. The province's cost might begin to rise because of this, but the earnings related pension by this time will begin to have an important effect. When this factor takes place, provincial costs will be reduced very considerably.

Senator SMITH (*Queens-Shelburne*): Will there be a difference or disparity in this effect we are talking of, in the various regions of Canada in relation to the Canada Pension Plan, and the amounts of average income that are available now to people in these various regions? I am thinking about a statement made at another meeting recently, in which it was assumed that, for example, the Maritime Provinces would not have their Old Age Assistance payments reduced to the same percentage amount as an average province in Canada.

Dr. WILLARD: I do not think you can assume that, sir. There are various forces at work here. First of all, you have to take Old Age Security, the flat rate benefit, together with the Earnings Related Pension. The redistribution effect of the flat rate benefit in favour of a low income province with, say, less than the average national income is very considerable indeed.

The purpose of the earnings related program is to try to give a graduated benefit that relates that part of the combined benefit, through the benefit formula, to the level of earnings that a person had throughout his work life, so that a person with a high income gets a little more than a person with a low income. It means that the differential that would probably take place, in the context that you have mentioned, probably would be greater between high cost areas—where wage levels also tend to be relatively high, and areas where a low cost of living is a consideration.

As I mentioned before, the basic pension is, for instance, of considerable relative value to a person in an outport of Newfoundland. Of course it is also of considerable value to a person in St. John's, but the problem that the person in St. John's faces is, with higher rents than the person in the

outport, that basic pension of $75 is not nearly as adequate. Over the years, with an earnings related benefit you will try to bring up, as it were, the level of benefit in the areas where the average earnings are higher, and where the cost of living is higher, because these tend to run together.

If you take the two programs together, one will compliment the other. The fact that the basic amount relative to the total or combined benefit is quite large will mean, I think, that the low income areas will be assisted greatly by the fact that there is such a large proportion of flat rate amount, and in the places where there are high costs there will be enough differential to be of assistance to them.

Senator SMITH (*Queens-Shelburne*): I was interested in taking up some figures on this subject, as given on page 20 of the brief. It is indicated there that the median cash income of a sample portion of the population—

The CHAIRMAN: Ontario and Quebec.

Senator SMITH (*Queens-Shelburne*): I was looking at my own province, and I was comparing it with the highest—and I suppose that means Ontario. I took males, 65 or over, median cash income now taken to be $906, whereas there it is $1,175.

Whereas you take into consideration the cost of an elderly person in that group in an average part of Nova Scotia, those figures just about level out, in my estimation, because it costs the average older person in Ontario more to live, at the pace or in the way they have to live in the province. I was hoping that, after the Canada Pension Plan comes into effect, we would have a similar practical balancing of the incomes necessary to produce a pretty firm basis for a standard of living.

Dr. WILLARD: I would think that would certainly happen. I should mention also, because the supplementary benefits are important here, that one of the reasons for the inclusion of the flat rate portion in the supplementary benefit was to try to make a minimum benefit, more adequate than it otherwise would be if it were entirely earnings related. Therefore, it tilts the benefit formula towards the low income, low wage parts of the country. For the same reason, in the case of the retirement scheme, you have to take the flat rate and the earnings related parts together.

Mr. DAVIS: One thing that surprises me is that no one has raised one point about the Canada Pension Plan. I suppose this committee is concerned not only with long-term but also with short-term planning for old people. As pointed out on page 1, this particular generation of old people, those 65 and over now, have been the victims of two world wars and a depression period with low wage conditions. What additional benefits are we going to provide for them when the Canada Pension Plan, 10 years from now, becomes operative and you find the old age population divided in two, one million of them left to the $75 and the rest to get the basic old age security payment, plus a pension? What are we going to do for the old people who do not qualify for the new pension i.e. the present generation? Are they to depend on a needs test program for any supplement they require? Will this be acceptable?

Dr. WILLARD: Mr. Chairman, I think this question has policy implications.

Mr. DAVIS: I am raising it for the committee, because we must be concerned with this problem.

The CHAIRMAN: It is being discussed in the Pension Committee.

Dr. WILLARD: I can say that the minister in her statement has, in effect, indicated that any action taken with regard to the Canada Pension Plan, or the legislation being considered now, does not in itself mean that the Old Age Security benefit will be $75 for now and for all time—which is inherent in your statement, Mr. Davis.

Mr. DAVIS: That is, of course, true.

Dr. WILLARD: Any Parliament can change that amount in any year that it so desires. While the earnings related pension plan has been worked out in very considerable detail with the provinces, the Old Age Security portion is a part that, certainly up to this time, has been the result of federal legislation alone.

The CHAIRMAN: That problem is causing a great deal of concern to the Pension Committee.

Mr. DAVIS: I meant the observation for the record.

The CHAIRMAN: It is very important. If there are no more questions, may I say, Dr. Willard, that when Senator Fergusson and Senator Isnor from the Province of Nova Scotia speak, there is nothing much left to say in the way of thanks. I appreciate very much that they did thank you. This has been a most interesting document. It is a brief containing much reference material and it will be useful. There is a fund of information in it, which is up to date. It will be a guide and a counsel to many people across the country.

I take this opportunity also to thank you and your staff for the assistance you have given Mr. Davis and the committee during our hearings. We received all the co-operation we asked for, and are appreciative of it.

May I indicate to you, Dr. Willard, that your presentation this morning has made the brief much clearer to us, and that will be helpful to us in reaching our conclusions. Thank you very much.

The committee adjourned.

APPENDIX I-2

SOCIAL WELFARE AND THE AGED

DR. J. W. WILLARD
Deputy Minister of Welfare
Department of National Health and Welfare
Ottawa

Presented to the Special Committee of the Senate on Aging

December 10, 1964

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I—WELFARE RESPONSIBILITIES OF THE DEPARTMENT

Under the Department of National Health and Welfare Act, the Department is given responsibilities for the promotion and preservation of social security and social welfare of the people of Canada in areas over which the Parliament of Canada has jurisdiction. It is in the exercise of these responsibilities that the Department has a concern for the welfare of older persons.

Welfare programs include several administered directly by the Department such as old age security, family allowances, youth allowances, family assistance, social welfare research and informational services and a number of others in co-operation with the provinces such as old age assistance, blind persons allowances, aid for the totally and permanently disabled and general assistance. There are other programs of which some aspects are directly administered by the federal department, while other aspects are federal-provincial in their nature and operation; the fitness and amateur sport legislation and the national welfare grants are examples of this type of program.

It is perhaps significant that while the need for some form of federal support for the aged was being discussed before the turn of the Century and gained some expression in the Government Annuities Act of 1908, it took sixty years from the date of Confederation to bring Canada's first social security measure for the aged into being in the form of the federal-provincial old age pension program of 1927. This and subsequent income maintenance measures for the increasing numbers of older persons in the population—the generation which lived through two world wars and the depression years with low wage conditions followed by the inflationary influences of World War II—have continued to rank high amongst the priorities of federal welfare policy.

The passage of the Old Age Security and Old Age Assistance Acts in 1951 was the second major attempt to meet the problems of income maintenance for a growing number of older persons. The Disabled Persons Act and the Unemployment Assistance Act of the mid-50's provided an additional source of income maintenance to older persons suffering from disabilities, or lack of income resources. The latter Act is particularly important because of the funds it has made available to support programs providing supplementary aid and care for needy persons in welfare institutions.

The Canada Pension Plan is designed to provide an earnings related type of support for aged persons and constitutes the first comprehensive measure providing protection against disability and loss of the breadwinner, as well as providing income support for the aged.

The departmental programs administered directly, as well as those undertaken in co-operation with the provinces, are the main publicly-supported income maintenance measures for the retirement years and, as such, constitute the foundation on which sound social services for the elderly can be built.

Beyond income security measures, the Department provides a number of services which assist the aged as well as other groups. These include welfare grants and consultative, research and information services.

Under the Welfare Grants Program, $1 million is available this year, and the amount will increase at the rate of $500,000 a year until a total of $2½ million is provided. The grants support social welfare training and research projects and provide a vehicle through which aid can be given for the development of a broad range of services including those for the aged.

The Department carries on a continuing welfare research service centred in the Research and Statistics Division. This research touches on many aspects of services for the aged and is in the course of being strengthened. Consultative services on problems facing the aged which are now provided to a limited

extent in connection with the public assistance programs are also being further developed. The Information Services Division provides information on a wide range of welfare matters through the various media of communication.

In addition to these welfare services, the Department's Fitness and Amateur Sport Program has far-reaching implications for the provision of better recreational services for older people and for the building up of active recreational patterns in youth and middle age which can lead to a fuller capacity for leisure activities in later years.

The services administered by or supported through the Welfare Branch of the Department of National Health and Welfare cannot be viewed in isolation. They form an integral and important part of a network of services provided through a number of federal agencies—the Health Branch of the Department for hospital care and other health services, the Central Mortgage and Housing Corporation in the case of housing, the Department of Labour for employment and technical and vocational training services related to older workers and the Department of Forestry, Citizenship and Immigration and Veterans Affairs for the respective measures they provide for the rural population, Indians and war veterans. Similarly the services of the Welfare Branch must be viewed in the context of the welfare and related services provided for the aged through the provinces, municipalities and voluntary agencies.

II—AGE AND INCOME CHARACTERISTICS OF THE AGED

In order to see the condition of aged people in Canada in its proper perspective, it is essential to see it within the condition of Canadian society as a whole, the most notable characteristic of which is change. The data which follow, however, are limited to depicting the condition of aging Canadians in terms of factors such as number, residence, sex distribution and economic status.

The number of Canadians aged 65 and over rose from under three hundred thousand in 1901 to 1,391,000 in 1961, an increase of over one million. Most of the increase took place in the second half of the period,—that is, between 1931 and 1961. This is illustrated in Figure 1.

This increase in the numbers of the aged was associated with a general increase in the population. At the turn of the century, the total population of Canada numbered only five million—a figure less than the present population of Quebec alone. Since then, the total has risen by an average of 214,000 a year to some 18 million people in 1961.

The increase of the aged population was substantially more rapid than that of the entire population, as is illustrated in Figure 2. The proportion of the population 65 years old or older increased from below five per cent of the total in the early years of the century to over seven and a half per cent by mid-century. Thus, in 1901 two persons in forty were aged 65 or over, and now three in forty are in this category. The ratio of the 65-and-over group to the total population did not, however, increase uninterruptedly; small but significant reductions occurred before 1911 and after 1951.

Of the total population of Canada in 1961, some 50.5 per cent were male, while of the population aged 65 or more, 48.8 per cent were male. Within the aged group, the imbalance between males and females varied directly with increasing age. The number of males for each 100 females was 96.9 in the age-group 65-69 and was between 95 and 96 through the seventies. In the age-group 80-84, there were less than 90 males per hundred females. Of the 3,344 Canadians 95 years or older, almost two-thirds were women. The ratios are indicated in Figure 3.

The charts commencing with Figure 4 illustrate some of the basic facts about the yearly cash income of Canadians. This material is organized to emphasize the income of the older age-groups.

All the income information here has been derived from the tabulations produced by the Dominion Bureau of Statistics from the 1961 Census of Canada Population Sample. This sample covered one household in five. It dealt only with cash incomes, and omitted certain groups of the population.[1] The survey was the first of its kind to be undertaken in this country.

The median[2] income of males of all ages from 15 onward was $3,300 as compared with some $100 for females in the same age-group. Figure 4 illustrates that males in the 65 and over group had smaller cash incomes than younger men; whereas the reverse is true for women.

Figure 5 traces yearly median incomes through age-groups for each sex. The median income for men falls by stages, from just above $2,000 in the late sixties to about $1,500 a year in the early seventies, to settle at about $900 from the late eighties onward. Females, on the other hand, have a median income that increases from just under $500 in the late sixties to about $800 in the early seventies, and thereafter their median in virtually stationary. This stability could be partially explained by the old age security pension, which at the time of the survey was $660 a year.

Figures 6 and 7 are complementary and together illustrate the income-class composition of the aged (the blank bars on the right side of each graph) compared with that of all the people aged 15 or more (the solid bars).

Figure 6 shows that there is a fairly even distribution of males of all ages among the income-classes shown; none of the nine income classes between $500 and $5,000 contains less than five per cent or more than nine per cent of the total population. On the other hand, close to half of the men past age 70 had cash incomes in one class,—that is, between $500 and $999.

Figure 7, for females, shows that there is a very heavy concentration in the under-$500 class among women of all ages—almost sixty per cent falling in this class. It should be noted that, in tabulating the income survey, the Bureau regarded family allowances as income of fathers instead of mothers in cases where the couple were living together; without this transfer, the above-mentioned "almost sixty per cent" would be somewhat smaller, since the women's incomes would be generally higher. Among women over 70, there is an even more extreme clustering, and it occurs in the income-class between $500 and $999; over two-thirds of these women appear in that class.

The next pair of graphs, numbered 8 and 9, are similar to numbers 6 and 7 but refer to the 65-years-and-over age-group instead of the 70-years-and-over group. The observations that have been made about the 70-plus group also hold true for the 65-plus group, except that the clustering in the $500-to-$999 class is considerably less.

Figures 10 and 11 show interprovincial comparisons of the incomes of urban and rural male sample populations. It should be noted that, since farms were excluded from the survey, the "rural" income figures do *not* relate to farm residents.

Figure 10 shows a great contrast between the provinces with respect to median incomes for urban males aged 15 or over. The highest provincial median incomes, those in Ontario and British Columbia, are more than $1,200 a year above those in Newfoundland and Prince Edward Island, which are lowest.

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[1] Among the exclusions are children under 15, the population of farms and the Northwest Territories, residents of collective accommodation, and persons enumerated away from their residences.

[2] The median, modified here because of the grouped nature of the data, is essentially the amount of a characteristic possessed by the individual who is in the middle of his group when all the individuals in the group are arranged in order of the amount of the characteristic that they possess. The modification used here is that the persons in each income-group are assumed to be evenly spread through their group. For instance, if there were 1,000 people in the income-group $3,500-$3,999, the assumption would be made that they are distributed evenly over the five-hundred-dollar range of the group, i.e., two people for each dollar of that range.

21550—3½

The median incomes for the group 65 and over (the half-toned bars on the graph) are substantially lower than, and do not vary as widely as, those for all ages. The national median income for the group aged 65 and over is $1,650 and is exceeded only in New Brunswick and Ontario. The median income in Ontario is still highest, at $1,875, but that in Prince Edward Island is notably in third place, contrasting markedly with the low rank of the median income for its male population of all ages. The lowest provincial median is that of Newfoundland, which at $976 is $899 below the median in Ontario.

Figure 11 deals with rural median incomes. These vary widely between the provinces for males of all ages, as did the income figures for the urban population. In British Columbia, the median income for the entire population 15 years of age and over was $3,200, and it ranged downward to just over $1,200 in Newfoundland. On the other hand, the provincial median incomes of rural old people are notably similar. The provincial median incomes for the age-class 65-and-over are all between $800 and $950, except for those in Ontario and British Columbia at about $1,150. Moreover, the median incomes for the 70-and-over group in the various provinces are all, without exception, within $100 of $890.

In Figure 12, the relationship between cash income and educational attainment for males is examined. They seem very closely correlated. Among all males aged 15 or more, the range of the median incomes is from under $1,000 per annum for those with no education to over $7,500 for those with university degrees. The same contrasting income-sizes are apparent among the aged population; among those 70 and over, the median is just over $800 for those without education and is $3,900, or almost five times as high, for the university graduates.

Figures 13 and 14 show, for males and females respectively, median incomes by marital status and selected age groups.

The four tables that follow the graphs set out the principal statistics from which the graphs were constructed.

It should be reiterated that these income-statistics deal with cash income only. Accordingly, it cannot be assumed that the data accurately reflect the total real income of the aged.

FIGURE 1 - POPULATION OF CANADA
AGED 65 YEARS OR OVER, 1901 TO 1961 CENSUSES

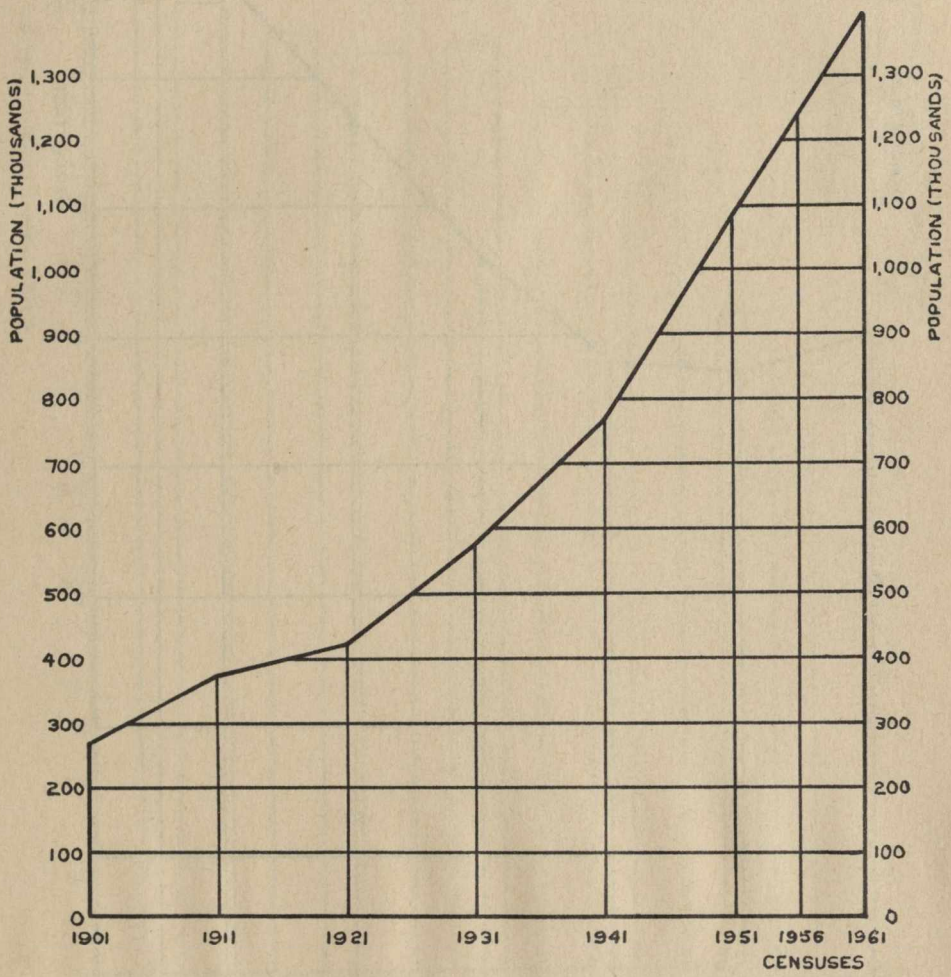


FIGURE 2 - PERCENTAGE OF THE POPULATION OF CANADA AGED 65 YEARS OR MORE, 1901 TO 1961 CENSUSES

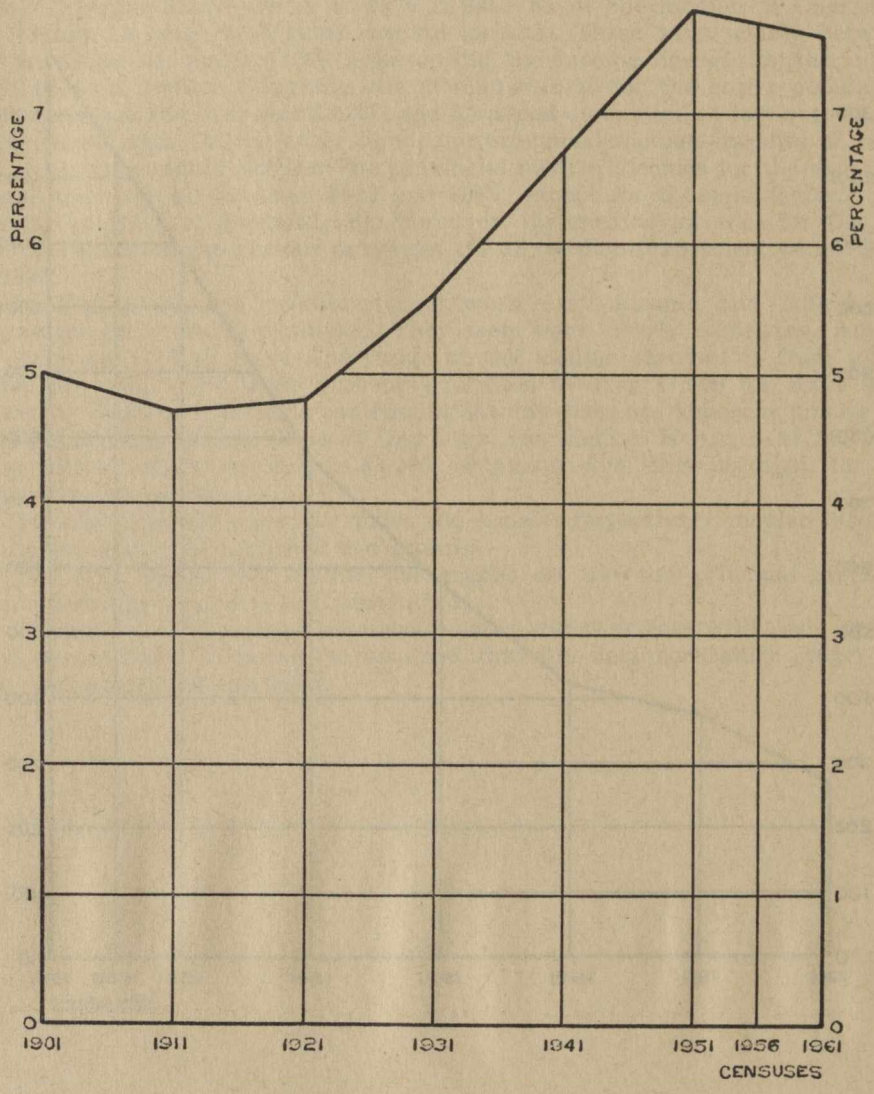


FIGURE 3 - MALES PER HUNDRED FEMALES, BY AGE GROUP, AMONG THE POPULATION OF CANADA AGED 55 OR MORE, 1961 CENSUS

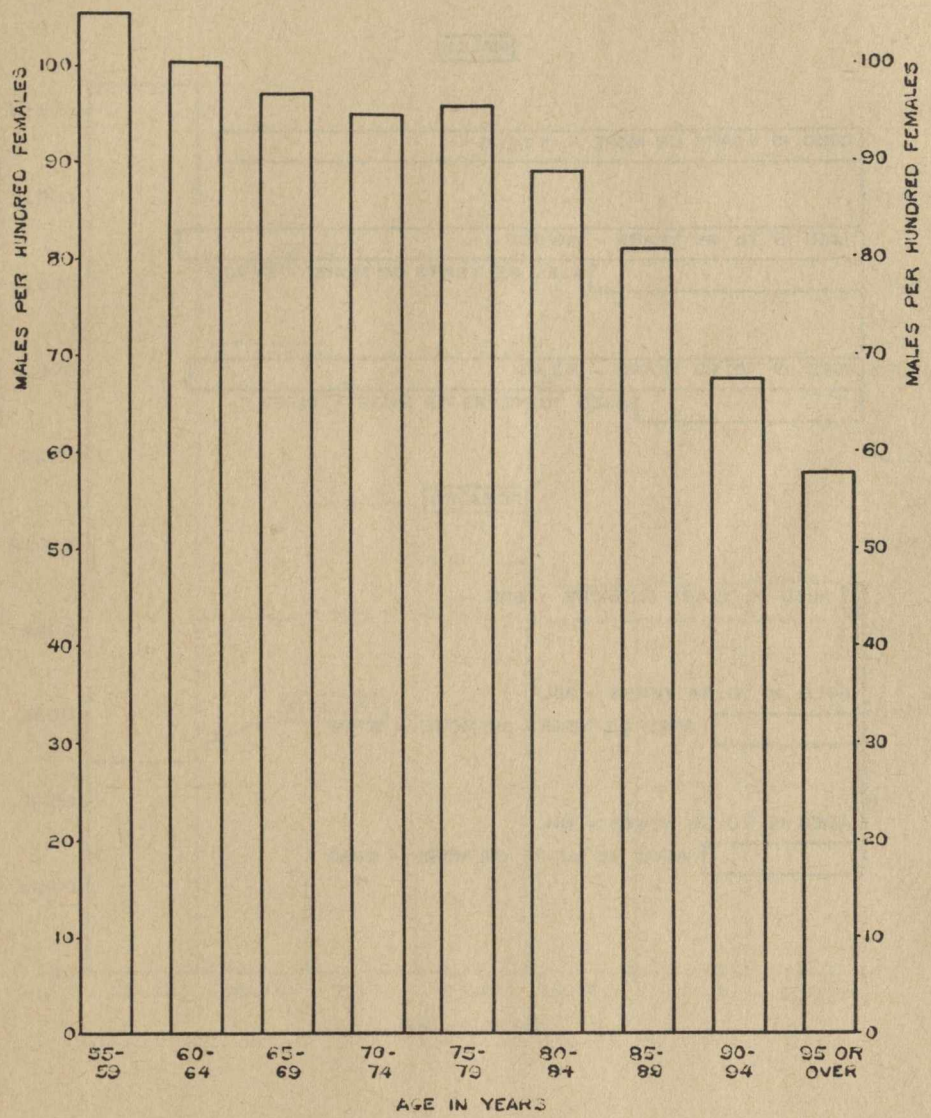


FIGURE 4 - MEDIAN YEARLY CASH INCOME OF SAMPLED POPULATION BY SEX AND SELECTED AGE-GROUPS, 1961 CENSUS

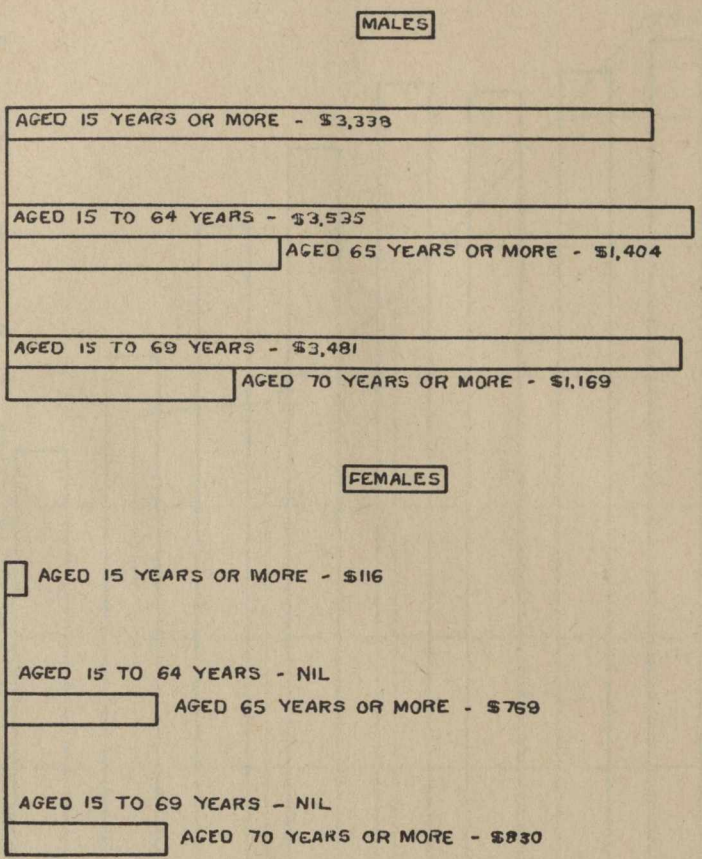


FIGURE 5 - MEDIAN YEARLY CASH INCOME OF SAMPLED POPULATION AGED 65 YEARS OR MORE BY SEX AND FIVE-YEAR AGE-GROUPS, 1961 CENSUS

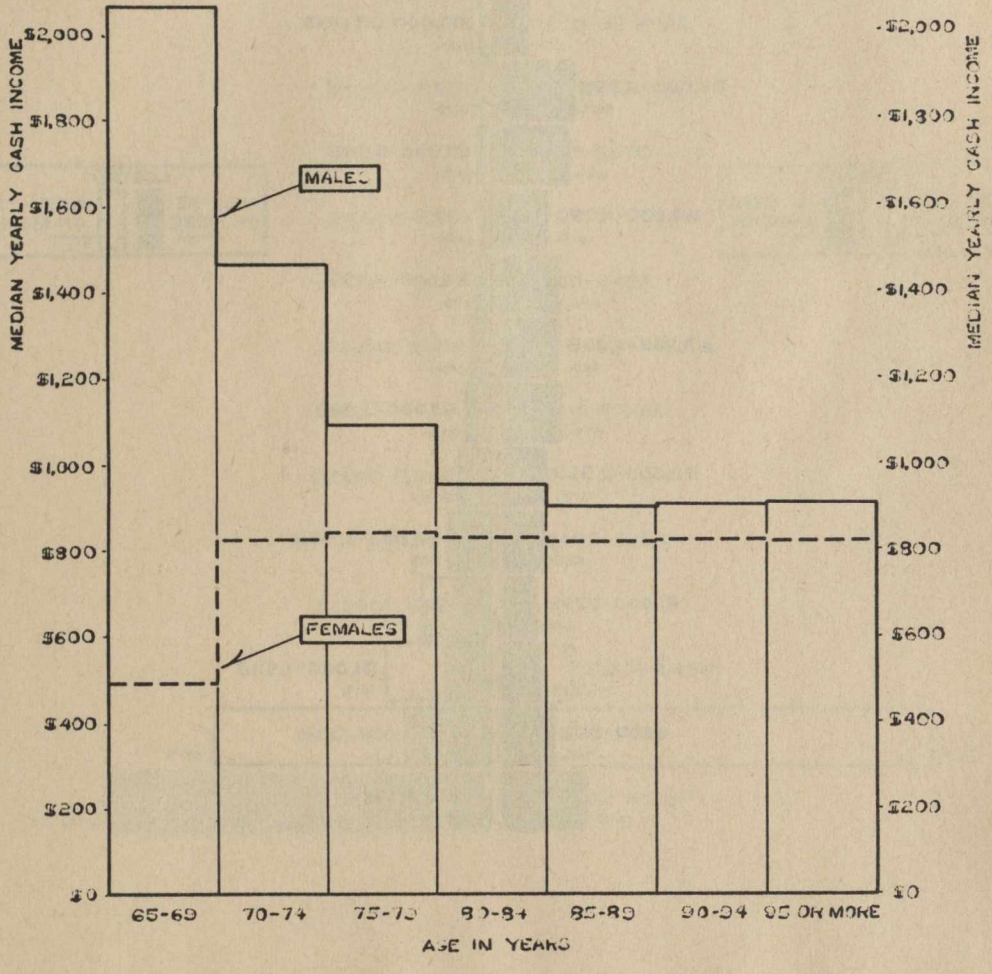


FIGURE 6 - PERCENTAGE DISTRIBUTIONS, BY SIZE OF CASH INCOME, OF MALES AGED 15 YEARS OR MORE, AND AGED 70 YEARS OR MORE, 1961 CENSUS-SAMPLE

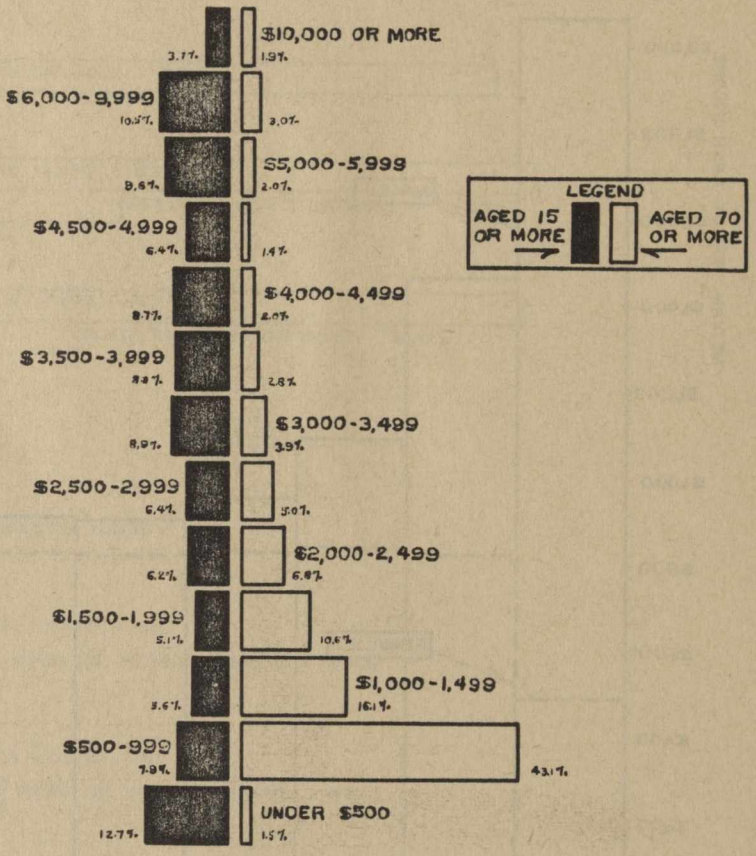


FIGURE 7 - PERCENTAGE DISTRIBUTIONS, BY SIZE OF CASH INCOME, OF FEMALES AGED 15 YEARS OR MORE, AND AGED 70 YEARS OR MORE, 1961 CENSUS-SAMPLE

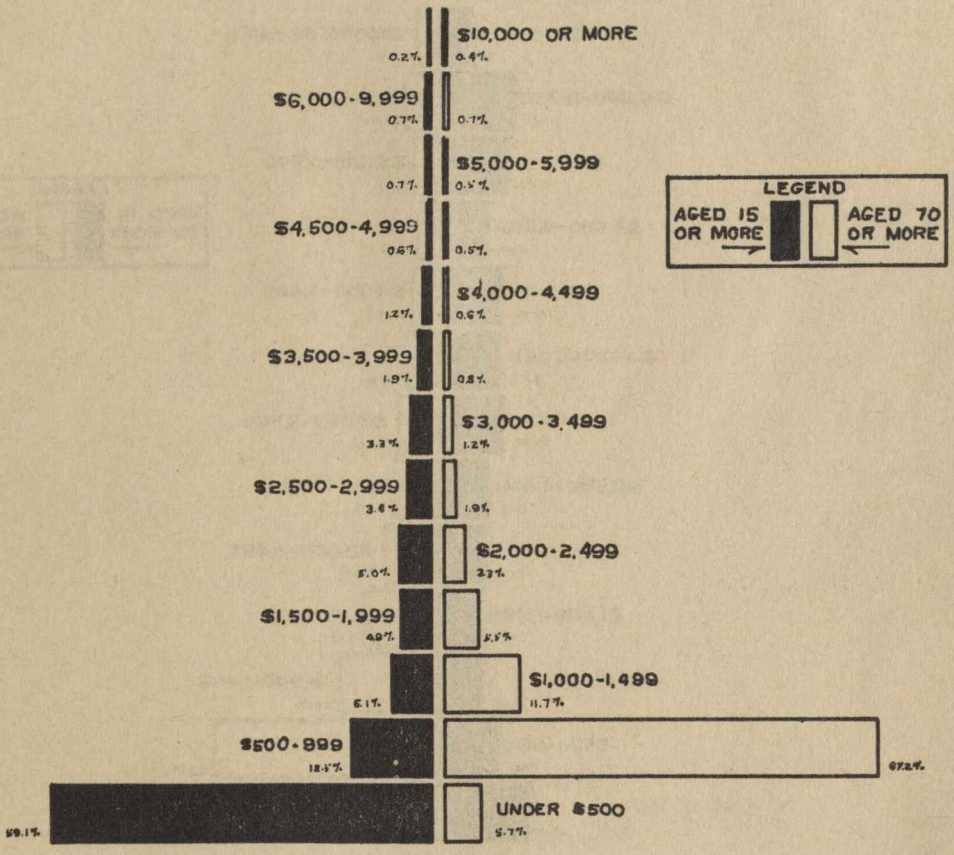


FIGURE 8 - PERCENTAGE DISTRIBUTIONS, BY SIZE OF CASH INCOME, OF MALES AGED 15 YEARS OR MORE, AND AGED 65 YEARS OR MORE, 1961 CENSUS - SAMPLE

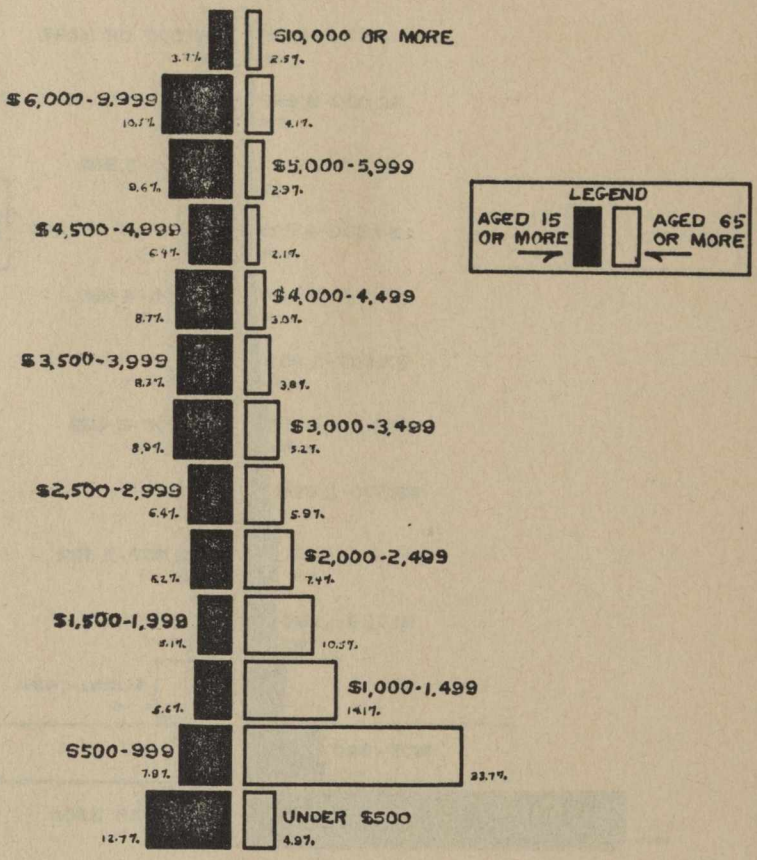


FIGURE 9 - PERCENTAGE DISTRIBUTIONS, BY SIZE OF CASH INCOME, OF FEMALES AGED 15 YEARS OR MORE, AND AGED 65 YEARS OR MORE, 1961 CENSUS - SAMPLE.

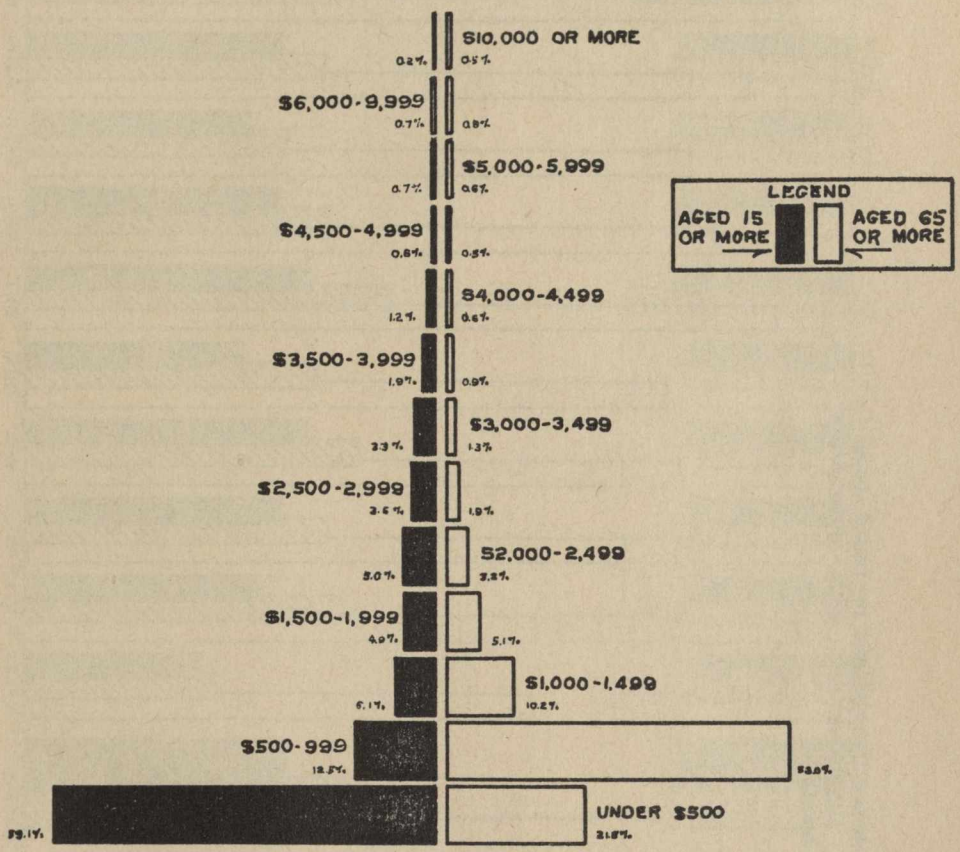


FIGURE 10 - MEDIAN CASH INCOME OF URBAN MALES AGED 15, 65, AND 70 YEARS OR MORE, BY PROVINCE, 1961 CENSUS-SAMPLE

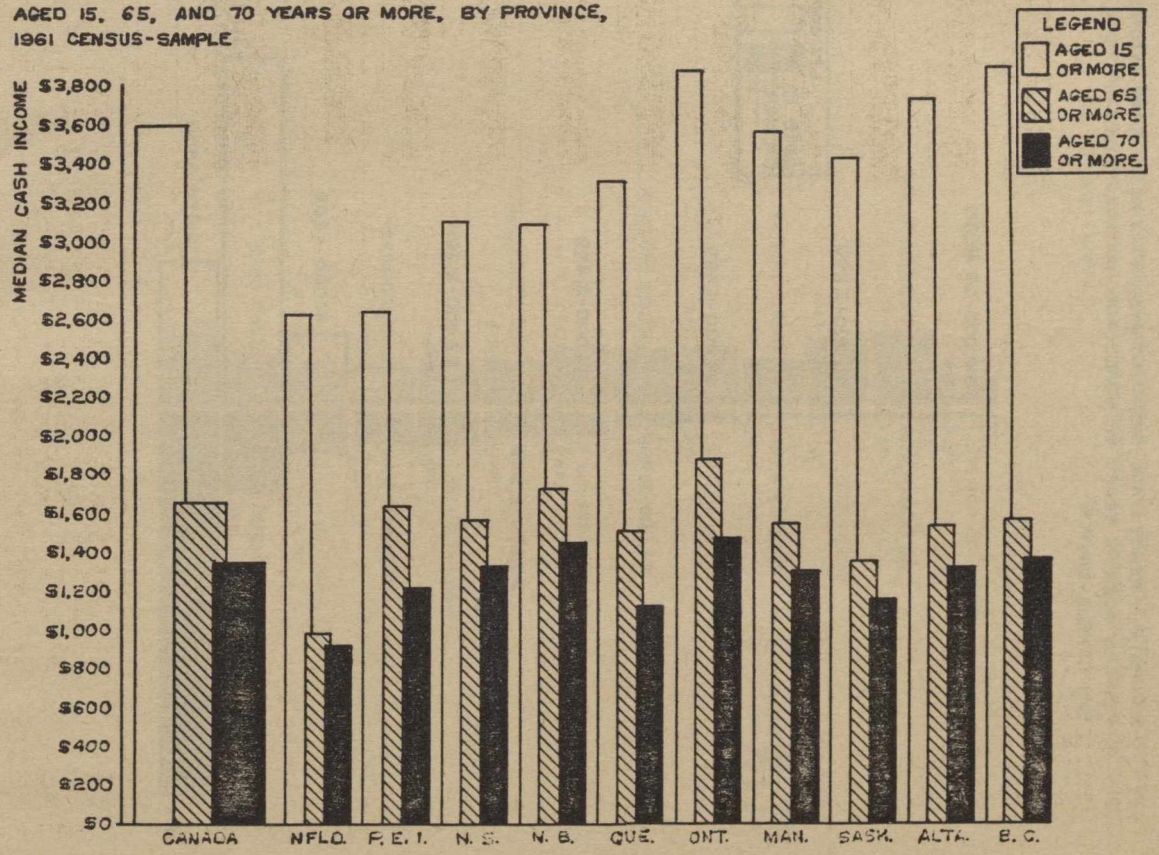


FIGURE II - MEDIAN CASH INCOME OF RURAL NON-FARM MALES AGED 15, 65, AND 70 YEARS OR MORE, BY PROVINCE, 1961 CENSUS-SAMPLE

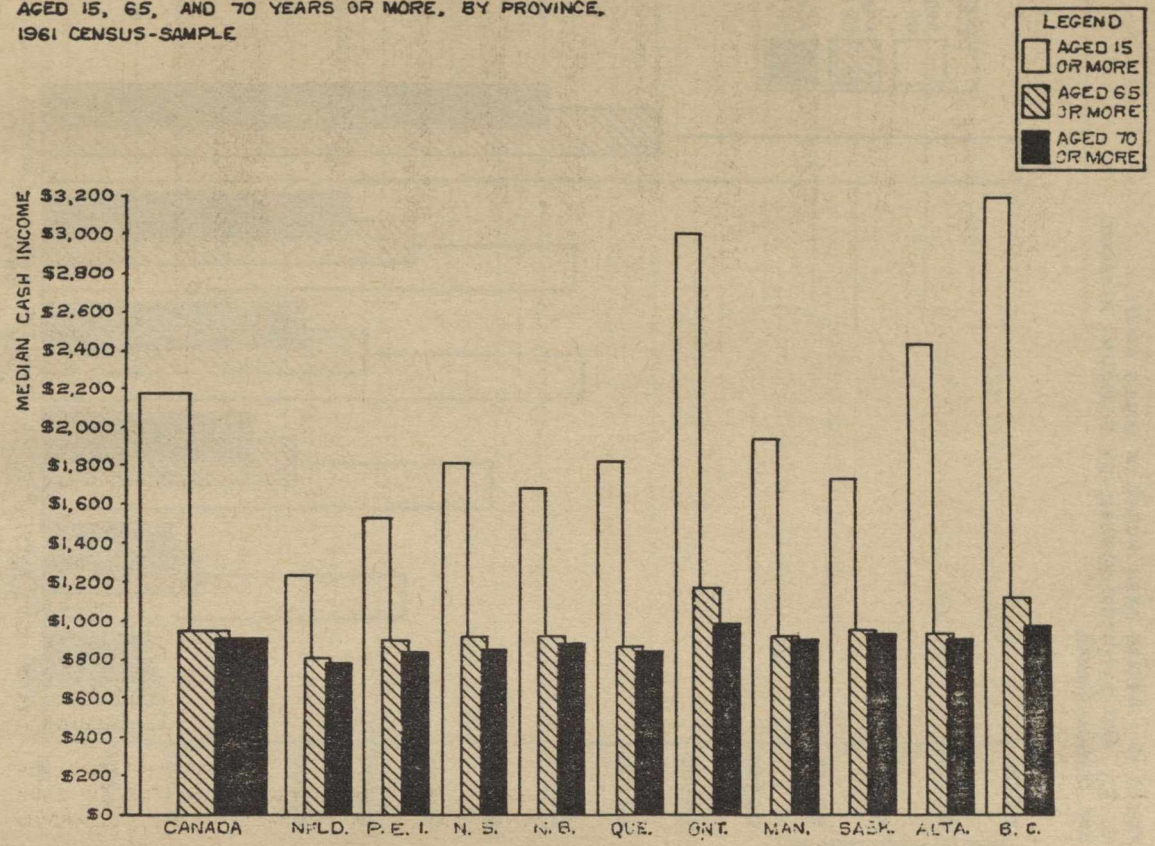


FIGURE 12 - MEDIAN CASH INCOME OF MALES AGED 15, 65, AND 70 YEARS OR MORE, BY SCHOOLING ATTAINED, 1961 CENSUS - SAMPLE

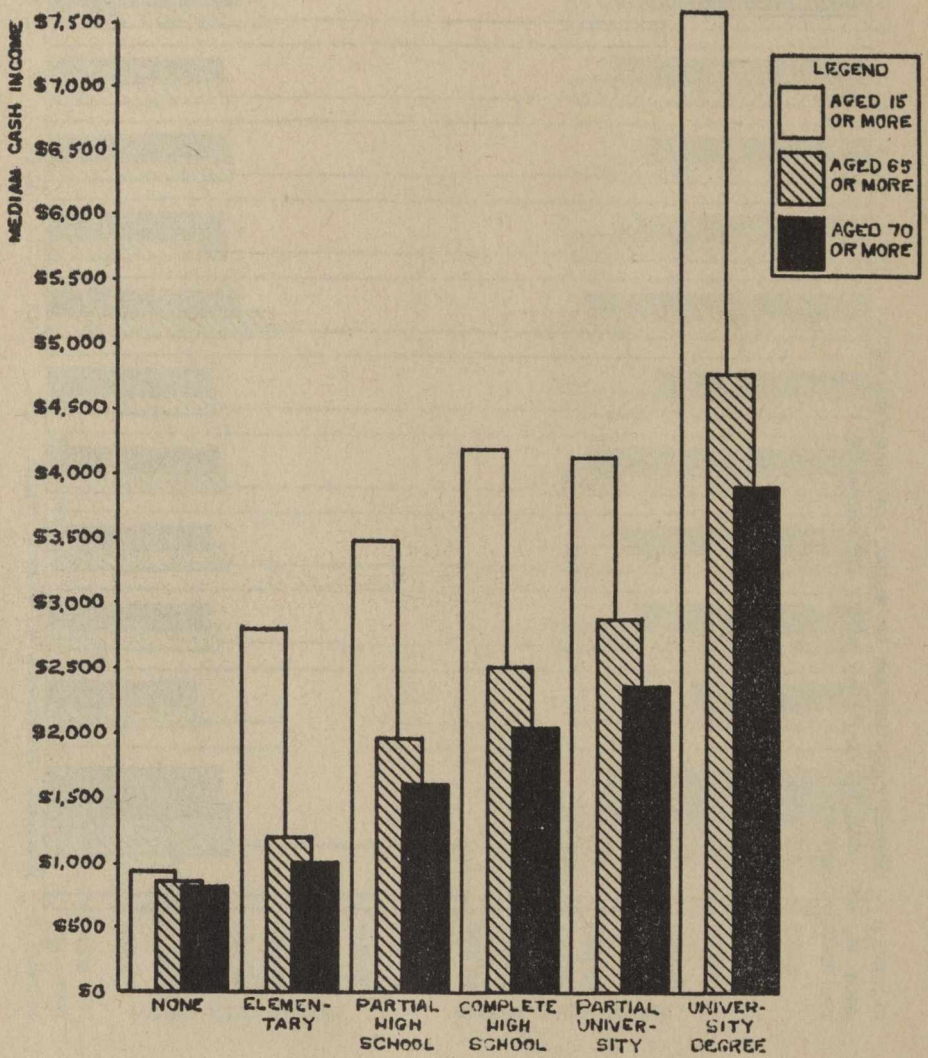
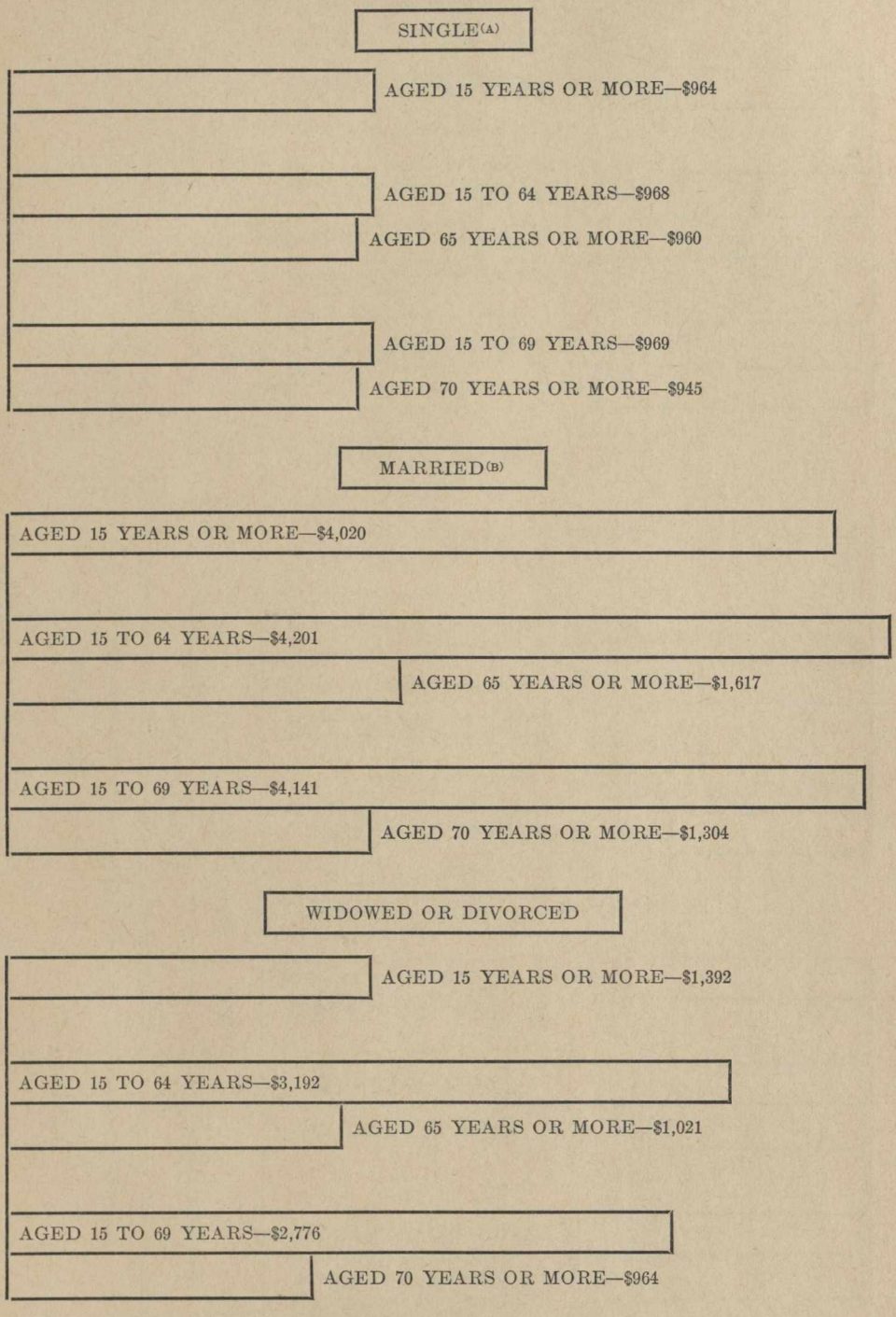
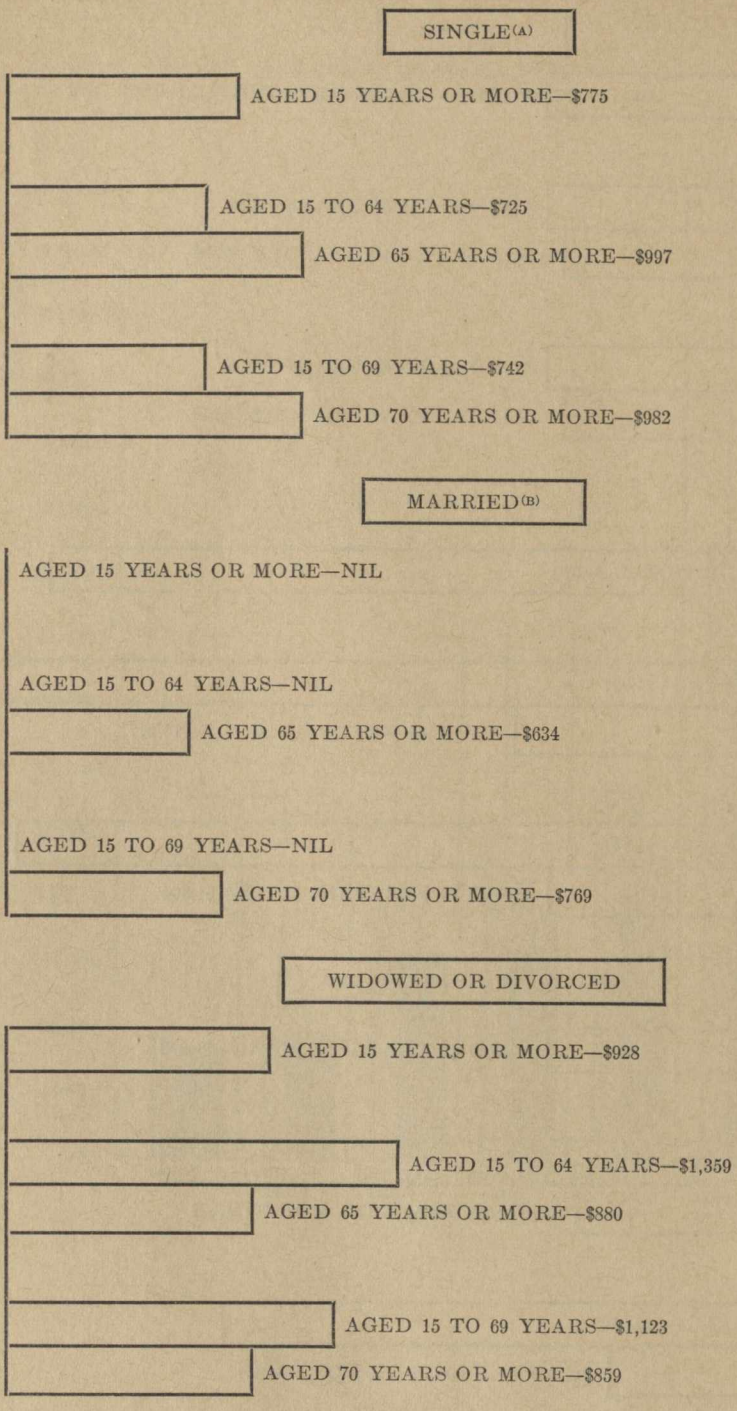


FIGURE 13—MEDIAN YEARLY CASH INCOME OF MALES BY MARITAL STATUS AND SELECTED AGE-GROUPS, 1961 CENSUS-SAMPLE



(A) INCLUDES COMMON-LAW
(B) INCLUDES SEPARATED

FIGURE 14—MEDIAN YEARLY CASH INCOME OF FEMALES BY MARITAL STATUS AND SELECTED AGE-GROUPS, 1961 CENSUS-SAMPLE



(A) INCLUDES COMMON-LAW
(B) INCLUDES SEPARATED

TABLE II–1

PERCENTAGE DISTRIBUTION OF SAMPLED POPULATION[a] BY SEX,[b] AGE, AND SIZE OF CASH INCOME DURING 12 MONTH PERIOD,[c] 1961

Size of cash income	Males by age in years						Females by age in years					
	15-19	60-64	65-69	65 or over	70 or over	Total (15 or over)	15-59	60-64	65-69	65 or over	70 or over	Total (15 or over)
$ Nil	8.3	4.3	4.7	2.0	0.5	7.4	51.9	47.6	34.2	13.2	1.6	47.2
$ 1–499	5.7	5.0	5.4	2.9	1.0	5.3	12.3	15.1	16.0	8.3	4.1	11.9
$ 550–999	4.6	7.3	17.0	33.7	43.1	7.9	7.0	11.7	27.3	53.0	67.2	12.5
$ 1,000–1,499	4.4	6.6	10.4	14.1	16.1	5.6	5.5	6.7	7.5	10.2	11.7	6.1
$ 1,500–1,999	4.3	6.8	10.4	10.5	10.6	5.1	4.9	4.5	4.3	5.1	5.5	4.9
$ 2,000–2,499	6.0	7.5	8.5	7.4	6.8	6.2	5.3	3.6	3.0	3.2	3.3	5.0
$ 2,500–2,999	6.4	7.0	7.5	5.9	5.0	6.4	3.9	2.5	1.8	1.9	1.9	3.6
$ 3,000–3,499	9.4	10.0	7.6	5.2	3.9	8.9	3.7	2.2	1.6	1.3	1.2	3.3
$ 3,500–3,999	8.9	8.4	5.6	3.8	2.8	8.3	2.0	1.4	1.0	0.9	0.8	1.9
$ 4,000–4,499	9.4	8.2	5.2	3.0	2.0	8.7	1.2	1.2	0.7	0.6	0.6	1.2
$ 4,500–4,999	7.0	5.4	3.2	2.1	1.4	6.4	0.6	0.6	0.5	0.5	0.5	0.6
$ 5,000–5,999	10.6	8.3	4.3	2.9	2.0	9.6	0.7	1.0	0.7	0.6	0.5	0.7
$ 6,000–9,999	11.3	10.1	6.0	4.1	3.0	10.5	0.7	1.2	0.9	0.8	0.7	0.7
$ 10,000 or more	3.7	5.2	3.5	2.5	1.9	3.7	0.2	0.5	0.5	0.5	0.4	0.2
All sizes	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

[a] The "population sample", from which the data in this table were derived, represented a limited part of a limited part of the population. To begin with, certain groups were excluded entirely, viz., all persons aged 14 or less, all persons in the Northwest Territories, all persons living on farms, all persons away from their usual place of residence, and all persons in collective households, (e.g., hotels, prisons, army-camp bachelors' quarters, old-folks' homes, lumber camps, mental hospitals). These exclusions reduce the population that was represented by the sample from the overall total of 18,238,247 to 10,101,772 (see Canada, Dominion Bureau of Statistics, *Bulletin 4.1-1*, inside front cover). Furthermore, persons who had died by the census date (June 1, 1961) were of course excluded from the Census and were thereby also completely excluded from the sample, although they could well have had income during the twelve-month period being considered for the sample. Next, of the population represented by the sample (10,101,772) only those persons resident in every fifth dwelling visited by each enumerator were actually enumerated for the "population sample".

[b] All cash income was reported as a matter of policy for the actual recipient, *except for* family allowances. These are payable by law, in the normal course of events, to the mothers. They also were, according to the instructions given to respondents, "to be reported by mother or guardian for all children" (Dominion Bureau of Statistics Census of Canada 1961, Form 4—Population (Sample), question 8(i)). However, despite the policy, the law, and the instruction, family allowances were attributed to the recipient's husband and were tabulated as part of his income in all cases where the recipient and her husband were living in the same household. Undoubtedly the effect of this transfer is to exaggerate substantially the number of females with reported incomes of $Nil.

[c] The income was to be reported for the period June 1960–May 1961 (Dominion Bureau of Statistics *1961 Census of Canada Enumeration Manual*, pp. 69–70).

TABLE II-2

MEDIAN[a] CASH INCOME OF SAMPLED POPULATION BY SEX, AGE, RESIDENCE, AND PROVINCE, TWELVE-MONTH PERIOD, 1961[b]

Residence and province	Males by age in years						Females by age in years					
	15-59	60-64	65-69	65 or over	70 or over	Total (15 or over)	15-59	60-64	65-69	65 or over	70 or over	Total (15 or over)
Rural:												
Newfoundland	1,409	1,134	854	809	792	1,243	nil	nil	645	726	760	nil
Prince Edward Island	1,865	1,305	1,301	897	843	1,532	nil	61	418	732	795	nil
Nova Scotia	2,104	1,698	1,275	906	856	1,818	nil	nil	505	731	786	nil
New Brunswick	1,920	1,608	1,163	926	887	1,685	nil	nil	615	737	773	nil
Quebec	2,092	1,474	924	865	847	1,817	nil	nil	580	725	775	nil
Ontario	3,306	2,359	1,695	1,175	988	2,999	nil	nil	367	739	810	nil
Manitoba	2,456	1,883	987	925	911	1,943	nil	nil	502	724	784	nil
Saskatchewan	2,238	1,574	1,073	951	937	1,736	nil	nil	368	728	796	nil
Alberta	2,980	1,810	1,020	933	914	2,437	nil	nil	501	721	784	nil
British Columbia	3,594	2,456	1,527	1,129	980	3,188	nil	nil	307	725	801	nil
Yukon Territory	4,616	3,400	1,477	1,050	872	4,418	nil	404	136	574	722	nil
CANADA	2,524	1,818	1,213	945	906	2,172	nil	nil	509	730	790	nil
Urban:												
Newfoundland	2,828	3,026	1,341	976	917	2,618	nil	nil	427	706	774	nil
Prince Edward Island	2,782	3,007	2,452	1,632	1,206	2,629	77	165	367	811	867	254
Nova Scotia	3,242	3,216	2,204	1,564	1,324	3,090	nil	135	468	788	846	94
New Brunswick	3,242	3,236	2,225	1,726	1,436	3,081	nil	nil	539	779	832	98
Quebec	3,406	3,355	2,243	1,512	1,160	3,301	nil	nil	525	752	817	nil
Ontario	4,051	3,833	2,801	1,875	1,470	3,869	187	251	475	799	858	347
Manitoba	3,795	3,595	2,226	1,537	1,296	3,559	246	220	424	773	833	408
Saskatchewan	3,724	3,325	2,049	1,338	1,147	3,412	192	128	320	749	822	341
Alberta	3,952	3,373	2,118	1,532	1,314	3,728	196	276	452	782	850	323
British Columbia	4,213	3,735	2,311	1,560	1,357	3,883	156	229	503	807	858	366
Yukon Territory	5,251	4,000	4,700	1,273	875	5,159	328	500	1,900	1,100	844	381
CANADA	3,772	3,580	2,436	1,650	1,347	3,584	25	145	486	781	842	208

[a] The income of that individual who was in the middle of his class when all the individuals in that class were ranked by income-size.
[b] Footnotes to Table 1 apply here also.

TABLE II-3

MEDIAN[a] CASH INCOME OF SAMPLED POPULATION BY SEX, AGE, AND HIGHEST LEVEL OF SCHOOLING PREVIOUSLY ATTAINED, TWELVE-MONTH PERIOD, 1961[b]

Highest level of schooling attained	Males by age in years					Females by age in years				
	15-64	65-69	65 or over	65 or over	Total (15 or over)	15-64	65-69	65 or over	75 or over	Total (15 or over)
	$	$	$	$	$	$	$	$	$	$
No schooling	1,259	907	855	844	945	nil	511	712	760	300
Elementary	3,115	1,731	1,195	1,007	2,805	nil	431	743	804	nil
High school, first to third year	3,565	2,642	1,961	1,613	3,487	nil	486	795	868	9
High school, fourth or fifth year	4,260	3,312	2,507	2,045	4,187	324	649	895	945	413
University, without degree	4,212	3,701	2,889	2,359	4,138	627	852	998	1,111	718
University degree	7,715	6,489	4,769	3,907	7,579	1,074	1,640	1,545	1,492	1,128
Any level	3,535	2,066	1,404	1,169	3,338	nil	493	769	830	116

[a] The income of that individual who was in the middle of his class when all the individuals in the class were ranked by income-size.
[b] Footnotes to Table 1 apply here also.

TABLE II-4

DISTRIBUTION OF SAMPLED POPULATION AGED 70 OR OVER BY SEX, AGE, AND SIZE OF CASH INCOME DURING 12 MONTH PERIOD, 1961[a]

Size of cash income	Males by age in years						
	70-74	75-79	80-84	85-89	90-94	95 or over	Total (70 or over)
$ Nil	1,126	370	110	62	9	—	1,677
$1–499	2,547	540	268	98	—	5	3,422
$500–999	54,459	50,552	29,501	11,828	2,777	382	149,499
$1,000–1,499	22,995	19,341	9,650	3,125	695	105	55,911
$1,500–1,999	18,269	11,801	4,703	1,556	317	68	36,714
$2,000–2,499	12,977	7,139	2,636	757	192	15	23,716
$2,500–2,999	10,064	4,837	1,802	447	88	10	17,248
$3,000–3,499	8,641	3,426	1,230	272	91	6	13,666
$3,500–3,999	5,897	2,547	872	182	51	10	9,559
$4,000–4,499	4,316	1,917	533	109	56	—	6,931
$4,500–4,999	3,152	1,227	405	115	30	—	4,929
$5,000–5,999	4,387	1,859	578	133	44	16	7,017
$6,000–9,999	6,309	2,581	1,001	306	80	5	10,282
$10,000 or more	3,767	1,729	699	262	49	9	6,515
All sizes	158,906	109,830	53,988	19,252	4,479	631	347,086

[a] The footnotes to Table 1 apply here also.

TABLE II-4

DISTRIBUTION OF SAMPLED POPULATION AGED 70 OR OVER BY SEX, AGE, AND SIZE OF CASH INCOME DURING 12 MONTH PERIOD, 1961, CONCLUDED[a]

Size of cash income	Females of age in years						
	70-74	75-79	80-84	85-89	90-94	95 or over	Total (70 or over)
$ Nil	4,637	966	398	177	49	15	6,242
$1-499	11,295	2,306	1,310	480	109	29	15,529
$500-999	111,814	80,315	42,456	17,028	4,471	912	256,996
$1,000-1,499	20,462	14,526	6,398	2,575	694	131	44,786
$1,500-1,999	9,953	6,772	3,074	962	274	55	21,090
$2,000-2,499	6,354	3,694	1,896	622	194	45	12,805
$2,500-2,999	3,605	2,104	1,029	361	100	30	7,229
$3,000-3,499	2,325	1,327	608	226	56	—	4,542
$3,500-3,999	1,458	894	473	187	46	—	3,058
$4,000-4,499	1,084	589	272	129	26	10	2,110
$4,500-4,999	787	577	270	70	19	14	1,737
$5,000-5,999	1,033	606	303	96	16	5	2,059
$6,000-9,999	1,334	788	395	178	38	14	2,747
$10,000 or more	725	529	305	104	24	5	1,692
All sizes	176,866	115,993	59,187	23,195	6,116	1,265	382,622

[a] The footnotes to Table 1 apply here also.
SOURCE: Unpublished tabulation supplied by Dominion Bureau of Statistics, October 22, 1964.

III. (i)—INCOME MAINTENANCE PROGRAMS FOR THE AGED IN CANADA

Government Expenditures

In the fiscal year ended March 31, 1963 government expenditures on old age income maintenance in Canada totalled $824,074,000, about 21 per cent of total expenditure on health and welfare and about two per cent of the gross national product, as compared with about 1.5 per cent a decade before. The financial burden fell mainly on the federal government, which provided $779,228,000 or almost 95 per cent of all government expenditures on income maintenance for the aged.

The comparable figure for 1963-64, without costs of additional supplementation through the unemployment assistance program, is $886,807,662, a rise of $507,260,567 or 133.6 per cent from the comparable figure, $379,547,095 for 1953-54. This increase is accounted for both by increased levels of benefit and the rising number of older persons.

In the same period, as shown in Table III-1, expenditures on old age security rose from $339.0 million to $808.4 million, with the average annual percentage rise being about 3.5 to 4 in years when the rate of benefit was not increased. At the same time federal expenditures on old age assistance rose from $20 to $39 million.

The number of recipients of old age security has risen steadily, latterly at about the rate of 25,000 a year during the same period, as shown in Table III-2.

In view of the fact that old age security expenditures have become increasingly higher and that these benefits have been provided free of a test of means, the question of how much of the expenditure is recovered through income taxation has been brought up from time to time. While the answer is difficult, some interesting observations can be made from the 1964 Department of National Revenue report "Taxation Statistics". During the taxation year 1962 total old age security payments amounted to $720,624,668. The percentage of these old age security benefits declared as income by income taxpayers was only 13.9 per cent as Table III-3 indicates.

Federal payments under old age assistance have risen from $20.3 million to $39.2 million in the last 11 years, as shown in Table III-4. During the same period the number of recipients has risen by only some 12,000, from 93,273 in 1953-54. The number of recipients receiving the maximum assistance has remained relatively constant over the period, varying between 77 and 81 per cent.

During recent years old age income maintenance benefits in Canada, when measured against the gross national product, were less than in New Zealand, the United Kingdom, the United States, and Australia. Table III-5 sets out a comparison of relative government outlays on benefits for aged persons and aged survivors during the period 1958-59 to 1962-63. It is important to consider that programs developed for the provision of old age income maintenance are by no means consistent throughout the five countries, particularly with regard to their method of organization and the ages at which benefits first become payable. Nevertheless, the table is useful in giving a general indication of the situation.

Since old age income maintenance benefits are only part of the total social security expenditures of a country it is useful to consider the relative size of these benefits as compared to the relative size of other types of benefit. Table III-6 sets out a percentage distribution of social security expenditures in the same five countries during the fiscal year 1962-63, according to type of benefit. In view of the different types of programs in the five countries, the varied accounting procedures, and limitations of the data available, the classification of programs has, in the interests of comparability, required some adjustment.

When total social security expenditures are measured in relation to gross national product, Canada occupies the middle position of the five countries considered. This is illustrated in Table III-7. In the period under review the percentages for Canada have been increasing somewhat more rapidly than those of the other countries, and Canada had been, until 1962-63, approaching the percentage applicable to the United Kingdom.

TABLE III-1

NET OLD AGE SECURITY PAYMENTS—COMPARISON BY FISCAL YEARS

	1953–54 $	1954–55 $	1955–56 $	1956–57 $	1957–58 $	1958–59 $	1959–60 $	1960–61 $	1961–62 $	1962–63 $	1963–64 $
NFLD.	7,242,820	7,459,680	7,599,405	7,738,205	9,490,737	11,012,906	11,131,339	11,354,705	11,947,626	14,013,832	15,376,636
P.E.I.	3,203,780	3,261,800	3,313,980	3,371,370	4,139,668	4,809,942	4,823,008	4,944,372	5,151,999	5,962,922	6,493,258
N.S.	17,702,477	18,149,526	18,411,345	18,706,153	23,008,418	26,780,353	27,012,650	27,610,488	28,895,584	33,817,492	37,063,710
N.B.	12,606,600	12,945,905	13,246,139	13,528,005	16,747,674	19,583,702	19,906,303	20,350,402	21,291,111	24,858,331	27,247,749
QUE.	72,032,527	74,724,977	77,110,979	79,650,588	99,490,164	116,993,184	120,318,812	124,321,715	131,711,372	155,359,915	171,996,794
ONT.	125,775,222	130,296,095	134,644,236	138,792,796	172,804,153	203,257,138	208,616,082	214,625,682	226,065,413	265,742,644	292,547,198
MAN.	20,052,895	21,051,155	21,953,425	22,842,472	28,562,399	34,029,850	35,046,515	36,088,676	38,085,361	44,617,405	48,874,928
SASK.	20,111,120	21,202,779	22,331,244	23,334,799	29,420,360	35,099,989	36,311,467	37,572,791	39,621,029	46,334,646	50,751,907
ALTA.	20,137,730	21,418,246	22,681,995	23,942,472	30,443,217	36,534,769	38,153,437	39,688,023	42,276,129	49,787,140	54,835,096
B.C.	39,880,100	42,449,810	44,657,286	46,923,834	59,408,009	70,769,169	73,155,743	75,451,417	79,622,315	93,362,860	102,639,328
NWT-YUKON	225,520	245,360	268,440	280,680	344,305	408,856	411,690	405,012	439,865	524,445	564,696
CANADA	338,970,791	353,205,333	366,218,474	379,111,374	473,859,104	559,279,858	574,887,046	592,413,283	625,107,804	734,381,632	808,391,300
INCREASE OVER PREVIOUS YEAR	4.90%	4.20%	3.68%	3.52%	24.99%	18.03%	2.79%	3.05%	5.52%	17.48%	10.08%

Payments started Jan/52 at $40 a month and were increased to $46 in July/57; to $55 in Nov/57; to $65 in Feb/62; and to $75 in Oct/63.

TABLE III-2

NUMBER OF RECIPIENTS OF OLD AGE SECURITY PENSIONS MARCH 1952 TO 1964

March 1952	—	643,013
March 1953	—	686,127
March 1954	—	716,399
March 1955	—	745,620
March 1956	—	771,753
March 1957	—	797,486
March 1958	—	827,560
March 1959	—	854,284
March 1960	—	876,410
March 1961	—	904,906
March 1962	—	927,590
March 1963	—	950,766
March 1964	—	971,801

TABLE III-3

PERCENTAGE OF TOTAL OLD AGE SECURITY PAYMENTS DECLARED AS INCOME TAX PAYERS AND NON-PAYERS, BY INCOME CLASS, 1962[a]

Income Class	Percentage of Total O.A.S. Payments Declared By	
	Taxpayers	Non-Taxpayers
Under $1,500	0.057	2.838
$1,500–$1,999	1,209	2,205
$2,000–$2,499	2.123	1.066
$2,500–$2,999	2.210	0.548
$3,000–$3,999	3.250	0.105
$4,000 or more	5.043	0.069
All Incomes	13.892	6.831

[a] Total O.A.S. payments in 1962 were $720,624,668.

SOURCE: *Taxation Statistics 1964, Part 1*, Department of National Revenue and Department of National Health and Welfare.

TABLE III-4

FEDERAL PAYMENTS, NUMBER OF RECIPIENTS AND PER CENT OF RECIPIENTS RECEIVING MAXIMUM ASSISTANCE, BY YEAR, UNDER OLD AGE ASSISTANCE ACT, 1953–1954 TO 1963–1964

Year	Federal Payment	Number of Recipients	Per Cent Receiving Maximum Assistance
	$		
1953–54	20,288,152	93,273	Figures not Available
1954–55	20,869,126	94,625	
1955–56	20,918,186	93,023	
1956–57	20,399,104	89,907	
1957–58	24,916,383	92,484	81.13
1958–59	30,207,284	94,836	77.89
1959–60	30,347,548	98,773	77.42
1960–61	30,657,141	100,184	76.69
1961–62	30,810,585	98,944	77.33
1962–63	38,288,323	103,159	80.28
1963–64	39,208,181	105,241	78.95

TABLE III-5

OLD AGE AND AGED SURVIVORS BENEFITS AS PER CENT OF GROSS NATIONAL PRODUCT AT MARKET PRICES, SELECTED COUNTRIES, 1958–59 TO 1962–63

Country	1958–59	1959–60	1960–61	1961–62	1962–63
New Zealand[a]	3.2	3.7	3.8	3.7	3.6
United Kingdom[b]	3.1	3.2	3.1	3.3	3.4
United States[c]	2.3	2.4	2.6	2.7	2.7
Australia[d]	2.1	2.1	2.1	2.4	2.3
Canada[e]	1.9	1.8	1.8	1.8	2.0

[a] Expenditures comprise universal superannuation benefits, age benefits, and estimated benefits to aged widows.

[b] Expenditutes comprise National Insurance Act retirement pensions including pensions to widows age 60 and over, national assistance for old persons, and non-contributory old age pensions.

[c] Expenditures comprise under OASDI benefits to retired workers, benefits to aged wives of beneficiaries and a small number of young wives; old age assistance including some vendor medical payments and all benefits under railroad retirement program.

[d] Expenditures comprise age benefits, state relief of aged indigents, and estimated benefits to aged widows.

[e] Expenditures comprise old age security benefits and old age assistance payments.

TABLE III-6

PERCENTAGE DISTRIBUTION OF SOCIAL SECURITY EXPENDITURES, BY TYPE OF BENEFIT, SELECTED COUNTRIES, 1962-63

Type of Benefit	United States	Australia	Canada	United Kingdom	New Zealand
I Old Age Benefits	35.1	26.8	21.0	32.2	28.5
II Survivors Benefits	9.0	2.4	1.0	2.9	2.6
III Family Allowances	—	10.5	13.7	5.0	21.5
IV Unemployment Benefits	8.5	1.7	14.9	3.4	0.1
V Disability Benefits	5.5	4.9	1.2	6.9	2.2
VI Workmen's Compensation	2.7	5.4	2.5	2.3	1.8
VII Maternity Benefits	—	0.6	—	0.9	1.1
VIII Health Services	18.8	32.0	32.0	32.9	31.9
IX Veterans Pensions and Allowances	9.9	13.6	6.8	3.4	8.1
X Other	10.5	2.1	6.9	10.1	2.2
Total	100.0	100.0	100.0	100.0	100.0

TABLE III-7

GOVERNMENT EXPENDITURE ON HEALTH AND SOCIAL WELFARE AS PER CENT OF GROSS NATIONAL PRODUCT AT MARKET PRICES, SELECTED COUNTRIES, 1958-59 TO 1962-63

Country	1958-59	1959-60	1960-61	1961-62	1962-63
United States	6.3	6.3	7.0	7.0	7.0
Australia	7.5	7.4	7.7	8.4	8.2
Canada	8.4	8.5	9.2	9.6	9.4
United Kingdom	9.8	10.0	10.0	10.2	10.5
New Zealand	11.2	12.3	12.4	12.5	12.1

(a) FEDERAL PROGRAMS

Old Age Security

The Old Age Security Act became law in January 1952. The Act provided for the first time for pensions without means or need tests to all persons aged seventy and over who met prescribed residence requirements. The original pension was $40. Twenty years of residence in Canada immediately prior to commencement of pension were required.

A number of amendments to the Act, the last effective October 1, 1963, have raised the monthly rate by stages to $75.

To qualify for pension a person must have resided in Canada for ten years immediately preceding its commencement or, if absent during that period, must have been actually present in Canada prior to it for double any period of absence and must have resided in Canada at least one year immediately preceding commencement of pension. Payment of pension may be continued for any period of residence outside Canada if the pensioner has resided in Canada for at least 25 years after attaining the age of 21 or, if he has not, it may be continued for six consecutive months exclusive of the month of departure from Canada. The program is administered through regional offices located in each provincial capital.

The pension is financed on the pay-as-you-go method through a 3 per cent sales tax, a 3 per cent tax on corporation income and, subject to a limit of $120 a year, a 4 per cent tax on taxable personal income. Yields from these taxes are paid into the Old Age Security Fund; if they are insufficient to meet the pension payments, temporary loans or grants are made from the Consolidated Revenue Funds.

Since the Old Age Security program came into effect, approximately one-third of all applicants have been persons who formerly received Old Age Assistance, Blind Persons Allowances or Disabled Persons Allowances. In March 1964, there were slightly under 47,000 recipients of Old Age Security pension who were receiving supplementary assistance paid by the provinces, and the cost of which is shared by the Federal Government.

For the fiscal year 1964-65 it is estimated that the total expenditures for Old Age Security pension will be $885,500,000; for 1965-66, $905,000,000; and for 1966-67, $920,000,000.

The proposed Canada Pension Plan legislation provides for two amendments to the Old Age Security Act. The pension paid under the Act will after 1967 be adjusted to changes in the cost of living, in the same way as will benefits under the Canada Pension Plan. Provision will also be made for old age security to become payable as early as age 65, with the amount slightly, but permanently, reduced for each month between one's age on claiming the pension and one's 70th birthday. The lowering of the age would start at 69 in January 1966 and proceed in annual stages until, in January 1970, pensions become available at age 65.

Canada Pension Plan

Some notes on the Canada Pension Plan, as set out in Bill C-136 which is now before a Joint Committee of the House and Senate, are included here to provide a picture of the income security provisions that are being proposed as well as those which are now in being.

The intent of the Canada Pension Plan is to provide for a nation-wide system of social insurance that will establish a basic level of security for all Canadians whatever their individual circumstances, whatever moves they make, and whatever economic changes occur.

All persons earning over $50 a month or $600 a year in wages and salaries or $800 a year in the case of the self-employed will be covered. The upper income limit on which contributions are paid will initially be $5,000. Contributions will be required by persons from age 18 to 70. While the pension will be a fixed portion of average earnings, provision is made for earnings in earlier years to be revalued in proportion to changes that have taken place in the general level of earnings and all benefits will be adjusted annually in line with the cost of living.

An employee will pay contributions at the rate of 1.8 per cent of that part of his wage or salary that lies between $600 and $5,000 a year. His employer will pay an equal amount. A self-employed person will pay 3.6 per cent on the same range of self-employment earnings.

The retirement pension will be one quarter of adjusted average earnings on which contributions have been made. That is to say, a man who has been earning $240 a month will have a pension of $60 a month; a man who has been earning $5,000 a year or more will have a monthly pension rate of $104.17.

Retirement pensions will be paid at age 65 provided the man or woman has in fact retired from regular work. A small amount of earnings—up to $75 a month—will not affect the right to a full pension. Higher earnings will result in the pension being progressively reduced, for persons under age 70. Unearned income—for example, from a private pension plan or an annuity does not affect the entitlement to pension from age 65. From age 70 the right to pension is absolute, regardless of any earnings.

A full pension will be earned by making contributions for 90 per cent of the time from the start of the plan—or, for young people, from age 18—through to age 65. The other 10 per cent is an allowance to save people from being penalised, in their pensions, if they have been sick or unemployed.

Under the same rules, a woman who works for, say 30 per cent of the time will get one-third of a full pension. For example, she might work for four years, marry and stop work, then work again for 10 years after her children are grown up. She will thus earn in total a pension of a third of what it would have been if she had earned at the same rate throughout the time between her eighteenth and sixty-fifth birthdays.

A man who continues to work and contribute for some or all of the years between 65 and 70 will get the benefit of his earnings during those years, in place of any earlier years when he did not work or had a lower level of earnings.

These rights to retirement pensions will take full effect when the plan has been in operation for ten years—i.e. in January 1976.

After one year a man or woman who has contributed in 1966 and who is age 68 may receive a pension of one tenth of the full level. After two years, the pension will be available to retired people at age 67 and will be two-tenths of the full level. By 1970—i.e. after four years of contributions—the pension will be available from age 65 and the benefit level will be four-tenths. Full pensions will be reached in 1976.

As the Bill also provides for benefits to widows and orphans and in the case of disability or death of contributors, it constitutes a new comprehensive approach to social security in Canada.

Because pensions are a field of common federal and provincial jurisdiction, the Bill provides that it will not be operative in a province in which a comparable plan is established under provincial legislation. This could be done either from the beginning or later. In the second case, the Bill provides for the transfer to the province of assets and liabilities relating to that province's contributors.

The Bill provides for co-ordinating its administration with that of any provincial legislation for a comparable plan. This co-ordination has been worked out in detail with Quebec, which intends to have such legislation.

(b) FEDERAL-PROVINCIAL PROGRAMS

Old Age Assistance

Under the old age assistance program cash benefits are provided to persons who have attained the age of 65 years and fulfil the income, residence and other requirements set forth in the Old Age Assistance Act and Regulations.

The provinces and territories have passed legislation authorizing the payment of old age assistance and made agreements with the Government of Canada as provided by the federal Act. Before an agreement can be completed, the proposed provincial scheme for the administration of assistance must be approved by the Governor in Council.

Applications for assistance are made to the provinces. In order to obtain the federal share of 50 per cent, provincial authorities must make their decisions on applications and their payments to recipients in accordance with the terms and conditions set forth in the federal Act and Regulations. Provincial claims for the federal share are presented monthly.

Old age assistance is not payable to a person in receipt of a pension under the Old Age Security Act or an allowance under the Blind Persons Act, the Disabled Persons Act or the War Veterans Allowance Act.

The Old Age Assistance Act establishes an Advisory Board consisting of two representatives of the Government of Canada and two representatives of each of the provinces with which agreements have been made, to recommend alterations to the regulations considered necessary or advisable. The Act provides for a province's consent to amendments to the regulations.

The number of recipients of old age assistance, 106,407 as at July 31, 1964, has consistently been about 21 per cent of the population 65 to 69 years of age. As a rule, recipients of disability allowances apply for old age assistance on attaining age 65. At age 70, recipients of old age assistance are transferred to old age security. The number transferred during a fiscal year is about 23,000.

Each fiscal year, the provinces furnish federal authorities with certain statistical information on some 30,000 to 35,000 new applicants. This information is published in the reports of the Minister of National Health and Welfare to Parliament on the administration of old age assistance.

The latest report published is for the fiscal year 1962-63. In that year the total number of applications was 35,821 of which 31,677 were approved. Of the persons granted old age assistance 13,746 (43.4 per cent) were males and 17,931 (56.6 per cent) were females. There were 20,613 who applied at age 65. Of this number 8,108 (39.3 per cent) were males and 12,505 (60.7 per cent) were females.

Regarding marital status, there were 8,337 married males and 7,795 married females, 2,531 single males and 1,694 single females. The separated were 1,222 males and 1,141 females and the divorced, 95 males and 114 females. There were 1,561 widowers and 7,187 widows.

Statistics on recipients in urban and rural areas showed 17,922 in cities and towns, 9,918 in villages, 3,033 on farms and 804 not recorded under any of these headings. The number in cities and towns was 56 per cent of the total.

Of the 31,766 new recipients in 1962-63, there were 14,632 (46 per cent) who owned their own homes. Those living in rented houses or apartments totalled 6,308 (20 per cent) and in rented rooms, 3,134 (10 per cent). The number living with children and other relatives was 6,177 (19 per cent). Of this number 1,694 (27 per cent) were males and 4,483 (73 per cent) were females. There were 1,045 in public institutions, 138 in private institutions and 243 not classified.

In the applications not approved, numbering 3,329, there were 2,170 (65 per cent) where the applicants had income in excess of the amounts allowed. Applications made at too early an age numbered 575 (17 per cent). In 247 cases (7 per cent) the applicants were over 70 years of age or were receiving other pensions or allowances that debarred them from old age assistance. The residence rules excluded 137 (4 per cent). There were 104 who refused to furnish information and 28 with whom the provincial authorities had lost contact.

The provinces provide statistics on their total case loads as at the end of each fiscal year showing the percentage of recipients receiving maximum and reduced assistance payments. At March 31, 1963, there were 82,821 recipients out of a total of 103,159 receiving $65 a month, the maximum payment at that date. This figure represented 80.28 per cent of recipients.

Federal payments to the provinces on account of old age assistance for the fiscal year 1962-63 amounted to $38,179,056. The Old Age Assistance Act was amended with effect from December 1, 1963, to increase the maximum assistance in which the Government of Canada may share from $65 to $75 a month and to increase the maximum amounts of income allowed by $120 a year in the case of unmarried persons and $240 a year in the case of married persons. Federal expenditure for 1963-64 was $39,208,181. Estimated federal expenditure for 1964-65 is $44,975,000.

Disabled Persons Allowances

Although allowances for Disabled Persons do not constitute an income maintenance program designed for the aged, as such, they have sufficient importance for the older person not yet eligible for old age pension or assistance and who is incapacitated, for them to be referred to here. (In the same way, though to a lesser extent because of the considerably smaller numbers involved, Allowances for the Blind Persons assist the older person who is or becomes blind).

The Disabled Persons Act of 1954, as amended, provides for federal reimbursement to the provinces for allowances paid to permanently and totally disabled persons aged 18 or over who are in need and who have resided in Canada for at least ten years immediately preceding commencement of allowance or, if absent from Canada during this period, have been present in Canada prior to its commencement for a period equal to double any period of absence. To qualify for an allowance, a person must meet the definition of permanent and total disability set out in the regulations to the Act, which requires that a person must be suffering from a major physiological, anatomical or psychological impairment, verified by objective medical findings; the impairment must be one that is likely to continue indefinitely without substantial improvement and that will severely limit activities of normal living. The federal contribution is 50 per cent of $75 a month or of the allowance paid, whichever is less. The province administers the program and, within the limits of the federal Act, may fix the amount of allowance payable, the maximum income allowed, and other conditions of eligibility. All provinces are granting allowances at the $75 monthly maximum.

Unemployment Assistance (General Assistance)

All provinces have general assistance programs for persons in need. Their coverage extends to elderly persons who may be in need because they are among the relatively small number of persons over the age of sixty-five who lack the ten years of residence required for eligibility under the old age assistance and old age security programs.

The provincial general assistance programs, which are successors to the poor law and relief provisions of earlier decades, are known under various names, including social assistance, social aid, and general welfare assistance. In recent years, they have been substantially improved as a result of stronger provincial legislation and supervision and as a reflection of greater public acceptance of the desirability of making better provision for this residual group of needy persons. While the programs are still administered in part by the municipalities in a majority of the provinces, there has been a trend towards direct provincial administration of longer-term cases.

The improvement in the general assistance programs has been particularly marked since the enactment of the federal Unemployment Assistance Act in 1956 and its amendment in 1957. While this program excludes mothers' allowances payments and the costs of health care and general administration, it provides for sharing in fifty per cent of other assistance payments to persons who are in need. Federal reimbursement to the provinces under the Unemployment Assistance Agreements during the current year is estimated to be in the order of $115 million.

Unlike the old age assistance, blind and disabled allowance programs, the unemployment assistance program does not involve parallel measures at the provincial level, but rather makes possible federal sharing in the provinces' existing general assistance measures. The conditions of eligibility are determined by the provinces, and they also set the rates of aid that they grant to the persons covered. In general, these programs are on a needs test basis. The Unemployment Assistance Act provides for sharing in payments to persons being cared for in welfare institutions (see item IV. (i) (a)) and in the additional assistance or supplemental allowances granted to persons who require aid over and above that provided under the other income maintenance measures.

Within the general assistance programs in the provinces are a number of special measures for long-term aid that are of special relevance to older persons. These are the widows' allowances programs in Ontario and Quebec, social allowances in Manitoba and Alberta and the supplemental allowances referred to in the previous paragraph. Payments made under these programs are shared under the Unemployment Assistance Act.

Widows' Allowances in Ontario and Quebec

Ontario and Quebec are the only two provinces that make provision for allowances for needy widows and unmarried women of 60 years or more who have more than one year's residence. A program of widows' pensions was in effect in Alberta until June 1961, when the new social allowances program became operative.

In Ontario, assistance to widows and unmarried women is governed by regulations under the General Welfare Assistance Act. Under this program, which came into effect in May 1963, provincial allowances of up to $75 a month are available to widows and unmarried women of 60 years of age or more whose liquid assets do not exceed $1,000 and whose annual income, including the allowance, does not exceed $1,260. The definition of "unmarried woman" includes a wife whose husband is a patient in a mental hospital, sanatorium, a hospital for the chronically ill or a nursing home, or is a resident in a home for the aged where he has been a patient for at least six months; a wife whose husband is imprisoned in a penal institution for six months or more; a woman who is divorced and has not re-married; and a woman who has been living separate and apart from her husband for seven years or more. A recipient is entitled to receive medical services without cost under any agreement in force between the Province of Ontario and the Ontario Medical Association.

The Quebec program of allowances to needy widows and spinsters of 60 to 65 years of age became operative in September, 1961. An allowance of up to $75 a month may be granted provided the applicant does not have cash or liquid assets in excess of $1,000 or an income, including the allowance, of more than $100 a month.

Social Allowances in Manitoba and Alberta

Alberta and Manitoba have similar provisions for provincial allowances to persons who, because of physical or mental incapacity likely to continue for more than 90 days, or who, by reason of their age, are unable to earn an income sufficient to pay for the basic necessities for themselves and their dependents. Their Acts also provide for the payment of social allowances to needy recipients of old age security pensions, old age assistance, blind persons allowances and disabled persons allowances.

In Alberta, the amendment to the Public Welfare Act authorizing such allowances became effective June 1, 1961. Persons receiving aid at that time under the Widows' Pension Act or the Supplementary Allowances Act could elect to transfer to the new social allowances program or continue under these programs, but no further applications for aid were accepted under either of these programs. The regulations under the Public Welfare Act set out a maximum food and clothing allowance for social allowance recipients, but no schedule is set out for shelter and other necessities; these are calculated on the basis of amounts accepted as necessary for minimum standards of health and decency in the community in which the applicant lives.

In Manitoba, the Social Allowance Act, 1959, proclaimed effective February 1, 1960, provides for provincial allowances to categories of persons as in the Alberta Act and, in addition, provides that an allowance may be paid to or in respect of a person who is unable to care for himself and requires to be cared for by another person or in an institution or home for the aged or infirm. The regulations set out the cost of the items considered basic necessities and also the items to be taken into consideration in the calculation of income.

Supplementary Allowances

The income of elderly persons who are receiving old age security pensions, old age assistance, blindness allowances and disability allowances may be supplemented in all provinces if need exists. Five provinces—British Columbia, Alberta, Manitoba, Ontario and Quebec—make special provision for supplementary aid to needy recipients of any of these four income maintenance benefits, and Saskatchewan makes provision for provincial supplementary aid to recipients of old age security pensions or blindness allowances. In other provinces, such assistance is available under the general assistance program administered by the municipality or, in Newfoundland, by the province.

As noted earlier, supplemental allowances are shareable under the federal Unemployment Assistance Act when they are granted on the basis of need. In March 1964, some 20,000 recipients of old age assistance and 47,000 persons covered by old age security were receiving supplementary aid under provincial assistance programs, with federal sharing under the Unemployment Assistance Act.

The following is a brief summary of the programs in the six provinces mentioned above. With the exception of British Columbia, residence requirements are the same as those for other needy applicants for provincial or municipal aid as the case may be.

In British Columbia, the Old-Age Assistance Board administers supplementary aid to recipients of old age security pensions, old age assistance, blindness allowances or disability allowances. The amount of the allowance, to a maximum of $24 a month, is determined by the budget deficit method. Appli-

cants must have lived in British Columbia, without receiving supplementary assistance or as a responsibility of another province, for three years immediately prior to the date of the proposed commencement of social allowance, the last year of which must be continuous. Allowances also continue to persons who qualified for aid on a means test basis under the former program.

In Alberta, supplementary allowances, as noted above, are payable under the Public Welfare Act by the province on the basis of need. Those persons who were receiving supplementary allowances of up to $15 a month payable under the Supplementary Allowances Act and who did not elect to transfer to the new social allowances program that came into effect in June 1961 continue to receive allowances under the former program.

In Saskatchewan, provision for provincial supplementary allowances for needy recipients of old age security pensions or blindness allowances is made under regulations under the Social Aid Act. The amount of assistance is determined by the budget deficit method according to a schedule of rates for items of basic maintenance set out in the regulations. Provision has also been made for the continuation of supplementary allowance on a means test basis for persons receiving supplementary allowances under the former program who are unable to qualify under the new regulations governing the budget deficit method of determining need.

As noted above, needy persons in Manitoba who are receiving a pension under the Old Age Security Act, assistance under the Old Age Assistance Act, or an allowance under the Blind Persons Act or the Disabled Persons Act may receive provincial aid on the basis of need under the Social Allowances Act.

In Ontario, supplementary aid to recipients of any of the four maintenance programs may be granted under the General Welfare Assistance Act. This aid is administered by the municipalities and by the province in unorganized territory. The province reimburses the municipalities for 80 per cent of supplementary aid up to a maximum of $20 a month.

In Quebec, a supplementary allowance may be paid to recipients of governmental allowances (old age security pensions, old age assistance, blind persons allowances, disabled persons allowances, allowances to needy mothers, and assistance to widows or spinsters 60 to 65 years of age) who are living in certain specified areas regarded as high cost areas by the Lieutenant-Governor-in-Council. This assistance is administered by the Quebec Social Allowances Commission.

III. (ii)—INCOME MAINTENANCE PROGRAMS IN OTHER COUNTRIES

(*a*) Old Age, Survivors, and Disability Pensions—United States

In the United States the major program of income maintenance for aged persons is Old Age, Survivors and Disability Insurance, commonly referred to as OASDI. In addition, assistance to the needy aged is provided under a federal-state program of Old Age Assistance.

I—Old Age, Survivors and Disability Insurance

Coverage

Old age, survivors, and disability insurance covers, on a compulsory basis, most gainfully occupied persons including the self-employed. Coverage is available on a voluntary basis for employees of non-profit institutions, employees of state and local governments, and clergymen.

Excluded from the program are those persons in agricultural employment whose cash pay from one employer in a calendar year is less than $150, those in domestic employment whose cash pay amounts to less than $50 in a calendar quarter (for that quarter only), self-employment which provides an annual

net income of less than $400, and self-employed doctors of medicine. Also excluded are railroad employees and most federal employees, to whom special programs apply. The program applies in the continental United States, Puerto Rico, Virgin Islands, Guam, Samoa and to citizens employed abroad by U.S. employers.

Insured Status

Under the program the right to receive a benefit depends upon the degree of coverage, or insured status, attained by the worker as measured by the amount of work done in covered employment. The basis of measurement is the amount of work done in a "quarter", namely, a calendar quarter ending the last day of March, June, September or December. A quarter of coverage is a quarter in which the worker is paid at least $50 in wages and salary in covered employment. "Fully insured status" is acquired when the number of a worker's quarters of coverage is at least equal to the number of years from 1950, or from age 21 if later, to age 65 for men or age 62 for women. A minimum of six quarters of coverage is required for fully insured status. When a worker has earned 40 quarters of coverage he acquires "permanently insured" status. "Currently insured status" is achieved if a worker has, at the time of retirement or death, coverage in at least six of the last 13 quarters.

Old Age Benefits

Old age benefits are available at age 65 for both men and women provided they are fully insured. Reduced levels of benefit are available as early as age 62.

The amount of the old age benefit is dependent upon the "average wage" of the contributor. The benefit is based upon his earnings in the years between 1950 and the year the contributor attains age 65 if male, or 62 if female. From this period, there is deducted the number of years in which he was disabled and also another five years. The resulting number of years is used in the calculation of the average wage. The wages used are the highest wages on which contributions have been paid in the number of years calculated as above.

The rate of benefit at age 65 is 58.85 per cent of the first $110 of a worker's average monthly wage, plus 21.4 per cent of the next $290. The minimum benefit in 1964 is $40 monthly, which means that an average annual wage of less than $800 is taken to be $800. The maximum benefit is $127 a month.

A reduced benefit is payable to a person who starts to draw an old age pension between ages 62 and 65. The reduction is made by determining a person's benefit at age 65 and reducing it by five-ninths of one per cent for each month by which the claimant is under age 65. The reduced rate of benefit continues after age 65.

Disability Pension

A worker who is unable "to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or to be of long-continued and indefinite duration" may be eligible for a disability benefit. To qualify for the benefit the worker must have 20 quarters of coverage out of the 40 quarters immediately preceding the onset of the disability and must be under age 65.

The rate of the disability benefit is calculated in the same way as the retirement benefit and the pension commences at the end of a six month waiting period.

Benefits for Dependents of Retired or Disabled Contributors

Where the wife of a worker in receipt of a retirement or disability benefit is age 62 or over, she can claim a wife's benefit. The rate of benefit for a wife

age 65 or more is 50 per cent of the insured's pension. If the wife's benefit is claimed between ages 62 and 65 the full benefit rate is reduced by 25/36 of one per cent for each month by which the widow is under age 65 when the benefit commences. A dependent husband on reaching age 62 may also claim a benefit at the above rates provided his wife is both fully and currently insured. Wives of pensioners caring for children under 18 may claim the full wife's benefit irrespective of their age. If unmarried children of a worker in receipt of benefit are under age 18 or over age 18 but disabled, they can claim a benefit in the amount of 50 per cent of the insured's benefit. However, where dependents benefits are paid these are subject to the maximum family payment which in 1964 varies between $60 and $254 depending on the average annual earnings of the insured.

Earnings Test

The earnings test is a test of earnings from work. It applies to any beneficiary of the program, under age 72, except the recipient of a disability pension.

If the beneficiary does not earn over $1,200 in a year, he meets the earnings test and receives without reduction each monthly benefit to which he is entitled.

If his earnings exceed $1,200 a year, his benefits for that year are reduced by $1 for each $2 that he earns between $1,200 and $1,700, and by $1 for each $1 that he earns over $1,700. However, no matter how large his earnings in a year, his benefit is not reduced for any month in which his wages do not exceed $100 or for any month in which he does not render substantial service as a self-employed person.

When the retired worker has earnings sufficient to require some reduction in benefit, that reduction is applied to the total of his benefit and those of his dependents. When a dependent works, any deduction required by the earning test is applied only to that dependent's benefit.

Survivors' Benefits

When an insured worker dies, benefits may be paid to the widow, dependent widower, parents, or children of the deceased. The rate of each benefit is directly related to the amount of the old-age or disability benefit that the deceased was receiving at, or had earned up to, the date of death.

Widow's Benefit. A widow, age 62 or over, is entitled to a widow's benefit if her husband was fully insured at his death. The benefit is equal to 82.5 per cent of the retirement or disability benefit paid or payable to her husband at the date of his death. If she remarries she loses her right to the widow's benefit. Widow's benefits are subject to the earnings test. A dependent widower, age 62 or more, is entitled to a similar benefit provided his wife was both fully and currently insured at the time of her death.

Widowed Mother's Benefit. The widow of a deceased contributor is entitled to a widowed mother's benefit, no matter what her age, if she has in her care a child entitled to a child's benefit and if her husband was either fully or currently insured at the date of his death. Her benefit is equal to 75 per cent of the rate of the retirement benefit paid or payable to her husband. The benefit ceases when the widow no longer has in her care a child entitled to a child's benefit, at which time she may be eligible for a widow's benefit.

Child's Benefit. A child's benefit is payable to an unmarried child of a deceased contributor provided the child is under age 18, or, if disabled, was disabled before attaining age 18. Also, the deceased contributor must have been either fully or currently insured at the date of his death. A child's benefit is equal to 75 per cent of the retirement benefit paid or payable to the deceased contributor.

Parent's Benefit. A parent's benefit is payable to a dependent parent of a deceased contributor provided the parent is age 62 or more and provided the contributor was fully insured. The benefit to one parent is equal to 82.5 per cent of the contributor's pension. Where both parents are alive each receives 75 per cent.

Limitations to Pensions

The maximum monthly family benefit is equal to 80 per cent of the contributor's average monthly wage but it cannot exceed $254 and cannot fall below 1.5 times the contributor's retirement pension. The family maximum applies to all monthly benefits that have been based upon a contributor's wage record. If reductions are required because total benefits exceed the family maximum, all benefits except the retirement or disability benefit are reduced and they are reduced proportionately.

Where a person is entitled to more than one social security benefit at the same time, an amount equal to the highest benefit is payable.

Death Benefit

A lump sum payment is payable at the death of every contributor who is either fully or currently insured. It is equal in amount to three times the monthly old age or disability pension that is being paid or that could be paid, but cannot exceed $255.

Wage Freeze

Eligibility for any OASDI benefit depends upon a worker's record of employment, and this record can be adversely affected for periods during which the worker is unable to work. A worker may gain some measure of protection during periods of total and permanent disability by having his record frozen. This means that he requests that his inability to work be recognized. As a result, the period of his disability will not be used in calculating his average monthly wage. Neither will the same period be used in the determination of the number of quarters of coverage he needs for insured status. For purposes of the wage freeze the definition of disability is the same as that used for the monthly disability benefit except a person who is blind is, by statute, also disabled for purposes of the freeze. The wage freeze is used where a person, although disabled within the meaning of the legislation, may not be eligible for disability pension.

Financing

Contributions to OASDI are paid by employees, employers and the self-employed at the following rates applicable to the first $4,800 of wages and self-employment earnings:

Calendar Years	Employee	Employer	Self-Employed
1964-65	3⅝%	3⅝%	5.4%
1966-67	4⅛%	4⅛%	6.2%
1968 and thereafter	4⅝%	4⅝%	6.9%

An amount equal to one-half of one per cent of the wages of the employee and an amount equal to three-eighths of one per cent of a contributor's self-employment income are paid to the Disability Insurance Trust Fund. The remaining contributions are put into the Old Age and Survivors Insurance Trust Fund. Benefit payments and administration costs are paid out of the two funds. There is no government contribution. Funds not needed for current benefits and administrative expenses are invested in interest-bearing federal securities.

Administration

The OASDI program is administered by the Social Security Administration of the Department of Health, Education, and Welfare with its head office in Baltimore and with more than 600 district offices located in principal cities and towns of the United States and Puerto Rico. Each district office may provide individuals with information on benefits, determination of disability, rights, obligations, and other pertinent facets of the OASDI program. There are seven payment centres located throughout the United States.

II Public Assistance

In addition to the OASDI program, income maintenance is provided to aged persons in the United States under federal-state programs of public assistance. The purpose of these public assistance programs is to enable the States to provide adequate financial assistance including payment for medical care and other social services to persons who are in need. The old-age assistance program is administered by the state and provides assistance to needy persons age 65 and over. The federal government reimburses the states by a formula which meets over half of their outlays for assistance. The formula is based upon the average state assistance payment and takes into account the personal income per capita of the state. Assistance is also payable under federal-state programs to needy disabled persons and to needy orphans and to relatives with whom these orphans might be living.

(*b*) Old Age, Survivors and Disability Pensions—Great Britain

In Great Britain there are two main programs of income maintenance for the aged. Pensions are provided to retired or disabled contributors, their dependents and survivors under a social insurance scheme known as National Insurance. Also, any resident who requires financial assistance may apply to the National Assistance Board for aid. Certain aged persons continue to receive pensions under a third scheme, non-contributory old-age pensions, the role of which is steadily declining.

I—NATIONAL INSURANCE

Coverage and Types of Benefits

Coverage under National Insurance is compulsory for most residents over age 18 with the insured population being divided into three classes of contributors: employed persons, self-employed persons, and non-employed persons. Coverage is optional for self-employed and non-employed persons whose annual earnings are not more than £208 and for married women.

The program provides flat-rate benefits during sickness, unemployment, maternity, widowhood and retirement from regular work. It also provides guardian's allowances, special child's allowances, and death grants. Employed persons are eligible for all of these benefits, self-employed persons are eligible

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for all except the unemployment benefit, and the non-employed are eligible for all except the sickness and unemployment benefits and maternity allowances.

Graduated retirement pensions are available to employees age 18 or over who earn more than £9 a week as an addition to their flat rate retirement benefits. Employed persons who earn less than that amount, the self-employed and the non-employed are not eligible for the graduated retirement pension.

Contracting Out

The National Insurance legislation provides that those private concerns whose pension arrangements provide at least "equivalent pensions" are allowed to contract their employees out of the graduated provisions of the scheme.

Retirement Pensions

Flat Rate Pension. To be entitled to a retirement pension under the National Insurance scheme a contributor must have reached age 65 if male or 60 if female, and have retired from regular work.

To qualify for a flat-rate retirement pension of £3.7s.6d. a week the claimant must have paid 156 flat-rate weekly contributions between his date of entry into insurance and the date at which he reaches age 65 (age 60 in the case of a woman). The pension is payable at the full rate if the contributor has paid a yearly average of at least 50 flat-rate weekly contributions. If he averaged less than 50 but at least 13 weekly contributions, a reduced flat-rate pension is payable, the rate depending upon the number of his average contributions. The yearly average is calculated over contribution years from 1936, or from the contribution year in which insurance was entered, if later, up to and including the last complete contribution year before the man reaches age 65 or the woman age 60.

For insured persons who continue to work regularly after reaching retirement age and defer their pension the flat-rate pension is increased by the amount of 1s. a week for each twelve weeks of contributions made.

Graduated Pension. The amount of the graduated pension depends on the total amount of graduated contributions which have been paid. The graduated pension is 6d., a week for each £7 10s. of graduated contributions paid by a man or every £9 of graduated contributions paid by a woman. Those who continue to make graduated contributions after reaching normal retirement age can of course obtain a greater graduated pension.

Retirement Test. The retirement test applies to men under 70 and women under 65 and involves the amount they earn by way of wages, salaries, fees or other payments on account of any gainful occupation after retirement. Earnings of up to £5 in a week do not affect the pension, but 6d. is deducted from the pension for every 1s. of earnings between £5 and £6 a week, and 1s. for every 1s. of weekly earnings over £6. The test applies to both the flat-rate and graduated parts of the retirement pension.

Dependent's Supplement. A dependent's supplement can be added to the flat-rate, but not to the graduated, component of the retirement pension. For a non-insured wife, the pension is equal to £2 1s. 6d. weekly provided she is living with the insured person and has weekly earnings not in excess of that amount. The supplement is not normally granted if the wife is entitled to a retirement pension in her own right, or is entitled to any other national insurance or industrial injury benefit, or war pension. The wife's benefit is reduced in all cases where the husband receives a reduced flat-rate benefit. Supplements for dependent children amount to £1 for the first child and 12s. for each other child. The children must be under age 15 if not in school, under 19 if in school, or under 16 if disabled.

Widow's Benefits

Eligibility for widow's benefit depends upon the husband's contribution record. There are two contribution conditions: first, the husband must normally have paid at least 156 contributions and secondly, he must have paid a yearly average of 50 contributions. With regard to the second consideration, if the husband's average is below 50 but not less than 13, the benefit is paid at a reduced rate.

In case of widowhood, a flat-rate widow's allowance is payable to any widow of a qualified contributor for the first 13 weeks of widowhood at the rate of £4 15s. a week, plus £1 17s.6d. for the first dependent child, £1 9s.6d. for the second and £1 7s.6d. for each other child.

A widow's pension is paid at the rate of £3 7s.6d. a week immediately after the end of the first 13 weeks of widowhood provided the widow was over age 50 and had been married for at least three years when her husband died.

For the widowed mother with a dependent child in her care, the widowed mother's allowance is payable at a standard rate of £ 3. 7s.6d. a week, plus additions for dependent children at the same rates as those paid with widows allowances.

The widow's allowance, the widow's pension and the widowed mother's allowance are paid to those classes of widows who cannot reasonably be expected, because of age or family responsibilities, to support themselves by their earnings. If a widow does take up work to a considerable extent, her benefit may be reduced or withdrawn. The test of income for the widow's benefits is the same as for the retirement pension.

A widow who is over age 60 when widowed is normally paid the flat-rate retirement pension in lieu of her widow's pension. She can also claim a graduated retirement pension, equal to one-half of the graduated pension which her husband was receiving, or had earned to the date of his death. She can also receive any graduated pension which she may have earned through her own contributions.

Guardian's Allowance

For a child who has lost both parents a guardian's allowance is payable at a rate of £1 17s. 6d. a week. The allowance is paid to the person in whose family the child is included.

Death Grant

A further National Insurance benefit is the death or funeral grant payable on the death of an insured person or of the wife, husband, or child of an insured person, provided that 26 weekly contributions have been paid or credited since the National Insurance scheme began. Also, at least 45 weekly contributions must have been paid or credited in the last complete contribution year before retirement or death of the insured or there must have been an average of 45 weekly contributions paid or credited over the years since the scheme began. In 1964 the rate of the death or funeral grant is £25 when an adult dies and a smaller sum when a child dies.

Sickness Benefit

The flat rate sickness benefit is paid during incapacity for work provided the claimant has paid at least 26 weekly contributions as an employee or self-employed person and has paid or been credited with at least 26 weekly contributions in the previous contribution year. Benefits are not generally payable for the first three days of sickness. The benefit is payable for at least 312 days of sickness in a year not counting Sundays.

Where at least 156 weekly contributions have been paid, the benefit can continue for an unlimited period as long as sickness lasts, up to the time the beneficiary attains pensionable age. The maximum sickness benefit is paid at the same rate as the flat-rate retirement pension which, during 1964, is £3 7s.6d. a week.

Where the contributor has paid less than 50 contributions during the contribution year, but has paid at least 26 contributions the sickness benefit is payable at a reduced rate.

Unemployment Benefit

Under the National Insurance program unemployment benefits are paid for two or more days of unemployment unless a person is receiving wages or has lost his employment because of a stoppage of work due to a trade dispute at his place of employment. The benefit is payable provided the claimant is available for work and has paid at least 26 weekly contributions at the employed person's rate, and paid or been credited with at least 26 weekly contributions in the previous contribution year. Unemployment benefits may normally be drawn for up to 180 working days, not counting Sundays. However, they can be continued for a further number of days up to a maximum of 492 days depending on the person's record of contributions paid as against benefit drawn. Rates of unemployment benefit are the same as for the sickness benefit.

Maternity Benefits

The National Insurance program provides three kinds of maternity benefits: a maternity grant, a home confinement grant, and a maternity allowance. A maternity grant of £16 is payable for each confinement provided either the mother or her husband satisfies the contribution condition and a further £16 is paid for each additional child, born at the same confinement, who is alive 12 hours after birth.

A home confinement grant of £6 is payable for a confinement at home or elsewhere, which is not provided for out of public funds.

A maternity allowance is payable at the standard weekly rate of £3 17s.6d. to women who are normally working as either employees or self-employed persons and who are paying their own National Insurance contributions. The maternity allowance begins 11 weeks before the expected week of confinement and ends with the sixth week following it.

Financing

Funds for the National Insurance program are derived from contributions by insured persons, employers, and the government. In 1964 employee weekly contributions to the flat-rate part of the program are 8s.3½d. for men and 7s. 2½d. for women. Contributions by employees to the graduated part of the scheme are 4½ per cent of weekly wages between £9 and £18. For employees who are contracted out of the graduated pensions contribution rates to the National Insurance program are 10s.8½d. weekly in the case of men or 8s. 8½d. in the case of women. The rates of employer contributions are equal to those of their employees.

For self-employed persons the total contribution rate is 13s.4d. weekly for men, and 11s. weekly for women. For non-employed persons, contributions are 10s.2d. weekly in the case of male contributors, or 7s.10d. weekly for women. The government contributes an amount equal to one-quarter of the flat rate contribution of employees and employers plus an amount equal to one-third of the contributions of self-employed and non-employed persons. National Insurance administration costs are met from the National Insurance Fund.

Administration

The National Insurance program in Great Britain is administered by the Ministry of Pensions and National Insurance and by the Ministry of Labour and National Insurance in Northern Ireland. The two ministries maintain networks of local offices where the citizen can send his claim or make an inquiry. The Ministry of Pensions and National Insurance has over 900 offices in Great Britain and the Ministry of Labour and National Insurance more than 28 in Northern Ireland.

II—NATIONAL ASSISTANCE

In addition to the National Insurance scheme the United Kingdom has a National Assistance scheme. The purpose of national assistance is to provide income maintenance to any resident whose resources do not meet his requirements. The term "requirements" includes the need to provide for a wife and/or any children under 16 living with the claimant. The program is financed by the State and is designed to give assistance to those who are not eligible for social insurance benefits as well as to those whose resources, including their social insurance benefits, do not come up to the minimum set by the assistance program.

The National Assistance scheme, which has no contribution conditions and requires no qualification except financial hardship, provides assistance in amounts which bring a needy person's income up to the minimum weekly income needed to meet requirements as laid down in the National Assistance Act regulations. In 1963 the plan provided for a minimum income of £5 4s. 6d. for a husband and wife, £3 3s.6d. for a single person who is a householder and £2 15s. for anyone over 21 not a householder. Higher minimum incomes are established for the blind and for people who have suffered a loss of income to undergo treatment for respiratory tuberculosis. A person's requirements for rent and for the cost of repairs and mortgage interest for owner-occupied property are considered separately.

The National Assistance scheme is administered by the National Assistance Board which has a network of local offices. The Board consists of a chairman, a deputy chairman, and not less than one nor more than four other members; at least one of them must be a woman. All are appointed by the Queen on the advice of the Prime Minister, and they have the independence arising from the fact that they cannot in general be removed from office during their terms of appointment. When the affairs of the Board come under discussion in Parliament the Minister who speaks for the Board is the Minister of Pensions and National Insurance.

The National Assistance Board in Great Britain has about 430 offices and that in Northern Ireland has 17. Most of the work involved in social security claims is done in these local offices, in particular the settlement of claims to national assistance allowances.

III—NON-CONTRIBUTORY PENSIONS

Men and women over the normal retirement age on July 5, 1948, when the National Insurance program began, were not able to take part in the main scheme of National Insurance. Consequently, they cannot receive any of the benefits of the main scheme. For these people non-contributory pensions are payable under the Old Age Pensions Act. These pensions are administered by the National Assistance Board. Non-contributory old age pensions are payable to persons who satisfy certain conditions as to age, nationality, residence and

limited means. No new non-contributory pensions have been granted to persons, other than blind persons, reaching the age of seventy after 30th September, 1961, by which date everyone has had time to pay enough contributions into the National Insurance Scheme to qualify for a retirement pension. The maximum rate of pension in 1963 was 28s.4d. a week for a man or an unmarried woman or widow and 18s.4d. for a married woman.

Non-contributory old age pensions are administered by the National Assistance Board through local offices.

(c) Old Age, Survivors and Disability Insurance—France

Old age, survivors and disability pensions are provided in France through a number of social insurance schemes. There are special systems for non-agricultural employees, miners, agricultural employees, railroad employees, public utility employees, seamen, public employees, the non-agricultural self-employed and agricultural self-employed persons. In addition pensioners with low incomes can receive supplements from the National Solidarity Fund, a special state fund financed through several minor ear-marked taxes. Public assistance is available to persons who have low incomes and are not entitled to receive a pension.

I—GENERAL SCHEME FOR NON-AGRICULTURAL EMPLOYEES

Coverage

The general scheme for non-agricultural employees is the largest single scheme in France, and covers compulsorily about 70 per cent of all employees. Other employees such as railroad and public employees are covered by special schemes as seen above. Under the scheme coverage is compulsory and does not depend on conditions such as amount of earnings, age of contributor or nationality.

Old Age Benefits

To receive an old-age pension a contributor must have reached age 60. The pensions are paid irrespective of means and retirement is not necessary. Benefits are not payable to aliens living abroad unless the alien is covered by a reciprocal agreement. An insured person to be eligible for a full old-age pension must have contributed for 30 years. Reduced old age pensions are payable to those who have contributed for from 15 to 29 years.

The rate of the general old-age pension is based upon the contributor's contributory earnings averaged over his last ten years of insurance before age 60. The earnings used in the calculation are revalued for changes in national wage levels. The pension is earned at the rate of two-thirds of one per cent for each year of contributions. Thus, a person who has been insured for 30 years is entitled to a pension equal to 20 per cent of his average, adjusted, contributory earnings. This is the maximum rate of pension at age 60. The 20 per cent is increased by one percentage point for each quarter by which the pension is deferred. In cases where a claimant less than age 65 is unfit for work, the percentage applicable after 30 years is 40 per cent rather than 20 per cent.

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Where a claimant has been insured for 15 to 30 years the amount of his pension will vary between 10 and 20 per cent of his average earnings. In such cases the rate of pension is equal to 1/30 of a full pension times the number of years of contributions. A person who has contributed for 5 to 15 years receives, at age 65, payable in the form of an annuity, an amount equal to 10 per cent of his contributions. Persons who contribute to the general scheme for less than 5 years have their contributions refunded at age 65.

Recipients of old age pensions, but not those receiving annuities, receive supplements for dependent wives, husbands, and children. To be entitled to the supplement for a dependent spouse, the pensioner must show that the means of the spouse are within certain limits and that the spouse is not entitled to a social security benefit in her own right. The supplement for a dependent wife or husband amounts to 50 per cent of the spouse's pension. For those who are raising, or have reared, at least three children, an additional supplement of 10 per cent is awarded. The supplement may be granted even though the children may no longer be considered as dependent. Also, pensioners with low incomes receive a supplement in the amount of 700 francs annually, provided from the National Solidarity Fund.

Disability Pensions

To qualify for a disability pension a claimant must have entered into insurance at least 12 months before the incapacity occurred. In addition, he must have had 480 hours of employment in the last 12 months preceding the disability, including 120 hours in the last 3 months. Disability pensions are payable for total invalidity, that is, for complete loss of earning capacity, and for partial invalidity, which is defined as two-thirds loss of earning capacity. Special supplements are provided for those in need of constant attendance. No disability pension can be granted to a person age 60 or over and when a disability pensioner reaches that age, he is transferred to the retirement pension where he receives a pension of at least equal magnitude.

The rate of pension for totally disabled persons is 50 per cent, and for partially disabled persons 30 per cent of the average of a contributor's last 10 years of contributory earnings. Where these last 10 years include periods of zero earnings, such as periods of illness and unemployment that have arisen through no fault of the insured, the legislation provides that these periods will not act to his disadvantage in the calculation of his pension. Should a disabled person not have made contributions for as long as 10 years, the pension is based on contributory earnings between the date of entry into insurance and the date of incapacity. As in the calculation of old age pensions, the earnings on which pensions are based are subject to revaluation depending on changes in national average earnings. In 1964 the minimum monthly disability pension payable was 900 francs.

Persons requiring constant attention receive a supplement equal to 40 per cent of their pension. Low income pensioners may also receive a supplement of 700 francs annually from the National Solidarity Fund.

Survivor Pensions

Survivor pensions are payable to widows and dependent widowers of pensioners and of insured people who had met the requirements for an old age or invalidity pension at the time of death. The survivor must be age 65 or more or, if an invalid, age 60 or more. Children's supplements are added to widow's pensions if three or more children are being or have been raised.

The rate of pension for a widow or a dependent widower is one-half of the pension which the deceased was receiving or would have been entitled to at the time of his death. A supplement in the amount of 10 per cent of the deceased's pension is provided to the widow where she is supporting or has raised three

children who, for at least 9 years before their sixteenth birthday, were brought up by the deceased and were dependent on him. The general scheme also provides a lump sum death grant, equal to 90 days' earnings of the deceased.

Adjustment of Pensions in Pay

Old age, disability and survivor pensions in pay are adjusted automatically with changes in national average wages. Before April 1 of each year, and with effect from that date, the Minister of Labour and the Minister of Finance and Economic Affairs issue an order that fixes the amount of the adjustments to pensions being paid. The adjustments are based on the ratio between the average contributory wages of insured persons in the past year to the corresponding average in the preceding year.

Financing

The general old age, survivor and disability insurance scheme for non-agricultural employees is financed entirely by employer and employee contributions and does not involve any financial participation by the government. In 1964 contributions were made by insured persons at the rate of 6 per cent on the first 970 francs of monthly earnings. Employer contributions were set at 11.25 per cent of the same wages and salaries. These contributions also finance sickness and maternity benefits.

II—PUBLIC ASSISTANCE

In addition to the general scheme for non-agricultural employees there is also provided under the French social security system a series of old age, survivor and disability assistance payments to retired wage-earners who do not have the right to pension. The program is financed mainly by contributions from the existing social security schemes.

To receive old age assistance, the claimant must be a French national, resident in France on the date of claim, and age 65 or, if incapacitated, age 60. He must also show evidence of having been a wage earner for 15 years after age 50 or for 25 years during his working life. The conditions for entitlement to dependent's supplements are similar to those applying to old age pensioners.

The amount of assistance granted is fixed by law. The maximum rate in 1964 was 900 francs a year for a man and 50 francs a year for his dependent wife. When his wife reaches age 65 or, if unable to work, age 60, the supplement is increased to 900 francs a year. A further supplement of 10 per cent can be granted where the claimant had raised or is raising three children.

Where the income of the pensioner and the allowance exceed maximum allowable levels the amount of assistance is reduced accordingly.

(*d*) Old Age, Survivors and Disability Pensions—West Germany

In the Federal Republic of Germany, old age, disability and survivors pensions are provided to wage-earners and salaried employees under two separate social insurance systems. In addition, there are special systems for miners, public employees, and self-employed farmers. The following comments refer to the social insurance schemes for wage-earners, salaried employees, and miners, which are similar in a great many ways, and to the public assistance scheme organized for farmers.

Sources:

International Social Security Association, *Old Age Insurance, National Monographs, Volume 1*, Geneva, 1959.

United States, D.H.E.W., *Social Security Programs Throughout The World*, Washington, 1964.

France, Fédération nationale des Organismes de Sécurité sociale, *Guide du Correspondant de Caisse de Sécurité sociale*, jusqu'à 1964, Paris.

I—SCHEMES FOR SALARIED PERSONS, WORKERS AND MINERS

Coverage

Under the salaried persons pension insurance scheme, all salaried persons whose annual occupational earnings do not exceed 15,000 DM are compulsorily covered. For salaried persons who have made contributions to the pension insurance scheme and whose earnings rise above 15,000 DM a year it is provided that they may continue insurance on a voluntary basis, under conditions to be discussed later. Also covered are certain groups of self-employed persons as, for example, handicraft workers, instructors, artists, midwives and persons caring for the sick.

Under the mineworkers pension insurance scheme, all persons, including workers and salaried persons, who work in undertakings in which minerals or similar substances are produced by a mining process are compulsorily covered. Compulsory coverage is extended to persons in factories and business premises which are physically and industrially linked with mining. Further, workers and salaried employees of employers' or workers' organizations which look after the occupational interests of those in mining, and workers and salaried employees in mining offices and head offices are required to insure under the mineworkers' scheme if they were so insured before taking up employment with the employers' or workers' organization or in the mining office or head office, and if they can show that they have either completed 60 months of insurance under the mineworkers' scheme whilst performing underground work, or if they have been insured under the mineworkers' scheme for a total of 180 months.

The workers pension insurance scheme covers all workers who are not members of the salaried employees or mineworkers pensions schemes if they are employed for remuneration or as apprentices, or are undergoing any other form of vocational training. In addition, certain groups of self-employed persons such as those engaged in domestic industries, homeworkers, coastal shipping employees and coastal fishermen are included in the workers' pension insurance scheme. Also covered are persons working abroad on official missions.

There are certain exceptions to the compulsory coverage of German pension insurance. Among those exempted are persons working for their spouse; persons who receive as remuneration only free maintenance; salaried workers earning more than 15,000 DM annually; officials of the federal government, the provinces, the Bank Deutscher Lander, the Berliner Zentralbank, the Provincial Central Banks, and other similar organizations; short-term and professional soldiers; most of those engaged in "independent professions"; persons not engaged in remunerative activity; persons gainfully employed in the course of attendance as a regular student at an educational institute; and persons drawing old age pensions.

Old Age Pensions

The insurance schemes provide insured members, their dependents and survivors with monthly cash benefits as a matter of right, except for invalidity benefits where rehabilitation is encouraged.

Old age pensions are payable under the workers, salaried persons and mineworkers plans to men and women at age 65. The qualifying period for an old age pension is 180 months of insurance coverage. Retirement is not required unless the pension is paid before age 65. Benefits are available to men at age 60, if they have been unemployed a year or longer, and continue, between age 60 and 65, for as long as they continue to be unemployed. A woman with 10 years of covered employment in the last 20 years who is no longer employed can receive benefits at age 60.

Premature pensions are payable to miners at age 60 if they are no longer employed in a mining undertaking and have performed at least 180 months of work underground or completed 300 months of mineworkers insurance. A pitworkers pension is payable to miners at age 50 under similar conditions.

The rate of old age benefit is related directly to a contributor's earnings throughout his working career. There is first determined for each contributor a factor which indicates his place in the wage or salary scale. This factor is equal to the ratio of his contributory earnings to the average earnings of all contributors. It is calculated for each calendar year in which the contributor made contributions. The ratios for all years are then added together and divided by the number of years of contributions giving an "average earnings ratio" for that contributor.

Each contributor's average earnings ratio is then multiplied by the national average earnings for the three years ending with the second year preceding the year of retirement. The result is the contributor's "assessed wages". An old age pension is equal to 1.5 per cent of a contributor's assessed wages in both the workers and salaried employees schemes and 2.5 per cent in the miners plan, multiplied by the number of years of the contributor's insurance which number includes credited periods of incapacity, unemployment, and schooling after age 15.

By way of example it can be seen that a person with 25 years contributions and an average earnings ratio of .75 would receive, at a time when the national average wage was 560 marks a month, (for 1964) a pension under:

(*a*) the workers and salaried persons schemes of .75 × 560 DM × .015 × 25, or 158 DM per month;

(*b*) the mineworkers scheme of .75 × 560 DM × .025 × 25, or 262 DM per month.

Old age pensions are supplemented by the payment of children's benefits. A child's supplement is granted until the child reaches age 18, or to age 25 if unmarried and attending school, or as long as the child is disabled. The children's supplement is equal to 10 per cent of the last three years' national average earnings, that is, 56 DM per month in 1964.

Invalidity Pensions

Where a contributor is unable to exercise gainful activity a general invalidity pension is payable. Where he is unable to earn 50 per cent of normal wages in his usual occupation, he is paid an occupational disability pension. A minimum of 60 months of contributions is required in each case.

General invalidity pensions are calculated in the same manner as are old age pensions. For occupational disability pensions the same formula is used except that the annual rate of pension accumulation is only 1 per cent rather than 1.5 per cent. Those who begin to suffer from general or occupational disability before reaching age 55, and have 36 months of contributions in the preceding 60 months or have made contributions in one-half the months since commencement of insurance, add to their number of years of pensionable insurance the period between the occurrence of either form of disability and the date on which they reach age 55.

Survivors Pensions

Survivors pensions are payable on the death of the insured person provided the deceased had paid a minimum of 60 months of contributions. On the death of an insured husband or a wife who was principally responsible for the maintenance of his or her family, benefits are paid for the first three months to the surviving spouse at a rate equal to 100 per cent of the general invalidity pension. Thereafter, benefits are equal to 60 per cent of the general

invalidity pension if the surviving spouse is age 45, disabled, or caring for a child. For other surviving spouses benefits are equal to 60 per cent of the deceased's occupational disability pension or of the pension to which he would have been entitled.

A widow or widower who remarries is granted a lump sum final settlement equal to five times the annual amount of the pension previously payable.

On the death of an insured person, his children receive orphan's pensions until they reach age 18 or, if attending school, until age 25 or, if disabled, as long as the disability continues. For half-orphans the pension is equal to one-tenth, and for full orphans one-fifth of the insured person's general invalidity pension (not including any children's supplements). The orphan's pension is increased by the payment of a children's supplement.

The total of all the pensions payable to the survivors of one insured person cannot exceed 100 per cent of his general invalidity pension.

Refunds of Contributions

If, two years after a person ceases to be compulsorily insured, he has not elected to continue on a voluntary basis, he may claim a refund of one half of the contributions paid by him since June 1948. A person not eligible for a general invalidity, or a widow's pension, only because the qualifying period has not been met, may also claim a refund. So also may an insured woman who marries before her retirement.

Updating Pensions in Pay

The legislation provides that pensions in pay will be subject to an annual revision which will take into account changes in wage levels.

The following table sets out the adjustments to pensions in pay that have been made since the 1957 reform.

Pension Index		Increases in Pensions in Pay	
For Year	Index (1957=100)	Effective January	Percentage Increase
1959	106.1	1959	6.1 p.c.
1960	112.4	1960	5.9 "
1961	118.5	1961	5.4 "
1962	124.5	1962	5.0 "
1963	132.8	1963	6.6 "
1964	143.7	1964	8.2 "

The costs arising from the updating of pensions for the miners' scheme are chargeable to the government while the costs for the workers' and salaried persons' schemes are chargeable to those schemes.

Voluntary Insurance

In general, voluntary coverage in the statutory pension schemes is not available. However, a previous compulsory membership can be continued on a voluntary basis. Persons who have paid contributions for at least 60 calendar months within ten years in an employment subject to compulsory pension insurance can continue to be insured voluntarily (continuing insurance).

Also, compulsorily insured persons and those in continuing insurance can, in addition to their normal contributions, pay supplementary contributions for the purposes of additional insurance. The amount of additional insurance which can be taken up is limited, particularly with regard to an applicant's age and his basic pension insurance.

Those who continue in insurance voluntarily pay contributions in one of several prescribed contribution classes ranging in 1964 from 14 DM to 154 DM per month. Voluntary insurance provisions are especially helpful to those salaried employees whose earnings have come to exceed 15,000 DM annually, and therefore cease to be compulsorily covered.

Financing

Resources of the pension insurance schemes consist of contributions by insured persons and their employers, a subsidy from the federal government and interest earnings. Contribution rates are fixed so that for every 10 year period receipts will be sufficient to cover estimated expenditures and also will provide a residual amount equal to estimated expenditure during the last year of the period concerned. If actual receipts do not meet expenditures the deficit is met by the Federal Government.

Contributions to the workers and salaried persons pension insurance schemes are made at the rate of 7 per cent for the employee and 7 per cent for the employer on earnings up to an established ceiling. This wage ceiling varies each year with average national wages during the three year period ended one year earlier. By law the ceiling is double the national average figure rounded up or down to the nearest multiple of 600 DM. When a person's earnings are less than 10 per cent of the ceiling, no contribution is required of the insured person but the employer contribution is 14 per cent i.e., the employer is required to pay the employee's share.

Those self-employed who are covered by these schemes are assigned to one of 23 contribution classes depending on their monthly income. Monthly contributions vary from 1.75 marks on monthly income up to 25 marks to 154 marks on monthly incomes of 1,075 marks or over.

Federal subsidies to the workers and salaried persons schemes are provided by law. They amount to about $\frac{1}{3}$ of the cost of the wage-earners system and $\frac{1}{5}$ of the cost of the salaried employees system.

The contribution rate for compulsorily insured members of the mineworkers program is 23.5 per cent of earnings, 15 per cent paid by the employer and 8.5 per cent by the worker. The employer pays the whole contribution if worker's earnings are less than 10 per cent of the ceiling.

Administration

The workers insurance scheme is decentralized and is administered by 18 district insurance institutes. These insurance institutes are autonomous bodies made up of representatives of both employers and employees who in turn elect a board of directors. Some institutes are responsible for a whole province while others are responsible for part of a province only. Each institute is responsible for insuring all the employed persons in its own area. The salaried employees scheme is administered centrally by the Federal Insurance Institute for Salaried Employees. This institute receives the contributions from all salaried employees and determines benefits for insured persons. The mineworkers scheme is administered by eight mineworkers institutes for both salaried employees and manual workers in mining undertakings.

Participation by the state in administration of the three schemes is limited to government control over the insurance institutes. Control over the district insurance institutes is exercised for the most part by the provincial ministers of labour. Government supervision is designed to insure that each institute performs its statutory and constitutional duties. As there is a government subsidy to the different schemes the state controls the budgetary and financial operations of each institute through the Federal Audit Office.

II—OLD AGE ASSISTANCE SCHEME FOR FARMERS

The members of the old-age assistance scheme for farmers are all persons who are occupied as self-employed farmers or operators in agriculture and forestry including wine, fruit and vegetable growing, provided that their farm or property provides them with a permanent basis of subsistence.

The resources for the program are obtained from contributions and a State subsidy. Contributions are payable compulsorily by those whose principal occupation is farming provided they are not already required to contribute to another pension insurance scheme. The amount of contribution is the same for all contributors and is determined by the authorities elected by the members themselves. Since 1959 contributions have been 12 DM a month. In 1963 the State subsidy amounted to almost two-thirds of the benefit payments.

Under the farmers plan benefits are available, on the attainment of age 65 to the owner of the agricultural undertaking, (or to a widow at age 60) provided he ceases to manage the undertaking and undertook to transfer the property not later than his age 74, and provided the deceased, together with the widow or widower, have paid contributions for at least 180 calendar months.

The retirement benefit is a flat-rate benefit designed to supplement the free board, lodging and other benefits he would generally receive from the heir to whom he has turned over the farm. In 1963 benefits were 100 DM per month for a married couple and 65 DM for a single person.

(e) Old Age, Survivors and Disability Pensions—Sweden

Sweden has two pension systems, each providing for old age, disability, and survivors pensions. A universal scheme of "basic" pensions provides every Swedish citizen with a flat-rate pension at age 67. There are no other conditions. Flat-rate disability and survivors pensions are also available. This scheme is complemented by a social insurance program of earnings-related "supplemental" pensions that provides old age, survivors and disability pensions over and above those payable under the basic pension system.

I—BASIC SCHEME

Old Age Pensions

Basic flat-rate old-age pensions are payable at the age of 67 to all Swedes resident in the country. In 1964 the pension rate is 3,775 crowns a year. Pensions are available as early as age 63 in which case the basic pension is reduced by 0.6 per cent for each month by which the pensioner is under age 67 when he first makes his claim. For those who defer their basic pension beyond age 67, an increment in the basic pension of 0.6 per cent per month is provided. The pension can be deferred until age 70.

Disability Pensions

Disability is defined as a medically ascertained defect, mental retardation, or a physical or other handicap which causes a permanent reduction in working capacity. To qualify for the basic disability pension, it is not necessary for the applicant to have earned an income. The pension is payable between age 16, when children's allowances are discontinued, and age 67 when the basic old age pension becomes payable.

Sources:

ISSA. *Old Age Insurance—National Monographs*, Geneva, 1959.

U.S. Department of Health, Education, and Welfare, *Social Security Programs Throughout the World*, 1961, 1964, Washington.

ILO. *Legislative Series, 1957, August and October, 1961 and December, 1962*, Geneva.

Belgium, *Revue Belge de Sécurité sociale, Janvier, 1964*. Brussels, 1964.

West Germany, Ministry for Labour and Social Order, *Social Security*, Bonn, 1964.

People who have lost $\frac{5}{6}$ or more of their earnings capacity receive a full disability pension equal to the basic old age pension of 3,775 crowns a year. For those who suffer a loss of earnings capacity of between 67 and 83 per cent, a disability pension equal to $\frac{2}{3}$ of a maximum disability pension is payable. An eligible disabled person who has suffered between 50 and 66 per cent loss of earnings capacity may claim a disability pension equal to one-third of a full disability pension.

Wife's Supplements

An old-age or invalidity pension may be increased by 2,125 crowns if the pensioner has a wife age 67 or more, or a wife who is an invalid. A wife's supplement is also available where the wife is at least age 60 and has been married to the pensioner for five years or more. However, where the wife is below age 67 the wife's supplement is normally subject to a means test. In special circumstances, the supplement can be paid even if the wife is younger than 60 and the marriage has lasted for a shorter period.

Child's Supplements

Recipients of old age and disability pensions may claim a child's supplement in the amount of 25 per cent of the current "base amount" for each child under age 16. Where a reduced disability pension is payable, the children's supplements are reduced in proportion.

Special Supplements

Flat-rate supplements (1200 crowns in 1963) are added to the pensions of the blind, of disabled persons in considerable need of personal care, and of gainfully-occupied invalids drawing reduced pensions who require personal assistance or special aid.

Housing Supplements

Housing supplements of up to 2,100 crowns a year are available under an income test to old age disability pensioners. These housing supplements are granted by most Swedish municipalities with each municipality establishing the rules governing its own program. The cost of these supplements is met by the municipality which receives subsidies from the central government.

Widow's Pensions

Widow's pensions are payable to women who are at least age 36 at the time of their husband's death and who have been married for at least five years. Widow's pensions are also payable to widows of any age who have dependent children in their care.

A full widow's pension, equal in magnitude to an old age pension, is payable to a widow with dependent children or to a widow who is age 50 at her husband's death. For a widow between age 36 and 49 who is not supporting a child the full pension is reduced by 1/15 for every year by which the widow's age at her husband's death was below 50 years.

Where a young widow was in receipt of a widow's pension because she was caring for dependent children, and those dependent children cease to be dependent, the widow's claim is re-examined and her pension re-computed according to the fictitious assumption that the husband lived and the marriage continued until the date on which the youngest child reached age 17.

Orphan's Pensions

For children who are Swedish citizens permanently residing in Sweden, and who have lost one or both parents, flat-rate pensions are available. In 1964 the annual rate of pension for a half-orphan was 1,200 crowns, for a full-orphan 1,680 crowns.

Cost of Living Increments

All the flat-rate benefits except the orphan's benefit are increased from time to time by cost living increments based upon increases in the Consumer Price Index.

Financing

To finance the basic pension program, every Swedish citizen age 18 to 65 (except those whose income is below a given minimum) pays a special pension tax of 4 per cent on assessed income. The maximum tax in 1964 is 600 crowns. Revenue from this tax meets about one-third of the cost of the scheme. The National Government meets about half the cost from general taxation, and local governments pay the remaining one-sixth. There are no employer contributions to the basic pension program.

II—SUPPLEMENTAL PENSIONS

In addition to the basic pension program the Swedish government has introduced a supplemental pension program of earnings-related benefits. The Supplementary Pension Act came into effect on January 1, 1960 with benefits first payable in 1963. The legislation provides for old age, disability, and survivors' pensions.

Concepts Defined

Throughout the legislation reference is made to certain "basic" and "maximum" amounts. The basic amount was fixed in 1961 at 4,000 crowns. The maximum amount is always equal to 7.5 times the minimum amount. These amounts are adjusted annually depending on price changes and, in 1964 they stood at 4,700 and 35,250 crowns a year. These limits are important with regard to the supplemental pension scheme under which coverage is extended only to those people whose earnings are in excess of the basic amount and contributions are based on earnings falling within the two amounts. In general, basic old-age pensions may be said to be related to earnings of less than the basic amount while supplemental old-age pensions are based directly on earnings in excess of the basic amount.

Coverage

The supplemental pension scheme covers compulsorily all Swedish citizens age 16 and over who are employees or are self-employed. However, persons who earn less than the basic amount, 4,700 crowns in 1964, are not covered for that year. Self-employed persons, and employee groups with pre-1961 collective contracts providing equivalent pensions, may elect not to be covered.

Old Age Pensions

Supplemental old-age pensions become payable when the qualified beneficiary reaches age 67, whether or not he has retired. Reduced pensions are available as early as age 63 and increased pensions may be claimed between ages 67 and 70. The rate of reduction or increment is 0.6 per cent a month.

Supplemental old age pensions are related to a person's earnings record through a "pension point" system. A person's earnings are based on his personal income tax return for that year. An employee or a self-employed worker is credited with a pension point for each year in which he has earnings from gainful employment in excess of the current base amount. Earnings in excess of the year's maximum limit do not earn pension credits. The pension point in a given year is computed as follows. The annual earnings (up to the maximum for that year) less the minimum for that year are divided by the

minimum for that year. The point may vary between 0.02 and 6.50 each year. For example, if, in a given year, minimum contributory earnings were 4,000 crowns, the maximum 30,000 crowns, and a person earned, according to his income tax return, 30,000 or more crowns, he would accumulate

$$\frac{30{,}000-4{,}000}{4{,}000}$$

or 6.50 points. If he earned 7,500 crowns he would accumulate 0.875 points.

To qualify for a supplemental old-age pension a Swedish citizen must have been credited with pension points for at least three years. An alien must have a record of ten years of pension-earning income. To qualify for a "full" pension rather than a partial one, a claimant must normally have been credited with pension points in at least 30 years. For the first decades of the new system, however, the 30-year requirement is replaced by one of 20 years, and during the third decade the qualifying period will rise gradually from 20 to 30 years.

The supplemental pension formula takes into account the earnings record, i.e., the number of pension points earned each year, and the number of years of contributions under the scheme, and applies these to the basic amount applicable at the time of the applicant's claim. The formula provides for the drop-out of years of low or nil earnings in that pension points are averaged only for a maximum of 15 years.

Supplemental old-age pensions are calculated as follows. The number of years of pension-earning income is divided by 30 (after 1990). The result, which can never exceed one, is multiplied by the average number of pension points acquired during the claimant's best 15 years (the average is computed for the whole period when the period is 15 years or less). The resulting number of points is multiplied by 60 per cent of the then current minimum and the result is the pension rate. If the minimum pension in a year were 4,800 crowns, a man with 25 years of contributions at least 15 years of them at the maximum contributory level would receive $\frac{25}{30} \times 6.5 \times 2{,}880$ or 15,600 crowns.

Disability Pensions

To qualify for a supplemental disability pension an insured person must have earned pension points either during at least one year and, at the time that he became incapacitated, have been earning an income exceeding 1,800 crowns a year, or during at least three of the four years immediately preceding incapacitation. A full disability pension is equal to the supplemental old age pension which the insured would have received at the age of 67 if he had continued acquiring pension points until age 65 at his average rate. In calculating the average pension points years of lowest or no earnings, up to half the insured's total, are not taken into account. This provision has great practical significance for the disabled.

For those persons who suffer a loss of earning capacity between 67 and 83 per cent, the rate of the supplemental disability pension is equal to two-thirds of the maximum disability pension. Disabled persons who have suffered between 50 and 66 per cent loss of earnings capacity may claim a supplemental disability pension equal to one-third of a full pension.

Survivors Pensions

A supplemental widow's benefit is payable to the widow of a deceased worker or pensioner, if she had been married to her deceased husband for at least 5 years and if the marriage had occurred before her husband reached age 60. Widows pensions are paid to a widow at age 65 or, if she is an invalid, as early as age 60. The rights to these widow's benefits cease on remarriage.

Benefits are also payable to widows with dependent children. Benefits are payable to those half orphans and full orphans, under age 19, of parents covered by the supplemental pension system.

Any one survivor, whether a widow or child, receives 40 per cent of the old-age or invalidity pension that the deceased person had been receiving or of the pension to which he would have been entitled if he had become totally disabled at the time of his death. Two survivors receive together 50 per cent of the deceased's pension, the widow 35 per cent and the child 15 per cent. If both survivors are children, each child receives 25 per cent. Each additional child receives 10 per cent of the pension until the total, payable to five or more dependents, reaches 80 per cent of the deceased person's pension.

Source of Funds

Supplemental pensions are financed by a payroll tax on employers and the self-employed. Employers pay a contribution with respect to that part of the annual wage of each of their covered employees, that exceeds the basic amount but is less than the maximum of 35,250 crowns. The contribution rate schedule for employers is set, by separate legislation, for five-year periods. The 1960 rate was set at 3 per cent of "taxable" wages, rising by 1 per cent each year to 7 per cent by 1964, and by 0.5 per cent a year to 9.5 per cent in 1969.

Self-employed persons also pay contributions on income between 4,700 and 35,250 crowns per year. However, earnings in excess of a certain fixed amount (the limit varies with price changes and was originally 8,000 crowns) are reduced by one-third for purposes of computing the contributions of self-employed persons.

(*f*) Old Age Survivors and Disability Pensions—Denmark

Old age, survivors and disability pensions in Denmark are provided under a universal pension system and public assistance. In addition, a new scheme of supplementary pensions was introduced on April 1, 1964. There is a special system for public employees.

I. UNIVERSAL PENSIONS AND ASSISTANCE

All Danish nationals resident in Denmark or engaged aboard a Danish ship are entitled to benefits. Aliens may be covered by reciprocal agreements.

Old Age Pensions

A flat-rate pension is payable, irrespective of means, to all persons who have reached age 67. It is subject to the conditions of Danish nationality and at least 12 months ordinary residence in Denmark.

Where the flat-rate old age pension is insufficient to meet the pensioner's necessary requirements, a means-tested "national" old age pension is also available to Danish nationals. The minimum age for the national pension is 67 for men and married women and 62 for single women and for women married to old age or disability pensioners. If warranted by special considerations, notably ill health, the age level may be reduced to 60.

The flate rate old age pension is set by law at 6 per cent of the current national-average wages for a single person and 9 per cent for a married couple. In 1963 these monthly amounts were 87 and 130 crowns respectively.

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The maximum monthly rate of the "national" pension for a single person was 400 crowns in 1964. This amount includes the flat rate pension. Persons who defer their national pension for 2 years have it augmented by 10 per cent; for those who defer it for 25 years the increment is 15 per cent.

If the income of a recipient of a national pension exceeds certain fixed levels, the pension is reduced. In 1963 these limits were 3,400 crowns annually for a husband and wife when at least one qualifies and 2,300 crowns annually for a single person. Where earnings are in excess of these amounts, the pension is reduced by 60 per cent for the first segment of income above the earnings level, rising under specified rules to a reduction of 84 per cent in respect of income amounting to over 180 per cent of the level at which the earnings rule begins to operate. If the income is of such order that it would reduce the amount of the national pension below that of the flat-rate pension, those who are otherwise eligible for the flat-rate pension will receive it.

National pensions include supplements for wives, children, and recipients age 80 or more. For a wife age 62 or over who is not receiving a pension in her own right the husband receives a supplement equal to 50 per cent of his national pension. For younger wives, the supplements are equal to 15 per cent. Supplements for dependent children under age 15, or under age 18 if a student, amount to about 25 per cent of the recipient's national pension. The supplement for aged pensioners is 5 per cent.

Invalidity Pensions

Invalidity pensions are provided to persons of any age who have suffered a two-thirds loss of earning capacity in suitable work, as determined by the national invalidity insurance court. Citizenship and residence requirements are the same as for national old-age pensions.

The maximum monthly rate of invalidity pensions was set at 400 crowns in 1964. Except for the fact that the invalidity pension cannot be reduced to less than one-third of the flat-rate pension, the means test for the invalidity pension follows the same provisions as those for national pensions. Invalidity pensions also include the same supplements for dependent wives and children. Special supplements are available to invalids who are blind or require constant attendance. The constant attendance or blindness supplement amounts to about 25 per cent of the invalidity pension, or 40 per cent if constant nursing is required.

Survivors Pensions

A pension is available to the widow of a deceased pensioner provided that she is at least age 55 and is a Danish citizen. A pension is also payable to a widow who is age 45 or more provided she has at least two children under age 18 in her care.

The maximum rate of the widow's pension was also 400 crowns a month in 1964. Widows pensions are subject to a means test similar to that applied to a national old-age pension. When the widow reaches age 62 her widow's pension is converted to a national old-age pension. The widow's pension is discontinued if the woman remarries. A child's supplement of 25 per cent is added to a widow's pension for each dependent child under age 15, or under age 18 if a student. For those widows who are in need but are not eligible for a widow's pension, temporary assistance is provided. A further benefit provided is a funeral or death benefit. This is a lump-sum payment of 550 crowns.

Up-dating Pensions for Price Change

Old age, invalidity, and widows pensions are all adjusted automatically every 6 months if there has been a one per cent change in the retail price index. The price index used is not specifically designed for pension purposes but is the general purpose price index.

Financing

Part of the cost of this scheme is covered by a special pension tax amounting to 1.5 per cent of each taxpayer's income that is subject to ordinary income tax. However, no pension tax is payable if it is less than 50 crowns a year. The remaining cost of the plan, which amounts to over $\frac{5}{6}$ of the total cost, is borne by the State with some help from local goverments.

II—SUPPLEMENTARY PENSION SCHEME

Recent legislation has authorized a new scheme for supplementary old age and widows' pensions, effective April 1, 1964. The new scheme covers nearly all employees age 18 to 66. The exceptions are civil servants and apprentices and wage earners working not less than 15 hours a week for the same employer. Insured persons who leave insured employment to take up self employment may continue to be insured provided that they have been insured as employees for a total of at least three years.

Contributions to the new scheme are made by employers and employees. The rate of contributions for persons working at least 30 hours a week, or 130 hours a month for the same employer, is 5.40 crowns a week or 21.60 crowns a month. For persons who work between 15 and 29 hours a week, or between 65 and 129 hours a month, the rate is 2.70 crowns a week or 10.80 crowns a month. The employer pays two-thirds and the employee one-third of the above rates.

The new supplementary pension scheme provides old age pensions from the age of 67. The widow of an insured person or pensioner is entitled to a widow's pension payable from the age of 62, provided the duration of the marriage is at least ten years and the deceased person had paid at least ten years of contributions at the date of his death.

The full rate of supplementary old age pension is payable after 40 years contributions in the amount of 2,400 crowns a year. If the period of contribution is less than 40 years the rate of old age pension is reduced proportionately. Persons with less than five years of contributions on the attainment of pensionable age are not entitled to a pension. Both employer and employee contributions are refunded to the employee, with 4½ per cent interest.

For persons who enter the scheme in the first year of its operation, special provisions enable a full pension to be paid after 27 years of contributions. For those with fewer years of contributions to their credit the full pension is reduced according to a sliding scale, the smallest pension being 600 crowns a year payable after one year of contributions. The first pensions under the scheme will therefore become payable on April 1, 1965.

For the purpose of calculating benefits, a year of contributions is considered as equal to 44 weekly, or 11 monthly, contributions in the year concerned in the case of persons under 60 years of age. For persons age 60 or more the limits are 36 weeks and nine months respectively. Weeks or months of contributions in excess of the above limits are credited to the insured persons and can be used in other years when the maximum number of contributions is not otherwise attained.

If the claim for an old age pension is deferred beyond the age of 67, the pension is increased by five per cent for each half year for which the claim is deferred. However, no increment is granted for deferment beyond the age of 70.

The rate of the widow's pension is one-half of the supplementary pension which the deceased person was entitled to or would have been entitled to from the age of 67, calculated on the basis of the number of years of contributions completed at the time of death.

(g) Old Age, Survivors and Disability Pensions—Norway

In Norway old age, survivors and disability pensions are provided under two closely-related universal pension schemes, one for old age pensions and one for disability benefits. These benefits may be supplemented, in some localities, by public assistance schemes administered by municipal governments. There are special pensions systems for seamen, fishermen and forestry workers.

Old Age Pensions

To qualify for an old age pension a claimant must have reached age 70 and must have resided in Norway continuously during the last five years. Aliens are entitled to an old age pension if they have resided in Norway for a total period of fifteen years after reaching age 20 and have continuous residence in the last five years before their claim. A claimant is entitled to an old-age pension whether or not he is actually retired.

In 1964 the old-age pension is payable at the rate of 315 crowns a month. An allowance of 50% of the old age pension is provided for the dependent wife of the pensioner if she has reached age 60. For each dependent child an allowance in the amount of 75 crowns a month is payable.

Local governments may grant supplementary allowances usually subject to a test of income. The granting of such a supplementary allowance, however, is dependent on the fact that the pensioner either has resided in the municipality during the last three years before his application is submitted, or has reached 75 years of age. In municipalities where the supplementary old-age allowance is subject to an income test, that test must be made according to provisions laid down by the State's legislation. In 1963, a basic income of 5,238 crowns in the case of married couples or 3,492 crowns in the case of single persons, was allowed before any reduction in the supplementary allowances was made. The supplementary allowance granted by a municipality is reduced by 50 per cent of any income in excess of the limits indicated above. The basic annual income figures are increased by 900 crowns for each dependent child.

Disability Pension

Disability pensions are subject to the same residence qualifications as are old age pensions. While the legislation does not stipulate that a minimum degree of disability is a condition for the payment of the benefit, it does require that the disability be permanent.

A person is medically disabled if, after having received suitable treatment, he still has serious and lasting marks of disease, injury or defects, either organic or mental. A person is occupationally disabled if he is unable to make more than one-third of a normal effort in the performance of suitable work,

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Sources:
Rudfeld, Kirsten, *Welfare of the Aged in Denmark*, Copenhagen, 1963.
I.L.O., *International Labour Review, August 1964*, Geneva, 1964.
I.S.S.A., *Bulletin of the ISSA, Jan.-Feb. 1964*, Geneva, 1964.
United States, D.H.E.W., *Social Security Programs Throughout the World, 1964*, Washington, 1964.
I.L.O., *Industry and Labour, Feb. 1961*, Geneva, 1961.
I.L.O., *Industry and Labour, March 1957*, Geneva, 1957.

after having received proper occupational instruction or other forms of rehabilitation, provided he is capable or being so instructed.

To be entitled to the disability pension of 315 crowns a month the disabled person must have reached age 18 and must be occupationally disabled. Also payable is a supplement of 50 per cent for a wife age 60 or more or for an occupationally disabled wife of any age. A supplement of 75 crowns a month is payable for each dependent child under the age of 18. The disability pension ceases when the disabled person becomes entitled to an old age pension.

The disability benefits scheme provides three kinds of benefit in addition to the disability pension; basic aid, supplementary aid, and allowances or loans. A person who is medically disabled and has reached the age of 15 is entitled to basic aid of 600 crowns a year which is intended to provide for extraordinary expenditures such as crutches, artificial aids, and special expenditures for dwellings or medicines, but not expenditures involved in the procurement and maintenance of prostheses. A disabled person requiring special attendance or nursing owing to a high degree of medical disability is entitled to a constant-attendance supplement of 720 crowns a year. Also, a medically disabled person may obtain an allowance or a loan to assist him to get employment.

Supplementary disability allowances are granted by some local governments if the claimant has resided in the municipality for three years prior to his claim.

Survivors' Pensions

Survivors' pensions are available to a widow whose spouse was in receipt of an old age or invalidity pension at the time of his death and who is age 60 or, if younger, is an invalid. Invalid widowers who are age 60 or more are also entitled to a pension. Both full-orphans and half-orphans are entitled to benefits provided that they are resident in Norway and are under 18 years of age.

For a widow or widower the pensions is 315 crowns a month. Pensions are paid in the amount of 75 crowns a month for a half-orphan and 150 crowns a month for a full-orphan.

A death or funeral grant in the amount of 300 crowns is payable. Certain local governments grant supplementary survivors' allowances that in some cases are subject to an income test.

Financing

Although old-age pensions, disability benefits and war pensions for civilians are three separate programs, they are financed as one scheme through contributions by insured persons, their employers if any, and state and municipal governments.

Contributions are paid by all persons under age 70 whose annual income is 4,000 crowns or more. No contribution is payable on that part of a person's income in excess of 25,000 crowns and the contribution varies from a minimum of 3.5 crowns a week to a maximum of 18.25 crowns. Where the person has an employer, that employer pays a contribution equal to that of his employee. The municipality pays an amount equal to 24.6 per cent of the insured person's contribution while the state pays an amount equal to 18.4 per cent. Each municipal government finances from its own revenues any supplementary payments made by it.

Administration

While the Ministry of Social Affairs exercises general supervision both the disability benefits scheme and old-age pensions scheme are administered by the National Insurance Institution through a network of local offices. This institution is headed by a board of 5 members appointed by the Crown for a four-year term. It is the supreme authority in the event of appeal in old-age pension disputes. In disputes over disability benefits the matter can be brought before the Ministry of Social Affairs for review. The administration of the two programs locally is achieved by local insurance funds which are managed by elected boards and are supervised by the National Insurance Institute.

(*h*) Old Age, Survivors and Disability Pensions—New Zealand

In New Zealand the Social Security Act of 1938, as amended, provides a comprehensive system of income maintenance benefits as well as a system of public medical and hospital care and other related health services. Cash benefit programs such as age, invalid, widows, orphans, sickness, unemployment, and emergency benefits are provided subject to an income test. The remaining cash benefit programs, namely, the superannuation benefits, family benefits and miners benefits are not subject to a test of income.

Superannuation Benefits

To qualify for a superannuation benefit a claimant must have reached age 65. A qualifying period of 20 years of residence in New Zealand immediately prior to application is required, although an applicant who was resident on March 15, 1938 may qualify after only 10 years of residence. Allowances are made for certain absences during the qualifying period. The superannuation benefit is not subject to a retirement test.

The 1964 rate of the superannuation benefit is £260 annually for a single person and £468 for an aged couple. For a married couple to receive superannuation benefits, each spouse must be individually eligible.

Age Benefits

Age benefits are available to people who can meet the residence requirements, which are the same as those for superannuation benefits. The minimum qualifying age is 60 years, although an unmarried woman who is unable to take up regular employment may be granted an age benefit at age 55. The maximum rate of the age benefit in 1964 is £260 annually for a single person or £468 for a married couple.

The age benefit is subject to an income test which provides that beneficiaries whose income is in excess of certain amounts may suffer some reduction in their rate of benefit. A single person's basic age benefit of £260 a year is reduced by £1 for every complete £1 by which allowable income exceeds £208 a year (£4 a week). Hence, the total income ceiling for age benefit and allowable income is £468. When the husband and wife are both eligible, each receives a benefit of £234 which is reduced by 10 shillings for every £1 by which the allowable income of the couple is in excess of £208 a year. Thus, the total income including age benefit, when both husband and wife are eligible, has a ceiling of £676 a year. When only a wife is eligible, the benefit is reduced by £1 for every £1 by which the allowable income of

Sources:

Norway, The National Insurance Institution, *The Norwegian System of Social Insurance*, Oslo, 1963.

Skardal, Dorothy Burton, *Social Insurance in Norway*, Oslo, 1960.

Norway, Ministry of Social Affairs, *Norwegian Social Policy, 1961–63*, Oslo, 1963.

United States, D.H.E.W., *Social Security Programs Throughout the World, 1964*, Washington, 1964.

the couple exceeds £442 a year. In other words the total income, including age benefit, of the two persons may be as much as £676 without effecting any reduction in the amount of age benefit provided. However, in the case of a married man who is eligible for an age benefit when his wife is not, the Social Security Commission increases his benefit by an amount not exceeding £234 a year, provided that the total of the benefits and the allowable income of the couple does not exceed £676 per year. A married couple, of which only the husband is eligible, may therefore receive benefit not exceeding £468 a year.

The age benefit includes a deferment concession which provides that any reduction in the annual rate of benefit because of income will be diminished by £6 10s. for each complete year of deferment between age 60 and 65, up to a maximum of £32 10s. in respect of five complete years of deferment. The concession does not become effective until age 65.

Upon the death of a married person, the full benefit for a married couple is continued to the surviving spouse for three months. Age and superannuation benefits are not available concurrently after age 65 and pensioners are permitted to choose the more favourable.

Invalidity Benefit

A person who is totally blind or permanently unfit for work because of accident, illness, or congenital defect may receive an invalid's benefit, subject to an income test. He must be at least 16 years old and not qualified for an age benefit. If the disability arose while the applicant was permanently resident in New Zealand, 10 years' residence immediately preceding application is required. The same condition applies if the disability originated outside New Zealand, provided he was resident there on 4 September 1936. An aggregate of 12 months' absence during that period is allowed, plus a further six months for each year of residence over 10. If the disability originated outside New Zealand and the applicant was not resident there on 4 September 1936, the residential qualification is 20 years immediately preceding application. In this case an aggregate of 12 months' absence is permitted, with an additional six months for each year of residence over 20.

In 1964 the maximum rate of the invalidity benefit is £260 a year for a single person or £468 for a married couple. The benefit is subject to an income test similar to that applying to age benefits except that for purposes of disability benefits the personal earnings of a totally blind person are disregarded. His personal earnings may also be subsidized by way of additional benefit to the extent of 25 per cent of his average weekly earnings for the year, up to a limit. In the case of a blind married man, the limit on benefit, income, and subsidy combined is £598 a year. In addition he may claim up to £234 a year for his wife if she is dependent on him and not qualified for a benefit in her own right. For an unmarried blind person the limit is £624.

If a married woman beneficiary requires nursing or domestic assistance her rate of benefit may be raised provided the total income of the applicant and her husband does not exceed £15 a week.

Survivors Benefits

Survivors benefits are paid to widows and orphans. The term "widow" is taken to include wives of mental patients and deserted wives. No qualifying period of residence is required if the widow has a dependent child who was born in New Zealand or while the mother was only temporarily out of the country. Otherwise, the residence qualifications are met if either the widow or her husband had, at her husband's death, resided continuously in New Zealand for not less than five years, or both the widow and her husband had resided in New Zealand for not less than three years immediately preceding his death.

Widows benefits are available to the following:

(*a*) A woman who becomes a widow after reaching age 50 who has been married for at least five years.
(*b*) A woman who becomes a widow after reaching age 40 provided she is not less than age 50, was married at least 10 years, and at least 15 years have elapsed since date of marriage.
(*c*) A widow with a dependent child.
(*d*) A widow without a dependent child provided she has had a child and has been married at least 15 years, or whose period of marriage plus the period in which she had care of a dependent child totals not less than 15 years.

In 1964 the maximum rate of widow's benefit for a widow with no dependent children is £260 a year. A "mother's allowance" of up to £169 a year is payable for the first orphan and £26 for each other dependent child under age 16, or under age 18 if the child is a student, up to and including the sixth child. Widows benefits are subject to an income test with benefits reduced by £1 for each £1 of income in excess of £260 a year if the widow is supporting children, or £208 if not.

Orphans benefits are payable for children, both of whose parents are deceased. A condition of eligibility is that the orphan must have been born in New Zealand, or his last surviving parent must have resided in New Zealand for not less than three years immediately preceding his or her death. Payment is normally made to the guardian and may be continued until age 16 or if the orphan is in school, until age 18. For full-orphans the maximum rate of pension in 1964 is up to £130 annually. The benefit is reduced by £1 for each complete £1 of any income in excess of £52 annually received by or on behalf of the orphan.

In addition to superannuation, age, invalidity and survivors pensions, the New Zealand social security system includes a supplementary assistance scheme. Supplementary assistance is designed to provide income maintenance benefits to those whose special circumstances require a greater measure of financial assistance than would be otherwise available. While other income-test benefits are granted only on the basis of financial resources, supplementary assistance takes into account also their financial needs. In order to decide the amount of supplementary assistance to be granted, a formula on the basis of presumed living costs has been devised. Assistance may be granted in weekly, monthly or lump-sum grants depending on which method best serves to meet the needs of particular cases. The cost of supplementary assistance is met by the Social Security Fund.

Financing

The cost of practically all social security cash benefits is met from the Social Security Fund. Prior to 1959, contributions to this fund were levied on the income of individuals at the rate of 7.5 per cent of their gross income and on company net income at the same rate. The government contributed an amount equal to about one-quarter of the cost of benefits. Since 1959 and the introduction of a pay-as-you-earn income tax system in New Zealand, however, the social security contribution has not been distinguishable from other income taxation and has been paid into the consolidated revenue fund. The Social Security Fund now obtains grants from consolidated revenue designed to meet the cost of benefits due.

Administration

The Social Security Act of 1938 established the Social Security Department under the control of a Commission of not more than three members, which reports to the Minister of Social Security. The Department administers the cash

benefits provided under the Act. The members of the Social Security Commission are the principal officers of the Social Security Department.

The country has been divided into 20 districts with a branch office of the Social Security Department in the principal town of each district. Each office is administered by a Registrar of Social Security. The Commission has granted to these Registrars powers for the granting of supervision of all types of benefit except the emergency and miners benefits.

The Health Department administers the health benefits while the Inland Revenue Department collects the contributions of the social security fund.

(*i*) Old Age, Survivors and Disability Pensions—Australia

In Australia the Social Services Act provides a system of income maintenance payments. Outlays are financed from the National Welfare Fund, established in 1943, which derives its revenue from an annual appropriation from the Commonwealth's consolidated revenue and from interest. The Social Services Act governs age and invalid pensions, funeral benefits, widow's pensions, maternity allowances, unemployment and sickness benefits, family allowances and the rehabilitation service. Of the cash benefits, only family allowances, maternity allowances, and pensions for blind persons are paid without a means test.

Eligibility for Age Pensions

Age pensions are payable to needy men 65 years of age and over, and to needy women age 60 and over, who are British subjects. A period of 10 years of continuous residence is required, except that a person with at least 5 years of continuous residence can qualify for an age pension provided his total period of residence exceeds 10 years by an amount equal to the number of years his continuous residence falls short of 10. Supplements for dependent wives and children are available for age pensioners who are permanently incapacitated or blind.

Elibility for Invalid Pensions

Invalid pensions are payable to British subjects 16 years of age and over who have resided in Australia for a continuous period of 5 years, and who are permanently incapacitated for work to the extent of 85 per cent of working capacity, or are blind. If the incapacity or blindness occurred outside Australia, the residence requirement is the same as for the age pensions. Invalid pensions also include wives' and children's supplements. Invalid pensioners who qualify for age pensions are transferred to age pension rolls on reaching retirement age.

Rates of Age and Invalid Pensions

In 1964 the maximum rate of the age or invalid pension is £5 15s. a week plus a rent allowance of 10s. a week for those entirely dependent on their pension. Where the wife of a pensioner is ineligible for a pension in her own right and her husband is incapacitated for work or permanently blind, she may be granted a wife's allowance at a maximum weekly rate of £4 15s. if she is age 60 or more, £3 if she is under age 60. Pensioners in receipt of an age or invalid pension may claim a child's supplement, payable at the rate of 15s. a week, for each child under age 16 or, if the child is a student, under age 18.

Sources:

New Zealand, *Social Security Act*, 1938 as amended.

New Zealand, Social Security Department, *Social Security Cash Benefits in Zealand*, Wellington, 1963.

United States, D.H.E.W., *Social Security Programs Throughout The World*, 1964, Washington, 1964.

Survivors Pensions

Pensions are payable to widows with dependent children under age 16, to widows without dependent children if they are at least age 50, or were at least 45 when their last child reached 16 and, for 26 weeks, to widows under age 50 who have no dependent children but are in "necessitous" circumstances. For the first two groups the term "widow" includes deserted wives, divorcees, a woman whose husbaand has been in jail for 6 months, and women whose husbands are in mental hospitals. Orphans pensions are payable to the widowed mother along with the widow's pension.

The residence qualification for a widow's pension is five years continuous residence in Australia immediately prior to the date of claim, but this period may be reduced to one year if the widow and her husband were living permanently in Australia when he died.

For widows with dependent children the maximum pension in 1964 is £7 15s. weekly. For those age 50, or over age 45 when the last child reached age 16, who do not have dependent children in their care, the maximum rate of pension is £5 2s. 6d. weekly. A similar weekly amount is payable for 26 weeks to the young widow in "necessitous" circumstances without a child in her care. Orphans pensions are payable with the widow's pension at a maximum rate of 15s. a week.

A funeral grant of up to £10 is payable to a person who has paid or is responsible for paying the cost of the funeral of an age or invalid pensioner or of a person who, but for his death, would be entitled to an age or invalid pension.

Means Test

Age and invalid pensions (other than those paid to blind persons) and allowances paid to wives of pensioners in receipt of an invalid pension (but not the child's supplements) are subject to a means test which takes into account both property and income. The means of an applicant comprises his income plus a property component equal to £1 a year for every complete £10 of the value of his property above £200. When a beneficiary's means exceed £182 a year (£3 10s. a week,) for a single person and £364 a year (£7 a week) for married couples, pensions are reduced by the amount by which the pensioner's or the couple's means exceed these amounts.

The means test applied to widows' pensions varies slightly with respect to the treatment of property. Where applicable, the property component is £1 for every £10 of property above £1000. However, for widows over age 50 without dependent children the means test corresponds to that applied for age and invalidity pensions.

Other Benefits

In addition to age, invalidity, and survivor pensions, the Australian social security provides income maintenance benefits to aged persons under a program designed to encourage rehabilitation of handicapped or injured persons. The Commonwealth Rehabilitation Service provides treatment and training to persons whose disability is remediable. The service is available to widows and invalid pensioners and other recipients of social services benefits. During treatment the payment of pension or benefits continues. When vocational training start the pension or benefit ceases and a rehabilitation allowance is paid.

Administration

The social services outlined above are administered by the Commonwealth Department of Social Services. The Department has 23 regional offices, each under the control of a Registrar of Social Services. Most of the regional offices were established about 1948, although some commenced later as the need developed.

Originally the Reginal Offices received claims for, and determined and paid unemployment, sickness and special benefits. Subsequently they undertook the initial examination of claims for pension and made recommendations to the Department of Social Services. Regional office functions have been increased progressively, however, until most of them now generally deal in a final manner with all examination and determination aspects of pensions and family allowances.

IV—SERVICES FOR THE AGED IN CANADA AND IN OTHER COUNTRIES

Introduction

Just as adequate income maintenance through social insurance transfer payment programs and public assistance is essential for older people, so also are the services that enable them to live comfortably, creatively and independently for as long as possible, and with appropriate social and recreational outlets. A summary of some of the services available through provincial and voluntary auspices is included here to indicate the framework of total services available, and to give, by inference, some indication of its strengths and of its gaps. A number of organizations providing these services have previously presented briefs to the Committee and have described their individual programs in detail. In this report, an effort is made to avoid duplication of this information, while offering a brief overall sketch of total services.

Fundamental to an acceptable standard of living is good housing. Housing for the elderly under the National Housing Act has been the subject of a brief by the Central Mortgage and Housing Corporation. The summary included here is limited to the legislative provisions for various types of accommodation for elderly persons in each province and is intended to supplement the data already provided.

Other welfare services which are being developed or extended and which mean a great deal to elderly people include meal services, day centres which provide recreation and other services, homemaker services, counselling and friendly visiting.

The educational, vocational and other services designed to assist creative living are omitted as not within this Department's terms of reference, though their importance is stressed as part of the overall picture. What is included here is not an exhaustive list, but is intended simply to touch briefly upon some of the major areas of welfare services for older people.

Section (i) deals with services in Canada. To put these in a broad context, Section (ii) contains notes on services in other countries.

IV.(i)—SERVICES FOR THE AGED IN CANADA

(*a*) Institutional Care

Historical Background

The development of institutional care for the sick and needy of the western world stems from the Judaeo-Christian tradition in which the virtues of charity were emphasized as a religious duty and as a manifestation of brotherly love. Institutions grew up under the auspices of the Christian church at least as far back as the third and fourth centuries.

Sources:

Australia, Bureau of Census and Statistics, *Year Book of The Commonwealth of Australia, 1962*, Canberra, 1963.

Australia, Department of the Interior, *Australia in Facts and Figures, No. 81*, Canberra, 1964.

Australia, *Annual Report of Director General of Social Services, 1963–64*, Canberra, 1964.

United States, D.H.E.W., *Social Security Programs Throughout the World, 1964*, Washington, 1964.

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

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

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

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

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

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

citizens. A somewhat similar situation obtained in Saskatchewan which, in addition to establishing geriatric centres, has made considerable use of the provisions of the National Housing Act for the building of hostels for the aged in connection with public housing developments. British Columbia, with large numbers of retired persons, has seen the development of considerable numbers of voluntary institutions and of boarding and nursing facilities operated under private auspices.

Recent Trends and Developments

In recent years, the trend throughout Canada has been towards specialized institutions both for health care and for sheltered accommodation. Within these broad groupings, different types of facilities for the aged have multiplied. There are, in most provinces, at least four main categories of welfare institutions for the aged: boarding houses, hostels, homes for the aged and nursing homes, in addition to specialized health care facilities in geriatric, chronic, general, tuberculosis and mental hospitals.

In all provinces there are provisions for public support and supervision of welfare institutions, and in some provinces financial aid is available for the construction of new institutions under public or voluntary auspices. In addition to broad-scale measures designed to assist the institution and benefit its residents as a whole, the provinces, and in some cases the municipalities, have provisions for needy persons requiring institutional care. These latter provisions usually form part of general assistance programs which are also supported by sharing provisions of the Unemployment Assistance Act.

Since 1956, the federal government has shared, under the Unemployment Assistance Act, in approximately half the payments to needy persons being assisted in various types of welfare institutions referred to in the Act as "homes for special care." These homes include the traditional types of welfare institutions, as well as homes for the aged, nursing homes, boarding homes, and hostel accommodation. Over 30,000 persons in homes for special care are currently covered by the sharing provisions of the Unemployment Assistance Act, and federal reimbursements to the provinces for needy residents exceed $25 million annually.

This federal measure, and the Hospital Insurance and Diagnostic Services Act, in addition to providing federal funds for the maintenance of both health and welfare institutional services, have assisted in the rationalization of institutional accommodation. One of the most significant trends in the period during which these Acts have been in effect is the accelerated development of specialized institutional accommodation and services and better defined utilization procedures.

Facilities and Utilization

Available statistical data on facilities for the institutional care of aged persons derive from a number of different sources and must be considered as incomplete and not fully accurate. However, some information is presented in Tables IV-1 to IV-4 which is reasonably valid for the purpose of estimating the overall provision of beds with the various forms of institutional care, including both health and welfare institutions.

Table IV-1 shows the estimated number of beds by province; Table IV-2 indicates the percentage distribution; and Table IV-3 relates the bed estimates to the population 65 years of age and over in each province.

In aggregate, the estimate is that, inclusive of hospital facilities, approximately 109,400 beds, representing about 77.2 beds per thousand population 65 years of age and over, were allocated for the institutional care of aged persons in Canada in 1962-63. In other words, on any particular day, nearly eight of

each 100 persons 65 years of age and over were residents in some form of institution, rather than in the community at large. It is believed that for the population 75 years of age and over the percentage of persons actually situated in one form of institution or another might rise to about 15 per cent of the population over 75 years of age.

With respect to the total provision for institutional care of the aged, eight of the ten provinces were fairly close to the national average number of beds per thousand population 65 years of age and over, varying from 92.9 in Alberta to 69.5 in Prince Edward Island and 68.5 in New Brunswick. The other two Atlantic Provinces had much lower ratios—45.6 in Nova Scotia and 39.2 in Newfoundland.

In addition to these variations among provinces in the total institutional provision, there were wide differences in the extent of various categories of facilities, reflecting such factors as divergent needs, variations in terminology and classifications, and policy differences with respect to including long-term care institutions as hospital facilities under the Hospital Insurance Program or considering them as nursing facilities under the Unemployment Assistance Program.

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TABLE IV-1

ESTIMATED BED ALLOCATION FOR INSTITUTIONAL CARE OF AGED PERSONS, 1962-1963

Province	General and Allied Special Hospitals[a]			Mental Hospitals and Tuberculosis Sanatoria[b]			Homes for Special Care[c]				(11) Total, All Institutions
	(1) Short-Term Care	(2) Long-Term Care	(3) Total	(4) Mental	(5) Tuberculosis	(6) Total	(7) Nursing	(8) Domiciliary	(9) Unspecified	(10) Total	
Newfoundland	184	66	250	178	18	196	112	366	149	627	1,073
Prince Edward Island	154	41	195	104	12	116	105	355	.....	460	771
Nova Scotia	833	173	1,006	617	53	670	414	705	136	1,255	2,931
New Brunswick	675	194	869	475	63	538	410	755	688	1,853	3,260
Quebec	3,494	2,500	5,994	3,279	317	3,596	2,509	513	10,394	13,416	23,006
Ontario	6,798	8,139	14,937	5,856[d]	266	6,122	11,100	9,212	2,512	22,824	43,883
Manitoba	1,332	684	2,016	855	56	911	1,214	2,723	.....	3,937	6,864
Saskatchewan	1,601	823	2,424	1,322	45	1,367	305	2,117	48	2,470	6,261
Alberta	1,650	2,283	3,933	1,367[e]	75	1,442	228	3,240	.....	3,468	8,843
British Columbia	2,288	590	2,878	1,976	82	2,058	2,280	5,217	.....	7,497	12,433
Yukon	9	2	11	.....	.....	.....	8	39	20	67	78
Northwest Territories	12	2	14	.....	6	6	.....	.....	.....	.....	20
CANADA	19,030	15,497	34,527	16,029	993	17,022	18,685	25,242	13,947	57,874	109,423

[a] Represents an estimate of occupied beds in general and allied special hospitals used to provide hospital care to patients 65 years of age and over during 1962. *Source*: Table IV-4.

[b] Represents an estimate of the number of patients under care in mental institutions and tuberculosis sanatoria on December 31, 1962, who were 65 years of age and over. Estimate includes all patients on books 70 years of age and over, plus one-half of patients between age 60 and 70. *Source*: D.B.S. *Mental Health Statistics* and D.B.S. *Tuberculosis Statistics, Supplements: Patients in Institutions, 1962.*

[c] Represents the number of beds reported by "homes for special care" eligible for assistance under the Unemployment Assistance Program, at the end of 1963. It is assumed that the bulk of these beds are occupied by persons 65 years of age and over. *Source*: Research and Statistics Division, Department of National Health and Welfare.

[d] Adjusted to include an estimated 1,428 persons in residential units of 12 Ontario mental hospitals who were 65 years of age and over.

[e] Adjusted to include 500 patients in one non-reporting institution.

TABLE IV–2

PERCENTAGE DISTRIBUTION OF ESTIMATED BED ALLOCATION FOR INSTITUTIONAL CARE OF AGED PERSONS, 1962

Province	General and Allied Special Hospitals			Mental Hospitals and Tuberculosis Sanatoria			Homes for Special Care				(11) Total, All Institutions
	(1) Short-Term Care	(2) Long-Term Care	(3) Total	(4) Mental	(5) Tuberculosis	(6) Total	(7) Nursing	(8) Domiciliary	(9) Unspecified	(10) Total	
Newfoundland	17.1	6.2	23.3	16.6	1.7	18.3	10.4	34.1	13.9	58.4	100.0
Prince Edward Island	20.0	5.3	25.3	13.5	1.5	15.0	13.6	46.1	—	59.7	100.0
Nova Scotia	28.4	5.9	34.3	21.1	1.8	22.9	14.1	24.1	4.6	42.8	100.0
New Brunswick	20.7	6.0	26.7	14.6	1.9	16.5	12.6	23.1	21.1	56.8	100.0
Quebec	15.2	10.9	26.1	14.2	1.4	15.6	10.9	2.2	45.2	58.3	100.0
Ontario	15.5	18.6	34.1	13.3	0.6	13.9	25.3	21.0	5.7	52.0	100.0
Manitoba	19.4	10.0	29.4	12.5	0.8	13.3	17.7	39.6	—	57.3	100.0
Saskatchewan	25.6	13.1	38.7	21.1	0.7	21.8	4.9	33.8	0.8	39.5	100.0
Alberta	18.7	25.8	44.5	15.5	0.8	16.3	2.6	36.6	—	39.2	100.0
British Columbia	18.4	4.7	23.1	15.9	0.7	16.6	18.3	42.0	—	60.3	100.0
Yukon	11.5	2.6	14.1	—	—	—	10.3	50.0	25.6	85.9	100.0
Northwest Territories	60.0	10.0	70.0	—	30.0	30.0	—	—	—	—	100.0
CANADA	17.4	14.2	31.6	14.6	0.9	15.5	17.1	23.1	12.7	52.9	100.0

SOURCE: Table IV–1.

TABLE IV-3

ESTIMATED BEDS PER THOUSAND POPULATION, 65 YEARS OF AGE AND OVER, FOR INSTITUTIONAL CARE OF AGED PERSONS, 1962

Province	Population[a] Age 65 Plus	General and Allied Special Hospitals			Mental Hospitals and Tuberculosis Sanatoria			Homes for Special Care				(11) Total, All Institutions
		(1) Short-Term Care	(2) Long-Term Care	(3) Total	(4) Mental	(5) Tuberculosis	(6) Total	(7) Nursing	(8) Domiciliary	(9) Unspecified	(10) Total	
	(in Thousands)											
Newfoundland	27.4	6.7	2.4	9.1	6.5	0.7	7.2	4.1	13.4	5.4	22.9	39.2
Prince Edward Island	11.1	13.9	3.7	17.6	9.4	1.1	10.5	9.5	32.0	—	41.4	69.5
Nova Scotia	64.3	13.0	2.7	15.6	9.6	0.8	10.5	6.4	11.0	2.1	19.5	45.6
New Brunswick	47.6	14.2	4.1	18.3	10.0	1.3	11.3	8.6	15.9	14.5	38.9	68.5
Quebec	314.8	11.1	7.9	19.0	10.4	1.0	11.4	8.0	1.6	33.0	42.6	73.1
Ontario	518.1	13.1	15.7	28.8	11.3	0.5	11.8	21.4	17.8	4.8	44.1	84.7
Manitoba	84.5	15.8	8.1	23.9	10.1	0.7	10.8	14.4	32.2	—	46.6	81.2
Saskatchewan	86.2	18.6	9.5	28.1	15.3	0.5	15.9	3.5	24.6	0.6	28.7	72.6
Alberta	95.2	17.3	24.0	41.3	14.4	0.8	15.1	2.4	34.0	—	36.4	92.9
British Columbia	167.1	13.7	3.5	17.2	11.8	0.5	12.3	13.6	31.2	—	44.9	74.4
Yukon	0.4	22.5	5.0	27.5	—	—	—	20.0	97.5	50.0	167.5	195.0
Northwest Territories	0.5	24.0	4.0	28.0	—	12.0	12.0	—	—	—	—	40.0
CANADA	1,417.2	13.4	10.9	24.4	11.3	0.7	12.0	13.2	17.8	9.8	40.8	77.2

[a] D.B.S. *Estimated Population by Sex and Age Group, for Canada and Provinces, 1962.*

SOURCE: Table IV-1.

TABLE IV-4

ESTIMATED BED ALLOCATION FOR SHORT-TERM AND LONG-TERM CARE IN GENERAL AND ALLIED SPECIAL HOSPITALS, BY PROVINCE, 1962

Province	Population Age 65 Plus[a]	Estimated Days of Separated Patients 65 Years of Age and Over				Bed Equivalent Long-Stay Days[c]	Bed Equivalent Short-Stay Days[d]	Total Bed Equivalent
		Total Days[b]	Days Per Thousand Aged Population	Long-Stay Days[b]	Short-Stay Days[b]			
	(in Thousands)							
Newfoundland	27.4	75,339	2,749	21,596	53,743	66	184	250
Prince Edward Island	11.1	58,691	5,287	13,601	45,090	41	154	195
Nova Scotia	64.3	300,179	4,668	57,068[e]	243,111	173	833	1,006
New Brunswick	47.6	260,938	5,481	63,789[e]	197,149	194	675	869
Quebec	314.8	1,842,838	5,853	822,665	1,020,173	2,500	3,494	5,994
Ontario	518.1	4,662,682	8,999	2,667,787[f]	1,984,895	8,139	6,798	14,937
Manitoba	84.5	613,719	6,079	224,906	388,813	684	1,332	2,016
Saskatchewan	86.2	738,190[g]	8,563	270,710	467,480	823	1,601	2,424
Alberta	95.2	1,232,932	12,950	751,122	481,810	2,283	1,650	3,933
British Columbia	167.1	862,206	5,160	194,053	668,153	590	2,288	2,878
Yukon	0.4	3,166	7,915	658	2,508	2	9	11
Northwest Territories	0.5	3,934	7,868	560	3,374	2	12	14
CANADA	1,417.2	10,654,814	7,518	5,098,515	5,556,299	15,497	19,030	34,527

[a] D.B.S. *Estimated Population by Sex and Age Group, for Canada and Provinces, 1962.*

[b] Represents total days since admission of patients separated during the calendar year 1962 who were 65 years of age and over. Long-stay days means for patients who remained in hospital for 60 or more days. Short-stay days means days for patients who remained in hospital for less than 60 days. Includes special estimates where data not available on short-stay and long-stay distribution of days. *Source*: Data supplied by provinces to Department of National Health and Welfare.

[c] Based on 90 per cent occupancy.

[d] Based on 80 per cent occupancy.

[e] Only total days 60 and over length of stay for all age groups supplied by Nova Scotia and New Brunswick. Estimated figure represents 50 per cent of these days—based on average experience for general hospitals in other provinces.

[f] Only total days 60 and over length of stay for all age groups supplied by Ontario—distributed between general and chronic hospitals. Estimated figure represents total of 50 per cent of these days in general hospitals, plus 80 per cent of these days in chronic hospitals.

[g] Includes 123,853 patient days in three geriatric hospitals.

"Homes for special care" supported by payments through the federal-provincial unemployment assistance program comprised more than one-half of the total count of beds allocated for aged persons. Some 1,631 separate facilities reported a combined total of 58,000 nursing and domiciliary care beds at the end of the year 1963. It has been assumed for purposes of these statistics that all the patients or residents occupying the beds in "homes for special care" are aged persons; this is only a first approximation but is reasonably close to the truth.[1]

A high proportion of these residents suffer from physical infirmities requiring personal and nursing care, and many are completely bedridden. Others who are in relatively good health have no other suitable place to live. Nearly all of them may be said to require certain minimal services which are not, in the present state of community services, available to them elsewhere.

The constantly changing health status of residents in these facilities makes it difficult to count separately the nursing care beds as distinct from domiciliary care. Definition of the distinction between these categories was left to the discretion of the provincial authorities supplying the data. About one-quarter of the reported beds, mostly in the Province of Quebec, were unspecified as to whether they are for nursing or domiciliary care.

Among the total of beds where the type of care was specified, there was a majority of domiciliary beds, but in Quebec most of the reported beds were nursing beds. If the ratio of nursing to domiciliary beds among specified beds in each province is assumed to be similar for the unspecified beds, we may conclude that in aggregate close to one-half of the 58,000 beds may be considered as nursing beds and about one-half may be considered as domiciliary beds.

In reviewing the beds in "homes for special care" in each province in relation to the aged population, we find that seven provinces were fairly close to the national average of 40.8 beds per thousand population over 65 years of age, with a variation from 36.4 in Alberta to 46.6 in Manitoba. The Province of Saskatchewan was somewhat lower with 28.7 beds per thousand, while Newfoundland had 22.9 and Nova Scotia had 19.5 beds per thousand persons over 65 years of age.

Eight of the ten provinces reported a majority of domiciliary beds in "homes for special care"; Saskatchewan and Alberta had up to 80 or 90 per cent of the beds in the domiciliary category; Newfoundland, Prince Edward Island, Manitoba and British Columbia had well over two-thirds of their beds classified as domiciliary; Nova Scotia and New Brunswick also had a majority of domiciliary beds; Ontario had slightly more nursing than domiciliary beds; Quebec reported most of its beds in the nursing category.

It is apparent that the available statistics on beds in "homes for special care" leave much to be desired. More information is needed to define and clarify the various types of residents under care and the levels of service being provided in these facilities in the various provinces.

Mental Hospitals and Tuberculosis Sanatoria

Approximately 1,000 persons over the age of 65 years were patients in tuberculosis sanatoria at the end of 1962.

In hospitals for the mentally ill and mentally retarded, the aged patients include both persons recently hospitalized because of psychiatric morbidity associated with old age and persons placed in hospital many years ago who have grown old in the mental institution.

[1] For example, the Saskatchewan Department of Social Welfare and Rehabilitation states that the number of persons in sheltered accommodation below the age of 65 "is thought to be too small to make any appreciable difference in an over-all estimate of the number of persons age 65 and over in institutional care."

Source: Report and Recommendations, Aged and Long-Term Illness Survey Committee, Province of Saskatchewan, July, 1963, page 189.

The estimate of 16,000 persons over the age of 65 as patients under care in mental hospitals at the end of 1962 include all patients on the books 70 years of age and over, plus one-half of patients between age 60 and 70. This represented about 14.6 per cent of the institutional care facilities for older persons, varying from 12.5 per cent in Manitoba to 21.1 per cent in Nova Scotia and Saskatchewan. Saskatchewan had 15.3 beds in mental institutions per thousand aged persons in 1962; Alberta had 14.4; British Columbia had 11.8 and Ontario 11.3, the latter being the national average. Other ratios were Quebec—10.4, Manitoba—10.1, New Brunswick—10.0, Nova Scotia—9.6, Prince Edward Island —9.4, and Newfoundland—6.5.

Within general and allied special hospitals, both long-term and short-term care is provided to aged persons. Bed estimates for both short-term and long-term care have been worked out using volume of care data for persons 65 years of age and over in the year 1962. The working assumption was made that separated patients 65 years of age and over who remained in hospital 60 or more days from the date of admission were long-term care patients, and the days of such patients would represent long-term care days. The number of short-term care days would be obtained by subtracting the long-term care days from the total days of care for persons 65 years of age and over. The days were translated into bed equivalents on the basis of 80 per cent occupancy for short-term care and 90 per cent occupancy for long-term care. The results of this procedure are shown in Table IV-4. It is believed that this approach supplies a reasonable approximation of the hospital bed provision for short-term care and for long-term care of the aged in each province.

The estimated aggregate hospital bed provision for aged persons was 24.4 beds per thousand aged population, nearly four times higher than the total bed-population ratio for all age groups combined of 6.7 per thousand population in 1962. On the basis of the distinction between short-term care and long-term care used in these tables, there were 10.9 beds per thousand aged population for long-term care and 13.4 beds per thousand aged population for short-term care. It is obvious, of course, that if a different criterion had been used to define long-term care such as a length of stay of 30 or more days in hospital, the number of beds said to be allocated for long-term care would be much higher.

Among the provinces, Alberta had 24.0 beds for long-term care and Ontario had 15.7 as compared with the Canada-wide average of 10.9. This has been primarily a consequence of an extended scope of the hospital insurance program in those two provinces. Both Ontario and Alberta have constructed a substantial number of hospital beds for long-term care and, in addition, include some nursing homes as participating hospital facilities. All the other provinces were below the national average, as follows: Saskatchewan 9.5, Manitoba 8.1, Quebec 7.9, New Brunswick 4.1, Prince Edward Island 3.7, British Columbia 3.5, Nova Scotia 2.7, and Newfoundland 2.4.

Supervision, Standards and Financial Support

The following discussion is limited almost entirely to welfare institutions providing sheltered accommodation or nursing home care. With respect to mental and tuberculosis hospitals, control of standards and financial support are primarily functions of provincial health departments. Provincial hospital insurance authorities have a similar role with respect to general and allied special hospitals under the federal-provincial hospital insurance program.

Supervision and Licensing.

Provincial supervision of homes for the aged and nursing homes is generally exercised through inspection and approval and a system of licensing. Furthermore, charitable institutions must be approved in order to qualify for maintenance payments on behalf of their needy residents. The legislative

authority for this supervision may be found in health acts and regulations, in social assistance legislation, and in statutes specifically governing homes for the aged or nursing homes.

Only Newfoundland, Prince Edward Island and British Columbia directly operate provincial homes for the aged, while Saskatchewan and British Columbia also maintain some nursing homes or infirmary institutions. Seven provinces, however, have a substantial number of municipally operated facilities for sheltered accommodation: Nova Scotia, New Brunswick, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia. A major portion of the accommodation, however, is provided on a voluntary or proprietary basis.

Provision is made in all provinces for various forms of inspection by health or welfare authorities, whether or not a license is required to operate specified facilities. Mainly this is provincial inspection, except where local authorities have certain responsibilities.

A system of provincial licensing of voluntary and proprietary facilities exists in British Columbia, Alberta, Saskatchewan, Manitoba and New Brunswick, while Nova Scotia licenses private nursing homes and Newfoundland licenses private boarding homes. Licensing is a local responsibility in Ontario with respect to proprietary homes, except for homes which will be licensed by the Provincial Health Department under the Homes for Special Care Act, Ontario, June 1964. This Act is designed to provide residential accommodation for discharged mental hospital patients. Regulations issued under the licensing legislation of each province contain statements on standards of care and accommodation that must be met as a condition of licensing, as well as an outline of licensing procedure. Licences are issued on an annual basis for a small fee and may be cancelled at any time for failure to provide proper care or comply with regulations; operation of a home without a licence is punishable by a fine.

Standards of Accommodation and Care.

The changing emphasis to a protective health environment rather than straight residential care in facilities for the aged has been accompanied by more attention to standards of care. One emerging pattern has been the upgrading of levels of service in facilities approved for participation in the hospital insurance program, as well as in facilities approved as "homes for special care" under the unemployment assistance program. More restorative services are being developed. Another encouraging development has been the formation of associations of nursing home operators in several provinces and a National Association of Nursing Homes which is in process of formation.

Regulations setting out standards of care cover a number of areas and differ substantially in their scope from province to province. Among other things, they may govern personnel, nutrition, medical care, occupational and recreational activities, admission and discharge procedures, records, and returns. In a few areas such as admission and discharge procedures and record keeping, the regulations are fairly specific, and there is some degree of uniformity between provinces. In other areas, however, they are general in their content, as, for example, the requirement that meals of "adequate quantity and quality" be served to residents of municipal and voluntary homes, or that, where possible, adequate recreational, rehabilitative and hobby-craft facilities be provided.

Standards of accommodation relate, among other things, to the type of building and its location, to the equipment and facilities in the home, and to sanitation and fire protection. In some cases, the regulations are specific in their requirements. They may require, for example, that there be at least a specified area of space per resident in sleeping rooms, that prescribed bathing and toilet facilities be available, or that the temperature of the home

be kept above stated minima during the day and night. Standards are usually set out in general terms, however, with the administrative authority maintaining control through the exercise of discretion in granting licenses or giving approval. Approval is based on detailed information submitted with the application and on reports of inspections. Reliance is also placed on reports or certificates of approval obtained from officials such as fire commissioners and medical officers of health.

Maintenance Payments.

Payments on behalf of needy persons in homes for the aged and nursing homes are made by the provinces, and in some provinces by municipalities, through the regular social assistance program or under legislation which deals with institutional accommodation in particular. The municipal share in those provinces where this exists varies from under ten per cent to one-third of the assistance payments.

Generally the amounts paid are based on per diem or monthly rates established by the province. These rates are calculated on the basis of actual costs of operation in the care of publicly-owned homes, and are negotiated in the case of voluntary or proprietary homes. Some provinces, such as British Columbia, Alberta, Ontario and Quebec, set out maximum amounts payable for a given type of care in non-public homes. The other provinces accept individual rates in different homes after satisfactory negotiation.

Recipients of old age assistance, old age security or other statutory allowances are required to contribute towards the cost of their maintenance. The recipient retains a small amount (generally varying from $5 to $12 a month) as a personal comforts allowance.

The combined provincial and municipal payments are shared by the federal government under the terms of the Unemployment Assistance Act. The federal contribution amounts to 50 per cent of expenditures on behalf of the needy persons maintained in accepted homes for special care described above.

While the rates of assistance, including those paid for care in accepted homes and the conditions under which assistance may be granted, are determined by the province or municipality, the rate that is shared federally may not exceed what an individual might reasonably be expected to pay for accommodation of a comparable kind and quality. Payments are made only on behalf of persons who would not normally be cared for in general chronic or convalescent hospitals, tuberculosis sanatoria or mental institutions. Also, payments made for medical, hospital, nursing, dental and optical care, and for drugs and dressings are excluded from claims under the agreements. The costs of routine nursing services provided in institutions such as nursing homes are, however, considered shareable.

Proprietary nursing homes and private hospitals listed as participating facilities in the hospital insurance programs of some provinces are reimbursed by a daily contract rate for standard ward care provided to beneficiaries. The federal government shares the cost of approved services in listed facilities, under the Hospital Insurance and Diagnostic Services Act.

Capital Grants

Provincial capital grants for sheltered accommodation facilities are available in seven provinces: Newfoundland, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan and British Columbia, while an eighth province, Alberta, has assumed the entire cost of building and furnishing 50 municipal homes for the aged on municipally owned land. Generally, the grants are made for both municipal and voluntary homes and cover a stated portion of capital costs. The maximum portion payable in grants is 20 per cent in Newfoundland and Saskatchewan, 33 per cent in Manitoba and British Columbia,

and 50 per cent in New Brunswick and Ontario; there is no set proportion in Quebec. Some provinces also provide grants for the renovation of existing facilities.

In most cases, payment of a capital grant is conditional on approval of plans and specifications for the home by the provincial authority, thus enabling the provinces to exercise control over the standard of the accommodation that is provided. Other conditions, which vary from province to province, also affect the payment of grants. In British Columbia, for example, residents of assisted homes must be ambulatory, and their medical needs must be such that they could be cared for by a visiting medical practitioner. In Manitoba and British Columbia, an organization receiving a grant for a home must contribute 10 per cent of the total cost, obtained in such a way as not to mean a debt on the accommodation. Both provinces set a maximum limit on the permissible income of residents, and Manitoba has a minimum age limit for residents.

Federal loans are available to non-profit organizations under the provisions of Section 16 and 16A of the National Housing Act. Such loans for residential institutional accommodation may be approved for up to 90 per cent of construction costs to 5¾ per cent interest repayable over a term of up to 50 years.

Newfoundland

Residential institutions for the aged include several facilities operated by religious organizations and a provincial home for the aged maintained by the Department of Public Welfare. In addition, there are some 18 licensed private boarding homes, subject to regular inspection by a welfare officer and fire commissioner, plus a number of unlicensed private boarding homes. Elderly persons unable to pay their costs of maintenance in these homes, in the provincial home, or in charitable institutions are aided under the Social Assistance Act. Special capital grants, not exceeding 20 per cent of the cost, have assisted the construction of some voluntary facilities.

A new provincial home for the aged is now under construction in St. John's, and also a new hostel sponsored by the Anglican Church.

Prince Edward Island

Two provincial and two voluntary religious homes for the aged function in Prince Edward Island. The net costs of operating these facilities are met from provincial revenues. There are no licensing procedures or legislation governing nursing homes.

A new home for the aged is now under construction at Summerside.

Nova Scotia

Municipalities are required by the Social Assistance Act to provide assistance to their needy residents. Facilities available include 14 long-established municipal homes, four voluntary and 36 proprietary facilities. A new municipal home is being constructed in Annapolis County.

Standards of care and accommodation in minicipal homes are regulated under the Social Assistance Act, and they are inspected regularly by boards of visitors appointed for each home by municipal councils and the provincial government. The removal of mentally ill persons from the homes in recent years has enabled municipal authorities to improve the facilities.

There is no legislation covering licensing or control of voluntary or private facilities in which only board and domiciliary care are provided. About seven private homes able to meet specified standards are licensed under the terms of the Nursing Homes Act enacted in 1958. This class of home is defined as any place housing four or more patients receiving active treatment or convalescent care after an illness or injury. Inspection is by provincial health department officials and the Fire Marshal.

Through its social assistance program, the province reimburses municipalities for two-thirds of their net expenditures for the maintenance of needy residents in approved municipal homes or proprietary nursing homes. Payments are made on the basis of fixed per diem rates set periodically by the province for each home, less revenues received on the person's behalf from other sources.

New Brunswick

Some 76 homes for the aged and nursing homes (six municipal, 14 voluntary and 56 proprietary) are controlled by regulations put into effect in 1959 under the Health Act, but administered by the Department of Youth and Welfare. Municipal homes are inspected by boards of commissioners as in Nova Scotia. Private or voluntary homes accommodating more than two aged or infirm persons must have a license, issued after inspection by the Fire Marshal, the District Medical Health Officer and the Welfare Investigator. Eight facilities having 24-hour a day nursing services are licensed as nursing homes.

Municipalities are responsible for the care of needy persons with established settlement. Under the Social Assistance Act, the province reimburses each municipality to the extent of one dollar per capita of its population, plus 70 per cent of its expenditures for social assistance in excess of this amount. Included are maintenance expenditures or payments to municipal, voluntary or proprietary homes on the basis of rates approved by the Department of Youth and Welfare.

The Auxiliary Homes Act was enacted in 1961 to provide provincial assistance of $2,000 a bed or 50 per cent of capital costs, whichever is lesser, towards the cost of new construction.

Quebec

There are about 100 voluntary homes for the aged operated mainly by religious organizations, and nearly 200 proprietary nursing homes in Quebec, apart from chronic care facilities under the hospital insurance program.

Homes for the aged receiving provincial maintenance grants under the Quebec Public Charities Act on behalf of their needy residents must be approved as public charitable institutions by the Bureau of Public Charities under the Department of Health or under the Department of Family and Social Welfare; regulations governing standards of care and accommodation are made by authority of the Public Health Act. Inspection is by staff of the Department of Health or the Department of Family and Social Welfare. Licensing is required for proprietary nursing homes under the Private Hospitals Act.

The provincial government and the institutions that provide the care share the cost of maintenance of indigent older persons. Two-thirds of the costs of maintenance are borne by the province, based on approval per diem rates for three categories of care; the municipalities no longer share in these costs.

Ontario

There are in Ontario some 58 large municipal homes for the aged controlled through the Homes for the Aged Act, which offer bed (but not hospital) care, special care (for senile persons) and normal care (well ambulatory). About 80 facilities administered by religious groups, fraternal organizations and welfare agencies function under the Charitable Institutions Act. In addition, there are approximately 400 proprietary nursing homes, including a few which are participating facilities in the hospital insurance program.

Standards with respect to accommodation and care in municipal homes and charitable institutions are set out in regulations authorized by the respective statutes. No licenses are required. However, annual inspections of each home are made by provincial supervisors who are representatives of the Department of Public Welfare. Proprietary nursing homes are licensed by the county or municipality in which they are located, with inspection by local health units or health departments. Criteria for the approval of nursing homes as chronic care facilities are prescribed in regulations made by the Ontario Hospital Insurance Commission.

Provincial financial assistance towards operating costs is on the basis of a percentage of "net operating costs". The province pays 70 per cent of the gross operating expenses, less revenues received of municipal homes, 75 per cent of the average daily maintenance cost of needy residents (up to $3.40 daily per person) in voluntary charitable institutions, and 80 per cent of the cost of nursing home care for persons qualifying for assistance under the General Welfare Assistance Act. A few selected nursing homes qualify under the Ontario Hospital Insurance Plan for full payment for the care of chronically ill patients.

The provincial government pays 50 per cent of construction and remodelling costs of municipal homes under the Homes for the Aged Act, and 50 per cent or $2,500 a bed (whichever is lesser) for construction of voluntary homes under the Charitable Institutions Act.

Manitoba

Manitoba has 28 voluntary, 37 proprietary and 12 municipal institutions for the aged.

General supervisory powers over all "care institutions" are granted to the Department of Health by the Public Health Act. Licenses are required to operate "care institutions", which include private boarding homes, nursing homes and boarding care homes. Inspection and standards are the responsibility of the Care Services Organization, a unit under the joint direction of the Department of Health and the Department of Public Welfare. This unit participates also in arranging and co-ordinating alternative care services for particular patients.

Through the provisions of the Social Allowances Act, 1959, the province pays the full cost of allowances for needy residents of "care institutions" and "personal care homes" on the basis of approved per diem rates. Under the Elderly Persons Housing Act, provincial capital grants of one-third the construction cost are available to municipalities and non-profit or charitable organizations to assist in constructing hostels or residences for the elderly, while grants of $2,000 a bed are available for the construction of "personal care homes".

Saskatchewan

Of about 60 facilities for sheltered accommodation or nursing care, all but six are operated by municipalities or voluntary groups in Saskatchewan. Three large provincial geriatric centres, operated by the Department of Social Welfare and Rehabilitation, are participating in the Saskatchewan Hospital Services Plan.

The Housing and Nursing Homes Branch of the Department of Social Welfare and Rehabilitation is responsible for inspection and licensing. Regulations under the Housing Act outline licensing procedures, and govern the construction and equipping of homes, fire protection, medical care, nutrition and records. Regulations may also be made under the Hospital Standards Act and the Public Health Act. Inspections are made periodically by regional health officers

or their staff. The Housing and Nursing Homes Branch employs a nutritionist and a nursing consultant whose main functions are to assist operators of homes for the aged in maintaining and improving standards.

Under the Social Aid Act, the municipalities pay per diem rates on behalf of persons unable to pay all or a portion of the per diem daily living rate; the municipalities are reimbursed by the province for their entire social aid costs. In addition, an annual maintenance grant of $60 per bed is paid by the Department of Social Welfare and Rehabilitation to all institutions, except four "nursing homes" which are privately operated. Under the Housing Act, the province may make capital grants amounting to one-fifth of construction costs to approved municipal or charitable organizations building homes for the aged or non-commercial nursing homes.

Alberta

Sheltered accommodation in Alberta is provided mainly through about 50 municipally operated homes for the aged built for ambulatory older persons at provincial expense during the past few years under the Homes for the Aged Act. The municipalities provide the land and manage the homes through foundations whose directors are municipal counsellors. Other facilities include about 13 voluntary and 28 proprietary homes. Standards in both municipal and voluntary facilities are controlled by regulations under the Welfare Homes Act, enacted in 1963. All homes caring for four or more persons must be licensed, with inspection by the Director of Welfare Homes in the Department of Public Welfare. Municipalities contributing to the support of any of their needy residents in municipal or voluntary homes are reimbursed by the Province for 80 per cent of their net expenditures on the basis of approved maximum daily rates.

Until recently, most of the nursing home accommodation has been provided in homes under contract with the Department of Public Health to provide chronic care under the Hospital Insurance Plan, although they were licensed by the Department of Public Welfare. In 1964, however, a new Nursing Homes Act superseded the Welfare Homes Act with respect to the licensing of "contract" nursing homes. The new legislation provides for a nursing home to "contract" with the Department of Public Health, which, in turn, will pay a per diem subsidy of $4.50 a day on behalf of all eligible patients if the home meets certain specified standards. Eligible patients must contribute $2.50 per day, plus additional charges for semi-private or private accommodation where requested. Excluded from eligibility for the per diem subsidy, however, are persons which are the financial responsibility of the Department of Public Welfare. Homes which do not choose to "contract" will continue to be licensed as homes for special care by the Department of Public Welfare under the Welfare Homes Act.

British Columbia

Facilities for long-term domiciliary care include about 288 boarding homes licensed under the Welfare Institutions Licensing Act; the Provincial Home for the Aged and Infirm at Kamloops which provides care for elderly men and is operated by the Department of Social Welfare; and about ten municipal homes. The licensed boarding homes are mostly proprietary institutions which provide personal care, but not nursing service, to ambulatory patients receiving some form of public assistance.

The Welfare Institutions Licensing Act, administered by a six-member Welfare Institutions Board, provides for provincial licensing and inspection of all boarding homes and other welfare institutions and for the appointment of a Chief Inspector of Welfare Institutions. Regulations issued under the Act prescribe standards of care, accommodation and administration. Licensed homes may admit only persons who are ambulatory.

Facilities for nursing care include 64 nursing homes licensed as "private hospitals" under Part II of the Hospital Act, and the Provincial Infirmaries. Most of the nursing homes in the province are operated for profit, while several are operated as non-profit organizations by religious and other groups. Private hospitals (nursing homes) are subject to the building, fire, sanitation and zoning regulations of the local municipality and must be licensed by the Provincial Inspector of Private Hospitals whose chief concern is staff, standards of care, and equipment.

The Provincial Infirmaries were formerly governed by the regulations made under the Provincial Infirmaries Act. They are now administered by the Health Branch and are supervised by the Medical Superintendent of the Pearson Tuberculosis Hospital.

Maintenance grants to nursing homes, boarding homes and other welfare institutions take the form of assistance payments, generally made within the framework of the provincial social assistance legislation, on behalf of needy persons in the homes by the Department of Social Welfare. Institutional rates are set by the municipalities, but provincial contributions are based on a maximum per diem rate of $6.85 for nursing home care and $3.20 for domiciliary home care. Ninety per cent of the cost of maintaining needy unemployed persons in homes for special care is borne by the province; the remaining ten per cent is pooled and shared by the municipalities on a per capita basis.

Capital grants covering up to one-third of the approved cost of land, construction, etc., as well as certain diagnostic, treatment and other operating facilities, may be made by the Minister of Health Services and Hospital Insurance to non-profit institutions in the construction of nursing-home type beds. Provincial capital grants available for housing under the Elderly Citizens Housing Aid Act are also available to municipalities or non-profit organizations for up to one-third of the costs of construction or renovation of boarding homes for the ambulatory aged through the Department of the Provincial Secretary.

(b) HEALTH CARE FOR ASSISTANCE RECIPIENTS

Dr. K. C. Charron has already presented to the Committee material on health services relating to the interests of the Health Branch of the Department of National Health and Welfare. An area of health care not covered in that presentation, because of its close association with welfare programs, has to do with the group of older persons covered by various provincial health care measures for public assistance recipients. Among this group are included those old age security recipients who are covered by the supplemental allowance programs offered by a number of provinces which provide health care as an associated benefit.

Traditionally, the health care required by needy persons has been provided in the public wards and out-patient departments of hospitals, and through the donated services of medical practitioners. With the advent of hospital insurance and of special programs of the types outlined below, the former methods of meeting the health needs of assistance recipients are declining in importance, and adequate services are being looked upon as an integral part of public assistance programs. A question which has affected the implementation of this principle, however, is the fundamental one of whether health services should be developed for particular groups or whether the emphasis should be upon the development of comprehensive health programs covering the whole population. This question is being closely studied by the federal government in the light of the recommendations of the Royal Commission on Health Services and is also being given close attention in the provinces.

The material that follows outlines provincial health care measures for public assistance recipients, with particular reference to the programs in Ontario and the four western provinces,—the provinces on which the most

complete data was available. On the basis of cost data from the more comprehensive of the provincial programs, the following material also presents some tentative estimates of the cost of providing similar health service coverage to all old age assistance recipients and old age security recipients receiving supplemental allowances, and also to all aged persons.

Coverage of the Aged under Specified Provincial Measures

Public assistance health care programs in the five provinces of Ontario, Manitoba, Saskatchewan, Alberta and British Columbia provided, in 1962-63, specified health services to 174,000 persons 65 years of age and over. The number represents approximately 18 per cent of all persons in this age group in the provinces concerned.

In British Columbia, Alberta and Ontario, the beneficiaries include persons in receipt of old age security and old age assistance who also qualify for supplementary allowances. Other categories, such as blindness and disability allowances, are covered in some provinces, and those aged persons receiving these allowances are thus included. Aged recipients of unemployment assistance may also be covered. The numbers of elderly in these categories is believed to be quite small. Saskatchewan's provincial program, as regards the aged, covers recipients of old age security supplemental allowances but excludes, among others, disabled persons, blind persons not receiving a supplemental allowance, and persons on local relief (social aid). Old age assistance recipients are covered only for hospital care and for physicians' services, including diagnostic and laboratory services.

The Manitoba program covers cases of need among the infirm 65 years of age and over, including those in nursing homes or institutions, and the blind and the physically or mentally disabled, including aged persons being among these groups.

In all provinces, indigent aged persons not covered by these programs may, at local discretion, have necessary care financed by the municipalities in which they live.

Administration of the Specified Programs

The provincial department administering the program usually takes responsibility for the development and application of utilization and cost controls. These may be implicit in the level of benefits offered, or they may take the form of direct charges upon the beneficiary at the time of service for a portion of the cost; more usually, what is required is a prior authorization from the department as a condition for payment to the provider of services. The Department of Welfare typically sets up the basis of eligibility and carries out the continuing eligibility checks. Once a person is certified, the personal health care services specified under the program become available to the recipient and, generally, to the spouse and dependents.

The day-to-day administration of programs for physicians' services is typically assigned to an agency of the medical profession. The agency receives funds in such a way as to meet on a current basis the payments to participating physicians. Similar arrangements are on occasion made with associations representing other providers of personal health care services, but more often the arrangement is simply one of an agreed-upon basis of payment, the department itself (it is usually the welfare department but may, as in Saskatchewan, be the health department) making the payments directly to the providers of the services. This practice is followed in Saskatchewan for physicians as well.

Benefits for Aged Persons

Hospital care is made available in all provinces and the territories to aged persons on public assistance and under the same terms and conditions that prevail for the population generally. Payment of premiums, where required, is

typically made on their behalf by the appropriate public authority. In Ontario, self-supporting persons, including the aged who fail to become insured and, moreover, cannot pay hospital bills, may be excused from the responsibility by virtue of being designated as "hospital indigents".

Under the Ontario program of health services for recipients of public assistance, the principal service covered is physicians' care in the home and office, including minor surgical procedures. Drugs ordinarily carried by a physician on his first visit are a benefit, and social allowances are available for the purchase of essential drugs by aged persons in certain categories. The programs in Saskatchewan, Alberta and British Columbia provide for complete medical care in the home, office and hospital. In addition, all generally-used prescription drugs are included in British Columbia and Saskatchewan (although these carry a 50 per cent co-charge limitation in Saskatchewan for non-life-saving drugs when financial hardship is not demonstrated). Dental care and optical care are covered in the three westernmost provinces, sometimes only on special authorization and/or with dollar limits. Services that are paid for in Manitoba include physicians' care in the home, office and (more recently) hospital, as well as dental and optical care, basic drugs, diagnostic tests, remedial care, appliances, and physiotherapy.

Chiropody, chiropractic procedures, and emergency transportation may also be provided. These last-named services are usually available on an episodic basis at the discretion of the provincial authority.

Methods of Financing Health Services

In Alberta, Saskatchewan, and Manitoba, personal health care services for eligible provincial public assistance recipients are wholly financed from provincial general revenues. In British Columbia, costs are shared on a 90-10 basis, with the municipalities assuming their 10 per cent share on a basis proportionate to population. In Ontario, per capita contributions towards the cost of medical services for persons on unemployment relief are shared on an 80-20 basis with the municipality of residence.

The practice has been, especially with respect to physicians' services, to establish a fund based upon negotiated per-beneficiary allotments, this fund representing a ceiling on aggregate payments to physicians. A more recent trend is to eliminate funding, and to negotiate payments as a percentage of the submitted fees.

Residents of Saskatchewan receiving old age assistance are not entitled to such services as dental, optical, pharmaceutical, chiropody and physiotherapy under the public assistance program, but are insured beneficiaries for hospital care and for medical care services in the programs provided under the Hospital Services Plan and the Medical Care Insurance Plan by virtue of the premiums being paid on their behalf. In respect of hospital care and of physicians' services, they are, therefore, on the same basis as all self-supporting aged persons in the province who have paid the annual premiums. For hospital care, they are eligible for the full range of in-patient and out-patient (including laboratory and X-ray) services deemed medically necessary. For medical care, the range of services include all services performed by physicians, in home, office and hospital, including diagnostic tests in doctors' offices.

In Alberta, an indeterminate number of aged persons who may be described as "medically indigent" (they are nominally self-supporting) can receive financial assistance from the provincial government towards payment of premiums to enrol with voluntary insurance plans offering a comprehensive

range of physicians' services. Maximum monthly premiums that may be charged by the voluntary plans are: single person, $5.25; couple, $10.50; and family, $13.50. If the subscriber reports no taxable income, the provincial subsidies amount to, respectively, $1.50; $3.50; and $6.00; if taxable income is under $500, the subsidies are $0.75; $1.75; and $3.00.

Costs of Health Services for the Aged

Data are not directly available on how much is spent on personal health care services for aged persons. Indicative figures can be obtained, however, from the operations of a number of public programs. In some provinces, the range of services available to indigent aged persons is comprehensive and the coverage is broad. The expenditures actually incurred may be said to represent, in some measure, the amount of health care that would be used by all aged indigent persons across Canada, were these services as readily available.

The utilization experience of the Saskatchewan program for public assistance recipients reveals that the annual per capita cost of personal health care services to beneficiaries aged 65 years and over has been significantly higher than for all program beneficiaries taken together. In 1962-63, the assessed cost per person in the age range 65-69 was $37.85 and, for those 70 and over, $47.05. For the beneficiaries as a whole, the per capita figure was $28.46.

Physicians' calls in home and hospital (especially hospital repeat visits) accounted for most of the difference. Interestingly, the incidence of surgical procedures was somewhat lower for the aged than for young beneficiaries. The aged, similarly, made less use of diagnostic procedures. Among the aged, men required somewhat more medical services than women.

Would the self-supporting aged make use of services in volume similar to that reported for the aged indigent, under circumstances where there was no financial barrier to the services? The answer would appear to be in the affirmative. For example, assuming, again, payments to physicians at 100 per cent of the fee schedules, the comparative per-beneficiary costs were as follows, for persons 65 years of age and over:

	Medical care plan (1963)	Public assistance plan (1962-63)
Males	$47.68	$44.60
Females	$46.45	$44.15

The utilization experience of self-supporting aged persons under the province-wide medical care plan in Saskatchewan thus reveals rates for physicians' services substantially of the same order as the utilization levels among the aged indigent. One might conclude that the primary factor in high levels of medical care need among the aged is the fact of age itself.

If all needy aged in Canada (defined as recipients of old age assistance and old age security supplemental allowances, but not their spouses and dependents) received health care services in the volume experienced by recipients of these categories in the most comprehensive of the programs in the westernmost provinces, the cost in 1963 would have been about $21 million. Probably 55 per cent of this amount would have been expended for physicians' services and 36 per cent for prescribed drugs, and most of the balance for dental and optical care.

If all aged persons in Canada, both the needy and the self-supporting, were to receive the volume of care available to the aged indigent under organized

public assistance programs, the cost, assuming payments in full to the providers of services, would have been an estimated $115 million in 1963, distributed as follows:

	Aged 65-69 ($'000)	Age 70 and over ($'000)	Total ($'000)
Physicians' services	18,823	44,458	63,281
Prescribed drugs	13,407	28,952	42,359
Dental care	1,930	2,854	4,784
Optical care	1,835	2,674	4,509
Total	35,995	78,935	114,933

In virtually all instances, the programs pay the providers of services less than the fees submitted, the discounting ranging from 10-15 per cent to 50-60 per cent of the full fee schedules. The trend appears to be towards a discounting of the order of 15 per cent. The figures of $115 million could appropriately, therefore, be reduced to less than $100 million.

(c) HOUSING

Low-rental housing accommodation for the elderly has been built in Canada largely by voluntary groups assisted by provincial capital grants in some provinces and by federal loans advanced under the National Housing Act administered by Central Mortgage and Housing Corporation.

Federal Aid

The most widely used method of financing low-rental accommodation for the elderly has been through the assistance rendered to voluntary non-profit groups by the long-term low-interest loans available to limited-dividend companies under Section 16 of the National Housing Act. Although no specific mention is made of elderly persons in the Act, many projects for them have been financed under the provisions of this Section.

Housing for the aged may also be built as part of public housing projects undertaken in accordance with Section 35[1] of the National Housing Act, which provides for federal-provincial sharing of the costs of constructing fixed or low-rental projects.

Loans made under Section 16 of the Act may equal 90 per cent of the lending value of the proposed project. They currently bear interest at the rate of five and three-eighths per cent per year and are repayable over a term of up to 50 years. Should a sponsoring group receive a capital grant from a governmental authority or private person, the federal loan may be less than 90 per cent in order to ensure some investment by persons in the community where the project is to be built.

To qualify for a loan a group must form a limited-dividend company. Any group of public-spirited citizens including service clubs, charitable foundations, church groups or business leaders wishing to provide low-rental accommodation for the elderly may form such a company. A loan may not be made to a municipal authority. Municipal governments, however, may participate in and subscribe to a limited-dividend company.

In requesting a loan a company must provide specific evidence of the need for the proposed housing project. Plans must be approved by Central Mortgage and Housing Corporation which must also be satisfied that the company will be

[1] The former Section 36 became Section 35 under the 1964 Amendment to the National Housing Act.

capable of administering the construction and operation of the project and that it has a definite plan for the disposal of the project after the loan has been repaid.

The limited-dividend company must agree to a fair and reasonable ratio between the rents to be charged and the incomes of the admissible occupants. Rents may not be changed without the permission of the Corporation. The company may establish a rent reduction fund and any contributions, gifts or bequests to it must be used solely for the purpose of reducing rentals.

Projects are usually comprised of self-contained dwellings, detached or semi-detached, in the form of row cottages, duplexes or small garden or other types of apartments. Those for whom the accommodation is intended must be able to manage in the type of dwelling provided.

Loans may also be made for accommodation of the hostel or dormitory type.

Provincial and Municipal Aid

There are a variety of arrangements in the provinces under which advantage may be taken of Sections 16 and 35 of the National Housing Act. Some provinces also have additional legislation to provide for provincially nanced housing. Municipalities may subscribe to the stock of limited-dividend companies, make grants of money or land for housing to be used specifically for the elderly and provide municipal tax exemptions for such projects. The various programs are outlined below.

Newfoundland

Provincial Assistance to Low-rental Housing

The Province is authorized by The Senior Citizens (Housing) Act, 1960, to guarantee the repayment of loans made under Section 16 of The National Housing Act to groups constructing low-rental housing or hostel accommodation for the elderly. Payment of the costs of operating a hostel or housing project may also be guaranteed under this Act.

Provincial Loans to Housing Associations

Provincial loans to societies or companies engaging in the development and management of housing accommodation are authorized by The Housing Association (Loans) Act. The Act authorizes the Lieutenant-Governor in Council to require that these associations raise a specified proportion of the money they need by loan or share capital. Loans may be granted only to non-profit associations or to limited-dividend companies which limit their interest or dividend payments to a rate set by the Province.

Public Housing Projects

The Provincial Government is authorized by The Housing Act to make agreements with the Federal Government and with municipalities respecting public housing projects under Section 35 of The National Housing Act.

To carry out such agreements the Provincial Government may incorporate local housing authorities to plan, construct and manage joint projects, and to acquire and dispose of land. Land held for purposes of this Act is free of municipal taxation; the Province is, however, authorized to make annual payments to the municipalities concerned in lieu of taxes.

Municipalities are authorized by the Local Government Act to enter agreements covering public housing projects with the provincial or the federal government.

Prince Edward Island

Senior Citizens Housing Corporation

The Senior Citizens Housing Corporation Act, assented to on April 6, 1962, established the Senior Citizens Housing Corporation to provide appropriate living accommodation for elderly persons. The Corporation is empowered to borrow money and to enter into any necessary agreements under the provisions of Part II of The National Housing Act or other federal statutes in efforts to provide low-rental self-contained or hostel units for the aged.

The Lieutenant-Governor may authorize the Provincial Treasurer to pay working capital to the Corporation as an accountable advance. He may also authorize the Corporation to borrow additional capital and the Provincial Treasurer to guarantee the payment of such amounts.

Municipal participation in limited-dividend housing projects is authorized by the Town Planning Act.

Nova Scotia

The Provincial Housing Commission

Indirect aid to limited-dividend housing companies is available in Nova Scotia under the Housing Commission Act. The duties of the Housing Commission include studying housing needs and conditions, making recommendations for the correction of unsatisfactory conditions, and stimulating the creation of local planning boards under the Town Planning Act. The Commission is responsible for encouraging the formation of companies to provide housing for sale or rent and for making loans to them. It is also authorized to encourage the formation of limited-dividend housing companies that will be eligible for loans under Section 16 of The National Housing Act, or any other aid available for low-rental housing.

Waiver of Fees

The Province is authorized by the Housing Commission Act to waive the payment by a limited-dividend company of all incorporation or other fees payable under the Companies Act or other provincial legislation, for as long as any loan acquired by the company remains unpaid.

Municipal Tax Exemptions

A city in which a limited-dividend company erects a housing project may, under the Housing Commission Act, agree that all property taxes on the project will not exceed one per cent of the costs of construction, and that no taxes will be levied on company income. This reduction may remain in effect as long as any loan acquired by the company remains unpaid.

Municipal Purchase of Housing Projects

If a city purchases a housing project owned by a limited-dividend company, it may enter an agreement with the Province under which the latter will pay part of semi-annual interest and principal payments due on loans from the Federal Government.

Public Housing

Through the Housing Commission Act the Province may enter into agreements with Central Mortgage and Housing Corporation for the construction of public housing projects under Section 35 of the National Housing Act.

A municipality may enter into an agreement to undertake a public housing project, either through the Province or directly with Central Mortgage and

Housing Corporation. Municipalities are authorized by the Housing Commission Act to expropriate and prepare the land required for a project and to raise any money needed.

Under the Municipal Supplementary Powers Act, municipalities may carry out housing agreements with Central Mortgage and Housing Corporation or other bodies with similar objectives.

New Brunswick

Municipal Housing Commissions

Under the Municipal Housing Commission Act a municipality may request authority from the Province to establish a housing commission. The functions of such a commission include setting minimum housing standards for a municipality, administering their enforcement, and lending money to property owners for the construction of houses.

A loan made by a housing commission to a property owner may cover up to 80 per cent of the cost of building a home, but may not exceed $6,000. No loan may be made for a new building consisting of more than three flats or apartments. A commission has the right to determine the rentals for buildings on which it has spent or loaned money.

Public Housing—Provincial Participation

Provincial participation with the Federal Government in public housing projects under Section 35 of the National Housing Act is authorized by the Joint Housing Project Act. The Province is authorized to set up a corporation to enter agreements with the Federal Government and to manage housing projects.

Public Housing—Municipal Participation

The Joint Housing Project Act also authorizes cites, towns and villages to enter into agreements with the Provincial Government to undertake public housing projects. They may borrow money and issue securities for this purpose, expropriate land, and furnish any municipal services required.

Quebec

Provincial Programs

Grants to Housing for the Aged

Housing projects for the aged are assisted under the Homes for the Aged Act, 1958, which encourages the construction of housing or institutional accommodation near their own communities for aged couples who are homeless or unable to keep house. It authorizes the Government to appropriate $15 million for the construction and maintenance of homes and housing projects. The Province itself may erect and furnish projects, or it may make grants and enter agreements for this purpose with persons, societies and public or private corporations.

The Act is administered by the Department of Family and Social Welfare.

Aid to Limited-Dividend Companies

Limited-dividend companies building houses to be rented for a moderate price may have the principal and interest on their loans guaranteed by municipalities under the Dwelling House Construction Companies Act. A guaranteed loan may not exceed 85 per cent of the value of a project, and no dividend in excess of six per cent annually may be paid on the capital stock of the sponsoring company.

Assistance for Housing in General

Two statutes, the aim of which is to encourage the provision of low cost housing in general, are of interest in considering housing for the elderly. The Act to Grant Municipalities Special Powers to Remedy the Housing Shortage authorizes municipalities to enter agreements with other governments or with companies for the establishment of rent reduction funds to assist low-income people in finding suitable accommodation.

Municipalities may encourage the building of new homes by preparing and granting land at a nominal price to co-operative building societies, by allowing tax reductions, and by installing municipal services wholly or partially at their own expense.

Those able to purchase their own homes may also benefit under the Act to Improve Housing Conditions through which the provincial government may guarantee and pay a portion of the interest in excess of two per cent on loans made for new dwellings.

Ontario

Low-Rental Housing—Provincial Assistance

Eligibility for Assistance

Through The Elderly Persons Housing Aid Act, 1952, administered by the Homes for the Aged Branch of the Department of Public Welfare, aid is granted to limited-dividend housing companies for the construction and equipping of low-rental housing accommodation for older people. To receive such assistance, a company must have been incorporated by or on behalf of a municipality or have been approved by one and must have had a loan from Central Mortgage and Housing Corporation under Section 16 of the National Housing Act.

To receive provincial assistance a corporation must file with the Homes for the Aged Branch two copies of the site plan and specifications. Application for assistance is made in a prescribed form, in which the number of units and the estimated costs of building and equipping the project are stated, and plans for financing it are outlined, and an estimated date of completion is given. The provincial grant is paid when the project is completed and ready for occupancy.

Extent of Grant

The provincial grant amounts to $500 for each dwelling unit in a project of 50 per cent of the capital cost of the project exclusive of the portion financed by a loan under the National Housing Act, whichever is the lesser.

Public Housing—Provincial Participation

Under The Housing Development Act the Department of Planning and Development is authorized to enter into agreements with the Federal Government respecting joint housing projects under Section 35 of the National Housing Act. Units specifically designed for elderly persons have been included in some public housing projects in Ontario.

Public housing projects may be of two kinds, subsidized and full recovery. In subsidized housing rents are related to the income of the tenant and the size of his family while in full recovery projects rents are set at a level high enough to cover costs of operation and provide for the recovery of construction costs over a fixed period. The Province pays 25 per cent of the costs of constructing subsidized housing, the Federal Government paying the balance. Deficits arising from the operation of such projects are shared in the same way.

For full recovery projects the Province pays 17½ per cent of construction cost, with the municipality in which the housing is located contributing 7½ per cent.

The Minister of Planning and Development may purchase or expropriate land for public housing projects and may set up housing authorities to carry out the terms of agreements, including the planning, construction and management of projects.

The Province may also pay an annual sum in lieu of taxes to any municipality which exempts lands acquired for joint projects from taxation. It may also enter into agreements with any private corporation whereby the latter will contribute funds to a housing project.

Public Housing—Municipal Participation

Municipalities may enter into agreements with the provincial government and with Central Mortgage and Housing Corporation covering public housing projects. Under the Housing Development Act municipalities are granted all the powers necessary to carry out the provisions of such agreements.

Other Provincial Aid

The Housing Development Act authorizes the Province to make grants-in-aid to private building developments, and to guarantee loans made by authorized lending corporations to persons constructing housing accommodation. It may also advance or guarantee funds advanced to building development corporations, including municipal housing authorities.

Municipal Assistance to Housing

Financial Aid

With provincial approval a municipality may advance funds to any provincially approved building development corporation or may guarantee funds so advanced. Municipalities may also make agreements with any person or governmental authority for sharing or contributing to the capital or maintenance costs of a housing project.

Grants of Land

With the approval of the Department of Planning and Development, municipalities may acquire and hold land for housing purposes and may sell, lease or otherwise dispose of it for a nominal consideration to any person or governmental authority constructing a housing project.

Home Improvement Grants

Through the Municipal Act the council of any city with a population of not less than 300,000 may, on behalf of an indigent inhabitant, pay up to $200 for repairs necessary to make a dwelling habitable.

MANITOBA

Low-Rental Housing—Provincial Assistance

Organizations Eligible for Grants

Under The Elderly and Infirm Persons Housing Act, 1959, the Provincial Government through the Department of Welfare makes capital grants towards the construction of low-rental housing for elderly people. Grants are made to non-profit or charitable organizations approved by the municipality in which the housing is to be situated. Grants may also be made to municipalities.

Size of Grant

A grant may equal one-third of the capital costs of constructing or acquiring and reconstructing a project, but may not exceed $1,700 for each hostel bed or housing unit for a single person, or $2,150 for each unit for two persons.

The value of land acquired by a group as a site for a housing project may be included in costs for the purposes of a grant. Grants may be used in part for the purchase of furnishings and fixtures.

Conditions for Grants

A municipality or organization requesting a grant must contribute an amount equalling twenty per cent of the total cost of the project obtained in such a way as not to incur a debt on the accommodation. As an alternative, the contribution may consist of the land with available municipal services plus ten per cent of construction costs.

Application for a grant is made to the Director of Housing in the Welfare Department. Groups applying for a grant are required to submit a capital and operating budget for the proposed housing together with plans drawn to scale.

Provincial Guarantee of Loans

Under The Elderly and Infirm Persons Housing Act the Province may guarantee the repayment of principal and interest on loans made to municipalities or organizations receiving grants for the construction or acquisition and reconstruction of housing units. The guarantee may not exceed the costs of construction or acquisition and reconstruction, less the amount contributed by the municipality or organization and the amount of the grant.

A municipality or charitable organization may not settle the terms of a loan for which it is requesting a guarantee until the Provincial Treasurer has approved a proposed capital and operating budget for the accommodation to be provided.

Municipal Housing for the Aged

Municipalities are authorized by The Municipal Act to construct housing for the elderly, either alone or jointly with other municipalities. Debentures may be issued to finance such housing but, if the debt contracted is not repayable within a year, issue of the debentures must be approved by the Municipal and Public Utility Board and assented to by three-fifths of the ratepayers. Municipalities may accept donations in the form of money, material or labour from any person or association for the purpose of constructing such projects.

Municipalities may make grants under the Municipal Act to incorporated organizations or to other municipalities for the construction of housing projects for the aged. A grant may not, however, exceed three mills of the last revised assessment of the municipality or that part of it that will benefit from the housing.

Public Housing Projects

The Housing Act authorizes the Provincial Government and municipalities to participate with Central Mortgage and Housing Corporation in public housing projects under the National Housing Act. In order to participate in such projects municipalities are granted authority to borrow money and issue debentures, and to levy taxes to pay the principal and interest on the debentures.

SASKATCHEWAN

Low-Rental Housing—Provincial Assistance

The Housing Act, through which provincial assistance is provided for housing for the elderly, is administered by the Housing and Nursing Homes Branch of the Department of Social Welfare and Rehabilitation. The Act

authorizes the Province to incorporate companies including limited-dividend companies eligible for loans under the National Housing Act that have as their objective the construction of low-rental housing projects. The Province may also operate low-rental projects under this statute.

Capital Grants

Construction grants equalling 20 per cent of costs are made by the Province to approved organizations and municipalities undertaking housing projects for the aged.

Maintenance Grants

An annual maintenance subsidy of $40 for each self-contained unit is paid to organizations for projects licensed in accordance with Regulations under the Act. The subsidy is $60 for each hostel or nursing home bed if meals and other care are provided.

Provincial Loans

The Province may make loans to municipalities to assist them in subscribing to the capital stock of limited-dividend housing companies receiving loans under the National Housing Act, or the stock of other incorporated companies building accommodation for the elderly. A loan may not exceed 60 per cent of the capital to be subscribed by a municipality.

Provincial Purchase of Shares

The Provincial Government may itself subscribe to the capital stock of limited-dividend housing companies eligible for federal loans or to that of any other housing company.

Applications for Provincial Assistance

When applying for any form of provincial assistance municipalities or voluntary organizations are asked to provide the Housing and Nursing Homes Branch with a detailed proposal, containing information on the need for accommodation in the area in which they plan to build and on the financing of the project. Information is also requested on the income bracket of prospective tenants, the average rentals to be charged, and on the available water, sewer and other services. An outline of the management of the project and detailed plans of the building are also submitted.

Incorporation Fees

Limited-dividend companies eligible for loans under the National Housing Act, and other incorporated companies that have as their object the construction of low-rental or other housing projects, may be exempted from the provisions of the Companies Act or any other statute. Any company providing accommodation for needy, aged, infirm or blind persons may be incorporated for a fee of $20, if it does not intend to operate for a profit.

Provincial Supervision and Licensing

Housing projects for the elderly are subject to provincial supervision and licensing in the same manner as homes for the aged; they must also meet provincial standards.

Municipal Operation of Housing Projects

Municipalities are authorized by The Housing Act to acquire, construct, operate or maintain housing accommodation for needy, aged, infirm or blind persons.

Low-Rental Housing—Municipal Assistance

Municipalities may subscribe to the capital stock of limited-dividend companies eligible for federal loans under the National Housing Act or to the stock of other companies incorporated for the purpose of developing low-rental or other housing. The approval of the Local Government Board is required for this.

Municipalities may assist limited-dividend companies by grants of cash and land.

Tax Exemptions

Housing projects for older people which are licensed in accordance with The Housing Act and are operated by municipal, church or charitable organizations, or other non-profit bodies, are exempt from municipal taxation, with the exception of local improvement taxes and special charges.

Public Housing

The Housing Act provides that the Provincial Government may enter into agreements with the Federal Government for undertaking federal-provincial public housing projects in accordance with Section 35 of the National Housing Act.

Municipalities may also participate with federal and provincial authorities in public housing projects under Section 35. The municipalities contribute five per cent of the costs of providing such housing and an equal percentage of any annual loss arising out of its operation. With the approval of the Local Government Board, municipal councils may issue debentures or other securities in order to provide funds for these purposes.

Cities and towns may exempt public housing projects partially or totally from municipal taxation.

ALBERTA

Provincial Programs

The Homes for the Aged Act provides for the construction of homes and housing projects for ambulatory older persons at provincial expense, on land contributed by groups of municipalities. These are municipally owned on completion and are operated by Foundations whose directors are municipal councilmen.

Provincial grants on behalf of elderly persons maintained by municipalities in private or municipal homes, or in low-rental housing projects are made under the Welfare Homes Act. Municipalities are authorized by this statute to license, regulate, and control homes accommodating three or more aged or infirm persons; suggested standards of accommodation that may be adopted by municipalities are outlined briefly in a provincial model by-law. The Province also has the right under the Welfare Act to inspect homes for the aged, and a general power under the Department of Public Welfare Act to supervise welfare institutions. The province may also operate homes for the aged under the latter statute.

A number of other statutes may also affect living accommodation for the elderly. The Housing Act authorizes municipal participation in public housing projects under Section 35 of the National Housing Act. Financial assistance by municipalities to charitable organizations is authorized by the various municipal Acts.

Low-Rental Housing—Municipal Assistance

The construction of low-rental housing for the elderly is part of the program authorized by The Homes for the Aged Act, 1959. The housing is intended for persons who are capable of maintaining their own households.

Assistance to Voluntary Low-Rental Projects

There is no specific statutory provision for provincial or municipal grants to corporations or voluntary organizations providing low-rental housing for the elderly. However, cities, towns, villages and municipal districts are authorized by their enabling Acts to make grants to charitable organizations. Grants of land with municipal services have been made by municipalities to groups building low-rental housing.

Public Housing Projects

By the terms of the Housing Act, cities and towns are authorized to participate in public housing projects under Section 35 of the National Housing Act.

The Housing Act provides for the establishment of a housing fund to which municipalities may contribute the amount they wish to make available for housing projects. The province may then enter into an agreement with Central Mortgage and Housing Corporation under which the municipal contributions to the fund are used as the 25 per cent share of capital costs borne by any partner participating in a project with the federal Government. Municipalities may also enter into agreements directly with Central Mortgage and Housing Corporation. The Province may incorporate local housing authorities with power to acquire and dispose of land and to plan, construct and manage housing projects.

Under the City Act, councils may provide for the construction of houses for sale or lease to persons with moderate incomes. They may also undertake any housing scheme for which municipalities may receive assistance under federal or provincial statutes.

British Columbia

Low-Rental Housing—Provincial Assistance

The Elderly Citizens Housing Aid Act, 1955, embodied in statutory form a policy of provincial assistance for living accommodation for the elderly that had been in effect since 1945. Prior to 1955 assistance varied from 25 per cent to 50 per cent of the cost of a project. Since 1955 the maximum amount available has been set at one-third of costs.

The Act is administered by the Department of the Provincial Secretary.

Organizations Eligible for Assistance

Aid many be granted to a municipality or to a non-profit corporation providing housing for elderly citizens of low income. Eligible non-profit corporations include religious, service or fraternal organizations, and societies incorporated under the Societies Act for the express purpose of constructing, reconstructing, or acquiring low-rental housing units for elderly citizens with low incomes.

Residents of Projects

Residents of assisted projects must be ambulatory persons whose medical needs can be cared for by a visiting medical practitioner. Occupancy is also limited to elderly persons whose income from all sources does not exceed the equivalent of 140 per cent of the Old Age Assistance Allowance plus the British Columbia cost of living bonus.

Amount of Assistance

A grant may not exceed one-third of the total cost of construction or reconstruction of a project. Architects' fees may be included for purposes of a grant and also the costs of sidewalks and landscaping, if the latter are

approved by the Provincial Secretary. Organizations may also include the cost of the land if it has been previously agreed that such costs should form a part of the estimated total cost of the project, but this assistance may not be granted for land owned by a municipality. With the exception of bathroom facilities, plumbing, sinks, stoves, and electric lighting and heating fixtures, the costs of equipment or furnishings may not be included in the total costs upon which assistance is based.

Financing

No grant is made unless the municipality or non-profit corporation sponsoring the project makes a cash contribution towards the cost of construction or reconstruction equal to at least one-tenth of the total cost.

Municipalities and voluntary sponsoring organizations must assume full responsibility for any deficit arising from the operation of a project. They must also agree not to distribute any operating profits by way of a dividend but to apply them to the improvement of the project or to a reduction in rentals.

Conditions of Assistance

Assisted projects may not be used for any purpose other than those approved under the Act. Also, a project that has received assistance under the Act may not be sold or transferred without the approval of the Lieutenant-Governor in Council. If a project is sold, one-third of the proceeds or cash consideration of the sale must be paid to the provincial Government.

A site plan of the project showing the location of the buildings on the site must be submitted to the Provincial Secretary along with plans and specifications that have been prepared by an architect. When a project has been approved, the sponsor enters into a contract with the provincial Government setting forth the conditions of assistance. Claims for portions of the assistance may be submitted as construction progresses, each claim being supported by the certificate of an architect and signed by two officers of the sponsoring organization.

Rentals

The rentals or boarding rates to be charged must conform to the intent of the Act and Regulations, that is, the provision of housing for those with low incomes who are unable to afford adequate accommodation. Proposed rentals or boarding rates are stated in the application for the grant and they may not exceed these amounts, except with the prior approval of the Provincial Secretary.

Supervision and Inspection

Sponsoring organizations must give assurance that reasonable supervision of their project will be maintained. An audited financial statement must be submitted annually by the sponsor to the Provincial Secretary. Any project which has received aid may be inspected at any time by a person appointed for the purpose by the Province.

Low-Rental Housing—Municipal Assistance

Cities, towns and municipal districts are authorized by the Municipal Act to establish homes or special rental projects for the aged, infirm and disabled.

There is no specific reference in the Municipal Act to municipal grants-in-aid to private housing projects for older people, but a grant may be made to any organization contributing to the general interest and advantage of the municipality. It has been common practice for municipalities to donate land to organizations sponsoring housing projects for the elderly or to sell it to them at its assessed value.

Tax Exemptions

Under the Municipal Act, the land and buildings of low-rental housing projects built by non-profit organizations with the aid of provincial grants under the Elderly Citizens Housing Aid Act are exempt from municipal taxation.

Public Housing Projects—Provincial Participation

Through the Housing Act the Lieutenant-Governor in Council or any Minister appointed by him may enter into agreements with the federal Government, or a municipality for the joint undertaking of public housing projects under Section 35 of the National Housing Act. The province may set up local housing authorities to plan, construct and manage projects, and may raise the money required for the provincial contribution, up to five million dollars, through debentures, treasury bills or British Columbia stock. The Province may also make payments to municipalities in lieu of property taxes that would otherwise be levied on projects.

Public Housing Projects—Municipal Participation

The Housing Act also enables municipalities to participate in public housing projects under Section 35 of the National Housing Act. Municipalities may pay their share of the annual losses on such projects from general municipal revenues. Municipalities participating in such projects may also adjust taxes on them, expropriate land and provide municipal services for them.

Units specifically designed for elderly persons have been included in some public housing projects.

(*d*) HOMEMAKER SERVICES

Agencies offering visiting homemaker services have had to limit service for the most part to families when the mother is ill, but because of the increasing demand for care to elderly people, a number of agencies are attempting to extend services to this group as their resources permit. There are about 55 visiting homemaker programs in Canada; some 30 of these are operated by the Red Cross Society in three provinces. The remainder are provided by a variety of organizations: visiting homemakers associations, family service agencies, children's aid societies, multi-function agencies, and the Victorian Order of Nurses.

The Red Cross and some 10 other agencies are currently providing homemaker services to the aged. During the month of May 1963, for example, 144 elderly persons received service in Ontario. Elderly persons normally require service for one-half day a few times a week; full-time service may be provided for persons who need more attention but wish to live independently. In addition to doing household tasks and shopping, the homemaker may perform personal services such as taking the elderly client out to a movie or for a walk or writing letters for him.

Homemaker services have proved valuable in preventing physical and mental deterioration and in either postponing institutionalization or making it unnecessary. Such service is less expensive than most institutional care and is often more satisfactory to the elderly person because of the sense of independence and security it gives him.

The extension of homemaker services is regarded as urgent by those concerned with the welfare of families and individuals. Agencies supplying homemaker services cannot meet the demands upon them because of the shortage of personnel, and problems of recruitment and training are receiving close attention. The Canadian Welfare Council through its national Committee on Visiting Homemaker Services provides leadership in improving standards of employment and of service and in enlisting public support for homemaker services.

Some impetus to the expansion of services is being given by the availability of public funds for this service, in particular in the Province of Ontario. A number of provinces contribute in whole or in part to the cost of homemaker services for needy persons. Ontario, however, is the only province with a specific Act relating to homemaker services, viz., The Homemaker and Nurses Services Act, 1958. This Act authorizes municipalities to furnish their own homemaker and home nursing services or to contract for service with organizations approved by the Minister of Public Welfare. The province shares with the municipality the cost of providing this type of aid to persons who cannot pay all or part of the cost of the service.

(*e*) MEAL SERVICES

The need for meal services to the elderly in their own homes is widely recognized, but problems of finance and organizations have, to date, seriously hampered efforts to provide them. Brantford, Ontario, is the only Canadian city with a "meals-on-wheels" service, although in some other cities, notably Ottawa, Halifax and Winnipeg, studies and some experimentation have been made. No public funds are available; where services are or may be provided extensive use is made of volunteers, and the clients are asked to pay a portion of the costs.

(*f*) COUNSELLING

Counselling for the elderly is provided as part of the general program of family service agencies, some of which have developed or are developing special staff for this work. Counselling is also done by the staff of some public welfare departments. Centres for the aged, such as the Good Companions in Ottawa and the Age and Opportunity Bureau in Winnipeg, provide a counselling service for members. Vocational counselling is provided through the National Employment Service.

Specialized counselling services are limited in number at present, but services are being extended and experimental programs are being inaugurated. As an example of the latter, the Ontario Welfare Council Section on Aging, in co-operation with the Lakeshore Senior Citizens' Council, the Y.M.C.A., service clubs and the local branch of the Family Service Association, initiated a pilot project of advisory service for the elderly in November, 1963. The project is centered at the Y.M.C.A. and has a ten-member volunteer staff of retired business and professional people who are available two days a week to discuss problems with elderly people and acquaint them with community services.

(*g*) RECREATION

Organizations or centres serving the elderly are found in most of the larger cities, and towns and in many smaller ones. They vary from pensioners' organizations meeting once or twice a month to recreation or day centres which are open five or six days a week and provide meals and other services in addition to social and recreational opportunities. Clubs may be sponsored by municipal recreation authorities, community associations, national women's organizations, local welfare councils, service clubs, churches and trade unions. There are also clubs for retired employees and old age pensioners. The proportion of persons served, however, is modest.

While the provision of recreational facilities and programs appears to be the major function of most clubs and centres, an examination of their activities reveals a wide range of services, usually designed to meet the various needs of the aged or to supplement other programs. Day centres, where they exist, are open all day for all or most of the week. Members participate in craft and social activities, perform community services such as visiting in hospitals or repairing toys for needy children, enjoy low-cost meals, have the use of

libraries and television sets, organize choirs, orchestras and drama groups, and benefit from counselling, employment services, and, in some instances, medical or nursing services. These centres are usually financed through United Funds or Community Chests, but also make extensive use of volunteers.

Many more social or community clubs exist throughout the country. Sponsors tend to be churches, service clubs and, in some instances, municipal bodies. These clubs operate on a more modest basis, meeting perhaps once or twice a week and using existing facilities such as church halls and community centres. They perform a valuable service by providing opportunities for elderly people to come together and enjoy the companionship of people with mutual interests and concerns.

The Province of Ontario assists in the establishment of social centres through the Elderly Persons Social and Recreational Centres Act of 1962. This Act, the first of its kind in Canada, provides for a provincial grant to meet 30 per cent of the cost of building or altering premises for use as a centre, if the local municipality will assume 20 per cent of the cost.

Day Care Programs Offered by Homes for the Aged

An interesting development is the day care program set up to meet some of the needs of the applicants awaiting admission to homes for the aged. The program of the Toronto Jewish Home for the Aged, for example, provides for physical care including rest and dietary requirements, and recreational, social and cultural needs. No medical care is given. Day residents attend from 11 in the morning through to supper and the evening program at the home. Another example is the House of Providence in London, Ontario, which has recently introduced a day care program for daily visitors. It is hoped eventually to make the service available to any senior citizen wishing to participate.

Fitness and Amateur Sport Program

The federal Fitness and Amateur Sport Act of 1961 is designed to encourage, promote and develop fitness, as well as participation in sport, amongst all age groups in Canada. Under the program up to $5,000,000 can be made available annually each year for the purposes of the Act. While considerable emphasis is naturally placed on the encouragement of active recreational pursuits amongst the younger population, this by no means precludes assistance to many forms of recreational work amongst older people. In addition, and possibly as important, the development of community activity being assisted through the program can result in more active recreational habits amongst the middle aged, which can persist, if in modified forms, as they grow older.

Under the Act assistance relating to older persons might come from a number of sources.

Through the important co-operatively administered federal-provincial program, under which the federal government assists the provinces in the carrying out of projects by reimbursing them for 60 per cent of the costs, leaders and instructors of different kinds can be trained and provided on a full or part-time basis for group recreational activity. The impact of this program is already being felt in many localities; its use for groups of older persons could be expanded.

Research on fitness supported by the Act may throw light on many problems of the older person, because of its emphasis on cardio-vascular and other conditions related to fitness, which have special reference to older persons. The expanding Information Services program will eventually embrace good instructional material on many sports and activities which are of interest to the older person.

In addition to the federal program, and with its assistance, community recreational services related to fitness are being developed in all provinces and these could increasingly embrace recreational activities for older persons.

(*h*) OTHER COMMUNITY SERVICES

Friendly visiting of elderly persons at home or in institutions is carried on by members of service clubs, church groups, branches of the Canadian Red Cross Society, old people's clubs and other interested groups. In Ontario, the Red Cross Society gives a course of one complete day or two afternoons or evenings on friendly visiting. It has also prepared a handbook for visitors. In Ottawa, friendly visiting is a joint project of the Ottawa Welfare Council and several other organizations. Plans are developing to train volunteer supervisors or convenors of friendly visiting groups and those who wish to become visitors. In Winnipeg the Age and Opportunity Bureau has provided training for interested church groups.

In addition to visiting, the volunteers may do shopping, assist with hobbies, arrange outings and generally treat the elderly persons as if they were relatives.

IV. (ii)—SERVICES FOR THE AGED IN OTHER COUNTRIES

(*i*) INSTITUTIONAL CARE

Sweden

Introduction

This description of institutional facilities for the aged in Sweden should be viewed in the context of a wide range of benefits and activities for this group, many of which have been touched upon in other sections of this Report. The underlying philosophy throughout its social welfare structure is that all aged persons should be provided with adequate medical and health services, economic security, interesting activities and pleasant living conditions.

Income security is provided through the National Insurance Act, 1963, which contains provisions for the protection of virtually all citizens against the economic consequences of illness and disablement, child birth, old age and the death of the family breadwinner. Old Age pension benefits consist of a basic flat rate benefit intended to provide an acceptable minimum standard of subsistance and of a supplementary income related benefit. Benefits under both schemes are normally payable to all persons who reach the age of sixty-seven. The pensioner may opt to retire earlier or later, in which case his benefits are correspondingly reduced or increased. Eligibility for the basic pension is not subject to an income means test. The pensioner may accept paid work, and a number of employment opportunities have been offered to old people in recent years including retraining courses which have some times enabled pensioners to re-enter employment.

Housing

A pensioner with little or no income beyond his pension is normally entitled to a housing allowance. Depending on individual circumstances this allowance may either correspond to the actual cost of housing or is paid at a flat rate. The pensioner unable to remain in his present dwelling can apply for more suitable accommodation such as a flat in a block which houses only pensioners. About five per cent of Sweden's aged population are housed in these blocks, some of which have collective facilities such as assembly halls, hobby rooms, restaurants or central kitchens and medical services. Another alternative is a self-contained flat interspersed with others that

accommodate families. The national government encourages housing of this kind by lending money to builders and by granting regular subsidies to local authorities so as to maintain rents at low levels.

Institutional Care

In spite of services and efforts, such as housing arrangements and home-help services to help people remain in their normal surroundings, there remains a large group of old people for whom permanent care in an institution is the only solution. There are now about 1,400 old age homes operated by municipalities with accommodation for 50,000 pensioners. Although they provide communal services these homes also stress individual convenience in keeping with the conviction that old people should be allowed the utmost degree of independence. In addition there are about 20,000 beds in hospitals and nursing homes for the chronically ill, the vast majority of whom are old people.

Municipal homes for the aged have wide eligibility provisions, the result being a mixed clientele which includes the long term mentally and physically ill and handicapped. Medical facilities, while they have been greatly extended, have not yet been able to meet the need for chronic care and this situation has been a subject of lively debate during the past two decades.

In one school of thought it is argued that a municipal home for old people should provide no other health facilities than those a normal individual private home could provide for family members. More severe cases should all be treated in hospitals, nursing homes or special institutions run by regional medical authorities. The expansion of medical services should be concentrated on geriatric hospital clinics and small nursing homes for long term cases while the municipal homes for old people should be reserved for normally aging persons who are not ill. The opposing school of thought holds that no clear limit can be drawn between health and sickness in the case of an old person who is in need of constant attention. Only persons in need of permanent care should be received in the homes for old people while others should be assisted in their private homes. Apart from acute illness requiring surgery or other special treatment the guests of a home for old people should normally remain in the home and should not be removed once they have been admitted. Thus the home should be equipped for giving proper medical care when guests require it. The present situation in Sweden reflects this unresolved controversy and modern homes vary considerably with respect to the degree of medical care provided. A Royal Commission is currently studying the whole matter in order to make a policy recommendation for the future.

During the past fifteen years the majority of the older homes for the aged have been modernized or replaced by new ones. This development has been possible not only through legislation, central government advice and national subsidies but also as a result of a merger of municipalities reducing the number and increasing their relative resources.

Most new homes are built in residential areas. They look like other houses and vary from apartment style houses to bungalows. A normal sized home accommodates seventy-five older people and larger homes are usually divided between several buildings. Most rooms in new homes for old people are for single occupancy and there are two-room apartments for married couples. Older homes with large hospital-type wards have virtually disappeared. Individual toilet facilities and amenities such as telephones, radios and television are the rule. Baths however are usually organized on a collective basis since guests as a rule cannot manage to bathe without assistance. In many new homes each room has its own letter box with the name of the pensioner. At the main entrance the names of all guests are indicated as in an apartment house. Assembly halls, cafeterias, shops, barber shops, hairdressers, branches of the municipal library, etc., are often located in or directly adjacent to

the home. Furniture is provided but pensioners may bring personal belongings. Recreational activity is encouraged and to an increasing extent homes are equipped with hobby rooms and small workshops. Therapeutic services such as gymnastics and massage are given at an increasing number of homes, and space is provided for visiting doctors and nurses.

There is a national staff training program, although to date many of the personnel still lack the type of training it provides.

Costs

All inmates of municipal homes for the aged are pensioners who pay their board and lodging out of their national pensions. Medical care and treatment, drugs and services are provided free. Under legislation passed in 1953 the Central Government subsidizes the construction of new homes through a subsidy which is greatly in favour of the financially weaker municipalities.

Private Homes

While municipal homes constitute the great majority there are a number of privately operated homes. The question of public support to these private institutions is under consideration by the Royal Commission.

United States

Introduction

The underlying philosophy with respect to the older person in the United States, expressed by the President's Council on Aging, is his right to independence, which is described as the right to an independent income, to maintain health without help of charity, and to live with as much independence as his strength permits. Substantial efforts have been made in the past few years by all levels of government, private and public organizations, employers, unions and individuals to assist the older American to achieve this goal. The role of the federal government has been particularly significant.

There are nearly 18,000,000 persons over the age of sixty-five in the United States, on whose behalf the federal government spent $17,000,000,000 during 1963. Most of this money—more than $13,000,000,000—was in the form of payments for social security, railroad retirement and civil service retirement. In addition to social insurance payments funds were provided for public assistance to the needy, medical care for many with very low incomes, assistance in making adequate housing possible, support for needed social services for the aged, and special programs for education, rehabilitation and increasing employment opportunities.

During the past ten years research funds in the public health service to study the effects of aging have been increased from $100,000 to $15,000,000. These funds are in addition to the much larger sums being invested in research on chronic diseases. The federal government committed more than $500,000,000 in 1962 for housing programs for the elderly in the form of loans, mortgage guarantees and long-term public housing contribution contracts.

Considerable progress has been made towards easing the difficulties of older people. Since the White House Conference in 1961 80% of its recommendations for specific federal action have now been carried out—either wholly or to a substantial degree. One group to which attention is being given is the frail and disabled elderly, who need care and attention in order to remain active or to regain lost strength and abilities. Special kinds of health services and living arrangements have been developed, such as nursing homes, homes for the aged, home health care, homemaker services, foster homes. The need for such services and home arrangements far exceeds the supply, however, and those available are often inadequate or too expensive.

The President's Council on Aging recognizes that many disabled older Americans are in their own homes when they should be in homes for the aged or nursing homes. Conversely, some are in nursing homes or other institutions when they could be at home if help were available there. Others live with their families because special help in their own homes is lacking. To deal with this situation the President has proposed to Congress a five-year $144,000,000 program of federal grants to support private projects aimed at developing new and better ways for communities to meet the special needs of their older residents. There are, of course examples of good services, excellent care, effective rehabilitation, and co-ordination of programs and facilities, but for the most part such services are described as spotty, fragmentary and insufficient to meet the need.

Institutional Care

It is estimated that 350,000 Americans are currently being cared for in nursing homes and an additional 250,000 in related facilities such as boarding homes, rest homes, convalescent homes, and hospitals. Those in the nursing homes are mainly older people in their eighties and nineties whose average stay is more than a year, though many remain indefinitely. Two-thirds of the residents are women; very few are married couples. Only half of them can walk by themselves even with the aid of canes and crutches while many are bedridden, incontinent or out of touch with reality.

The development of nursing homes can be related in part to the Social Security Act of 1935 which revolutionized the economic status of the aged. In addition to assuring modest monthly social security payments to the employed and their dependents upon retirement the Act provided assistance as a matter of right to all those past sixty-five who were in need. Thus many who had been destitute found themselves in receipt of a small but dependable monthly income. During the depression, boarding houses sprang up to shelter these new beneficiaries. They were run typically by widows or unemployed couples who hoped to save their own homes and independence by taking in residents older and worse off than they were. As time passed, however, the average age of these residents increased and they slowly grew less able to care for themselves. Thus boarding homes inevitably became nursing homes. As the expenses of care, and the need for more costly care grew faster than the Old Age Assistance payments, nursing homes tended to become more crowded and the standard of care to be reduced. The situation was aggravated during World War II when it was not possible to build new homes and suitable staff were scarce. The introduction of the "wonder drugs" provided another factor since they helped to curb many of the infections in old age which had formerly taken many lives.

The 1950 amendments to the social security laws permitting Old Age Assistance payments to be made to residents of public institutions (except tuberculosis and mental hospitals) encouraged cities and counties to re-open institutions, to enlarge them or build new ones. These amendments required each state to establish a standard setting or licensing agency. Higher welfare payments together with the possibility of profits from nursing home operation attracted private capital and many new nursing homes began to appear. New construction has been further encouraged by federal loans and subsidies.

As a result of recent measures there has been a general increase in standards while substandard homes have been closed. Efforts are now being made in an increasing number of homes to introduce programs for the benefit of the residents and to regard and treat each resident as an individual.

Types and Level of Care

Nursing homes in the United States fall generally into three broad categories:

(*a*) Public homes, owned and operated by state and local governments, which provide 12% of all beds.

(*b*) Voluntary homes, owned and operated by religious groups, fraternal organizations, some labour unions and other voluntary non-profit associations, which provide 16% of all beds.

(*c*) Proprietory homes, owned and operated for profit by individuals, partnerships and corporations, which provide 72% of all nursing home beds. Many of the latter are converted private dwellings for a small number of patients. Others are modern institutions with more than 100 beds and with every convenience. Some proprietory homes serve welfare recipients exclusively; others cater for private cases at rates which are higher than those for welfare cases.

Three levels of care are recognized under the public health classification, (a) residental care (b) personal care and (c) skilled nursing care.

Combination homes are also recognized as those which give primarily residential or personal care but have skilled nursing care available when needed.

Beds are distributed by type as follows:

Residental Homes	47,100 beds
Personal Care Homes	207,000 beds
Skilled Nursing Care Homes	338,700 beds
Total Beds	592,800

Very few of even the best skilled-nursing homes provide restorative and rehabilitative services. In many cases the inadequacy of medical care and restorative services in nursing homes is due to the traditional attitude toward them as the last stopping place.

As government help increases, however, more skilled nursing homes are becoming available. Nursing home care is one of the medical services for which the federal government shares expenses with states under the public assistance programs. In addition, federal assistance towards building nursing homes is available through four separate federal agencies, namely, grants to public and non-profit organizations through the Department of Health, Education, and Welfare; mortgage insurance for construction or rehabilitation of proprietory nursing homes under the Federal Housing Administration; commercial loans for building or expanding homes under the Small Business Administration; and loans for privately operated nursing homes in redeveloped areas under the Area Redevelopment Agency.

The President's Council on Aging emphasizes the necessity for combined efforts on the part of government and private organizations in order to achieve improvements in the services and home arrangements for disabled older Americans.

Great Britain

Introduction

Statutory health and welfare services in England and Wales involve both the central government and local authorities. Local government, while losing responsibility for any part of the hospital service in the reorganization of 1948 retained the environmental services and took on much wider responsibilities for the prevention of ill health and for care in the community. Since 1948 there have been great social changes and a considerable development in the whole conception of care in the community which is reflected to a large extent in the rapid increase in amounts spent by local authorities on health and welfare services.

The first aim of the country's health and welfare services is to promote health and well-being, and to forestall illness and disability by preventive measures. Where illness or disability nevertheless occurs the aim is to provide care in the community—at home, at centres or where necessary in residential accommodation—for all who do not require hospital treatment and care. There is a wide acceptance of health and welfare services in Britain and a realization that they should be organized and administered to meet more precisely the varying needs of special groups, such as the elderly.

The National Health Service entered a new phase in 1962 with the adoption of a long-term plan for the development and modernization of the hospital service. Concurrent efforts are also being made to develop a complementary system of services for prevention and for care in the community on equally comprehensive lines. The study involved in this plan was timely since whole new fields of prevention and community care, above all in relation to mental disorders, were coming into view as well as new concepts of training for many types of staff on whom the development of these services depends.

Local health and welfare authorities have accordingly prepared plans for the development of their services over the next ten years, 1962 to 1972.

Plans for the elderly are being based upon an estimated increase of 32% (1,823,000) in the number of persons aged 65 and over during the next 20 years. Within this group it is expected that there will be a 40% increase (813,000) in the numbers aged 75 and over while those aged 65 to 74 will increase by 28% (1,010,000). It is expected that the greatest proportion of increase will be in the very old group, that is 41% in the goup over 80 and 44% in the group over 85. The greatest acceleration will occur during the second decade in the groups aged 75 and over.

A substantial proportion of older people (roughly 25%) in the next two decades will be without children either because they never married or because their marriages were childless. It has been found that older people unsupported by children are likely to make the heaviest demands upon the health and welfare services, both domiciliary and residential.

Since the proportion of older people in the total population varies widely from area to area (that is from 9.6% to 22.2%) it is necessary to assess the need in each local area on the basis of actual and prospective numbers. The national proportion (12%) would be applicable in only a few areas.

Needs of the Elderly

Most elderly persons prefer to live in a home of their own where they can enjoy privacy, comfort, and social contacts, availing themselves when necessary of the ordinary range of health and welfare services. Those who become too infirm to live at home even with the help of special services require residential accommodation with constant care but under as homelike conditions as possible. The needs of the elderly outside of hospital are therefore being considered under three heads (a) housing (b) support in the home (c) residential accommodation.

Housing

Size, design and location are regarded as being particularly important in housing for the elderly. While older people as a whole are, economically, the weaker section of the community, the cost per head of meeting their housing needs is relatively high. The help which local authorities can give lies mainly in the provision of single bed dwellings suitable for elderly people who are not able or do not wish to live with their families or are without children. To date 300,000 such dwellings have been provided by local authorities—256,000 since the War. The rate of provision has been stepped up from 11,000 in 1951 to 29,000 in 1962.

In addition, local authorities have provided in recent years special flatlets designed on labour saving lines and with a resident warden who is on call in emergency, looks after communal facilities and often gives additional help, for example, with bathing, and, during temporary illness, with meals. Many elderly tenants in housing of this kind are expected to be able to pass the remainder of their lives there and not require residential accommodation or long-stay hospital care. Approximately 3,400 of these special dwellings had been built by 1962 with a further 2,400 approved for construction. It is envisaged that this type of housing will need to be greatly expanded, with the help of voluntary organizations.

Support in the Home

Elderly people living at home may need special support to enable them to cope with their infirmities and to prevent their isolation from society. As their capabilities diminish they will more often require such services as home help, laundry, meals, chiropody, friendly visiting, transportation to social clubs and occupation centres and arrangement for holidays. When illness is present they will need home nursing, night care and help generally in the home.

Surveys made in recent years show that some 10% of the elderly living at home are housebound because of illness or infirmity. This group is regarded as being particularly vulnerable. The authorities anticipate, however, that the tendency to become housebound will diminish as preventive health and welfare services are developed although the actual number may increase with the growing numbers of the very old.

Residential Accommodation

A residential home may be needed at the stage in an elderly person's life when the support which family, neighbours and domiciliary services can reasonably provide is no longer sufficient, but when nursing and supervision of the kind that only a hospital or nursing home can give is still not necessary. In areas where the whole range of services for the elderly inside and outside hospitals is well developed the necessary hospital provision is being achieved with about 10 hospital beds per 1,000 persons aged over sixty-five. It is however considered impractical to suggest such a precise ratio for the provision of residential accommodation by local authorities during the next ten years. Waiting lists are an unreliable guide in measuring unsatisfied need since there is still some antipathy towards the former public assistance institutions and reluctance to go into this type of accommodation. The amount of provision required will also be effected by housing conditions, by the degree of support from family and neighbours and by the amount of suitable residential accommodation provided privately or by voluntary organizations. In areas where the domiciliary services are well developed and hospital services are adequate, local authorities appear to be achieving appropriate provision with something in the range of 18 to 22 beds for every 1,000 persons aged sixty-five or over. This figure is suggested as a rough guide to local authorities pending the development of more definite standards based upon local studies and inquiries.

The Elderly Mentally Infirm

Many older persons suffer from the deterioration of mental faculties often associated with old age. Others have psychiatric symptoms or disabilities which are the aftermath of mental illness. Individual medical and social diagnosis and assessment are regarded as essential to insure that appropriate treatment and care are provided. Some need treatment or care to reverse a physical condition which is causing a mental disorder. Others need psychiatric treatment at home or in hospital. Others again need prolonged nursing care in a nursing home, in a geriatric ward of a hospital or in a psychiatric hospital. Then there are many who require only a measure of care in a regulated community with some medical supervision.

Local authorities are responsible for providing care and residential accommodation for elderly mentally infirm who are found to need it. The overall estimates of residential accommodation required, therefore, include provision for the mentally infirm. While much remains to be learned about the residential care of this group, there are certain principles which are now generally accepted:

(*a*) Many elderly people in residential accommodation, whose mental faculties deteriorate with advancing years, should nevertheless be able to remain where they are.

(*b*) It will be difficult for residents and staff to accept newcomers who are already mentally infirm, but by careful assessment and individual selection it should be possible to find beds for a fair proportion in ordinary residential homes.

(*c*) There will be some whose needs can only be met in a home catering specially to the elderly mentally infirm,—that is, those who have become confused or have deteriorated to the point where their behaviour is no longer tolerable in an ordinary home. Nevertheless, their main need is still for care and attention, with only a moderate degree of medical supervision. A home which is suitable for them is therefore in no sense a mental nursing home, but ought to be designated and administered as an ordinary residential home.

(*d*) The amount of accommodation proposed for this group is to be decided only after careful assessment of individual cases. Otherwise the authorities feel that there is a danger that accommodation specially designed for the mentally infirm will be provided for elderly people whose real need is for treatment or care in hospital or for care in an ordinary residential home.

(*j*) HOUSING

Efforts are being made in most Western countries to improve housing for the aged through the provision of new low-rental self-contained housing and hostels or improved congregate facilities.

In Australia the federal government makes grants on a £2 to £1 basis to approved organizations for the purchase of land and the erection, extension or purchase of homes for the aged. These vary from institutions to cottage-type accommodation. Some states subsidize the construction of self-contained housing for the elderly and units for them are included in public housing.

In New Zealand self-contained housing qualifies for a subsidy of 50 per cent. If it is part of an old people's settlement having a central building with dining, lounge and infirmary facilities, it qualifies for a subsidy of 75 per cent of the approved cost. Organizations establishing homes for the frail ambulant may receive a subsidy of up to 100 per cent of the approved expenditure.

The United States has several programs to provide housing for older Americans. These include a special mortgage insurance to aid in rehabilitating or building profit and non-profit rental housing for the elderly; long-term, low-interest loans to local non-profit groups, consumer co-operatives and qualified public agencies to assist in financing rental housing for old people with moderate income; and a low-rent housing program for older persons. The Housing Act of 1964 contains new provisions to help the elderly. For example, there are now low-interest loans for the rehabilitation of homes, relocation payments for persons displaced by urban renewal, permission for single persons and families with moderate incomes to occupy rental or co-operative housing in an urban renewal area; and the authority of the Department of Agriculture has been expanded to insure loans on rental housing for senior citizens in rural

areas. Some state agencies have assisted with the building and operation of low-rental units for elderly persons, and private developers, religious and labour groups have built retirement villages.

There is a trend away from large institutions in England and the elderly are being accommodated in special new housing, adapted housing and alms houses in addition to residential homes. New housing in the form of small flats or bungalows is being built by local authorities and voluntary and private enterprises. Adapted housing in the form of flatlets has been provided by The Harrison Homes and The Church Army Housing Limited. These large converted houses are managed by a matron or housemother. Local authorities have been given grants for the modernization of almshouses, and in 1948 a duty was placed on County and County Borough Councils to provide residential accommodation for persons requiring care and attention. Boarding out or foster care schemes have been started in many areas in an effort to find substitute homes for elderly persons who cannot manage alone but who do not wish to enter a home.

In Sweden each community has at least one adequate home for the aged. Construction costs are shared by the local community and the national government. Homes are small, centrally located and provide recreational activities, beauty or barber shops and other services. Residents may furnish their own rooms. Each resident pays his own expenses. The majority of Sweden's 900,000 citizens over 65 live in the community with the aid of homemaker, visiting nurse and other services.

In Denmark, also, most elderly people remain in their own homes. However, about one-third of the municipalities have homes for the aged. The government subsidizes the construction of flats for the elderly to rent at 10 to 13 per cent of the old age pension. Deficits in running these flats are shared equally by the local and central governments. Non-profit housing societies may rent flats to elderly persons at a rate fixed by the Ministry of Social Affairs in the same way as it fixes that for pensioners' flats.

(*k*) HOMEMAKER AND HOME HELP SERVICES

Part-time domestic help is becoming increasingly available to elderly persons in a number of countries. Of particular interest are services in Australia, New Zealand, the United Kingdom and the United States.

In Australia services are sponsored by voluntary associations, municipalities and State Governments. Some States subsidize home help services, and since 1951 an annual federal subsidy of £15,000 has been available as a grant-in-aid for allocation among the States.

The Social Security Department in New Zealand operates a home help service for the sick or old. Clients pay what they can.

In the United Kingdom home help is available through all County and County Borough Councils. Charges for service are on the basis of ability to pay. Those who cannot pay receive free service and the cost is borne by the local authority. It is estimated that 2 per cent of old people have the service of a home help.

In the United States over 300 agencies—voluntary, public and other—operate homemaker services; 65 per cent of these serve all types of families; 25 per cent, families with children; and 10 per cent, families with ill or disabled adults and aged persons. The costs of homemaker services provided by state welfare departments to public assistance recipients are shareable with the federal government.

Homemaker services are also available in other countries. Sweden, for example, has a system under which older persons receive a few hours' help daily. This service, available in 600 municipalities, is organized by the Red Cross, women's organizations or municipalities.

(*l*) MEAL SERVICES

Meal programs for the elderly are part of the series of services designed to promote independent living. A number of countries have developed special meal services for the elderly and chronically ill. These include meals-on-wheels, lunch clubs, and reduced rates for meals in restaurants or government-owned cafeterias.

Meals-on-wheels are well established in the United Kingdom, Australia and New Zealand and recently a number of projects have been initiated in the United States.

Sponsorship of meal programs varies but it is usually voluntary. In Australia meals-on-wheels are sponsored by city or municipal councils, local committees, and the League of Home Help. In New Zealand they are usually run by Hospital Boards and in the United Kingdom by the Red Cross, the Women's Voluntary Service, and Old People's Welfare Committees. In the United States meal programs have been sponsored by service clubs, health departments, church groups and citizens' committees.

Some services rely entirely on volunteers while others employ paid staff for meal preparation but rely on volunteers for transportation and distribution. Meals may be prepared in municipal or church kitchens, private homes, hospitals, homes for the aged, restaurants, school or factory cafeterias or special kitchens. Meals are usually delivered five days a week. They consist of two or three courses and some services also provide a second cold meal and/or snack.

Costs to recipients vary. In Australia recipients pay 2/— to 3/— per meal and in New Zealand 2/— or half the cost of the meal, with a reduction or no charge if payment creates hardship. Elderly persons in England pay 10d to 1/— and the rest of the cost is made up by the local authority or from voluntary funds. In the United States costs per meal vary from a minimum of 25 cents to a maximum of one dollar per meal. Clients pay about half the cost and the remainder is made up by the sponsoring group.

In addition to helping older people to better nutrition, meals-on-wheels help them to keep in touch with the community.

Another method of providing meals, used primarily in the United Kingdom, is through lunch clubs. Elderly people may meet in church halls or clubs to have lunch together. Occasionally a meals-on-wheels service is operated from the same location.

(*m*) COUNSELLING

There appears to be increasing recognition in other countries of the need for counselling and advisory services for elderly people with a variety of problems. In Australia, these services are available from family welfare agencies and other voluntary organizations. State and federal agencies administering public assistance programs not only help elderly people establish their eligibility for assistance, but also help by way of reference to other agencies, and give advice on personal problems, accommodation and other matters.

While a number of voluntary agencies in Britain give counselling services, the best known sources of help are the Citizens' Advice Bureaux, which exist in many localities and can help elderly persons who have queries or do not know what services are available to them.

In the United States special counselling, information and referral services for the elderly are offered at present only in a few larger cities, but there is evidence of increasing interest in providing these services on a much more extended basis. A significant development is the extension, in some public welfare programs, of casework services to persons who are not in receipt of public assistance, but who, nevertheless, require other forms of help.

(*n*) RECREATIONAL FACILITIES

With the greater recognition given to the role of recreation in preventing institutionalization and making old age brighter, there has been an increase in the number and kinds of recreational facilities available for the elderly. Old people's clubs are found in many countries and may be of the type that meet weekly, monthly or bi-monthly for social activities, or they may be day centres open five or six days a week offering social, craft and educational activities, and perhaps services such as meals, counselling, chiropody, hairdressing, a housing registry, and employment bureau.

Old people's clubs are usually sponsored by service clubs, voluntary agencies, churches, municipalities, pensioners' associations or local old people's welfare committees. They are financed partly by the sponsoring group, fees or dues, donations, and in some instances government aid. In Australia some states make grants to meet capital costs or capital and maintenance costs for clubs. In New Zealand clubs are eligible for a building subsidy from Golden Kiwi Lottery funds, and in the United Kingdom, under Section 31 of the National Assistance Act, local authorities may contribute to voluntary agencies providing recreation or meals for elderly people.

(*o*) OTHER COMMUNITY SERVICES

Friendly Visiting

A useful service is that provided in the United Kingdom where organized comprehensive visiting schemes have been developed by old people's welfare committees. Prospective visitors are interviewed by an experienced worker and an effort is made to match visitors and elderly persons who will be congenial. Visitors are recruited from all sections of the community and from various age groups. Members of clubs are encouraged to visit elderly non-members and retired employees are encouraged to keep in touch with each other. Besides the companionship which visiting affords, it can serve other purposes as well, for example, young people may do shopping or other necessary errands for elderly persons. People who are unable to undertake regular visiting may participate in occasional outings for elderly persons. Pen guilds through which monthly letters are written to correspondents, and mobile library services, are also available.

Preparation for Retirement

The need to help people prepare for retirement was recognized in Britain in 1954, when the National Old People's Welfare Council initiated a study on the subject and subsequently published a report entitled *Preparation for Retirement or Adjustment to Aging*. The report considers education, recreation and use of leisure, employment, finance, health, housing, loneliness, and spiritual aspects of aging.

Retirement preparation programs are being developed in the United States, where it is estimated that one-third of all large employers have some type of program, and at least two unions have full-time staff working in this area. Several agencies of the federal government have pre-retirement programs. Their purpose is to acquaint persons nearing retirement with the adjustments that will be necessary in their new way of life and to provide factual information on such subjects as social security, housing, community resources and recreation.

Laundry Services

Both New Zealand and the United Kingdom have some measures to assist elderly persons with their laundry.

In New Zealand the service is restricted to elderly persons unable to take care of their laundry and without relatives or friends to help them. The service is limited to linens provided by Hospital Boards at the charge of 1/- per dozen articles for persons who can afford to pay. Volunteers may be used to collect and deliver laundry.

In England local authorities have permissive power to arrange laundry services, and many have organized services for the elderly. Several voluntary bodies sponsor services where local authorities do not do so, and some laundries will serve pensioners at reduced rates.

Chiropody Services

In the United Kingdom in 1959 the Minister of Health made it possible for local health authorities to provide chiropody services directly or through voluntary organizations. This measure was passed after the National Corporation for the Care of Old People had carried out a three-year demonstration project to provide foot care for the elderly. Since the statutory service is permissive, it is possible that limited voluntary services will continue for some time. These are usually sponsored by old people's welfare committees or the Red Cross.

Sitter-in and Good Neighbour Schemes

The United Kingdom appears to be unique in the provision of sitter-in and good neighbour services.

The sitter-in service is designed to help sick or confused old people who cannot be left alone for long periods but who do not need hospital care. Duties of the sitter-in are to provide companionship, particularly when relatives go out, to perform light tasks for the patient and to help him settle in at night. The service is provided for a few hours daily or once a week.

The good neighbour service is carried out by the neighbours of elderly persons who perhaps have taken some interest in them but who, with the help and backing of an organization, are prepared to do regular light duties.

Both sitters-in and good neighbours are paid. A charge is made for the service on the basis of ability to pay and persons receiving national assistance receive the service free of charge.

V—PLANNING AND CO-ORDINATION FOR THE AGED

There are wide gaps between the aspirations we in Canada have for the well-being of the aged and the programs and services available to promote it at the present time. The purpose of this section is to review the measures for planning and co-ordinating that have been developed to reduce those gaps. Developments in Canada are considered against the background of experience in other countries.

The need for planning becomes more apparent when one examines the way in which services for particular groups—such as the aged—have grown up. Canada, along with other western countries, appears to go through four stages in recognizing and reacting to the problems of our aged people. In the first stage, the problem is viewed as an economic one, and programs are formulated to alleviate poverty. The conception of the problem is then usually broadened to include special living arrangements and health care. Thirdly, provisions are made for leisure time, counselling and other supportive services. Finally, a need for planning and co-ordination to bring the community's resources to bear on the needs of the aged becomes apparent. Many western countries have largely completed the first stage and are well into the second and third stages. A number of nations are now entering the fourth stage.

In this paper, planning and co-ordination are taken to mean the analysis of needs, resources, and relationships in order to define goals, establish priorities, and mobilize human and material resources to deal with the identified problems.

Prior to World War II, a number of non-governmental social planning organizations at both local and national levels existed in the United Kingdom, the United States, and Canada. These were able to give only limited consideration to the problems of the aged, and specific interest in this field had to await the 1940's. Thus planning and co-ordination in the field of the aging is essentially a post-war phenomenon, usually found only in industrialized and urbanized nations.

The material to follow will briefly describe how various nations have responded to the problems posed by the need for planning and co-ordinating in the field of aging.

United Kingdom

The planning and co-ordinating structures in the field of aging are for the most part non-governmental, but include public as well as voluntary bodies. In 1940, local organizations interested in the aged established an organization which, in 1955, became the National Old People's Welfare Council. It sees itself as a co-ordinating body of all interests established to assist, guide or influence national and local planning and development.

To accomplish this, its membership includes many national organizations and governmental departments in the fields of health, welfare, housing, education, religion, labour, and civic and municipal affairs. It is an independent, voluntary, non-political, and non-denominational organization with its own constitution. To assure its relationship to matters pertaining to the whole population and not just the aged, however, it is constitutionally linked to the comprehensive social planning organization known as the National Council of Social Service.

Over 1,600 old people's welfare associations, councils and committees, whose establishment was often due to the promotional work of the National Council, perform much the same function in their own communities. They draw into their membership local authorities and voluntary bodies of all kinds with an interest in the aged. The participation of local authorities in these organizations is encouraged by the policies of the national government. An organization that has also played an important role in the growth of these local organizations has been a foundation known as the National Corporation for the Care of Old People.

In a number of regions, these local old people's organizations meet together in county old people's welfare councils. The effectiveness of these local and regional organizations varies considerably, depending on the quality of financing, staffing and working relationships. Financing comes from many sources, including grants from appropriate public authorities.

No similar planning structures exist inside the governmental framework, perhaps because of the close relationships attained in the non-governmental organizations. However, the national government employs the device of *ad hoc* interdepartmental committees when these are needed.

Strong impetus was given to local planning by the stimulation of local comprehensive health and welfare ten-year plans throughout the country by the national government in 1962.

New Zealand

Interest in the aged in New Zealand is widespread and dates back to 1893 when the first old age pension law in any Commonwealth country was passed. An upsurge of interest following the Second World War culminated in a

Conference on the Care of the Aged in 1955, as a result of which the national government was asked to establish an advisory committee on the care of the aged, which it did later that year under the aegis of the Ministry of Health. The membership of this Committee has been kept small and includes representatives from several government departments and local organizations interested in the care of the aged. The structure in New Zealand contrasts with that in the United Kingdom, in that the national planning body is under the auspices of the national government and is staffed by one of its officers. Working relationships have been established between the National Advisory Committee and twelve local organizations which are the equivalent of local old people's welfare councils or the more comprehensive welfare councils. Moreover, through its methods of subsidization, the national government encourages collaboration between local authorities and the non-governmental organizations serving within their geographic jurisdictions.

The School of Social Science at the University of Wellington, which had been closely related to these developments, collaborated with the national government in a broad study of the needs of the aging in 1962. One of the purposes of this basic and unique national study was to improve planning in the field of aging.

Australia

The non-governmental pattern adopted in the United Kingdom has been followed in Australia, with reliance being placed on old people's welfare councils. There are two exceptions to this pattern, however. One is that the key planning and co-ordinating units are found at the state level rather than at the national level; and the second is that working relationships between governmental and non-governmental bodies exist in various degrees from state to state, although they are of a more informal nature and appear to be less developed than those in the United Kingdom.

The first state old people's welfare council was established in 1951 in Victoria. Similar state councils were founded in the remaining mainland states by 1959. One is now under formation in Tasmania. These bodies are intended to be the focal point in each state for information and advice on all aspects of care for the elderly. They bring together for consultation the voluntary organizations, statutory bodies, and government departments concerned with the care of the elderly.

At the local level, old people's welfare committees have set the pattern. Victoria had forty such local organizations by the end of the 1950's. In part, they were financed by grants from local authorities, although no public funds appear to be available to the state and national organizations.

Due to the developments at the state level, the need for a national organization was recognized and acted upon in 1958. The National Old People's Welfare Council is made up of representatives from the five state councils. No interested national organizations hold membership. Because of this, the national organization may be viewed as an adjunct to statelevel interests. Its relationships with the national government are restricted inasmuch as no formal relationships have yet been formed.

Norway

Prior to the last war, Norway, which has a proportionately large elderly population, followed the practice of other West European countries of providing pensions and institutional care for its aged citizens. In 1949, the National Public Health Association, originally founded to combat tuberculosis, held a conference at which the care of the aged was given major consideration. On that occasion, the need was seen for a national multi-functional organiza-

tion able to work on the medical, social, and economic problems of the aged. The National Public Health Association thereupon established the National Old People's Health Committee, giving it the broad terms of reference noted above. The Committee is composed of representatives from the National Public Health Association, the health professions, local and state authorities, and the social insurance programs.

In 1954, this Committee, after studying developments in other countries, outlined the future developments needed in Norway. Its report, together with one prepared by the Norwegian Government in the same year, forms the main planning base for the care of the aged in Norway today. The National Old People's Health Committee, as a subsidiary of the National Public Health Association, functions as an advisory board on problems of the aged throughout the country, promoting and stimulating cooperation between statutory and voluntary bodies.

The National Public Health Association was also instrumental in the creation of the Norwegian Gerontological Society. These national organizations with an interest in the aged work closely together. In addition, the National Public Health Association co-ordinates its work with four other major humanitarian organizations in Norway through the Cooperating Council which these organizations have formed amongst themselves.

Norway does not have a system of co-ordinating and planning structures at local levels. Rather, the approach has been to establish local multi-service organizations for the aged, known as health and welfare centres. Over thirty such centres are now operating in Norwegian cities, but difficulties in organizing them in the rural areas have not yet been overcome.

Other Scandinavian Countries

In Sweden, planning has been carried out on a functional basis through a variety of public and voluntary bodies, but no explicit interfunctional planning and coordinating structure has been created. This is also true in Denmark, although the Danish Institute of Social Research is heavily involved with similar organizations in England and the United States in a major cross-national research study on old age. A gerontological society has existed in Finland since 1948. A Finnish Old People's Welfare Federation has also been established. However, its work is oriented to the welfare field rather than to a more comprehensive approach.

Some Other European Countries

In France, the National Committee on the Aged brings together in a single organization members of parliament, as well as representatives of government departments, social welfare organizations, trade unions, old people's associations, and some specialists in the field of aging. National and provincial gerontological societies are also active in promoting interdisciplinary meetings and research. The report, published in 1962, of a special committee established by the French Government has made useful information available in carrying planning forward in that country.

The Netherlands and Switzerland have national organizations interested in the care of the aged, and a coordinating role is included in their terms of reference. National gerontological societies exist in these countries, and such societies, mainly active in the field of research, have also been established in Hungary and Italy. Research, under various auspices, has been undertaken in West Germany and Austria. Less emphasis has been placed in these countries on planning and co-ordination in the aging field.

United States

Comprehensive planning and co-ordination under non-governmental auspices at the local level has a long history of development in the United States. Because of the existence of some 500 community welfare councils, in which public and voluntary organizations, together with citizen leaders, have worked on the overall social problems of their communities, local organizations specifically oriented to planning and co-ordination in the field of the aging have not taken root under either public or voluntary auspices. The welfare councils have been closely related to the federated fund raising bodies in their localities, thus permitting a degree of local integration between the planning and financing bodies.

More recently, important developments have been taking place at the national level. In the early 1950's, following on the heels of the National Conference on Aging, a National Committee on Aging was founded as a subsidiary organization to the National Social Welfare Assembly. In 1961, with heavy financial support from the Ford Foundation, this Committee became an autonomous organization offering planning and consultation services in many specific sectors of the field of aging. This organization has sought to become a national non-governmental planning body, but its success to date has been limited. Nevertheless, it has produced some of the basic manuals in use throughout the English-speaking world on numerous aspects of aging. It has also supported planning and co-ordination developments in the field of aging at state and local levels.

Within the federal government, a Federal Council on Aging attached to the Office of the President was established in 1956. Its purpose was to draw the various federal departments concerned with the aged into closer co-operation and co-ordination. It also played a role in the organization of the White House Conference on Aging held in 1961. The Federal Council was replaced in 1963 by a President's Council on Aging, and a permanent Office of Aging was established within the Welfare Administration of the Department of Health, Education, and Welfare. The federal government has also demonstrated its interest in co-ordination and planning through its recent social legislation in a variety of fields which encourages and supports planning and co-ordinating structures at the state and community levels through various grants-in-aid.

However, because of the greatly awakened interest in stimulating planning and co-ordination in a variety of fields at the national level, by federal and state governments and by the larger philanthropic foundations, local planning bodies have come under heavy pressure to expand their scope to include social, economic and physical community planning. In consequence, a number of adaptations or newly-created organizations, loosely termed "planning coalitions", have developed at the local level. Although highly experimental in nature, nevertheless they give some indication of how local planning and co-ordinating organizations may develop in the future.

The new planning and co-ordinating approaches at the federal level, as illustrated in the "War on Poverty" program under the Office of Economic Opportunities which reports directly to the President, contain some promise for the development of a more adequate federal planning and co-ordinating structure in which both social and economic factors are brought into close relationship.

At the state level, planning and co-ordinating structures are much less developed, although comprehensive voluntary social planning and co-ordinating bodies of one kind or another are found in about ten states. One of the few fields in which attempts at planning and co-ordination within state governments has been made is in that of aging. The impetus here was the need to prepare for the White House Conference on Aging in 1961. Various govern-

mental and non-governmental committees and commissions were organized, frequently under the auspices of the governor's office. In a large number of states, these public planning and co-ordinating bodies are continuing to function in varying degrees. It is of interest that in the United States research into the actual planning and co-ordinating processes in the social field is being pressed forward, much of it in the field of the aging.

Canada

In Canada, as in the United States, planning and co-ordination have grown within a broader social context than that of aging at both the national and local levels. However, while the local structures are very similar to those of the United States, in national planning Canada tends to follow the comprehensive pattern of the United Kingdom through the Canadian Welfare Council.

The local planning bodies in Canada have been the community welfare councils now found in some twenty cities and regions. These organizations, while interested in a broad spectrum of social problems, have included the field of aging within their activities for many years and on a variety of fronts. In the Province of Quebec, where they have been adapted to and have grown up on the diocesan plan, they cover rural as well as urban regions to a degree not attained in the rest of Canada or in the United States. The larger question of linking social, economic and physical community planning at the local level is only beginning to be grappled with in Canada.

Provincial planning and co-ordinating structures, of a temporary or permanent nature, are found in four provinces. Following the First Ontario Conference on Aging, the Ontario Society on Aging was founded in 1957; in 1963 it merged with the Ontario Welfare Council. In 1964, the Ontario Legislature established a special committee to enquire into the needs and problems of the aged for that province; it is now at work.

The Government of Saskatchewan, following its conference on aging in 1960, established an Aging and Long-term Illness Survey Committee responsible for research and planning in that province. The Committee has published several useful reports and organized a number of local, regional and provincial conferences. This project was discontinued in the autumn of 1964.

Nova Scotia has established an *ad hoc* committee within the Department of Public Welfare to receive representations and to prepare its brief for the Special Committee of the Senate on Aging. A Provincial Welfare Council was established in Quebec in 1964. It includes the field of aging amongst its several concerns. Parenthetically, it may be noted that, in its recent report to the Lieutenant-Governor-in-Council, the Quebec Study Committee on Public Assistance recognized the need for research and planning and for close collaboration between government departments and between departments and voluntary organizations.

At the national level, comprehensive social planning is carried out under the auspices of the Canadian Welfare Council which was founded in 1920. It established a standing committee on the aged in 1954, which, amongst other activities, carried out in 1962-63 a major survey of living arrangements for the aged under a grant received from the Central Mortgage and Housing Corporation. It has also instigated and is co-sponsoring with a wide range of national organizations, the first Canadian Conference on Aging, to be held in 1966.

In the federal government, concern for the aged has been directed primarily to the field of social security, beginning with the Government Annuities Act of 1908 and culminating in the present proposals for the Canada Pension Plan. An Interdepartmental Committee on Older Workers was established in the Department of Labour in the early 1950's. The Central Mortgage and

Housing Corporation has made significant contributions to the aged, not only through loans for low cost housing, but also through the leadership it has given to research and planning.

The Department of National Health and Welfare has established research and consultant positions, some of which are related to the field of aging. However, while planning and co-ordination are undertaken within the departments, interdepartmental planning and co-ordination have not yet been firmly developed except in relation to specific programs such as the Canada Pension Plan.

While this brief summary of planning and co-ordinating functions in Canada and in other countries indicated that a considerable and increasing effort is being made to deal intelligently with the problems of aging, it is clear that more sustained and integrated attention is required at all levels. Also, it is clear that planning for the aging must take place within the context of overall community planning. The general needs of the aged cannot be considered in isolation, nor can satisfactory solutions be found which do not reflect total community requirements. The problems of the aged undoubtedly merit special consideration, particularly those peculiar to the process or results of aging. Planning for these, as well as for the more general needs of the elderly, could best be carried out, experience suggests, as a part of planning for the broader community.

VI—A COMPREHENSIVE APPROACH TO AGING

A comprehensive approach to the condition of aging requires, as indicated above, a complex of services which are related to one another and integrated with those for the general community, and planning and co-ordinating structures designed to ensure that available resources are fully and effectively utilized in the provision of the needed services. An essential resource, which is often overlooked or discounted, is the group for whom the services are intended—the aged themselves.

There is ample evidence from older people that they wish to go on living as closely to normal as possible, to be regarded as having a continuing contribution to make to society, to feel wanted, to be close to friends, relatives and former associations, and at the same time to enjoy some real independence. These are normal desires, and it makes good sense, economically as well as socially, to try to create and maintain the conditions under which the process of aging can be seen and experienced as a normal phase of life. This implies the conservation of the resources of older people in terms of their special skills, their interests, their maturity and experience, and their desire and capacity to continue to contribute significantly, not only to their own well-being, but to that of the community of which they are an essential part.

The implication is clear. Stress must be laid on the normal, rather than the abnormal aspects of aging, on *participation* in the community rather than, or in addition to, *contribution* by the community. To use the social welfare field as an illustration, the trend in income maintenance programs is to make the *fact*, rather than the *cause*, of need the major criterion in establishing eligibility for financial assistance. Thus, where old age has been a condition for the receipt of assistance, now the need for assistance, whatever the reason, becomes the more important factor. Again, health problems, once a significant cause of insecurity, are being dealt with through various medical plans and, of course, through hospital insurance. In other words, by planning to meet the needs of the total community, it is possible to include the special needs of the aged without emphasizing or encouraging what is now seen to be an artificial definition of old age as a period of dependency.

A comprehensive approach to aging, therefore, is one in which features with a positive focus are given as much attention as the ameliorative aspects of aging, such as the need for income maintenance. It involves imaginative social planning, full co-operation between public and voluntary bodies, and, above all, a determination to create the conditions under which the aged can make a maximum contribution to the community, in the process of which they retain their place in the scheme of things.

The Welfare Branch of the Department of National Health and Welfare in the administration of its programs can make some of the contributions required for the attainment of this "whole" aproach to a new era for the older person. The proposed adjustment of the Old Age Security program and the proposed Canada Pension Plan measures that are now being considered by Parliament would, if passed, improve over the years the basic income prospects for Canada's older persons. Current negotiations and discussions with the provinces regarding Old Age Assistance, Disabled Persons Allowances, Blind Persons Allowances, and Unemployment Assistance offer promise of more adequate supplementation of basic income for those in need. The Welfare Grants program forms a flexible instrument to explore and provide preventive community resources in the interests of older people. The Fitness program can assist in providing important recreational opportunities and cultivating the capacity to enjoy them. Departmental resources for research, consultation, and the production of informational material can be strengthened in keeping with the needs of a growing older population.

However, these are only parts of a comprehensive approach to one of today's persistent human concerns; to maintain within the community the creative capacities of those who spent their lives in building it.

In the national interest generally and for the total welfare of our aged in particular, responsive Canadians in their private and public capacities, can help to give the work of your Committee an adequate perspective.

—by helping to shift the emphasis from filling gaps to taking a new look at the whole range of services and activities which could assist the aged to realize their fullest capacities

—by balancing the concern for adequate income maintenance provision with a concern for adequate social services

—by changing the emphasis on categorical assistance to one group to an emphasis on total social responsibility and so setting the condition of older persons within the condition of Canadian society as a whole.

A BRIEF

SUBMITTED TO THE

SPECIAL COMMITTEE OF THE SENATE

ON AGING

By The

CANADIAN DENTAL ASSOCIATION
L'ASSOCIATION DENTAIRE CANADIENNE

234 St. George Street
Toronto 5, Canada

December 1964

SUMMARY OF RECOMMENDATIONS

The Canadian Dental Association recommends:

(*a*) that all provinces establish dental treatment programs for Old Age Assistance and Old Age Security Supplementary Allowance recipients;

(*b*) that dental home care programs for non-ambulatory, aged persons be developed locally by the dental profession in consultation with local health agencies;

(*c*) that all hospitals and institutions for the aged establish dental departments to provide services for their patients;

(*d*) that provincial legislatures make fluoridation of communal water supplies mandatory.

THE ASSOCIATION

1. The Canadian Dental Association is the national organization of the dental profession in Canada. First organized in 1902, it was re-organized and incorporated in 1942.

2. The ten provincial dental licensing bodies are corporate members of the Association. They are Newfoundland Dental Society, Dental Association of Prince Edward Island, Provincial Dental Board of Nova Scotia, New Brunswick Dental Society, College of Dental Surgeons of the Prov. of Quebec, Royal College of Dental Surgeons of Ontario, Manitoba Dental Association, College of Dental Surgeons of Saskatchewan, Alberta Dental Association, College of Dental Surgeons of British Columbia.

3. Individual members are licensed dentists whose names have been submitted by corporate members. The membership of the Canadian Dental Association thus includes virtually all practising dentists in Canada. The Association has about 6,000 individual members, one sixth of whom are French-speaking, plus honorary and associate members.

4. The association publishes a monthly scientific journal which is bilingual. Dozens of pamphlets and booklets dealing with dental health, education, research and other subjects are produced by the association for mass distribution. Activities are centralized at the association's headquarters building and under direction of a permanent secretary and staff.

5. The business of the association is conducted under authority of a Board of Governors which is composed of representatives named by the ten corporate members. There are the Executive Council and several committees with specified responsibilities.

6. The stated objectives of the association are as follows:

(*a*) To cultivate and promote the art and science of dentistry and all its collateral branches, and to maintain the honour and interests of the dental profession;
(*b*) To conduct, direct, encourage, support or provide for exhaustive dental and oral research;
(*c*) To elevate and sustain the professional character and education of dentists;
(*d*) To promote mutual improvement, social intercourse and goodwill among the members of the profession;
(*e*) To enlighten and direct public opinion in relation to oral hygiene, dental prophylaxis, oral health and advanced scientific dental service;
(*f*) To disseminate knowledge of dentistry and dental discoveries;
(*g*) To have cognizance of and safeguard the common interests of the members of the dental profession;
(*h*) To publish dental journals, reports and treatises;
(*i*) To do all further or other lawful acts and things as are incidental or conducive to the attainment of the above objects.

7. The Canadian Dental Association represents the dental profession at the national level and is considered the official national voice of dentistry in Canada.

I CURRENT DENTAL HEALTH STATUS OF THE AGING

8. There exists very little information on the dental health of the aging in Canada. The 1950-51 Canadian Sickness Survey, the source of much information on the utilization of health services, reports, "The sample did not contain enough persons of age 65-and-over with dental care. It was, therefore,

not possible to prepare reliable estimates of this age group." [1] Statistics on dental treatment received by Saskatchewan public assistance beneficiaries show that the most frequent services are extractions and provision of dentures. Various prosthetic services (complete and partial dentures, repairs and relines, etc.) account for 70 per cent of the per capita cost of dental care for those recipients 65-69 years old and 75 per cent of the per capita cost for those older. A comparison of the 65-69 and 70-and-over age groups reveals that the per person use of every type of dental service except the reline of dentures is higher in the younger group.[2]

9. The dental services received by the public assistance groups may not reliably reflect the dental requirements of all older people. An examination of some American data on this subject is helpful in indicating the pattern of dental health care of other sections of the aging population.

10. Sixty per cent of all Americans who are 65 years and older have no teeth. The proportion of edentulous people varies from one-half of those between 65 and 74 years to two-thirds of the 75-and-over group. More women (71 per cent) than men (62 per cent) have lost their teeth. Loss of teeth is also greater for rural than for urban dwellers and for those with lower incomes and less education.[3]

11. In a survey conducted by the United States Department of Public Health, Education and Welfare, it was found that less than one-quarter of the people 65-and-over had seen a dentist during the preceding year. The percentage, while only 12 per cent for the edentulous, was 42 per cent for others 65-and-over. Here again, a pattern familiar in the study of dental services emerged: more females than males had had dental visits as had more urban than rural residents and more of those with higher incomes and more education.[4]

12. There were 0.8 dental visits per year per person 65-and-over—0.3 for denture work, 0.2 for extractions, and 0.1 each for fillings, cleanings or examinations, and other services. Dental visits increased with income from 0.5 per annum for the under $2,000 income group to 1.1 for the $7,000-and-over group. The number of visits similarly rose with education from 0.4 for those with less than five years schooling to 1.3 for those with some college education. This is particularly noticeable in the low income group. Thus, in the under $4,000 group, those with less than nine years education average 0.5 visits a year while those with nine or more years education average 1.1 visits. In the upper income group ($4,000-and-over), the comparable figures were 0.9 and 1.0. While these two educational subgroups within the $4,000-and-over income category make almost the same number of dental visits, the services they receive differ markedly. Thirty-one per cent of all dental services received by those with higher education are "cleanings or examinations". Only 13 per cent of the dental services for those with less education fall into this classification. Forty per cent of the dental services of the lower education group are devoted to "denture work", but only 22 per cent of the more educated group's services are so classified.[5]

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[1] Department of National Health and Welfare and Dominion Bureau of Statistics, *Illness and Health Care in Canada*, Canadian Sickness Survey, 1950–51, Ottawa, p. 54.

[2] Saskatchewan, Department of Public Health, Research and Statistics Branch, *Statistics of Medical Services for Public Assistance Beneficiaries*, 1961–62. See Appendix 1.

[3] U.S. Department of Health, Education and Welfare, Public Health Service, *Health Statistics*, "Loss of Teeth", United States, July 1957–June 1959, Series B—No. 22. Some tables from this report appear in Appendix 2.

[4] U.S. Department of Health, Education and Welfare, Public Health Service, *Health Statistics*, "Dental Care, Interval and Frequency of Visits", United States, July 1957–June 1959, Series B—No. 14. See Appendix 3.

[5] U.S. Department of Health, Education and Welfare, Public Health Service, *Health Statistics*, "Dental Care, Volume of Visits", United States, July 1957–June 1959, Series B—No. 15. See Appendix 2.

13. The demand for dental care is probably less elastic for people with higher educations. A more educated person will strive to get dental care regardless of his income. People with less education are more likely to go without dental services when their incomes are low. Their demand for dental services increases when their incomes rise.

14. Some knowledge of dental attitudes and practices was gained in another American study.[6] The National Opinion Research Center found that the 65 years and older group was less satisfied with the state of their dental health than were younger age groups. One-quarter of the respondents claimed they were not satisfied with the condition of their teeth and gums. One or more teeth (other than "wisdom" teeth) had been lost by 98 per cent of those surveyed. Of those who had lost less than ten teeth, 54 per cent had not replaced them artificially; of those who had lost "one-half or most" of their teeth, one-third had replaced none of them. However, of the edentulous group, 90 per cent had dentures.

15. Of those people 65-and-over who had some natural teeth, less than one-half brushed their teeth more than once a day, and only 20 per cent avoided or cut down on foods or drinks which they thought were bad for their teeth. Only 28 per cent said they would go to a dentist just for a check-up.

16. Average age at the first visit ever made to a dentist is greater for people who are now 65 years-and-over than for people under 65. More emphasis is now placed on the importance of regular visits to the dentist beginning when the child is very young than it was when these people were children. Thirty-one per cent of the older people thought that false teeth were less bother than natural ones.

17. The four most frequent reasons given for not seeing a dentist were:

(i) I didn't want to spend the money unless I had to.
(ii) I didn't think the trouble was serious.
(iii) I didn't like to bother the dentist unless it's necessary.
(iv) I was too busy.

18. The following picture emerges from this cursory look at the dental health of the aging. Most of the treatment services received are terminal in nature. Close to two-thirds of those over 65 have lost all their natural teeth. Either because they feel this loss of teeth is inevitable or because they do not place a high enough value on their teeth, the majority of these people do not go to the dentist regularly, they do not brush their teeth as often as they should and they do not avoid foods which they know to be harmful to their teeth.

II THE PRINCIPLE OF DENTAL CARE

19. The aim of dental care is the preservation of the natural teeth in a healthy and functionally efficient state. The policy of the Canadian Dental Association in the proper approach to improving dental health is:

> The first aim of any dental services plan introduced in this country must be to preserve the state of good dental health with which the normal child is born. Through a positive program of preventive care for the youngest age groups combined with sound public health measures

[6] National Opinion Research Center, Marginal Results and Basic Cross-Tabulations, Public Attitudes and Practices in the Field of Dental Care, University of Chicago. See Appendix 4, for the tabulations of replies to some of the questions asked in this survey.

and intensive dental education for the child and his parents, a generation of Canadians with healthy mouths and the knowledge necessary to maintain that health becomes at last an attainable goal.

The extension of coverage to older persons can be made only when it is evident that this can be done at no sacrifice to the care required by the youngest members of the population.[7]

20. The deplorable state of our senior citizens' dental health cannot be corrected by treatment programs which divert necessarily limited public funds from dental public health and research. Treatment programs alone would squander millions of dollars and millions of dental manhours by providing terminal treatment which in no way improves the health of coming generations. Generation after generation the problem would be perpetuated as people reached their mid-sixties with few or no natural teeth. This situation was fully realized by the Saskatchewan Age and Long-Term Illness Survey Committee when they stated:

To alleviate the problem over the long term demands that intensive and concerted action be taken at once in respect of the dental care of children. If we fail to introduce this long range approach, the problems of dental health among the aging and aged in the years to come will be overwhelming.[8]

21. Only by developing and fostering proper dental health habits in childhood can the foundation for good dental health in the older age groups be laid.

III DENTAL CARE OF THE AGING[9]

22. Comprehensive, government-financed, dental care programs for persons 65 and more years of age who are welfare recipients exist only in the western provinces.

23. The British Columbia Department of Social Welfare administers a dental care program for Old Age Security and Old Age Assistance welfare recipients. Dentists in private practice provide the services, which include all basic care, and are paid by fee for service. Special authorization is required for any services other than fillings and extractions.

24. The Alberta plan covers various pensioners such as beneficiaries of Old Age Assistance and Supplementary Allowance. Patients visit the dentist of their choice. All dental services are covered except posterior bridges and posterior gold restorations. The patient pays one-half of the fee for prosthetic services (bridges and dentures). Prior authorization is required for partial dentures. The Alberta government pays a monthly grant of 53 cents per beneficiary to the provincial dental association which administers the plan. The dentist is paid on the Approved Fee Schedule of the Alberta Dental Association prorated to 75 per cent. Approximately 33,000 pensioners and their spouses are eligible under this program. During 1962, utilization averaged only nine per cent. The average cost of the services per person treated was $24.21. The per capita cost was $2.17.

25. Old Age Security Supplemental Allowance cases are covered under a similar plan in Saskatchewan. The patients receive treatment from their own dentists, but the plan is administered by the provincial department of health rather than by the profession. Dentists are paid on the basis of a fee

[7] Canadian Dental Association, *Transactions*, Annual Meeting, September 21–24, 1960, p. 19.
[8] Saskatchewan, Aged and Long-Term Illness Survey Committee, Report and Recommendations, July 1963, p. 157. See Appendix 5 for the "Dental Care" section of the report.
[9] The information in this section appears in tabular form in Appendix 6.

schedule agreed upon by the Minister of Health and the College of Dental Surgeons of Saskatchewan. The patient pays one-half of the cost of dentures and there is a five year waiting period for the replacement of dentures. Prior authorization is required for dentures, bridges, gold inlays and periodontal procedures. Prophylaxes posterior bridges and partial dentures are not among the included services. In 1961-62, 17,000 persons of 65 and more years were eligible for dental benefits; the number of Old Age Security Supplementary Allowance beneficiaries was 18,000. Of the latter, ten per cent had dental care. The per capita cost of the service was $1.75, while the per case cost was $17.43.

26. Dental benefits have been available under Manitoba's Medicare plan since 1960. Old Age Pensioners, who are welfare recipients, and their dependents are eligible to receive from their own dentists all general types of dental service excluding root canal treatments and bridge work. The provincial government pays the costs of the services and administration to the Manitoba Dental Association which administers the plan. Dentists are paid on a fee-for-service basis according to a Medicare fee schedule. In 1963, 11,000 Old Age Pensioners were covered.

27. In Ontario, a totally inadequate benefit administered by the Ontario Department of Public Welfare provides only extractions and the repair of dentures for recipients of the Old Age Assistance and Old Age Security. The remaining provinces have no government-financed dental programs. In these provinces where no organized programs exist, services are obtained by the patient paying for his dental care himself, by the dentist contributing it or by welfare agencies, social clubs and charitable societies giving some limited financial help.

IV RECOMMENDATIONS

(a) Dental Treatment Program

28. The Canadian Dental Association recognizes with sympathy the dental health situation of the aging in our society; but, because of the association's concern for the long-term improvement of the dental health of all age groups, a dental treatment program for all senior citizens cannot in all conscience be recommended. It is, however, recommended that all provinces establish dental treatment programs for Old Age Assistance and Old Age Security Supplementary Allowance recipients. These programs should be comprehensive, providing examinations (including examinations for detection of cancer and other diseases), prophylaxes, bitewing x-rays, silicate and amalgam restorations and extractions. Judging from the experience of the dental programs now in operation, it may be necessary for the patient to pay part of the cost of the prosthetic appliances. Other services could be rendered upon agreement of the administrators of the plan.

29. In each province, the administration of the program should be the responsibility of the provincial dental association. There exists ample evidence to show that this form of administration works smoothly for both the public and the profession. Services should be provided by dentists in private practice on a fee-for-service basis. The cost of the program should be financed by the government in the same way the costs of other benefits for these two groups of welfare recipients are financed.

30. If these programs follow the usual pattern, the utilization of services will be low while the per case cost of treatment will be relatively high. The estimated cost of these programs for the whole of Canada is in the neighbourhood of $2,000,000 a year.

31. The groups recommended for coverage are already receiving other welfare benefits; therefore, no additional administrative machinery is necessary to identify them.

(*b*) *Home Care Programs*

32. The dental profession is aware of the special problem of the homebound, nonambulatory, aged person. The local dental society of one metropolitan centre has established a committee to investigate the feasibility of developing a dental home care program for the homebound. The Canadian Dental Association has indicated to this committee its interest in co-operating in the planning of such a program which could become a demonstration project for the guidance of other areas. Such programs should be developed locally by the dental profession in consultation with local health agencies. Those homebound patients able to pay for their dental care should do so. Patients in receipt of public assistance should have their care paid for under the dental treatment program recommended above.

(*c*) *Dental Care for the Aged in Hospitals and Institutions*

33. It is recommended that all hospitals and institutions for the aged establish dental departments to provide services for their patients. Nursing homes and other facilities too small to have their own dental departments should develop programs for their patients' dental care. Nonambulatory patients could be treated by visiting dentists while those patients who can go to the dentist's office should be cared for there.

(*d*) *Fluoridation*

34. Where fluoridation exists, the average rate of new dental caries can be reduced by 60 per cent. The benefits of fluoridation are not restricted to children, but extend into adult life. For years, therefore, the Canadian Dental Association has recommended the fluoridation of public water supplies.

35. Recent developments in the field of fluoridation research suggest that, in addition to strengthening teeth against decay, fluoride may strengthen bones against fractures and porosity in old age. Dr. Frederick J. Stare, Chairman of the Department of Nutrition of the Harvard University School of Public Health, states that bone fractures through accidental falls may be reduced as dramatically as tooth decay in the young by the fluoridation of water.

> Fluoride has been shown to prevent (osteoporosis). The time may not be far off when there will be good evidence to indicate that the older person may have more to gain from fluoridation than the child—not only will he have better teeth (his own) and thus be able to secure better nutrition in his old age, but he may also have stronger bones, less osteoporosis, and will be less likely to fracture them should he have an accidental fall.[10]

36. The Canadian Dental Association reiterates its recommendation to the Royal Commission on Health Services:

> that provincial legislatures make fluoridation of communal water supplies mandatory through the enactment of legislation similar to that which exists for control of water quality.[11]

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[10] Quoted from Dr. Stare's address to the Voluntary Committee on Health of the Senate and the House of Commons as reprinted in *Health*, Vol. 32, No. 2, April, 1964. p. 14.

[11] See Brief Submitted to the Royal Commission on Health Services by the Canadian Dental Association, Recommendation (i), p. 46-47.